PARTICIPATION IN AN ONLINE FACULTY DEVELOPMENT PROGRAM

TO SUPPORT NOVICE NURSING FACULTY

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ABSTRACT

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The lack of nursing faculty is negatively impacting the much-needed growth in the number of registered nurses needed in the United States, which is projected to increase alarmingly in the next five to six years. There are fewer programs that exist today to prepare nurses specifically to become nursing faculty so that the Registered Nurses (RNs) who may choose to become nursing faculty are doing so without specific training in education. There is a lack of support and preparation that could assist in the initial transition period, leaving new nursing faculty to struggle. Faculty development via online modules would go a long way to assist novice nursing faculty to use the tools and resources available to transition to become expert nurse faculty. While there has been research on the benefits of orientation programs, mentoring processes, and academic preparation, there has been little mention in the literature on practical approaches to supporting nursing faculty during their transition.

The purpose of this dissertation study was to develop, explore and describe a faculty development program to assist novice nursing faculty to transition more smoothly into their new role. Pragmatism as a paradigm was the foundation for this research following a qualitative exploratory-descriptive approach. The findings of this study will add to the existing literature addressing the shortage of nursing faculty and will add a practical approach that can be replicated to improve outcomes for novice faculty across the country. It is hoped that this faculty development program will guide practice to support the transition of novice faculty that will assist Schools of Nursing in providing effective teaching and learning practice.

ACKNOWLEDGMENTS

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DEDICATION

I would like to dedicate this dissertation to my parents Richard and Lois Longfield who have

always been my greatest cheerleaders; their love and guidance are with me in whatever I pursue.

They continue to inspire me to excel personally and professionally and are the ultimate role

models of teaching as a profession and a way of life.

Chapter One: Introduction

This chapter introduces the study. It includes a statement of the problem, the theoretical framework, the statement of the purpose, the research question, significance, and potential limitations.

Statement of the Problem

Over 75,000 qualified students who apply to nursing programs across the United States are turned away each year because there is not room in nursing programs due primarily to lack of nursing faculty (American Association of Colleges of Nursing, 2010). The lack of nursing faculty is negatively impacting the much-needed growth in the number of nurses needed in the United States, which is projected to increase alarmingly in the next five to six years. There are fewer programs that exist today to prepare nurses specifically to become nursing faculty so that the Registered Nurses (RNs) who may choose to become nursing faculty are doing so with a general degree rather than specific training in education (Halstead, 2007).

Addressing the nursing faculty shortage has been undertaken by task forces on a variety of levels. At the local level, individual schools of nursing are trying creative approaches in recruiting new faculty, with some schools hiring a large percentage of new faculty each year. The percentage of new faculty may lead to an experience gap between education and practice as experienced faculty retire, and new faculty without the experience in teaching or education background take over, often to the detriment of the students.

In a blog for the Robert Wood Johnson Foundation entitled *Transforming Nursing Education to Meet Emerging Health Care Needs*, Halstead, the president of the National League for Nursing (NLN) in 2012 stated:

The existence and causes of our nurse faculty shortage are well documented. An aging faculty workforce, compensation that is not competitive with practice settings, and an insufficient pipeline of nurses qualified to teach in our academic programs are some of the most commonly cited reasons for the shortage (para. 5).

As seasoned nursing faculty retire, there also can be a lack of preparation which would assist in the transition for new faculty, leaving them to struggle. Programs are needed to assist those RNs who have chosen to teach, perhaps without the background education which might make the transition easier. Nursing has for years followed the premise of novice to expert, showing the typical path that nurses take in acquiring the skills and knowledge over the years to move from a new graduate nurse to an expert bedside clinician (Benner, 1984). The same holds true whenever a nurse changes fields, whether it be from a Medical-Surgical unit to the Intensive Care unit or from the bedside to teaching in the classroom or clinical site. The nurse does not go back to the newly graduated status, however, he or she certainly moves back from an expert to a novice level again. This is often forgotten as great bedside nurses, experts in their field, begin teaching and it is often assumed their expertise will carry over to the classroom. As Cangelosi, Crocker, and Sorrell (2009) state:

Teaching is not a natural byproduct of clinical expertise, but requires a skill set of its own. The anxiety, fear, and tension these novice educators experienced and their perceived lack of mentoring speaks to the need for nurses to prepare them for the roles and responsibilities of teaching (p. 371).

Unfortunately, existing preparation falls short of the level that has been shown to assist in a smooth transition (Aldebron & Allan, 2010; Booth et al., 2016). Halstead (2012) adds to this, explaining:

It is short-sighted to believe that building our faculty capacity can be addressed solely by recruiting additional nurses into academia. It is also be [*sic*] important for us to emphasize academic preparation in nursing education and faculty development programs to help novice educators develop their teaching skills (para. 5).

Expert clinical nurses transition more easily into the new role as faculty when well prepared, which includes background knowledge, education, and competencies. Weidman (2013) found that orientation, mentoring and faculty development can lead to successful transitioning for novice faculty.

College or university faculty orientation is a widely used practice but has not always been found to be helpful. "At most colleges, orientation for new faculty members is one or two days of paperwork, awkward luncheons, and inspirational speeches, a barrage that typically leaves participants shell-shocked" (Wasley, 2007, para. 2). However, a well-developed orientation program can engage new faculty, welcome them to a new campus, provide resources and services, and assist them in feeling more comfortable (Herdklotz & Canale, 2017). A structured and planned approach to orientation is necessary for successful transitioning as a novice nurse faculty. Baker (2010) recommends including not only orientation to the college or university, but also a detailed orientation to the school of nursing. Educational content should include specific academic knowledge such as information regarding workload, promotion, scholarly work, and maintaining clinical practice.

In addition to orientation, mentoring has proven to be a successful addition to increase support and retention of new faculty. Brannagan (2014) states that mentoring can increase the connection between the faculty, the school of nursing, and the university. A mentor is an experienced faculty, who, "…facilitates, supports, guides, and encourages an individual in their

learning process…" (Potter & Tolson, 2014, p. 727). The mentee can be an experienced nursing faculty in a new setting or a novice nursing faculty new to teaching, and ideally the relationship should last several years. "As experienced (expert) faculty mentors impart knowledge gained through years of experience and inspire novice faculty on their continuous evolution to expert, novice faculty are able to achieve the expert role and become mentors to others" (Martin & Douglas, 2018, para. 2). Additionally, Potter and Tolson (2014) recommend that the mentor and mentee should be matched carefully based on personality, goals, and method of teaching to foster a personalized, supportive ongoing relationship.

Faculty development, also sometimes known as professional development, is a third component of supporting new faculty. Faculty development can be used to assist teachers to "…improve their professional knowledge, competence, skill, and effectiveness" (Professional Development, 2013, para. 1). Cook and Steinert (2013) add that faculty development should be designed to prepare and renew faculty and can occur in multiple ways. Faculty development can include furthering knowledge in a specific subject area, specialized training techniques, earning certifications, developing skills, fundamental teaching techniques, acquiring leadership skills, and earning advanced degrees (Professional Development, 2013). Not all faculty development practices are helpful; some focus too much on delivering information rather than creating a development program that is practical and useful (Haras, 2018). A good working definition of effective professional development is, "… structured professional learning that results in changes in teacher practices and improvements in student learning outcomes" (Darling-Hammond, Hyler, & Gardner, 2017, para. 3).

While there has been research on the benefits of orientation programs, mentoring processes, and other support (Cathro, 2011; Flood & Powers, 2012; Fura & Symanski, 2014;

Hande et al., 2018; McCoy & Anema, 2012; Needleman, Bowman, Wyte-Lake, & Dobalian, 2014; Weston, 2018), there has been little mention in the literature on practical approaches to supporting nursing faculty during their transition. Faculty development via online modules will go a long way to assist novice nurse faculty in any setting to use the tools and resources available to transition to become expert nurse faculty. This proposal will introduce research as to how expert clinical nurses can be supported as they transition from nursing practice to nursing faculty.

Theoretical Framework

Nursing theoretical frameworks used are Benner's Novice to Expert (1982) and National League for Nursing Core Competencies of Nurse Educators (NLN, Certification Commission, & Certification Test Development Committee, 2012). A major influence in preparing w nursing faculty is a primary caring model developed by Benner (1982) which explains how nurses' proficiency grows with their experience. The levels range from novice, advanced beginner, competent, proficient, and expert. This theory can be applied to student nurses as they progress through nursing school and gain valuable experience in theory and practice. Nursing educators must understand the level of the student they are teaching as well as the level of curriculum that is taught, and then tailor teaching to those specific levels. Continual adjustments to teaching are necessary, and each group of students can have different needs. This major theme also applies to new nursing faculty. Most often the case with new nursing faculty, the nurse has been an expert clinician and begins again as the novice nurse educator with no experience in teaching. This model is a reminder that we do not leave nursing to go into teaching. "If we develop expertise in teaching as we do in nursing, then central to our successful entry into the practice of teaching is the back-up and guidance that novices need when they are still rule-governed and lacking in the

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experience needed to read complex situations of learning" (Diekelmann, 1990, p.302). Back-up and guidance revolve around providing orientation and information, along with mentoring, which is needed to start a new venture in teaching successfully. Orientation and mentoring involve modeling caring which is done by experienced nursing faculty. Caring is an enabling condition of connection and concern and includes all aspects of nursing, and teaching and "In fact, caring – implementing a certain level of involvement – is required for any expert practice" (Benner & Wrubel, 1988)

The Core Competencies of Nurse Educators with Task Statements, revised and published by the National League for Nursing in 2012, will be used as a basis for the modules for a professional faculty development program. The core competencies are being widely used in nursing programs to prepare future nursing faculty. They provide a structure for the knowledge, skills, and attitudes to be developed and which should be found in nursing educators. In addition to using educational pedagogy for online faculty development for novice nurse educators, the lessons chosen will revolve around these competencies which include: facilitate learning, facilitate learner development and socialization, assessment and evaluation, curriculum design and evaluation of program outcomes, function as change agent and leader, pursue QI in educator role, engage in scholarship, and function within the educational environment (National League for Nursing, 2012).

Statement of the Purpose

The purpose of this study is to develop, explore and describe a faculty development program to assist novice nursing faculty to transition more smoothly into their new role. This program will include socialization, roles, and responsibilities of the nursing faculty, using effective practices to deliver nursing education, teaching and learning principles and life-long

learning. By asking novice nursing faculty questions regarding their transition using an online faculty development program, nursing programs, administrators and experienced nursing faculty can better understand what might assist in the transition.

Research Question

The guiding research question is: How does participation in an online faculty development program support novice nursing faculty?

Pragmatism is a school of thought that is practical, opting for methods and ideas that are useful (Giacobbi Jr, Poczwardowski, & Hager, 2005). Pragmatism works due to the belief of the nature of constant revision of effective practices, as the environment changes it requires constant research to adapt. Pragmatism research paradigm is almost exclusively on practical issues, as it is related to what is relevant. Knowledge is temporary and should be revisited, it is not cut and dried. Pragmatism's goal is to transfer knowledge, which is considered to be true only in context, into action. "The pragmatic approach supports the connection between knowledge, experience and practice" (Kalolo, 2015, p. 162). Pragmatists study what is interesting and valued to the researcher in ways that are appropriate to this situation.

Methodologies that are used with pragmatism research include mixed methods, action research, qualitative, or quantitative, and the best method is the one that solves the problem under research (Legg & Hookway, 2019; Lukenchuk & Kolich, 2013). This idea that using whatever means best fits the question allows for research without having to decide as to whether the research question is totally quantitative or totally qualitative (Kivunja & Kuyini, 2017, p. 36). Pragmatism is not an alternative model of research but is a perspective that can bring solutions to most research methods. "In practice, pragmatism would lead to thoughtful reflection about how best research can be done and provide direction to the educational practice" (Kalolo, 2015, p.

165). This is an exciting thought for educational research. Different situations, different problems can, and perhaps should, be studied with different methods. There are more than just black and white views of research and having an open mind to different approaches can fill in the blanks with different colors, arriving at different solutions to educational problems or adding creative new ideas.

According to Grove and Gray, qualitative research values a subjective approach to research to understand and interpret human beings (2013). Qualitative research describes and gives significance to "life experiences" and assists to guide practice (Grove & Gray, 2013, p 57). As there is a lack of evidence in practical research to determine how effective faculty development programs are concerning improving outcomes for novice faculty, a qualitative study of a faculty development program could help elucidate the efficacy of such support.

Exploratory-descriptive qualitative research explores an issue to describe the issue and provide understanding from the perspective of the population being studied. This type of research is often done with a specific population to create an intervention that will be of benefit to the population (Grove & Gray, 2013). Therefore, pragmatism as a paradigm will be the foundation for this research on a nursing faculty development program following a qualitative exploratory-descriptive approach.

Significance

The findings of this study will add to the existing literature addressing the shortage of nursing faculty and will add a practical approach that has the potential to be replicated to improve outcomes for novice faculty across the country. It is hoped that because expert clinical nurses are not prepared for the transition to the role of nursing faculty, this faculty development program will guide practice to support the transition which will assist a university in the

southwest's School of Nursing in providing effective teaching and learning practice. The faculty development program will assist new faculty at a School of Nursing in their role development and it is hoped it will encourage retention and job satisfaction. This study will assist the researcher in discovering new knowledge to better understand and provide the support needed by novice nursing faculty, to become a better educator personally, and to provide the opportunity to work closely with experienced researchers to achieve quality and leadership in nursing education research.

Potential Limitations

The limitations of a research study are those aspects of the design or methodology that influenced or impacted the interpretation and analysis of the findings (Price & Murnan, 2004). Limitations of this study may be methodological such as

- The sample size is too small to gather significant data to create themes.

- Lack of available data such as missing data, incomplete data or unreliable data.

- Measures used to collect the data including leaving out a key question

- Self-reported biases such as selective memory, telescoping, attribution, and exaggeration.

(Price & Murnan, 2004)

Limitations of this study may be as the researcher, such as

- Researcher bias, unintentionally influencing results, which all researchers can have, and which can negatively impact data analysis.

- Participant bias due to the population of the university faculty, some of whom know the researcher well.

In the proposed research study, limitations will be provided including a description of the limitation and why it exists. Methods to minimize the limitations will be included, as well as why

it was not overcome. The impact of the limitations in relation to the overall conclusions will be clarified, and recommendations for further research based on the limitations and outcome of the study will be provided.

Definition of Terms

The investigator defined the following terms for this study:

Expert nurse clinician. An expert is one who has an "… enormous background of experience…" (p. 405) with intuition and deep understanding (Benner, 1982). A Clinical Nurse Expert is defined by Benner (2001) as a Registered Nurse (RN) who can make decisions and perform tasks and actions based on interpretations from previous situations. For this study, an Expert Clinical Nurse is one who has a minimum of a Master of Nursing degree (in any area) and has been practicing as an RN for a minimum of five years.

Academic nurse educator. Academic nurse educator (nursing faculty) is defined as "an individual who fulfills a nursing faculty role in an academic setting" (NLN, Certification Commission, & Certification Test Development Committee, 2012, p. 13), and who has a minimum of a master's degree in nursing.

Novice nursing faculty. A novice is described by Benner (1982) as one who has no previous experience for a task or situation. The novice nursing faculty is a Registered Nurse without previous experience in nursing education tasks and situations, and who does not understand the educator's role (Benner, 2001). For this study, a novice nursing faculty is one with two years or less experience as a nurse educator in an academic setting.

Competence/Competency: Competence is described by Anema and McCoy (2010) as tasks a person should be able to demonstrate, while competency is the assessment of a person's ability to perform those tasks. For academic nurse educators, competencies in this study are from the Core

Competencies of Nurse Educators, which are guidelines to the standards of practice to promote excellence in the faculty role (NLN, Certification Commission, & Certification Test Development Committee, 2012).

Online learning: Online learning (or sometimes known as e-learning) is defined as course work which is completely done online without face-to-face interactions with the investigator, which eliminates geography as a learning factor (Sener, 2015). Participants may achieve the outcomes in the location and time of their choosing.

Summary

This pragmatic qualitative exploratory-descriptive study will explore the support gained by novice nursing faculty who participate in an online nursing faculty development program. This chapter provides an overview of completing this research study. It includes the statement of the problem, the theoretical framework and the statement of the purpose. The research question is identified along with potential significance and limitations. The following chapter will provide a literature review completed for this study.

Chapter Two: Literature Review Dissertation

This chapter consists of a literature review related to supporting new nursing faculty. This begins with the background and history of the nursing faculty shortage and why preparing new nursing faculty is imperative. A review of literature addresses novice to expert, nursing faculty education and competencies, orientation and faculty development, and novice faculty support. While there has been research surrounding the nursing faculty shortage and possible solutions, a gap exists in the literature on a practical program to support the transition from expert clinician to novice nursing faculty.

Background of the Nursing Faculty Shortage

The United States has been facing a shortage of nurses on and off since the early 1940's (D'Antonio and Whelan, 2009). The current acute shortage of nurses in the United States is expected to continue to grow in the upcoming years. According to the National League for Nursing (2018) in the 2011-2012 academic year, 64 percent of all nursing programs turned away qualified applicants, while an American Association of Colleges of Nursing (AACN) report states nursing schools turned away over 75,000 qualified applicants from baccalaureate and graduate nursing programs in 2018 (2019). The answer sounds simple; train more nurses. However, nursing schools across the country are turning away applicants by the thousands as they struggle to increase class sizes, find clinical placements and hire more qualified faculty (Kavilanz, 2018). These three areas are each an important factor in the number of nursing students that can be educated, however, the decline in the number of nursing faculty greatly affects both class and clinical opportunities.

The shortage of nursing faculty started in the late 1970's and early 1980's due to the decline in nursing school enrollment at that time which led to nursing schools cutting back on the

numbers of faculty and not filling retirement positions (Brendtro & Hegge, 2000; DeYoung & Bliss, 1995). When the enrollment to nursing programs began to increase in the early1990's, there were many other opportunities for nurses with master's and doctoral degrees other than in teaching, which led to the beginning of the nursing faculty shortage (Brendtro & Hegge, 2000; Hinshaw, 2001). In 1994, Ryan and Irvine surveyed accredited nursing programs and found that sixty percent of the programs had difficulty recruiting and hiring qualified nursing faculty applicants. Along with this, it was found that most students in masters programs were preparing for careers other than education (Ryan & Irvine, 1994).

By the early 2000's, the faculty shortage continued. In 2005, a white paper entitled, "Faculty Shortages in Baccalaureate and Graduate Nursing Programs: Scope of the Problem and Strategies for Expanding the Supply acknowledged the faculty shortage which was continuing to grow each year (American Association of Colleges of Nursing, 2005). In 2008, there were approximately 32,000 nursing educators nation-wide, 16,000 of those were expected to retire by 2015, and 27,000 by 2023 (Buerhaus, Staiger & Auerbach, 2009).

More recently, data released from a Special Survey on Vacant Faculty Positions released from 2018 shows a total of 1,715 faculty vacancies were identified in a survey of 872 nursing schools with baccalaureate and/or graduate programs across the country (American Association of Colleges of Nursing, 2019). Nursing faculty shortages are not easy fixes as there are a multitude of reasons behind the decline in nursing faculty.

Aging and Retirement

A key factor in the decline in nursing faculty is age. Nurses tend to gain clinical experience and work in a variety of areas before entering nursing faculty positions later in life (Berlin & Sechrist, 2002). According to the AACNs Fact Sheet: Nursing Faculty Shortage 2019,

the increasing age of faculty impacts the looming shortage; as nursing faculty age increases, the number of productive years for faculty to teach declines. In 2006 the percentage of full-time nursing faculty aged 60 and above was 17.9%, while in 2015 that percentage rose to 30.7% (Fang & Kesten, 2017). The average age of the nursing faculty has increased with the average age of a doctorally prepared nursing professor is 62.4, and master's degree-prepared nursing professor's average age is 55.5 (American Association of Colleges of Nursing, 2019).

Along with the higher age of faculty comes a high rate of retirement. The concerns of predicted shortages as noted by Buerhaus, Staiger & Auerbach in 2009 were well-founded. According to a more recent study that assessed the number and impact of faculty retirements in 2016-2025, one-third of current nursing faculty in both baccalaureate and graduate programs expect to retire by 2025 (Fang & Kesten, 2017). One of the major concerns with retiring faculty is the overrepresentation of doctorally prepared faculty and their ability to teach at the graduate level. Younger faculty will most likely possess fewer doctorates and have a limited ability for teaching at the graduate level. However, this study urges the academic nursing community to work quickly to address developing younger faculty to assist in easing the retirement burden.

Compensation

Many young nurses do not want to go into nursing education due to higher compensation in clinical fields, which can be $20,000 to more than $40,000 higher yearly. Higher compensation lures potential nursing faculty away from teaching. The American Association of Nurse Practitioners cites the average salary of a nurse practitioner as $105,903, while the American Association of Colleges of Nurses reported in 2017 the average salary for a master's prepared nursing faculty was $78,575 (American Association of Colleges of Nursing, 2019). In a special survey on vacant faculty positions for academic year 2018–2019, one of the most critical

issues that nursing programs reported were the inability to recruit qualified faculty because of competitions for other jobs (35.2%) and even greater were 60.7% of programs reporting noncompetitive salaries (Li, Kennedy, & Fang, 2018).

Limited Prepared Faculty

An additional top issue related to faculty recruitment in 2018-2019 was identified by 59.7% of nursing programs as a limited pool of doctorally-prepared faculty (Li, Kennedy, & Fang, 2018). The National Council of State Boards of Nursing (2008) issued a Faculty Qualifications paper in which the recommendations for qualifications for nursing faculty include the minimum of a master's degree or a recommended doctoral degree in nursing with education preparation. In the National League for Nursing Faculty Census Survey 2016-2017, the highest earned degree among all ranks of professors and instructors was 59% with a master's preparation (National League for Nursing, 2017). In the United States, nurses wait longer than any other profession to get the Ph.D. (American Association of Colleges of Nursing, 2017), while over 90% of the faculty vacancies across the United States were requiring or preferring a doctoral degree (American Association of Colleges of Nursing, 2019).

The faculty shortage is difficult to address in assisting expert clinical nurses to transition to nursing faculty when there is a lack of graduate programs. Over 10,000 qualified applicants for any type of graduate nursing program were turned away from master's programs and over 2,900 qualified applicants were turned away from doctoral programs, with the most often cited reason a shortage of faculty (American Association of Colleges of Nursing, 2019). Additionally, there has been a decrease in the number of programs specifically designed to provide a degree in nursing education (Halstead, 2007), and many new faculty find themselves enthusiastic but unprepared. "This transition can be fraught with challenges; however, it also provides surprising

successes. The nurse, an expert clinician, enters the novice faculty status. Role transition and required changes can be overwhelming" (McDonald, 2010, p. 126).

<div align="center">**Novice to Expert**</div>

A major theme in preparing new nursing faculty revolves around the theme of Benner's (1982) theory from novice to expert in which she states that nurses go through five stages or levels of nursing experience which include Novice, Advanced Beginner, Competent, Proficient, and Expert (Table 1).

Table 1

Novice to Expert

Benner's Stages From Novice to Expert					
	Stage I	**Stage II**	**Stage III**	**Stage IV**	**Stage V**
Title	Novice	Advanced beginner	Competent	Proficient	Expert
Experience level	Student at the end of nursing school	New graduate	2-3 years in the same setting	3-5 years	Extensive
Characteristics of performance	Inflexible, rule-governed behavior	Formulates principles; needs help with priority setting	Plans ahead; feelings of mastery	Perceives "wholes"; interprets nuances	Has an intuitive grasp
(Benner, 1982)					

Most often the case with new nursing faculty, the nurse has been an expert clinician and begins again as the novice nurse faculty with no experience in teaching.

Anderson (2009) conducted a naturalistic inquiry for a descriptive explanatory study involving eighteen nurse practitioners and clinical nurse specialists to describe and explain the transition of expert clinician nurses to novice nursing faculty. Many schools of nursing recruit master's prepared expert clinicians into academia without the background and preparation with the skills necessary to teach. The participants in this study did not have any academic preparation as an educator prior to beginning teaching and had at least five years as a practicing clinical RN and were from fourteen different programs. The study identified patterns which were then described as a mermaid swimming in the academic sea, with these patterns following the same basic theme as Benner's novice to expert (1982). Recommendations included providing additional support during the transition time with mentoring, as well as the recognition that new faculty are not alone in this unique transition time (Anderson, 2009).

In 2009, Cangelosi, Crocker, and Sorrell focused their study on using narratives of clinicians to enhance understanding of the transition of the role of expert clinician to novice educator. The study looked at 135 personal reflective narratives of 45 participants enrolled in a Clinical Nurse Educator Academy based on Benner's work (1982). The overall theme was, "The anxiety, fear, and tension these novice educators experienced and their perceived lack of mentoring speaks to the need for nurses to prepare them for the roles and responsibilities of teaching" (Cangelosi, Crocker, & Sorrell, 2009, p. 369). Novice nursing faculty recognize the need for growth in learning to teach in a supportive environment, now experienced nurse faculty and administration need to develop the pathway to assist them.

The transformative path of novice to expert was also shown in by Janzen (2010) who reviewed the literature to demonstrate how expert practitioners actualize the role of a nurse educator. This review identified novice to expert as like Alice through the looking glass in being ready to start a new adventure, starting the new adventure and adjusting and learning the new role, and becoming an expert nursing faculty over time. Janzen (2010) found novices move back and forth between levels as they internalize and actualize their new role which results in a transformation of self and educator. Cangelosi et al. (2009), Anderson (2009) and Janzen (2010) each noted that following the novice to expert path was to be expected, with the same feelings and experiences identified by the novice faculty along that path.

In *Easing the Transition from Clinician to Nurse Educator: An Integrative Literature Review* (Grassley & Lambe, 2015) which reviewed a total of seventeen articles and seven Web sites, it was found that formal preparation for education, guidance in the culture of education and a structured mentoring program were key factors in the successful transition from novice to expert. Recommendations from the literature review included creating "… sustainable infrastructure…" (Grassley & Lambe, 2015, p. 364) with detailed plans for mentoring, educating, providing feedback and encouragement; securing funding for new educators to take continuing education courses; scheduling mentoring meetings consistently throughout the first year with specific topics that need to be covered at each meeting, and continuing research into the novice to expert process.

In further support of novice to expert, Paul (2015) completed a descriptive qualitative study to compare novice and experienced nursing faculty. Paul studied adjunct nursing faculty who although had some prior exposure to the role of nursing faculty, still found the transition to a full-time faculty daunting. Fourteen novice nurse educators in Associate Degree nursing

programs were interviewed along with ten experienced nursing faculty which identified four themes: knowing requirements, which included what must be read and what rules must be followed; the evolution of the role of nursing faculty; management of the teaching role which included classroom and student management; and the development of faculty relationships (Paul, 2015). This study reveals many interesting aspects of the transition from novice to expert from both the novice and the experienced faculty point of view and opened many avenues for future research in expanding knowledge in assisting novice nursing faculty.

In Jetha, Boschma, and Clauson's (2016) summary article reviewing 29 research studies on specific teaching needs of novice clinical teachers, it was found that there were three main needs identified as socialization, professional development, and confidence-building. This study was specifically identifying clinical teachers (at clinical sites) and did not identify if those teachers were full time or adjunct faculty. Both Paul (2015) and Jetha et al. (2016) reviewed a specific population of nursing educators, with differences in Associate Degree program faculty and clinical faculty, both of whom may have slightly different needs

A blueprint with ideas for successful transitions for expert clinicians to novice faculty was presented by Kalensky and Hande (2017). Through a review of literature, ideas are presented to assist new faculty with teaching, practicing as a clinician, scholarship and service are practical tips from a variety of settings. This personalized approach includes areas that most clinicians know little about coming into their new role such as preparing for promotion, establishing multiple mentors, developing a plan of action for self-development in the new role, the importance of maintaining one's nursing practice, how to begin in scholarly work such as poster presentations and articles, gracefully accepting feedback and finding the balance to

prevent burnout (Kalensky & Hande, 2017). These are very useful areas and could serve as a basis for a mentoring contract or checklist for new faculty.

A similar idea was presented by McDonald in 2010 with a combination of literature review of twenty-one articles about the transitioning experience plus the author's personal experience which lead to the article, *Transitioning from Clinical Practice to Nursing Faculty: Lessons Learned*. The ideas presented were in three categories of knowledge deficit, culture and support, and salary and workload (McDonald, 2010). Multiple articles in each area were organized and displayed within each category to support these lessons. These categories were practical as well in giving ideas such as the knowledge needed as an educator, getting to understand the unwritten rules and norms of the culture in the educational setting, asking for support from a variety of other faculty including a formal mentor, the description of salary and workload and the sound advice to list out advantages and disadvantages of teaching (McDonald, 2010). This article with the combination of reviewing literature and the addition of personal opinions and ideas makes it ideal for new faculty to read as they contemplate transitioning into the academic arena.

Support

Another theme regarding novice nursing faculty that emerges from the literature is support during the transition from a novice nurse to faculty. The transition in the first several years as a new faculty can be difficult for most nurses and takes time. Support from administration, faculty, and staff can immensely improve this transition through orientation and other creative methods.

A literature review and description of a faculty orientation program done by Baker in 2010 focused on an in-person orientation program. This program was designed to increase

retention, in which meetings were planned throughout the academic year and were held outside the department to allow for privacy and open discussion. Formal mentoring was also provided along with seminars on topics specific to nursing education. Baker reports open group discussion among new nurse educator faculty was rated the highest in support and satisfaction in orientation, and the new nurse educators had a retention rate of 91% over the next 3 years (Baker, 2010). This design shows great promise in orientation with an emphasis on the support of new nursing faculty.

Similarly, a review of the literature including reports from accredited nursing programs and professional nursing organizations on strategies beyond orientation completed by Santisteban and Egues (2014) found that while orientation is important, continuing support after orientation through long-term mentoring and monthly follow up is key. While this review specifically studied adjunct faculty, the takeaway of mentoring following a formal orientation can be applied to any novice nursing educators.

A small qualitative phenomenological study of the perceptions of part-time nursing faculty during role transition showed that five themes were present (Owens, 2017). These themes included role ambiguity and stress, learning a wide variety of pedagogical skills, having the motivation to learn, remaining competent in current nursing practice and the importance of socialization and orientation with other nursing faculty. The need for support of part-time faculty was emphasized along with support for professional development.

Additionally, in 2013, Schoening's grounded theory study of the social process that occurs in the transition to nursing education formed a new model with four phases. Utilizing twenty nurse educators, the Nurse Educator transition model was created. The transition phases are the anticipatory phase, the disorientation phase, the information-seeking phase, and the

identity formation phase (Schoening, 2013). While the phases or stages are differently named, both Owens and Schoening's results follow the same pathway of becoming a nursing faculty and the shock that follows, with self-directed learning that leads to more comfort in the role. Self-confidence and successes lead to developing an identity as a nursing faculty with resulting ownership of the transition of a clinician to educator. While both sample sizes were small, many suggestions and recommendations were given for graduate programs for nursing education content as well as for orientation and mentoring to support socialization into the role.

Brown and Sorrell (2017), authors of the article "Challenges of Novice Nurse Educator's Transition from Practice to Classroom", observed in their qualitative case study of seven nursing faculty that official existing faculty support was lacking from the new faculty orientation. Other challenges of novice nursing faculty included the realization that there is more outside work involved than was expected, not being prepared for teaching in the classroom with too little orientation and prep time, and mentoring was by request and not planned. Recommendations include a more structured plan for orientation Although many programs have orientation for their new nursing faculty, often it is lacking guidance or a formal structured approach that new faculty need to feel supported and be successful.

Education and Competencies

Education

Much of the literature surrounding the educational background, roles and competencies of faculty discuss the need for new nursing faculty and the concerns with how faculty are prepared for academic education. There is a lack of consensus regarding the background preparation of the nurse educator except for a graduate degree in nursing. And yet, a recent article *Novice Nurse Educator Entry-Level Competency to Teach: A National Study* (Poindexter,

2013), which studied a total of 374 program administrators, across 48 states revealed that administrators in schools of nursing expect new entry-level nurse faculty to acquire their teaching competencies before beginning to teach.

According to the National Council of State Boards of Nursing (NCSBN), there are three roles of nursing faculty: collaborator, director of learning and role modeling (2008). In the role of director of learning, nursing faculty should understand learning styles which include diversity and adult learning, education theories, evaluation practices, outcomes, curriculum designing and a range of teaching strategies both in the classroom and clinical settings (NCSBN, 2008).

The National Council of State Boards of Nursing's (2008) Faculty Qualifications paper which recommended either a master's degree or a doctoral degree in nursing also included recommended education preparation in the science of nursing including clinical practice, as well as teaching and learning which includes curriculum development and implementation. Individual state boards of nursing then continue to follow these guidelines with the requirement that faculty have a minimum of a master's degree in nursing. The minimal required master's degree in nursing can be in any field such as a nurse generalist or a nurse practitioner, rather than with a specific background as nursing faculty. Without a required background in education, nursing faculty may surely be unprepared for the changes that are needed in nursing education and curriculum.

"Nursing education encompasses both the profession of nursing and the profession of education…and although courses in pedagogy are included in some graduate-nursing tracks, it is not required in all programs" (Booth, Emerson, Hackney, & Souter, 2016, p. 54). The National League for Nursing (NLN) has addressed preparation for nursing faculty in supporting multiple paths to become a nurse educator including master's degree, post-master's certificates and

doctorate, however, they are recommending a doctoral degree with a formal academic preparation (National League for Nursing, 2017). Minimally, requiring nursing faculty to have a post-master's certificate would ensure that nursing faculty have the recommended background.

Booth et al. (2016) advocate for a background in teaching in preparation and coursework with specific competencies that should be met including curriculum, teaching-learning, and evaluation. McCoy and Anema (2012) agree with the recommendation in support of academic nurse educators as a specialty with a standard background in teaching preparation (i.e., curriculum development, teaching and learning best practices, and assessments and evaluations). Both Booth et al. and McCoy and Anema support the recommendations by the National League for Nursing (2017).

In a similar idea, Aldebron and Allan (2010) present an argument for maintaining the high academic standards for nursing faculty through innovative ideas while not lowering professional standards in preparation. The authors argue that the pressure to lower the preparation level for academic nurse educators, "… may reduce the quality of education, impede advancement of the profession, and hinder nurses' ability to shape health-care policy" (Aldebron & Allan, 2010, p. 23). The authors are quick to point out the folly of a quick fix by lowering professional standards, and yet they do not provide suggestions, nor any implications or ideas for further study on the issue.

In an article by Cathro in 2011, an analysis was done to identify factors that influence nurses' decisions to leave clinical nursing and go into graduate school for a degree in nursing education. Factors that hinder nurses in getting a degree in nursing education include time, geographical barriers, financial costs, work, and family responsibilities, while factors that encourage nurses include their interest, financial assistance, and employers' incentives, online

programs, family support, mentoring and collaborative practices (Cathro, 2011). The author encourages nurses, employers, schools and other stakeholders to examine these factors and work to assist nurses to overcome those that hinder their graduate studies.

A quantitative study provides an example of a method of education and recruiting nurses into the role of academic nurse educator through the Veterans Affairs Nursing Academy (VANA) (Needleman, Bowman, Wyte-Lake, & Dobalian, 2014). This partnership was between schools of nursing and local VA facilities to provide opportunities for education and recruitment of nurses as nursing faculty, and VANA also provided grants for salary support. Retention was also included in the partnership with role development and support such as curriculum development (Needleman et al., 2014). Faculty in the program were surveyed over three years showing high levels of satisfaction with the program overall demonstrating the success of faculty recruitment efforts from local healthcare facilities. Cathro and Needleman et al. demonstrate ideas for encouraging education and recruitment of nurses from clinical areas to become nurse educators, although neither provides specific details on specific ideas and improvements.

In assisting clinical nurses wishing to further their education as an academic nurse educator, Penn, Wilson, and Rosseter (2008) undertook a project to provide practical advice on how to go about finding opportunities to teach and make the transition go more smoothly. Many nurses have no idea what kind of education they need to fulfill their goal; this article is a good start to filling in their knowledge gaps. Advice is provided on types of faculty jobs, educational qualifications, learning about the academic environment and the differences with clinical positions, with an ending highlight on essential skills and competencies (Penn et al., 2008). Certainly, this article will provide a good jumping-off point for conversations with novice faculty.

Hande et al. (2018) explored the effects of a model program to assist education and developing competencies in novice faculty in developing as an academic nurse educator through teaching visits, workshops, education, seminars, and professional development. A survey was completed by those novice nursing faculty who completed the program, with comments on the sense of community, opportunities for sharing ideas, course development assistance and an increase in confidence. This was a small population with five novice faculty; however, this study provided an example of the education and support that can be provided.

Another method of education and support to novice nursing faculty is showcased in *Lessons Learned from an Accelerated Post-Master's Nurse Educator Certificate Program: Teaching the Practicum Course* by Flood and Powers (2012). Many nursing faculty have a master's degree in nursing which is not nursing education, and a post-master's certificate program offers an alternative. This overview of one such program offers advice, an example of their curriculum, learning activities and practicum ideas, followed by ideas for changes and improvements. The lessons learned which were shared were practical and which can assist other programs wishing to provide a program for educating novice nursing faculty without a degree in nursing education.

Competencies

Competencies in academic nursing faculty have been prepared to assist educators to maintain high-quality education to produce safe, efficient and skilled nurses. Competencies assist nursing faculty to become more proficient in their role and promote academic nursing education as a specialty practice area.

Several studies (Cooley & DeGagne, 2016; Summers, 2017) stress the importance of not only education but developing competencies specific to nursing education. Cooley and DeGagne

(2016) found in a hermeneutic phenomenological qualitative study on development of nurse educator's competence that there are several barriers to developing competence such as insufficient time, knowledge deficit, lack of confidence as well as a lack of understanding of all they needed to learn, while at the same time they found several facilitators to developing those competencies such as student evaluations and especially a competent mentor. This study did not provide a high level of developing competencies, rather it focused on the barriers and facilitation of developing as a nursing faculty.

Summers (2017) provided support to this study in conducting a literature review on competencies that also focused on providing a great deal of background on those factors that impede or assist in developing these competencies. Nursing educator competencies were outlined and a total of 27 papers reviewed, with findings overall showing the importance of regular and ongoing feedback, mentorship, role development, and a structured orientation program. Neither study provided clear information on developing competencies which were the expected result of both studies.

Of those schools of nursing who are providing education for academic nurse educators, many are using the Core Competencies of Nurse Educators with Task Statements, revised and published by the National League for Nursing in 2012. For many years, nursing has attempted to define a consistent curriculum and teaching standards. In response, the National League for Nursing (NLN) completed a literature review between 1992 and 2004 to create competencies (Halstead, 2007). In 2002, a position statement noted "the academic community should not assume that individuals are qualified to teach simply because they hold a particular credential… [but should be prepared] through planned deliberate preparation for such roles and responsibilities" (NLN, 2002, Background and Significance section, para. 9). In 2005 after

completing the literature review and in conjunction with nursing leaders, the NLN established

Core Competencies which are intended to "promote excellence in the advanced specialty role of

the academic nurse educator"(National League for Nursing, 2005). At this time the NLN

designated nursing education as a specialty and an advance practice role and created the

academic Certified Nurse Educator (CNE) certification which is based on the NLN Core

Competencies for faculty to demonstrate their expertise (National League for Nursing, 2019).

Regarding the Core Competencies, Billings stated, "the educator competencies framework…can

be used to guide the development of curricula in master's, post-master's, doctoral, and

continuing education programs that are designed to prepare future nurse educators" (Halstead,

2007, p. 5). In 2012 the NLN revised The Scope of Practice for Academic Nurse Educators

(National League for Nursing, Certification Commission, & Certification Test Development

Committee, 2012), at which time the NLN Core Competencies were used to update the CNE

blueprint and make sure the competencies remained aligned with standards of practice. The

overall theme for the NLN competencies is to better prepare nursing faculty to create better

student outcomes. The NLN Core Competencies of Nurse Educators are found in Table 2.

Table 2

NLN Core Competencies of Nurse Educators

CORE COMPETENCIES	DESCRIPTION
Competency I: Facilitate Learning	Responsible for creating an environment in the classroom, laboratory, and clinical settings that facilitate student learning and the achievement of desired cognitive, affective, and psychomotor outcomes.

Competency II: Facilitate Learner Development and Socialization	Recognize responsibility for helping students develop as nurses and integrate the values and behaviors expected of those who fulfill that role.
Competency III: Use Assessment and Evaluation Strategies	Use a variety of strategies to assess and evaluate student learning in classroom, laboratory, and clinical settings, as well as in all domains of learning.
Competency IV: Participate in Curriculum Design and Evaluation of Program Outcomes	Responsible for formulating program outcomes and designing curricula that reflect contemporary health care trends and prepare graduates to function effectively in the health care environment.
Competency V: Function as a Change Agent and Leader	Function as change agents and leaders to create a preferred future for nursing education and nursing practice.
Competency VI: Pursue Continuous Quality Improvement in the Nurse Educator Role	Recognize that...role is multidimensional and that an ongoing commitment to develop and maintain competence in the role is essential.
Competency VII: Engage in Scholarship	Acknowledge that scholarship is an integral component of the faculty role, and that teaching itself is a scholarly activity.

Competency VIII: Function within the Educational Environment	Knowledgeable about the educational environment within which they practice and recognize how political, institutional, social, and economic forces impact their role.
(National League for Nursing, Certification Commission, & Certification Test Development Committee. (2012))	

One example by Kalb in 2008 demonstrates how one nursing department prepares nursing educators through setting a curriculum for a graduate program for nursing faculty using these core competencies as the framework. These core competencies are the standards set for the nursing education students to ensure that all qualifications, standards of practice and outcomes are met. Kalb states at the conclusion of their education, nursing education students from this program are in a positioned to take the examination for certified nurse educator (CNE) offered by the NLN and is an excellent starting point for a new career. This article was an excellent starting point for a school wishing to start a nursing education program. This is good information for nurses who are looking for a school to attend in what they should expect to find as outcomes of a program.

<p align="center">**Andragogy and Online Learning**</p>

Andragogy

The term pedagogy in the original Greek meant child learning, however, it now is used to define teaching in general, while andragogy is adult learning in any form. It is important when discussing novice nursing faculty to recognize that they tend to be adult self-directed learners.

Assisting new faculty to meet their professional learning goals while meeting their personal needs can be better addressed when considering principles of andragogy and online learning.

In *Andragogy in nursing: A literature review* (Draganov, de Carvalho Andrade, Neves, & Sanna, 2013), the authors found in reviewing 51 nursing studies an increase in the number of articles expressing an interest in andragogy in nursing in the preceding five years, with many of the articles addressed continuing education followed by the topic of professional development. Continuing education and professional development of nurses, "…brings together adult, mature individuals" (p. 92). An important finding in understanding andragogy in fostering learning is providing a pleasant environment that promotes learning, with a culturally and respectful attitude and which is more informal, negotiable and cooperative. In this respect, the teacher creates an environment that creates relationships to stimulate reflection and real learning.

Adult learners, according to Knowles, Holton, and Swanson (2005), move into self-directedness, draw on life experiences, are ready to learn, want to apply what is learned quickly and are internally motivated. Adult learners want to know why they are learning something, they learn by doing and problem-solving (LINCS, 2011). Adult learners are ready to learn because they understand they have gaps in their knowledge and have an idea of the areas in which they have deficiencies. These andragogical principles are important in creating a meaningful learning experience for adult students (Conaway & Zorn Arnold, 2016a).

Spies, Seale, and Botma (2015) conducted a qualitative descriptive study to explore the reality of 18 mature postgraduate nursing students as self-directed and independent learners. Although adult learners may be self-directed and independent learners, this is dependent on the learners' previous experiences with education, different learning styles and teacher-centered learning. A recommended approach to mature adult learners includes reflection related to

learning activities to facilitate the construction of higher levels of thinking, a student-centered

approach to learning to promote independence and creating opportunities for adults to develop

into self-directed and independent learners (Spies et al., 2015). While this study was centered on

postgraduate students, it can readily be transferred to mature adult new nursing faculty in

orienting and transitioning and who may have much to learn in their new faculty role.

Online Learning

Online learning, also known as e-learning, is the process of teaching and learning with "…

some or all instructional materials and activities delivered over the Internet…" (Cook & Steinert,

2013, p. 931). Online education has become increasingly popular in recent years, and the growth

in the number of students and professionals utilizing online learning is expected to continue to

grow.

The fifth annual report, *Online Nation: Five Years of Growth in Online Learning*, shows that

improving student access is one of the most often cited reasons for the growth of online learning

(Allen & Seaman, 2007). A 28% increase in online graduate program enrollment between 2012

and 2016 has been attributed in part to adults who need to stay in a current job while studying at

the same time, or who are looking for professional development opportunities (Saeed, 2019). In a

survey in 2018, 82% of online adult learners stated their programs were aimed at those students

who were returning to study after an absence taken from school (Cherney, 2019).

Understanding the principles of andragogy assists educators to create online environments

that promote meaningful learning and self-directedness. "Successful online course design and

delivery should cement rigorous course content with relevant problem-solving activities that can

be immediately applied to adult learners' lives and goals" (Conaway & Zorn Arnold, 2016a, p.

4). One aspect to adult learners in any setting but especially in an online environment is assisting the learner to connect what they already know to the new information that is being presented.

An article written by Decelle (2016) reviewed adult learners in online education for nursing and describes the characteristics of adult learners such as needing to be involved in their own learning, having a rich background of personal experiences, learning that which is immediately relevant, and being problem-centered which makes adults uniquely ready for online learning. This translates into nursing faculty providing experiential learning activities, real-life tasks and opportunities for learning, competency-based learning which is individualized to consider the different backgrounds of the learners. Adult nursing students, which include nurses who are returning for education as educators, need to be able to work independently, be highly self-motivated and willing to be self-directed in their own learning. This provides an excellent opportunity for nursing educators to learn effective practices in their own education which will translate into assisting their own students in their learning. This also provides an opportunity for nurses to remain working in their own clinical practice while taking online courses.

"There is probably no better principle suited to the online learning environment than self-directedness and autonomy" (Conway & Zorn Arnold, 2016b). Online learning insists the adult learner is autonomous in being control of their own learning and being responsible for achieving the learning outcomes.

A qualitative study of six adult learners by Song and Hill in 2009 found that online learning does require more self-regulation and self-motivation and effective use of online resources in an environment that has a lack of monitoring and face-to-face interaction. Online courses need to be developed in a way that embraces this knowledge while improving students' motivation for learning.

Online learning gives the adult learner access to material anywhere, anytime (DeYoung, 2015). The design of online courses allows the learner to move quickly through familiar material and spend more time on that which is unfamiliar, and in whatever order best suits his or her needs. The online environment may offer more opportunities and time for self-reflection. Online learning may be especially suited for nursing faculty development. Faculty members may be more affected by challenges of time, clinical, classroom, and physical location (DeYoung, 2015).

There are some potential disadvantages to online learning. In a review of literature of 20 articles about online faculty development, Cook and Steinert (2013) found some disadvantages including isolation, communication problems and lack of comfort with technology. Sherer, Shea, and Kristensen (2003) found an additional challenge in online learning of information overload an overlapping of faculty resources. Online learning can also create a challenge for faculty in the increased time that may be necessary compared to a traditional class (DeYoung, 2015). "Online learning, in general, is neither superior to nor inferior to other approaches, but simply a method that overcomes come challenges which creating others" (Cook & Steinert, 2013, p. 936).

Utilizing principles of adult learners, while considering the advantages and disadvantages, will be especially helpful in designing a plan for online faculty development. Utilizing an online course management system will support the time constraints and interests of the adult learner. Adult learners lean heavily on their motivation to learn, being involved and relying on their own experience (Knowles, Holton & Swanson, 2005). Many times, it is not practical to suggest a master's prepared nurse go back to school full time to prepare for their role as a new nurse educator. Creative approaches such as online orientation or faculty development programs need to be created to assist novice nursing faculty to embrace and love their new role. Nursing

programs that embrace these findings may have a smoother transition for their novice nursing faculty which may lead to greater retention and job satisfaction.

Orientation and Faculty Development

Nursing educators are used to an extensive orientation when working as a nurse and are often disappointed by the orientation they receive as a new faculty. In providing the support and development needed to assist novice faculty to embrace and love their new role, orientation and continuing faculty development are necessary.

Several studies and articles stress the importance of orientation and faculty development for novice nursing faculty for a successful start and longevity in career, with many trialing unique and creative methods. One nursing program found their student enrollment increasing while faculty numbers decreased and so became creative in developing faculty (Feldman, Greenberg, Jaffe-Ruiz, Kaufman, & Cignarale, 2015). The program started with a role called the clinical practice educator, allowing adjunct faculty to teach more hours which bridged the gap while a program to "grow" new faculty and work on retention efforts took place. The authors were honest regarding successes and failures and offer ideas developing an orientation and mentoring program that which might match a programs specific needs such as providing choices for matching mentors and mentees, assigning mentors and mentees on the same campus, allowing the relationship to grow over multiple semesters, defining roles and deliberately creating an atmosphere of confidentiality with an environment that is supported from the top.

A theoretical foundation for an orientation and mentoring program for adjunct faculty was provided by Brannagan and Oriol in 2014. This model involves a comprehensive orientation program that is run by an adjunct faculty coordinator, is then followed up with a mentor who is teaching similar courses or clinicals. A very specific list of items to be covered in the orientation

program along with detailed ideas for the mentoring are included which will enhance the growth of both the mentor and the mentee.

In another creative method, Crocetti (2014) explored the effects of using simulation for the orientation of new clinical faculty. Six faculty participated in the pilot study which showed an increase in self-efficacy with teaching strategies and in confidence in assisting students with skills. This study was done with a small sample of maternity faculty with a variety of levels of experience, however, it showed promise that other schools might add to a current orientation schedule. Certainly, creative methods will need to be utilized to meet the needs of part-time faculty, clinical faculty, distance faculty, and other novice nurse educators.

One school trialed an orientation program for part-time faculty which was done online due to limited time and schedules (Fura & Symanski, 2014). In a pilot study, seventeen adjunct clinical faculty participated, of these nine were new to clinical teaching, with faculty participating in a pretest, and eleven participating in the posttest. This research brief gave an overview of the process that was used and acknowledged the success of participants retrieving online information while the hoped-for communication aspect was lacking. Many aspects of their online orientation program could be adopted and adapted, perhaps with attention to developing a different communication system during the orientation period that would support the new faculty more fully.

Weston (2018) adds on to this by studying an online program for the orientation of experienced nurse clinicians to the new role of a clinical instructor. This study had 35 participants from across four different universities, with 11 being new to clinical teaching and 24 having one to three years of experience. The faculty who had between one and three years of experience teaching clinical showed overall greater improvement than did the new clinical

teachers, demonstrating the need for additional content than the online component alone. Weston offers suggestions for mentoring, shadowing, online discussions and other creative methods were recommended. Both studies (Fura & Symanski, 2014; Weston, 2018) demonstrate how well an online orientation and faculty development can work for nursing educators, however, they recommend that online alone is not enough with the need shown for additional in-person orientation content and mentoring.

Effective Practices

The results of the review of the literature review on role transition for novice nursing faculty are summarized by five themes: Novice to Expert, Support, Faculty Education and Competencies, Andragogy and Online learning, and Orientation and Faculty development. Clinical nurses' transition into the new role as faculty when well prepared, which includes background knowledge, education, and competencies. A more structured and planned approach to orientation, mentoring and faculty development is necessary for successful transitioning as a novice nurse faculty. This includes the integration of the National League for Nursing Core Competencies of Nursing Educators. Continued support beyond the initial orientation through faculty development and mentorship beyond the first year is a necessary and often forgotten aspect of successful transitions.

An important implication of being well-prepared for the role includes the need for clinical nurses to have training, education and beginning competencies before starting as nursing faculty. Beginning as early as the early 1980s, a shift was already occurring away from education courses in master's programs, toward the preparation of advanced clinical roles (AACN, 2018). Existing preparation falls short of the level that has been shown to assist in a smooth transition (Aldebron & Allan, 2010; Booth et al., 2016). This is a known consequence of the lack of

nursing faculty nationwide and the resulting hiring of nursing faculty who then do not have an educational background in nursing education. There are several suggestions, some practical, some unique, to assist in remedying the preparation and education including academic partnerships with hospitals (Needleman, Bowman, Wyte-Lake, & Dobalian, 2014), assisting with graduate studies (Cathro, 2011), developing post-masters nurse educators certificate programs (Flood & Powers, 2012), and a standard for pedagogical preparation including curriculum development, teaching and learning methods and assessment and evaluation (McCoy & Anema, 2012).

It is of interest that, while orientation and mentoring were brought up as a very important element in easing the transition of new nursing faculty, many schools provide a very minimal approach, if at all. While schools are hiring inexperienced new novice faulty, they often are given a very short introduction to life as faculty without the support needed to succeed. Dissatisfaction in novice faculty leads to early burnout with nurse clinicians returning to their previous roles. New faculty identified feeling overwhelmed and under-supported during their initial transition time. An interesting finding was the need for continued support beyond the initial orientation and mentoring as well as continuing professional development. Very few articles mentioned the need for support past the first year, and yet most articles surrounding orientation and mentoring mentioned the limitations of what is currently being done. Both new full-time and part-time faculty suggest the need for continued support in very specific areas such as structure, socialization, surviving the first years, learning the role more deeply to the point of increased self-confidence and success which leads to job satisfaction and retention.

The literature on transition from clinical nursing practice to nursing education identifies several factors that facilitate a successful transition. Although orientation, educational

preparation, faculty development and mentoring have been identified as important components of a successful transition, there is insufficient literature to determine exactly how to structure these factors for optimal effect. A limitation found in this review of the literature was the scarcity of interventional research studies that have been completed.

Conclusion

The transition from expert clinician to novice nursing faculty is a difficult one for the majority of new nursing faculty. There is no doubt there is a shortage of nursing faculty for a multitude of reasons. There are probably many nurses who are practicing as clinicians who would like to make the transition into academic nursing education, however, they do not due to factors such as pay and the preferred educational background. These nurse clinicians are adult learners who would thrive in a setting that provides education directed to their specific needs with the uniqueness of adult learners considered. Online programs and courses seem to be one of the best solutions to the problem of educating nurse educators. While there is not one specific curriculum that is mandated nationally, utilizing the National League for Nursing's Core Competencies of Nurse Educators with Task Statements would assist in developing a practical program to ready their graduates to be well-prepared faculty ready to meet the challenges of educating today's nurses. This review of the literature supports the aim of this study, while clearly further research into effective practices for supporting experienced nurse clinicians as novice new faculty to successfully transition to experienced faculty needs to be done.

Chapter Three: Methodology Dissertation

This chapter presents a discussion of the research methods and procedures including the module design and pretesting, research question, theoretical framework, research design, data collection, population, methods, data analysis, validity, and bias.

Purpose

Based on the review of the literature, there is a clear need for supporting novice academic nursing educators. The purpose of this study was to develop a faculty development program to support novice nursing faculty to transition more smoothly into their new role. This program included socialization, roles, and responsibilities of the nursing faculty; using effective practice to deliver nursing education; teaching and learning principles; and life-long learning.

Design of Course Modules

According to the National Council of State Boards of Nursing (NCSBN, 2008), there are three roles of nursing faculty: collaborator, director of learning and role modeling. In the role of director of learning, nursing faculty should understand learning styles which include diversity and adult learning, education theories, evaluation practices, outcomes, curriculum designing and a range of teaching strategies both in the classroom and clinical settings (NCSBN).

Many schools of nursing who are providing education for academic nurse educators are using the Core Competencies of Nurse Educators with Task Statements, revised and published by the National League for Nursing in 2012. In addition to using educational pedagogy for online faculty development for novice nurse educators, the lessons chosen revolve around these competencies which include: facilitate learning, facilitate learner development and socialization, assessment and evaluation, curriculum design and evaluation of program outcomes, function as

change agent and leader, pursue QI in educator role, engage in scholarship, and function within the educational environment (National League for Nursing, 2012).

For this project, a narrowing of the broad range of topics was deemed important. An initial list of four modules, with twenty-two lessons, was created based on the NLN competencies. Expert nursing faculty outside the target population were then asked to provide opinions and feedback regarding the lessons to be used for this study. This method was based on suggestions by Howie and Bagnall (2017) to focus the collective intelligence of experts to assist in brainstorming and refining suggested topics. The experts were chosen from current university faculty who had professional contact with the researcher as it was probable that they would respond, and they were known by the researcher to have strong experience as nursing faculty. After reviewing the responses, the proposed module topics and lessons were chosen to be included (Table 3).

Table 3

Proposed Module and Lessons

Module	Lesson
Module 1 Socialization	• Transitioning from expert nurse clinician to novice nursing faculty
Module 2 Effective practice	• In-Person Classroom management
Module 3 Teaching and Learning Principles	• Active learning and creative learning strategies
Module 4 Lifelong learning	• Education (further degrees)

Once the lessons were chosen, detailed lesson plans were developed (Appendix B). The modules and lessons were then created in the university's online learning management system. A

School of Nursing Faculty Development course was already in place; the modules and lessons were placed inside the course shell for easy access to the participants. The modules and lessons were designed by the researcher with frequent input from the university's instructional design team.

Evaluation of Modules/Field Testing

Once the modules and lessons were complete, and following university IRB approval (Appendix A), a pre-test was done to verify that the online lessons worked. According to the SAGE Encyclopedia of Social Science Research Methods, a field pretest is a "…dress rehearsal…" to allow the researcher an opportunity to identify potential problems prior to beginning a study ("Pretest", 2004, para. 1). Pretesting is a highly effective technique for improving validity in qualitative data collection and interpretation (McCormack Brown, 2008). The pretest assists to make corrections between the design phase and implementation of the study to ensure not only validity but also reliability and rigor (Morse, Barrett, Mayan, Olson, & Spiers, 2002).

The pretest was done for this study by faculty in the field with similar characteristics to the target study population. The faculty, who each had three years' experience teaching, had full access to all materials, the instrument, and questions to provide their judgment of how well the design and questions reflect the concept intended to measure. These experts did not complete the study, so they did not provide data, but assisted the researcher to refine, improve and make revisions as needed to avoid ambiguity and bias, to adjust word choice, and provide feedback to the process and questionnaire.

The following questions were asked of the experts providing field pretesting:

1.   Do the lessons provide clear, easy-to-follow directions?

2. Do the lessons flow reasonably?

3. Are the lessons appropriate for the population?

4. Are the questions measuring what they are intended to measure?

5. Are there any questions that might be skipped, missed, or easily misinterpreted?

6. Is the questionnaire comprehensive enough to collect all the information needed to address the purpose and goals of the study?

7. Are there any computer-based or technical problems?

8. Are the lessons, activities and final questionnaire too complex, too much to do, or too high burden for the participant(s)?

Feedback was positive without content concerns or suggestions noted. One expert identified an issue with videos playing in the online lessons. This issue was followed up and corrections were made.

Research Question

The overarching program goal for this qualitative research study was to provide new faculty orientation specific to teaching and learning in nursing education and to support the learning needs of new full-time faculty to establish the effectiveness of such support. The guiding research question was: How does participation in an online faculty development program support novice nursing faculty?

Theoretical Framework

Pragmatism is a school of thought that is practical, opting for methods and ideas that are useful rather than those that show "…underlying truths about the nature of reality" (Giacobbi Jr, Poczwardowski, & Hager, 2005, p. 21). Pragmatic research seeks to involve a deep commitment to practice, to action. Pragmatism research paradigm is almost exclusively on practical issues, as

it is related to what is relevant. Pragmatism's goal is to transfer knowledge, which is considered

to be true only in context, into action. Pragmatism is guided by experience with ideas that are

relevant to the time and place of the research which results in an action that brings about change.

In keeping with its name, pragmatism is a practical and attainable form of research.

In educational research, a pragmatic approach is used to guide what should be done to

produce successful outcomes in the educational setting and should assist in linking theory to

practice (Kalolo, 2015). Pragmatisms' desire through education is to achieve the cultivation of a

dynamic, adaptable mind which will be resourceful and that will have the ability to create

significant standards in an unknown future (Kouneiher & Barbachoux, 2017). In education, a

large part of this resourcefulness and creativity is learning how to learn for critical thinking and

problem solving (Kouneiher & Barbachoux, 2017).

Pragmatists use whatever combination of methods necessary to find an answer to their

research question. In deciding upon a research design, multiple methods were analyzed for the

best approach, with the qualitative exploratory-descriptive study deemed the most appropriate.

Nurse researchers have conducted qualitative studies to explore topics of interest but, at times,

have not identified a specific qualitative methodology. "To decrease any confusion between

quantitative descriptive studies and the discussion of this qualitative approach, we decided to call

this approach exploratory-descriptive qualitative research" (Grove, Burns, & Gray, 2013, p. 66).

Exploratory-descriptive qualitative studies are conducted to address an issue or problem in need

of a solution (Grove, Burns, & Gray, 2013). Pragmatism goes well with the exploratory-

descriptive qualitative research design. "It [pragmatism] indicates that there is a goal, that what

works is defined in practice and thus must be put into practice" (McCready, 2010, p. 192).

Pragmatism as a paradigm was the foundation for a research proposal on a nursing faculty development program following a qualitative exploratory-descriptive approach.

Research Design

Data Collection

Prior to the data collection or project start, institutional IRB approval had been obtained (Appendix A). Informed consent was gathered by providing participants with information regarding the study including the researcher's name, organization, description of the question the research being studied, the level of anonymity and confidentiality, the ability to opt-out of the research and freedom to skip any answer (Lapan & Quartaroli, 2009).

The research instruments which include participant's online journals (Appendix C) and the post-completion questionnaire (Appendix D) were embedded in the BlackBoard Learn course shell to be available whenever the participant was ready to complete it. Data collection occurred online through the BlackBoard Learn course. Data was gathered as participants completed the online faculty development program, which was anticipated to occur at various rates. Participants were asked to complete the four program lessons in four weeks, although an extension was granted to two participants who completed the lessons in six and eight weeks. At the completion of the study time, all remaining data was gathered. This process involved the generation of large amounts of data. A table of respondents using anonymous identifiers was kept tracking data received. Data was kept and organized in an Excel spreadsheet, as well as in Word documents to enable greater ease at storing and retrieving data and each question. Data was double-checked for accuracy before the analysis phase. All data was kept in a secure location without participant identifiers. Copies of all data were kept, the original for safe-keeping, and the copy as a working tool.

Population

The sampling method for this study was purposeful sampling which is one of the most common sampling strategies (Qualitative sampling methods, 2019). Purposeful sampling requires the researcher to choose members of a population to participate in the study when there are limited people who can be primary data sources (Qualitative sampling methods, 2019). In this type of sampling, participants are selected or sought after based on pre-selected criteria based on the research question (Qualitative sampling methods, 2019).

Of the types of purposeful sampling such as maximum variation sampling, homogeneous sampling, typical case sampling, extreme case sampling, critical case sampling, total population sampling, and expert sampling, a total population sampling was employed (Purposeful sampling, 2012). Total population sampling is examining an entire population that has a shared set of characteristics which are not very common and is often used due to the small size of the population (Total population sampling, 2012). In this respect, total population sampling is appropriate for a small population size when the population shares uncommon characteristics (Total population sampling, 2012).

The population for this study was all current full-time faculty at a School of Nursing in a university in the western United States. The population characteristics were Registered Nurses who have a minimum of three years of experience as a clinical nurse, hold a minimum of a master's degree in nursing, and are employed by the university. The target population was novice nursing faculty who are defined as master's prepared (minimally) nurse clinicians who have taught theory and/or clinical components to pre-licensure nursing students for two academic years or less. This population could not be clearly determined in advance, the number was anticipated at six potential participants.

Total population sampling is beneficial for obtaining deep and rich information regarding the study topic of novice nursing faculty's role transition. Since all faculty who meet the criteria were invited to participate, there was less risk that meaningful data was missed. On the other hand, statistical generalizations cannot be done with total population sampling, and with a small number of faculty to begin with, if many chose not to take part in the research, even broad generalizations may not be applicable.

As with any study, a sampling error can occur and is the difference between the average data from a study and the true data of the population being studied. A sampling error may come from sampling all nursing faculty regardless of how long they have been teaching. While this might give a broader population size, it could increase the level of error in data. Sampling errors cannot be totally eliminated from a study. Bias can also occur due to the population, the way the questions are written, how the respondents respond to a question; anything that creates a difference in data due to incorrect measurements (How to know the difference between error and bias, 2013). One way to avoid sampling bias is to do simple random sampling which cannot be done in this type of study. A small sample size was a limitation to this study. A small sample size leads to a higher variation in the data which may lead to bias. A common form of sample bias is non-response which occurs when some subjects do not have the opportunity to participate. However, this type of bias should not occur with the chosen population for this study due to the inclusion of all eligible nursing faculty at the university. The other type of sampling bias that can occur with a small sample size is voluntary response bias in which case the participants who respond do so due to an interest in the study (Simmons, 2018). These biases are often less relevant in qualitative studies especially with the type of study proposed with a choice of targeted total population sampling.

Participant Characteristics

Five nursing faculty participated in this study. The participants included three females and two males, with ages ranging from 29 to 51. Their nursing specialties were varied with backgrounds in medical-surgical, psychiatry, emergency department, obstetrics, ICU, OR, hospital education, and quality management nursing. All participants were currently full-time university nursing faculty. Four faculty had worked one year as a part-time faculty member before starting as full-time faculty.

Four participants were master's prepared while one was completing a master's degree, and their nursing and teaching experience varied as shown in Table 4.

Table 4

Participant Demographics

Participant	Highest degree/Year earned	Years as RN	Year began teaching
1	MSN/ 2018	5	2018
2	FNP/ 2014	23	2019
3	MSN (current)	21	2019
4	MSN leadership/ 2018	6	2018
5	MSN/ 2014	15	2019

Methods

Information gathered to answer the research question was textual data, which are verbal accounts or descriptions in words (Elliot & Timulak, 2005). Gathering information in this way may use open-ended strategy including the use of self-report questionnaires (Elliot & Timulak, 2005). To assure qualitative data, these questionnaires should contain open-ended questions that

allow for participant elaboration (Elliot & Timulak, 2005). Advantages to questionnaires include low cost, speed of gathering data, and higher levels of objectivity (Dudovskiy, 2019). Disadvantages to the questionnaire include random answer choices, and questions not being answered because they were not asked (Elliot & Timulak, 2005).

Questionnaires can be classified as both quantitative and qualitative, depending on the type of questions. The first type of questionnaire question was what is known as scaling questions, specifically the Likert scales as ordinal scales as a type of qualitative data. The Likert scale is a single line method of measuring responses. In using a Likert scale question, the participant indicates their level of agreement or disagreement with a question which uses an ordinal scale (Harry N. Boone & Boone, 2012). Ordinal scaled data does not give information regarding the distance between the points so that the distance between two points is not necessarily the same as two other points on the scale. There is not an absolute zero-point and calculations are done on percentage and median (Knapp, 1989).

Choosing scaling questions for qualitative data can be controversial. Multiple opinions conclude that Likert scales are quantitative only (McLeod, 2008). However, for this study, the Likert scaled questions were considered qualitative as Likert scales use the continuum in a linear fashion to measure attitudes or opinions (McLeod, 2008). Using the Likert data assisted in summarizing the leanings of the individual and the group.

The scaled questions were followed on the questionnaire with open-ended questions which allowed the participant the opportunity to expand their responses. Rather than agreeing with statements or being forced to choose an option provided, open-ended questions allow the participant to state their mind with respect to the topic of the question (Singer & Couper, 2017). Responses to open-ended questions can assure the researcher and provide validation that all

relevant issues have been covered, corroborate answers to scaled questions, and highlight

problems with any particular question (O'Cathain & Thomas, 2004). The open-ended question

must be clearly understood as qualitative data with attention given to the detail, depth of data and

issues important to the analysis of qualitative data (O'Cathain & Thomas, 2004).

Additional information gathered was gathered from participants' reflective journaling

which came throughout the learning modules in the faculty development online program.

Reflection in practice assists in developing critical thinking to improve or change or understand

one's behavior. As Schön stated, "The practitioner allows himself to experience surprise,

puzzlement, or confusion in a situation which he finds uncertain or unique. He reflects on the

phenomenon before him, and on the prior understandings which have been implicit in his

behavior" (1983, p. 68). Online journals were included which document thoughts about what has

been learned, in which participants record thoughts, attitudes, self-awareness, and learning.

Writing in reflective journals can assist faculty in developing metacognitive abilities and to

reflect on their own experiences as a learner which can help to understand the perspective of

their students (Bashan & Holsblat, 2017). Journaling reflections can assist the participant in

gaining confidence and enhancing awareness of strengths, weaknesses, and growth over time. As

part of a professional development program, the researcher's evaluation and inclusion of the

content and extent of the participants' reflection is crucial (Castleberry et al., 2016). Reflective

journaling allows the teacher or researcher to hear the voice of the student as the student

expresses the thoughts and changes they experience as a part of their learning experience

(Dunlap, 2006). "Qualitative evaluation of participant reflections can provide quality indicators

to assist program directors in shaping program content" (Castleberry et al., 2016, p. 7).

The third source of data came from an in-person member checking meeting with the researcher and the participants. Creswell (2014) considers member checking to be the process used by the researcher to establish trustworthiness and accuracy in the data and results. The member checking meeting provided the participants the opportunity to verify the accuracy of their experience as well as to add any additional missing data or provide clarifications.

Analyzing the Data

Methods

There are multiple methods for analyzing data from qualitative research including grounded theory, narrative analysis, grounded theory and thematic analysis (Nowell, Norris, White, & Moules, 2017). For this research project, thematic analysis was used for data analysis.

Thematic analysis is the process of identifying patterns or themes within qualitative data (Maguire & Delahunt, 2017, p. 3352). Unlike many qualitative methodologies, it is not tied to an epistemological or theoretical perspective. This makes it a very flexible method, a considerable advantage given the diversity of work in learning and teaching (Maguire & Delahunt, 2017). The goal of thematic analysis is to identify themes, i.e. patterns in the data that are important or interesting and use these themes to address the research or say something about an issue. Thematic analysis is much more than summarizing the data; a good thematic analysis interprets and makes sense of it (Maguire & Delahunt, 2017, p. 3352). Additionally, a good thematic analysis is precise, consistent and thorough with enough detail to determine that the process of analysis is credible and trustworthy (Nowell, Norris, White, & Moules, 2017).

One advantage to thematic analysis is that it does not require the detailed theoretical and technological knowledge of other qualitative approaches, it offers a more accessible form of analysis, particularly for those early in their research career (Braun & Clarke, 2006). The

analysis process is fluid as the researcher can move back and forth between the stages of analysis and often revisits areas more than once. Thematic analysis is flexible and can be applied in a variety of ways. Thematic analysis is frequently used due to the wide variety of research questions that can be addressed using this method of analyzing data (Castleberry & Nolen, 2018).

Thematic analysis does have some identified disadvantages when compared to some of the other qualitative research methods. There is a lack of data and literature on thematic analysis and may cause confusion in new researchers on how to use thematic analysis in a rigorous method (Nowell, Norris, White, & Moules, 2017). Thematic analysis does not allow the researcher to make claims about language use, and the flexibility it provides can sometimes be too flexible causing inconsistent data (Braun & Clark, 2006).

Data analysis for this study utilized Braun and Clarke's (2006) 6-step framework. This is arguably the most influential approach, in the social sciences at least, probably because it offers such a clear and usable framework for doing thematic analysis (Maguire & Delahunt, 2017; Nowell, Norris, White, & Moules, 2017). The six steps include becoming familiar with the data, generate the initial codes, search for themes, review themes, define the themes and write up the results. In conjunction with the analysis in defining themes, a thematic map was developed to visually represent the themes and their interpretation. The thematic map provides an increased level of analysis to place the themes in a larger context (Castleberry & Nolen, 2018).

As the qualitative analysis approach was used, rich descriptions and understanding of the participants' perspectives were included in the results. Multiple perspectives were provided to ensure the agreements and contradictions become apparent. Short quotes were included to demonstrate examples of responses and demonstrate themes and give a more flavorful account to

the data. Unexpected results were also included in short quotes to assist in providing credibility to the findings. The six-step method appears to be the correct fit for a novice researcher in demonstrating how the analysis of data was completed.

Validity

After the qualitative data was collected, the data needed to have quality assurance which included validity and trustworthiness. While quantitative research seeks to prove a causal relationship with a prediction and generalization of findings, qualitative research seeks understanding and generalization to similar situations (Golafshani, 2003). Qualitative research is subjective and interpretive which can make the findings more difficult to withstand the scrutiny of other researchers. The findings must be believable, consistent, applicable and credible if they are to be useful (Golafshani, 2003). A good qualitative study generates rich, detailed data that leaves the participants' perspectives intact and is one that helps to make clear a situation or phenomenon that otherwise would be unclear; it explores, explains and helps to understand (Golafshani, 2003).

To assure the quality of research in a qualitative study, credibility and rigor must be established. Credibility can be considered the believability and trustworthiness which depends more on the quality or richness of the data than the quantity of data (Golafshani, 2003). Credibility is "…judged by the extent of respondent concordance whereby you take your findings to those who participated in your research for confirmation, congruence, validation, and approval. The higher the outcome of these, the higher the validity of the study" (Kumar, 2010, p. 171). Rigor in research is defined as the ability to be exact, precise and very careful, and it is "…expected that qualitative studies be conducted with extreme rigor because of the potential of subjectivity…" (Cypress, 2017, p. 254) that comes with a qualitative study.

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Trustworthiness is a key concept used in the rigor of qualitative studies, and refers to "…quality, authenticity, and truthfulness of findings…" (Cypress, 2017, p. 254). One way to ensure quality is personal reflexivity which involves the researcher reflecting on the process and their involvement with the research and how it is informed by personal experiences (Treharne & Riggs, 2015). One method for confirming reflexivity is the researcher engaging in personal journaling of the process as a way of record keeping. One term for personal journaling is an audit trail, which assists the researcher in meeting dependability and conformability (Darawsheh, 2014). The audit trail, or journaling, also assists in providing transparency which is vital in any type of research and provides a method for providing evidence on the transparency of the research reporting (Treharne & Riggs, 2015).

Transferability is also a key factor in the quality of qualitative research. Transferability refers to the degree that the findings can be used in other contexts (Polit & Beck, 2010). One question that is asked of qualitative researchers is if the research will or can change the way others practice. Polit and Beck state, "Many leaders in qualitative research have begun to note the importance of addressing generalization, to ensure that insights from qualitative inquiry are recognized as important sources of evidence for practice" (2010, p 1451). To assist in transferability, researchers should provide thorough details or descriptions of the context of the study to assist other researchers to be able to apply their findings. Dependability is also important for other researchers who would like to apply the findings of the study, in which case the details of any changes or unexpected occurrences should also be provided (Polit & Beck, 2010).

Triangulation is a practice that can assist in maintaining the quality of qualitative research. Triangulation provides different types or sources of data which then allows the researcher to compare data (Oliver-Hoyo & Allen, 2006). However, triangulation "…is perhaps

most strongly associated with mixed-methods research" (Treharne & Riggs, 2015, p.65) in which both quantitative and qualitative data is compared. In this qualitative study of a faculty development program for novice nursing faculty, triangulation was used through questionnaires, participant journals, and an in-person member checking meeting.

To verify the data collected and increase the accuracy of the findings and to validate the research process, member checking was completed twice. The first time was an in-person group meeting after initial data was gathered through questionnaires and journals. This meeting verified data and provided an opportunity to gather information that participants wanted to add that was not on the questionnaire or journals. Notes were taken during the meeting as well as recorded and transcribed. The second member checking was done after the themes were established. The themes and thematic maps were presented to the research participants and were deemed to represent their experiences. Peer examination or debriefing is an external check which is performed by someone outside the research to check for accuracy which adds to the validity of the study (Creswell, 2014). A recent graduate from the Ph.D. in Education program who was not involved in the study provided a thorough peer examination. This individual reviewed transcripts of the three data sets, the lesson plans, questionnaire, and the final themes concept map. The peer examiner indicated that the research processes were appropriate and considered the themes and findings plausible. Additionally, the researcher kept a personal journal and a copy of all data analysis notes to assist with dependability and transparency in the processes used.

Bias

A possible bias may be a concern over boundaries and power between the researcher and the researched. In a recent study, Råheim et al. (2016) researched establishing an anti-authoritarian relationship to avoid power relations and researcher vulnerability based on the

researchers' dependence on the participants' willingness to share data. One conclusion was researchers and those researched do not have fixed roles, but develop as the research progresses, calling for the practice of continuous reflective practice. Another suggestion was ensuring that senior researchers assist novices in reflection and discussion to minimize the power struggles (Råheim et al., 2016).

One probable bias in this study is a participant bias known as a friendliness bias which occurs when the participant agrees with whatever the researcher presents (Shah, 2019). This can occur when the participants know the researcher or when the researcher is viewed as an expert and can become pronounced if the participant becomes fatigued while completing the study (Shah, 2019). Due to the nature of this small sample size where the researcher knows the participants, this may be more likely to happen.

The researcher acknowledged biases and attempted to remain objective throughout the research. The researcher acknowledged that the study being conducted was of high importance personally and attempted to disregard preconceived ideas as well as personal relationships with the participants. Open-ended questions were included in all three data sources to encourage the participants to provide their true point of view. Additionally, keeping detailed records, including unexpected results and suggestions for improvement, encouraging the participants to validate the data and add missing information, triangulating the data through three sources, as well as the peer examination were used to assist in avoiding bias.

Conclusion

The transition from expert clinician to novice educator can be a difficult one for the majority of new nursing faculty, even among those with adequate preparation. An online faculty development program consisting of modules and lessons was developed and pretested prior to

implementation. This research provided a method for faculty development to support seasoned nurses to have a smoother transition from expert clinician to nursing faculty. Textual data was collected online through participants' journals and the final questionnaire.

Thematic analysis was used for data analysis using Braun and Clarke's 6-step framework. It was expected that novice nursing faculty would benefit from education and support through modules guiding them in socialization, effective practice in nursing education, teaching and learning principles, and life-long learning. This faculty development program assisted novice nursing faculty who could find themselves enthusiastic for their role with a higher level of preparedness to embrace and love their new role.

Chapter Four: Findings

This chapter organizes and presents the results of the information gathered during the study. The guiding research question was: How does participation in an online faculty development program support novice nursing faculty? Data was gathered from three sources; a post-program questionnaire, participant journals, and a post-program in-person member checking session. During the process of coding, categorizing and creating themes that came from across all three data sources, a story began to emerge from the participants' words.

The Participants

Phoebe has five years of working as an RN in Medical-surgical and telemetry units. She received her Master's in Nursing Leadership in 2018. Phoebe has been a part-time clinical instructor for two semesters, and this was her third semester full-time teaching. Phoebe shared her dream of being a nursing educator:

> I realized I was truly happy when I had a student or was teaching in any capacity and it just kind of clicked. I knew teaching was always something I wanted to do but never realized it could or would be my true passion until I started doing clinicals for NAU a day a week and I knew instantly this is what I wanted to do for the rest of my life.

Phoebe also journaled about a favorite teacher, writing,

> A characteristic of my favorite teacher is openness. I mean this in a variety of ways; not only open for myself to feel welcome and accepted but also to learn about that teacher to feel a part of their life and like my success means something to them.

Shirley came into the program with 23 years' experience as an RN, working in psychiatry, telemetry, surgical ICU, emergency department, labor and delivery, and hospital education. She received her post-masters FNP in 2014. Shirley has been a part-time instructor for

one year, and this was her first semester full time teaching in the academic setting. When Shirley reflected on why she wanted to go into academic teaching, she wrote,

> I have been in and out of teaching positions for many years in the nursing field. My favorite thing is being able to see the look in someone's eye when they really understand a concept that is difficult and then are able to apply it to apply it and see the value. At this point in my career, I want to share my love of nursing with others and help them on their educational journey.

Shirley also reflected on what constitutes a great teacher:

> My favorite teachers have always been ones that teach the course content in such a way that you can see the value in what you are learning; Direct applicability as opposed to generic content. They are dynamic and engaging to class participants and make you feel that they know you are there.

> **Ralph** has been a RN for 15 years. He worked in a variety of settings such as Telemetry, Step Down, and Quality Improvement. Ralph received his Master's in Nursing in 2014. He had been a clinical instructor one semester some years previously; this was his first semester full-time teaching. Ralph shared his thoughts on being an academic nursing educator:

> I am most excited to work with the students and see them grow into full-fledged nurses. Watching them develop and gain confidence and then hopefully pass the NCLEX. In my previous roles, I have not found them very rewarding but with teaching, I feel that I am giving back and honestly making big changes

> **Liz** had six years' experience as an RN, working first on Medical-Surgical floors and then as a hospital educator. She received her Master's in Nursing in Leadership January 2018.

Liz had never taught before beginning at the university, and this was her third semester as a full-time nursing faculty. Liz shared her decision to go into academic education:

> I have always wanted to be a teacher, and always wanted to be a nurse. I can't believe that I am able to be both! I am passionate about nursing and want to inspire those around me to be the best nurses they can be!

Liz also reflected on a characteristic of a favorite teacher:

> When I think about my favorite teacher I think about someone who has been active in the classroom, engaged and made the classroom fun. I have always learned better from the teachers who add life experiences or real scenarios to learning as it helps me to see the big picture.

Keith began teaching with 21 years' experience as an RN. He worked in such areas as medical-surgical, ICU, Cardiopulmonary, Cardiac Cath Lab, Pre/Post-op, OR, and as a hospital educator. Keith was currently finishing up his Master's in Nursing. He had never taught in an academic setting before, and this was his first semester full time teaching in the clinical lab and simulation setting. Keith wrote about his inspiration to become nursing faculty through a favorite teacher:

> When I went through nursing school I had a nursing instructor who inspired me to someday become an academic nursing educator. She engaged each student as an individual and was very encouraging. The didactic learning was engaging as she related stories of her experiences with patients to what we were learning about in the classroom. She also made me feel supported and she wanted me to succeed. I never thought I would have enough experience to teach, even though I knew early on that it was something I wanted to do with my career.

Novice Educators

Participants began the program with the first lesson which was Expert Clinician to Novice faculty. All three data sources included mentions of being a novice educator and the issues surrounding the transition the participants were going through.

Reminded of being a novice again

The participants were reminded in the lesson through PowerPoint, articles, online reading and journaling of the premise of Benner's Novice to Expert theory (1982). When asked to describe their level of competence as a nurse clinician the participants' answers ranged from competent/proficient to expert. Several participants stated they felt they were "proficient to possibly expert" based on the area they worked. One stated they felt competent in some areas while expert in others. Shirley stated, "As a nurse clinician ... I was an expert. I had excellent working knowledge of content and application of concepts, and over the years was a change agent for nursing within my community and on a national level."

The follow-up question asked the participants to describe their level of competence as an academic nurse educator. Two participants stated "novice" with an "occasional advanced beginner" as well. Ralph reported, "As a [academic] nurse educator, I originally thought I was an advanced beginner, but now I think Novice. I am mostly teaching at that basic level." Keith described it as, "As an academic nurse educator I am DEFINITELY novice. I am new to this environment and the expectations." Liz shared that although she had been in the role of hospital educator, "When it comes to an academic nurse educator, I am a novice most definitely. I chose this because this is my first year teaching here and I have a lot to learn."

Shirley added, "It was validating to me to know that I am on the low end of the pecking order all over again, that novice to expert thing again." Ralph agreed, stating,

I was surprised at how 'low' I am on the journey to expert! I can certainly see some

aspects of those higher levels in my teaching, but I am definitely at the novice step. This

is humbling, but so is any new position or role in life!

Liz shared after going through the lesson it was important to remember that "As a novice I do

need to remember that this stage won't last forever, even though the growth can be painful, I will

not be in a novice state forever." In journaling Keith shared the importance of remembering the

phases as understanding makes the novice state easier:

The concept that intrigued me was utilizing Benner's Novice to Expert as I transition to

this role. This reminds me to be humble and realize 'I am new at this' which will give me

the freedom to struggle the first year. Understanding the transition from novice better will

also provide hope that the second year will be better, and so will the following. I really

appreciate the explanation of the different stages. It was encouraging to me because I

experienced the exact transitions in my role as a hospital educator.

While understanding the novice stage was found to be particularly helpful, the participants were

eager to move forward. As a comment in the questionnaire, Liz concluded, "I can't wait to get

out of the Novice phase!" However, Phoebe had a slightly different view:

I find I really like the novice stage because I am learning so much about the educator I

want to be, just like when I was a new nurse. There are things I've done that I say, 'well,

I'll never do that again' and other things that I'm beaming with pride over because they

worked so well.

Transitioning

Participants acknowledged that a part of their focus in the lesson on novice to expert was

on the transition between clinical nursing and teaching. While transitioning did not come up in

either the questionnaire or the member checking, all participants wrote during journaling about their experiences in transitioning from a proficient or expert clinician back to novice educator.

One participant noted that it is a constant "state of transition" to be a full-time faculty. Ralph stated, "For this first year of transition, I plan to just get settled. I need to get my feet under me…". Liz stated the transition was difficult to the point that when reflecting on the journey so far, "I kept thinking that I needed to keep my skills up in the hospital cause I'm gonna get fired!". Keith, however, described the hope found in being reminded of the stages experienced during the transition. "I appreciate the opportunity to be a part of this program and feel that my ability to transition from clinician to educator will already be easier."

Overwhelmed and knowledge deficits

Although there were not lessons that revolved around being overwhelmed as new faculty, the subject was included in small ways through reading articles about novice faculty or in activities the participants completed. Being overwhelmed, unsure and being unaware of how much they did not know were ideas repeated in journaling, questionnaires and the in-person member checking meeting.

Felt overwhelmed and unsure

All participants mentioned in the questionnaire, journals or member checking session a feeling struggling with everything to do and to learn. Participants used words such as "frustrating", "overwhelmed", "feeling inadequate", "stressed" and "unsure". Phoebe identified the feeling as "just wishing I had my feet underneath me", while Shirley stated, "I was overwhelmed with all I needed to do." Keith explained how this caused feelings of disillusionment:

I really think thinking about more of the emotions that we go through, that you feel

inadequate, that phase when as nurses 'we've picked the wrong job", and then we say to

them "no you didn't"! As a nurse educator I feel that way too.

Liz described the experience of being new as anxiety-provoking stating, "I feel so unsure in my

ability at the moment as a novice instructor and sometimes feel intimidated when thinking about

the future." Shirley journaled how thinking about continually learning and adding more

responsibilities was hard. "I am still feeling quite overwhelmed with what I have now." Liz

further reflected on the experience:

I do find that this is more stressful than I expected. Going from someone who felt very

confident within my ability and career to feeling totally unsure of myself has been hard. I

was not anticipating to feel so much pressure from myself…

Negatively supported by others

One component of the first year of teaching was less than idealistic. During the member

checking session, participants shared that while many of the faculty were very helpful, they

perceived other faculty as not helpful in their journey. This perception had not been shared in

either the questionnaire or the journals. As Phoebe stated, "It's hard, different people say

different things about how to do this…", which was echoed by the rest of the participants. They

agreed that different opinions were frustrating and confusing. Liz commented, "I want to make

sure I'm toeing the line, should I be listening to that?"

Shirley shared an experience as "I've had my hand slapped [by other faculty] for doing

something I didn't know was the wrong thing to do." The participants agreed that struggling with

the sense that others were watching for them to "mess up" was not helpful. Liz told of the

frustration they felt, ending by stating, "I've heard a lot of 'don'ts', but not a lot of 'do's'…".

Keith described it as, "There are a lot of opinions, it would be nice to have some facts in a group together like this so we all know."

A lack of in-person mentorship was discussed among the participants as negatively impacting the feeling of support. Shirley shared, "I really liked this [program], I found the mentoring didn't help me at all with actual teaching." Others agreed that they had hoped the mentoring would cover more support, help to sift through the variety of opinions they were receiving and give ideas for teaching. Keith added, "Yes, these online lessons were much more helpful than mentoring", while Liz commented, "The mentoring didn't work for me, in part because my mentor wasn't in the same facility as me, so I couldn't just go pop in and say 'do you have a minute to run this by you'."

Lacked knowledge of faculty expectations

One area that was repeatedly mentioned in the questionnaire and journals related to the frustrations regarding the lack of knowledge surrounding faculty expectations. Phoebe wrote,

I would really like to learn more [university] specific faculty expectations. I still struggle

with this… OH! I also am still confused about committees. I need to learn more about

those standards and what my role means to them.

Shirley agreed that a strong area of learning needs was "…. integrating myself into the [university] culture and expectations of faculty." Ralph expressed agreement stating:

My biggest struggle so far has been the operational side. The endless ins and outs of what

is expected and needed takes a lot of time to figure out. These are the aspects of the

position that are so frustrating so far.

Shirley shared:

I also need to learn about meeting expectations of being a faculty member. Scholarship, research, committee work. How do I balance all of that so that I am meeting my job requirements? I keep reminding myself that baby-steps are in order and that there is a huge learning curve.

After completing the lesson regarding the variety of academic nursing faculty roles as well as information regarding transitioning to the university setting, participants agreed they had had no idea what terms such as clinical or tenure track, associate or full professorship meant. Keith shared an experience during the lesson, "I appreciate the AACN's "Toolkit" for Transitioning from Clinical Nursing to Nursing Faculty. This resource finally clarified the terminology commonly used in academia that I was unfamiliar with." Several participants agreed they would like to see more still more information above what was provided in the program. As Phoebe wrote, "I do wish there were more specific [university] nursing faculty resources, because I still feel like I am unsure of my stance as a faculty member." Liz agreed, stating that even after the resources provided that, "I still have so many questions about faculty expectations."

Positive reaction to the program and format

An overall positive reaction to the program and the online format were expressed by all participants. Helpful suggestions were made for developing the program further.

Enthusiastic about the program

Participants were unanimous across all three data sources regarding the usefulness and practicality of the program. Participants used such words as "so helpful", "easy to do", "engaging" and "convenient" when describing the faculty development program. A key question asked was to rate the results of the program (Table 5).

Table 5

Ratings of the Program Outcomes

As a result of this Faculty Development Program, I have…	Strongly	Agree	Disagree	Strongly
a deeper understanding of the transition of expert clinician to novice faculty	5			
developed ideas for creating an in-person classroom management style	4	1		
learned active/creative learning techniques to use in the classroom or clinical setting	5			
started a personal faculty development plan	4	1		

During the in-person member checking the participants were equally enthusiastic and agreed while the program took time, it wasn't a "burden" to complete. Phoebe started the conversation with, "The was a natural flow to each lesson, one thing led to the next thing that I had already been thinking of or wondering about, and it was answered." Liz agreed:

I liked the videos with multiple approaches, you weren't telling me what to do, you were giving me ideas for me to choose what might work best. It was a fun program, it wasn't at all monotonous or a chore, I really liked that you modeled different was of teaching and learning issues and ideas.

Phoebe added,

I loved what was pulled in, the different sources and so many great ideas from so many places to incorporate. I liked that you had your experiences and related them to best

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practices found in other sources. I really liked the combination of classroom and clinical ideas, things that I could use in either place.

A common theme in the discussion about the program revolved around feeling supported. Liz commented on how much the program had helped, saying, "I feel so much more supported and comfortable after doing this program, like someone has my back." Shirley added, "I agree! Most people have been helpful, but I feel like having the support of [the researcher] and you as my peers, going through what I am going through has been absolutely vital to surviving this. I feel so much better!" The other participants agreed, and Phoebe added, "This experience can make you feel isolated, very much alone. I love that this program taught me so much, I feel I learned so much, and then to feel so supported, like someone really cares that I make it." A final comment by Keith included, "Yes! I have had such great support in practical information that I can really use every day through this program. I don't feel so alone and confused, like I now have been given tools to use".

In writing about the program, Ralph offered this comment and suggestion:

I just really enjoyed the program. I think that doing maybe just one or two lessons the first semester would be enough, I was overwhelmed with all I needed to do, so even though we had plenty of time to complete everything, I just kept pushing it back. To do just a couple of lessons and then add more lessons the next semester would probably be great.

Keith also added a suggestion:

One other thing that I'd like to see is adding the stages of shock, you know where we talk about Benner? The stages of – you know the honeymoon, and disillusionment phases.

Thinking about starting as beginner but also being in the honeymoon phase - this is my

dream job! But then also realizing that I am a beginner and then get disillusioned.

Liked the online format

One of the key components of the faculty development program is the online format.

With all five participants adult learners, the information regarding the usefulness of not only the

program but the online environment for learning was important to assess.

Shirley wrote, "I enjoyed the online content and the ability to do it at my own pace." Liz

enthused:

I am very satisfied [with online format]. It was easy to access, easy to do. I found that I

was looking forward to my modules as I have so much to learn and truly want to be the

best that I can be. This reminded me that I have a lot of good ideas but need to be more

organized. The program was fast, but the information learned was much more than I

anticipated. I am grateful for the opportunity.

Ralph articulated, "Being very comfortable with the online environment, this is actually a

preferred delivery model." Phoebe described the program in the following way:

I was satisfied with the online format of the program. I loved all the different resources as

some things were videos that were narrated to me (by a very familiar and calming voice)

while others were articles, tips sheets, etc and I enjoyed that very much. I also liked the

overall familiarity of BBLearn as I use that on a daily basis already so it was very

convenient for me to access. I also loved any and all of the unique short films, graphics

and colorful components of the program that immediately grabbed my attention and

helped me connect a concept to what I was watching.

Phoebe, while sharing how much the program was enjoyed, also wrote about some feedback for change:

> I did not like that I was not able to go back where I was in the lesson after journaling or going into a link; I had to start back over after almost every advancement which was bothersome. I also did not like that my progress was not bookmarked or shown; I would've loved something to demonstrate my progress or a check mark of some kind to let me know I had completed that assignment/section so I did not have to go back in and double-check where I thought I had left off.

Want some in-person support

In addition to the enthusiasm surrounding the program, Shirley stated in a journal prior to the meeting how much she was enjoying the program, and then continued, "I am however looking forward to the face to face discussion that is coming. This is content that would be enhanced by discussion with peers who have different levels of experience." At the in-person member checking meeting, this aspect of the program was discussed by the participants. In talking together, the participants agreed that while the online program was very helpful, they had been anticipating the in-person meeting as a source of additional support to the online program.

Keith shared, "I believe this tool, along with follow-up and collaboration with other educators will allow for a smoother transition to nurse faculty from clinician." Phoebe added, "I also would love to see monthly meetings with the new faculty in addition to the online program, think how cool it would be to have the opportunity to talk with other new faculty as we go through it." Liz described the in-person meeting, "It is so great to have a group to talk to about this."

A great deal of the member checking meeting consisted of participants asking each other as well as the researcher questions such as, "How do I get them [students] to be motivated?", "I'm struggling with figuring out how to balance all of this, has anyone else?", and, "Could I take a minute away and just ask a question? I would really like an idea from the group in how to do this."

Experienced growth now and planned for the future

One of the lessons revolved around how the participants felt they had grown so far as well as giving information on options for certification and further education. The participants identified how much they had learned and expressed interest and identified a common lack of knowledge regarding the options available to nursing faculty.

Want to continue growing

The participants stated across all three data sources their growth as well as the need to continue growing and learning as academic faculty. This led Phoebe to feel as though, "I am highly encouraged by the insights I've found by completing the program and I am excited to continue to grow and move forward as a nursing educator with this under my belt". Keith stated, "…there was so much great information I think that as I continue to learn and grow I will be able to apply more and more of the concepts and information". Shirley wrote in a journal, "I have learned that I cannot stop learning, growing, changing." Liz added the importance of this lesson by saying,

> Doing the concept map was eye opening. I found that as I continued through the module I was exposed to more areas I will need to develop as a new faculty. I was also encouraged by the strengths I will be bringing into my role and into the academic institution. Taking time to do this concept map also challenged me to answer the "why" I am doing this.

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All the participants expressed appreciation of the time it takes to grow into being the kind of educator they want to be. As Ralph put it, "Okay, it might seem odd but my biggest take away is that it takes time to develop into a great teacher."

Reflection as an important part of the process

Participants believed that reflection through the variety of journaling opportunities was integral in their growth. Journaling was a large portion of the faculty development program. Participants completed ten short journals of a wide variety including an "I think" journal, a "So what" journal, a "Progress journal" and an "Intrigue" journal which were used to model journaling ideas. The participants expressed how important the journaling and reflection were on their growth, mainly during the in-person member checking meeting.

When asked which faculty development activity had the greatest positive impact, Phoebe shared:

> I think journaling in general is good for the soul so journaling about myself and my career had a positive impact on me because I'll be honest, as a new mom, it's been a while since I've thought about myself. I really enjoyed taking the time to silently reflect on what I'm doing, what could be better and how I'm going to achieve it.

> Liz shared with the group, "I really liked the journaling! It reminded me of why we do this with students. I don't think about doing this or ever take the personal time for it, but I could feel myself growing each time I completed a journal". Shirley shared the positive effects of journaling stating," We need the good reflection when we think about maybe what we aren't doing right. We all go through those times, and we focus on the bad, so looking and reflecting on the good is important."

Liz agreed and expanded her thoughts:

I really felt like it made me think so much more about what I was doing, it made me dive

in and really dig deeper which I think will help me tremendously. I think I was so new

that I was just trying to survive, and the activities like the reflection was like oh I wish I

had thought of that or taken the time to reflect more on what I was doing or why. The

guided reflection made it so much easier to reflect, like next week I'm going to try this. I

found that reflection, the journals super important.

Keith agreed, commenting:

That was one of the big things for me, there were a couple of them, you have to think 'do

I do this personally'. We always tell students to reflect on your flow and how you are

going to do things differently, otherwise you lose it. It helps with that critical thinking,

but for me to do it personally, I've never done it myself. It was really good to do that for

myself.

Others agreed they really enjoyed the different types of journals. Phoebe commented, "I

really loved the different kinds of journals to model different kinds of reflection." Liz added,

"Yes, I never thought about building reflecting into my course or lab time, the one-minute

reflection paper for example, it's not something that I've ever thought of trying."

Long-range plans made with continued education

Another part of the lesson was encouraging the participants to learn about the options for

further education, certification, and continuing education opportunities. Participants commented

on this lesson in the questionnaire and in the member checking, however, many comments came

from reflecting in journals.

Shirley expressed, "I appreciated the opportunity to organize my thoughts in terms of goals, and where I am at now, and the direction I need to be going and what I want to get out of my career, the big picture."

Participants stated they had not had the time, taken the time to set long-range plans, or had not understood the options available. Each expressed a wish at five years out to have completed the Academic Nurse Educator Certification Program (CNE) and/or to have started a doctorate. At ten years, participants wanted to have a doctorate completed, be a "true expert at teaching" and be "an integral part of the faculty".

Some faculty expressed amazement they were thinking of continuing their education. As Phoebe enthusiastically put it:

> I am surprised I am thinking of going back to school… these roles and really life in general require us to continue to self-examine our true colors and I really do want to be an amazing instructor for my students…. I want them to know I am constantly learning and growing for them just as much as I am for myself and family. And to be honest, this paragraph is shocking and refreshing all in one! yay!

Others stated they were concerned about thinking about furthering their education or developing a plan. Shirley stated,

> In my case, the next step would be a DNP. My understanding is that this will be a program that helps me expand my knowledge on the application of nursing research to practice. I am not sure if that is a direction I want to go.

Liz journaled questions:

In order to teach higher level courses, I would need to obtain a higher degree, a doctorate is the next step and I'm just not so sure about that... is my job threatened if I do not obtain a higher degree?

After completing the lesson, participants journaled about feeling relieved not to be pressured and to have a more complete understanding of what the different degrees meant. Keith wrote,

My knowledge was quite limited. I actually did not really know about the different education opportunities and the certification routes. These just had not been on my radar yet. Now I want to learn more about the CNE certification and how that will work with my position. I am also very interested in eventually getting my PhD.

Ralph shared,

I learned that I was starting to stress myself out about getting an advanced degree. I love the idea of the CNE certification and then getting my PhD once I am all settled … [I] have also learned that it will take time to figure this all out!

Learned new teaching practices

The final lesson revolved around identifying what the participants identified as their own learning-learning needs as well as learning new teaching practices in both the classroom and clinical settings.

Identified teaching needs

In identifying teaching needs, all five participants were able to share some specific areas of learning needs which were mentioned in all three data sources. Phoebe commented,

I still struggle with this daily, am I doing this right? Have I done enough today? What should I be doing that I am not doing? In general, I am still learning and feel I learn

something new every single day. I never want to stop learning and I just want to make

sure I am going the right direction…

Ralph wrote, "There is A LOT that I don't know that I don't know!" Liz had some very specific

ideas, "I am weak when it comes to creating my own content, especially test questions. Another

area of weakness that I have is coming up with ideas to keep the class engaged."

Participants were open in sharing what they did not know such as specific styles or

methods of teaching. Shirley revealed, "Loved the different teaching modalities, the different

ways to teach things. Like I didn't know what a flipped classroom is, even though I've 'taught'

this, I didn't understand what that is."

After going through the lessons, the faculty agreed that they had experienced meaningful

learning, were ready to make some changes and still felt they had a lot more to learn. Ralph

stated, "I look forward to having a more innovative and creative classroom environment. I will

certainly have the students take a more active role in their education and teaching". Liz recapped

what she learned:

> I am planning to make many changes related to [my] course. I have been provided with
>
> many other ideas … that I had not thought of previously. I feel this is a place that I
>
> struggle with as I used the same few ideas over and over. There are so many things that I
>
> have learned and never thought of before. I am excited to try some [of] these new tools
>
> and see how the students learn from them.

Phoebe wrote

> I am excited to try on the first day of skills lab a new skill of placing directions on the
>
> white board laying out exactly what the students can expect by putting my name, the
>
> class/section on the board along with instructions and a formal ice-breaker to ensure the

students right from the moment they walk in and also create a level of comfortability and

ease in an unfamiliar situation.

Liz added, "I have learned so much and am so excited to put these tools into play. There was so

much great information I think that as I continue to learn and grow, I will be able to apply more

and more of the concepts and information…"

Keith described their learning this way, "This was a very practical module. I have used

several of these techniques when managing classrooms and small groups in the past. I learned

several VERY important tactics I would like to apply to my practice". Liz shared the positive

effects of seeing growth in an activity as she commented to her peers:

It also made me think about the areas that I am actually good in, which really helped me,

and it came at a perfect time in the semester to make me reflect on what I was doing well.

Even weeks later I went back to that concept map and added more into it. It was cool to

look back at, I really realized I've come a long way in the last year, and I'll keep adding

to it.

Excited by active learning strategies

In addition to identifying what they have learned so far, the participants commonly

shared across all three data sources their excitement at learning about active learning strategies

from one of the lessons. They offered many examples of what this method of teaching and

learning meant to them. Liz reflected:

I am very excited to integrate active learning concepts into my teaching. My current

lecture class is long and dry and I worry that students are so focused on getting the grade;

that they are not thinking about the wider implications of application to practice and

patient care.

Others stated they had never heard of active learning in any setting. As Keith put it,

> I loved the emphasis on experiential learning, the active learning, that was huge, I had no idea there were that many ways to do active learning. I've never done that before. I loved the many resources that were provided for us, I am really excited to give some of them a try.

Shirley commented, "I believe the activity related to active learning had the most impact [on me]. It resonated with me on many levels and sparked a lot of new ideas for the future". Phoebe shared in a journal:

> Reading the creative teaching-learning strategies makes me feel excited. In many ways I incorporate these into teaching already but not as well as the ideas were written so I want to change them and tweak them to be better for the students. It's also reassuring to read what such high professionals are doing and what has taken many decades of experience for them to develop and they're sharing this with novice faculty to better their chances at success yet I am also doing some of these things already which is awesome!

Although the participants shared their excitement about a new teaching-learning strategy, most shared in a journal their fears and struggles with implementing new ideas. Liz stated, "Reading these articles [on active learning] both excite me and make me nervous. I feel I have so much to learn". Shirley also expressed her excitement,

> Reading this material gets me excited about how I can better engage students to think critically about content, not just memorize drugs and class. It is also a little overwhelming and I can see how important it will be not to go overboard and try to incorporate too many new things at once.

Ralph shared in a journal,

The strategies intrigued me but also created some anxiety and also some feelings of not being the best I could be. You watch some of these really experienced teachers who have so much experience under their belts and it is hard to compare to them.
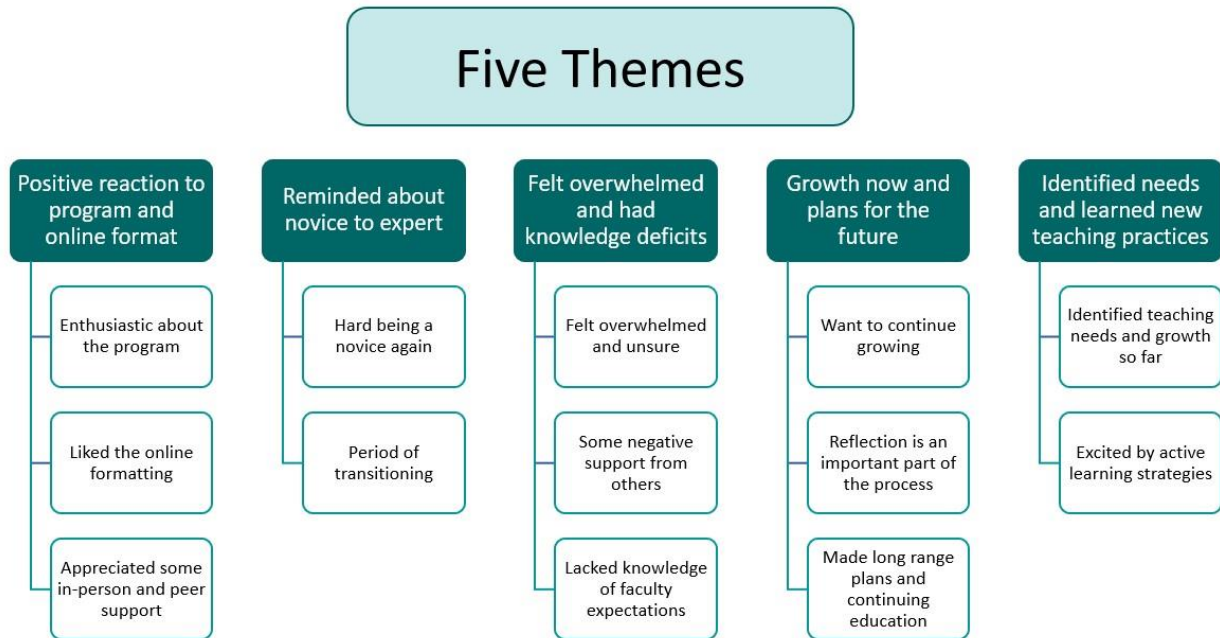
Summary

The findings in Chapter Four provide a representation of five novice academic nursing faculty as they described their experiences with an online faculty development program. The themes that emerged from the questionnaire, participant journals, and in-person member checking are:

1. Positive reaction to the program and to the online format
    a. Enthusiastic about the online format
    b. Appreciated in-person support

2. Reminded about Novice to Expert
    a. Hard being a novice again
    b. Period of transitioning

3. Had felt overwhelmed with knowledge deficits
    a. Felt overwhelmed and unsure
    b. Some negative support from others
    c. Lacked knowledge of faculty expectations

4. Growth now and plans for the future
    a. Want to continue growing
    b. Reflection is an important part of the process
    c. Made long-range plans and continuing education

5. Learned new teaching practices
    a. Identified teaching needs and growth so far

b. Excited by active learning strategies

Figure 1

Five Themes

Five Themes

Positive reaction to program and online format	Reminded about novice to expert	Felt overwhelmed and had knowledge deficits	Growth now and plans for the future	Identified needs and learned new teaching practices
Enthusiastic about the program	Hard being a novice again	Felt overwhelmed and unsure	Want to continue growing	Identified teaching needs and growth so far
Liked the online formatting	Period of transitioning	Some negative support from others	Reflection is an important part of the process	Excited by active learning strategies
Appreciated some in-person and peer support		Lacked knowledge of faculty expectations	Made long range plans and continuing education	

A detailed discussion of the findings and recommendations for future research are addressed in

Chapter Five.

Chapter Five: Interpretations and Conclusion

This chapter provides an interpretation of the findings of the study which has implications for novice nursing faculty, experienced faculty who can provide support, and administrators in schools of nursing. The purpose of this study was to develop, explore and describe a faculty development program to assist novice nursing faculty to transition more smoothly into their new role. This program included socialization, roles, and responsibilities of the nursing faculty, using effective practices to deliver nursing education, teaching and learning principles and life-long learning.

To explore novice faculty's perceptions regarding support found in an online faculty development program, a pragmatic qualitative exploratory-descriptive approach was used. This included developing four lessons, then gathering data from participants' journals throughout the lessons, participants' post-program questionnaire, and a final in-person group interview meeting. The rich descriptions the participants provided of their experiences as they worked through and following the lessons assist in understanding the support provided by the program. By asking novice nursing faculty questions regarding their transition using an online faculty development program, nursing programs, administrators and experienced nursing faculty can better understand what might assist in the transition. This chapter offers practical suggestions based on these findings.

Major Findings

This study was based on the premise that there is a lack of nursing faculty which is influenced by the retirement of experienced nursing faculty, lack of adequate financial compensation, and inadequate academic education and preparation. The inadequate preparation

has led to a knowledge gap for novice academic nursing educators as they leave their role as experienced nursing clinicians.

Major findings address the participants' perceptions, thoughts, and ideas of the faculty development program, and were found to be in five themes: Positive reaction to the program and online format, reminded about Novice to Expert, had felt overwhelmed with knowledge deficits, growth now and plans for the future, and identified needs and learned new teaching practices. This study assisted the researcher in discovering new knowledge to better understand and provide the support needed by novice nursing faculty, while at the same time led to the researcher becoming a better educator personally.

Novice Educators Transitioning Into New Role

Benner's stages from novice to expert have been utilized for nurses since being introduced in 1982. The study participants each described themselves as proficient or expert nurses on the clinical side while feeling like they had started all over as novices once they began teaching. According to Benner (1982), a novice tends to be inflexible and rule-bound, while an expert has an intuitive grasp of the material or skill at hand. The participants found their learning curve to be steep in this beginning stage. A Liz wrote after completing the Novice to Expert lesson,

> When reading the articles about being a novice it resonated with me. I am a novice in teaching which has been very difficult. One of the journal entries posted in the American Nurses Association talked about the fear of not knowing the answers the students asked. For whatever reason this is such a great fear of mine … While doing the [concept] map I began to feel better as it helped me to realize the different pieces that I bring to the table and how I can improve upon them.

The transition between being an expert nurse clinician and novice educator was also discussed by the participants who used words such as "struggle", "painful" and "humbling".

This is not a new finding, it is consistent with the findings of Anderson (2009), Cangelosi, Crocker, & Sorrell (2009), and Janzen (2010), who each noted that the path between expert clinician to novice educator to expert educator again is expected for nursing faculty. Proficiency in clinical nursing does not transfer to proficiency in teaching, which has its own skills and needs practice (Cangelosi et al., 2009). Janzen (2010) found that through the anxiety-provoking transformation of novice to expert, the new nursing faculty can finally begin to "…experience the true essence of teaching and being an educator" (p. 522).

The validation of the transition with specific needs for practical support was also found in the literature of Grassley & Lambe (2015), Paul (2015), and Jetha, Boschma, and Clauson (2016). Anderson (2009) found that assisting in the transition of novice faculty involves support in developing the specific skills of an educator. Having the support and reading about others going through the same novice to expert transition may, "… provide insight that their experience is not unique and that others have made the healthy transition" (Anderson, 2009, p. 208).

Overwhelmed and Knowledge Deficits

All five participants expressed their excitement in becoming an academic nurse educator. They discussed wanting to "grow" new nurses, "always wanting to be a teacher" and having a nursing teacher who inspired them. They became an academic nursing educator as a decision and a passion. However, after choosing to enter full-time nursing academia, the participants described the uncertainty of their new environment which was different from the environment they were used to and what they expected.

Feeling overwhelmed and unsure of themselves was a common theme for all participants across the journals, questionnaires, and the in-person meeting. Being overwhelmed stemmed from feeling they had too much to do and making a lot of changes in their jobs and lives. The participants expressed they lacked comfort with the basic educational modalities such as assessments, classroom, and online teaching. Participants also admitted to feeling intimidated by all the areas they had to learn, feeling unsure of how to go about doing things and not being at their best. As Phoebe described it, "I feel overwhelmed thinking about needing to continually learn and add things to my plate …". Additionally, the participants communicated a lack of confidence in their role as an educator. This was not at all unanticipated in the findings. It is a common theme in clinical nursing transitions as newly graduated nurses as well as in new nursing educators.

These feelings described by study participants are consistent with the findings of Brown and Sorrell (2017) and Schoening (2013). Brown and Sorrell discussed the challenges facing novice nursing faculty with a feeling that there is so much more work involved, lack of comfort, feeling ill-prepared and unsure. Schoening discusses the nurse educator transition as one of initial excitement and anticipation, followed by a period of disorientation with role ambiguity, fear of failure, and feeling overwhelmed. McDonald (2010) agrees that the transitioning period of novice faculty can be overwhelming and a "… difficult journey" (p. 126).

Participants sometimes experienced challenges that became a barrier to their transition with the advice which was offered freely by other faculty. Although the participants felt that the advice was often well-meant, it frequently contradicted advice from another faculty member which led to confusion. Other times advice was not seen as advice, it was termed as 'you have to

do this' rather than as a suggestion. This led to frustration and increased the fear that the participants would do something wrong and escalated their self-doubt.

The participants' perceptions of this source of discouragement were findings that were not anticipated by the researcher. However, they are supported in the literature by Bostian Peters (2014), Meires (2018), and Heinrich (2007). Bostian Peters found that coping with uncivil nursing faculty included feeling uncomfortable in asking questions, which led novice faculty to question their ability to function as a new nurse educator. In assisting to clear up what makes up incivility, Meires found that inappropriate faculty behaviors are not the same as bullying behaviors. Unhelpful and unsupportive faculty behaviors, while perhaps uncivil include, "…occasional rudeness, moodiness, anger, or nonsupport of others that is quickly resolved and does not cause harm" (Meires, 2018, p. 303), while bullying is repeated and does cause harm, sometimes to the point that the new faculty leaves teaching. These findings are also supported in the literature of Heinrich (2007) who termed the phrase when an experienced faculty is unsupportive of novice faculty as 'joy-stealing". Joy stealing refers to "…experiences with students, colleagues, staff and administrators that rob nurse educators of their zest, clarity, productivity, feelings of worth and desire for more connection" (Heinrich, 2007, p. 38). Joy-stealing is perhaps a good way to describe what the participants in this study experienced, an overall dampening of their enthusiasm in teaching.

Many of the participants identified a gap in their knowledge of faculty roles, procedures and expectations. The participants expressed this was an area that made their transition difficult. While they were each very conversant in the expectations and roles as a registered nurse, they did not come into the role of faculty with knowledge of the expectations and roles of an academic educator. This frustration encompassed everything from the operational side of the

university and school of nursing to specific policies in teaching. As Phoebe stated, "I am so much more uncertain, I really need to be able to figure out what is expected of me, that really makes me struggle. I have so much to learn in an institutional setting, and it is frustrating so far." Following the lesson, Keith commented,

> I am taking what I have learned thus far and have begun a document on my desktop that has resources and questions pertaining to my role as faculty. I will use this document to reflect and ask questions of my mentor as I transition into this role.

> This shares a common theme with Kalensky (2017) who found the transition from clinician to faculty often leads to culture shock due to the lack of preparation and high expectations. Many sources available discuss novice faculty feeling uncertain of their new role especially when information and guidance are not readily available. A considerable amount of stress comes from a lack of knowledge, and new faculty should be able to anticipate information being provided on the expectations and policies of the institution (Fritz, 2018). Suplee and Gardner (2009) provide ideas for a smooth transition for novice faculty stating, " Orientations that address faculty role, department/college culture, and program-specific content will assist new faculty with their transitions" (p. 520). Gazza and Shellenbarger (2005) in describing strategies for retaining new faculty, added specific topics that should be discussed, including contracts, accreditation, faculty evaluation methods, and resources that will be available.

Positive Reaction to Program and Online Format With In-Person Support

All participants repeatedly discussed how much they enjoyed the program and felt it was a great style to assist them in their learning. Phrases such as "so engaging", "this made me feel so good", "it really grabbed my attention", "it was not a burden", "it was actually such fun", and "it wasn't monotonous or a chore" were used to describe the program. The participants were

unanimous in agreeing that the program supported them as individuals growing as nursing faculty. Participants mentioned how much they liked the modeling of teaching styles, types of journals and active learning activities throughout the program. Keith commented,

I liked the activities, the exercises. I liked the diagrams and the concept map. It really challenged me to think, it took me longer than I thought it would. I really had to do a lot of reflection, it made me identify areas that I definitely lack in.

The online format was identified as a very positive experience that gave each participant the time and space to work on the lessons as best suited their needs. As Ralph summed it up, "I like the online aspect and can imagine a self-paced program like this to be very valuable."

The online format for adult learners supports the literature reviewed. As Lancaster, Stein, Garrelts MacLean, Van Amburgh, and Persky (2014) found in a literature review, there are many models available for faculty development for teaching and learning, which have been successful in improving faculty perceptions "… on the value of teaching, increasing motivation and enthusiasm for teaching, increasing knowledge and behaviors, and disseminating skills" (p. 1). There are advantages of using principles of andragogy in teaching to encourage 'the student' to take responsibility for his or her learning (Draganov, 2013). This applies to faculty development programs specifically designed for adult learners. Conaway and Zorn Arnold (2016a) agree on the importance of online learning where adult students must take responsibility for their learning without an instructor hovering to help, adding, "This is actually an extremely beneficial strategy because it enhances self-confidence and helps students become more self-monitoring within their own environments" (p. 3). Online learning is a good option for faculty development programs that can assist in meaningful learning while accommodating calendars, time and place (Cook & Steiner, 2013).

Study participants gave suggestions for the future with feedback on a few areas that created some difficulty or confusion in the online lessons. It was not always easy to navigate through the online learning management system which can be remedied for future use. Another area of suggested change was to limit the number of lessons for beginning faculty. Two faculty had been teaching for a year before completing the lessons, while three were in their first-semester teaching. The two faculty with a year's experience had a different experience and were able to take in more information more quickly than the brand-new faculty. While the two faculty with a year of teaching behind them were able to complete the four lessons in four weeks, one brand new faculty took just over four weeks, one took six weeks, and the third asked for an extension to eight weeks. An implication for future programs would be for any faculty who have never taught previously to perhaps only complete one or two initial lessons their first-semester teaching, then adding a few more lessons each semester across the first two years. This supports the findings of Cook and Steinert (2013) who recommend that when developing an online faculty development plan to plan for enough time for the participants to complete the program.

In addition to the adjustments in the online format, there was one area of content the participants identified that could have been included in the Novice to Expert lesson, which was the phases of teaching. The 'Phases of First Year Teaching' was developed by Moir in 1990 and include anticipation, survival, disillusionment, rejuvenation, reflection and anticipation (New Teacher Center, 2016). This could be added as content to further support the transition of novice nursing faculty.

A final area that the five participants included in suggestions was more in-person support. This online faculty development program was designed to be totally online, however, the participants agreed that they looked forward to the member checking discussion. Along with

discussing the findings presented by the researcher, they used the time to discuss other areas of interest and provided support and encouragement to each other. Participants suggested monthly meetings in addition to the online portion of the program to assist in learning, feeling supported and creating a smoother transition to academics. As Keith wrote, "I also look forward to collaborating with other faculty and sharing ideas and challenging each other as we continue to grow in our profession as educators." This could be easily added to the online program.

This mirrors findings by Baker's (2010) literature review and faculty orientation program with in-person meetings where, "… these sessions were identified by novice faculty as one of the most helpful components of the program" (p. 416).) Support of novice nursing faculty that continues after the initial orientation with monthly follow up is crucial to successful transitions (Santisteban and Egues 2014). Both Fura and Symanski (2014) and Weston (2018) agree that some in-person support of new faculty is needed after orientation.

Experienced Growth During Program with Plans for the Future

Across the lessons, the participants shared how much they felt they had grown by completing readings and activities, as well as how much they felt they still needed to grow and learn. Participants revealed that throughout the program they took notes and made files of resources to keep and ideas to use. Phoebe shared, "…I've gained a ton of knowledge on how to kind of reset and become an even better educator for my students." Others shared how much they learned, and how much they were looking forward to implementing positive changes in their class or clinical settings.

Reflection through journaling was surprisingly popular with the participants across the board. They enjoyed being reminded of how important reflection is to personal and professional growth. Participants commented on how the reflection challenged them to think at a different and

higher level. They disclosed a liking for the different types of journals with suggestions on how to try them with their students. Many shared ideas they had already tried with students in their class or clinical settings since trialing them personally. As Liz stated, "I thought it was a good way to force them [students] to reflect. Then they had to give me their questions afterwards." Keith agreed, stating, "I tried a variety of different suggestions that were presented to help students reflect on what they know or don't know."

This is supported in the literature as reflection is widely used in nursing and nursing education. Draganov et al. (2013) discuss the importance of looking at past experiences, current experiences, and reflection as a form of connection and self-evaluation. Spies et al. (2015) comment, "Regular conversation and reflection related to learning activities could facilitate the construction of new meaning, which in turn might make the learning experience more worthwhile for the mature learner" (p. 6).

Schön (1983) used the terms reflection-in-action which is thinking about the action or behavior at the time, and reflection-on-action which is done after the situation to analyze the action or behavior through writing up journals or discussions. A large part of becoming a better educator as Schön stated is in reflecting on the good, the bad and the ugly moments in educational theory and the actual practice which follows as well as reflecting on these to decide what could be done better the next time around. Certainly, teaching without reflecting in the moment and then reflection following the teaching does not lead to the experience and wisdom that improves teaching.

In addition to growing and reflecting, the participants described the experience of setting long-range goals for themselves personally and professionally. The participants expressed the hopefulness of setting goals for five and ten years ahead as something that made them feel they

were "heading in the right direction". They expressed the desire to "feel in the groove", to be "more comfortable", and to know what to expect before it happens. Liz wrote, "I know that as each semester goes by I will gain so much knowledge and my teaching ability will be much better. I am hoping that in five years I will be much more confident in my role." Ralph commented, "[Creating a plan] has been a great exercise to do and I am not sure it would have happened without the push of doing this course."

The participants expressed their frustrations at their limited preparation for their role as academic educators. Only one of the participants had any formal training in education and commented that there had been no direct application of that training for many years. Ralph expressed concern over the preparation and time it takes to learn to be a good teacher: "You can sit through a Faculty Development seminar with a great teacher but you won't leave being that teacher. So many tips and tricks have developed over time for each individual." Others added how much they wished they had known before they began teaching. Phoebe shared, "…I also have realized in doing this program that I was never formally taught how to 'teach'". Liz wrote, "I was in a teaching role at the hospital but have quickly learned that they are very different. Creating exams, lesson plans and material is all very new for me. I have a lot of learning ahead of me."

Literature supports this frustration at the limited preparation before beginning to teach. Weidman (2013) found in novice nursing faculty, "…additional feelings of stress related to not having educational theory" (p 105). Aldebron and Allan (2010) and Booth et al. (2016) advocate for academic preparation for nursing faculty as lack of teacher preparation is leaving novice faculty unprepared. Academic preparation for nursing faculty is an important aspect in assisting novice faculty to develop and grow in their skills as an educator (Halstead (2012). Additionally,

according to Summers (2017), obtaining competence as a nurse educator is not achieved immediately, many nurses go through stressful role transitions with anxiety and there needs to be more done to prepare them educationally as novice faculty.

The participants expressed confusion created by the wide variety of information available regarding further education for academic nurse educators. The lesson which contained information for the participants to explore further degrees and certifications detailed the options and reminded participants that further education was not an overnight activity. Even while the participants were very interested in exploring what options were available to them and how each option varies based on the individual, they also expressed a great deal of relief that further education and certification were not expected of them immediately, and they had time to become more proficient before adding more formal learning to their plate. Each participant shared future plans in obtaining their Academic Nurse Educator Certification (CNE) and perhaps a further degree a little farther down the road. Keith shared in a journal, "I feel like I have a better understanding of DNP and Ph.D. I really enjoyed the 5-year exercise and putting to paper the options".

This finding is supported by Robb (2005) who found the different degrees available to nurses confusing, stating, "…the experience of choosing a doctoral program and navigating the application process can be daunting and overwhelming. Interested graduate nurses must be nurtured and encouraged to engage in doctoral studies and supported throughout the journey" (p. 89). The importance of nursing faculty making a plan and deciding on further education options is essential for novice faculty to recognize. New faculty who are interested in a Ph.D. in nursing or education or a DNP should take their time and be fully informed about what each type of doctoral degree will be best suited based on what it will and will not prepare them to do upon

completion of the degree (McNelis, Dreifuerst, & Schwindt, 2019). Another option for further education includes a postmaster's certificate program which can be done more quickly than obtaining another degree (Oermann, 2005). George (2016) discovered the Certified Nurse Educator certification process as another method to both learn as an educator as well as to validate excellence as nursing faculty, "The CNE exam was challenging, but I learned important content while studying that has benefitted me as a nurse educator (p. 24).

Participants Identified their Teaching Needs and Learned New Practices

All participants expressed that learning new teaching practices was a highlight of their program. They shared they were excited to try new ideas were able to identify their teaching needs and the learning they had done so far. Liz commented, "I will need to learn more of the boundaries and setting the right tone in the classroom to gain respect immediately and carry that through my career." Shirley agreed, stating, "I still have so much to learn, about teaching and student behavior and my role here."

Participants revealed that there were many changes to make and that they had planned changes for the next semester. Several stated they had lists of ideas they wanted to try and changes not only to their teaching but also in classroom management. As Phoebe stated, stating, "I also still desperately need to get comfortable when there are times when authority needs to be exercised which I hate doing!" Liz journaled:

> I also read a lot of how you set the expectations on the first day. I am thinking that I may need to be more strict on day one so that they understand I mean business. I come off as sweet and kind, but I think that is not working. I need to be more stern and up front with them from the beginning to hopefully avoid some of the lazy attitudes and behavior. I have printed out these articles to help keep me focused, and they are so very helpful!

Other participants commented on their learning needs related to teaching, as Shirley wrote in a journal, "I learned I need to use EBP [Evidence Based Practice] to develop teaching strategies, evaluation, and revision of content. It reminds me of the need to research proven strategies and purposely incorporate them into my teaching."

Keith shared:

This [classroom setting] currently is not my job, but I have learned a lot through this module. I have been challenged to change the mentality when I walk into a classroom. I do not want to be considered a performer, but more of a facilitator. I accept the challenge to make the classroom a place that provides relevant and active learning through knowledge construction…

The participants were enthusiastic to share how excited they had become while learning new teaching strategies. The participants used phrases such as "eager", "excited", and "I love this!". They also shared ideas of changes they have already made or are planning on making to their teaching. Liz journaled, "I enjoyed this module so much. I can see how I will use a lot of these ideas in my future teaching. I love the think, pair and share … I am excited to have my students do this." Shirley wrote, "Reading this material gets me excited about how I can better engage students to think critically about content, not just memorize drugs and class."

This is consistent with a blog entitled "What Modern Professors Think About Active Learning", which stated, "Professors are increasingly recognizing that sage-on-stage, stand-and-deliver lectures are no longer the best way to get through to students, and that active learning is the way forward" (Parker, 2018, para 1.). Numerous studies show the benefits to both students and teachers when active learning is used. Faculty who have made the switch to include a variety of teaching-learning methods usually report that their classes are much more enthusiastic and

enjoyable for both the teacher and students following the change, and the quality of learning and level of engagement goes up as well (Felder & Brent 2009; Thaman, Dhillon, Saggar, Gupta, & Kaur, 2013).

Study Results Were Participants Felt Supported and Educated

Figure 2

Overall Thematic Map
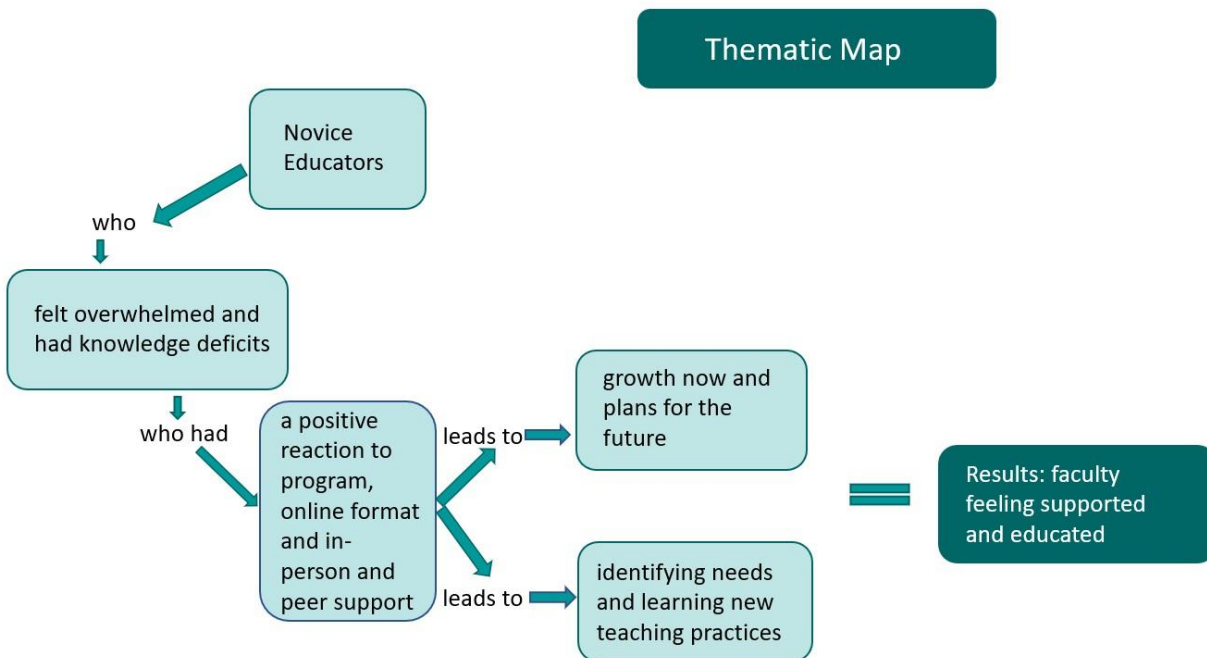
As a result of the program, participants agreed they felt they had the beginnings of a solid knowledge base related to developing as new faculty. The education they received gave them creative ideas, an understating of the learning needs of students, classroom management, teaching and learning principles, basics of roles and education opportunities, and insights into their unique learning needs. The program supported the participants in validating they were not alone in how they were feeling and what they were experiencing. The program provided information to assist the participants to become more successful, productive and creative teachers, and members of the faculty. The in-person member checking meeting also provided an

unexpected source of support between the participants with guidance from the researcher. Participants unanimously agreed that following the program, they had a much higher knowledge base, a list of questions they did not know they should ask and felt supported through the online lessons and the in-person meeting. All five participants planned on returning to teaching the following academic year.

Recommendations

The design of this online faculty development program led to the improvement of novice faculty level of support and knowledge. The unique feature of online modules and lessons gave structure while allowing for flexibility in time and returning to review a lesson as desired. An essential element of this program was the purposeful inclusion of self-reflection through journaling that resulted in meaningful learning. Understanding that faculty need to be fully engaged for any type of faculty development program, creative methods of active learning were included. The provided materials across a wide variety of learning styles also led to the distinctive aspects of this program.

The in-person meeting offered to the participants added to the positive outcome of this study as well. While an all online faculty development program may be tempting, a blending of both online and in-person might be the best approach. The face-to-face communication and support offer a strong sense of community and can assist faculty in staying committed to learning while holding each other accountable.

There is the potential for challenging the current framework for professional development for novice faculty. Much of the content of the faculty development program could be viewed from a wider lens and could apply to interdisciplinary collaboration with other schools in the healthcare fields. Including faculty from other healthcare schools may contribute to the positive

outcomes of novice faculty from across multiple disciplines as a cohort together, with content specific areas for each school. This would provide for broader faculty development along with socialization and support from a larger group of novice educators.

Faculty development programs should include specific information on the role of nursing faculty in a clinical setting as well as the classroom. A two-tiered approach could be constructed which would allow for an online learning format plus an in-person approach to allow for individualized content. The clinical specific content could include an overview of the faculty role in a clinical setting, orientation to the clinical agencies, specific faculty resources in a clinical setting, expectations for faculty performance consistent with the implementation of college/program/course/clinical agency/unit policies, and an overview of the program process for assessment, evaluation, and recording of student learning and management of student concerns in a clinical setting. Practical aspects of the clinical workday should be provided including forms, scheduling ideas, supervision of students, and documentation suggestions.

It is recommended that regardless of new faculty background that schools of nursing provide faculty development opportunities beginning the first semester of teaching and continue through the first two years of teaching. Adding effective, planned, in-person mentoring strategies can assist novice faculty during this time as well. Providing opportunities for teaching and learning growth and development, supporting the career change, and providing socialization are crucial in supporting novice faculty.

Specific recommendations for a nursing faculty development program include:

- Utilize online programming as the favored presentation method as the participants can complete lessons when it is most convenient, at their own pace, and repeat sections as necessary or as interested.

- The choice of topics presented is important to a successful transition. This research study provided an initial four lessons in four modules, and the researcher expects to create additional lessons to complete the faculty development program based on the nursing educators' core competencies of the NLN. It is recommended to begin with essential lessons and continue to add additional lessons over time.

- Demonstrate "practice what you preach" in the faculty development lessons to model and encourage effective teaching practices.

- Adding in-person support guided by experienced faculty with monthly meetings of small groups of novice faculty for the first two years. This experienced faculty should have knowledge of evidence-based practices in teaching and learning principles, detailed knowledge of roles and expectations, classroom and clinical management and a heart to support new faculty.

- Certainly, while this faculty development program is designed to educate and support novice nursing faculty, other faculty outside the window of the first two years who did not have the opportunity to complete the program might benefit from having access to the education and support as well.

- Though this study involved participants who were full-time faculty members, this program could also be made available for part-time faculty as they could pick and choose lessons that pertain directly to their needs and interests.

- Although not specifically addressed in this study, effective mentoring should be addressed in addition to online development and in-person group support.

Limitations of the study

A limitation of this qualitative exploratory-descriptive study design was the small population which limited the amount of qualitative data collected. This may not translate to faculty of other institutions and other settings. Additionally, all participants were from one university in the southwest which may limit the generalizability of the study.

Future research

To provide the support needed for novice nursing faculty, additional qualitative research should seek to examine faculty development with a larger population. Additionally, this program was less than eight weeks in length. A longitudinal study could be done across five years as the participants grow from novice to experienced nursing faculty. Retention rates and faculty satisfaction should be monitored and reported. This study utilized four online lessons which should be expanded to include additional NLN Core Competencies for Nurse Educators. More research is needed to identify effective practices in assisting novice nursing faculty transition into their new role utilizing faculty development programs.

Conclusion

Faculty development is vital to the smooth transition and support for novice academic nurse educators. As the NLN noted in 2002, "Faculty should be encouraged and supported to participate in faculty development programs that focus on teaching and education, just as they are encouraged and supported to participate in programs that focus on their clinical specialty area or research (p. 5). This study sought to identify participation in an online faculty development program as a means to support novice nursing faculty. Although small in number, the participants provided rich details of their experiences during and after the program to assist in understanding the meaningfulness of the program. This study further added to the information as to what experienced nurses need to feel supported in their new role as a novice nursing faculty.

The recommendations presented here may guide others in planning faculty development programs for novice nursing faculty. It is highly recommended that schools of nursing anticipate the learning needs of, and support provided to, their novice faculty and provide continuing faculty development to nurture and grow productive, supported, and knowledgeable faculty who love their role.

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Appendices

Appendix A - IRB

NORTHERN ARIZONA UNIVERSITY
Office of Research Compliance

Institutional Review Board for the
Human Research Protection Program

805 S Beaver
PO Box 4062
Flagstaff AZ 86011
928-523-9551
https://www.nau.edu/IRB

To:	Janis McMillan, MSN, RN
From:	NAU IRB Office
Approval Date:	August 8, 2019
Project:	Participation in an Online Faculty Development Program to Support Novice Nursing Faculty
Project Number:	1476675-1
Submission:	New Project
Action:	APPROVED
Project Risk Level:	MINIMAL RISK
Approval Expiration Date:	August 8, 2024
Next Report Date:	
Review Category/ies:	**The project is not federally funded or supported and has been deemed to be no more than minimal risk.**

This project has been reviewed and approved by an IRB Chair or designee.

- Northern Arizona University maintains a Federalwide Assurance with the Office for Human Research Protections (FWA #00000357).
- All research procedures should be conducted in full accordance with all applicable sections of the guidance.
- The Principal Investigator should notify the IRB immediately of any proposed changes that affect the protocol and report any unanticipated problems involving risks to participants or others. Please refer to Guidance Investigators Responsibility after IRB Approval, Reporting Local Information and Minimal Risk or Exempt Research.
- All documents referenced in this submission have been reviewed and approved. Documents are filed with the HRPP Office within IRBNet. If subjects will be consented, the approved consent(s) are available within IRBNet upon approval notification from the HRPP Office.

Important

The principal investigator for this study is responsible for obtaining all necessary approvals before commencing research. Please be sure that you have satisfied applicable external and University requirements, for example (but not limited to) data repositories, listserv permission, records request, data use agreement, conducting University surveys, data security, international, conflicts of interest, biological safety, radiation safety, HIPAA, FERPA, FDA, sponsor approval, clinicaltrials.gov, tribal consultation, or school approval. IRB approval does not convey approval to commence research in the event that other requirements have not been satisfied.

Appendix B - Module Lesson Plans

Expert Clinician to Novice Faculty:
Online Nursing Faculty Development Program
Module Lesson Plans

Program Objectives: The participant will be able to:
1. reflect on socialization into the role, responsibilities, and transitions of the nurse educator.
2. utilize effective practices to improve the delivery of nursing education
3. apply teaching and learning principles to meet the learning needs of diverse groups of students
4. identify the need for lifelong learning

Module Name: Module 1: Socialization
Lesson: Transitioning from Expert Clinician to Novice Nursing Faculty
Description: Information regarding the path for transitioning from an expert nurse clinician to a beginning Nursing Faculty
Program Objective: 1
Teaching Points/Learning Techniques:

- One 10-minute narrated video or PowerPoint   - Reading: Core Competencies of Nurse Educators (pdf link)
      From Novice to Expert (Benner) (pdf link)
      Transition From Clinical to Educator, Roles in Nursing; An Integrative Review   - Website article(s):
From our readers: Novice to expert—a nurse educator's personal journey
https://www.americannursetoday.com/from-our-readers-novice-to-expert-a-nurse-educators-personal-journey/
 AACN Teaching Resources, Teaching Tool-kits; Transitioning from Clinical Nursing to Nursing Faculty
https://www.aacnnursing.org/Teaching-Resources/Tool-Kits/Transitioning-Clinical-Faculty   - Video:

Content to include:
- Definition – Novice to Expert (Benner)   - Transitioning – Role stress   - Learning curve   8 core competencies of Nursing Educators   - Essential skills for Nursing Educators (academic)   - Making the transition smoother   - Rewards and challenges   - Resources

Introduction-opening and…
- PowerPoint/video introducing content   - Pre-content knowledge check: Five-minute Journal – What excites you about becoming an academic nursing educator? Why did you make the decision to go into education?

Student Learning Objective:	Learning Activities:	Assessment:
• Identify assumptions of the transition period from Expert clinician to Novice faculty	• Read the online articles: *Novice to Expert* (Benner) and *Novice to expert—a nurse educator's personal journey*	• "I think Journal: What stands out to you about the educators' experiences? What are you anticipating for yourself?
• Reflect on the Core Competencies and skills for nursing educators	• Read the Core Competencies and essential skills	• Create a concept map of the competencies and skills with yourself in the middle; create connections, identify your strengths and weaknesses in your map
• List the personal rewards and challenges of the new role.	• Read Transition From Clinical to Educator, Roles in Nursing; An Integrative Review	• Brainstorm a list with two columns, one for your rewards, and one for your challenges for your new role
• Identify resources for supporting the transition	• Go to the Website for AACN and find the Tool-kit for transitioning from nurse clinician to nursing faculty	• Create a working document for yourself with resources and ideas you can use to help smooth the transition; add a section for "people" who you have identified as good resources for you during your first year and beyond

Summary
• Final knowledge check activity - Intrigue Journal – In one page, list the five most interesting, controversial, or resonant ideas you found in the readings, PowerPoint, activities, and assessments. Why did these capture your attention?

Expert Clinician to Novice Faculty:
Online Nursing Faculty Development Program
Module Lesson Plans

Program Objectives: The participant will be able to:
1. reflect on socialization into the role, responsibilities, and transitions of the nurse educator.
2. utilize effective practices to improve the delivery of nursing education
3. apply teaching and learning principles to meet the learning needs of diverse groups of students
4. identify the need for lifelong learning

Module Name: Module 2: Effective Practice
Lesson: In-person Classroom Management
Description: Information and ideas for In-person classroom management techniques
Program Objective: 2
Teaching Points/Learning Techniques:

- Two 10 minute narrated video or PowerPoint   - Reading: 11 Tips for New College Teachers (link to pdf)
      10 Effective Classroom Management Techniques Every Faculty Member Should Know (link to pdf)   - Website article(s): First Day of Class https://cft.vanderbilt.edu/guides-sub-pages/first-day-of-class/   - Podcast: Are You Sabotaging Your Classroom Management?
https://www.cultofpedagogy.com/classroom-management-problems/   - Video: The 5 Second Solution for a Talkative Class
https://www.youtube.com/watch?v=N_HPLMQStug
      Distract the Distractor: Stop Off-Task Behavior Without Drama
     https://www.youtube.com/watch?time_continue=56&v=ACR85mUz5uE

Content to include:
- Planning the first day and every day; icebreakers   - Creating an atmosphere for facilitating learning; civility, connecting with the students   - Assisting the underprepared; challenging the advanced   - Classroom management for all kinds of student situations (the talkative, the know-it-all, etc)

Introduction-opening and…
- Powerpoint/video introducing content   - Pre-content knowledge check - Five-minute paper – Answer these questions: What is a characteristic of your favorite teacher and why? What facilitates and what hinders your learning in the classroom setting?

Student Learning Objective:	Learning Activities:	Assessment:
Demonstrate an understanding of the importance of class preparation	Read 11 Tips for New College Teachers and from 10 Effective Classroom Management Techniques Every Faculty	Online activity – start a list of class preparation and first day of class (or

		clinical) activities that appeal to you
• Describe components of a well-managed classroom	• Go to https://www.facultyfocus.com/topic/articles/effective-classroom-management/ and find an article that grabs your attention	• Write out The 411 - Describe the author's objective in the article you chose. Were they persuasive? Will you try this technique? Why or why not?
• Implement strategies that will promote a well-managed classroom	• Watch the video: Whole Brain Teaching: College Classroom Management	• Create a PRO and CON list for this technique; then answer: Would you like to try this? Why or why not? Now create a list of other techniques from this lesson that you would like to try.

Summary
• Final knowledge check – So What? Journal – What is the most important thing you learned from this module/lesson? How do you think you might use what you learned in your classroom?

Expert Clinician to Novice Faculty:
Online Nursing Faculty Development Program
Module Lesson Plans

Program Objectives: The participant will be able to:
1. reflect on socialization into the role, responsibilities, and transitions of the nurse educator.
2. utilize effective practices to improve the delivery of nursing education
3. apply teaching and learning principles to meet the learning needs of diverse groups of students
4. identify the need for lifelong learning

Module Name: Module 3 Teaching and Learning Principles
Lesson: Creative Teaching Strategies
Description: Introduction to active learning and creative teaching strategies that can be employed in the classroom or clinical setting.
Course Objective: 2 and 3
Teaching Points/Learning Techniques:
- Two 10 minute narrated video or PowerPoint   - Reading: Felder, R & Brent, R (2009) Active learning: An introduction (will have a link to pdf)   - Website article(s): https://cft.vanderbilt.edu/wp-content/uploads/sites/59/Active-Learning.pdf   https://blog.cengage.com/mean-active-learning/   - Video: https://cei.umn.edu/active-learning
Content to include:
- Theory of active learning (why be creative?)   - Active learning strategies and why?   - Narrative (journaling, reflective thought)   - Team-based learning   - Flipping the classroom   - Scrambling the classroom   - Creative teaching ideas- classroom   - Medication mansion, bingo, case studies, 10-word write, knowledge check quiz, reading priorities, brown bag concept map, report/SBAR, practice NCLEX questions, mystery patient or drug in a box, compare and contrast scenarios   - Creative teaching ideas – clinical   - QSEN activities (ABCRESST), What if/What then/What next, Concept map, journal

Introduction-opening
- Video/PowerPoint   - Pre-content knowledge check: Create a learning target using the SMART goals for creative teaching (see instructions)

Student Learning Objective:	Learning Activities:	Assessment:
• Describe the theory and application of active learning	• Fill out the first two columns of KWL chart (column one - what do you know? and column two - what do you want to know ?) • Internet scavenger hunt: go to the internet and find at least one website with active learning theory and ideas for the college level	• Create a mini concept map on a standard piece of paper either by hand or on the computer with the theory of active learning and why it is important for teaching and learning for your students
• List at least three creative active learning ideas for the classroom setting (or) • List one creative active learning idea for the clinical setting	• 5-minute paper: Brainstorm which of these strategies you could use in your teaching setting. Which of your course/clinical topics might you match with which strategy and why?	• WWWHW Journal: Brainstorm when you could use these strategies in your teaching setting. Which of your course/clinical topics might you match with which strategy and why? How does reading these creative teaching-learning strategies make you feel? Excited? Worried? Something else or a combination? Why?

Summary
• Final knowledge check and reflection – Progress Journal - Return to your learning target and SMART goals. In a brief reflection, evaluate your progress on your learning target. Did you achieve your goal or do you need to revise it?

Expert Clinician to Novice Faculty:
Online Nursing Faculty Development Program
Module Lesson Plans

Program Objectives: The participant will be able to:
1. reflect on socialization into the role, responsibilities, and transitions of the nurse educator.
2. utilize effective practices to improve the delivery of nursing education
3. apply teaching and learning principles to meet the learning needs of diverse groups of students
4. identify the need for lifelong learning

Module Name: Module 4: Lifelong Learning
Lesson: Education – Further Degrees
Description: Information on options for nursing faculty for certification and further education
Program Objective: 4
Teaching Points/Learning Techniques:
- One 10-minute narrated video or PowerPoint   - Reading: Ph.D., DNSc, ND; The ABCs of Nursing Doctoral Degrees (pdf link) Overcoming the Tension: Building Effective DNP-PhD Faculty Teams Post-master's Certificate in Nursing Education   - Website/ article(s): Certification for Nurse Educators (the CNE) http://www.nln.org/Certification-for-Nurse-Educators Post Masters Certificate programs https://www.registerednursing.org/post-masters-certificate/nursing-education/   - Video:
Content to include:
- Faculty roles in an academic setting (tenure, assistant/associate/full professor, etc)   - Further degree options for nursing faculty   - Certified Nurse Educator (CNE, CNEcl)   - Faculty development

Introduction-opening and…
- Powerpoint/video introducing content   - Pre-content knowledge check – KWL journal: in your journal complete the: "K" - **K**nowledge on this subject before the lesson and "W" -**W**hat do you want to know?, save "L" for later

Student Learning Objective:	Learning Activities:	Assessment:
Describe academic faculty roles	Read the descriptions of the variety of academic nursing faculty roles	- Interview You 5 minute paper - You're the guest expert on 60 Minutes. Answer:

		• What are the academic faculty roles? • Why does this topic matter?
• List further degree options that are available	• Do an online scavenger hunt; first) find online programs for Post-masters Nursing Education Certificate programs and second) find online information regarding further degrees that you might be interested in pursuing	• Create an Opinion Chart - List opinions about the content you've found in the left column of a T-chart, and support your opinions in the right column.
• Demonstrate commitment to lifelong learning by creating a personal faculty development plan	• Brainstorm where you are now and where you'd like to be in one year, five years, and ten years; then create a plan for what you will need to do go achieve this	• Journal – Describe your journey in creating your faculty development plan. How does it feel?

Summary
• Final knowledge check – Completion Journal: Complete KWL chart – "L" – What did you **l**earn about yourself and where you want to go with your career?

Appendix C - Journal Questions

Lesson One

- Pre-content knowledge check: Five-minute Journal – What excites you about becoming an academic nursing educator? Why did you make the decision to go into education?
- Learning Assessment: "I think" journal: What stands out to you about the educators' experiences? What are you anticipating for yourself?
- Final knowledge check activity - Intrigue Journal – In one page, list the five most interesting, controversial, or resonant ideas you found in the readings, PowerPoint, activities, and assessments. Why did these capture your attention?

Lesson Two

- Pre-content knowledge check - Five-minute journal – Answer these questions: What is a characteristic of your favorite teacher and why? What facilitates and what hinders *your* learning in the classroom setting?
- Final knowledge check – So What? Journal – What is the most important thing you learned from this module/lesson? How do you think you might use what you learned in your classroom?

Lesson Three

- Learning Assessment: WWWHW Journal: Brainstorm when you could use these strategies in your teaching setting. Which of your course/clinical topics might you match with which strategy and why? How does reading these creative teaching-learning strategies make you feel? Excited? Worried? Something else or a combination? Why?
- Final knowledge check and reflection – Progress Journal - Return to your learning target and SMART goals. In a brief reflection, evaluate your progress on your learning target. Did you achieve your goal, or do you need to revise it?

Lesson Four

- Pre-content knowledge check – KWL journal: in your journal start a chart with the: "K" - **K**nowledge on this subject before the lesson and "W" -**W**hat do you want to know?, save "L" for later
- Learning Assessment: Journal – Describe your journey in creating your faculty development plan. How does it feel?
- Final knowledge check – Completion Journal: Complete KWL chart – "L" – What did you **l**earn about yourself and where you want to go with your career?

Appendix D - Questionnaire

Expert Clinician to Novice Faculty: Online Nursing Faculty Development Program

Questionnaire

Demographics Information for Participants

Your initials:

Age:

Gender:

Nursing background:

     a. Number of years as an RN:

     b. Areas employed as an RN:

Education background:

     a. Highest level of education/type of degree:

     b. Year you received your degree:

Teaching background:

     a. Have you ever worked as a part-time faculty member?

       If yes, how long?

     b. Year you first began teaching nursing students full time:

Expert Clinician to Novice Faculty: Online Nursing Faculty Development Program

Questionnaire

Please rate the following questions:

As a result of this Faculty Development Program, I have…	Strongly	Agree	Disagree	Strongly
a deeper understanding of the transition of expert clinician to novice faculty				
developed ideas for creating an in-person classroom management style				
learned active/creative learning techniques to use in the classroom or clinical setting				
a well-developed personal faculty development plan				

Please answer the following questions:

1. Identify your own areas of learning needs related to your job as a nursing faculty.

2. Describe your level of competence:

Perceived career level in Benner's Novice to Expert as a nurse clinician:

      Novice   Advanced beginner   Competent   Proficient   Expert

Why did you choose this?

Perceived career level in Benner's Novice to Expert as an academic nurse educator:

   Novice   Advanced beginner   Competent   Proficient   Expert

Why did you choose this?

3. If, as a result of this faculty development program, you plan to make any changes to your practice as an academic nursing educator, please describe them. If not, describe how your practice is already aligned with the information in the faculty development program.

4. Did you develop a skill or competency you are eager to try? If so, what is it? If not, what skills or competencies do you already use?

5. Which faculty development activity had the greatest positive impact on you?

6. How useful did you find this faculty development program? Please describe it in detail.

7. How satisfied are you with the online format of this faculty development program? Why?