

AN EXPLORATION OF THE LIVED EXPERIENCE OF NOVICE ADJUNCT NURSING  
FACULTY AS THEY TRANSITION FROM CLINICAL EXPERT TO NOVICE EDUCATOR

by

Angelique Tolentino-Martin

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

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APPROVED BY:

Sharon Kauffman, PhD, Committee Chair

Jane Langmeier, PhD, Committee Member

Elizabeth Whorley, PhD, Committee Member

## ABSTRACT

This transcendental phenomenological study aimed to describe and understand the lived experiences of novice adjunct nursing faculty teaching in the United States in undergraduate nursing programs as they transition from clinical practice to academia. The theories that guided this study are Meleis' transition theory and Schoening's nurse educator transition model, which provide a framework for the transition experiences for novice adjunct nursing faculty. The central research question is: What are the lived experiences of novice undergraduate adjunct nursing faculty transitioning from clinical expert to novice nurse faculty? Purposive sampling and snowball sampling were used to recruit participants who were novice adjunct nursing faculty teaching in undergraduate nursing programs in the United States. Interviews were recorded and transcribed to understand the transition experience of ten study participants. ATLAS.ti software was used to analyze, code, annotate, and identify emerging themes of the collected data. Colaizzi's (1978) seven-step approach to data analysis was utilized to develop themes and subthemes. Themes included lack of formal orientation, organizational challenges, lack of sense of belonging and isolation, and personal development. Subthemes included feeling unprepared, the ideal transition, dealing with difficult behaviors, navigating the instructor role, seeking mentorship and guidance, self-preparation, and giving back to the profession. The study's findings provided an exhaustive description of the transition process for novice adjunct nursing faculty and aligned with previous research recommending formal orientation and mentorship programs for this group transitioning into academia. This can aid in the retention of novice adjunct nursing faculty and help the nursing faculty shortage.

*Keywords:* transition, novice, expert, adjunct nursing faculty, nurse educator

## **Dedication**

I dedicate this dissertation to my husband and three kids who have been on this long educational journey with me. They have motivated and inspired me to continue this journey and not give up. I have spent endless hours with a laptop in front of me trying to balance work, school, and family; often stressing about not being as “present” as I wish I could be. Through it all, they have been patient and supportive getting me through it. I also dedicate this dissertation to my mom, who gave me the crazy idea to pursue my doctorate. Her exact words at my graduation for my master’s degree were “You might as well finish and get your Ph.D.” None of this would have been possible without the love and support from my husband, my kids, and my mom.

## Table of Contents

ABSTRACT.....	3
Dedication.....	4
CHAPTER ONE: INTRODUCTION.....	10
Overview.....	10
Background.....	10
Problem Statement.....	15
Purpose Statement.....	17
Significance of the Study.....	18
Research Question.....	20
Definitions.....	21
Summary.....	22
CHAPTER TWO: LITERATURE REVIEW.....	24
Overview.....	24
Theoretical Frameworks.....	24
Related Literature.....	33
Transitions.....	34
Nurse Educator Competencies.....	47
Orientation and Mentoring of Novice Nursing Faculty.....	53
Summary.....	57
CHAPTER THREE: METHODS.....	59
Overview.....	59
Design.....	59

Research Question .....	60
Setting .....	60
Participants.....	61
Researcher Positionality.....	63
Philosophical Assumptions.....	63
Researcher's Role .....	66
Procedures.....	68
Data Collection .....	71
Demographic Questionnaire .....	72
Interviews.....	73
Field Notes .....	77
Reflective Journaling .....	77
Follow-Up Interviews .....	78
Data Analysis .....	78
Trustworthiness.....	81
Credibility .....	82
Dependability and Confirmability .....	82
Transferability.....	83
Ethical Considerations .....	84
Summary .....	85
CHAPTER FOUR: FINDINGS .....	86
Overview.....	86
Participants.....	86

Results.....	88
Theme Development.....	88
Outliers.....	106
Research Question Response .....	107
Summary .....	109
CHAPTER FIVE: CONCLUSION.....	111
Overview.....	111
Summary of Findings.....	111
Discussion.....	112
Interpretation of Findings .....	113
Implications for Policy and Practice.....	126
Theoretical and Empirical Implications.....	129
Limitations and Delimitations.....	132
Recommendations for Future Research .....	133
REFERENCES .....	136
APPENDIX A:.....	151
APPENDIX B:.....	153
APPENDIX C:.....	154
APPENDIX D:.....	155
APPENDIX E: .....	156
APPENDIX F: .....	159
APPENDIX G:.....	160

## List of Tables

Table 1: Participant Demographic Information .....	87
Table 2: Themes and Subthemes .....	90



### **List of Abbreviations**

American Association of Colleges of Nursing (AACN)

Bachelor of Science in Nursing (BSN)

National League of Nursing (NLN)

## **CHAPTER ONE: INTRODUCTION**

### **Overview**

The nursing faculty shortage has affected nursing education and has contributed to the shortage of nurses needed to meet healthcare demands. The nursing faculty shortage requires attention because nursing programs are limiting student enrollment without an adequate supply of educators (Hoffman, 2019). Adjunct nursing faculty are increasingly being hired based on their clinical expertise to address the nursing faculty shortage. However, nurses with clinical expertise often lack the necessary preparation, skill, and/or education needed for transitioning into academic settings (Sousa & Resha, 2019). Further research is needed to gain a deeper understanding of the transitional experiences of novice adjunct nursing faculty. A study exploring the lived experiences of novice adjunct nursing faculty transitioning from clinical experts to novice educators may provide insight into the needs of novice adjunct nursing faculty. For the purpose of this study, the terms ‘novice adjunct nursing faculty’ and ‘novice educator’ will be used interchangeably. This chapter includes the historical, social, and theoretical background on preparing nursing faculty and the research question driving the study. The problem and purpose are specified in relation to the research questions. The significance of the study and appropriate definitions in relation to the study are identified.

### **Background**

There is a national shortage of nurses affecting healthcare. Many reasons for the nursing shortage include an aging workforce, and an insufficient number of graduates entering the profession (Owens, 2017; Sousa & Resha, 2019). Increasing student enrollment goals may address the nursing shortage, but a lack of qualified nursing faculty to handle increases in student enrollment is causing qualified students to be turned away (Hoffman, 2019; Sousa & Resha,

2019). Many efforts to improve the nursing faculty shortage have been unsuccessful. As of October 2019, there were about 1,637 vacant faculty positions in nursing schools (American Association of Colleges of Nursing [AACN], 2022). As a result, baccalaureate and graduate nursing programs have turned away about 80,407 qualified students. This number has increased to over 91,000 qualified applicants being turned away in 2021. The historical, social, and theoretical background of nursing education and the nursing faculty shortage will be explored to provide context around the current state of nursing education.

### **Historical**

The challenges faced with addressing the nursing faculty shortage include a lack of qualified applicants, pay, finding faculty with expertise in specific specialties, and the impression of teaching being less attractive than other options (Brower, et al., 2022). In an attempt to address the nursing faculty shortage, nursing programs have created additional faculty positions to meet student demands. Many programs have increased their hiring of adjunct nursing faculty to fill these vacant faculty positions (Meyer, 2017; Sousa & Resha, 2019). As of 2019, over 31,000 part-time nursing faculty are employed nationwide who may or may not be adequately equipped or prepared to teach in undergraduate nursing programs (National Advisory Council on Nurse Education and Practice, 2021). Relying on adjunct nursing faculty has given nursing programs opportunities to meet the instructional needs in the clinical and classroom settings to address the nursing faculty shortage and the growing student enrollment (Yoder et al., 2021). The significant vacancies in nursing faculty positions have resulted in the nursing faculty shortage having negative effects on educating new nurses (Bond et al., 2019).

The roles and responsibilities within the healthcare environment have evolved. Changes within healthcare are needed for continuous improvements in the provision of care. The changes

are driven by reforms in innovation and technology, quality improvement, budget restraints, restructuring, and optimization in response to increased demand for access to services, and the recent global pandemic (Beaulieu et al., 2022). These changes within the healthcare system have resulted in a need for changes within nursing education. The healthcare environment is becoming more complex, requiring nursing graduates to think critically and utilize clinical judgment to improve patient care and outcomes using evidence-based practice, skills, and knowledge (Chan, 2013). The changing roles and responsibilities of nursing require changes within nursing education to incorporate the skills of critical thinking and clinical judgment into the curriculum (Von Colln-Appling & Giuliano, 2017).

Nursing educators are faced with the challenge of engaging students in learning and advancing them from knowledge acquisition to clinical reasoning and application. There is a shift in nursing education from a teacher-centered approach to a student-centered approach requiring educators to adapt their classroom and teaching style to meet the changes in nursing education (Morrell & Eukel, 2020). This new approach to teaching requires skill and extra time to prepare active learning strategies for a student-centered approach (Gomez-Urquiza et al., 2018). The lack of pedagogical skills or formal education poses challenges for novice adjunct nursing faculty to take a student-centered approach to teaching.

## **Social**

The nurse faculty shortage has been the primary reason nursing programs fail to expand the student population and satisfy the need for an increase in the nursing workforce (Dunker & Manning, 2018). Baccalaureate and graduate nursing programs have turned away over 80,000 qualified students (AACN, 2022). To offset the nursing faculty shortage, many nursing programs are using clinical experts to work as adjunct nursing faculty (Meyer, 2017; Sousa & Resha,

2019). As of 2021, the national average vacancy rate for nursing faculty was 8.8 percent (AACN, 2022). The nursing faculty shortage is expected to worsen with an estimated 30 percent of faculty expected to retire by 2025 (Mariani, 2022). The average age of master's degree-prepared nursing faculty at the professor level is 55, at the associate professor level is 54.7, and at the assistant professor level is 48.6. These numbers represent the urgency for nursing education to address the impending retirement of senior faculty by developing and preparing younger faculty for succession (AACN, 2022).

Jarosinski et al. (2022) revealed salary impacted the recruitment and retention of nursing faculty. Administrators agree that it was challenging to compete with non-academic nursing salaries during the recruitment of nursing faculty. AACN (2022) reported that current and potential nurse educators are steering away from teaching because of higher compensation in clinical and private-sector settings. The average salary for advanced practice registered nurse roles is \$120,000, whereas the average salary for a master's prepared nursing professor is \$87,325 (AACN, 2022).

Job dissatisfaction also affects the recruitment and retention of nursing faculty. Many factors affect job satisfaction and can be an indicator of the nursing faculty's intent to stay. The negative stressors faced by novice adjunct nursing faculty can result in negative perceptions of the job, lack of motivation, and decreased job performance, which can result in high turnover rates (Lee et al., 2017). Administrators of nursing programs agree that job satisfaction and turnover rates are improved through effective onboarding and integration (Jarosinski et al., 2022). Job satisfaction and intent to stay are influenced by the transition experience from clinical nursing to academic nursing (Grassley et al., 2020).

Experienced nurses are transitioning into the faculty role but often lack the necessary pedagogical skills and support to succeed in this role (Garner & Bedford, 2021). Transitioning from an expert clinical nurse to a novice educator can be a stressful experience requiring support through orientation and mentorship (Ross & Dunker, 2019). The orientation needs of the adjunct nursing faculty have not been extensively explored and further research is needed to understand the needs of this population (Sousa & Resha, 2019). Providing opportunities for knowledge and support of adjunct nursing faculty will decrease burnout and low work satisfaction, which can help increase adjunct nursing faculty retention (Sousa & Resha, 2019).

The orientation of new employees in other industries has been utilized to aid retention, provide opportunities to develop top performers, deliver quality service, and provide opportunities for organizations to establish a long-term relationship with their employers; yet there are inconsistencies in the orientation of novice educators (Dunker & Manning, 2018). The literature focuses on the transition of clinical nurses to full-time faculty roles and does not extensively discuss the orientation needs of adjunct clinical nursing faculty (Sousa & Resha, 2019). The orientation programs for full-time faculty vary, but they typically provide an in-depth outline of the school's program, philosophy, course content, expected clinical outcomes, management tips, and suggestions for dealing with difficult students. There are often inconsistencies in the orientation for full-time nursing faculty and adjunct nursing faculty. Novice educators have felt supported and valued in their role with a formal orientation with tools for success (Dunker & Manning, 2018). To understand the needs of novice adjunct nursing faculty, this study explored the experience of novice adjunct nursing faculty during their transition into academia.

## **Theoretical**

Transitions are defined as movements from one life experience to another occurring over time (McCarthy & Fitzpatrick, 2014; Schumacher & Meleis, 1994). Transitions have been central to nursing because nurses experience many transitions throughout their careers. Transitions within nursing have been explored extensively in nursing practice and nursing education (Grassley et al., 2020; Kralik et al., 2005; Lindmark et al., 2019). The transitions in various educational and professional roles are described as situational transitions (Schumacher & Meleis, 1994). Nurses transition from nursing school to novice nurse, from novice nurse to expert clinician, and then some transition from expert clinician to novice faculty. Meleis' (2009) transition theory and Schoening's (2013) nurse educator transition model are used to build the framework to describe the transition from expert clinician to novice educator. The components and outcomes of transitions theory and the nurse educator transition model are used to guide the collection and analysis of novice adjunct nursing faculty's role transition experiences and the formulation of new meanings of the role transition into academia. An exploration into the transition experience of novice adjunct nursing faculty teaching in undergraduate nursing programs was studied to address the transition experience and gain an understanding of their needs during this process. The perceptions of novice adjunct nursing faculty during their transition into academia provide insightful opportunities for improving the transition from expert clinician to novice educator.

## **Problem Statement**

The nursing faculty shortage is a multifactorial problem related to the aging nursing faculty workforce (Mariani, 2022), salary deficiencies (Jarosinski, 2022), inadequate preparation (Sousa & Resha, 2019), and poor faculty retention (Lee et al., 2017). To address the nursing

faculty shortage, nursing programs are hiring adjunct nursing faculty for their clinical expertise (Meyer, 2017; Sousa & Resha, 2019). Hiring part-time nursing faculty to address the nursing faculty shortage results in many challenges (Dunker & Manning, 2018). These challenges may include the lack of formal knowledge, expertise in academia, lack of preparation in educational pedagogies, and the inability to use pedagogy to translate essential information for nursing students (Ross & Dunker, 2019). Novice adjunct nursing faculty will often have difficulties in being successful without proper orientation and support (Sousa & Resha, 2019). The lack of adequate orientation often leaves novice adjunct faculty unprepared and unable to appropriately work and teach effectively to students (Ross & Dunker, 2019). Student learning may be hindered by novice adjunct nursing faculty that have limited knowledge of the curriculum, a lack of understanding of effective teaching and learning strategies, and limited understanding of how to effectively evaluate clinical competence (Dunker & Manning, 2018). During the transition from clinical nursing to academia, the process can be stressful and overwhelming due to the limited opportunities for preparation and socialization for adjunct nursing faculty (Dunker & Manning, 2018).

The problem is that clinical nursing experts are hired as adjunct nursing faculty but frequently lack the appropriate preparation with the knowledge, skills, and abilities to effectively teach student nurses (Dunker & Manning, 2018; Garner & Bedford, 2021; Owens, 2018; Shapiro, 2018; Sousa & Resha, 2019). Several studies have concluded that adjunct nursing faculty lack the necessary preparation and pedagogical skills necessary for a successful transition into the educator role (Dunker & Manning, 2018; Garner & Bedford, 2021; Owens, 2018; Shapiro, 2018; Sousa & Resha, 2019). How novice adjunct nurse faculty experience these



transitions is a phenomenon that is poorly understood (McPherson & Candela, 2019) and this study aimed to fulfill that understanding.

### **Purpose Statement**

The purpose of this transcendental phenomenological study is to describe and understand the lived experiences of novice adjunct nursing faculty teaching in the United States in undergraduate nursing programs as they transition from clinical practice to academia. At this stage in the research, the transition of novice adjunct nursing faculty will be generally defined as a movement from one life experience, such as clinical nursing, to another life experience, such as academia. This process is a time of change, adaptation, and reconstruction of self-identity. Novice adjunct nursing faculty, for this study, is defined as a beginner instructor or educator, employed on a part-time or contractual basis within the academic setting, with little to no skill and experience in educating nursing students (Billings & Halstead, 2020; McPherson & Candela, 2019). Transition is described as a movement from one life experience to another one that occurs over time (McCarthy & Fitzpatrick, 2014; Schumacher & Meleis, 1994). This study focused on the transition of adjunct nursing faculty to gain a deeper understanding of the transitional experience. This transition is described as a shift in roles requiring different skills and knowledge, as seen in the shift from the primary role of the clinician to the new role of nursing faculty (Grassley et al., 2020). This study may contribute to nursing knowledge and the literature by illuminating the transition experience itself and how it relates to the role of the novice nurse faculty. The contribution from this study has the potential to impact nursing education and nursing practice.

### **Significance of the Study**

This study demonstrates the perspective of novice adjunct nursing faculty during their transition from clinical experts to novice educators as they navigate this new role and work towards developing a new role identity. The perspective of novice adjunct nursing faculty during their transition can provide insight into the potential to impact nursing education and nursing practice. The perspectives gained also provided insight into the study's impact and contribution to the literature. The knowledge gained from the study addresses a gap in the literature, as well as supports current research.

### **Significance to Nursing Education**

This study is significant to nursing education because adjunct nursing faculty are important members of the nursing education team and this study also addresses the nursing faculty shortage. This exploration into the transition experience of novice adjunct nursing faculty can provide insight into the learning needs of novice adjunct nursing faculty and help improve the transition experience for future adjunct nursing faculty transitioning into academia. Sousa and Resha (2019) pointed out that in addition to their clinical expertise, nursing faculty must learn the organization and how to effectively teach in clinical and classroom settings, as well as participate in scholarship and service to the university. Academic administrators may benefit from this research by incorporating strategies to facilitate the transition into academia. Owens (2018) proposed to better understand the needs of adjunct nursing faculty during their transition. This understanding can help nursing administrators create programs for the adjunct nursing faculty to develop their nurse educator competencies and have a successful role transition. Providing organizational support to address the stressors and barriers during the transition

process can be used to facilitate the transition from clinical expert to novice adjunct nursing faculty and aid in faculty retention (Jarosinski, 2022; Meyer, 2017; Sousa & Resha, 2019).

The perspectives gained from novice adjunct nursing faculty can help in creating and providing resources for novice adjunct nursing faculty to facilitate the transition from expert clinical nurse to novice educator. The perspectives gained can help adjunct nurse faculty retention and decrease the nurse faculty shortage. An understanding of the transition needs of novice adjunct nursing faculty can provide knowledge to guide orientation programs. This will ensure that novice adjunct nursing faculty have the tools and resources to meet the needs of their students and the demands of nursing education (Meyer, 2017).

### **Significance to Nursing Practice**

The nursing faculty shortage has affected the nursing shortage. The limited supply of nursing faculty needed to meet the needs of nursing programs has affected the admission of prospective students (AACN, 2020; Hoffman, 2019). Adjunct nursing faculty are used to address the faculty shortage by providing opportunities to meet the instructional needs of the nursing programs (Hoffman, 2019; Meyer, 2017; Sosua & Resha, 2019; Yoder et al., 2021). Adjunct nursing faculty assist nursing programs by teaching students in different modalities to become reliable practitioners who care for patients in the healthcare system. Nursing programs aim to educate and graduate safe, competent nurses needed to care for a diverse population of patients. This cannot be achieved without an adequately prepared adjunct nursing faculty workforce (McPherson & Candela, 2019). Addressing the nursing faculty shortage will allow nursing programs to increase student enrollment numbers. The increase in student enrollment will help in addressing the shortage of nurses in the United States (Bittner & Betchel, 2017; Owens, 2017).

## **Empirical**

There is a need in the literature to expand on the perspective of the adjunct nursing faculty by evaluating the roles and needs of the adjunct nursing faculty (McPherson & Candela, 2019). Gaining a perspective of the novice adjunct nursing faculty as they transitioned from clinical experts to novice educators will contribute to the gap in the literature on the transitional experience of adjunct nursing faculty. This study can contribute to and extend Schoening's nurse educator transition model by providing a unique perspective on the transitional process of adjunct nursing faculty. This can provide an understanding of the needs of adjunct nursing faculty during their transition into academia. The perspective gained can be used to address the gap involving the orientation and support of novice adjunct nursing faculty (Sousa & Resha, 2019). The findings in the study can help in improving faculty recruitment and retention to address the nursing faculty shortage (Sousa & Resha, 2019).

### **Research Question**

The experience of novice adjunct nursing faculty transitioning into academia is a phenomenon that is poorly understood (McPherson & Candela, 2019). Further studies to gain insight into the transitional experience of novice adjunct nursing faculty are recommended to fully understand the needs of this faculty group and provide resources to facilitate the transition process (Sousa & Resha, 2019). The perspectives gained can provide insight and understanding of the transitional experience of novice adjunct nursing faculty. It will also provide an understanding of the needs of adjunct nursing faculty to improve this transitional experience.

The transcendental phenomenological approach was used to answer one overarching research question:

RQ1: What are the lived experiences of novice undergraduate adjunct nursing faculty transitioning from clinical expert to novice nurse faculty?

### **Definitions**

The following definitions were utilized throughout the study to determine the criteria for novice adjunct nursing faculty transitioning into academia. For example, the adjunct nursing faculty transitioning into academia are clinical experts, but novice educators.

1. *Novice* – Benner (1982) described the novice as a beginner having no skill or experience with the situation they are faced with. For the purpose of this study, the novice adjunct instructor has less than two years of experience in the educator role.
2. *Expert* – Benner (1982) described an expert as having the experience and skill to have an intuitive grasp on situations with a deeper understanding of the situation. For the purpose of this study, the expert will have a minimum of five years of clinical bedside nursing experience.
3. *Clinical Expert* – The clinical expert is described as having an extensive background of experience in nursing practice that allows for the development of the knowledge and skills necessary for expert practice (Benner, 1982; Hutchinson et al., 2016). This study defines the clinical expert as a nurse who has a minimum of five years of experience in the clinical practice setting regardless of specialty.
4. *Adjunct Nursing Faculty* – The adjunct nursing faculty is described as registered nurses who are experts in their clinical field (McPherson & Candela, 2019). The adjunct nursing faculty teaches on a part-time or contractual basis in the clinical, lab, or classroom environment, either in person or in a virtual setting. The adjunct nursing faculty does not have a permanent position within the academic setting (Billings & Halstead, 2020). For

the purpose of this study, the adjunct nursing instructor, adjunct nursing faculty, adjunct nursing educator, or nurse educator terms may be used interchangeably.

5. *Transition* – Transition is defined as a movement from one life experience to another that occurs over time (McCarthy & Fitzpatrick, 2014; Schumacher & Meleis, 1994). From the perspective of the adjunct nursing faculty, a transition is described as a shift in roles requiring different skills and knowledge, as seen in the shift from the primary nursing role of the clinician to the new role of nursing faculty (Grassley et al., 2020).
6. *Healthy Transition* – Successful role transition is the integration of the two roles of nursing and educator with a sense of comfort in the new role of educator (Schoening, 2013). A healthy transition results in the achievement of skills and mastery of expected behaviors required for the new situation (Meleis, 2000).
7. *Laboratory Course* – Laboratory courses are often utilized in nursing education in conjunction with didactic courses. These courses provide a safe learning environment to mimic real clinical practice focusing on knowledge, skills, and attitudes, allowing students to work repeatedly to increase confidence in their clinical practice (Henrique-Sanches et al., 2023).
8. *Clinical* – Clinical training gives students opportunities to critically think, interact, communicate, and practice nursing skills in the hospital or clinical setting. The use of clinicals in nursing education is vital for the acquisition of clinical competencies required for professional nursing (Raman et al., 2019).

### **Summary**

Nursing education and healthcare are affected by the nursing faculty shortage. Nursing programs are turning away qualified students due to the shortage of nursing faculty (AACN,

2022; Dunker & Manning, 2019; Hoffman, 2019; Mann & De Gagne, 2017; Owens, 2017; Sousa & Resha, 2019). Faculty positions are being filled with adjunct nursing faculty. Sousa and Resha (2019) described the adjunct nursing faculty as being clinical experts but lacking the academic preparation and necessary skills to maintain effectiveness in the role. The nursing faculty shortage has led to the hiring of novice adjunct nursing faculty. The problem is that the adjunct nursing faculty are clinical experts but frequently lack the appropriate preparation with the knowledge, skills, and abilities to effectively teach student nurses (Dunker & Manning, 2018; Garner & Bedford, 2021; Owens, 2018; Shapiro, 2018; Sousa & Resha, 2019). There is a need to understand the perspectives and lived experiences of novice adjunct nursing faculty as they transition from clinical experts to novice educators. The purpose of this transcendental phenomenological study is to describe and understand the lived experiences of novice adjunct nursing faculty teaching in the United States in undergraduate nursing programs as they transition from clinical practice to academia. A transcendental phenomenological approach, using an ontological assumption, was used to answer the research question: What are the lived experiences of novice undergraduate adjunct nursing faculty transitioning from clinical expert to novice nurse faculty? This perspective and understanding can provide valuable information on the needs of novice adjunct nursing faculty during their transition into academia and an understanding to ease this transition.

## **CHAPTER TWO: LITERATURE REVIEW**

### **Overview**

The literature review identifies significant and relevant work to outline the problem and research question and to determine a gap and need for the current qualitative study. The purpose of this transcendental phenomenological study is to describe and understand the lived experiences of novice adjunct nursing faculty as they transition from clinical practice to academia. The articles contributing to the literature review include primarily qualitative studies, integrative and systematic reviews, concept analyses, expert opinions, and best practices. The articles also include quantitative studies that include quasi-experimental and descriptive quantitative studies. The articles are organized and grouped by topics and concepts. The literature review discusses the concepts of transition within nursing and how nurses have managed these role transitions throughout different aspects of their careers. The literature review also examines nurse educator competencies, the different roles of the nurse educator in academia, and the preparation and orientation for the nurse educator. The theoretical frameworks were used to organize and develop the literature review, make sense of the data collected, add significance to the study's findings, and connect the meanings of the study to existing knowledge.

### **Theoretical Frameworks**

The theoretical frameworks that guided the study in exploring the phenomenon of novice adjunct nursing faculty's transition into academia consist of two theories: Meleis' (2009) Transition Theory and Schoening's (2013) Nurse Educator Transition Model. The theoretical frameworks provide a lens for how the novice adjunct nursing faculty describes, explains, and



interprets the phenomenon of role transition into academia. The following sections will discuss both theoretical frameworks and their contribution to the study.

### **Transitions Theory**

The transitions theory espouses transition as a central concept in nursing that has been used as a perspective and a framework to reflect the relationships among components within transitions (Meleis et al., 2000). Transitions are viewed as a process with a sense of movement and development (Meleis, 2009). Transition theory is a middle-range theory widely used in nursing because it involves various types of transitions. Transitions theory supports the concept of healthy transitions and the measures that facilitate healthy transitions.

The major concept of transitions includes the nature of transitions, transition conditions, the pattern of response, and nursing therapeutics (Im, 2011). Novice nursing faculty may not always perceive a positive transitional experience and experience role and identity challenges as they transition from being an expert clinician to a novice educator (Grassley et al., 2020).

Change, adaptation, and reconstruction of self-identity occur during the transitional process, and it is important to understand this process to understand the transitional experience (Kralik et al., 2005). Transitions are complex and multidimensional and are a result of changes in lives, health, relationships, and environments. It is important to evaluate the circumstances facilitating or hindering progress toward a successful transition (Meleis, 2009). This understanding of the transitional process that novice adjunct nursing faculty experience as they transition into this new role is important in guiding the development of orientation plans for future novice adjunct nursing faculty.

### ***Transitions Theory Theoretical Foundation***

Transitions theory is often used in nursing research because nursing often involves various types of transitions. Transitions theory was developed as a middle-range theory to explain the experiences of individuals' experiences with events such as illness, developmental changes, and cultural or societal changes that require the development of a new skill, behavior, and identity (Im, 2011; Meleis et al., 2000). Transitions theory emerged as a middle-range theory; a product of working with and mentoring students. The research forming the basis for the most recent version of transitions theory was conducted by former students among different populations in various types of transitions (Im, 2011). One study conducted used a grounded theory methodology to elicit the experiences of 17 first-time African American mothers transitioning into pregnancy and motherhood. Other studies conducted by Chick and Meleis, and Schumacher and Meleis (as cited in Meleis et al., 2000) included the transitional experience of Korean immigrant women transitioning into menopause, the experiences of parents of children diagnosed with congenital heart defects, and an exploration of the lived experiences of transnational migration. These studies were intended to reveal any emerging themes that may not have been originally present to form the transition framework (Meleis et al., 2000).

### ***Antecedents of Transitions Theory***

Transitions theory evolved from role theories, such as the role insufficiency theory, and lived experiences, and was soon accepted into nursing research. The concept of role is useful in interpreting personal behavior and understanding the context in which the behavior occurs. There are different views of role theory including roles as culturally given prescriptions, roles in terms of actions and expectations of individuals, and roles as stemming from interaction with others (Meleis, 2009). Meleis began theorizing about transitions as she studied the multiple roles of new

mothers. The approach was based on symbolic interactionism and role theories with the argument that unhealthy transitions lead to role insufficiency (Im, 2011). An understanding of unhealthy transitions can lead to defining the goal of health transitions. The goal of healthy transitions consists of the mastery of behaviors, sentiments, cues, and symbols associated with new roles and identities (Im, 2011). Healthy transitions have been used as a framework to articulate and reflect on the relationships among the different components of transitioning within nursing (Meleis et al., 2000).

### ***Transitions Theory Constructs***

The research conducted expanded the emergence of the transition theory based on the lived experiences of the different research participants being studied. The studies aimed to understand the types and patterns of transitions, properties of transition experiences, transition conditions, process indicators or patterns of response, and outcome indicators (Meleis et al., 2000). The types of transitions emerging from the research include developmental, health and illness, situational, and organizational (Meleis et al., 2000). The research conducted by Meleis concluded the notion of transitional patterns of multiplicity and complexity. The studies conducted by Meleis used for transitions theory involved individuals experiencing at least two types of transitions, suggesting that transitions are not discrete or mutually exclusive (Im, 2011).

Properties of the transitional experience include awareness, engagement, change and difference, time span, and critical points and events. The properties of transitions are interrelated properties of a complex process (Meleis et al., 2000). Schumacher and Meleis (1994) described the universal property of transitions as processes occurring over time, as well as processes involving development, flow, or movement from one state to another. The nature of change occurring during a transition is another important property (Schumacher & Meleis, 1994). The

novice adjunct nursing faculty are experiencing this complex process of change and new role identity as they transition from clinical expert to novice educator (Schoening, 2013; Schumacher & Meleis, 1994).

There are personal and environmental factors that affect the transition process. The perceptions and meanings of transitions are influenced by the conditions in which the transitions occur. The transitional conditions can either facilitate or hinder the transitional process. Transitional conditions facilitating or hindering progress toward healthy transitions can be personal, community, or societal conditions (Meleis et al., 2000). There are important factors that influence the different types of conditions. These factors include meanings, expectations, level of knowledge and skill, environment, level of planning, and emotional and physical well-being (Schumacher & Meleis, 1994).

The meanings of transitions are personal conditions that are subjective assessments of the transition experience and an evaluation of its effects. The meanings attached to the transition affect the perception of the transition experience (Meleis et al., 2000). Expectations are another subjective assessment that influences the transition experience. The expectation of the transition is often influenced by previous experiences and may result in being incongruent with the reality of the transition (Schumacher & Meleis, 1994). Knowledge and skill can facilitate the transition process, whereas a lack of knowledge can hinder the transition (Meleis et al., 2000). The adjunct nursing faculty has described a lack of knowledge transitioning into the academic environment as a hindrance to transitional experience (Sousa & Resha, 2019).

### ***Outcomes of Transitions***

The patterns of responses of transitions affect outcome indicators. These patterns of responses include feeling connected, interacting, being situated, and developing confidence and

coping. The outcomes of transitions that emerged from transitions theory were subjective well-being, achieving mastery, and having a new sense of identity (Meleis et al., 2000). The outcomes of transitions can occur at any point in the transition process and occur at different times for individuals involved in the transition. These outcomes of transitions are indicative of successful transitions (Schumacher & Meleis, 1994).

### ***Successful Transition***

Subjective well-being occurs as feelings of distress diminish and a sense of well-being occurs during a successful transition. Successful transitions occur with achieving subjective well-being, role mastery, and identity formation (Schumacher & Meleis, 1994). Role mastery occurs with the achievement of skilled role performance and comfort in the behavior required for the new role. Knowledge, competence, and self-confidence occur during role mastery (Meleis et al., 2000; Schumacher & Meleis, 1994). Role mastery for the novice adjunct nursing faculty may mean developing the necessary pedagogical skills and competence in the role of educator. This skill attainment and comfort in the role of educator may result in merging the two identities of nurse and educator for a successful transition. It is necessary to determine healthy transition outcomes to facilitate research on transition (Schumacher & Meleis, 1994).

### **Nurse Educators Transition Model**

Schoening's (2013) nurse educators transition model identifies the four phases educators experience as they transition from clinical nurse to nurse educator. The four phases in Schoening's nurse educators transition model include anticipation/expectations, disorientation, information seeking, and identity formation. Before transitioning into academia, the nurse educator has expectations of positive student encounters, flexibility in work schedules, and career progression. Novice educators often feel a lack of support and guidance during the

disorientation phase as they transition into this new role. Schoening addressed the difficulties novice educators experience because of little preparation or orientation in this role.

### ***Nurse Educators Transition Model Theoretical Foundation***

The Nurse Educators Transition model was generated to describe the process that occurs during the transition from a nurse to a nurse educator. The Nurse Educators Transition model addresses the transitional process of nurse educators as they transition from bedside nursing into academia (Wenner et al., 2020). Schoening (2013) used grounded theory methodology to generate the theoretical model that describes the social process that occurs during the role transition to nurse educator. While Schoening's study focused on full-time nurse faculty, Wenner et al. (2020) examined the work-role transition of part-time clinical nurse faculty to determine how the part-time clinical nurse faculty experiences the phases of the Nurse Educators Transition model.

### ***Nurse Educators Transition Model Antecedents***

Several studies have been conducted on the difficult transition from clinical nurse to educator (Esper, 1995; Siler & Kleiner, 2001; Scanlan, 2001). These studies sought to understand the transition experience of nursing faculty as they entered academia. Locasto and Kochanek (1989) described the role transition nurse educators experience as they adapt to their new role. As the nurse educators transition into academia, they enter a honeymoon phase, a shock and rejection phase, and a resolution phase adapting to this new role.

### ***Nurse Educators Transition Model Constructs***

Schoening (2013) provided an understanding of the transitional process that occurs during the transition from nursing practice to nursing education. The four phases identified during the transition into academia included anticipation or expectation, disorientation,

information seeking, and identity formation. The anticipation or expectation phase occurs when the decision is made to become a nurse educator. Wenner et al. (2020) confirmed that the adjunct nursing faculty had a sense of anticipation that occurs when beginning a new career in academia. The anticipation phase is described as a positive time when the nurse anticipates making a difference in influencing future nurses.

As the nurse begins working as a nurse educator, they enter the disorientation phase of transition. The absence of structure, mentorship, inadequate orientation, and socialization to the role results in role ambiguity and a sense of disorientation (Schoening, 2013). The disorientation phase was also experienced by the part-time nursing faculty with some noting the lack of structure and the uncertainty of their role and others questioning this new career choice (Wenner et al., 2020). Schoening (2013) described disorientation occurring as a result of nurse faculty becoming a novice again after previously being an expert.

Schoening (2013) noted that the lack of structure and guidance resulted in novice educators seeking information to fulfill their role as educators. Information-seeking embodied self-directed, informal, and formal activities including fact-finding, seeking out mentors, faculty development activities, and taking active roles in learning how to teach (Schoening, 2013). The part-time nursing faculty had similar experiences during this phase in which they acknowledged the need to obtain additional information to foster successful role transition (Wenner et al., 2020). The novice educators felt they had to find their way through information seeking and often over prepared for their first teaching experiences (Schoening, 2013).

The fourth and final phase of the transition occurs when nurse educators integrate the two identities of nurse and educator. Schoening (2013) found that nursing educators began to gain experience and confidence in learning how to make their new role individualized. Many of the

part-time nursing faculty described the fourth phase as a sense of successful role transition but described circling back to the information-seeking phase, which is also illustrated in the nurse educator transition model (Wenner et al., 2020). Schoening's studies included only full-time nursing faculty, whereas Wenner et al. (2020) aimed to expand the theory to include adjunct clinical nursing faculty. Further studies are needed to expand on the nurse educators transition model to include a larger demographic of adjunct nursing faculty and to include adjunct nursing faculty teaching in different modalities; not just in the clinical setting (Schoening, 2013; Wenner et al., 2020).

### ***Nurse Educators Transition Model Outcomes***

Successful role transition occurs with the integration of the two roles where nursing remains central but there is a sense of comfort with the new role of nurse educator. The nurse educator fully embraces this new role, identifying themselves as an educator focusing on the learning process. The shift of focus moves from themselves as teachers to their students as learners. The nurse educator gains the confidence to begin incorporating their personalities and styles into their own teaching strategies (Schoening, 2013). Wenner et al. (2020) indicated although part-time nursing faculty experience the identity formation phase and a sense of role mastery, they often circle back to the first two phases of anticipation/expectation and disorientation as they are assigned a new clinical group of students.

### **Theoretical Framework**

Transitions theory and the nurse educators transition model provide a framework to guide the researcher's understanding of the transition experience from expert nurse to novice educator. Meleis (2009) discussed several types of transition, but an understanding of situational transitions was used to explore the experience of novice adjunct nursing faculty during their



transition into academia. Transitions theory (Meleis et al., 2000) and the nurse educators transition model (Schoening, 2013) describe information seeking and support within the transitional experience as a social process with the goal of role identity for a healthy transition. The current study expanded on these theories by providing the perspective of the novice adjunct nursing faculty as they experienced the phenomenon of transitioning into academia and the process of seeking healthy transition outcomes. Incorporating Meleis's (2009) transitions theory and Schoening's (2013) nurse educators transition model into the study exploring the lived experiences of novice adjunct nursing faculty helped to provide an exploration of the transition experience and the outcome of a healthy transition. This understanding of the transitional experience of novice adjunct nursing faculty can provide further insight into the needs of novice adjunct nursing faculty during their transition and can help nursing programs provide resources and opportunities for this population of nursing faculty. The components and outcomes of transitions theory and the nurse educators transition model serve as a framework to collect and analyze the descriptions of novice adjunct nursing faculty's role transition. These theories guided the formulation of new meanings of role transition for the novice adjunct nursing faculty.

### **Related Literature**

The purpose of the study is to explore the lived experiences of novice adjunct nursing faculty transitioning from clinical experts to novice educators. The adjunct nursing faculty plays a vital role in nursing education but often faces barriers to transitioning into the role (Luckenbach et al, 2021; Mann & De Gagne, 2017; Meyer, 2017; Sousa & Resha, 2019). A review of the literature on the transition into academia has been conducted to examine the strengths of available research and any gaps within the literature. The literature review encompassed themes of transition, the role of nursing faculty and adjunct nursing faculty, and the

role of orientation and preparation of novice nursing faculty. The elements of this chapter include the construct of transition with a discussion of types and patterns of transitions.

Transitions in nursing are discussed to include the transition from graduate nurse to novice nurse, novice nurse to expert nurse, expert nurse to novice nursing faculty, and challenges during transitions. Nurse educator competencies are included with a discussion of the role of the full-time instructor, the role of the adjunct instructor, academic preparation for the nursing educator, and preparation for the role of educator. The role of orientation is included with best practices for orientation into academia, challenges and barriers to orientation, and the role of mentorship in the onboarding process.

### **Transitions**

The concept of transition is often defined as a movement from one life experience to another that occurs over time (McCarthy & Fitzpatrick, 2014; Schumacher & Meleis, 1994). The transitional process is a time of change, adaptation, and reconstruction of self-identity (Kralik et al., 2005); whereas Grassley et al. (2020) described the transition as a shift in roles requiring different skills and knowledge, as seen in the shift from the primary role of the clinician to the new role of nursing faculty. Various studies have presented the concept of transition as being central to the discipline of nursing and the concept of transition has been explored extensively in nursing practice, nursing education, and other disciplines (Grassley et al., 2020; Kralik et al., 2005; Lindmark et al., 2019). In contrast, Grassley and Lambe (2015) and Hunter and Hayter (2019) argued there is a neglected transition into nursing education and acknowledged the need to properly support the transition from a clinician into the academic environment. This study aimed to bridge this gap and address the neglected transition of adjunct nursing faculty into academia. Lindmark et al., (2019) also explored research on transitions across disciplines

including nursing, occupational therapy, oral health, social work, and interdisciplinary studies. Their study of transitions occurring across disciplines has differences specifically noted in context; however, the discipline predominantly examining the concept of transition was nursing research.

### ***Types and Patterns of Transitions***

Transitions are patterns of multiplicity and complexity and are often not discrete or mutually exclusive (Meleis et al., 2000). Transitions are central to nursing because nurses will be involved in different transitions throughout their career and individual nurses will have different degrees of experience and perspectives as they transition into new roles. The literature describes four types of transitions: developmental, situational, health-illness, and organizational (Schumacher & Meleis, 1994). AbuAlRub and Abu Alhaija'a (2019) took it a step further and described a professional role transition affected by personal and professional knowledge and experiences.

**Developmental Transitions.** Schumacher and Meleis (1994) described individual developmental transitions as life changes in stages including adolescence, motherhood, or mid-life. Tuthill et al. (2023) applied the transitions theory to explore the perinatal transitions of women living with HIV in western Kenya. Tuthill et al. (2023) revealed these women were experiencing one or more simultaneously occurring types of transition. The women experienced several overlapping transitions, such as a diagnosis of HIV and the physical changes of pregnancy, while adapting to the developmental transition of motherhood.

**Health-Illness Transitions.** The transitional experience occurs among different levels of care within the healthcare system over the span of an illness, such as the transition from hospital to rehabilitation center or home, and describes health-illness transitions (Schumacher & Meleis,

1994). Orr et al. (2020) described the unique transition experiences of adolescent mothers with infants discharged home from the Neonatal Intensive Care Unit (NICU). This transitional experience is affected by a sense of uncertainty and unfamiliarity dealing with an infant admitted to the NICU shortly after birth. This transitional experience was complicated by the age and maturity of the adolescent mothers (Orr et al., 2020).

**Organizational Transitions.** Organizational transitions differ from developmental and health-illness transitions that focus on the individual. Organizational transitions affect the people or clients within the group as a whole and represent transitions within the environment (Schumacher & Meleis, 1994). Gonzalez et al. (2015) analyzed the impact of organizational transition in a Magnet-designated hospital on patient and staff satisfaction, quality, and safety. During this organizational change, nurses experienced stress and confusion as they tried to determine if their employment was at risk (Gonzalez et al., 2015). This study demonstrated the importance of organizational culture and leadership in easing the stressors of organizational transitions.

**Situational Transitions.** Situational transitions are familiar transitions for nurses throughout their careers and for this reason have been explored extensively in the literature (Fritz, 2018; Grassley & Lambe, 2015; Hoffman, 2019; Hunter & Hayter, 2019; Mann & De Gagne, 2017). Schumacher and Meleis (1994) described situational transitions to occur in various educational and professional roles. This would include the transition from nursing school to novice nurse, the transition from novice nurse to expert clinician, and the transition from expert clinician to novice faculty. Transitions in nursing pose unique challenges for nurses as they experience different transitions throughout their careers (Fritz, 2018; Hunter & Hayter, 2019; Mann & De Gagne, 2017). Nurses will experience the phenomenon of transition in

different ways and to different degrees of revelation as they experience new role expectations as novice adjunct nursing faculty. A major concern in nursing faculty is the role transition to a new professional identity as they transition from clinician to nursing faculty. The development of this new identity of nursing faculty is described by Schumacher and Meleis (1994) as an outcome of transition. The improvement of best practices to support the transition from expert clinical to novice adjunct nursing faculty remains inadequately understood and conceptualized (Grassley & Lambe, 2015; Hoffman, 2019; Shapiro, 2018).

### ***Transition from Graduate Nurse to Novice Nurse***

The transitions within nursing have been studied extensively because of the unique challenges and the different types of transitions nurses experience. The transition of new graduate nurses into nursing practice has been a focus of studies due to the multiplicity of situational transitions nurses experience throughout their careers (Ankers et al., 2018; Hunter & Hayter, 2019). New graduate nurses comprise 10 percent of the nursing workforce and have a stressful transition into practice caring for complex patients (Blevins, 2016; Eckerson, 2018). Undergraduate nursing education prepares graduates to be advanced beginners in clinical practice, but the literature revealed that novice nurses often felt like they were unprepared or lacked the knowledge needed as new graduate nurses (AbuAlRub & Abu Alhajja'a, 2019; Ankers et al, 2018; Baldwin et al, 2021; Murray et al, 2019; Powers et al., 2022; Sterner et al., 2019), which is a consistent trend within situational transitions throughout nursing as they transition into a new professional role identity (Schumacher & Meleis, 1994).

Baldwin et al. (2021) reported new graduate registered nurses reported struggling with the knowledge and skill-related learning curves and the new responsibilities and relationships. There was a sense of anxiety, fear, loss of confidence, and inadequacy, which is consistent with

the disorientation phase (Baldwin et al., 2021; Murray et al., 2019; Schoening, 2013). Graduate nurses described a disconnect between what was taught in nursing school and clinical practice, often experiencing a lack of confidence and a feeling of unpreparedness for the realities of nursing (AbuAlRub & Abu Alhaija'a, 2019 Ankers et al., 2018; Murray et al, 2019; Sterner et al, 2019). The trends of inadequacy and feeling unprepared during the transition into nursing are consistent with the disorientation phase of the nurse educators transition model (Schoening, 2013).

The transition period for novice nurses impacts their development and success in their role. Integration of internships and transition-to-practice opportunities have been shown to improve the transition experience and have improved the overall retention rate, sense of belonging in organizational commitment, and turnover rates (Hampton et al., 2020; Powers et al., 2022). Preceptors and mentors play a role in easing the transition of new graduate nurses. New graduate nurses transitioning into high-acuity specialty areas showed an appreciation for positive, supportive, and professional preceptors, with realistic expectations of them (Kenny et al., 2021). The transitional experience is enhanced through support received from preceptors and coworkers, and a safe learning environment where novice nurses are comfortable asking questions (Kenny et al., 2021; Wildermuth et al., 2020). A safe learning environment and support are integral to a healthy transition outcome (Schumacher & Meleis, 1994).

Hampton et al. (2020) explored studies focused on the transition of new graduate nurses. These studies revealed that interventions focused on the improvement of the transition period of new graduate nurses were beneficial and impacted job satisfaction. The interventions implemented included internships, preceptorships, nurse residency programs, and orientation aimed to improve the transition to practice experience for new graduate nurses (Hampton et al.,

2020). Kaihlanen et al. (2019) demonstrated the benefits of a structured and supportive final clinical practicum experience in decreasing “transition shock” and aiding in facilitating the preparation for transition. A key strategy in supporting new graduate nurses to successfully transition into practice is nurse residency programs. Nurse residency programs have been described as a positive transitional experience and have been shown to be beneficial in improving nursing retention, decreasing turnover, and increasing satisfaction of new nurses (Asber, 2019; Eckerson, 2018; Wildermuth, et al., 2020). Over time, as new graduate nurses begin to gain confidence and competency in their roles, they begin forming this new identity of expert clinicians. Identity formation occurs as the nurses gain experience and confidence to make this new role their own (Schoening, 2013).

### ***Transition to Expert Clinician***

As nurses successfully transition into their roles, they gain experience and expertise to excel in their roles. Hutchinson et al. (2016) described the concept of expertise as an attribute of nurses that perform beyond the level of competence or proficiency, with intuition being a central construct. The transition from novice to expert occurs as nurses acquire knowledge, critical thinking, and clinical judgment skills through experience and intuition (Benner, 1982). The progression from novice to expert happens in combination with knowledge acquisition and clinical experience (Benner, 1982; Ozdemir, 2019). The transition into clinical experts occurs as nurses obtain clinical experience where they may develop strong critical thinking skills and clinical expertise (Ozdemir, 2019).

As novice nurses gain experience and knowledge, they transition from being task-oriented, to thinking critically and using intuition and deep knowledge to focus on relevant problems (Benner, 1982). Registered nurses describe expertise through experience, knowledge,

and self-actualization. Participants emphasized the lived experience and interactions that may define their practice and clinical expertise (Welch & Carter, 2020). Expert performance is constructed on a foundation of knowledge, context, and experience (Jantzen, 2018; Welch & Carter, 2020). A nurse's critical reasoning and independent thinking are increased as knowledge and experiences are gained (Benner, 1982; Welch & Carter, 2020). The expert nurse is described as knowledgeable; being a leader, mentor, and role model; having the ability to apply their knowledge, skills, and leadership to new situations; and having advanced communication skills (Krishnasamy et al., 2021). This healthy transition to expert clinician is a result of subjective well-being and role mastery, which presents as the achievement of skill and comfort with the behavior required in this role (Schumacher & Meleis, 1994). The adjunct nursing faculty is often described as expert nurses using their clinical expertise to promote student learning (Luckenbach et al., 2021; Meyers, 2017).

### ***Transition from Expert Clinician to Novice Educator***

Similarly, the transition from expert clinician to novice educator requires nurse faculty to adapt to new environments, roles, and behaviors. Schoening (2013) revealed that the transition from nurse to nurse educator occurs in four phases: anticipation, disorientation, information seeking, and identity formation. Wenner et al. (2020) illustrated that part-time clinical faculty experience similar experiences to the nurse educator transition model but often felt they return to the first two phases as they gain new clinical assignments. Gaining further perspectives on the transition experience of novice adjunct nursing faculty can be used to create resources to limit the novice adjunct nursing faculty returning to the first two phases of the nurse educators transition model. Successful transition from nurse to nurse educator occurs with an integration of the two identities and roles (Schoening, 2013). Understanding how the novice adjunct nursing



faculty achieves successful role transition and the integration of their two roles is poorly understood (Sousa & Resha, 2019).

**Anticipation.** The transition from expert clinician to novice educator can be overwhelming and intimidating when trying to navigate this new environment. The anticipation phase of the nurse educator transition model initiates the transition into academia as the nurses make the decision to make this change (Schoening, 2013). Clinical nurses chose to make the transition into academia based on a personal desire to educate, prior experience precepting nurses, prior experience in education, and a personal sense of confidence (Wenner & Hakim, 2019). Some educators chose to transition into the educator role to give back by helping others succeed and to share their knowledge and expertise with nursing students (Brown & Sorrell, 2017).

**Disorientation.** As clinical experts begin their transition into academia, they enter the disorientation phase characterized by a lack of structure and mentorship (Schoening, 2013). The excitement of transitioning into academia is overshadowed by the assumed expectations of structure and support and the unforeseen challenges and experiences during the transition (Nicholls & Kelman, 2023). Brower et al. (2022) described the experience of transitioning as “being thrust into an academic role” (p. 4), with educators questioning their own knowledge and preparation. The novice educators felt like they were starting all over and had an ideation of being a perpetual novice (Brower et al., 2022; Hoffman, 2019). The transition into the faculty role can be an isolating transition without formal orientation, a mentor, or a preceptor. The orientation into the academic role is often described as less structured and lacking the necessary resources needed to navigate the academic environment (Dunker & Manning, 2018; Garner & Bedford, 2021; Owens, 2018; Ruiz & Gonzales, 2021; Shapiro, 2018; Sousa & Resha, 2019).

**Information Seeking.** The lack of structure and guidance leads novice educators to seek out resources and information needed to succeed in their role (Schoening, 2013). Information seeking is needed to facilitate change (Shapiro, 2018). Many novice educators sought out experienced faculty, through formal and informal methods, to help navigate the role of nurse educators and guide them through the transition (Brown & Sorrell, 2017; Hoffman, 2019; Shapiro, 2018). The motivation to become competent in the role of educator leads novice educators to utilize a variety of sources to gain knowledge and an understanding of their role. These sources include using past experiences, applying knowledge from education courses, reading textbooks, and attending professional development activities (Shapiro, 2018).

**Role Transition and Identity Formation.** The concept of role signifies personal behavior and an understanding of the context in which the behavior takes place (Meleis, 2009). When discussing transitions, Meleis (2009) discussed the concept of role transition as including incorporating new knowledge and altering behaviors as a change in role relationships, expectations, and abilities occurs. Schoening (2013) identified the final phase of transition in the nurse educators transition model as “identity formation.” As educators transitioned through the phases, knowledge was gained to form their identity and role as educators (Schoening, 2013). Role insufficiency occurs when there are challenges in fulfilling the role behaviors or expectations, and there are perceptions of disparities in fulfilling role obligations (Meleis, 2009).

Novice educators are challenged with the transition into education, learning about academic organization, teaching in a classroom and clinical setting, and participating in scholarly activities (Sousa & Resha, 2019). Adjunct nursing faculty described “role ambiguity” and a sense of being overwhelmed, confused, and lacking knowledge about teaching during this transition (Owen, 2018). This is consistent with Schoening's (2013) nurse educators transition

model's second phase of transition, the disorientation phase. There is a sense of lack of knowledge and confidence needed to perform in the role of educator (Schoening, 2013). The process of learning the instructor's role and responsibilities was necessary to eliminate the sense of role ambiguity (Owens, 2018).

Wenner et al. (2020) revealed adjunct nursing faculty recognized a need to obtain further information on their role to facilitate a successful role transition. Schoening (2013) discussed successful transition as integrating the identity of nurse and educator to form a new role of nurse educator. The outcome of transitioning includes mastery of new skills and integrating identities (Meleis et al., 2000). The role transition is an individual process, but the adjunct nursing faculty stated that interacting and socializing with other nursing faculty, with time, aided in their learning of pedagogical skills, their roles and responsibilities as educators, and in developing their instructor identity (Owens, 2017, p. 15). Wenner and Hakim (2019) agreed that the transition experience for adjunct nursing faculty is an individualized process but opportunities for socialization among adjunct nursing faculty aided in successful transition and role identity.

**Barriers and Challenges During the Transition to Novice Educator.** Several studies in the literature discuss the lack of preparation for adjunct nursing faculty for the teaching role (Dunker & Manning; 2018, Ross & Dunker, 2019; Sousa & Resha, 2019). Experienced nurses are transitioning into the faculty role but lack the necessary academic preparation, pedagogical skills, and support to succeed and maintain effectiveness in this role (Dunker & Manning; 2018; Garner & Bedford, 2021; Ross & Dunker, 2019; Sousa & Resha, 2019). Ruiz and Gonzales (2021) discussed the expectation of nurses entering academia to have expertise in clinical practice with the belief that faculty can teach effectively. Adjunct nursing faculty are often relying on their clinical expertise to guide their teaching.

New faculty are often expected to begin their teaching obligations immediately (Ruiz & Gonzales, 2021). This leads to limited opportunities for preparation and socialization for the adjunct nursing faculty transitioning, which can lead to the transition being stressful and overwhelming (Dunker & Manning, 2018). Adjunct faculty describe a lack of communication with full-time faculty and a sense of isolation from the nursing programs hindering the transition process (Owens, 2018; Sousa & Resha, 2019). Full-time faculty often lacked communication with the adjunct faculty about the curriculum, policies of the program, and any clinical schedule changes (Owens, 2018).

Mann and De Gagne (2017) found that novice adjunct nursing faculty felt inadequately prepared for their role relying on prior experiences. The participants emphasized the importance of a strong orientation program but described the orientation as being condensed due to a lack of faculty. The participants relied on their clinical nursing experience, academic training, and employment settings, as well as reaching out through formal and informal needs to prepare for their role (Mann & De Gagne, 2017). Nursing clinical expertise plays an important role in the preparation for the adjunct nursing faculty. Owens (2018) found that participants relied on past and current clinical practice experiences to maintain their clinical knowledge and skills to aid in their teaching. It also provided a knowledge base and a method to facilitate students' critical thinking and clinical reasoning skills by sharing clinical practice experiences with students (Owens, 2018).

The transition into the educator role has been described as chaotic, challenging, overwhelming, and tough (Grassley et al., 2020; Jarosinski et al., 2021; Mann & De Gagne, 2017). There is a lack of confidence and confusion regarding the responsibilities associated with the educator role. There are also limited opportunities for preparation for this role (Dunker &

Manning, 2018; Garner & Bedford, 2021; Shapiro, 2018). The challenges faced during this transition include a knowledge deficit and a lack of academic culture and support (Sousa & Resha, 2019).

Nurse educators were challenged with insufficient time; time to perform varied teaching responsibilities; and the time commitment required outside of work for course preparation, grading, and extra paperwork (Brown & Sorrell, 2017; Cooley & De Gagne, 2016; Grassley et al., 2020). Luckenbach et al. (2021) found that adjunct clinical nursing faculty faced barriers of the time commitment required to be effective in their role and to connect the classroom concepts with challenging clinical experiences that promoted learning and discussion. The nursing faculty also described a lack of knowledge of test development and item analysis, efficient ways to teach, and where to locate resources (Cooley & De Gagne, 2016). Limited preparation with knowledge of the curriculum, effective teaching and learning strategies, and evaluating clinical competence negatively affects student learning and the novice nursing faculty's transition into academia (Dunker & Manning, 2018). The lack of academic preparation for novice adjunct nursing faculty has resulted in a limited understanding of educational methodologies and the inability to use pedagogy to translate essential information for nursing students (Ross & Dunker, 2019). Educators with academic preparation sensed a gap in theory and practice.

Garner and Bedford (2020) unveiled that participants felt their graduate studies would prepare them for the transition into the educator role. The participants felt that their graduate programs lacked sufficient hands-on experience. They felt they were given the content needed; however, the graduate programs did not show them how to implement this knowledge, and they felt they were not prepared to teach nursing (Garner & Bedford, 2020; Grassley et al., 2020).

Grassley et al. conducted a systematic review that supported these findings in which graduate education did not prepare nursing faculty to teach nursing, which affected their transition.

The novice nursing faculty often felt unprepared during their transition and very few received formal preparation affecting this transition (Grassley et al., 2020). It has also been noted that there were inconsistencies in guidance and support by full-time faculty and administrators (Ross & Dunker, 2019; Sousa & Resha, 2019; Wenner & Hakim, 2019). The lack of adequate orientation often left novice adjunct faculty unprepared and unable to appropriately work and teach students effectively (Ross & Dunker, 2019). Brown and Sorrell (2017) found that participants felt unprepared for their new role, having to figure it out on their own. These participants stated a need for more structure in the transition process to aid in feeling more competent in their roles.

The shift in nursing education from a teacher-centered approach to a student-centered approach poses many challenges for nursing faculty. The teaching styles must shift to engage in student learning and incorporate clinical reasoning and application. Present-day nursing education is requiring instructors to incorporate different teaching strategies and active learning into the classroom (Morrell & Eukel, 2020). Student learning may be hindered by novice adjunct nursing faculty that have limited knowledge of the curriculum, a lack of understanding of effective teaching and learning strategies, and limited understanding of how to effectively evaluate clinical competence (Dunker & Manning, 2018).

To address current faculty shortages, the adjunct nursing faculty are often hired quickly and placed in clinical instructor roles with inadequate time for formal orientation into this role (Phillips et al., 2019) or a lack of formal orientation prior to their first teaching assignments (Sousa & Resha, 2019). The novice nursing faculty reported a desire for formal orientation

programs to ease this transition. The full-time nursing faculty stated they had a lack of understanding of the requirements of their role. They also felt there was limited structured support, guidance, or mentorship during the transition into this new role. Confusion and role ambiguity occurred as the nurse faculty transitioned into academia with this lack of guidance and support (Schoening, 2013; Shapiro, 2018). The full-time nursing faculty desired strong mentoring programs, professional development that includes student evaluation and test creation, and role-specific orientation programs (Shapiro, 2018). Many of the challenges described during the transitional process targeted a lack of orientation, mentorship, and support (Brown & Sorrell, 2017; Cooley & De Gagne, 2016; Dunker & Manning, 2018; Garner & Bedford, 2020; Ross & Dunker, 2019). The benefits of successful role transition of the novice adjunct nursing faculty are important for advancing the quality of nursing education. The current literature is limited regarding how nursing programs meet the needs of novice adjunct nursing faculty. The perspectives gained from this study explaining how novice adjunct nursing faculty experience the transition into their new roles can define the skills needed for role mastery and successful transition to provide role-specific orientation programs for this group of faculty members.

### **Nurse Educator Competencies**

The National League of Nursing [NLN] (2022) described the core competencies of novice nurse educators as facilitating learning, facilitating learner development, and socialization, using assessment and evaluation strategies, participating in curriculum design and evaluation of program outcomes, functioning as a change agent and leader, pursuing continuous quality improvement in the role of the nurse educator, engaging in scholarship, and functioning within the educational environment. The responsibilities of nurse educators vary based on employment status and institution. The responsibilities also vary based on the educational

setting. The overall duties of full-time nursing faculty include teaching, conducting research or scholarship, and providing service to the institution (Oermann et al., 2022).

Satoh et al. (2020) described the core competencies of nurse educators as facilitating active learning, engaging in academic research activities, participating in university management, undergoing self-directed learning based on professional ethics, and practicing education autonomously. Novice nursing faculty felt their role was unclear and struggled to navigate the boundaries within their role (Brown & Sorrell, 2017; McPherson & Candela, 2019; Shapiro, 2018; Young-Brice et al., 2022). McPherson and Candela also found that participants rated clear expectations of their new role as being important in aiding in the transition to academia. In their study the themes identified from the findings included support, training, resources, communication, expectations of the role, clinical evaluations, and knowledge about maintaining safety. The top three ranked as the highest priority were clear expectations, consistent and frequent communication with course coordinators, and more training in the new role to ease the transition process. When evaluating the teaching responsibilities within the different roles of nursing faculty, Bittner and Betchel (2017) revealed full-time nursing faculty spent more time teaching in the classroom, while part-time faculty spent more time teaching in the clinical setting.

### ***Role of the Full-Time Nursing Faculty***

There is a misconception that the role of the full-time nursing faculty is to just teach in the classroom and clinical setting. The role of the full-time nursing faculty is diverse and includes curriculum development, professional practice, relationships with students and colleagues, service, faculty governance, and scholarship (Bittner & Betchel, 2017; Korkosz et al., 2020). The role of the full-time nursing faculty is dependent on the nursing program and whether



it is a tenured track or non-tenured track position. In a non-tenured track, full-time faculty focus on teaching, clinical practice, and service, while in the tenured track, faculty is expected to engage in research and scholarship while teaching students (Korkosz et al., 2020; Oermann et al., 2022). Teaching is central to the nursing faculty role, with the full-time instructor spending more time teaching in the classroom setting than in the clinical setting (Bittner & Betchel, 2017). Despite the context in which nursing faculty teach, the full-time faculty role is complex and unlike that of the adjunct or nurse.

### ***Role of the Adjunct Nursing Faculty***

There has been an increase in nursing programs filling faculty positions with adjunct nursing faculty, with over 30,000 part-time nursing faculty hired to address the nursing faculty shortage and the registered nursing shortage in healthcare (Brown & Sorrell, 2017; Luckenbach et al., 2021; Meyer, 2017; National Advisory Council on Nurse Education and Practice, 2021; Sousa & Resha, 2019). Administrators hire adjunct nursing faculty as a strategy to fill vacant faculty positions (Meyer, 2017). Adjunct nursing faculty are beneficial to baccalaureate nursing (BSN) programs because they fill in the gaps, provide instruction in the clinical and classroom setting, and educate more students to meet the healthcare workforce demands (Sousa & Resha, 2019). The adjunct nursing faculty often have flexible schedules allowing them to be available on short notice; but often lack the time, availability, and commitment needed in the academic educator role (Luckenbach et al., 2019). Similar to that of the full-time nursing faculty, there is a lack of understanding of how the time constraints of the adjunct nursing faculty affect their transition into academia.

Meyer (2017) found that administrators use adjunct nursing faculty to offer flexibility to meet the demands of increased student enrollment. Adjunct nursing faculty bring a source of

diversity and clinical expertise to student experiences and enhance student learning, as well as bringing a variety of approaches to nursing care (Luckenbach et al., 2021; Meyers, 2017).

Adjunct nursing faculty aid in bridging the theory-practice gap by connecting classroom concepts to the clinical setting for nursing students. For example, Luckenbach et al. (2021) noted that adjunct nursing faculty utilized clinical expertise to help students apply the practice and knowledge of nursing to gain a deeper understanding of the nursing role within the healthcare system and were able to bridge the gap between theory and clinical practice.

Mann and De Gagne (2017) emphasized the central role adjunct nursing faculty fill in the clinical education of nursing students. The adjunct nursing faculty support full-time nursing faculty by assuming clinical teaching responsibilities, providing more time for the full-time faculty to focus on other responsibilities (Meyer, 2017). Though adjunct nursing faculty are vital to filling a gap in nursing education, administrators associated the increased use of adjunct nursing faculty with a decrease in consistency and integration of the nursing curriculum (Sousa & Resha, 2019). The decrease in consistency and integration of the nursing curriculum can negatively impact student learning and progress. Understanding the needs of novice adjunct nursing faculty and ensuring that they are adequately prepared to fulfill their role can provide consistency and integration of the nursing curriculum to aid in student learning and success.

### ***Academic Preparation for the Educator Role***

The academic preparation and educational requirements of nursing faculty roles are dependent on the type of nursing program being employed. Nursing programs vary in their degree requirements for nursing faculty and are set by state Boards of Nursing and accrediting agencies (Oermann et al., 2022). There is a lack of consensus on the educational requirements of nurse educators (Booth et al., 2016) and consistent requirements for nursing faculty to have

formal training in educational methods (Lane & Kohlenberg, 2021). According to the AACN (2022), the minimum degree requirement for an adjunct instructor is a bachelor's degree, and most tenure-track positions for full-time faculty require a Ph.D. with an expectation of advanced expertise in the content area being taught. With the minimum degree requirement of adjunct nursing faculty being a bachelor's degree, they may lack the educational preparation and knowledge needed for successful role transition. The tenure track faculty are typically expected to conduct research, produce scholarship, and participate in services while maintaining their teaching responsibilities (Oermann et al, 2020). The NLN has voiced a need for discipline-specific pedagogical knowledge and skills and has advocated for graduate programs that prepare academic nurse educators (NLN, 2017).

Clinical expertise may not translate to teaching expertise in curriculum, teaching strategies, and evaluation methods. Oermann (2017) noted that clinical expertise is necessary for the educator role and argued that expertise alone is insufficient preparation for teaching in nursing programs. The adjunct nursing faculty often relies on their clinical expertise as they transition into the educator role and therefore may face challenges as they translate their expertise into teaching strategies (Sousa & Resha, 2019). Advanced degrees often represent content knowledge, but the preparation for the nurse educator role may be absent from graduate curricula (Booth et al, 2016; Grassley et al., 2020; Schoening, 2013). Fitzgerald et al. (2020) evaluated the NLN Core Competencies for Nurse Educators in Master of Science in Nursing Education (MSN-Ed) and found that only half of the competencies were well presented in course descriptions of MSN-Ed programs. There was a wide variation in the required credit, clinical, practicum, clock, or laboratory hours needed to achieve program outcomes (Fitzgerald et al., 2020). This study also revealed that when compared to other specialty practice areas, nursing

organization accreditation programs have not specified the number of practicum hours required for nurse educator practice.

Advanced degrees, such as Doctor of Nursing Practice (DNP) and PhD prepare students to be experts in administration, education, clinical research, and advanced nursing practice (AACN, 2022). McNelis et al. (2019) revealed participants had an expectation that their terminal degree would prepare them for faculty roles with an enhanced skill set. The participants reported that their doctoral curriculum had limited nursing education courses and lacked formal instruction relative to the practice of teaching and learning; whereas participants who chose a terminal degree with a focus on nursing education felt prepared with the curriculum focusing on the philosophy of nursing and teaching, as well as research preparation (McNelis et al., 2019). There was consensus among participants, whether they had a nursing education-focused terminal degree or not, that they were not studying the teaching aspect of the faculty role and were not learning how to teach (McNelis et al., 2019). Oermann (2017) and Korkosz et al. (2020) both argued that few PhD in nursing programs offer students a curriculum that adequately prepares them for the role of nurse educator, and most nursing doctoral programs lack content or opportunities for students to develop the skills needed in academia.

### ***Adjunct Faculty Compensation***

Administrators reported that the employment of adjunct nursing faculty was more economical and cost-effective than the employment of full-time faculty (Meyer, 2017). The average per-course pay for adjunct nursing faculty varied from less than \$2,000 to more than \$7,000, with more than half having an annual salary of less than \$50,000 with no benefits, job security, or career trajectory (Danaei, 2019; Flaherty, 2020). The adjunct nursing faculty often are not paid for furthering their education or for professional development; having to pay for this

themselves. This can lead to the adjunct nursing faculty having limited knowledge and skills to teach effectively, affecting the transition process into academia (Danaei, 2019).

### **Orientation and Mentoring of Novice Nursing Faculty**

The orientation and mentoring of novice faculty are important in facilitating the transition into the educator role. Sousa and Resha (2019) evaluated the orientation needs of adjunct nursing faculty. The findings indicated adjunct nursing faculty expressed a need for formal orientation, ongoing support, and mentorship due to the amount of information needed for adjunct nursing faculty to facilitate their roles and responsibilities. McPherson and Candela (2019) also found clinical nursing faculty supported the use of clinical orientation and mentorship. The adjunct faculty felt it was important to have clear expectations of their role and to remain updated on course materials and student expectations. The orientation of adjunct nursing faculty is often condensed or conducted informally, with important items omitted or insufficiently covered, such as adjunct clinical faculty job description, the correlation of clinical experience with theory, criteria guidelines for grading and evaluation of students, and resources and procedures to follow (Sousa & Resha, 2019). Owens (2018) found learning needs for adjunct nursing faculty included completing lesson plans, understanding aspects of the curriculum, incorporating student learning outcomes, knowing various teaching methods for different learning styles, grading and completing clinical paperwork and care plans, and handling student issues.

### ***Best Practices for Orientation***

The orientation of new employees has been utilized to aid in retention, provide opportunities to develop top performers, deliver quality service, and provide opportunities for organizations to establish long-term relationships with their employers (Dunker & Manning, 2018). Orientation programs are often focused on the full-time instructor, and the needs of the

adjunct nursing faculty are often missed (Sousa & Resha, 2019). The orientation programs for full-time faculty provide an in-depth outline of the school's program, philosophy, course content, expected clinical outcomes, management tips, and suggestions for dealing with difficult students. Novice adjunct nursing faculty have felt supported and valued in their role when given this formal orientation with tools for success (Dunker & Manning, 2018).

Sousa and Resha (2019) and Brown and Sorrell (2017) revealed that adjunct nursing faculty indicated the need for a structured orientation program to include the role and expectations of the adjunct nursing faculty, criteria or guidelines for student evaluation, and resources and procedures for handling different student situations. Rogers et al. (2020) conducted a literature review evaluating strategies related to faculty orientation. The results revealed that the core competencies of nurse educators should be used as a framework and should include content on the faculty role, academic culture, program-specific content, campus geography; and educational, academic, and social situations (NLN, 2022; Rogers et al., 2020). Cox et al. (2021) reported the top items that would be helpful for new faculty to incorporate into an orientation program are faculty member expectations, teaching resources and support services, explanation of job duties, governance and decision-making structure, and faculty-specific administrative policies and procedures.

Young-Brice et al. (2022) implemented the Teaching Excellence Program, an onboarding orientation program, as a strategy to better support new nurse faculty. Aligning the University orientation with the Teaching Excellence Program fostered a sense of belonging and diminished the sense of isolation. The program also provided a safe environment to explore the teaching role and other faculty responsibilities outside of teaching. New faculty that participated in the Teaching Excellence Program had a sense of positivity toward their transition into a full-time

faculty role (Young-Brice et al., 2022). This may be beneficial and useful to the novice adjunct nursing faculty as they transition into academia.

### ***Mentoring***

The NLN (2006) advocates mentoring as a strategy for recruiting and retaining nurse educators and creating healthy work environments. The process of mentoring embodies the orientation into the faculty role, socialization, and development of teaching, research, and service skills. The intention of formal mentoring relationships is to support, sponsor, nurture, coach, and empower the mentee (Rogers et al., 2020). The role of a mentor is beneficial in navigating and understanding the complexities of the nurse educator role and is necessary in facilitating this transition (Jeffers & Mariani, 2017; Rogers et al., 2020; Ross & Dunker, 2019).

Novice adjunct nursing faculty who were mentored described feeling supported and guided in their new role; whereas those who lacked mentorship sought alternatives to ease the transition into this new role (Jeffers & Mariani, 2017). Novice adjunct nursing faculty found it beneficial to have a mentor to whom to ask questions during their time of learning pedagogical skills, roles, and responsibilities (Owens, 2018). Novice nursing faculty in full-time and adjunct roles reported lower levels of role conflict and role ambiguity with a positive mentoring experience (Dahlke et al., 2021). In contrast, some mentees have reported negative experiences in their mentoring relationship. For example, Busby et al. (2023) found that a poor mentoring match and lack of structure resulted in feelings of the mentorship not helping with the adjustment into the faculty role. The role of the mentor aids in job satisfaction, and retention, thus reducing turnover and enhancing career advancement (Calaguas, 2023; Rogers et al., 2020). Those transitioning into nurse educator roles without mentoring relationships reported higher levels of burnout, stress, and lower retention intentions (Calaguas, 2023). The lack of mentorship may

result in clinical faculty navigating this new role without the necessary support needed for successful transitions (Ross & Dunker, 2019; Sousa & Resha, 2019).

### ***Barriers to Orientation and Mentoring***

Orientation for novice nurse faculty is recommended for teaching effectiveness and socialization, but not all faculty receive orientation, or there are critical elements to the orientation that are often missed (Rogers et al., 2020; Schoening, 2013). There are various formats of orientation that are being implemented; however, there is a lack of consensus on best practices for orientating new nursing faculty (Ross & Dunker, 2019). Cox et al. (2021) found inconsistencies in orientation offerings among nursing programs, and also noted that some orientations may not be as comprehensive or effective as they should be for successful transitioning. Orientation programs have been described as having a lack of structure and abbreviated, leaving novice faculty to feel unprepared (Grassley et al., 2020; Mann & De Gagne, 2017).

The literature noted inconsistencies in mentorship programs amongst nursing programs ranging from formal mentoring programs to none at all, where the novice faculty was left seeking their own mentor through informal methods (Busby et al., 2023; Jeffers & Mariani, 2017; Rogers et al., 2020; Ross & Dunker, 2019). Novice faculty with a negative mentoring experience reported insufficient communication and support from their mentors, often feeling alone and abandoned (Jeffers & Mariani, 2017). Novice faculty also reported inappropriate behavior from their mentors such as bullying, incivility, and horizontal violence (Dahlke et al., 2021; Jeffers & Mariani, 2017). The lack of structure and lack of interest from the mentor resulted in needs not being met and difficulties adjusting to the faculty role (Busby et al., 2023; Grassley et al., 2020). An enhanced understanding of the adjunct nursing faculty's needs during



their transition into this new role identity can be beneficial in the formulation of targeted orientation and mentoring programs specific to the adjunct nursing faculty.

### **Summary**

Transitions have been described as complex, multidimensional experiences occurring over time. Transitions are categorized as developmental, health-illness, situational, and organizational. Nurses experience multiple transitions throughout their nursing careers. These transitions include student nurse to novice nurse, novice nurse to expert nurse, or those transitioning into academia. Novice adjunct nursing faculty experience the situational role transition from expert clinical nurse to novice educator. This transitional experience has been explored in the literature with a lack of development of best practices to support these transitions. Novice adjunct nursing faculty require support as they experience the challenges of role ambiguity when transitioning into the educator role.

Successful role transition in nursing includes role mastery and a sense of a new identity. Nurse educators have a successful transition when the two identities of nurse and educator are integrated to form the nurse educator identity. The knowledge and experience gained from the novice adjunct faculty as they transition into their role will form their teacher identity. The Nurse Educator Competencies are used to describe the role of the nurse educator in academia. Academic preparation, orientation, and mentoring relationships have been used to facilitate the transition into academia. Nevertheless, graduate programs have lacked the necessary preparation and pedagogical skills needed for novice educators. The orientation and mentoring for novice educators have been described as unstructured, inconsistent, ineffective, or nonexistent, resulting in the novice educator feeling unprepared to navigate the world of academia. An understanding

of the transition experience of the novice adjunct nursing instructor can provide insight and the need to develop programs to facilitate the transition for future adjunct nursing faculty.

## **CHAPTER THREE: METHODS**

### **Overview**

The purpose of this phenomenological study was to describe the lived experiences of novice adjunct undergraduate nursing faculty teaching in the United States. At this stage of the research, the lived experiences of novice adjunct nursing faculty will focus on their transition into academia. This transition is described as a shift in roles requiring different skills and knowledge, as seen in the shift from the primary role of the clinician to the new role of nursing faculty (Grassley et al., 2020). The study was guided by Meleis' transitions theory and Schoening's nurse educators transition model. This chapter discusses the research design, the setting, participant selection, procedures, the researcher's role, data collection, data analysis, and ethical considerations associated with the study.

### **Design**

The qualitative approach was chosen to gain an understanding of the lived experience of novice nursing faculty transitioning into academia. It aims to uncover a person's experiences and the meanings of those experiences (Merriam & Tisdell, 2016). The qualitative approach provides the opportunity for research participants to share their stories and have their voices heard (Creswell & Poth, 2018). This approach supports this study because the research question aimed to understand the lived experiences of novice adjunct nursing faculty as they transitioned from clinical experts to novice educators. This approach provided an understanding and further knowledge of the novice adjunct nurse faculty's needs to facilitate the transition from clinical expert to novice adjunct nurse faculty.

The study was conducted using the transcendental phenomenological approach based on the work of Husserl (1977). Husserl's idea of phenomenology removes the researcher's

preconceptions of a phenomenon to experience the true essence of it. Methodology inspired by Husserl aims to describe in its entirety the experience of the phenomenon by bracketing out the researcher's preconceived assumptions of the phenomenon (Converse, 2012). The phenomenological approach depicts the common meaning for several individuals who experienced the phenomenon as described by the participants (Creswell & Creswell, 2018). The phenomenological approach aims to describe the universal essence of the phenomenon. The transcendental phenomenological approach, based on the work of Husserl, elicits perceptual views of the participants being studied. The transcendental approach allows the phenomenon to be described in its entirety to provide a complete description of the experience (Moustakas, 1994). In transcendental phenomenological studies, the phenomenon is perceived as reality. The truth exists as an essence that is described and exists independently of the researcher (Converse, 2012). This study explored the phenomenon of transitioning into academia as a novice educator and expert clinician. Interviews were conducted via Zoom conferencing software to gather the descriptions of the transition experience of novice adjunct nursing faculty.

### **Research Question**

The phenomenological approach was used to answer the central research question:

RQ1: What are the lived experiences of novice undergraduate adjunct nursing faculty as they transition from clinical expert to novice nurse faculty?

### **Setting**

The setting of the study was undergraduate accredited nursing programs in the United States. Having the study limited to a single nursing program or university would have limited the accessibility of participants and decrease recruitment potential. Expansion beyond one program

allowed the researcher to gain insight and perspectives from adjunct nursing faculty employed at different nursing programs in the United States.

### **Participants**

Purposive sampling ensures all individuals being studied are those having experienced the phenomenon being studied (Creswell & Poth, 2018). Snowball sampling allows for participants and others to refer potential participants to participate in the study (Merriam & Tisdell, 2016). The target population addressed in the study was novice adjunct nursing faculty who had taught a minimum of one course or clinical, in-person or online setting, in undergraduate nursing programs. The inclusion criteria were adjunct nursing faculty having less than two years of teaching experience in undergraduate nursing programs and having at least five years of experience as a clinical nurse in any specialty. The novice is a beginner with no skill or experience with the situation with which they are faced (Benner, 1982). Expertise is attributed to one that performs beyond the level of competence or proficiency (Hutchinson et al., 2016). The expert role occurs through knowledge acquisition and experience (Benner, 1982). The only minimum educational requirement for this study was graduation from a nursing program to obtain licensure to practice as a registered nurse. Exclusion criteria included educators who had less than five years of clinical nursing experience, who were employed full-time as an educator, or who had more than two years of teaching experience.

Participants were recruited for the study using purposive sampling and snowball sampling. Recruitment of participants was conducted using an online platform, Facebook, to seek participants meeting the inclusion criteria. The researcher recruited participants from private Facebook groups geared towards nursing educators in different capacities. The private Facebook groups “Teachers Transforming Nursing Education” and “Nurse Educators Group” have over

30,000 members teaching full-time or part-time for nursing programs or hospital-based education. These Facebook groups offer a diversity of participants and a broad demographic sample of educators teaching in different capacities, full-time and part-time, in the United States. Each group is monitored and maintained by administrators who approve access to the group and postings within the group. To gain access to the groups, members must answer a questionnaire to demonstrate their role as nursing educators. The researcher had previously received access to these private Facebook groups. Social media platforms such as Facebook have been used as a recruitment tool to provide opportunities to reach diverse populations that would otherwise be difficult to obtain (Franz et al., 2019).

As participants expressed interest in the study, they were directed to complete the demographic questionnaire to ensure they met the inclusion criteria and that there was diversity among the participants. At the completion of the demographic questionnaire, participants were asked to include their email address so the researcher could provide informed consent to participate in the study and to schedule the Zoom interviews. Research participants received a DocuSign document via email to sign and complete the informed consent. DocuSign allows for obtaining electronic signatures and notifies the researcher once signatures have been obtained. The participants were able to contact the researcher via email regarding any questions they had during the consenting process. The researcher selected 10 participants, through purposive sampling and snowball sampling, to participate in the study. The researcher minimized selection biases by ensuring no previous relationships with the participants and ensuring participants were selected solely based on inclusion criteria. This sample selection provided opportunities to gain insight into the perceptions of novice adjunct nursing faculty during their transition into academia and contribute to the overall body of knowledge to address the nurse faculty shortage.

The transition into academia is a shift in roles that requires a new set of skills and knowledge to form this new identity (Grassley et al., 2000; Schoening, 2013).

### **Researcher Positionality**

The phenomenological approach is used to describe the central phenomenon of the nurse faculty role transition. This approach is consistent with the constructivist research paradigm. The constructivist research paradigm addresses the idea that individuals construct and form meaning and knowledge through perception and experiences from what they have learned. The constructivist understands the existence of multiple realities (Bibi et al., 2022), and each nursing faculty member constructs their reality of the transition experience. The novice adjunct nursing faculty possesses their own subjective view of the transitions they experience in their new role in academia with varied meanings of this process. Within the constructivist paradigm, there are certain philosophical assumptions worth noting.

### **Interpretive Framework**

The constructivist paradigm seeks an understanding of the environment in which the participants live and how participants place meaning in their experiences (Creswell & Poth, 2018). This provides the perspective of the participant's experience. This study sought to understand the meaning of the transitional process into the academic setting as a novice adjunct nursing faculty. This was accomplished by solely relying on the participants' views of the situation and providing subjective meaning to these experiences.

### **Philosophical Assumptions**

Philosophical assumptions were understood and identified in the qualitative study to guide the study's approach to minimize biases and better understand the findings. Philosophical assumptions included the ideas and beliefs that informed the research and related to the overall

process of the research. Philosophical assumptions were incorporated throughout different phases of the research process (Creswell & Poth, 2018). The following sections will discuss the ontological assumption, epistemological assumption, and axiological assumption.

### ***Ontological Assumption***

The ontological assumption was based on the nature of reality and its characteristics, with an understanding that there are multiple realities and multiple viewpoints of the individuals being studied (Creswell & Poth, 2018; Moustakas, 1994). With the ontological assumption, as researcher, I reported in its entirety how the participants viewed their experiences (Moustakas, 1994). The primary assumption was that novice adjunct nursing faculty possessed different perspectives and experiences during their transition into the new role. The understanding of the phenomenon of the role transition of novice adjunct nursing faculty was based on the different realities that each individual creates and the meanings of these realities. By using an ontological assumption, I understood that there are multiple realities and aimed to shed light on the various perspectives and experiences of novice adjunct nursing faculty. As the researcher, I aimed to describe and report in their entirety the different perspectives and experiences of novice adjunct nursing faculty during this transition process.

### ***Epistemological Assumption***

The epistemological assumption is based on the subjective experiences of people and the evidence is assembled based on individual views (Creswell & Poth, 2018). Understanding one's lived experience requires the experience to be described in detail from the perspective of the person experiencing the phenomenon. Transcendental phenomenology allows the researcher to gain insight to describe the phenomenon with the belief of it being a reality with a truth that exists as an essence that can be described (Converse, 2013). The transcendental approach was



used to explore and understand the experience by allowing novice adjunct nursing faculty to explain in descriptive detail their unique transitional experience into academia. The essence of the study was to elicit the true descriptive experience of adjunct nursing faculty through their perceptual accounts (Moustakas, 1994).

### ***Axiological Assumption***

The axiological assumption is based on the premise that researchers bring value to the study and make their values known in the study (Creswell & Poth, 2018). The qualitative phenomenological approach aims to uncover one's experience and the meanings of those experiences (Merriam & Tisdell, 2016). I chose this approach because of my experiences as a former adjunct instructor. I transitioned into academia with a Master's in Science in Nursing Education. Even with educational training and condensed orientation, I faced challenges during the transition. I felt frustrated by the unknown during my transition and often felt unprepared to take on this role. Even though I experienced the transition into academia, I understand that others may have varied experiences. Working with other adjunct instructors, some of whom lacked formal education in nursing education, I learned that other adjunct instructors experienced different challenges and had different perspectives of their transition. I realized there is a significant gap and lack of understanding of the needs of novice adjunct nursing faculty as they transition into academia, and in this study, I sought to understand how other nursing faculty experienced similar transitions. The transcendental phenomenological approach holds the assumption the researcher can remove personal biases through bracketing and describing what and how the experience was lived by the participants (Moustakas, 1994). The researcher, a former novice adjunct nursing faculty, entered the study with some expectations and

understanding of novice adjunct nursing faculty's transition from clinical expert to novice educator.

The purpose of this study was to explore the lived experiences of novice adjunct nursing faculty as they transition into the educator role. A transcendental qualitative phenomenological design (Moustakas, 1994) was chosen for this study to elicit perceptual views from current novice adjunct nursing faculty regarding their transitional experience into academia. This approach allowed for the phenomenon to be perceived and described in its totality, providing a complete description of the experience (Moustakas, 1994). This study, regarding the transitional experience of novice adjunct nursing faculty, may be explored through transcendental phenomenology because of the intent to understand the lived experiences of novice adjunct nursing faculty.

### **Researcher's Role**

The researcher is the primary instrument for data collection and analysis in qualitative studies (Creswell & Poth, 2018). The researcher aimed to understand the experiences of novice adjunct nursing faculty during their transition into academia. As the researcher, I was the instrument and conducted all activities involved in the study such as consenting, data collection, and data analysis. The researcher was responsible for obtaining IRB approval. The researcher recruited participants by posting the recruitment flyer on the different Facebook groups targeted to Nurse Educators. The interested participants contacted the researcher to determine eligibility for the study. The researcher conducted all the interviews for data collection. The researcher also conducted all data analysis and interpretation of the results.

I am a full-time nursing instructor teaching at an undergraduate baccalaureate nursing program. Prior to that, I was an adjunct nursing instructor for various nursing programs and

courses. I have experienced challenges transitioning into academia as a novice adjunct nursing instructor; therefore, I am aware of the challenges faced during transitioning into a new role. The researcher is the primary instrument for data collection and analysis and may have biases that may have an impact on the study. Bracketing in transcendental studies removes the researcher's assumptions of the phenomenon so that the phenomenon can be described without prejudice (Sorsa et al., 2015). The researcher should identify and articulate any biases and assumptions within the study and monitor them concerning the theoretical framework. The researcher should make clear their biases and how they may shape data collection and interpretation (Merriam & Tisdell, 2016). I understand that my experiences with the phenomenon could impact the study, so bracketing was needed to address biases and prevent them from influencing the study.

Bracketing occurred through an understanding of my beliefs of the phenomenon and setting them aside for optimal data collection and interpretation to expose the essence of the meaning of the phenomenon. The researcher ensured to describe the experiences of the adjunct nursing faculty without prejudice or preconceived notions. The researcher identified these biases and monitored them throughout the data collection and interpretation of results. This occurred through journaling after each interview to reflect on my personal experiences transitioning into academia. I then reflected back on these transitions throughout the process of data collection and data analysis to ensure that biases were not affecting data collection and analysis. During data collection and analysis, the researcher set aside her personal experiences about transitioning, as well as any preconceived assumptions to best understand the individualized experiences of participants in the study (Moustakas, 1994).

At the completion of the interviews, the researcher conducted data analysis using ATLAS.ti software to analyze and code the data. Pseudonyms were given to participants to

ensure confidentiality. The data were coded into themes and sub-themes to describe factors affecting the transition experience of novice adjunct nursing faculty. Once data collection and analysis were completed, the researcher reported the findings to the participants. Any conflicts of interest were disclosed to the participants. Recommendations for future research were also provided. Integrity, honesty, and trust were maintained throughout the entire study process.

### **Procedures**

The procedures used to conduct the transcendental phenomenological study are discussed in this section, including permissions, recruitment, pilot interview, interview protocol, and recording procedures.

### **Permissions**

The Institutional Review Board (IRB) approval through Liberty University (Appendix A) was obtained to begin recruiting participants and begin data collection. Recruitment of participants was conducted using the social media platform Facebook. Purposive and snowball sampling was used, seeking participants employed in accredited undergraduate nursing programs at universities in the United States (Appendix B). The recruitment flyer (Appendix C) was posted in several Facebook groups created for nurse educators and nursing faculty. The Facebook groups that the recruitment flyer was posted in included “Teachers Transforming Nursing Education” and “Nurse Educators Group.” The groups were chosen based on the accessibility of reaching a large community of adjunct nursing faculty members located within the United States. Participants were also asked to refer any colleagues who may have been interested in participating and who met the eligibility requirements.

## **Recruitment Plan**

The recruitment flyer included a brief description of the study, the purpose of the study, the inclusion and exclusion criteria, what was required of the participants who volunteered, and how to contact the researcher via phone, email, or Facebook messenger to participate in the study. A link was provided on the recruitment flyer that forwarded participants to the website SurveyMonkey to complete an online demographic questionnaire (Appendix D). Following the demographic questionnaire, the informed consent (Appendix E) was emailed to participants via DocuSign, and the Zoom interviews were scheduled at a convenient date and time for both the researcher and the participant. The participants who did not meet the inclusion criteria were emailed to thank them for their time with an explanation that they did not meet the inclusion criteria to participate in the study. Ten participants were selected to interview, but recruitment continued until saturation of data occurred. Throughout the interview, field notes and observations were documented to provide descriptive data. Reflective journaling was conducted following the interviews.

## **Pilot Interview**

Merriam and Tisdell (2016) recommended practicing conducting interviews with peers who are ineligible to participate in the study. This process of pilot interviewing is important to try out the questions, get practice interviewing, and determine which questions are confusing and need rewording (Merriam & Tisdell, 2016). The researcher conducted two pilot interviews to seek feedback from two nursing educator peers regarding the interview questions to ensure clarity and understanding of the wording used. The nursing educator peers were full-time faculty members who were ineligible to participate in the study. They were utilized to provide feedback on the clarity of questions and offer an opportunity for the researcher to gain practice with in-

depth, one-on-one interviewing. The feedback from the pilot interviews did not change the questions that were asked.

### **Interview Protocol**

The interviews were scheduled immediately after the completion of the demographic questionnaire and the completion of the informed consent via DocuSign on a date and time that was convenient for both the researcher and participant. The interviews were between 30 and 60 minutes in length and were conducted virtually in a private, secured location using Zoom conferencing software. The participants were asked to complete the Zoom interviews in a private location of their choosing where their conversation could not be overheard to ensure confidentiality. The interviews were conducted using Zoom because of the ability to record audio and video and transcribe the interviews. The participants were informed that follow-up interviews would be scheduled and conducted, as each interview was transcribed and analyzed as needed to ensure saturation of data, the emergence of themes, and the determination of the essence of the phenomenon.

Once the interviews were scheduled and prior to beginning the interview portion of the Zoom call, a script (Appendix F) was read to participants to discuss the study's highlights and purpose, review the informed consent, provide opportunities for questions and clarifications, and reiterate that the interviews would be recorded. Once the participants agreed to continue with participation in the study and agreed to the recording of the interviews, the interview portion began. The interviews were conducted using a semi-structured interview guide with open-ended questions. A semi-structured interview guide was used to allow some control over the interview yet allow for flexibility within the interview to ask probing and open-ended questions and stimulate dialogue (Jimenez & Orozco, 2021). The questions were discussed with the

participants with an opportunity for the participants to thoroughly answer each question. Throughout the interviews, probing and verification of answers were conducted as needed. Notes were taken throughout the interview on the interviewee responses. This helped in organizing thoughts, providing information about the interview, and concluding ideas. It was also important to take descriptive and reflective notes throughout the interview to gain insight and reflection on the interview (Creswell & Poth, 2018). After the interview, the participants had the opportunity to add any further content or clarification to a previously asked question or input any final thoughts on the phenomenon of transition. At the conclusion of the interview, the participants were thanked for their time and informed that they may be contacted if further clarification was needed during transcription and data analysis.

### **Recording Procedures**

Each interview session was recorded, transcribed, and analyzed using ATLAS.ti. The notes taken throughout the interview were also added to the ATLAS.ti software. Each transcription was sent to each of the participants for review and revisions to ensure member-checking. The transcriptions were labeled with the participants' personal identifiers and uploaded into the ATLAS.ti software. The interview transcriptions were analyzed and categorized as themes emerged. Throughout the process of conducting research and data analysis, a journal was kept recording memos and discussing this process. This journal was a description of reflections throughout the interview process, questions, and decisions made regarding problems or ideas encountered throughout data collection and analysis (Merriam & Tisdell, 2016).

### **Data Collection**

Data collection occurred through virtual interviews with participants. Interviews are often used in qualitative studies to collect data. Interviews allow the researcher to obtain specific

information, and are necessary when the researcher cannot observe behavior, feelings, or how participants interpret the world around them (Merriam & Tisdell, 2016). Triangulation of data is an approach where multiple methods of data collection are used to strengthen the data and the study's credibility. The data are retrieved from multiple sources and compared across the data sources (Jentoft & Olsen, 2019). Demographic questionnaires were utilized to ensure inclusion criteria were met, as well as the diversity of participants. Interviews were chosen as the data collection method to gain insight and understanding of the transition experience of novice adjunct nursing faculty. A semi-structured interview guide, with open-ended questions and probing questions as needed, was used to conduct the interviews. Follow-up interviews were planned as needed to provide further clarification and data triangulation; however, the follow-up interviews proved to be unnecessary. Field notes and observations were taken throughout the interviews to provide reflective data. The participants were emailed preliminary findings and themes to validate the findings and provide triangulation of the data. Using this method of triangulation, the researcher was able to gain a better understanding of the phenomenon of transitioning into academia (Jentoft & Olsen, 2019).

### **Demographic Questionnaire**

Participants who expressed interest in the study were asked to complete a demographic questionnaire via SurveyMonkey. The demographic questionnaire was used to ensure participants met the inclusion criteria. The demographic questionnaire consisted of nine questions. Questions one and two asked participants to disclose their age and gender. Questions three and four gained insights into the educational background of the participants. Questions five and six gained insights into the participant's nursing experience and background, which ensured that the participants gained clinical expertise as a nurse to meet the study requirements.



Questions seven, eight, nine, and ten asked the participants about the institution they work for and if they were working as a full-time instructor or as an adjunct instructor. The interview questions also included asking the participants the amount of time they have been an adjunct nursing faculty and how many classes or clinicals they have taught. These three questions were used to ensure that participants met the inclusion criteria for being a novice adjunct nursing instructor. The final question asked the participants to provide their email address so that the researcher was able to provide informed consent via DocuSign and schedule the Zoom interviews if the participants met the inclusion criteria. The participants not meeting the inclusion criteria were notified and thanked for filling out the demographic questionnaire and informed they did not meet the inclusion criteria.

### **Interviews**

The participants were contacted immediately after completing the demographic questionnaire to provide informed consent via DocuSign and schedule an interview within the week of completing the informed consent. Interviews were scheduled and conducted as participants were recruited. The participants were emailed a link to participate in the interviews via Zoom videoconferencing at a time convenient for both the participant and the researcher. Participants had the opportunity to participate in the interview at a secure and private location that was convenient and comfortable. The interviews were conducted using a semi-structured interview guide, with open-ended and probing questions as needed.

Data collection was initiated by providing participants with a detailed script of the purpose of the study and voluntary participation in the interviews. Individual interviews were conducted using Zoom video conferencing software. Participants were informed that interviews could last 60 to 90 minutes in length and follow-up interviews would be conducted as needed for

further clarification and interpretation of results. The interviews were conducted using an open-ended, semi-structured interview guide. Before starting the interviews, the participant confidentiality and audio recording of the interviews were discussed. The interview began by discussing the research participant's nursing background and experience. The participant was then asked to describe their perspective on clinical experts. The participant was also asked about their decision to transition into education, their role and description of an adjunct instructor, their preparedness for this role, and any challenges they may have faced throughout the process of transitioning into the educator role. The interview also gained insight into the onboarding and the orientation process during the transition. The following semi-structured interview guide was used to conduct the interviews.

#### *Semi Open-Ended Interview Guide*

1. Please introduce yourself to me, providing your name and the institution you have an adjunct contract with as well as how long you have been a nurse and an adjunct instructor.
2. Describe your nursing background and experience.
3. How would you describe an expert clinical nurse?
4. Describe your role and responsibilities as an adjunct nursing instructor.
5. What if anything influenced your decision to transition into an adjunct nursing teaching position?
6. Define novice for the interviewee. How would you describe your transition process as a novice adjunct nurse educator?
7. How would you compare your transition process into the role of nurse to the transition process into the role of nurse educator?

- a. How did you feel throughout these experiences?
8. What preparedness (explain as orientation, mentoring, etc.) was required of you for the role of a nurse educator? In what ways, if any, did you prepare on your own for your role as an adjunct nurse educator? How would you describe your preparedness for this role?
  9. Describe, if any, challenges you may have faced during this transition.
    - a. How did you feel during this experience?
    - b. How did you deal with these challenges?
    - c. Describe what helped you deal with, face, intervene, etc. these challenges.
    - d. Describe any barriers, if any, that influenced these experiences.
  10. Describe what was helpful in transitioning into your role as an adjunct nurse educator.

Was there a particular person or group of persons helpful during your transition into the role of nurse educator?

    - a. Describe any barriers, if any, that influenced these experiences.
  11. Was anything not helpful or could have been improved upon?
  12. What resources, if any, were afforded to you throughout your transition to this role? What additional resources do you feel you needed, or continue to need?

Questions one and two were background/demographic questions to gain insight into the participant's experience. Jimenez and Orozco (2021) recommended beginning the interview by asking these general questions on demographic information to give the participants an opportunity to warm up to the interview. It is important to begin the interview focused on this demographic information to provide context on the experience (Bevan, 2014). Questions three and four aimed to understand the participant's description of an expert nurse and the role of an adjunct nursing instructor. It is important for the participants to provide their own definitions to

clarify their interpretation of what an expert nurse is and what the role of an adjunct nursing instructor is. This will give context to the participant's perspective of the expert nurse transitioning into the adjunct nursing instructor role (Roulston, 2010).

Question five and six invited participants to reflect on and describe their decision to experience the phenomenon of transitioning into academia. These questions also provide an opportunity for participants to reflect on and describe the process of transitioning into academia. This can provide insight into the meaning of transition to the participants. Question seven asked participants to compare their transition experience into nursing to their transition experience into academia. This provided an opportunity to uncover what is perceived as normal and gain an understanding of how participants make sense of normal parts (Jimenez & Orozco, 2021). This allowed the interview to begin navigating towards answering the research question. This question introduced the focus of the study aligning with the research question. Qualitative interviews should focus on why the event, experience, or phenomenon occurred (Roberts, 2020).

The main questions used in qualitative research should be closely aligned with the research question and introduce the main focus of the study. These questions should break the topic up into its essential components (Roberts, 2020). Questions six through twelve discussed in detail the transition experience by breaking up different components within the experience. Probing or follow-up questions were included to elicit more detail or clarity on the experience. Examples of probing questions that were used included: "Can you tell me more about that?" "What do you mean?" and "Can you give me an example of that?" This allowed the participants to provide multiple examples and perspectives of the experience to acquire a rich description of the transition process (Roberts, 2020).

**Field Notes**

Throughout the interview process, field notes and observations (Appendix G) were documented to provide descriptive data. Creswell and Poth (2018) recommended taking notes throughout the course of the interview regarding the interviewee responses, as well as any reflections on the responses. Providing notes on the descriptive aspects of the interview is important for organizing thoughts, providing information about the interview, and producing any concluding data. The notes taken were used to gain insight and provide descriptions of the behaviors, dialogue, and interactions during the interviews. The observation notes were used to reflect on significant words and statements that were made throughout the interview, and included both verbal and non-verbal cues. The information from the observation notes was used to support the data obtained from the interviews and develop the codes, themes, and subthemes. The observation notes were also used to support the exhaustive description of the study's findings.

**Reflective Journaling**

Researchers are encouraged to write journals following the interview to provide reflective notes on the participants' verbal and nonverbal behaviors, the thoughts of the researcher, and any reflections about the descriptions provided. These journal notes allow the process of data collection to be monitored and begin the process of data analysis (Merriam & Tisdell, 2016). Reflective journaling is also recommended to ensure bracketing. This process provided an opportunity for the researcher to remove and set aside any personal experiences and preconceived assumptions regarding the transition experience of adjunct nursing faculty (Moustakas, 1994). Reflective journaling occurred following the interviews as well as throughout the data collection and analysis.

### **Follow-Up Interviews**

Follow-up interviews were planned, if needed, to gain clarification or provide further insight; however, it was determined that follow-up interviews did not need to be conducted. Data collection continued until no further information was obtained and the data were saturated during the initial interview process. This was determined by validating the preliminary findings and themes with the participants (i.e., member checking), which also served to triangulate the data. Through this process of member checking and triangulation the participants determined that the preliminary findings and themes accurately depicted their experiences with transitioning.

### **Data Analysis**

The process of data collection and analysis occurred simultaneously to ensure a richer and deeper understanding of the transition experience (Jarosinski et al., 2022). Colaizzi's (1978) approach to data analysis was used for this study. Colaizzi's seven-step approach to data analysis often involves overlapping of the steps with an understanding that the sequence of steps should be considered flexible. The collected data were organized using ATLAS.ti software, which provides easy coding and recoding of data. The ATLAS.ti software also creates networks that reveal the interaction of codes and themes, facilitating the interpretation process (Adelowotan, 2021).

The first step in Colaizzi's data analysis approach is to read and reread the transcripts (Wirihana et al., 2018). Immediately after the data were collected and transcribed, the researcher read and reread the transcripts to ensure that participants' statements remained the focus of the analysis (Beck, 2021). The data analysis began by using the transcription of the recorded interviews in the Zoom software. Confidentiality of participants was maintained using an

electronic filing system to manage and organize the recordings and transcriptions, and pseudonyms were used for participants.

The second step in Colaizzi's approach is to extract the significant statements from the participants' descriptions of the phenomenon (Beck, 2021). The significant statements refer to ones made by participants that directly related to their experience of the phenomenon. During this step, the researcher preserved the context of each statement when extracting it from the transcripts (Wirihana et al., 2018). The observation notes were also used to extract the significant statements.

The third step in Colaizzi's data analysis is to formulate meanings, which is the process of attributing meaning to the significant statements from the previous step (Wirihana et al., 2018). The significant statements were extracted from the transcripts and the observation notes. Meanings were then formulated in which the researcher bridged what the participants said to what they meant without imposing any theories on the data (Beck, 2021).

Step four in the process consists of the creation of theme clusters and themes (Wirihana et al., 2018). This data analysis step consisted of reading and memoing the transcriptions for emergent ideas, describing and classifying codes into themes, and developing and accessing interpretations. Through this, the main themes were identified. The patterns that emerged were linked to the identified themes. Colaizzi (1978) recommended sorting the formulated meanings into clusters of themes and referring back to the original protocols for validation. Validation occurred through member-checking. Feedback was solicited from participants regarding the preliminary and emergent findings. The process of member-checking is important to ensure an accurate interpretation of findings (Merriam & Tisdell, 2016). The researcher provided the participants with the comments and descriptions obtained from the interviews and the

preliminary findings for validation of results. Through member-checking, the participants agreed with the preliminary themes and findings obtained through analysis.

After validation occurred, the researcher integrated the results into an exhaustive description of the phenomenon being studied (Beck, 2021). The classification was formed into categories to create a detailed description of the information. This was accomplished by integrating all the findings. The researcher reexamined the transcripts, thematic clusters, and themes. This process occurred many times in order to evaluate any contradictions or differing perspectives and to ensure a thorough interpretation of the exhaustive description (Wirihina et al., 2018). The detailed descriptions formed were used to capture the emerging thematic ideas and patterns to surface to describe the essence of the phenomenon being studied (Creswell & Poth, 2018). Through this process of sorting through participant responses, it was clear that no new ideas, responses, or meanings were emerging. Data saturation was reached and as a result, recruitment was stopped. Similar responses were used to develop an exhaustive description of the phenomenon.

After the results had been integrated, the researcher formulated the exhaustive descriptions into statements to identify its fundamental structure (Beck, 2021). This step removed any redundant or misused descriptions. This step revealed the fundamental structure of the phenomenon through a rigorous analysis and removal of any unnecessary information (Wirihana, et al., 2018). This step provided an exhaustive description of the phenomenon.

The seventh step of Colaizzi's (1978) data analysis involved sharing the findings with the participants to ensure that the descriptive results accurately aligned with the participants' actual experiences. This process of member-checking and participation validation is important to ensure confidence that the researcher has adequately identified the fundamental structure of the



phenomenon being studied (Beck, 2021). The data interpretation was linked to the research literature to address the gap in the literature on this topic. The transcriptions and data will be stored for five years or as stipulated by the IRB through ATLAS.ti and can only be accessed by the researcher.

### **Data Synthesis**

Colaizzi's (1978) approach to data analysis was utilized to synthesize the data gathered from the interviews, observation notes, and reflective journaling. The verbatim transcripts from each interview, observation notes, and reflective journaling were read and reread to gather the full sense of the experiences of the participants and validate the written notes. The significant statements were then extracted from the transcripts and observation notes and meanings were assigned to the significant statements. Codes were created based on these significant statements. Cluster themes were created based on the formulated meanings for significant statements and the created codes. Interrelated theme clusters were used to create themes and subthemes. The full transcripts, observation notes, and reflective journaling were reexamined along with the significant statements, cluster themes, and themes to develop an exhaustive description. Through this process, any redundant or misused information was removed to develop the essential structure of the phenomenon, and the essence of the phenomenon was extracted.

### **Trustworthiness**

The researcher ensured the trustworthiness and rigor of the study through purposive sampling and snowball sampling, providing ample time for data collection and interpretation, using data management software, avoiding leading questions during the interview, and setting aside biases and personal experiences. This section discusses the credibility, dependability, confirmability, and transferability of the study. The researcher also ensured to set aside personal

experiences through bracketing to allow the analysis of the data to not be influenced by personal beliefs and experiences.

### **Credibility**

The credibility of the study refers to the meaningfulness of the findings and ensuring this is well presented. Credibility is associated with methodological principles and the presentation of findings (Sundler et al., 2019). To ensure the credibility of the study, member checking was utilized. Member checking occurred by soliciting feedback from participants on the preliminary or emergent findings. This process was necessary to rule out any possibility of misinterpreting meanings of the participants' descriptions and their perceptions of the experience, as well as to identify the researcher's own biases and misunderstandings (Merriam & Tisdell, 2016). The researcher provided participants with the comments and descriptions from the interviews and the preliminary themes for confirmation of the accuracy of the participants' statements. The feedback provided by the participants ensured accuracy and correct interpretation of the findings. The researcher also engaged in adequate involvement in data collection to ensure the data and emergent findings had been saturated and no new information surfaced as more data were collected (Merriam & Tisdell, 2016). Recruitment and interviews continued until the data were fully saturated to ensure the credibility of the data.

### **Dependability and Confirmability**

Dependability refers to the stability of the findings over time and conditions (Beck, 2021). An audit trail is useful in qualitative studies to ensure dependability. The audit trail provides a detailed description of how the data were collected, how the categories were derived, and how the decisions were made throughout the inquiry (Merriam & Tisdell, 2016). An audit trail is also used to provide a detailed account of the study procedures and data analysis. The

researcher kept a research journal about the process of conducting the research as it occurred. The journal consisted of reflections, questions, and decisions that were made regarding any problems or ideas encountered during data collection. This provided a detailed account of how the study was conducted and how the data were analyzed. Dependability was also achieved through triangulation and member checking.

Confirmability refers to the agreement of the meaning and accuracy of the data and ensures the data are not biased by the researcher (Beck, 2021). Through the process of bracketing, the researcher removed and set aside any personal experiences and preconceived assumptions regarding the transition experience for adjunct nursing faculty to best understand the individual experiences of participants in the study (Moustakas, 1994). The findings were formed solely from the interviews. Member-checking was also utilized to verify the accuracy of the data. The validation from participants increased the study's confirmability.

### **Transferability**

Transferability refers to the extent to which the findings of one study can be applied to other situations (Merriam & Tisdell, 2016). Recruitment and data collection continued until no new information was obtained. An exhaustive description of the transition of novice adjunct nursing faculty into academia was formulated. Providing a thick description allowed the findings to potentially be transferred to other contexts and settings. This can improve the understanding of the transitional experience in other areas. The researcher ensured the data were saturated and provided substantial detailed descriptions of the study findings to enable others to compare and determine if the findings could apply to their context. To increase the validity of the data, triangulation occurred through interviews, reflective journaling, and member checking. Purposeful sampling and snowball sampling were utilized to carefully select participants who

have experienced the phenomenon, which allows for transferability to other settings that may require a deeper understanding of the needs during transitioning into a new role. Maximum variation was applied through the diversity of participants' employment in the United States. This provided an understanding of the transition experience for participants employed at different locations, which allowed for transferability.

### **Ethical Considerations**

Institutional Review Board approval was obtained to begin participant recruitment and data collection. Participation in the study was voluntary and research participants received informed consent via DocuSign discussing the purpose of the study, as well as their role in the study. Confidentiality is an important component of research studies (Creswell & Poth, 2018). Participants were recruited from different private Facebook groups geared for nurse educators to which the researcher has access and membership. The participants expressed interest in the study privately to the researcher. The participants had the opportunity to express interest in the study through informed consent, and the right to withdraw from the study was fully disclosed. For the participants who decided to withdraw from the study, the data obtained from the participants were destroyed and not included in the study. Through informed consent, the participants were aware of the precautions taken to protect their privacy. Research participants may hesitate to speak freely or discuss negative comments for fear of employment status; therefore, pseudonyms were used to ensure the protection of privacy. The interviews were conducted in a secure and private location where distractions were minimized. The researcher only asked questions based on the interview guide and used probing questions to gain additional clarity and information. The participants were provided with the opportunity to review the outcomes of the research. The demographic information was presented in the findings ensuring confidentiality by using

pseudonyms for participants and their employment institution. The researcher reported all data honestly and unbiased.

The recorded interviews, the transcriptions of the interviews, and the list containing the participants' names and pseudonyms will remain stored on a private, password-protected laptop for five years owned and only accessible by the researcher.

### **Summary**

The research approach and methodology chosen are dependent on the problem being addressed and the questions asked (Merriam & Tisdell, 2016). The transcendental phenomenological approach was used to describe and understand the lived experiences of novice adjunct nursing faculty teaching in undergraduate nursing programs in the United States as they transition from clinical practice to academia. A semi-structured interview guide was used to conduct interviews via Zoom videoconferencing software. Recruitment occurred through Facebook groups geared toward nurse educators. A purposive sample of novice adjunct nursing faculty was used for the study. Data collection and analysis occurred simultaneously and continued until saturation of data was evident with no new information being obtained during the interviews. Meleis' transitions theory and Schoening's nurse educators transitions model were used to guide data collection and analysis using Colaizzi's approach to data analysis. The perspectives gained from this study provided an essence or description of the lived experiences of novice adjunct nursing faculty transitioning into academia and provided an understanding of their needs during this process.

## **CHAPTER FOUR: FINDINGS**

### **Overview**

Chapter Four begins with a description of the participants who were interviewed to fulfill the purpose of this study. The purpose of this transcendental phenomenological study is to describe the lived experiences of novice adjunct undergraduate nursing faculty teaching in the United States in undergraduate nursing programs as they transition from clinical practice to academia. Chapter Four provides rich descriptions of the findings as well as the themes and subthemes as they emerged. Significant statements, meanings, codes, and themes were developed using Colaizzi's (1978) seven steps of data analysis. The chapter concludes with an exhaustive description of the phenomenon of interest, in response to the overarching research question.

### **Participants**

To answer the research question, participants were recruited using purposive and snowball sampling. Participants were recruited using an online platform, Facebook, in which the researcher posted the recruitment flyer on the private Facebook groups "Teacher's Transforming Nursing Education" and "Nurse Educators." Ten novice adjunct nursing faculty were recruited and interviewed over the course of five months. Recruitment continued to achieve data saturation and concluded at 10 participants once data saturation was obtained. Table 1 presents collective demographic information related to participants' age, gender, years of nursing experience, nursing specialty, months as an adjunct nursing instructor, and the number of courses taught. Each participant emerged from different specialty areas and different locations in the United States. Years of experience as a nurse ranged from five to 10 years to more than 10 years, with all participants having less than two years of experience as an adjunct nursing instructor.

**Table 1***Participant Demographic Information*

<b>Participant</b>	<b>Age Range (years)</b>	<b>Gender</b>	<b>Highest Degree Earned</b>	<b>Years as a Clinical Nurse</b>	<b>Nursing Background</b>	<b>Time as an Adjunct Instructor (months)</b>	<b>Number of Classes Taught</b>
<b>Dory</b>	45-54	Female	MSN	>10	OB	6 to 12	at least 1
<b>Evie</b>	45-54	Female	Doctoral Degree	>10	Cardiology; med-surg	13 to 24	4 or more
<b>Kala</b>	25-34	Female	MSN	5 to 10	Critical Care; L&D	6 to 12	4 or more
<b>Aurora</b>	35-44	Female	MSN	>10	Med-Surg; L&D	13 to 24	4 or more
<b>Ling</b>	35-44	Female	BSN	>10	Oncology	6 to 12	at least 3
<b>Luisa</b>	25-34	Female	MSN	5 to 10	Mother/ Baby OB	6 to 12	at least 1
<b>Willow</b>	35-44	Female	MSN	>10	Med-Surg; Women's Health; Endoscopy	6 to 12	4 or more
<b>Ariel</b>	55-64	Female	MSN	>10	Pediatrics	13 to 24	at least 2
<b>Hazel</b>	55-64	Female	MSN	>10	Med-Surg	6 to 12	at least 3
<b>Andy</b>	45-54	Male	BSN	>10	Critical Care	6 to 12	at least 2

*Note:* To protect participant confidentiality, pseudonyms have been provided

The sample of participants consisted of nine females and one male. The ages of participants differed, with two participants in the 25-34 years age range, three in the 35-44 years

range, three participants between 45-54 years, and two participants in the 55-64 years range. The participants held a minimum of a BSN degree, with five participants holding a MSN in Education, two participants holding a master's in nursing practice, and one participant holding a doctoral degree. Of the participants recruited, two participants have taught at least one clinical or lab course. two participants taught at least two clinicals or lab courses, two participants taught at least three clinicals or lab courses, and four participants have taught four or more clinicals or lab courses.

## **Results**

### **Theme Development**

All interviews were recorded and transcribed using Zoom software. Data collection continued until no new information was obtained throughout the interviews to ensure data saturation was reached. After 10 interviews, enough data were collected to obtain saturation. Transcripts were analyzed using Colaizzi's (1978) seven-step approach to data analysis. The collected data were organized using ATLAS.ti software. Data analysis began after the first interview and continued through the final interview. To provide a rich description and answer the research questions, the following steps were taken during data analysis: (a) read and reread the transcripts, (b) extract significant statements from the participants' descriptions of the phenomenon, (c) formulate meanings to the significant statements, (d) create theme clusters and themes from the created codes, (e) integrate and (f) formulate the results into an exhaustive description of the phenomenon, and (g) conduct member-checking to ensure the descriptive results compared to the participants' experiences (Beck 2021; Wirihana et al., 2018).

During the interview, observation notes were gathered to reflect significant words and statements that were made. The researcher also wrote specific notes and observations about the



interview process to include verbal and non-verbal cues to support the exhaustive description of the study findings. At the completion of each interview, the transcriptions were read and reread to gather the full sense of the participants' experiences and validated with the notes taken. For example, one participant discussed the frustration she felt during the rushed onboarding process. The researcher wrote down frustration and rushed and noted that the participant demonstrated frustration through facial expressions and tone of voice. These nonverbal cues supported the verbatim comments of the participant and the notes taken by the researcher. After each of the transcripts was read and reread, the significant statements were extracted from the transcripts and observation notes. An iterative process was conducted to provide meanings for the significant statements. For example, the significant statement, "They needed an instructor like immediately, and so the whole onboarding process was this rush" was represented by the formulated meaning that this participant experienced a quick onboarding process. Codes were created based on significant statements. For example, for the quick onboarding process, the code of unorganized was developed. Once the formulated meanings for significant statements and the codes were created, cluster themes were constructed based on common expressions. The related theme clusters were then used to form themes. For example, the cluster themes 'quick onboarding', 'no training', 'thrown into it', and 'what I wish I had' were used along with the codes 'unpreparedness', 'unorganized', 'lack of resources', and 'transition' to create the theme 'lack of formal training' and the subthemes 'feeling unprepared' and 'the ideal transition.' The full transcripts, significant statements, cluster themes, themes, observation notes, and reflective journaling were repeatedly reexamined and reviewed to develop an exhaustive description. Any redundant or misused information was removed to develop the essential structure of the phenomena and extract the essence of the phenomena. Member-checking was conducted to

verify the fundamental structure and essence of the phenomenon. The researcher emailed the participants the preliminary findings and themes that were developed to validate the findings and perform member-checking. Through this process of data analysis and the use of observation notes and reflective journaling, four common themes and seven subthemes were developed. Table 2 shows the themes and sub-themes that emerged, as well as the codes used for theme development.

**Table 2**

*Themes and Subthemes*

Themes	Codes	Sub-themes
Lack of Formal Orientation	Unpreparedness	Feeling Unprepared
	Unorganized	The Ideal Transition
	Lack of resources	
	Transition	
Organizational Challenges	Communication Barriers	Dealing with Difficult Behaviors
	Challenges	Navigating the Instructor Role
Lack of Sense of Belonging and Isolation	Ineffective Communication	
	Lack of communication	
	Disconnected	
Personal Development	Preparation	Seeking Mentorship and Guidance
	Collaboration and Communication	Self-Preparation
	Sense of Duty	Giving Back to the Profession

**Theme 1: Lack of Formal Orientation**

The first theme that developed very early on and emerged the most quickly was the theme of lack of formal orientation. The lack of formal orientation surfaced very early in data collection with Evie, the first participant, as she verbalized frustration over a rushed onboarding process. The lack of formal orientation was infused in each of the participants' stories as a

central concern. Several participants expressed that they did not receive a formal orientation, or the orientation received was condensed and lacked the necessary information and resources to transition into this new role. The participants reported a lack of resources and guidance in navigating this transition. The lack of formal orientation left participants feeling unprepared to take on this new role. The participants suggested resources that would have assisted in this transition and described the ideal transition.

### ***Subtheme 1: Feeling Unprepared***

Each of the participants expressed how they felt during their first role as an adjunct nursing instructor. The descriptive terms of the participants' expressions, as well as the nonverbal cues demonstrated by the participants, expressed a sense of the unknown and a feeling of being unprepared to take on this new role. The challenges faced during the rushed or limited onboarding experience left participants feeling unprepared. Participants felt that they used their nursing experience, and some used their education to help navigate the clinical aspect of the transition, but still felt an overall sense of being unprepared during the transition. Evie stated,

Even with my 28-plus years of nursing experience, I felt like a duck out of water. just because I didn't have an issue being in the clinical setting, I didn't have an issue dealing with the students, but I just felt like I was at a loss because I had no orientation to the hospital. I had no orientation to what was going on, how we used our computer system, or how to find things. It was very frustrating because I felt unprepared for my students. Evie continued to discuss her frustrations with the onboarding process and lack of preparation and because of this, she had thoughts of quitting:

I actually thought about stepping down in the middle of the clinical rotation. Not because of the students, not because of the site, I adapted to that. But because of the difficulties,

which is trying to figure out how to do everything as far as canvas, and where things went, and where to find things and resources and stuff like that...I was probably just going to be like, “You know what? This is an adjunct position. There are other schools out there. This is not my full-time job”. This is more work than it’s worth.

Another participant, Andy, also felt that even though he had extensive nursing experience, it still was not enough to help him feel prepared for his role. He stated,

[My nursing experience] probably had me, maybe 60% prepared for what I was about to deal with; nonadult learners were pretty much new to me. There was no amount of clinical preparation that prepared me for that. I’ve had students in the clinical setting over the years, but nothing where I was the one that was solely responsible [for their learning].

Aurora described her surprise at the lack of preparation during the transition process:

The one thing that I found the most interesting is that you know my sister, she teaches primary education. But she had to go through years and years of training to learn how to best teach people, like methods of teaching and things that are effective. When I came into this role, I was surprised that there was not any information on the best strategies on how to teach. Everybody probably has a different approach and I just feel like it would be helpful for the students to have potentially what a better way to learn, that’s more streamlined.

Luisa felt even more unprepared because she was required to teach a specialty she was unfamiliar with. Luisa had a background in mother/baby and obstetrics and was required to teach pediatrics. She stated, “My very first teaching assignment I did not feel prepared at all because I was teaching pediatrics, and I did not know. I’m not familiar with peds very much at all. I only

know babies.” Luisa expressed frustration with this because not only did she have to prepare for a new role, but she had to familiarize herself with a new specialty.

### ***Subtheme 2: The Ideal Transition***

Throughout the interviews, the participants often discussed what they needed or wished they had during the transition into academia. The participants felt they lacked adequate orientation and did not receive resources and guidance from the university needed to aid in the transition. The participants were asked if there were any resources or guidance that they wished they would have received to ease the transition. The responses received by the participants developed the subtheme: The Ideal Transition. The participants expressed that they wished they had a formal orientation experience, and some even wished they had a shadowing experience to observe an experienced adjunct nursing instructor. Hazel stated,

Being able to shadow another instructor, even just through one clinical day, would have been helpful. I shadowed this lady in October, I was at the end of my second semester. In the first 2 or 3 hours I saw how she prepared things; I saw how she did. I understood a little bit of her rationale. And I think, being able to shadow somebody who’s a clinical instructor for at least just one time, one day, would make such a difference.

Aurora discussed the differences between two different universities when she transitioned into the adjunct nursing instructor role. Her first experience was not the ideal transition and she stated that with her first university, her recommendations to improve the transition included:

I feel like they could have an orientation put together specifically to talk about those issues like how to communicate with your students’ expectations. An orientation that would include the grading expectations and information regarding the assignments. So, I would understand how to guide the students and grade their papers.

Aurora recalled her second adjunct instructor role as the ideal transition experience.

Aurora stated,

I received all of that [orientation and resources]. They set up my syllabus for me. I was actually so surprised. I'm like, "Do you at least have an outline of something that I can do?" And they're like, "Oh, we already uploaded your syllabus. Your name is on it. Your phone number, all the expectations and instructions on how to access, and all of that with their care plans". So that way I knew how to best advise the students. And the lead instructor sat down with me, one-on-one, and made sure that I understood the program that we were grading on. She gave me the book for the lecture and also a book for care plans. That really helped me prepare.

Another participant, Luisa, expressed having a good orientation to the university but wished she had a proper orientation to the hospital and clinical setting where she would be teaching her students, as well as how to deal with student issues. Luisa stated:

I felt like my orientation was pretty good, I guess. I wish there was a little more specific information about my unit and my specialty. And I wish there was almost like a 'here's some common student issues. But maybe I was the only one who would have needed that because I'm newer and everybody else has kind of dealt with that. But I would have loved to have like "Hey, if a student says I'm missing an assignment". What's the appropriate response?... So yeah, that would have been kind of helpful to kind of know common student issues or excuses. Common problems that you may need to approach.

Kala also wished she had a formal orientation that included an orientation to the university, student management, and grading. Being in a new state, Kala also wished her

orientation had included navigating this new hospital system and being introduced to management and the nurses on the unit. Kala stated:

[I wish I had] more how to handle a difficult student or like, how to handle student incivility. That would have been more helpful. And we didn't get any of that...I really think just having more communication of all of the aspects together. Like if there could be a time to discuss with the faculty, with the manager, with the floor nurse, and with the clinical instructor. So, everyone has the same idea...So that way everyone is on the same page.

A formal orientation that includes all of the components of the adjunct nursing faculty is beneficial to ease the transition into academia.

## **Theme 2: Organizational Challenges**

The concerns regarding lack of formal orientation were closely linked to the second major theme that emerged, which was organizational challenges. Beyond the challenges of lack of orientation and resources, participants experienced challenges on an organizational level. Organizational challenges were characterized as issues within the instructional aspects in which participants felt ill-equipped due to a lack of formal orientation. Participants agreed that these organizational challenges made the transition even more difficult. These organizational challenges included dealing with difficult behaviors and navigating the instructor role.

### ***Subtheme 1: Dealing with Difficult Behaviors***

Though many of the participants dealt with students in a preceptor role as a nurse, the participants expressed having challenges dealing with students in the instructor role. The participants expressed feelings of uncertainty and frustration because they felt ill-equipped to deal with the different challenging behaviors that some students exhibited. Many of the

challenges included problems with communication, professionalism, and incivility. Dory described one challenge she experienced with a student:

One time we had a student who did not show up to clinical and decided not to respond to the text messages until four hours later and then proceeded to tell me that they decided to take a mental health day. So that student did fail clinicals.

Willow felt like she was not prepared to deal with some of the student behaviors and challenges: “I had an issue with a student kind of going rogue a little bit, and so I had to go discuss that with her [mentor] after like how to approach that, just because I had never had that happen before.”

Luisa, whose background was in obstetrics and her clinical rotation included maternity and newborn health, felt her biggest challenge was students uninterested in the specialty.

...the students also, just depending on how mature they are or how interested they are and will be [in this specialty]. Some of them can be kind of challenging, because if they're not interested or they're not very mature. Their attention is just not there compared to when I'm training a new nurse who really wants to be here and really wants to learn. So that's been kind of a challenge for me to like to step up and be like “Hey, time to listen. We're in class right now.”

Andy felt his biggest challenge during his transition into his role was dealing with students in a different capacity than he had in the past as a nurse and teaching professionalism to these students.

The biggest challenge is dealing with non-adult learners. I'm going to say, that sometimes I felt like glorified babysitting. Sometimes I felt I had to put my dad's voice on. But you



know, someone who's a professional, and having to deal with somebody who doesn't know how to be a professional was kind of daunting.

Ariel described her challenge with students as:

Overcoming the assumption that students really want to learn. That they just do the work that it takes. I don't know if it's a generational thing, or I really don't know. I haven't come to grips with that. But just realizing that you can't be nice, you have to be very strict and follow the policies very strictly cause people [the students] are going to take advantage of them. So that's kind of been the hardest thing is like, you believe you're working with adult learners, but they don't all have a work ethic that would be conducive to being a good student and a good nurse.

The participants felt like they learned to deal with these student challenges as they occurred, but wished they were better prepared to navigate student issues. Aurora realized after her first clinical rotation that she needed to make some changes to her approach toward the students and learned from that first experience that she needed to set clear expectations for her students.

### ***Subtheme 2: Navigating the Instructor Role***

As the participants transitioned into academia, they had to learn and navigate this new role as an adjunct nursing instructor. As participants expressed uncertainty regarding their role as an adjunct instructor, the subtheme of navigating the instructor role evolved. The participants expressed challenges understanding and navigating their role as an adjunct nursing instructor.

Luisa described her experience as:

I just didn't know what I was actually supposed to be doing. Like I knew I was supposed to assign students to like a nurse or patient. But other than that, I was like, I don't know.

Am I supposed to walk around? Am I? Cause I was like in 4 different units. And so, I was like, am I supposed to walk around and ask them are they doing, okay? Can I help you? I didn't know what I was supposed to do in the interim, and I kind of felt like I was a little lost.

Hazel had a similar experience to Luisa, "I didn't understand how much observation I was supposed to be doing with them {the students}." Hazel felt this negatively impacted her, "There's just been so much I've had to learn as the instructor, and I feel like it's taking away from my ability to teach."

Another participant, Aurora, felt her challenge in navigating the instructor role involved communicating with the students:

I feel like my biggest challenge was how to talk to the students professionally and appropriately for them to relate to me and become somebody that they could trust and that they would fear. That they benefited the most from but not trying to be friends with them and still have strict expectations of them. I feel like that was the hardest part for me.

Dory understands that her role as an instructor is to guide and educate students in the clinical setting.

I did not want to cause harm in my role as an educator. I want to figure out, how is the information. How can I best relay the information in a way the student can understand? So, sometimes I have to take the scientific terms and arrange them so that I can appeal to the visual learner, to the auditory learner, and sometimes to the tagged-out learner. But ultimately all the styles benefit the student. The information sinks in and the information stays which results in higher scores.

The participants understood that learning how to navigate their roles was an ongoing process. They felt that with each clinical experience they continued to learn and make changes to improve as they navigated their role as instructors.

### **Theme 3: Lack of Sense of Belonging and Isolation**

Nurses in the clinical setting are familiar with working as a team and collaborating with others to improve patient outcomes. Novice adjunct nursing faculty are often surprised by the emphasis on working as an individual and the lack of collaboration and communication (Grassley et al, 2020). The participants described limited communication with the university or a lack of communication from the course lead or other instructors. The lack of communication and community in the academic setting, as compared to the strong sense of community experienced in the hospital setting, was discussed among the participants. These feelings expressed by the participants gave rise to the third theme of lack of sense of belonging. The participants often expressed feeling alone and isolated from the university and from peers, and lacked a sense of belonging within the academic setting. Willow wished her university improved their communication:

I think communication, from the actual school of nursing, in general, and maybe from the Dean could have been improved. I didn't really interact with the Dean much at all. And I wish I would have maybe been able to sit down with her and kind of pick her brain a little bit more and then kind of know who is in the course coordinator capacity, and maybe all the semesters.

Evie felt the lack of communication within the university and the clinical setting hindered her transition:

They gave me all this access to all the information that I needed, but nobody actually explained to me where I was to find anything, or you know, who was what. Certain assignments were due for certain classes, so there was no actual guidance, and it probably wasn't until week 3 of clinical that I just felt like a duck out of water.

The lack of communication within the university led the participants to feel isolated and lack a sense of belonging within the organization. They often felt on their own or out of the loop within the organization. The participants felt that since they were adjunct instructors and often at the clinical sites and not on campus, they were isolated from the university and from their peers.. Ariel described her sense of isolation as, "You can't even build a relationship with the work environment. I don't feel like I'm part of the environment. Actually, I don't even really feel like I'm part of the school."

Aurora had this sense of isolation because she had very little interaction with the course instructor and felt she had no one to turn to for help or resources:

That person was also new to their role. I had a very difficult time even getting a hold of that person. And when I did, basically, their interaction back to me was that they were too overwhelmed to really give me any assistance.

Luisa also felt this sense of isolation as she transitioned into the adjunct instructor role. She stated, "I'm very much used to working in a team. And as an instructor, I kind of feel like I'm on my own private island sometimes." Luisa then continued to compare this sense of isolation to the sense of belonging she felt as a clinical nurse:

I miss the camaraderie. [Being a mom] I really don't have a social life and going to work is kind of like my social life, and I love that I know so much about my coworkers. We're such a tight-knit group. And with my students, it's not like that, because I'm their

superior. I can't talk to them that way, and I only have them for 7 weeks. And then it's not the same thing with my coworkers [in the university setting]. I don't see my coworkers on a regular basis. I see them maybe once or twice a year. I don't really have coworkers.

Adjunct nursing faculty often feel a sense of isolation and a disconnect from the university. This lack of connection and communication often poses a negative perception of the transition experience. Communication and connection of adjunct nursing faculty with the university is an important component in helping adjunct nursing faculty transition into this new role.

#### **Theme 4: Personal Development**

The fourth theme was generated through the combination of the central constructs of the onboarding or orientation experience, the uncertainty of their role and dealing with student behaviors, and the overall challenges of the transition experience. This theme emerged through the shared experiences among participants within the context of the prior themes. The lack of formal orientation and limited resources and guidance resulted in the participants seeking out their own resources and mentorship. The participants felt unprepared to take on their first adjunct role. This led the participants to seek out mentorship and guidance from their peers and self-prepare for the role. Despite the challenges faced during the transition, the participants felt a need to succeed in this transition in order to give back to the profession.

##### ***Subtheme 1: Seeking Mentorship and Guidance***

Many of the participants stated they did not receive formal mentorship or guidance. This resulted in the participants seeking out their own mentors and guidance to overcome some of the

challenges they experienced transitioning. Some participants, such as Evie, relied on the course lead instructor for help and guidance during their transition:

She [the course lead instructor] didn't realize that I was a new adjunct professor in that role, kind of just falling behind with things or asking lots of questions. And so, she finally reached out to me, and when I told her and expressed my frustration, she just took me under her wing. She was a gift.

Evie continued to describe her challenges transitioning before the course lead helped her. Evie stated these challenges she faced made her want to quit, but the help from the course lead changed things for her:

She [the course lead instructor] came in right at the point where I was probably just going to be like, "You know what? This is an adjunct position. There are other schools out there. This is not my full-time job. This is more work than what it's worth," and I mean, she came in and saved the day.

Kala also felt the course lead instructor was vital in easing her transition into her first adjunct instructor role:

[The course lead] did a great job spending time with me to go over each aspect, and what the expectations were for the students, of what they would be knowledgeable of, and what they weren't knowledgeable of. Like kind of what my expectations should be, expectations of the assignments, and what they should be filling out. And she was available for me. If I had questions where I was like, "I'm not sure if I should give students credit for this, what are your thoughts?" She was always very readily available.

Kala noted that even though she received guidance from her course lead, her peers in the hospital setting who were also adjunct nursing instructors were vital in her transition. Kala felt she was able to reach out to peers when she was unsure of situations. Kala mentioned:

...but I will say, for my very first introduction with [the university], I had [other adjunct instructors] all as my sounding board... Really networking with people that I do know are past educators and saying, "What do you normally do for that or what can I mimic off of that?"

Some participants continued to work in the hospital setting during their transition into the adjunct role. Aurora had peers she worked with who were experienced adjunct nursing instructors with whom she collaborated. Aurora stated, "I was reading other people's experiences and talking to other adjuncts, collaborating with how they approach that situation. The most helpful thing was the collaboration that people gave me."

Some of the participants felt that they did not receive guidance from the course lead, but instead relied on peers and other colleagues to guide them during the transition. Ling noted:

What was really nice was there was a nursing instructor who was in her second semester, and so she knew how I felt. And she reached out right away to me and the other new clinical instructor and put a group text together and offered her help.

Strong mentoring programs for adjunct nursing faculty are necessary to facilitate a smooth transition into academia and aid in retention. Adjunct nursing faculty require expert instructors and competent clinicians to facilitate and guide them through the transition.

### ***Subtheme 2: Self-Preparation***

The lack of formal orientation and guidance resulted in the participants seeking out resources on their own to better prepare for the transition into academia. Andy, who did not have

peers or the course lead to rely on, found resources that helped him navigate the transition. Andy stated:

I sought out any learning material that I could find [to prepare for this role]. I don't feel that I got adequate preparation from the people that employed me. I picked up a book that somebody recommended, like "Fast Facts of Clinical Instructing". It was a really excellent primer on how to conduct yourself and govern your day as a clinical nurse educator. And I've read various online sources, you know, to get some kind of guidance.

Aurora, like Andy, used literature and found resources to learn about the adjunct role and its impact on student learning. Luisa also relied on resources she found to help navigate her transition into the adjunct role. Luisa revealed, "I did a little research on my own. I researched pre- and post-conference information. Like what to talk to the students about. I researched how to keep myself organized."

While many of the participants relied on literature and books as a resource for information, Luisa relied on online forums, such as Facebook groups geared for nurse educators as a source of information and guidance. Luisa mentioned:

I found a bunch of Facebook groups that were about nurse educators, and had a lot of resources, for if you didn't have an assignment for a student, or there was downtime, or if a student had to do a makeup assignment. It was kind of nice to see. There were a few Facebook groups that had these nurses that volunteered their resources. Or they would just have polls about, "What would you guys do about this?" or "Does your institution have this in place?" And it was kind of nice to see an insight into how other places do it or know what questions to ask.



The sense of feeling unprepared to take on this new role led the participants to seek out their own resources and guidance to better prepare themselves. The participants were determined to excel in their role and not have the students be impacted by the lack of preparation provided by the university.

### ***Subtheme 3: Giving Back to the Profession***

The participants felt that since they were experts in their field, it was time for them to make the transition into academia to give back to the profession. They felt a need and desire to educate and prepare future nurses for practice. The participants felt a sense of personal development educating future nurses and giving back to the profession. Ariel stated:

I've always loved the education part of nursing and I've always served with student nurses, and new employees, as a resource nurse. So teaching was always the thing that I enjoyed the most about nursing. It just felt interesting. I feel like it's hard to prepare nurses, and we need them. And I just wanted to share my love of nursing.

Evie agreed that it is important for expert nurses to give back to the profession and help prepare novice nurses. Evie, like many of the participants, felt that it was important to prepare these future nurses because one day these future nurses will have to take care of them, and they want to make sure these nurses have the skill and expertise to do so. Evie mentioned:

I've always thought it was important as a nurse to give back to our youth, I mean to the nursing youth. I always felt as a nurse, there was a lot of, 'eat your own, eat your young'. And a lot of experience nurses didn't necessarily want to take on new nurses, just because some are easier than others and grab concepts and stuff. But I think that it's important that nurses give back. I want to retire one day, and then when I'm in the hospital or

somewhere, I want somebody to be able to take care of me and know what they're doing and also have good bedside manners. And so, I just thought it was important to give back.

Andy described his desire to transition into academia and educate nurses as a sense of duty. He felt that he learned from great instructors and had a duty to pass that on. Andy described:

I definitely learned on the shoulders of giants. I've learned from a lot of fantastic people, and I almost feel like I have a responsibility to pass that along to the next generation.

Especially seeing new nurses come in, and they lacked clinical skills that I wish they knew things that I knew. But yeah, definitely a duty to help the next nursing generation.

Despite the challenges faced, Andy, like many of the participants, felt a sense of duty and desire to continue pushing through the transition to educate and prepare future nurses. The participants sought out resources and mentors to guide and assist them during the transition and navigate the challenges faced.

### **Outliers**

Even though the participants had similar experiences transitioning into academia, there was an outlier in the study's findings. The participants exhibited challenges transitioning and felt a lack of sense of belonging and isolation. They often felt they lacked communication with the nursing program and inclusion within the nursing program. Willow had a different experience in which she felt being included in emails and meetings helped with her transition and did not feel a sense of isolation:

I will say, that being included in a lot of the emails [helped]. And I did not have to, I was not obligated to go to any faculty meetings, but I wanted to see how things ran, and just to kind of get a feel for everybody. And so being included in the emails and just kind of

seeing things from the full-time faculty standpoint on issues. I felt that kind of clued me into the bigger picture and then sitting in on the faculty meetings kind of being included in that helped.

This experience demonstrates the need for communication between novice adjunct nursing faculty and the university to provide a sense of belonging and community. This can aid the transition process and experience for novice adjunct nursing faculty during their transition.

### **Research Question Response**

The focus of the primary research question was to gather a rich description of the experiences of novice adjunct nursing faculty as they transition from clinical experts to novice educators. Many of the participants experienced challenges transitioning due to limited orientation and resources. The lack of orientation left participants feeling unprepared to navigate the transition. A thorough response to the primary research question has been presented in the form of an exhaustive description of the phenomenon. Interviews were conducted with participants to answer the central research question:

RQ1: What are the lived experiences of novice undergraduate adjunct nursing faculty as they transition from clinical expert to novice nurse faculty?

The interviews with novice adjunct nursing faculty revealed the challenges and lived experiences of novice adjunct nursing faculty as they transitioned into academia. The theme “lack of formal orientation” captures the source of many of the challenges experienced with the transition process. For many of the participants, there was limited orientation and resources. Many of the participants were hired to quickly fill a role, leading to limited time for onboarding and training. This resulted in the transition being described as frustrating, challenging, and disorganized. Because of this, the participants often felt unprepared to navigate their roles and

uncertain about dealing with the difficult behaviors of students. This led to the second theme of “organizational challenges” where the participants felt the lack of formal orientation and guidance led to feeling unprepared to deal with these organizational challenges. The participants also described a lack of communication or ineffective communication from the university and feeling alone and isolated. These feelings led to the third theme of “lack of sense of belonging and isolation.” The participants often felt a disconnect from the university and felt they were on their own. The lived experiences of transitioning and the challenges faced by the participants solidified the need for participants to seek out resources and self-prepare for their roles. This resulted in the final theme of “personal development” in which participants had a desire to succeed in their role and give back to the profession. The participants quickly realized the need to seek out their own resources and guidance to ease the challenges they faced transitioning. Hazel stated she “felt behind the whole time.” While Dory expressed, “You always feel like you’re not prepared enough.” Ariel, Kala, and Willow agreed that the overall transition process was “frustrating and chaotic” and Andy and Ling described it as “challenging.” Evie described her transition experience as:

I felt like a duck out of water, just because, I didn’t have an issue being in the clinical setting. I didn’t have an issue with the students, but I just felt like I was at a loss because I had no orientation to the hospital. I had no orientation to what was going on, how we used our computer system, and how to find things. And so it was, it was very frustrating because I felt unprepared for my students.

Luisa described her transition experience as challenging and different than expected.

Luisa explained:

It's been a little challenging. It's a lot. It's a little more challenging than I thought it would be. I'm dealing with a lot of different mindsets of an educational institution rather than the hospital and a lot of different politics. And I'm very much used to working in a team. And as an instructor, I kind of feel like I'm on my own private island sometimes.

Another participant, Aurora, described her surprise with the transition and the lack of training required for novice adjunct nursing faculty:

The one thing that I found the most interesting is that you know my sister, she teaches primary education. But she had to go through years and years of training to learn how to best teach people, like methods of teaching and things that are effective. And when I came into this role, I was surprised that there was not any information on the best strategies on how to teach. Everybody probably has a different approach and I just feel like it would be helpful for the students to have potentially a better way to learn, that's more streamlined.

The experiences of the participants provided insights into answering the central research question on their transition into academia. The participants' experiences during the transition resulted in feeling unprepared due to disorganization, lack of formal orientation, and lack of formal mentorship. The participants relied on self-preparation, other adjunct instructors, and learning on the job to navigate their transition into academia.

### **Summary**

The orientation and preparation of adjunct nursing faculty transitioning into academia is often condensed or lacking. The lack of formal orientation and mentoring both contribute to a sense of disorganization and feeling unprepared. The participants felt there was a lack of communication within the organization, as well as a lack of resources and guidance provided

within the organization. The participants felt they faced challenges navigating their roles and dealing with difficult behaviors of students. These challenges resulted in the participants seeking out resources and guidance.

The experiences faced during transitioning into academia provided greater awareness of the challenges faced during the transition and needs of novice adjunct nursing faculty as they transition into academia. Novice adjunct nursing faculty are vital to nursing education and to addressing the nurse faculty shortage. Understanding the needs of novice adjunct nursing faculty is important to easing their transition into academia and ensuring that adjunct nursing faculty are prepared to educate nursing students. Providing formal orientation addressing the needs of adjunct nursing faculty and providing formal mentorship can give adjunct nursing faculty a greater sense of confidence and preparedness as they transition into academia and navigate this new role.

## **CHAPTER FIVE: CONCLUSION**

### **Overview**

The purpose of this transcendental phenomenological study is to describe and understand the lived experiences of novice adjunct nursing faculty teaching in the United States in undergraduate nursing programs as they transition from clinical practice to academia. The research study findings identified four main themes and seven sub-themes of the lived experience and perceptions of novice adjunct nursing faculty transitioning into academia. Chapter Five discusses a summary and interpretation of the findings; a discussion of novice adjunct nursing faculty's experiences transitioning into academia; the theoretical, empirical, and practical applications and implications of the findings of the study for nursing programs and future researchers; as well as a discussion of the delimitations and limitations.

### **Summary of Findings**

The purpose of the central research question, "What are the lived experiences of novice undergraduate adjunct nursing faculty as they transition from clinical expert to novice nurse faculty?" was to describe and understand the lived experiences of novice adjunct nursing faculty as they transitioned into academia. To gain this understanding, the researcher asked 10 participants to discuss their experiences transitioning into academia as an adjunct instructor. Four main themes and seven sub-themes were identified. Participants described the process of transitioning as unorganized and chaotic. The participants expressed frustration with the lack of organization and the sense of chaos. The participants stated they lacked formal orientation and mentorship to aid in the transition process and were often thrown into the role. The participants who did receive some orientation described it as condensed and lacking in content. They felt the orientation focused on the university mission and policies but did not include navigating the role

or teaching pedagogies. Several participants discussed a sense of isolation and a lack of network within the university. Some participants were able to rely on the course lead for assistance, while others had to seek out peers and mentors for assistance.

Many participants also expressed frustration from the lack of preparation received from the university. As many of the participants relied on their clinical expertise to navigate the role, others felt their educational background assisted, but was not sufficient to aid in this transition. The participants understood a need for self-preparation and sought out resources and guidance to aid in navigating their transition. Although the participants felt a desire and duty to educate future nurses, the challenges experienced in the transition made it frustrating and difficult to excel in this role. Many of the participants expressed that they were vocal with the university about the challenges faced, which resulted in improvements for future adjunct instructors. Others stated that they became a resource and mentor for other adjunct instructors because they understood the challenges faced.

### **Discussion**

The purpose of this transcendental phenomenological study was to describe and understand the lived experiences of novice adjunct nursing faculty teaching in the United States in undergraduate nursing programs as they transition from clinical practice to academia. The theoretical frameworks that guided data collection and analysis were Meleis' transitions theory and Schoening's nurse educators transition model. The study findings were supported and guided by the literature and theoretical and empirical frameworks. The findings were used to describe the lived experiences of novice adjunct nursing faculty as they transitioned into academia.



## **Interpretation of Findings**

The following sections provide a discussion of the interpretation of findings and a summary of thematic findings in relation to the theoretical and empirical literature. The summary of findings discussed the four themes: lack of formal training, organizational challenges, a lack of sense of belonging and isolation, and personal development; and the seven subthemes: lack of organization, feeling unprepared, lack of resources and guidance, the ideal transition, dealing with difficult behaviors, navigating the instructor role, seeking mentorship and guidance, self-preparation, and giving back to the profession. This section also discusses how the study validated and extended previous research and its contribution to nursing education and nursing practice.

### ***Summary of Thematic Findings***

The collection of data and the data analysis resulted in the emergence of four themes and seven subthemes. The themes and subthemes aided in answering the central research question. The four emerging themes included lack of formal training, organizational challenges, a lack of sense of belonging and isolation, and personal development. The seven subthemes that emerged included lack of organization, feeling unprepared, lack of resources and guidance, the ideal transition, dealing with difficult behaviors, navigating the instructor role, seeking mentorship and guidance, self-preparation, and giving back to the profession.

The findings of the study showed that participants felt their transition into academia was chaotic and challenging. They felt there was a lack of formal training and guidance to ease the transition into academia and often felt isolated and “on their own.” The lack of training and guidance resulted in the participants feeling unprepared, saying they felt like “a duck out of water.” They had challenges in dealing with difficult behaviors and navigating the instructor

role. These feelings of unpreparedness led the participants to seek out their own resources and guidance for self-preparation. The participants expressed a need for an organized, formal orientation to aid in the transition that would discuss navigating the instructor role, grading, teaching pedagogies, and provide a shadowing experience at the clinical site.

***Theme 1: Lack of Formal Orientation***

The lack of formal orientation for novice adjunct nursing instructors poses a challenge during the transition into academia. Many of the participants experienced a rushed onboarding process with limited opportunities for a formal orientation. They often felt “thrown into the role” and received very little or condensed information during their transition. Brower et al. (2022) described the transition as “being thrust into an academic role” (p. 4) with little knowledge and preparation to navigate the transition. Novice adjunct nursing instructors often describe their orientation into academia as abbreviated and condensed, or nonexistent (Mann & De Gagne, 2017). Cox et al. (2021) found inconsistencies in orientation programs and that orientation programs were not as comprehensive or effective for successful transitioning. In the current study, Evie reflected on her experience transitioning into the role and described the process as rushed and chaotic and she often felt unprepared to navigate the role. Willow felt there was a lack of formal orientation, and that she lacked vital information needed to ease the transition.

Evie’s and Willow’s experiences of frustration and feeling unprepared due to a lack of formal training or orientation align with previous research findings. Structured orientation programs are important for expert clinicians (Sousa & Resha, 2019) and are needed for teaching effectiveness and socialization. The transition into academia is often challenging for novice nursing faculty because there is often a lack of organization, structure, and support (Rogers et al.,

2020). Adjunct nursing faculty often have increased retention and greater job satisfaction with adequate orientation (Sousa & Resha, 2019).

Some participants expressed receiving a condensed orientation or felt there were aspects missing from their orientation that would have been beneficial in easing their transition. The orientation programs that are provided may not be as comprehensive or effective as they need to be to ease the transition into academia (Cox et al., 2021). Luisa felt that even though she did receive some form of orientation, she wished that it included specific information on her unit. Several participants expressed a lack of formal orientation during their transition and a need to “figure it out” as they went. The participants agreed there was a need for a formal orientation program to ease the transition into academia. The participants expressed frustration during transitioning due to a lack of formal orientation and training. Novice nursing instructors will often feel disorientation characterized by the lack of structure and mentorship during the transition (Schoening, 2013). The initial excitement of entering academia is often overshadowed by the implicit assumptions of structure and support and the reality of unforeseen challenges and experiences of the transition process (Nicholls & Kelman, 2023).

The participants also expressed a lack of adequate resources and guidance during their transition. Evie, having to complete 24 hours of online training, felt that the resources provided were very condensed and the guidance received was rushed. Evie described a meeting with the Dean and another adjunct, “She basically quickly ran me through the canvas and ran me through where I can find all these resources. I believe that the meeting was literally, I think it was 45 minutes.” Another participant, Kala, compared her experience in her first adjunct role, where she felt she had resources and a network at one university, to her transition at a second university, where she felt unprepared with little to no resources or network upon which to rely.

Novice adjunct nursing faculty are perceived as being available on short notice and are often hired because of the flexibility they offer to meet the demands of increased student enrollment (Meyer, 2017). This process of hiring immediately prior to the start of the semester gives little time for proper orientation and often leaves these adjunct nursing faculty to describe their transition as chaotic. The participants' transition experiences in the current study align with Schoening's (2013) disorientation phase in which there is an absence of structure, mentorship, inadequate orientation, and socialization to the role. Adjunct nursing faculty acknowledge a need for structure and certainty as they transition into this new role (Wenner et al., 2020).

***Subtheme 1: Feeling Unprepared.*** The subtheme "Feeling Unprepared" developed as participants expressed a lack of preparation and orientation from their university to adequately prepare for the transition. Novice adjunct nursing faculty often feel unprepared for this transition and need structure to assist them in feeling competent (Brown & Sorrel, 2017). Grassley et al. (2019) revealed that the lack of formal orientation affected the transition of novice adjunct nursing faculty and often left them feeling unprepared during their transition, which is consistent with the findings of the current study. The participants often expressed that they felt unprepared to teach effectively. Dory stated, "You always feel like you're not prepared enough." Luisa had similar experiences and felt unprepared and even said she "felt so stupid," while Ling felt she needed help but had no one to turn to help her prepare for the role. Ariel described her transition as "sink or swim." Novice adjunct nursing faculty are often expected to immediately begin their teaching obligations leading to limited opportunities for preparation (Dunker & Manning, 2018; Ruiz & Gonzalez, 2021).

The participants expressed frustration from the lack of preparation and often felt they spent more time trying to prepare for their role than they did in actually teaching students. The

participants stated that trying to learn their role during the transition took away from their teaching abilities. The participants expressed a need for a proper orientation with appropriate resources and guidance to ease the transition into the educator role. However, there is an expectation for nurses entering academia to have a level of expertise in clinical practice and there is a belief that because of this clinical expertise, faculty can teach effectively (Ruiz & Gonzales, 2012). The knowledge and skills obtained from past experiences working in clinical practice and with nursing students in that setting do provide a foundation for working as an adjunct nursing instructor, but are not sufficient to feel prepared to transition into the role (Owens, 2018). Rogers et al. (2020) suggested that a proper orientation prior to taking on that first clinical assignment may help new faculty feel prepared to start the semester.

***Subtheme 2: The Ideal Transition.*** The lack of adequate orientation, resources, and guidance led participants to wish they had more during their transition. The participants described their ideal transition and stated the resources and guidance they wished they had. Aurora, who felt like her transition into her first role was chaotic and challenging, stated that she wished she had an orientation that discussed issues like how to communicate with students, expectations, and organization with the transition process. She felt that with her first transition, she lacked a proper orientation, but received the resources and orientation she needed for a successful transition.

Novice clinical faculty require proper orientation and support to be successful in their role (Sousa & Resha, 2019). The transition Aurora experienced in her second role aligns with the recommendation. Without an adequate orientation, adjunct nursing faculty are often unprepared, making it difficult to teach effectively and work with students. Novice adjunct nursing faculty require an organized, proper orientation and require support and guidance to aid in the transition

into their role. Another participant, Hazel, was later able to participate in a program recommended by the Director of the University for adjunct nursing faculty. She described the benefits of the program and wished she had had the opportunity to participate in this program prior to her transition into the adjunct nursing faculty role. Though she did not receive a formal orientation prior to beginning her role, the program was beneficial to her transition. Though some participants lacked a formal orientation, some participants described receiving a condensed orientation. Sousa and Resha (2019) revealed that when orientation was provided, adjunct nursing faculty often felt many items were omitted or insufficiently covered. These items included the adjunct clinical faculty job description, necessary clinical handouts and forms, criteria or guidelines for grading, criteria or guidelines for evaluation of student performance, resources for students with special needs, correlation of clinical experience with theory, and procedures to follow regarding student behaviors.

Kala described her experience transitioning into her second role in a new state, describing that she wished she had been prepared on how to handle difficult students and student incivility, as well as better communication with the faculty and the facility. Kala's recommendations for an ideal transition aligned with previous studies such as Ross and Dunker (2019), who recommended that orientation programs should be tailored to adjunct clinical nursing faculty. They also noted that orientation programs should include basic components such as an orientation to the school of nursing and its curriculum, clear job descriptions with roles and responsibilities; education and resources on pedagogical theories, teaching strategies, student management in the clinical setting; student evaluation, and dealing with difficult students. The orientation should also include a formal mentorship and an orientation to the clinical agency (Ross & Dunker, 2019).

## ***Theme 2: Organizational Challenges***

Participants felt the lack of orientation and resources left them unprepared to deal with organizational challenges that included dealing with difficult behaviors and navigating the instructor role. Administrators use adjunct nursing faculty because it allows the flexibility necessary to meet the demands of increased student enrollment and because adjunct faculty are perceived as being available on short notice (Meyers, 2017). The participants in Meyers' study were hired to fill a needed gap in employment within the university and were often required to start immediately. The participants often expressed a lack of organization within the university to describe their transition into the adjunct nursing role. The participants described their transition into academia as chaotic, challenging, and often lacking organization.

Several participants felt they were thrown into the role and did not receive a proper orientation or onboarding process. Philip et al. (2019) described how adjunct nursing faculty are often hired quickly to fill a vacancy and are placed in the clinical instructor role with little time for a formal orientation. Kala compared her transition into nursing to that into academia and felt that her nursing transition was much more organized than her transition into academia. Another participant, Evie, also felt thrown into the role. Evie explained that her onboarding process was rushed and lacked organization because the university needed an instructor immediately. One participant, Aurora, experienced the transition into an adjunct role at two different universities. She expressed how different each experience was and how she felt there was more organization at one of the universities compared to the other. The preparation for adjunct nurse educators is inadequate (Ross & Dunker, 2019) and often without proper orientation, leaving the adjunct nurse instructor feeling stressed because of new expectations and new experiences working with

students (Sousa & Resha, 2019). The lack of organization during the transition process often left the participants in the current study feeling unprepared to take on this new role.

***Subtheme 1: Dealing with Difficult Behaviors.*** The challenges faced by many adjunct clinical nursing faculty include dealing with and managing adult learners (Mann & De Gagne, 2017). The participants faced challenges learning how to deal with the difficult behaviors of students, which included problems with communication, professionalism, and incivility. Ariel described her challenges with student behaviors and felt like she had to “overcome the assumption that students really want to learn” and learn how to navigate her role as an instructor and her approach to the students. Andy described the experience with the students as “glorified babysitting” and experienced frustration dealing with students who did not know how to be professional.

Dealing with student behaviors was a challenge for participants as they transitioned. Even though many had previously worked in a preceptor role with students and had worked with new graduate nurses, this was a challenge they felt they were not prepared for. Clinical expertise provides a foundation for teaching, but teaching students as nurses compared to teaching as a clinical instructor is different because instructors are responsible for the students (Owens, 2017). McPherson and Candela (2019) suggested an orientation program for adjunct nursing faculty to include helping faculty communicate with students, including having difficult conversations with students. This would give adjunct nursing faculty a better understanding of how to navigate difficult or challenging situations with students.

***Subtheme 2: Navigating the Instructor Role.*** Novice adjunct nursing faculty often use their clinical expertise to guide them in navigating the instructor role, but teaching requires a different skill set they are often unprepared with (Grassley et al., 2020). Adjunct nursing faculty



experience feelings of role ambiguity, stress, and a lack of teaching experience as they transition and navigate this new role (Owens, 2017). Luisa felt uncertainty in her role and did not know what she was supposed to do with the students in the clinical setting. Aurora struggled in her role as an educator effectively communicating with students on a professional level. Dory struggled in her role appealing to the different learning styles of students. These challenges faced by the participants are consistent with Schoening's (2013) nurse educators transition model. The participants are experiencing the disorientation phase of transitioning in which they realize their new role is very different from their previous role and with the lack of formal orientation, they lack the basic knowledge necessary to navigate the instructor role. Navigating the instructor role posed challenges for the participants as they transitioned into academia. Hazel felt like she had a lot to learn as an instructor and felt this took away from her ability to teach.

Novice adjunct nursing faculty often use their clinical expertise to guide them in navigating the instructor role; however, teaching and navigating the role requires a different skill set they are often unprepared with (Grassley et al., 2020). Luisa, like many of the participants, felt like they did not know what they were supposed to do in their role. The challenges of the participants navigating this new role align with the current literature. Novice adjunct nursing faculty often feel unprepared and use their prior experiences in the clinical setting to guide them in navigating and fulfilling this new role (Grassley et al., 2020). Novice adjunct nursing faculty often feel like they do not know what to do and have to figure it out on their own (Brown & Sorrell, 2017). Owens (2018) reported that learning the instructor's role and responsibilities was necessary to eliminate the feeling of role ambiguity.

### ***Theme 3: Lack of Sense of Belonging and Isolation***

An essential component in the recruitment and retention of adjunct nursing faculty is a sense of belonging or connection to the faculty and the nursing program. Adjunct nursing faculty often feel isolated and have a sense of disconnection from other faculty and the nursing program (McPherson 2019). Owens (2018) and Sousa and Resha (2019) revealed that adjunct nursing faculty often describe a lack of communication with full-time faculty and feel that the sense of isolation from the nursing program hinders their transitional process. In the current study, Aurora felt isolated with no one to turn to because of her challenges interacting with the course instructor. Luisa described the differences between the community she felt as a clinical nurse and the isolation she felt as an adjunct instructor. Luisa was used to working in a team and having a sense of community and she felt like this was lacking in the university setting. Ariel was also frustrated with the isolation and did not feel “a part of the school.” Ariel found it difficult to build relationships within the work environment.

The participants often felt a disconnect from the university. They felt they lacked communication with the university and the course instructor, resulting in a sense of isolation. The clinical environment often exhibits teamwork and community, whereas the academic environment exhibited isolation for the participants. Miner (2019) revealed that a sense of belonging to the university contributed to a positive transition experience for nursing faculty. A sense of communication and connection aids in adjunct nursing faculty role satisfaction and retention (McPherson, 2019).

### ***Theme 4: Personal Development***

Participants felt unprepared to take on their first adjunct role and often sought out their own resources and mentorship. Shapiro (2018) revealed that novice educators are motivated to

become competent in their role and this leads them to utilize a variety of sources to gain knowledge and an understanding of their role. Adjunct nursing faculty realize the need to obtain further information about their role to ease their transition (Wenner et al., 2020). Andy described himself as a “lifelong learner” and wants to continue to learn to feel more comfortable in his role. Similarly, Luisa described her need to constantly prepare and study to feel competent in her role.

Schoening (2013) described the information-seeking phase of the nurse educators transition model as a time when novice educators tend to overprepare for student encounters and are often fearful of failing as instructors by not knowing it all. Hoffman (2019) identified that clinical knowledge was not sufficient but specific knowledge of the course topics was needed to deliver course content. Novice adjunct nursing faculty have a sense of personal development to succeed in their role as instructors. To achieve this, novice adjunct nursing faculty will seek out mentorship guidance and resources needed to navigate the transition.

*Subtheme 1: Seeking Mentorship and Guidance.* Even though the NLN (2006) advocates for a formal mentoring experience as a strategy to recruit and retain nurse educators, most novice adjunct instructors do not receive one and are left to seek it out on their own. Novice adjunct nursing faculty often seek peer faculty as a resource and guidance to aid in the transition. In the current study Kala relied on nurses she worked with who were also adjunct instructors as a resource to guide her through the transition. Kala felt this network of experienced adjunct nursing instructors was a helpful resource in navigating her role and guiding her in the transition. Aurora had a similar experience in which she sought out peers that she worked with in the hospital and collaborated with experienced adjuncts on how to approach certain situations.

Formal mentoring has been shown to improve the transition for adjunct nursing faculty, but despite this, it is often overlooked or is an informal process (McPherson, 2019). Studies have

shown that the role of a mentor was beneficial in navigating and understanding the complexities of the nursing educator role. The role of the mentor is necessary in facilitating the transition into academia (Jeffers & Mariani, 2017; Rogers et al., 2020; Ross & Dunker, 2019). Oftentimes, adjunct nursing faculty are left to seek out their own mentor and guidance to navigate the transition into academia.

***Subtheme 2: Self-Preparation.*** Schoening (2013) noted the information-seeking phase of the nurse educators transition model to be a result of the absence of structure and guidance and described this period as a time when novice educators seek out information on their own that they need to perform their work. Information-seeking and support within the transitional experience is a social process with the goal of role identity needed for a healthy transition (Meleis et al., 2000; Schoening, 2013). In the current study, several of the participants were information seekers. Andy sought out books and various online sources to navigate the transition. Luisa utilized online forums, such as Facebook groups, to help prepare and navigate the educator role. Aurora relied on peer-reviewed articles to prepare for her role.

Shapiro (2018) suggested that information-seeking is needed to facilitate change. Novice adjunct nursing faculty are motivated to become competent in the role of educator and will utilize a variety of sources to gain knowledge and an understanding of their role (Shapiro, 2018). This may be accomplished through formal and informal methods (Brown & Sorrell, 2017; Hoffman, 2019; Shapiro, 2018), and will include using past experiences, applying knowledge from education courses, reading textbooks, and attending professional development activities (Shapiro, 2018). The results of the current study support previous research indicating that learning during the role transition is an individual process and that novice adjunct nursing faculty

perceive a desire to learn different pedagogical skills, and their roles and responsibilities as educators (Owens, 2017).

***Subtheme 3: Giving Back to the Profession.*** Despite the challenges faced, the participants expressed a need and desire to give back to the profession. The choice to transition into academia is often made based on a personal desire to educate, prior experiences precepting nurses, prior experience in education, a personal sense of confidence, as well as a desire to give back by helping others succeed and to share knowledge and expertise with nursing students (Brown & Sorrell, 2017; Wenner & Hakim, 2019). This aligns with Evie's desire to transition into academia in which she felt it was important for nurses to give back to the nursing youth. Ariel had similar desires to transition based on her prior experiences educating in the clinical setting. Ariel "loved the educational part of nurses" and "wanted to share [her]love of nursing." Despite the challenges faced throughout transitioning, the participants felt a sense of duty and desire to continue pushing through in order to educate and prepare future nurses to give back to the profession.

The Anticipation phase in Schoening's nurse educators transition model describes the decision to make the initial transition into academia (Schoening, 2013). As supported by previous studies, the participants in the current study had a desire to give back to the profession and help others succeed. Novice adjunct nursing faculty share a desire to pass on their knowledge by educating future nurses and helping them succeed (Brown & Sorrell, 2017). Despite the challenges faced, novice adjunct nursing faculty possess a sense of personal development and a desire to obtain the knowledge needed for a successful transition, as well as to effectively give back and educate future nurses.

The thematic findings of the study elaborate on the lack of formal orientation, organizational challenges, sense of isolation and belonging, and personal development. The thematic findings of the study were supported by the subthemes of feeling unprepared, the ideal transition, dealing with difficult behaviors, navigating the instructor role, seeking mentorship and guidance, self-preparation, and giving back to the profession. These findings support the previous literature discussing the need for formal orientation and support by the university to improve the transition experience for novice adjunct nursing faculty. The findings add to the literature discussing the learning needs of adjunct nursing faculty including learning how to deal with difficult students and the resources and support needed to navigate the transition process.

### **Implications for Policy and Practice**

The findings of the study provide suggested implications for undergraduate nursing programs. The findings of the study also provide evidence for the recommendations for policy and practice in which nursing programs should be implemented for novice adjunct nursing instructors. The subsequent sections discuss the implications for policy and the implications for practice.

#### ***Implications for Policy***

The exhaustive insights and data received from the participants' lived experiences transitioning into academia revealed a need to provide a formal orientation for adjunct nursing faculty. The study provided information on the learning needs of adjunct nursing faculty to improve their transition experience. There is a lack of formal orientation programs for adjunct nursing faculty. Adjunct nursing faculty are often experienced nurses who often lack the necessary academic preparation, pedagogical skills, and support needed to ease the transition into academia (Dunker & Manning; 2018; Garner & Bedford, 2021; Ross & Dunker, 2019; Sousa &

Resha, 2019). Due to the immediate need for adjunct nursing faculty, orientation programs are often condensed or nonexistent (Mann & De Gagne, 2017).

The lack of formal orientation programs addressing the unique needs of novice adjunct nursing instructors highlights the need for nursing programs to establish formal orientation and mentoring programs. Nursing programs should implement a formal orientation program that contains policies and procedures of the university, role expectations, an overview of the syllabus and grading expectations, communication with students and how to navigate challenging behaviors, an introduction to the clinical or hospital setting, a shadowing experience with an experienced instructor, as well as a formal mentor. A formal orientation that provides resources and guidance, as well as support from the university, can provide novice adjunct nursing faculty with the tools they need to ease the transition into academia.

### ***Implications for Practice***

The study provides reasonable suggestions for nursing program administrators who hire novice adjunct nursing faculty. The study provides insight into the challenges of novice adjunct nursing faculty and their need to ease the transition into academia. The research has identified that formal orientation and strong support and guidance from the nursing program are effective in easing the transition into academia (McPherson & Candela, 2019). Implementation of a formal orientation program for novice adjunct nursing faculty has resulted in novice adjunct nursing faculty feeling supported and valued (Dunker & Manning, 2018).

Nursing programs will benefit from the successful role transition of novice adjunct nursing faculty. The successful role transition of adjunct nursing faculty is important for advancing the quality of nursing education and aids in job satisfaction and retention (McPherson,

2019). Evie described her frustration and dissatisfaction with the transition and the thought of quitting:

I actually thought about stepping down in the middle of the clinical rotation. Not because of the students, not because of the site, I adapted to that. But because of the difficulties, which is trying to figure out how to do everything as far as canvas, and where things went, and where to find things and resources and stuff like that...I was probably just going to be like, "You know what? This is an adjunct position. There are other schools out there. This is not my full-time job". This is more work than it's worth.

This experience faced by Evie describes the frustration of transitioning when there is limited training and resources to ease the transition process. It demonstrates and supports the need for formal orientation programs to ease the transition into academia and aid in the retention of novice adjunct nursing faculty.

This study emphasizes the need for a formal, structured orientation program addressing the unique needs of novice adjunct nursing faculty transitioning into academia. By understanding the unique needs of novice adjunct nursing faculty, nursing program administrators can tailor an orientation program and mentorship to overcome the challenges faced with transitioning into academia as novice adjunct nursing instructors.

The emphasis on formal structured orientation programs is beneficial to nursing programs and nursing students. Lack of formal orientation for adjunct nursing faculty results in unprepared nursing faculty. The limited knowledge of the curriculum, a lack of understanding of effective teaching and learning strategies, and how to effectively evaluate clinical competence can have negative impacts and hinder student learning (Dunker & Manning, 2018). Adequately prepared



adjunct nursing faculty can help achieve the needs of nursing programs to educate and graduate safe, competent nurses needed to care for diverse populations of patients.

### **Theoretical and Empirical Implications**

The purpose of this transcendental phenomenological study was to describe the lived experiences of novice adjunct undergraduate nursing faculty teaching in the United States. Novice adjunct nursing faculty described their lived experiences of their transition into academia as novice adjunct instructors. The findings from this research study build on Meleis' transitions theory and Schoening's nurse educators transition model. This section will discuss the theoretical and empirical implications.

#### ***Theoretical Implications***

Meleis' transitions theory and Schoening's nurse educators transition model were utilized in this study to guide and provide insight into the lived experiences of novice adjunct nursing faculty transitioning into academia. The findings of this study were evaluated through the lens of both theoretical frameworks to allow for a rich description of the lived experiences of novice adjunct nursing faculty transitioning into academia. The theoretical frameworks provided a foundation to guide the research study.

Meleis' transition theory focuses on various types of transitions. Meleis et al., (2000) described transitions as complex and multidimensional, and result from changes in lives, health, relationships, and environments. The transition conditions are processes that influence transitions. The conditions of transitions include personal, community, or societal conditions and include the meanings, expectations, level of knowledge and skill, environment, level of planning, and emotional and physical well-being (Schumacher & Meleis, 1994). The transition conditions for the participants in this study included a lack of formal orientation, being unprepared to deal

with difficult behaviors of students and navigating the instructor role, and ineffective or lack of communication that resulted in a lack of sense of belonging and isolation. Meleis et al. (2000) stated that knowledge and skill can facilitate the transition process, but a lack of knowledge can hinder the transition. The application of Meleis' transitions theory to this study allowed for a foundation to understand transitions and the transitional experience.

Schoening's (2013) nurse educators transition model expands on the concepts of transition, focusing on the transition experienced by novice educators. This model provides an understanding of the transitional process that occurs during the transition from nursing practice to nursing education. Schoening identified four stages that occur during the transition process. These stages include anticipation, disorientation, information seeking, and identity formation. Adjunct nursing faculty experience similar transitions into academia (Wenner et al, 2013).

The experiences captured by the participants supported Meleis' transitions theory and Schoening's nurse educators transition model. The study provided an exhaustive description of the transition experience and noted that a lack of formal orientation, feeling unprepared to deal with difficult behaviors or navigating the instructor role, and a lack of sense of belonging and feeling of isolation can hinder the transition process. The study underlined the importance of knowledge to facilitate the transition process. The participants found themselves in the disorientation phase of the nurse educator transition model with a lack of formal orientation. As described in transitions theory (Meleis et al., 2000), and the nurse educators transition model (Schoening, 2013), the participants were in the information-seeking phase to gain the knowledge and support within the transitional experience with the goal of role identity needed for a healthy transition. This study underlined the importance of a formal orientation program and support from the nursing program to aid in a successful transition and role identity.

### *Empirical Implications*

The findings in this study support the empirical work of exploring the transition experience of novice adjunct nursing faculty. The results of this study support Schoening's (2013) nurse educators transition model by providing a unique perspective on the transitional process of adjunct nursing faculty. The study exhibited the challenges faced by novice adjunct nursing faculty transitioning into academia. The results revealed that a lack of formal orientation and lack of support and guidance contributed to the challenges of transitioning experienced by novice adjunct nursing faculty. The findings of the study revealed a need for formal orientation programs for novice adjunct nursing faculty as they transition into academia. The study supported the literature showing that the transition of novice adjunct nursing faculty can contribute to a sense of isolation without formal orientation and support. When orientation is provided it is often less structured and lacks the necessary resources needed to navigate the academic environment (Dunker & Manning, 2018; Garner & Bedford, 2021; Owens, 2018; Ruiz & Gonzales, 2021; Shapiro, 2018; Sousa & Resha, 2019). Participants expressed feeling unprepared to transition into academia. The literature showed that novice adjunct nursing faculty often feel unprepared, and the lack of a formal orientation and support contribute to this feeling of unpreparedness (Dunker & Manning; 2018, Ross & Dunker, 2019; Sousa & Resha, 2019). The findings of the study indicated that participants wished they were provided a formal orientation, with more resources and support from the nursing program to ease their transition and better prepare them for the challenges faced as novice adjunct nursing instructors. The participants implied that being better prepared as they transitioned into academia would allow them to focus more on educating nursing students instead of trying to navigate their role.

## **Limitations and Delimitations**

This study exploring the lived experiences of adjunct nursing faculty as they transitioned into academia included delimitations and limitations. In qualitative studies, delimitations are those choices and boundaries that the researcher has consciously set for the study (Peoples, 2020). Limitations are influences outside of the researcher's control and are potential methodological weaknesses within the study. The following sections are a presentation of the limitations and delimitations within the study.

### ***Limitations***

There were limitations within this research study. The first limitation noted was with recruitment. Several potential participants responded to the study from social media sites, expressed interest in participating in the study, and completed the demographic questionnaire, but eventually backed out. This limited the diversity of prospects for the study. A second limitation was that there was only one male participant. Male adjunct instructors were difficult to recruit and express interest in the study. An equal inclusion of male participants could generate new findings and provide differing perspectives, altering the study results. Lastly, the study only included novice adjunct nursing faculty that transitioned into teaching in the clinical setting. The 10 participants transitioned into the educator role as novice adjunct instructors teaching in the clinical setting and not in the classroom. Participants teaching in different settings, such as the classroom or online, as adjunct instructors could also provide different perspectives of their transition experience, both altering the results of the study and broadening the study's findings.

### ***Delimitations***

The delimitations of the study included (a) adjunct nursing faculty with less than two years of experience teaching; (b) faculty working in undergraduate nursing programs; and (c) a

minimum of five years as a clinical nurse. The delimitations presented were conscious decisions made by the researcher during the development of the research study. Purposive sampling was used to select adjunct nursing faculty with less than two years of experience with teaching. This decision was made to ensure an exhaustive description of the novice experience transitioning into academia. Utilizing this selection of adjunct nursing faculty who are still working through their transition can provide a perspective of their challenges and unique needs. It is possible that adjunct nursing faculty with more experience have successfully transitioned and are no longer facing these unique challenges. The next delimitation was seeking participants teaching in undergraduate nursing programs. The adjunct nursing instructor has unique roles and responsibilities in undergraduate nursing programs that may be different than teaching at a master's or doctoral level. They may face different challenges and have different perspectives on the transition experience. The final delimitation included individuals with a minimum of five years of nursing experience. This delimitation was set to ensure that the adjunct nursing faculty exhibited a level of expertise and could describe their transition from being an expert to a novice again.

### **Recommendations for Future Research**

This transcendental phenomenological study provided a rich description and insight into the transition experience of novice adjunct nursing faculty. Future research is needed to continue to understand the unique needs of novice adjunct nursing faculty. Additional research focusing on their needs and the required support needed to aid in the transition into academia would provide beneficial information for nursing program administrators to tailor an orientation program for adjunct nursing faculty. This study can also be replicated with a larger sample size to include more male participants to explore different perspectives.

This study represented novice adjunct nursing faculty teaching in the clinical setting in undergraduate nursing programs. Future research should explore the transition experience of novice adjunct nursing faculty teaching in a non-clinical setting such as online or in the classroom. This population can present a unique perspective, as their role and requirements are different than clinical instructors and may require different resources and support to aid in their transition. Additionally, since this study focused on the undergraduate novice adjunct nursing faculty's transition experience, future research could explore the transition experience of novice adjunct nursing faculty teaching in graduate-level programs, which could further broaden the understanding and literature of the needs of novice adjunct nursing faculty.

### **Summary**

The purpose of this phenomenological study was to describe the lived experiences of novice adjunct undergraduate nursing faculty teaching in the United States. The findings of the study provided an exhaustive description of the transitional experience of novice adjunct nursing faculty. Interviews with study participants revealed the themes of a lack of formal orientation, organizational challenges, a sense of isolation and belonging, and personal development; and subthemes of feeling unprepared, the ideal transition, dealing with difficult behaviors, navigating the instructor role, seeking mentorship and guidance, self-preparation, and giving back to the profession.

The lack of formal orientation left participants feeling unprepared to navigate the transition into academia. The participants relied on their nursing experience and education to navigate the transition. As a result of the challenges experienced, the participants expressed a need for a formal orientation into academia and support and guidance from the university for an ideal transition experience. The participants experienced organizational challenges that hindered

their transitional experience. Participants expressed feeling unprepared to deal with challenging student behaviors and to navigate their instructor role. Participants felt isolated from the university and lacked a sense of belonging. This isolation hindered their transition experience as well.

The lack of formal orientation resulted in novice adjunct nursing faculty possessing a sense of personal development and the need to seek out mentors and guidance to navigate the transition. The novice adjunct nursing faculty relied on self-preparation and had a desire to be competent in their role to successfully transition into academia to give back to the profession and educate future nurses. The results from this study align with previous studies recommending formal orientation and mentorship programs for novice adjunct nursing faculty transitioning into academia. The integration of this formal orientation and mentoring program into nursing programs can aid in retention of novice adjunct nursing faculty and help alleviate the nursing faculty shortage.

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**APPENDIX A:****IRB APPROVAL LETTER****LIBERTY UNIVERSITY.**  
INSTITUTIONAL REVIEW BOARD

June 21, 2023

Angelique Tolentino-Martin  
Sharon Kauffman

Re: IRB Exemption - IRB-FY22-23-1613 An Exploration of the Lived Experience of Novice Adjunct Nursing Faculty as they Transition from Clinical Expert to Novice Educator

Dear Angelique Tolentino-Martin, Sharon Kauffman,

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, PhD, CIP**

*Administrative Chair*

**Research Ethics Office**



**APPENDIX B:**  
**SOCIAL MEDIA RECRUITMENT ANNOUNCEMENT**

ATTENTION FACEBOOK FRIENDS: I am conducting research as part of the requirements for a Doctor of Philosophy in Nursing Education at Liberty University. The purpose of the study is to describe and understand the lived experiences of novice adjunct nursing faculty teaching in the United States in undergraduate nursing programs as they transition from clinical practice to academia. To participate, you must have a minimum of five years' experience working as a clinical nurse in any specialty and two years or less experience as an adjunct nursing instructor employed in an undergraduate nursing program in the United States. Participants will be asked to complete a short, demographic questionnaire to ensure the criterion is met. Participants will be interviewed (60-90 mins) via Zoom conferencing software. If you would like to participate and meet the study criteria, please direct message me or feel free to email me at [atolentinomartin@liberty.edu](mailto:atolentinomartin@liberty.edu) for more information. A DocuSign consent will be emailed to you following the completion of the demographic questionnaire. Electronic signatures will be obtained via DocuSign. The consent must be signed and completed prior to scheduling the interview.

**APPENDIX C:**  
**RECRUITMENT EMAIL**

Dear Potential Participant,

As a doctoral candidate in the School of Nursing Education at Liberty University, I am conducting research to better understand the experience of transitioning into academia. The purpose of my research is to describe and understand the lived experiences of novice adjunct nursing faculty teaching in the United States in undergraduate nursing programs as they transition from clinical practice to academia, and I am writing to invite you to join my study,

Participants must have a minimum of five years' experience working as a clinical nurse in any nursing specialty and two years or less experience as an adjunct nursing instructor employed in an undergraduate nursing program in United States. Participants will be asked to complete a demographic survey and participate in one-on-one, recorded, 60-90 minutes Zoom interviews. Participants will also be asked to complete member-checking in which the researcher will share their understanding of the descriptions and key concepts to confirm findings have been interpreted adequately. It should take approximately two hours to complete the procedures listed. Names and other identifying information will be requested as part of this study, but participant identities will not be disclosed. Pseudonyms will be utilized to maintain confidentiality when reporting data findings.

To participate, please follow the link provided: <https://www.surveymonkey.com/r/83D896T> to access the demographic questionnaire. The questionnaire will take no longer than two minutes to complete. If you meet participant criteria, I will contact you to schedule the Zoom interview.

A consent document is provided on the first page of the demographic questionnaire and will also be emailed to you via DocuSign for electronic signature if you meet the study criteria one week before the scheduled interview.

If you choose to participate, you will need to provide an electronic signature via DocuSign consent before the scheduled interviews.

Sincerely,

Angelique Tolentino-Martin  
Doctoral Candidate  
(xxx)-xxx-xxxx  
[REDACTED]@liberty.edu

**APPENDIX D:**  
**DEMOGRAPHIC QUESTIONNAIRE**

1. What is your age?
  - a. 18-24
  - b. 25-34
  - c. 35-44
  - d. 45-54
  - e. 55-64
  - f. 65+
2. What is your gender?
  - a. Female
  - b. Male
  - c. Decline to answer
  - d. Other (specify)
3. What is the highest degree you have received?
  - a. Associate degree
  - b. Bachelor degree
  - c. Master degree
  - d. Doctoral degree
4. Based on your answer for question 3, what field is your highest degree in? (Fill in the blank)
5. How many years have you been a clinical nurse?
  - a. Less than 1 year experience
  - b. 1 to 4 years' experience
  - c. 5 to 10 years' experience
  - d. More than 10 years' experience
6. What is your clinical nursing background and experience in? (Fill in the blank)
7. What nursing program do you work for? (Fill in the blank)
8. What is your employment status at your current nursing education institution?
  - a. Full-time
  - b. Adjunct
9. How long have you been an adjunct nursing instructor?
  - a. Less than 6 months
  - b. 6 months to 12 months
  - c. Greater than 12 months
10. How many classes or clinicals have you taught/been contracted for?
  - a. None
  - b. At least 1
  - c. 2
  - d. 3
  - e. 4 or more
11. If you would like to continue participation in this study, and you meet the demographic requirements, please enter your email address so that informed consent can be emailed to you (fill in the blank)

## APPENDIX E:

### CONSENT

**Title of the Project:** An Exploration of the Lived Experience of Novice Adjunct Nursing Faculty as they Transition from Clinical Expert to Novice Educator

**Principal Investigator:** Angelique Tolentino-Martin, MSN-Ed, RN, C-EFM

**Co-investigator:** Sharon Kauffman, PhD

#### Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must have a minimum of five years' experience working as a clinical nurse in any nursing specialty and two years or less experience as an adjunct nursing instructor employed in an undergraduate nursing program in the United States. 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.

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

The purpose of the study is to describe and understand the lived experiences of novice adjunct nursing faculty teaching in the United States in undergraduate nursing programs as they transition from clinical practice to academia.

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

If you agree to be in this study, I will ask you to do the following things:

1. This research will involve your participation in an interview that will be between 60- and 90-minutes in length via an online platform, Zoom meetings. The interviews will be recorded solely for the purpose of this research and the participants, and their contributions will remain anonymous prior to publication or sharing of the research results. These recordings, the transcripts obtained, as well as any other information that associates you with this study will remain locked and secured.
2. Follow-up interviews will be conducted as needed for clarification of findings and data saturation.
3. Complete member-checking in which the researcher will send an email sharing their understanding of the descriptions and key concepts to elicit feedback and confirm findings have been interpreted adequately.

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

Participants should not expect to receive a direct benefit from taking part in this study. Participants may find benefit and satisfaction in sharing their experiences with nursing programs and future nursing faculty. Future nursing faculty may benefit from gaining the perspectives of

adjunct nursing faculty's transition experience into academia. Nursing programs may benefit from the perspectives gained to improve the transition experience for future adjunct nursing faculty.

#### **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?**

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. Data collected from you may be shared for use in future research studies or with other researchers. The data collected from you will be shared and any information that could identify you, if applicable, will be removed before the data is shared.

- Participant responses will be kept confidential using pseudonyms. Interviews will be conducted in a location where others will not easily overhear the conversation.
- Data will be stored on a password-locked computer and may be used in future presentations. After five years, all electronic records will be deleted.
- Interviews will be recorded and transcribed. Recordings will be stored on a password-locked computer for five years or as stipulated by IRB and then erased. Only the researcher will have access to these recordings.

#### **How will you be compensated for being part of the study?**

Participants will not be compensated for participation in the study.

#### **Is study participation voluntary?**

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University. 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 will be destroyed immediately and will not be included in this study.

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

The researcher conducting this study is Angelique Tolentino-Martin. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at (xxx) xxx-xxxx or [REDACTED]@liberty.edu. You may also contact the researcher's faculty sponsor, Sharon Kauffman, at [REDACTED]@liberty.edu.

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

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu.

*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 of 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 and video-record me as part of my participation in this study.

---

Printed Subject Name

---

Signature & Date

**APPENDIX F:**  
**INTERVIEW SCRIPT**

1. Welcome and Introduction
2. The purpose of this interview is to collect information about your transition experience into academia as a novice adjunct nursing instructor. This will include information about processes that supported or hindered this transition. The questions you will be asked are created to understand your perspectives regarding your experience as you transitioned roles from a clinical nurse to a novice adjunct nursing instructor.
3. Explain the interview process and that the entire interview will be recorded, transcribed, and analyzed. The findings will be shared at a mutually agreed upon time.
4. Obtain permission to record all encounters.
5. Give an opportunity for participants to ask any clarification questions.
6. Obtain permission to begin the interview.

**APPENDIX G:**  
**OBSERVATION PROTOCOL**

Date of interview:

Time of interview:

Interviewee (Pseudonym):

	<i>Length of Interview:</i>	
<b>Question</b>	<b>Descriptive Notes</b>	<b>Reflective Notes</b>
1.		
2.		
3.		
4.		
5.		
6.		