EXPLORING THE TRANSITIONAL EXPERIENCES OF NURSING FACULTY AT

ONTARIO COLLEGES

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ONTARIO COLLEGES.

By Michelle Greenway RN, BNSc

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AUTHOR: Michelle Greenway, RN, BNSc

SUPERVISOR: Dr. Sheila Boamah, RN, BScN, MScN, Ph.D.

COMMITTEE MEMBERS: Dr. Pamela Baxter, RN, BA, BScN, MScN, Ph.D.; Dr. Emily Belita, RN, BScN, MN, Ph.D.; Dr. Joanna Pierazzo, RN-NP, BSc, BEd, MScN, Ph.D.

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Abstract

The global nursing shortage creates a challenge for patient care and increases the demand for qualified nursing faculty to train future nurses. In 2022, there were an estimated 67 vacant full-time faculty positions in Ontario colleges and universities, driving the recruitment of nurses from clinical practice (CASN, 2022). The transition from clinical practice to academia can be challenging. Although the transition experience of clinical nurses to academia has been examined in the literature, the perspective of Ontario college faculty still needs to be addressed.

To address this gap, this qualitative descriptive study, informed by Transitions Theory, explored the experiences of novice college nursing faculty. Nine participants from Ontario colleges offering the Bachelor of Science in Nursing degree were interviewed. The study provided three themes: 1) emotional aspects of the transition experience, 2) preparation for the nursing professor role, and 3) navigating the role and college setting. The study found that transitioning into the nursing professor role is an emotional journey. Many novice nursing professors felt unprepared for their new role and drew upon their clinical experiences to support their transitions. Finally, their ability to navigate their new role was impacted by the formal and informal support they received through orientation programs, mentorship, and socialization.

These findings can guide academic leaders at Ontario colleges to offer standardized orientation programs that support nurses to excel as professors and improve retention of this important group. By increasing the retention of novice nursing professors, Ontario colleges can continue to educate future nurses to meet the province's growing healthcare needs. Without qualified faculty, nursing schools are limited in their enrolment of students, resulting in fewer new nurses supporting patient care.

Dedication

To my three true loves, Vera, Tess, and Lily.

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List of Abbreviations

BScN   Bachelor of Science in Nursing

CEDP   College Educators Development Program

HiREB   Hamilton Integrated Research Ethics Board

MN   Master of Nursing

MSc   Master of Science

MScN   Master of Science in Nursing

NCLEX   National Council Licensing Exam

NRIG   Nursing Research Interest Group

Ph.D.   Doctor of Philosophy

PSW   Personal Support Worker

RN   Registered Nurse

RNAO   Registered Nurses' Association of Ontario

RPN   Registered Practical Nurse

SON   School of Nursing

Declaration of Academic Achievement

I, Michelle Greenway, declare that this work is my own and, if not, I have acknowledged the

original source according to APA guidelines.

Date: April 4, 2024

Graduate Thesis: A qualitative description of nurses' experiences during their transition from
clinicians to college professors.

Signature:

CHAPTER 1: INTRODUCTION

Introduction

The global nursing shortage extends to nurse faculty positions, with a critical shortage across North America (World Health Organization, 2020). Canada reports one of the most significant vacancies to date among countries in this region. In 2021, the Canadian Association of Schools of Nursing [CASN] reported approximately 225 vacancies in full-time nursing faculty positions in Canada (CASN, 2021). There are multiple factors contributing to the nursing faculty shortage in Canada. These include a lack of available qualified nursing faculty, heavy academic workloads, and reported low job satisfaction among faculty members (Boamah et al., 2021; CASN, 2022). The comparatively high compensation available for clinical positions is an additional barrier for nurses to make a career transition from clinical practice to academia. Furthermore, the nursing faculty shortage continues to be exaggerated by the loss of faculty to retirement, as exhibited by the retirement of 81 permanent nursing faculty members across Canada in 2020 (CASN, 2021; Yedidia, 2014). Nursing faculty may enter academia later in their careers after gaining clinical experience; therefore, their careers are often shorter than the general faculty population, which further adds to the shortage (Smith, 2012). In 2021, approximately 86% of full-time faculty in Canada were over the age of 40 (CASN, 2022).

To fill vacant faculty positions, nurses are being recruited by academic institutions from clinical practice earlier in their careers, often without the necessary preparation in pedagogy for the academic setting (Smith et al., 2019). While some novice nurse faculty may be experienced clinicians, academic positions require different skills and expertise (Grassley et al., 2020). When nurses lack the required training and socialization for a faculty role, they become insecure in their abilities, experience elevated levels of stress and anxiety, and are less effective teachers

(Summers, 2017; Suplee et al., 2014). The transitional experience from a clinician to a faculty member can be similar to the experience of a newly graduated nurse transitioning to clinical practice, often described as a "transition shock" (Duchscher, 2009). Similar terminology has been used to describe the initial stages of role adaptation for new nursing faculty members due to the stress of moving from the familiar role of a clinical nurse to the unfamiliar role of a nursing faculty member. The expectation of novice professors to sustain various responsibilities, including teaching, service, clinical expertise, and scholarship, is often overwhelming and sometimes surprising and can lead to frustration, burnout, decreased job satisfaction, and intent to leave (Poorman & Mastorovich, 2017). In a mixed-method study by Jeffers and Mariani (2017), 52% of nursing faculty members reported an intent to leave academia within the first five years of their careers due to decreased job satisfaction. In the same study, the faculty members reported unsupportive environments, lack of professional growth opportunities and complex relationships with colleagues, which resulted in low job satisfaction. The authors also found that intent to stay was related to career satisfaction and therefore, exploring ways to decrease transition shock and improve career satisfaction is essential to decrease early-career attrition (Boamah et al., 2021; Jeffers & Mariani, 2017; Miner, 2019).

With the growing shortage of nursing faculty in Canada, this thesis research sought to explore the transitional experiences of novice nursing faculty members (defined as having less than three years of full-time teaching experience) moving from clinical practice to academia. The novice period, denoting less than three years of experience in the role, corresponds to Benner's (1982) *Novice to Expert* theory of proficiency in nursing practice, which outlines the journey from novice to expert. In the *Novice to Expert* theory, competency in nursing occurs within three years (Benner, 1982). The novice period was chosen for easy recollection of the transition

experience. Benner (1982) argues that novice nurses need additional support from preceptors to adjust to their role as they have difficulty discerning which responsibilities are a priority. Without support, novice nurses may experience transition shock due to the mismatch in abilities and expectations (Duchscher, 2009). Similar to the experience of academic faculty, the journey from novice to expert involves acquiring practical experiences, receiving mentoring, and continuous learning. Novice nursing professors require support from experienced faculty members to navigate their new role and responsibilities. Understanding the factors that support or hinder the successful and healthy transition of novice nursing professors is crucial given the complexities inherent in this process (Benner, 1982). The insights gained from this research can be utilized to enhance the experiences of nursing faculty members, mitigating transition shock, improving the quality of their teaching, and increasing job satisfaction and retention rates.

Background

The Nursing Faculty Shortage in Canada and Ontario

The nursing shortage has become an urgent situation in Canada, with a record 28,335 registered nurse positions remaining vacant in 2023 (Statistics Canada, 2023). Registered Nurse and Registered Psychiatric Nurse positions have the highest increase in job vacancy rates among all occupations across the labour market (Statistics Canada, 2023). This shortage is especially prevalent in Ontario, with an estimated 24,000 registered nurses (RN) needed to meet the national average of 830 RNs for 100,000 people (Ontario Nurses' Association, 2022). To address the shortage and increase the capacity of the healthcare system, the provincial government has promised to fund 870 new registered nursing seats at Ontario nursing schools (Rushowy, 2021). This situation may have resulted in larger class sizes and a heavier workload for current faculty across some nursing schools, potentially decreasing job satisfaction and increasing intent to leave

(Boamah et al., 2022). At the same time, the number of projected full-time nursing faculty positions available across Ontario has risen from 58 positions in 2021 to 67 positions needed for 2022 (CASN, 2022).

Potential Pool of Nursing Faculty

The Canadian Association of Schools of Nursing projected 543 full-time nursing faculty positions required in Canada for 2022 (CASN, 2021). These positions require nurses to hold advanced degrees such as Master's degrees, which may include options like Master of Science in Nursing (with thesis stream, course-based, or nurse practitioner focus) and Master of Nursing. Nurses with these degrees, however, may choose advanced clinical positions, creating further faculty vacancies (CASN, 2021). Meanwhile, graduates of a Doctor of Philosophy in Nursing (Ph.D.) program often pursue faculty positions upon graduation and are, therefore, a key source of newly qualified nursing faculty members (Council of Canadian Academies, 2021).

As of 2021, 65 students graduated from a Canadian Nursing Ph.D. program, which is well below the number to fill the nursing faculty positions necessary across Canada (CASN, 2022). As Canada's most populated province, Ontario provides a substantial portion of the country's nursing education (undergraduate and graduate) and has the greatest number of doctorate students but also the greatest number of faculty vacancies. Compared to the national statistics, there were 20 Ontario Ph.D. graduates in 2021 to fill the projected 67 open full-time permanent nursing faculty positions for 2022 across Ontario (CASN, 2021). However, not all nursing faculty positions require a Ph.D. education. The current requisite to teach theoretical courses in a Bachelor of Science in Nursing (BScN) program at many Ontario colleges or universities is a BScN plus a Master's degree in nursing, education, or science (i.e., MN, MScN, MEd, MSc) with Ph.D. preparation preferred (Nipissing University, 2023).

Nursing Faculty Qualifications

There are different qualifications required for a nursing faculty position depending on the course subject area, program stream and location (CASN, 2022). For this study, nursing faculty or professor refers to a graduate (Master's or doctorate) prepared RN employed full-time in an undergraduate nursing (BScN) program whose primary goal is the education of the student with a focus on academic scholarship (Layng Millonig, 1986). The typical full-time nursing professor at a university is Ph.D. prepared, which requires core competencies in advanced knowledge, research, nursing practice, collaboration, professionalism, and leadership (Bishop et al., 2015; Whitmore et al., 2020). Historically, nursing professors at Ontario colleges are Master's (Master of Science in Nursing [MScN]/Master of Nursing [MN]) prepared and clinically experienced (CASN, 2022). There may be differences in preparation for the three tenets of teaching, research and service required of nursing faculty positions depending on the graduate nursing degree received. Therefore, novice nursing faculty may find the transition from clinician to professor challenging as they are ill-prepared for the myriad of differences between nursing practice and academic nursing education (Burchill & Anderson, 2019; Garner & Bedford, 2021; McDermid et al., 2016; Schoening, 2013).

Nursing Education in Ontario

Nursing education has transformed over the years, evolving from apprenticeship training in hospitals to the more academic diploma and degree programs offered at educational institutions. Traditionally, colleges in Ontario offered career-oriented training with a focus on teaching practical skills as opposed to prioritizing the research and scholarship common at universities (Balakumaran et al., 2021; I. Mellozzi, personal communication, June 1, 2022). To standardize nursing education programs, earning a baccalaureate degree (Bachelor of Science in

Nursing [BScN]) became the minimum requirement for obtaining an RN license in Ontario in 2005 (Bishop et al., 2015; College of Nurses of Ontario [CNO], 2022). The BScN program was originally only offered at universities, but in 2000, Ontario colleges began to offer a BScN degree in collaboration with a university program to meet the new baccalaureate requirements (College of Nurses of Ontario, 2018). The collaborative BScN program typically starts with two years of education at the college, followed by two years of education at a university partner. Theoretically, this trajectory enabled colleges to offer a BScN degree while retaining the educational resources of former diploma programs.

As the demand for BScN graduates continued to grow, Ontario released a policy in 2020 allowing colleges to offer nursing degrees independently from a university (Government of Ontario, 2020). There are approximately 13 colleges currently offering the stand-alone BScN program, and nine colleges are continuing to offer the collaborative program (College of Nurses of Ontario, 2022). With a standardized BScN degree program offered across Ontario, the expectation for college nursing faculty to engage in a full range of academic and research responsibilities may increase (CASN, 2013; Ha & Press, 2018). The advanced skillset of academic teaching, scholarship and service now required for college nursing faculty involves additional training and mentorship, which may be missing from traditional college faculty preparation (Mokel et al., 2022). Therefore, by exploring the novice nursing faculty experiences at both collaborative and stand-alone colleges, we can gain insight into their current needs as educators.

The Provincial Perspective

Although the transition experience of nurses as they move from clinician to professor has been examined in the literature, the Ontario college faculty perspective is missing (Boamah et

al., 2021; Brown & Sorrell, 2017; Fritz, 2018; Hoffman, 2019; McDermid et al., 2016; McDonald, 2010; Schoening, 2013; Smith et al., 2019). As the Ontario government continues to create capacity to graduate more nurses and the number of nursing faculty position vacancies rises, nursing schools in Ontario colleges must understand novice faculty experiences to increase retention and improve recruitment (CASN, 2022; Rushowy, 2021). The transition experiences of nursing faculty at Ontario colleges can provide insight into the challenges and facilitators of fulfilling an academic role for an important but under-researched group of nurse educators. Once we discover how the Ontario college faculty perspective compares to the existing literature, we can make evidence-informed recommendations to inform recruitment, retention, education, and policy. By decreasing the impact of transition shock and facilitating a positive transition experience, we can support and retain novice nurse faculty who play critical roles in providing quality education to a new generation of nurses.

Context

The COVID-19 pandemic was declared by the World Health Organization in March of 2020. The Canadian government aimed to control the spread of the virus through closures and restricted services. This resulted in rapid changes in healthcare and education. Resources, including nursing staff, were deployed to high need areas in acute and community care which resulted in increased stress and workload for nurses (Kissel et al, 2023). Additionally, nurses provided care on the frontlines, fearful of the unknown health risks to them and their families (Labrague & de los Santos, 2020). Burnout may have caused experienced nurses to leave the bedside and moving to alternative nursing positions such as education. In a cross-sectional study of Canadian critical care nurses by Crowe et al. (2022), 100% of participants reported moderate to high burnout and 22% intended to quit their current job. Similarly, in academia, the abrupt

shift in program delivery to online courses increased stress for nursing professors (Pokhrel & Chhetri, 2021). Not only were nursing professors tasked with quickly learning online platforms, but they also needed to support their students on how to navigate their nursing education (which includes in-person clinical placements) virtually. The dynamic landscape of nursing and nursing education during the pandemic caused increased stress and burnout for nurses and nursing professors, leading to decreased job satisfaction and intent to stay (Boamah, 2022; Kissel et al., 2023; Labrague & de los Santos, 2020). The pandemic continues to impact nurses and nursing professors as healthcare systems and academic institutions recover. Although not directly addressed in this study, the research was conducted during a period of dynamic change for nurses and reflects the influence of the pandemic on the participants and their professional transition experiences.

Research Purpose and Questions

Research Purpose

This qualitative descriptive study describes the transition experiences of novice nursing faculty (defined as having less than three years of full-time teaching experience) as they move from clinician to professor in Ontario colleges. Professor has been chosen in this study as a general title for non-clinical nursing faculty teaching within a BScN program in Ontario. Current research focused on nursing faculty includes job satisfaction surveys, workforce statistics, and other quantitative research; however, minimal qualitative research is conducted directly by interviewing college nursing faculty (Boamah et al., 2021; Smith, 2012). This study allows current college nursing professors to share their stories and describe the factors that facilitate or hinder their transition from clinical practice to faculty positions at Ontario colleges. The findings of this study intend to provide nursing leadership at academic institutions with a better

understanding of the transition experiences of their nursing faculty members and inform

retention strategies including the development of comprehensive orientation programs with

ongoing support and mentorship for novice faculty.

Research Questions

In this study, the following research questions will be addressed:

Primary Question: What are the experiences of registered nurses when transitioning from

clinicians to professors at Ontario colleges offering BScN degrees?

Secondary Question: What factors influence the transition from a clinical nursing role to a

nursing faculty role?

Overview of Subsequent Chapters

This thesis is divided into five chapters. Chapter Two provides a review of the literature

as it relates to the transition experiences of novice faculty and identifies the gap in the Ontario

college perspective. The research design and methodology are detailed in Chapter Three and the

results of the study are presented in Chapter Four. Chapter Five discusses the major findings of

the study and how these fit into the current conversation on the transition experiences of novice

faculty. Finally, Chapter Five includes recommendations on how to use these findings to advance

nursing education, policy, and research.

CHAPTER 2: THEORETICAL FRAMEWORK AND LITERATURE REVIEW

Theoretical Framework

Meleis' (2010) Transitions Theory was used as a theoretical lens to inform the development of this study aimed at exploring the transition experiences of Ontario College nursing faculty. The theory was developed by Afaf Ibrahim Meleis, a nurse researcher from the University of California. Meleis proposed that transition is a central concept of nursing practice (Schumacher & Meleis, 1994). Nurses often meet patients during a period of change (developmental, situational or heath/illness) and therefore, understanding how people move through transitions can inform holistic nursing interventions. The theory includes the properties of a transition experience (i.e. change in identity, roles, and relationships), the transition conditions (e.g. facilitators or inhibitors), and the outcome indicators of a healthy transition (Schumacher & Meleis, 1994; see Appendix A). According to Transitions Theory, a healthy or successful transition to a new role is characterized by a sense of well-being, positive relationships, and role mastery.

Meleis (2010) states that situational transitions refer to a change in educational or professional roles. Transitions Theory provides a framework to examine the situational transition experience of mastering a new role (nursing professor) over time. For nurses, the transition to the professor role is a complex process composed of psychological and social aspects (Brower et al.,2022). The facilitators and inhibitors of the transition experience influence how novice nursing professors progress toward mastering their new roles. If nursing professors feels positive emotions, gain confidence, and develop meaningful relationships within their faculties, the outcome indicators may show an integration of role identities. With Transitions Theory as a

theoretical lens, the study can build upon existing transition research and contribute to developing interventions to improve transition experiences for novice nursing professors.

Search Strategy

The purpose of this literature review is to provide an overview of how the existing research describes the transition experiences of nursing faculty. A search of five databases was conducted including Cumulative Index to Nursing and Allied Health Literature (CINAHL), PubMed, EmCare, HealthStar and Google Scholar. These databases were chosen due to their focus on nursing research. References of included articles in relevant systematic and integrative reviews were also reviewed. A McMaster University Health Sciences librarian was consulted on search terms, search strategy and inclusion timeframe of articles to ensure a comprehensive review. The following key terms were used in various combinations in the literature search: nurses+, college*, university*, teacher*, faculty, professor*, instructor*, Canada+, and transition*. All Canadian province and territory names were included. There were no relevant articles or studies related to nursing faculty transitions in the Canadian context and therefore this term was removed from the final search. Citations were included if they met the following criteria: a) focused on nursing faculty and, b) explored the transition experience. Whereas exclusion criteria included: a) published before 2013 given contextual irrelevance and, b) involved only the implementation or evaluation of an intervention. Forty-two citations were initially included in the literature search. Seven citations were removed based on the exclusion criteria. From this search, 35 full texts were reviewed and screened for relevance based on the participant population, research questions and focus on the transition experience. See Appendix C for summaries of the included articles.

Results of the Literature Search

Study Characteristics

Twenty-two articles were included in the literature review: 1 systematic review, 3 integrative reviews, 16 primary qualitative studies and 2 discussion papers. The studies included in the literature review were conducted in the United States (n=18), Ireland (n=1), Thailand (n=1), Australia (n=1), and the United Kingdom (n=1). The systematic review included 12 qualitative studies that described how nurses experience the transition from clinical practice to academic nursing roles (Grassley et al., 2020). The three integrative reviews were a combination of quantitative and qualitative studies, with a few opinion pieces included (Fritz, 2018; Summers, 2017; Wendler et al., 2021). Twelve of the primary qualitative studies focused on novice faculty (within their first 2-3 years) or early-career faculty (within their first five years) (Brown & Sorrell, 2017; Cangelosi, 2017; Fox, 2017; Garner & Bedford, 2021; Mann & DeGagne, 2018; McDermid et al., 2016; Miner, 2019; Nicholls & Kelman, 2023; Weidman, 2013; Wongpimoln et al., 2021). The remaining primary studies did not select for years of experience in the faculty role, and numbers ranged from 1-33 years of experience. The majority of participants were women, with less than 10% of participants identifying as men. This breakdown is comparable to the gender representation (91% female) of the nursing profession in Canada (Canadian Nurses Association, 2023). The sample sizes across the primary qualitative studies were consistent, ranging from 7-20 participants with a mode of 8 participants. The literature will be summarized in the following sections based on the salient themes presented in the research: transition shock, inadequate role preparation, and moving forward.

Transition Shock

A total of ten studies were found with themes related to feelings of stress and surprise and that focused on the concept of transition shock (Brown & Sorrell, 2017; Brower et al., 2022; Fox, 2017; Grassley et al., 2020; Mann & de Gagne, 2017; McDermid et al., 2016; Nicholls & Kelman, 2023; Schoening, 2013; Weidman, 2013; Wendler et al., 2021). Transition shock is described as *jumping into the deep end* and can occur due to the contrast between the knowledge, responsibilities, and expectations of a familiar role with that of a new and unfamiliar one (Duchscher, 2009). A lack of support during a transition period can lead to novice faculty members experiencing transition shock, like that experienced by new graduate nurses (Boamah et al., 2021; Brower et al., 2022; Wendler et al., 2021). In a qualitative study by Brower et al. (2022), novice nursing faculty members at colleges and universities in the U.S. expressed an abrupt shift in responsibilities (i.e., advising, curriculum and coordinating) in addition to teaching once they became full-time professors.

In four studies, the abrupt shift in responsibilities or transition shock caused novice faculty members to feel stressed, anxious, isolated, and overwhelmed which culminated in increased turnover intentions (Brown & Sorrell, 2017; Fox, 2017; McDermid et al., 2016; Tourangeau et al., 2012). In three studies exploring nurse faculty transitions, Many participants expected academic teaching to be similar to the teaching they had done as clinicians, and when this proved untrue, they suddenly felt unprepared for their role (Grassley et al., 2020; Nicholls & Kelman, 2023; Schoening, 2013). In a study exploring the link between the transition experiences of 14 novice faculty and their intent to stay in their role, Fox (2017) found that participants experienced shock and disappointment due to the lack of guidance and support available. Without support such as orientations, mentoring and opportunities for socialization,

participants felt disconnected or abandoned by their institution and were more likely to question their intent to stay. Two similar studies exploring the transition from clinician to nurse educator, highlighted the pressure novice faculty place on themselves to perfectly navigate the steep learning curve required in the early days of their role (Mann & de Gagne, 2017; Weidman, 2013). Most nursing faculty members were confident and knowledgeable clinical experts and struggled with transitioning to a novice professor where they were unprepared for the complexity of their faculty role (Brower et al., 2022; Grassley et al., 2020; Harper-McDonald & Taylor, 2020; Nicholls & Kelman, 2023).

Education

RNs can be recruited directly from the clinical setting and hired to fill professor roles without adequate preparation in pedagogy or effective teaching strategies (Brower et al., 2022; Garder & Bedford, 2021; Fritz, 2018; Mann & DeGagne, 2018; McDermid et al., 2016; Schoening, 2013; Summers, 2017; Testut, 2013; Wendler et al., 2021). The inadequate teaching and pedagogical training may expose new and novice nursing faculty members to higher risk of experiencing transition shock. In a qualitative study by Garner and Bedford (2021) examining the preparation of early career nursing faculty (n = 9), participants stated that they thought graduate education would prepare them to transition from clinician to professor. This was not the case as their education was theory-based and lacked a practical or hands-on component for them to practice their teaching. Similarly, in an integrative review of twenty articles exploring the transition needs of novice faculty, nursing professors were found to lack the educational preparation to teach adult students which left them feeling insecure and disconnected from the role and their institutions (Wendler et al., 2021). This phenomenon may be unique to graduate nursing education as there are various nursing master's programs, with many focusing on clinical

excellence (Master of Nursing and/or Nurse Practitioner) or hospital management (Master of Health Management).

Nursing faculty may have originally experienced positive teaching or precepting roles clinically with patients and students but found the shift to providing evaluations and critical feedback in an academic environment unsettling (Shoening, 2013). In a qualitative study by Brower et al. (2022) examining changes in self-identity after a role change for nurse educators, participants reported that their identity of being a helper as a clinician shifted as they experienced negative encounters with students unhappy with evaluations and test results. Similarly in a meta-analysis of twelve articles exploring the transition from clinician to professor, novice nurse faculty felt unprepared to deal with the challenges related to their new roles as professors and the changes in their relationships with students (Grassley et al., 2020).

Inadequate Role Preparation

A major contributor to transition shock is inadequate role preparation (Boamah et al., 2021; Shapiro, 2018). Fifteen studies reported inadequate role preparation as a barrier to a successful nursing faculty transition (Brower et al. 2022; Brown & Sorrell, 2017; Cangelosi, 2014; Fritz, 2018; Garner & Bedford, 2021; Grassley et al., 2020; Hoffman, 2019; Logan et al., 2016; Mann & DeGagne, 2017; Nicholls & Kelman, 2023; Ruiz & Gonzales, 2021; Shapiro, 2018; Summers 2017; Weidman, 2013; Wendler et al., 2021). When novice faculty do not receive adequate role preparation (as found in structured orientation/mentorship programs), they can experience role conflict (Brower et al., 2022; Meleis, 2010; Summers, 2017; Wendler et al., 2021). Many studies described a conflict between the multiple roles held by faculty including clinician, researcher, supervisor, and professor, with each needing its own orientation period (Logan et al., 2016; McDermid et al., 2016; Specht, 2013). Role conflict can place an undue

burden on nursing faculty compared to non-nursing faculty members and contributes to

decreased job satisfaction and well-being (Garner & Bedford, 2021; Mann & de Gagne, 2017).

In an integrative review of 21 studies by Fritz (2018), nurse educators across all settings (i.e.,

hospitals, colleges, universities, and private academies) reported a similar need for the

development of educator skills, a strong and comprehensive orientation and ongoing mentorship.

Mentorship

When nurses transition from the clinical space to academia, there is an expectation that

they will be precepted similarly as they were as novice nurses. Unfortunately, there was often

little onboarding provided by the academic institutions and existing faculty struggled to provide

teaching mentorship or support due to their own responsibilities and time constraints (Garner &

Bedford, 2021; Ruiz & Gonzales, 2021). In a systematic review of 12 studies by Grassley et al.

(2020), the presence of a formal mentorship and orientation program was the greatest positive

influence on novice faculty transition experiences. Participants (n = 200) across the included

studies consistently identified the importance of comprehensive orientation to the institution and

nursing curriculum, learning from experienced faculty and having supportive colleagues

(Grassley et al., 2020).

In the literature, the term mentorship was used as an umbrella term that included support,

collaboration, and camaraderie (Brown & Sorrell, 2017; Cangelosi, 2014; Fritz, 2018; Garner &

Bedford, 2021; Miner, 2019; Ruiz & Gonzales, 2021; Shapiro, 2018; Summers, 2017; Weidman,

2013; Wendler et al., 2021). Formal mentorship includes an assigned faculty with targets,

expectations, and a long-term relationship, whereas informal mentorship could be an officemate

who can answer questions or an individual who meets various short-term needs (Fox, 2017). In a

qualitative study by Cangelosi (2014), all twenty novice nursing faculty members participating in

the study expressed that they were searching for mentorship and guidance in their new role. When mentorship was missing during the transition experience, participants reported feeling disappointed, frustrated, lost and alone (Cangelosi, 2014; Grassley et al., 2020).

Socialization

More recent research has focused on exploring the concept of socialization in the nurse faculty role and how it is a continually evolving role that requires ongoing support (Fox, 2017; Garner & Bedford, 2021; Miner, 2019; Nicholls & Kelman, 2023; Schoening, 2013; Wendler et al., 2021). Nicholls and Kelman (2023) define socialization as a process that teaches novice faculty the essential standards, rules, and values of their professor role. Socialization properly prepares and supports new professors, mentally, socially, and emotionally to become functioning members of the faculty group (Nicholls & Kelman, 2023). In Miner's (2019) study exploring the positive aspects of the transition experience, activities that supported camaraderie and socialization such as team building, faculty dinners and other social events help build a feeling of togetherness and belonging for novice nursing faculty members (n =8). Similarly, Wendler et al.'s (2021) integrative review found that *intentionally* supportive relationships were strong indicators of success in a faculty role. These included formal mentorship, opportunities for collaboration, sharing of resources, co-teaching, teamwork, and coaching.

Socialization explores all the intangible cultural norms required for relationship building in a new environment and facilitates acceptance by a new peer group. In a recent 2023 qualitative study by Nicholls and Kelman that examined the lived experiences of eight novice nurse faculty's socialization to academia, the authors discuss the innate human need for acceptance and belonging and how these needs are central to the socialization experience. When

novice faculty feel welcomed into their new role and a sense of belonging within their institutions, their job satisfaction and intent to stay increase (Miner, 2019; Wendler et al., 2021).

Moving Forward

The third major theme in the literature is how novice nursing faculty eventually begin to embrace their new role and identity as a professor as they move forward. This theme emerged in nine studies (Brown & Sorrell, 2017; Fox, 2017; Grassley et al., 2020; Logan et al., 2016; McDermid et al., 2016; Nicholls & Kelman, 2023; Schoening, 2013; Shapiro, 2018; Wongpimoln et al., 2021). Many nursing faculty members reported a gap between what they expected and the reality of the role, often struggling to accept their reality (Nicholls & Kelman, 2023). However, in a study of eight expert clinicians transitioning to a nurse lecturer role, Wongpimoln et al. (2021) found that after one year of navigating their new role, participants reported feeling more confident and having a better understanding of their role's expectations in teaching, research, and service. Expanding on this, is a study by McDermid et al. (2016) that explores novice nurse academic resiliency. This qualitative study described how participants (n = 14) were able to experience transformative growth and move forward in their careers by reflecting on difficult situations and learning from them. Reflection was a key factor in their successful transition from clinical nurse to an academic. When nursing faculty began to view feedback and challenges as opportunities for learning and growth they began to thrive in their new roles (Grassley et al., 2020; McDermid, 2016).

Nursing faculty need time to adjust to their new roles as educators and authority figures, which includes setting boundaries with students and with themselves (Grassley et al., 2020). Although the professor role has a flexible schedule, novice faculty reported an adjustment period to the workload and unclear work hours (Brown & Sorrell, 2017; Wongpimoln et al., 2021).

Clinical work ends at the end of your shift, whereas faculty workload can often feel never-ending. In Fox's (2017) qualitative study of 14 novice nurse faculty members, once participants felt a better balance between their work and personal life, they reported greater job satisfaction and a commitment to stay in academia (Fox, 2017). The participants said they learned to "pump the breaks" and go slower (Fox, 2019, p.109). In contrast to the clinical environment, academia was not life or death, giving them perspective to manage their workload. Navigating their new work-life balance as a professor was essential in moving forward in their careers (Fox, 2017).

Nursing academia is a unique field that requires expertise in clinical skills, theory, research, and pedagogy. Shoening (2013) found that when novice nursing faculty finally combined their nurse and teacher identities into one, they gained confidence in their abilities and had increased enjoyment in their positions. Participants were able to move forward as educators because they focused less on themselves as teachers and more on their students as learners. Similarly, in Shapiro's (2018) qualitative study exploring the transition to full-time faculty for nurses (n =14), embracing both their clinical and academic identities was predictive of a successful transition.

Summary

Overall, the existing literature on the transition experiences of novice nursing faculty identifies three significant themes: transition shock, inadequate preparation and moving forward. Transition shock experienced by novice nursing faculty members is often compared to the experiences of new graduate nurses as both feel stress, anxiety and isolation when beginning their new roles (Boamah et al., 2021; Brower et al., 2022; Wendler et al., 2021). Many novice faculty members feel unprepared for their transition and long for the feeling of being an expert (Brown & Sorrell, 2018; Fritz, 2018; Grassley et al., 2020; Mann & De Gagne, 2018). It is

recommended in the literature that adequate preparation requires mentorship, onboarding and socialization within the academic community and argues that these are imperative for a successful transition to a nurse faculty role (Wendler et al., 2021). Specifically, structured mentorship programs have been shown to facilitate the transition to faculty roles for nurses, but they are often missing from School of Nursing orientations (Fang et al., 2016; Fritz, 2018; Nowell et al., 2017; Vandyk et al., 2017). Finally, once novice nursing faculty members gained confidence in managing their responsibilities and could balance their clinical and academic identities, they were able to move forward and thrive in their roles (Grassley et al., 2020; Wongpimoln, 2021).

CHAPTER 3: RESEARCH METHODS

Chapter Overview

In this study, the transitional experiences of nursing faculty moving from a clinical practice role to a nursing faculty position were explored using qualitative description methodology. This chapter will begin with an outline of the qualitative description methodology and the rationale for its selection for the study. After this, there is an explanation of sampling, participant characteristics and recruitment strategies. Next, the role of the researcher is presented. Data collection methods and approaches for data management and analysis are discussed. Finally, this chapter presents and describes the criteria used to promote trustworthiness and rigour, as well as ethical considerations.

Methodology

This research study used a qualitative descriptive design to explore the transitional experiences of nursing faculty at Ontario colleges offering a collaborative BScN degree. A qualitative descriptive design uses everyday language to offer a low inference summary of a phenomenon or event (Sandelowski, 2000). Qualitative description offers a 'real picture' and comprehensive account of events that most people observing the same event would agree is accurate (Matua, 2015; Sandelowski, 2000). In this study, a qualitative descriptive design was deemed appropriate because of the subjective nature of participants' experiences and the unknown perspectives of nursing college professors (Neergaard et al., 2009). Nursing faculty at Ontario colleges offering the BScN degree are an under-examined group; therefore, qualitative description offers an initial understanding of their transition experiences so that others can understand the essential or distinct features of the phenomenon (Matua, 2015).

Furthermore, qualitative description is well-suited for health research as it provides factual responses to questions about how participants experience a phenomenon and what factors contribute to their experiences (Colorafi & Evans, 2016). Qualitative description aims to limit biases by presenting information as it appears. It enables the researcher to approach data collection and analysis with an open mind to participants' experiences within their environments (Carr & Weir, 2017). Qualitative description upholds the values of naturalistic inquiry, is advantageous when results are to be shared with policymakers and is, therefore, an excellent choice to inform decision-makers at schools of nursing (SON) (Carr & Weir, 2017; Sandelowski, 2000).

Sampling

Both purposive and snowball sampling were used for this study.

Purposive Sampling

To gain insight into the transition experiences of nursing faculty in Ontario, purposive sampling was used as it provided an in-depth study on novice nursing faculty as opposed to gathering information from the general faculty population (Patton, 2002). Purposive sampling is an approach in qualitative research that relies on selecting information-rich cases to ensure the selected participants are the best suited to answer the research question (Leavy & Harris, 2018; Luciani et al., 2019; Patton, 2002). There are three considerations in purposive sampling: the participants, the sampling strategy, and the size of the study sample (Creswell, 2018). Criterion sampling is a type of purposive sampling where participants are selected based on a set of predetermined criteria (Moser & Korstjens, 2018). In this study, participants were selected using criterion purposeful sampling.

Inclusion Criteria

Based on the literature and the research question the inclusion criteria were developed by the primary researcher and the research committee to ensure the chosen participants share the recent transition experience to faculty from clinical practice (Creswell, 2018). Participants were selected based on the following inclusion criteria: 1) employed full-time as a nursing faculty member at an Ontario college, 2) teaching in a BScN degree program, and 3) commenced full-time teaching in the past three years.

Full-time nursing faculty in a BScN program at Ontario colleges are primarily responsible for the education of undergraduate students and may teach two to four courses each term. They may also be responsible for coordinator roles, be on committees, and provide supervision to students. Part-time faculty are generally limited to responsibility for their courses and their commitments vary. Therefore, there may be differences in the experiences of part-time and full-time employees based on multiple factors so a uniform employment complement of full-time was chosen as an inclusion criterion. Three years was chosen as the timeframe to ensure the faculty were still within the novice period of their teaching (Hoffman, 2019; Mann & de Gagne, 2017).

Exclusion Criteria

The transition experiences of nursing faculty teaching in an academic setting were the focus of the study and therefore faculty members who were exclusively teaching in the clinical setting or held part-time or casual positions were not included due to the differences in the responsibilities of the roles (CASN, 2022).

Snowball Sampling

Once initial participants were recruited through criterion sampling, snowball sampling was used to recruit additional participants. Snowballing involves asking current participants if they know any other participants meeting the criteria who would volunteer for the study (Lockard, 2016). Participants were asked to forward the researchers information and recruitment poster to other qualifying participants in their social or professional contacts. Snowball sampling can potentially impact the composition of the sample. The participant group was anticipated to be homogeneous based on the narrow inclusion criteria of novice nursing faculty.

Sample Size

Determining an adequate sample size for qualitative descriptive research relies on judgement of the researcher (Sandelowski, 1995). The sample size must be adequate to address the research question and provide depth of information, but not be larger than necessary or it may be considered unethical (Faber & Fonseca, 2014; Luciani et al., 2019; Patton, 2002). If a sample is too large, more participants than are necessary are exposed to the possible risks of the study, such as emotional distress or concerns about professional consequences. Many qualitative researchers justify sample size based on achieving saturation, which suggests that no new insights or themes emerge from the data (Morse, 2015; Vasileiou et al., 2018). In a systematic review of 55 articles discussing the characteristics of qualitative descriptive studies, sample sizes ranged from 8 to 50 with the majority ranging from 11-20 participants (Kim et al., 2017). Therefore, an initial sample size of 11-20 participants was proposed to answer the research questions although fewer participants were necessary to reach saturation as judged by the researcher during data collection (Cohen et al., 2012). This proposed sample size is also justified by the information power of the data due to the narrow study purpose, the specific sampled

population, and the collection of rich and quality data during the interview process (Malterud et al., 2016).

Recruitment

Recruitment began in April 2023. Participants were recruited using three methods: (a) indirectly through the deans and directors of Ontario colleges, (b) through advertisements on social media (e.g., Twitter and LinkedIn), and (c) through snowball sampling (word-of-mouth).The first recruitment method used was emailing the deans and directors of Ontario colleges via their publicly available email addresses and asking them to forward the recruitment email, along with the digital recruitment poster to their faculty-wide distribution list (Appendix D & E). This strategy is known as using gatekeepers: people with in-depth knowledge or access to a particular population who can be a crucial contact in recruitment (Roulston & Martinez, 2015). By distributing the email/poster to the entire faculty, confidentiality was maintained as the dean/director did not single out or identify any novice faculty members. Certain institutions requested local ethics clearance in addition to the ethics certificate provided by the McMaster Research and Ethics Board. An additional ethics application was completed as requested with a local principal investigator (LPI) assigned to distribute the recruitment email and poster to the nursing faculty-wide email list. The second recruitment method was using social media to reach personal and professional contacts. This included recruiting nursing faculty using a digital recruitment poster via the primary researcher's LinkedIn profile and Twitter page with tags to academic and nursing communities (i.e., @McMaster, @RNAO, @NRIG). Potential participants were asked to contact the researcher directly if interested. Finally, snowball sampling, as previously mentioned, was used to recruit participants. Through the distribution of the digital recruitment poster, using gatekeepers, snowballing, and leveraging personal and professional

contacts, a sample size of nine participants was achieved with no participants choosing to withdraw from the study.

Data Generation

Interviewing is the favoured data source in qualitative nursing inquiry, including qualitative description; therefore, the primary researcher conducted 60-minute one-on-one semi-structured interviews with the participants to gather their experiences and perspectives (Leavy & Harris, 2018; Thorne, 2008). Before conducting the interview, participants were sent an eligibility questionnaire with the consent form via email (Appendix F). After receiving a participant's consent, the researcher sent a short survey on background and availability for an interview (Appendix G). The background information helped provide context on the participants' previous education and professional experiences. Interviews were conducted virtually via a videoconferencing (McMaster Zoom for Education) platform so that the researcher could include non-verbal data such as sighs, facial expressions, laughing or crying in the data collection to maximize the understanding of experiences of nursing faculty (Baldwin, 2013; Luciani et al., 2019). The researcher took handwritten notes of any physical cues noted during the virtual interview but due to the high identifiability of video, only the audio was recorded. Anonymity was not guaranteed during the study, but every effort was made to maintain the privacy and confidentiality of the data. All identifiers (e.g., names and roles) were removed after initial transcription. All participants were de-identified (removal of names, dates, locations) and given a participant identification number. The McMaster Zoom for Education platform has additional security features and a decreased risk of outside surveillance and was configured to maximize security and confidentiality (Muir, 2020). For accessibility and convenience of the participants, a telephone interview was offered as an alternative if requested. One telephone interview and eight

video interviews were completed, each lasting approximately one hour, and occurred at an agreed-upon and participant-preferred time. All interviews were audio recorded through Zoom with permission from the participants and transcribed using Trint transcription software (https://trint.com, 2023). The transcripts were auto transcribed by Trint then reviewed, corrected and de-identified by the student researcher. Trint privacy and security guide can be found here. Data generation was completed over four months.

An interview guide consisting of ten questions was used to guide the interviewing process (Appendix B). The interview guide was developed with Hsiung's (2016) techniques for phrasing questions for interviews such as asking open-ended questions, asking participants to tell a story, and revising questions to the participants' situations. Potential questions were discussed with the research committee and iteratively refined. The study participants were asked questions such as, "*What motivated you to seek out your current faculty position at your institution? Is it what you expected*?" and "*What formal onboarding did you receive as a nursing faculty member?"* The interview guide was informed by Transitions Theory (Meleis, 2010) to explore the personal, social and community conditions that influenced their career change and transition experience. Interview questions were presented to the thesis committee and reviewed by the researcher's supervisor for final approval. Semi-structured interview guides in qualitative research provide a framework and consistency across interviews while still allowing probing and follow-up questions generated by the researcher (Leavy & Harris, 2018).

Participants were emailed a copy of the main questions prior to the interview to allow them time to reflect on their experiences and generate answers. Informal member-checking was conducted throughout the interview process to confirm accurate interpretations and correct any researcher errors identified by the participants (e.g., You are describing the workplace

environment, correct?) (Doyle, 2007; Lincoln & Guba, 1985). At the end of the interview,

participants were offered an opportunity to provide a final summary of their experiences with

any final thoughts, clarifications, or corrections. This contributed to the rigor of the study as

participants had an opportunity to reflect on their responses and confirm that they had provided

an accurate account of their experiences (Doyle, 2007).

The transcripts generated by the transcription software (Trint) were reviewed and de-

identified by the researcher within approximately one week of the interview. Data management

was facilitated by NVivo software (NVivo14, Copyright © 1999-2023), which is a secure online

data analysis tool that can store, organize, and reconfigure qualitative data for coding (Saldana,

2013).

Role of the Researcher

Researcher positionality, or where they are coming from, is important in providing

context for qualitative research as the researcher's beliefs, values and experiences shape their

work and influence their collection and interpretation of the data (Gary & Holmes, 2020). As a

current full-time MSc student in nursing, I have insider status to my population which can be an

asset when building trust and fostering relationships with participants (Srivarathan, 2021). All

the participants have completed graduate school. I am typical of the nursing faculty population as

a 38-year-old White woman and therefore can relate intimately to my participants (Blythe, 2020;

CASN, 2021; Smith, 2012). Similarly, I connect to the research topic, as I struggled to transition

from the clinical hospital setting to the academic university setting and experienced many of the

same challenges as the participants. Informed by my subjective experiences, I understand the

uncertainty and discomfort of leaving a safe and familiar clinical environment and moving to the

unfamiliar and autonomous culture of academia. My clinical experience in emergency medicine,

cardiology and outpatient rehabilitation established me as *one of them* with my participants and created a trusting environment to share their stories (e.g., "You're a nurse, right?"). I could begin to understand where they were coming from.

I recently completed my first semester as a part-time problem-based-learning (PBL) tutor and gained experience in the undergraduate nursing curriculum. This experience increased my understanding of the demands on new faculty and provided insights into faculty workload. I was able to relate to my participants' struggles related to technology and the rapid pace of change, as well as the desire to find a mentor that I could bounce ideas off and make sure I was on the right track. While my experiences have created empathy for my participants and helped to establish rapport, I acknowledge that each participant's experiences are unique and based on many factors. My personal and professional experiences have informed my understanding of the transition experiences of new faculty and influenced my interest in exploring this under-studied area of nursing research.

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Data Analysis

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Conventional content analysis (CCA) was used as the data analysis strategy for this study. CCA is a technique commonly used in qualitative description to analyze data in the form of words and phrases and is used to describe a phenomenon with limited existing research (Hsieh & Shannon, 2005; Sandelowski, 1995). It is an inductive, iterative process that starts by examining specific observations that build towards the identification of general patterns representing the experiences of participants (Moser & Korstjens, 2018; Patton, 2002; Sandelowski, 2000). This was an appropriate approach for this study as the transition experiences of Ontario college nursing faculty is an under-researched area. During CCA, the student researcher was immersed in the data by thoroughly examining the transcripts (reading

and rereading) and identifying patterns to label codes and then organize them into themes (Moser & Korstjens, 2018). The aim was to allow codes to emerge naturally from the data itself, then compare and contrast the final codes and themes with the study's theoretical framework, Transitions Theory (Meleis, 2010; Vaismoradi et al., 2013).

Initial data analysis began after the first interview to ensure any potential and unexpected themes could be explored in subsequent interviews (Chhokar, 2023; Teodoro et al., 2018). The primary researcher and her supervisor debriefed after the completion of three interviews to discuss insights and thoughts related to the data. Some emerging questions regarding what motivates novice faculty to maintain a clinical role simultaneously with a faculty role were early surprises. As previously stated, the primary researcher reviewed and corrected the transcribed interviews which provided an additional opportunity to check if participants' answers needed clarification or follow-up and provided a second analysis of the data after the initial impressions.

The primary researcher then engaged in in labeling, coding, and creating themes with the support of NVivo qualitative software (NVivo14, Copyright © 1999-2023). This software has both advantages and disadvantages. NVivo is an organizational tool that is user-friendly and facilitates coding by allowing researchers to easily label and sort data. The disadvantages are that it is difficult to share data with co-investigators without compatible software and requires a yearly subscription fee (NVivo, 2023). The researcher then created an initial code book and presented emerging themes in a table with supporting quotes for her supervisor and committee to review. The thesis supervisor reviewed raw transcript data and provided feedback and insights related to emerging themes and data organization. Analytical triangulation, which involves two or more individuals examining the same set of data from different perspectives, can lead to

valuable insights (Patton, 2002). The thesis committee was consulted regarding the final coding scheme.

After establishing agreed-upon coding scheme, the codes were then sorted into categories and meaningfully grouped into themes for abstraction (Elo & Kyngäs, 2008; Hsieh & Shannon, 2005). Abstraction involves formulating a general description of the phenomenon based on the identified themes (Elo & Kyngas, 2008). Qualitative descriptive research is the least interpretive qualitative research as there is no requirement to re-present the data in any other language but the participant's own (Sandelowski, 2000). Therefore, the data will be re-presented in the findings in a straight descriptive summary of the experiences and perspectives of nursing faculty in a way that best presents the data, as determined by the researcher and committee after analysis.

Rigour

Lincoln and Guba (1985) created a four-piece framework to evaluate rigour in qualitative research: credibility, dependability, confirmability, and transferability. This framework will be used to discuss rigour because of its focus on naturalistic inquiry and alignment with qualitative descriptive methodology (Levesque, 2022; Sandelowski, 2000).

Credibility is often considered the truth or accuracy of the findings, or "do the findings of the study make sense" (Colorafi et al., 2016, p.23). At the end of each interview, participants had an opportunity to reflect on their answers, correct any misinterpretations and provide a final summary of their experiences. Having the participants clarify their responses was one strategy to ensure an accurate and credible representation of their transition experiences. Another strategy used to increase the credibility of the study was investigator triangulation. Investigator triangulation involves using the thesis supervisory committee to better understand the transition experiences of novice nursing faculty (Lincoln & Guba, 1985). The thesis committee was

comprised of experts in qualitative research methods, with the thesis supervisor having additional expertise in nurse faculty workforce research. Credibility was increased by including the committees' analysis of the data with the analysis of the student researcher.

Reflexivity can contribute to rigour by disclosing our positionality, being clear about the goals of the study and how it benefits the researcher, what we hope to learn from the participants, and providing clarification of our analysis (Harrison et al., 2001; Thompson Burdine et al., 2021). This information was included on the consent form and was presented again at the beginning of the interview session. The role of the researcher in the data analysis process was discussed previously and provided context to the interpretation of participants' interview answers. Reflexivity can also contribute to confirmability by appreciating the researcher and the committee's collective analysis of the data (Cypress, 2017). Reflections and discussions on themes from all research team members helped ensure the confirmability of the findings due to their expertise in qualitative research methodology and subjective experiences as nursing professors. The thesis committee comprises current university nursing faculty, with some in the novice/early phase of their careers and some having previous teaching experience in the college setting. Their insider status to the participants was a valuable tool in data interpretation.

Dependability is the ability to recreate the findings in future research (Lincoln & Guba, 1986). The researcher ensured dependability by recording the data generation and analysis process through the de-identified interview transcripts, codebook, and data tables. Using Meleis' (2010) Transitions Theory as an additional triangulation method ensured that the researcher completed data analysis with a theoretical framework in mind but that themes were not limited to the framework. Data triangulation provided dependability by grounding the results and the discussion in theory and, therefore, contributed to the reproducibility of the results with a similar

participant sample (Elo et al., 2014). The participants will also be provided with a summary of the results and a copy of the completed thesis so that the researcher is accountable for their interpretation.

Transferability applies to the reader of the research and invites the reader to apply the findings to their own experiences (Barnes, 2015). Transferability was enhanced by using purposive sampling and providing a rich, accurate and detailed description of the nurse faculty members' experiences. Readers may transfer the results of this study to their own experiences with professional transitions.

Ethical Considerations

Ethics approval was obtained by The Hamilton Integrated Research Ethics Board (HiREB), at McMaster University on April 11th, 2023, under project number 15790, and by one of the colleges' ethics board - the (Name Removed) College Research Ethics Board on May 16th, 2023, under project number 491. Additional ethics was required by one site due to the request of distributing the study posters on the researcher's behalf. HiREB templates for consent forms were used. Informed and voluntary written consent explaining the collection and use of data was obtained before collecting any demographic data. Participation was voluntary and this was explained to the participants verbally and in written form when obtaining consent. Participants were informed they could withdraw at any time, even after providing consent. There were no consequences because of withdrawing. All data will be destroyed after five years according to McMaster University policy to allow for any external or internal audits unless otherwise indicated. Additionally, participants could choose to refrain from answering certain questions during the interview while remaining in the study. The researcher reviewed the purpose of the study, the participant's role in data generation, how the researcher benefits from the study, the

researcher's identity, and professional background, the potential risks of participating and how the results would be used (and/or published) with the participants during the consent process, prior to beginning the interviews. The participants were then able to ask questions before beginning the interview.

This study had minimal risks for participants, but the researcher still anticipated possible psychological distress because of the nature of the questions being asked. For example, the participants may have become anxious while answering questions related to their transition experience if there was previous emotional or mental distress tied to these topics (McDermid, 2016). To prepare for this scenario, a participant distress protocol was adapted from Whitney and Evered (2022) (Appendix H). The protocol was not used at any time during the research study. Another potential concern of participants was that they may encounter professional consequences such as workplace incivility through participation in the research study (Clark, 2017). This was mitigated by informing them that identifiers would be removed and only the research team would be able to access the data. Participants were also able to decline to answer any of the questions or could request to provide details "off the record." The researcher was respectful of the participants' decisions and removed any requested details. Conversely, the research may benefit participants as it provides a safe space to share their stories and their experiences, which may have empowered the participants (Klages et al., 2019; McHugh, 2020). Many participants stated that they enjoyed talking with the researcher and sharing their story. Finally, resources for provincial and community counselling services were provided in a follow-up email post-successfully completed interview, along with a $15 gift e-card to Indigo as a token of appreciation (Appendix I). Participants could choose to provide their home/work phone number or email address to receive communication and/or gift card.

After initial transcription, all the documents were de-identified by removing participants' names, places of employment and identifying personal stories or locations. Participants' contact and identifiable information were stored separately from the transcripts in a password-protected encrypted folder on MacDrive (Appendix J). All electronic records and data sets were encrypted and stored on a password-protected personal computer of the primary researcher on a secure McMaster University network. Any shared documents (i.e., with supervisory committee) were stored on password-protected McMaster university cloud storage (MacDrive). Upon study completion, all data were deleted from the researcher's personal computer and stored on MacDrive. Raw data were deleted using ShredIt for Windows, a hard drive eraser. Study data will be kept for five years on MacDrive, to allow for any potential audits or secondary analyses to be completed, after which data will be permanently deleted (using ShredIt).

CHAPTER 4: FINDINGS

Chapter Overview

This chapter discusses the study findings and provides an overview of the participants'

demographic data and the characteristics of the Ontario colleges represented in the sample to

provide context for the study results. Following that, each theme and sub-theme will be reported

with supporting participant quotes to align with the qualitative descriptive research method of

staying close to the data without interpretation (Sandlelowski, 2000).

Participant Characteristics

The original target sample size was 11-20 participants. Nine participants responded to the

recruitment methods and all participants consented to participate. A sample size of nine was

deemed appropriate upon consultation with the expert research committee due to the richness of

the interview data and the scope of the study (Cohen et al., 2012). All nine participants were

nursing faculty members within their first three years of full-time teaching in a BScN program at

an Ontario college. All participants were women. At the time of the interviews, the participants'

ages ranged from 20-60 years old, with six participants falling within the 40-50 age range.

Regarding the highest completed level of education, eight participants held master's degrees,

with one having completed a Ph.D. As well, one participant has a Ph.D. currently in progress.

The nine participants represented four different colleges across the province offering varying

nursing programs. The represented colleges offered collaborative (n=2), stand-alone (n=1) and in

transition to stand-alone BScN programs (n=1). The colleges were also dispersed across the

province with one from Eastern Ontario, one from Northern Ontario, one from Southwestern

Ontario and one college in the Greater Toronto Area (Table 1).

Table 1

Participant Demographics

Characteristics	N (%)
Age bracket	
20-29 years	1 (11%)
30-39 years	1 (11%)
40-49 years	6 (67%)
50-59 years	1 (11%)
Gender	
Women	9 (100 %)
Highest Level of Education	
Master of Science in Nursing	1 (11%)
Master of Nursing	5 (56%)
Master of Nursing-Nurse Practitioner	1 (11%)
Doctor of Philosophy	1 (11%)
Doctor of Philosophy student	1 (11%)
College BScN Program	
Collaborative	2 (50%)
Stand-alone	1 (25%)
Moving to stand-alone	1 (25%)
College Location	
Northern Ontario	1 (25%)
Eastern Ontario	1 (25%)
Greater Toronto Area	1 (25%)
Southwestern Ontario	1 (25%)

Overview of the Results

The findings of this study provided three major themes: 1) the emotional aspects of the transition, 2) preparation for the nursing professor role, and 3) navigating the role and college setting. This study provided insight into the transition experiences of college nursing faculty in Ontario and their perceptions of the support they received during the transition experience.

The first theme, "*Emotional aspects of the transition experience*" reflects how the participants described their experiences when moving from clinician to full-time professor and highlights both the negative and positive emotions that are present in the transition experience. The emotions experienced by the participants included feeling: overwhelmed, anxious, alone,

surprised, shocked, relief, balance, gratitude, excitement and valued. The second and third themes reflect the major factors that influence the transition experience as explained by the participants. The second theme, "*Preparation for the nursing professor role"* describes the various academic and professional preparations before beginning their role. The final theme, "*Navigating the role and college setting"* encompasses the formal and informal support provided to the participants during their transitions and explores how their socialization to the professor role impacted their experiences. The major themes and subthemes are found in Table 2.

Table 2

Major Themes and Subthemes

Theme 1: Emotional aspects of the transition experience	Theme 2: Preparation for the nursing professor role	Theme 3: Navigating the role and college setting
Negative Emotions • Overwhelmed and anxious • Surprised or Transition shock • Feeling alone	**Formal Preparation** • Graduate education • Orientation programs	**Formal Support** • College faculty development programs • Mentorship
Positive Emotions • Contentment with work-life balance • Relief and gratitude • Excitement • Feeling valued	**Informal Preparation** • Clinical experience • Non-academic teaching experience	**Informal Support** • Socialization • Peer support

Theme 1: Emotional Aspects of the Transition Experience

After reflecting on their transition experiences, all nine of the participants experienced positive and negative emotions and felt some surprises in their roles and responsibilities as faculty members. Six participants voiced feeling overwhelmed by the abrupt shift in professional expectations as a faculty member compared to a clinician. For many, they were moving from a place of comfort as a clinical expert into an unfamiliar position as a novice nursing professor.

The study participants shared many similar negative emotions related to the transition experience; however, they all could see the positives of their new role and were enthusiastic about teaching nursing students. The following section will present the salient emotional experiences of the participants during their transition from clinician to nursing professor.

Negative Emotions

All the participants (n = 9) expressed that there were difficulties in their transition that resulted in negative emotions. Negative emotions can inhibit our cognitive abilities and relate to survival (Pekrun, 1992). Participants described their negative emotions as feeling anxious, stressed, and overwhelmed; and used terms such as "playing catch-up," "shocking" and "steep learning curve." Three subthemes describe the negative emotions experienced by the participants, 1) feeling overwhelmed and anxious, 2) feeling surprised/transition shock, and 3) feeling alone.

Overwhelmed and Anxious

Moving from the comfort of their clinical roles to the unfamiliar faculty role brought negative emotions that the participants needed to manage. Feeling overwhelmed was expressed by six of the nine participants. When presented with the challenges of their new role, two of the participants felt anxious about performing well and wanted to over-prepare for their students. One participant spoke about how she was trying to anticipate student questions and wanted to be able to have confidence in the material,

> *I was hired at the end of the summer, and I didn't have a lot of time to update three courses, so I was only a week or two ahead of them. That was an anxious feeling for me because I like things in a row, and I know I want things done. And so that first semester it was just catch up, catch up, catch up, catch up.* (Pariticipant3)

Similarly, another participant spoke about teaching outside of her clinical specialty and how that required more preparation. She spoke of feeling uncomfortable with the material and lacking confidence in being able to answer students' questions,

> *I felt very overwhelmed in my one course. And it was also not my nursing specialty. That one was very, very overwhelming.* (Participant5)

There was an underlying sense of responsibility to have credibility as a professor and be able to provide quality education. All the participants clearly wanted to do their jobs well and put pressure on themselves to perform at a high level as one participant stated:

> *I'm a perfectionist. I like to do a good job. It can make me feel really down when I know I'm just not performing at what could be my best. But I only have so many resources and there's only so much time in the day that I can contribute to the job.* (Participant8)

The beginning of the semester or school year was especially difficult as there was a lot of material to become familiar within a brief period. Four of the participants spoke about how they felt overwhelmed by the steep learning curve they experienced. One participant felt that there were similar expectations on novice faculty and returning faculty and therefore felt especially stressed in the first semester.

> *I think the only part that was kind of shocking was that the Fall course load is very heavy, especially for a person who just started. It was just way more than I had expected in regard to preparation because I had to learn a bunch of things all at once. So not just teaching for the first time, three new courses plus the system, because it was a different learning management system that I was used to.* (Participant6)

Overall, the consensus was that it was stressful managing all the various aspects of their new role. The participants were either new to their college, new to delivering lessons via online

platforms or new to teaching as a full-time faculty member. Similarly, one participant spoke of only being able to stay one day ahead in preparing content for their class. She shared that this was a common feeling amongst the novice faculty she worked with. As a result, there was a feeling of always needing to catch up and never feeling prepared. She stated,

> *I was only one day ahead. I would be up until midnight the night before prepping for a lecture at 9 am.* (Participant8)

In addition to feeling underprepared, one participant described a feeling of "separation anxiety." She was an expert in patient care and patient education at the bedside but was anxious and uncertain about dealing with a new "population" (nursing students).

> *It's that little bit of that separation anxiety from clinical and not feeling confident. You can't start at the finish line.* (Participant4)

As a result of her separation anxiety, this participant maintained a clinical role in addition to her teaching position. Maintaining a clinical position proved to be a pervasive finding as all the study participants held a clinical position in addition to their faculty role. There were various motivations for remaining in the clinical setting including financial supplementation, staying current with clinical skills, and sustaining relationships with clinical co-workers. Although the participants described feeling overwhelmed with their new responsibilities as faculty members, there was comfort and security in maintaining their clinical roles.

Surprised or Transition Shock

All the participants had some expectations of the nursing professor role as they had all been taught by a nursing professor during their education. Additionally, four participants had previous clinical teaching experience. The participants had general expectations of the professor role including teaching, collaboration with colleagues, flexible working hours, less stress, and

responsibilities similar to the clinical faculty role. Although some stated that their expectations were met, other needs were surprising, especially regarding teaching, as they described it as stressful. Their expectations did not align with reality, so they may have experienced transition shock. Although none of the participants used the phrase *transition shock*, six described feeling surprised about the role's responsibilities or not being what they expected.

Seven participants expressed surprise at the amount of preparation that was needed for each class and how much time was spent in administration outside of teaching. For the college nursing faculty role, their expectation was that most of a nursing professor's day would be spent teaching, but this was not the case. Additionally, one participant was surprised by all the meetings they had to attend. This was especially true for faculty teaching within different programs (BScN, RPN, PSW) or different year levels (Year 1-4) as there were varying program goals and coordinators leading the groups. One participant who taught in multiple nursing programs within the college was surprised at how much of her week was spent attending meetings. She shared, *"And meetings, meetings, meetings. I didn't expect all the meetings."* (Participant3). Other administrative duties that the participants were surprised by were those related to course development, curriculum, presentations and learning materials. Six of the participants shared that they were updating the nursing curriculum at their college or would be a part of developing new curriculum in the near future.

Another surprise was how much emotional support the professors needed to provide to students after class hours. Many students experienced mental health issues and/or were experiencing their own stresses due to the transition of beginning post-secondary education. Again, the participants did not expect to spend time providing emotional support and counselling

to their students and were surprised by this aspect of their role. One participant expressed how she did not expect to be a counsellor as well as a professor.

> *Some of them have mental health issues with anxiety or depression. It's too overwhelming for them. And so, they'll come and talk. I did not expect to be a counsellor.* (Participant3)

Finally, the uncertainty that came with the unexpected responsibilities of a nursing professor led to some participants experiencing role ambiguity. One participant expressed her vulnerability by describing how she was surprised by the responsibilities of the role, stating:

> *I was coming from a situation in bedside nursing where you feel competent, and you feel secure of your skills, and you know the policies and you know the rules and the guidelines. So, as a result of that, it was very eye opening and humbling.* (Participant4)

Four additional participants expressed that their college's expectations of the nursing professor role were unclear. One participant shared that she needed to advocate for herself to clarify her role to ensure she met the expectations of her college and the educational needs of her students. Overall, role ambiguity for the participants led to stress and impacted their transition experiences.

Feeling Alone

Another emotion experienced by eight of the nine participants was the feeling of being alone. Some participants struggled to work in isolation and not being a part of a clinical nursing team anymore. One participant spoke about working in "silos" to describe how they felt cut off from other faculty members, especially during the height of the pandemic. They were used to a team-based approach to nursing where they could discuss a difficult case or ask for advice. She shared:

So, I'm coming from settings where we were very heavily continually communicating,

problem-solving, debriefing daily, almost patient specific. To now, I do find that working as a

faculty is very siloed and you can be very isolated. (Participant8)

Feeling alone in navigating their new role was a common emotion for many participants and

added additional stress to their transition. One participant expressed that the lack of support and

resources at the beginning of the term resulted in them feeling isolated and increased the

difficulty of managing the transition to their role as a nursing professor.

In the participants' clinical environment, the daily tasks were assigned, and they could

plan their day around their patients' needs. As a faculty member, the daily workload is more

ambiguous, and the participants felt they needed to be much more self-directed in how they

managed their time. One participant shared:

It's been a hard adjustment because I think at the core of us as nurses, we're so driven a

lot of times and the pace is sometimes hard to adjust to and getting back to being self-

directed. (Participant2)

Participants expressed that they needed to self-advocate and search out any knowledge gaps they

identified. One participant explained her transition experience as one of independent learning.

Similarly, another participant was surprised by how little preparation they were provided with

and communicated this poignantly, "*I felt like I was thrown into the lion's den and given no*

guidance." (Participant9)

Additionally, six of the participants felt alone in learning the online platforms and

administrative tasks needed for the faculty role. The COVID-19 pandemic moved most of the

training and learning modules online and may have exacerbated their feelings of isolation. For all

the participants the training on online platforms was asynchronous and self-directed and the

participants had varying comfort levels with creating tests, PowerPoints and learning modules. This led to participants feeling as though they wasted a lot of time learning technology and administration by trial and error which contributed to the existing feelings of isolation and frustration with being behind other faculty members in their understanding and knowledge of technology and existing systems/processes.

> *It's just such a steep learning curve to learn the IT aspect. I really wish that we had an assigned individual that would work through (it with us). But it took me so much time to figure that out first semester.* (Participant8)

The COVID-19 pandemic also impacted the participants' abilities to connect with their colleagues in person, further increasing their isolation. One participant shared how she began her first semester teaching online from home and had limited contact with her colleagues and the college campus. She shared that she regretted not going in more to connect with other nursing professors as this would have provided her with additional support during her transition. She said,

> *I think in the second semester, I went into the office more. I definitely should have done that more in the first semester. I should have made that a priority to go to the office. I think it would have been helpful to develop a few more relationships that way.*
> (Participant5)

Feeling alone in figuring out their new role, as well as being isolated due to the pandemic and increasing work-from-home options, left some participants longing for a sense of belonging and searching for support.

Subtheme: Positive Emotions

While the participants expressed negative emotions related to their transition experiences, they also highlighted many of the positive emotions they experienced as they moved into the professor role. For many, being a faculty member was a career goal and they were excited to teach and give back to the nursing profession. Participants used expressions such as collaborating with colleagues, having a work-life balance and wonderful to describe their new role and their transition experiences. Four subthemes describe the positive emotions experienced by the participants, 1) contentment with work-life balance, 2) relief and gratitude, 3) excitement, and 4) feeling valued.

Contentment with Work-life Balance

A positive aspect of the transition was the flexibility and work-life balance the professor role offered compared to shift work and the hospital setting. One nurse noted how she had flexibility in her day and in her workplace. She was often able to work at home after her child went to bed and therefore felt better about being present for her family,

> *It is definitely much more positive work life balance to have a family and to be here. So, it is changed the entire pace of life, not just like the pace of your day. It is just such a positive experience.* (Participant2)

Similarly, four participants shared how the college setting was more positive compared to the hospital setting. The participants expressed that the current hospital culture is incredibly stressful and self-sacrificial in a post COVID-19 era. One participant shared how the work life balance made a significant impact on her quality of life:

> *It is work life balance because you are off for two months and that is huge. I am tired of shift work. I cannot do that anymore. The hospital is brutal.* (Participant6)

Overall, the participants spoke positively of the flexibility of the work hours and shared that although there were busy periods as professors, they still felt they had a better work-life balance compared to working clinical shifts at an acute care hospital.

Relief and Gratitude

One participant voiced her relief in securing a full-time position instead of maintaining part-time contracts in both clinical and academic settings. She felt relief in the extended benefits and job security that came with the nursing faculty position and her stress level went down. When asked to describe her transition to faculty she replied, "*To full-time faculty? It was a relief. It is as wonderful as I expected."* (Participant7)

Gratitude was another common positive emotion revealed by the participants. All the participants felt grateful for their jobs and the opportunity to be a nursing professor. One participant expressed her love for teaching and her desire to share her passion for her clinical specialty with nursing students. She was grateful for the opportunity to teach and wanted to "jump on" applying for a position when there was a full-time college faculty posting.

> *I have always really liked teaching and I have always really been drawn to being an educator. I thought, if I am going to do this, now is my opportunity and I jumped on it, and I was fortunate enough to get hired.* (Participant8)

Excitement

For many participants there was an excitement about the opportunities that opened when they joined their institutions. They were enthusiastic and passionate about teaching nursing. One participant spoke about how she felt good about contributing to nursing education and hoped that she was positively impacting her students,

> *You get a sense of contribution, and especially if you are that type of nurse who enjoys*
>
> *that sense of development and project development and contributing to nursing*
>
> *education, whatever it might be, there's a lot of opportunity in the institution.*
>
> (Participant2)

Similarly, one of the participants expressed feeling proud that they were leaving a legacy by creating a curriculum and influencing nursing education at their institutions.

> *And so now being a part of this college, it is a very momentous time because we are*
>
> *building this standalone. I am building a third-year elective and that is going to be there*
>
> *(even if I'm not), which is really kind of cool and exciting to be a part of it.* (Participant4)

Another participant had positive sentiments about the opportunities for personal and professional growth at their college compared to their clinical environments. For her, teaching was not where she expected her career to go but was pleasantly surprised with her professional path. She was excited about lifelong learning and the doors that opened for her now as a nursing professor.

Feeling Valued

Finally, making a positive impact on nursing students' experiences was fulfilling to the participants. One participant described herself as a cheerleader and wanted to see her students succeed as they moved forward in their careers. Another described how positive feedback from her students helped build confidence and purpose in her work as a nursing professor. Although she felt unsure of her teaching abilities at the start of the semester, by the end of the school year she realized her growth as a professor. She shared,

> *But then I did get some personal emails from some of my students saying how grateful*
>
> *and thankful they were. So that really made it feel worthwhile.* (Participant4)

Similarly, one participant felt valued and welcomed in her college community and stated that this was a factor in decreasing her stress. Another participant had these kind words to share about her workplace,

> *I think that it is such a great place to learn. So, I feel valued. If anything, I think that wherever hires you, they need to show that they value you.* (Participant6)

In summary, the participants experienced a range of emotions during their transitions. In each case, there was a combination of negative and positive emotions articulated during the interviews. Furthermore, the participants consistently stated the emotions they experienced throughout the transitions were influenced by their preparation for the role and the strategies they used to navigate their role. Those two themes will be discussed in the following sections.

Theme 2: Preparation for the Nursing Professor Role

In addition to describing the participants' emotions and experiences during their transition from the clinical environment to academia, the participants described a variety of preparation for the faculty role, encompassing both formal and informal preparations. Formal preparation included graduate education, continuing education programs, and institutional orientations. Whereas informal preparation included prior professional experience in patient teaching and staff precepting, and personal experience in coaching, mentoring, or teaching in the community. Each participant's unique preparation contributed to the outcomes of their transition experiences. The following sections describe the participants' formal and informal preparations, focusing on their time before starting their position as a nursing professor.

Subtheme: Formal Preparation

Participants had diverse preparation for their roles depending on their graduate education and the post-secondary institutions they worked for. For this study, formal preparation is defined

as structured training, education, professional development, or orientation provided to the

participants to prepare them for the nursing professor role (Grassley et al., 2020). Formal

preparation is provided by an institution and often has a measurement of achievement such as a

final test, degree, diploma, certificate, or record of completion.

Education

As depicted in Table 1, the participants received varying graduate-level educations,

including Master of Science (MSc), Master of Nursing (MN), Master of Nursing-Nurse

Practitioner (MN-NP), and Doctor of Philosophy (Ph.D.). Along with differing graduate degrees,

the diversity of the course structures and foci within their programs also had a considerable

influence on the level of preparedness for teaching. Five of the participants lacked formal

teaching experience during their master's programs. For instance, one participant shared that she

originally wanted to use her graduate education to help with increasing access to financial and

support services for patients as she noticed fewer opportunities since moving from a large urban

city to a small community. She focused on leadership rather than on education during her

master's program. She explained:

> *I wanted to use my Master of Nursing to help facilitate resource allocation. So, I actually*
>
> *did not do an education Master's, I did a leadership stream Master's for that reason.*
>
> (Participant4)

Similarly, another participant who focused on research for her graduate work admitted to having

no formal preparation for teaching. She shared:

> *Formal teaching on teaching? No. I cannot think of really any time, even self-education. I*
>
> *just dove right in. Started teaching without any sort of learning how.* (Participant7)

While four participants did take nursing education or general education courses as part of their graduate studies, their practical teaching experience varied. For instance, one participant shared that her graduate education was entirely online, without any in-person practicums. She shared that she did not have the opportunity to practice what she was learning and did not receive feedback on her teaching abilities. Conversely, one participant chose a master's degree focused on both health policy and education to pursue a career path in management but discovered a passion for teaching during their elective courses:

> *I found myself really loving the teaching electives. And in the electives, I got the opportunity to actually facilitate the class on my own, so I really enjoyed that. And I got really good feedback from my professors.* (Participant5)

Finally, one participant mentioned having learned about pedagogy and clinical education during her graduate studies but stated that a substantial amount of time had passed since then and how that impacted her preparation:

> *It was more like the pedagogy of teaching. I did my master's like ten years ago and I didn't get this job until now. So, I would not say it was necessarily at the forefront of my mind.* (Participant8)

In summary, participants' educational backgrounds varied significantly, with five participants having minimal formal teaching preparation while four had more direct experience with pedagogy and education. These differences in educational preparation influenced their readiness to assume the nursing professor role and impacted their transition experiences. Overall, most of the participants felt unprepared to teach post-secondary education after completing their graduate education because of the curriculum, the opportunities for practical application or the time that had passed since completion.

Orientation Programs

Participants noted a general lack of orientation programs provided to them before beginning their position. For the participants of the study, the term "orientation" was used in a variety of contexts. Eight of the faculty members participated in a college-wide educator development program at their institutions. Some of the participants labelled this as their orientation, while others described this program as ongoing professional development. There were various programs described, but they often contained some modules that were completed before their first day of teaching in addition to optional ongoing courses. The programs consisted of learning modules on how to teach adult learners, online learning, universal design for learning and other relevant pedagogical theories in college education, but often lacked on-boarding to college policies and procedure and were not tailored to the nursing curriculum. For the purpose of this study, orientation will describe formal preparation provided by the colleges for their faculty before beginning their full-time position as compared to the continuing development courses that were completed throughout one to two years.

Although they were provided with some online modules to complete before their first day of classes, one participant voiced her frustration with the lack of orientation at her college and specifically in the school of nursing. She shared that she assumed this might be an emerging theme across the interviews:

> *The other piece of that, I would say for our program in particular, without being too*
>
> *specific, there was not a lot of orientation support to the full-time role, which I would*
>
> *assume is a bit of a theme. There is not a go to, there's not standard policy or procedures,*
>
> *there is no this is where you find things. So, there are lots of unanswered questions at*
>
> *start-up.* (Participant2)

This proved true as seven participants voiced that formal orientation to the full-time nursing faculty role was inadequate or missing from their transition. Additionally, one participant shared that her orientation lacked formality. She lamented:

> *So, it was not the best. It was an email from the associate Dean with a zip file with your benefits and your HR (Human Resources) stuff. It was just open it up and read it and do it yourself. So it wasn't, anything formal. It was just, let's meet on this day at this time and that was pretty much it.* (Participant4)

Another participant compared her experiences of hospital orientations and college staff orientations to the faculty orientation. She noted differences such as hospital orientations and onboardings being corporately driven and formal, which underscored inadequacies of the full-time faculty orientations. She shared:

> *When I started at the hospital, there was a very clear orientation process. And when I started (in another role) at the college, there was a formal orientation process. This is your pension; this is your benefits. But when I transitioned into faculty, there was no reorientation to a new role, and I wasn't given any information regarding services for students.* (Participant9)

One of the participants who completed an orientation program prior to beginning teaching stated her learning was comprised of asynchronous modules and completed independently. She said that the orientation was a missed opportunity to create community amongst other novice nursing professors. This participant also expressed frustration with not knowing she had to complete orientations at both the college and the collaborating university. There was a lack of communication and organization during her orientation. She shared:

> *I found the orientation was not great in terms of me being at a (college) and teaching*
>
> *with (a university). So, I learned all the (college) policies during my orientation. But then*
>
> *I realized we actually use all the (university) policies.* (Participant5)

A major gap in the development programs was an orientation to the services available to students and how to navigate student mental health concerns. Many faculty were again, left to figure it out on their own and felt they were doing a disservice to their students by not being properly prepared to help them. One participant shared how it was difficult to find the information she needed and that navigating the support systems was a challenge:

> *But when it comes to things like mental health support, when it comes to library support,*
>
> *those weren't conversations that I was given a list of. They're kind of hidden in a website*
>
> *of webs of, you know, you might just fall upon it one day when you're looking for*
>
> *something else.* (Participant9)

Overall, the participants still did not feel prepared for their role after completing the formal orientation, and they all wished that there were better onboarding processes at their institutions, particularly one that was focused on the BScN program.

Subtheme: Informal Preparation

During the interviews, participants reflected on the personal and professional experiences that prepared them for their faculty role. For this study, informal preparation refers to transferable clinical skills and informal teaching experiences such as non-clinical work experiences and other previous exposures to teaching.

Clinical Experience

Many participants realized that they already had several clinical skills that were transferable to teaching nursing students such as time management, communication, and

interprofessional collaboration. For one participant, she highlighted the "soft skills" that she was able to use in her new role and how these prepared her for college teaching. She shared:

> *In (clinical), that's all you do. Teaching (health) skills (to patients), getting buy-in and being creative. So, there are lots of strategies that are transferable from that realm of nursing, which was nice. It's all the communication pieces: relationship building, group work, conflict resolution, interprofessional work. Nurses work with people.* (Participant2)

Similarly, another participant shared that she developed her ability to empower others to self-manage their chronic illnesses while working clinically with patients and compared it to empowering her students to succeed. She acknowledged that they are adult learners with their own life and professional experiences and wanted them to feel good about their ability to learn and become future nurses. She also spoke of how her organizational skills as a nurse benefit her as a nursing professor:

> *Being a nurse, you have to prioritize, you have to be able to organize. You have to be able to facilitate multi-tasking strategies. There's just no denying that. And I think in this role where there is nobody telling you what you have to do every hour you have to prioritize where you start your work.* (Participant4)

Another informal preparation identified by participants was the responsibility nurses felt for their patients. One participant spoke of being accountable as a nurse and being responsible for the mistakes you are bound to make. She wanted to bring over the accountability she has as a nurse to her role as a professor and prepare her students for their academic journey. She explained:

> *I did in my previous practice, and I continue to maintain that mindset, I think, as an educator and saying, you're going to make mistakes and it's okay to make mistakes, but you need to be accountable.* (Participant8)

Similarly, one participant expressed how her experience in the float pool at the hospital developed her ability to adapt to new and unfamiliar environments. This helped her to remain flexible and built her confidence in problem-solving, which she was able to transfer to her work as a faculty member. She went on to discuss how her most recent position as a manger also prepared her for her role as nursing professor. She had direct insight into the needs of new graduate nurses and identified this as a strength in her pedagogy. She shared:

> *I find that I can draw upon that experience as a manager to the BScN program,*
>
> *especially when it comes to professional practice and CNO entry to practice*
>
> *competencies. I see that they need support with guiding accountability, and ethical*
>
> *decision-making, things that I see in my practice and at work.* (Participant6)

Overall, the participants reflected on their professional journeys and could identify similarities in the skills required to work clinically and those required to succeed as an academic. Their abilities to adapt and prioritize, communicate with a team and the practice of being accountable and responsible for their patients, positively impacted their transition experiences.

Non-academic Teaching Experiences

While most participants identified the transferable clinical skills they brought to their faculty role, a few also had informal and non-academic teaching experiences that developed their pedagogical abilities. One participant shared that as a senior staff member, she often mentored new nurses in her department and felt that this was an informal preparation for academic teaching. When asked what teaching experience she had, she replied:

> *Before college teaching? Nothing. Just would be nursing preceptorship. We didn't have a*
>
> *formal educator in the unit I came from, so sometimes some of our senior staff took that*
>
> *role. So, a lot of orientation, new staff orientation, sometimes hospital orientation. I*

> *would fill in for that as well, teaching during onboarding and things like that, but not*
>
> *formal teaching.* (Participant2)

Another described her experiences as a clinical educator and how that established some comfort with teaching students and the expectations of faculty. Similarly, one participant described that she gained informal teaching experience by teaching fitness in the community and always sought out teaching roles in her career. Finally, a few of the participants worked as teaching assistants or provided private tutoring during their graduate education and enjoyed the role and working with students.

For this study, working as a teaching assistant was considered informal because although you are a part of the academic community, there is a shared responsibility for the tutorials between the other teaching assistants and the professor. The class objectives, slides, and teaching materials are often provided, plus the professor is available to connect with the students regarding grading discrepancies. As a private tutor, it is informal because you are independently employed, and it is often unstructured with no set terms. The participants did not consider their experience as a teaching assistant or private tutor as formal, but more an exposure to teaching. One participant denied having any teaching experience but shared how her experience as a private statistics tutor was a significant motivator in pursuing a nursing professor position.

> *As soon as I was old enough to get other people to listen to me, I was ready to tutor. I*
>
> *greatly enjoyed it. (Teaching) is just something that I have always done in various*
>
> *capacities so it always kind of made sense.* (Participant7)

In summary, there was a combination of informal and formal preparations that contributed to the transition experiences of novice nursing faculty. The participants had diverse formal preparation for their roles, including various educational backgrounds and college faculty

orientations. Universally, all the participants had positive experiences with teaching prior to

beginning their full-time faculty role. influenced how they approached academic teaching and

experienced their transitions to faculty.

Theme 3: Navigating the Role and College Setting.

A major factor that impacted the participants' experiences was the support they received

during their transitions. Again, participants had diverse support systems and were able to draw

from a combination of formal and informal avenues to help them navigate their first few years as

nursing professors. Depending on their preparation, the participants had different gaps in

knowledge related to their role and therefore needed variable supports to feel successful. Overall,

there were many challenges as they began to teach but over time, they gained tools and

confidence to better navigate the academic environment as a faculty member. The participants

also provided recommendations for how they would improve transition experiences for incoming

faculty and were eager to share what they had learned along the way. The following section will

highlight the major formal and informal supports the participants used during their transition to

navigate their first few years as nursing faculty members.

Subtheme: Formal Support

All the participants had access to college-wide resources for faculty development. Like

the orientation programs, participants used these resources in a variety of ways. For this study,

formal support is defined as a structured program, training or continued professional

development provided by the college. It also includes having a mentor assigned by the college to

guide post-secondary teaching.

College Faculty Development Programs

Most of the colleges included in the study had an ongoing college faculty development program or similar. They had various names for the programs, but all the programs aimed to provide continuing support to college faculty members in the scholarship of teaching and learning. The programs established a learning community that promoted the sharing of best practises and ongoing professional development. The development programs included modules that must be completed over the first two years as full-time faculty. One participant shared how they were unsure which modules to pick and that it was very self-directed,

> *They give you a list and then you go through the list. So, you have to do 12 professional development courses (PD) over a year or two. I would have maybe focused more of my PD courses on how to support students because I feel like that's what I ran into more.*
> (Participant5)

Six of the participants found the development program helpful and a way to connect with other new faculty at the college. The programs were college-wide and not nursing-specific, with the aim being to prepare all faculty for teaching. One participant shared how many college faculty members are experts in their respective trades but not teaching and therefore need support in pedagogy,

> *(The college faculty development program) has been very helpful in terms of its goal being to teach people how to teach because we're all experts in our area, not in teaching.*
> (Participant7)

For two participants, the program included an evaluation of their teaching. The participants were observed during a lecture and then provided feedback by a teaching speciality staff member

assigned through the program. This approach was found to be effective at improving the novice faculty's confidence in teaching and providing reassurance.

> *The first year they said that she (teaching expert) would follow me. She was the one that evaluated my teaching and provided feedback on how I did my agenda, my lesson plan, how I instructed, how fast I talk, my PowerPoint, etc. So, she was very helpful in the sense of how to structure the curriculum.* (Participant6)

Overall, the participants found the programs to be helpful in their transition, but some stated it was difficult to find the time to complete the modules. They were barely keeping up with their workloads and found it challenging to attend the workshops when they needed the time to prepare or mark. One participant voiced how their program offered weekly sessions and that they covered several topics over the first semester. She felt a lot did not apply to her as BScN faculty because the training was general and college-wide. She wanted to spend her time doing other things,

> *But I will tell you it was challenging. And the reason for that is that it wasn't just full of nursing professors, it was all professors across the college and definitely the BScN component compared to some of the other diploma programs, I think definitely varied.* (Participant8)

Two participants spoke of how the BScN program is designed with the National Council Licensing Exam (NCLEX) in mind and has different goals than many other college programs. The participants shared that the BScN program values having the most students pass the NCLEX, which differs from the current teaching and learning methods promoted in post-secondary pedagogy. Although the CEDP was focused on improving adult teaching skills and information delivery through best practices in pedagogy, college nursing faculty shared that it

was inadequate to prepare them for teaching within the BScN degree programs due to the focus on preparing students to successfully write the NCLEX.

Mentorship

Mentorship was a feature of some of the development programs. A mentor was assigned by the college and included one experienced faculty member paired with a novice faculty member. Mentorship in the development programs was explained as a resource for navigating the college processes, addressing student issues, and learning the available teaching resources. For many participants, the mentor was a non-BScN faculty member responsible for orienting them to the college processes and providing feedback on teaching strategies. One participant explained,

> *We have that mentorship piece, which is great, but more education based. For example: here's the systems, here's the supports that we have for students, here's how to navigate on different levels, here's what your workload is.* (Participant2)

In addition to the general mentorship provided by the development programs, four participants were assigned a mentor through their school of nursing. This resource was invaluable to the novice faculty and was a major factor in managing their workloads in the early days of their role. One participant shared how her mentor provided her with resources as a starting point,

> *My mentor is like, okay, for the BScN course here are my slides, you're independently allowed to make your own slides, but here's a jump-off point. And so that was gold. I think that helped with the workload, right? That helped me get through the first semester.* (Participant6)

Mentorship helped novice faculty professionally, emotionally, and mentally for their role. Experienced colleagues provided advice and support and someone to "bounce ideas off of,"

which decreased the stress experienced by the novice faculty members. Conversely, some participants were assigned mentors who were not enthusiastic about the role and the additional responsibilities. In some cases, the mentors felt they lacked the time and resources to support novice faculty, while others felt that they were novices themselves and could not provide value.

The lack of formal mentorship in the BScN program was a common theme. All nine of the participants identified gaps in understanding the college policies, the service requirements for their role and/or how to begin independent research. In these situations, participants yearned for formal mentoring and wished it were provided through their colleges. One participant expressed her desire for a mentor in research,

> *It's like, please, please, please, somebody tell me what direction to go. I'd love somebody's advice. I wish that I had that older, wiser individual who could answer that.*
> (Participant7)

There was a consensus that formal mentorship should be built into both the mentees' and mentors' weekly schedules. The participants did not want to burden their mentors and were conscious of adding to their workload. One participant expressed that formal mentorship training would also be valuable as there were no standards or expectations about the relationship. This led to a mismatch in how much time each person wanted to dedicate to the mentorship, as she needed more support than her mentor expected. Similarly, one participant shared that although she was assigned a formal mentor, it felt informal because there were no expectations of the relationship. She explained:

> *It was honestly, oh, well, we're going to send you, with her and you're going to mentor her, but I just kind of followed her around. There was no real formal training for that whatsoever, just shadowing.* (Participant2)

Without clear expectations and goals of the mentorship relationship novice faculty often searched out other avenues of support. Informal support systems such as senior colleagues, coordinators, and peers (novice nursing faculty) frequently filled the gaps in knowledge during the transition process.

Subtheme: Informal Support

In the interviews, participants shared that the most common form of support they received was informal. They relied on their office mates, coordinators, coworkers, friends, and family for support during their transition. There was a yearning for belonging to the faculty group, a need for role clarity and a desire for an outlet to voice frustrations. Many were searching for a road map on how to navigate the new role, including resources and supports available. Others were part of a group of novice staff who leaned on each other for support. A few of the participants expressed that they were welcomed with open arms by their senior co-workers and felt supported by their communities. The informal support the participants received will be summarized as socialization and peer support.

Socialization

Socialization or their ability to build relationships and be accepted into academia were major factors in participants' transition experience. When the participants felt supported and part of the group, they used more positive terms such as welcoming, collaborative and camaraderie. Socialization explores all the intangible cultural norms required for relationship building in a new environment and facilitates acceptance by a new group. One participant shared how her team positively impacted her transition,

> *But the group of people can make or break it. Everybody I have worked with has been*
>
> *pretty darn amazing. So that's been helpful.* (Participant4)

Similarly, another participant had a positive experience whenever she reached out to her coordinators for help. Even though they did not hold a formal mentorship position, coordinators provided a lot of support and guidance for novice faculty. One highlighted her positive experience,

> *(The biggest facilitator) in the transition is probably my coordinators. They were phenomenal. Our coordinator would plan and invite everybody to faculty lunches. Well, bring your own lunch, but chat about what's going on.* (Participant7)

Being a part of the team was also described as camaraderie in the interviews. A few of the participants had opportunities to co-teach a course with another more experienced faculty member. The co-teacher not only provided feedback on how to teach the course, but also guided navigating the academic culture. One participant shared how co-teaching allowed her to build relationships and helped her join the community,

> *So just that camaraderie, which I think the co-teaching thing was great for. I feel like I really started to get into the community with that and the teacher that I taught with we drove to work together. She showed me around campus. When other people came up and talked to her, I would talk to them as well. I started to make connections. (Co-teaching) was just a really great experience, and it made me feel a lot more immersed in the community and not like an outsider or something.* (Participant5)

When socialization was delayed due to no formal or informal mentorship, participants expressed a lack of community and a more difficult transition. A few of the participants described having to seek out support and directly ask for resources. Furthermore, acceptance to the nursing faculty group was hindered by senior faculty resistant to sharing resources with novice professors. One participant shared her frustration that her transition experience was harder than it needed to be

because of the lack of support from her institution and colleagues. She relied on her ability to advocate for her students to get the resources she needed. She shared,

> Then because of who I am, I didn't have a problem asking faculty and re-asking them and re-asking them and re-asking them. (Participant9)

Contrastingly, one participant was welcomed by her colleagues and felt very supported. This led to shared resources which saved time and resulted in the students benefiting from consistent messaging from professors across classrooms. She shared,

> We have a really great team. They're really collaborative. We all share so the work gets done more efficiently, and the students get the same message and the same PowerPoints. It's not like one gets more than the other, which is really important because there's a lot of moving parts. (Participant1)

Finally, a major contributor to socialization was being physically present in the office space. By having informal contact with other faculty members, such as saying hello in the hall or having lunch with a colleague, novice nursing professors were able to create relationships and other points of contact for support. One participant expressed that she wished she had been on campus more when she began teaching to develop relationships. Another participant emphasized that her office mate ended up providing a lot of support for her that she otherwise would not have accessed.

The support from senior colleagues, co-teachers, and coordinators provided valuable support to the novice faculty members. When socialization occurred, the participants expressed that their transition was easier; when it was missing the participants expressed frustration because of wasting time and energy navigating the transition alone.

Peer Support

Peer support was identified as an important informal support for many of the participants during their transition from clinician to nursing professor. In the interviews, the participants highlighted that going through the transition with other novice faculty provided an opportunity to share the emotions of the experience with other people going through a similar experience. One participant shared that a few novice faculty members were hired at the same time and therefore they created a group for support,

> *So, there's a good group of us that, I don't want to just say commiserating because that's not the case, but we are sharing in our triumphs and our struggles at the same time. That has helped with that camaraderie piece.* (Participant4)

Similarly, one participant shared that she created an online group chat to create connections, share resources and offer support to the other novice faculty. The realization that there were common feelings amongst novice faculty was comforting and reassuring.

> *We were also self-directed in starting a new hire group chat. Sort of a go-to spot for everybody. Like, "Hey, I'm doing this in my class. Does anybody have this? Or, hey, I'm teaching this in the spring. Did anyone teach this in the winter? Can we share? Or I ran into this problem today." It is a safe space to share. Like "Oh, my God, I need another coffee today. " So, it was good.* (Participant2)

The friendships novice nursing professors made during their first few years as full-time faculty also positively impacted their transition. These friendships occurred organically through participating in the college educator development programs or co-teaching opportunities.

> *We were all in CEP together, so it helped build camaraderie and friendships and people*
>
> *that you could go ask questions to who were just as green as you. We were able to come*
>
> *together and support one another really nicely.* (Participant7)

Weathering the challenges with a friend seemed to help participants during their transitions.

They were friends with someone who understood their journey and whom they could lean on for

support. One participant shared,

> *And then we had new staff start halfway through the year, and I ended up becoming good*
>
> *friends with one of them. And then we kind of proceeded on together, learning as we went*
>
> *along, and we just happened to be assigned one class together (co-lecturing) and that*
>
> *helped with brainstorming, debriefing, and problem-solving.* (Participant8)

Peer support was especially important for the participants because they were able to connect with

people who understood them and could identify with their experiences. This informal support

gave them a sense of community and improved their experiences at work.

Summary of Findings

In summary, three main themes were identified: 1) emotional aspects of the transition

experience, 2) preparation for the nursing professor role, and 3) navigating the role and college

setting. The participants identified various factors that impacted their transition experiences,

including their preparation (or lack there of), whether their orientations included mentorship and

if they had opportunities for socialization within the nursing faculty group. The participants

reflected on their challenges, and some felt overwhelmed and anxious with the unfamiliar

workload and steep learning curve required at the start of their first semester.

While the participants expressed some negative emotions, they also highlighted the

positive emotions they felt during their transition to the professor role. Participants described

their new careers using adjectives such as exciting, collaborative, balanced and wonderful. For many, being a nursing professor was a career goal and they were eager to contribute to the nursing profession by teaching. The following chapter will discuss how the findings of the study fit into the existing literature examining the transition experiences of novice nursing professors.

CHAPTER FIVE: DISCUSSION

Chapter Overview

This chapter will summarize the key findings of the transition experiences of novice nursing professors at Ontario colleges. Study findings detailed their emotional experiences, different preparations before becoming a professor and factors that influenced how they navigated their new role. These findings will be discussed in relation to the relevant literature and compared to role transitions as described in Meleis (2010) Transitions Theory. The chapter concludes with the study's strengths, limitations and implications for nursing education, policy, and research.

Theme 1: Emotional Aspects of the Transition Experience.

In this study, participants experienced a range of emotions, both negative and positive feelings, during their transition experiences. Meleis (2010) argues that the transition experience can be full of challenging emotions and is impacted by the conditions of the person. Personal conditions include the meanings and expectations associated with a new role and can facilitate or challenge the transition experience (Meleis, 2010).

Negative Emotions

Many of the participants were unfamiliar with the expectations and responsibilities associated with their new role which resulted in negative emotions. These included feeling overwhelmed and anxious, shocked, and surprised, and alone. In the literature, these along with other negative emotions (i.e. frustration and burnout) have been expressed by novice nursing faculty (Brown & Sorrell, 2017; Duschner, 2009; Fritz, 2018; Fox, 2017; Grassley et al., 2020; Jeffers & Mariani, 2017; Meleis, 2010; Poorman & Mastorovich, 2017; McDermid et al., 2016;

Ross & Reid Kerrigan, 2020). Negative emotions may impact the transition experience leading to decreased job satisfaction and an increased intent to leave for novice nurses (Miner, 2019).

Feeling Overwhelmed

The study participants expressed feeling overwhelmed during the transition phase in general, with their additional responsibilities to teaching including curriculum design, sitting on committees, scholarship and supporting student mental health, amplifying these feelings. Participants shared that they were surprised by the amount of preparation needed for each class and the limited time they had to prepare at the start of each semester. The participants expressed that they were always trying to keep up with their workload and were often only one day ahead of their students. Additionally, participants noted the steep learning curve required for the professorial role, particularly at the start of the school year, emphasizing the continual need for learning on the go.

The findings support existing literature on the challenges that nurses often encounter as they transition from clinician to professor. For example, in a qualitative study by Brower at al. (2022) that explored nurses' self-identity during the transition from a clinical role to a teaching role, participants described the transition to full-time teaching as sudden or abrupt. Similar to the current study findings, Brower et al. (2022) found there were additional expectations (preparing for tenure, student advising, course coordination, and curriculum design) on full-time faculty compared to part-time teaching roles. Managing the abrupt shift in responsibilities was found to contribute to the fluctuation of emotions of the study participants. Similarly, in another qualitative study examining how nurses socialize to the professor role, Nicholls and Kelman (2023) found that novice nursing professors felt they were often figuring out things themselves and learned as they went. The findings highlighted that nurses feel overwhelmed with the steep

learning curve required for the nursing professor role which can lead to frustration and feelings of inadequacy (Nicholls & Kelman, 2023).

Feeling Anxious

The participants felt pressure to be teaching experts in addition to clinical experts. One participant shared that she was teaching outside of her clinical specialty and that this caused her to feel anxious and unsure in her abilities. The participants felt a responsibility to provide their students with a quality education and therefore would spend extra time preparing in anticipation of students' questions.

No longer feeling like an expert was a similar finding in a systematic review by Grassley et al. (2020). In the meta-synthesis, Grassley et al. (2020) examined 12 qualitative studies from three countries (U.S., Ireland, Australia) to describe how nurses experience the transition from clinician to academic. The findings of the review revealed that the nurses felt uncomfortable being a novice again and missed the familiarity of the clinical environment. As clinicians they were experts and able to manage challenges, whereas as novice professors they were unsure and afraid of failing (Grassley et al., 2020). The review findings mirror the current study findings, as participants expressed feeling anxious as novice professors and wanting to maintain their expert identity as educators.

Feeling Surprised or Transition Shock

The participants in this study felt unprepared for the differences in responsibilities between the clinician and professor role, resulting in a sense of transition shock. Participants including those who had previously taught part-time, were surprised by the number of administrative duties and preparation required for each class. Additionally, most of the participants taught within different programs (RN, RPN, PSW programs) and were surprised

with the number of meetings scheduled with various course coordinators. The surprise in responsibilities caused the study participants to experience role ambiguity. They were unsure of their institution's expectations of them and how to succeed in their role which caused additional stress.

These findings align with results reported in an integrative review by Fritz (2018), who examined the barriers and facilitators of nurses' transitions to educator roles in Western countries (U.S., Australia, and New Zealand) and found that unrealistic expectations of the responsibilities of the educator role were a major barrier to a successful transition. In Fritz's review, when expectations did not meet reality, participants experienced shock and surprise which negatively impacted their transition experiences. Similarly, in a qualitative study by Fox (2017) exploring the intent of novice nursing professors to stay in their positions, participants expressed vulnerability when they did not know how to meet the expectations of their new role. This led to increased stress and challenged their integrity as an educator. Fox (2017) found the surprise expectations negatively impacted intent to stay amongst the 14 American nurses interviewed.

Feeling Alone

The faculty members interviewed in the current study described feeling alone and isolated at various points during the transition phase. Working in isolation as a novice professor was a stark contrast from the intraprofessional work environments the participants were accustomed to as acute care nurses. As bedside nurses they were able to discuss cases and work through clinical challenges as a team, whereas as professors they were often left alone to problem solve independently. Similarly, in a mixed-method study exploring the career satisfaction of novice nursing faculty, Jeffers and Mariani (2017) found that nurses found the transition to academia challenging due to the isolated teaching environments. Participants in the

study were used to teamwork as clinical nurses and felt abandoned and alone as faculty members. The participants stated that they were alone in their offices, or teaching independently which increased their stress and impacted the participants' intent to stay in their positions. McPherson and Wendler (2023) reported similar findings in their qualitative study exploring the experiences of novice faculty. In their study, participants were shocked they were left to work alone as novice professors. This unwanted independence increased stress, vulnerability and negative emotions which reduced their intent to stay in their role as a professor.

Overall, negative emotions impact job satisfaction and decrease intent to stay for novice nursing faculty members. As described in the Transitions Theory (Meleis, 2010), negative emotions challenged the participants' confidence and expert identities, and resulted in some participants feeling vulnerable in their new role.

Positive Emotions

The literature often highlights the challenges and negative emotions experienced during professional transitions with limited research related to the positive aspects or emotions experienced. A unique finding of this study was that all the participants were optimistic about their new role, and although the experience was challenging, they were able to find the positives. Positive emotions included feeling content with work-life balance, gratitude, excitement and feeling valued in their role. Overall, the positive emotions contributed to the participants' well-being and supported their transition experience. Meleis (2010) argues that an outcome indicator of a healthy (successful) transition is subjective well-being. Similar to the qualitative study by Miner (2019) and the integrative review by Wendler and colleagues (2021), feeling valued or having a sense of belonging within the nursing faculty increased the positive emotions of the experience and supported a successful transition (Meleis, 2010).

A Sense of Contentment

The study participants shared that the faculty role offered a flexible work schedule and that they were able to balance family commitments. Contentment with work-life balance was a positive emotion experienced by the participants and was identified as a facilitator to their transition experiences. Similarly, the existing literature reinforces the importance of work-life balance in nursing faculty job satisfaction and retention. In a scoping review of 33 articles examining the work-life balance of nursing faculty, Moyer (2020) found that a positive work-life balance directly impacts retention and is a key factor in recruiting younger faculty. However, it is important to note that the results of the review suggest that experienced faculty (tenure, more years in nursing education, and more experience in research and administration) have greater work-life balance and therefore novice faculty may require addition support as they learn to manage their workloads.

This finding contrasts with the participants' experiences. Despite being novices, the participants unanimously found that they had more flexibility and greater contentment with work-life balance once beginning the professor role (compared to their clinical role). This contentment may be a result of burnout from their clinical roles. The participants shared that the atmosphere in their clinical environments was stressful. The COVID-19 pandemic and the challenging work conditions exacerbated stress and burnout for many nurses due to understaffing and increased workloads (ONA, 2022). The professor role offered more stability and predictability in terms of hours, scheduling, and acuity (no patient care) and, therefore, was a relief from clinical stress.

Additionally, the literature about nursing faculty career experiences rarely mentions positive work-life balance. However, there is growing research on the poor work-life balance of

nursing faculty and how this impacts their job satisfaction and retention. A cross-sectional study on career satisfaction by Boamah et al. (2022) found that Canadian nursing faculty often experience poor work-life balance due to increased workloads and competing family commitments. Poor work-life balance was found to increase burnout and turnover intentions significantly. These findings differ from the current study, and it is unclear whether the novice period of the professor role (still novel or are burnt out from their clinical role) impacted their sense of contentment with their work-life balance.

The current study college professors noted that although the start of the semester was hectic and overwhelming, the workload came in waves that provided periods of relief. They were not required to teach over the summer and could use the time to prepare for the fall semester. This finding may contrast the workload in tenure-track professor roles due to the additional commitments to service and research outside of scheduled teaching. In a workload evaluation study by Ludwig-Beymer and colleagues (2023), tenure-track nursing faculty (60% teaching, 30% research, 10% service) were responsible for six courses per year. Upon evaluating the actual workload, the examined tenure-track faculty collectively taught 3.12 classes above their expected workload, equivalent to a 0.5 full-time position. The increased teaching load found by Ludwig-Beymer and colleagues (2023) is consistent with other faculty work life and job dissatisfaction research. The authors recommended evaluating workload over the academic year instead of by semester. This approach would allow for fluctuations in workload, which could alleviate some of the stress and demands that come with being a nursing professor. For the current study participants, contentment with work-life balance was a strong motivator to pursue and stay in the nursing professor role, which is an interesting finding that highlights which aspects of the role promote retention.

Gratitude and Excitement

Researchers rarely describe the positive emotions of the transition experience. The lack of findings on gratitude and excitement may be because researchers often focus on addressing challenges in the transition to support the retention of nursing faculty (Brown & Sorrell, 2017; Harris, 2019; Singh et al., 2022). However, the participants in this study moved to the professor role to fulfill career goals or because they were enthusiastic about teaching. Their gratitude and excitement for their new roles facilitated their transitions and motivated them to continue. All the participants were passionate about nursing education and were grateful for the opportunity to work in an academic environment. The participants shared that they felt good about contributing to preparing the next generation of nurses. Most participants had a long-standing interest in teaching, but for some, obtaining the full-time professor role was a pleasant surprise in their careers and, they were thankful for the position. Overall, the participants were grateful to be professors and appreciated the opportunities afforded to the position.

Although the literature focuses on the challenges of the transition, there are some research findings on what facilitates transition experiences for nursing faculty. Similar to the current study findings, in Miner's (2019) study, all eight participants identified a positive aspect of the role: their importance in guiding and moulding the next generation. All the participants strongly desired to teach and were excited to make connections and share knowledge with students (Miner, 2019). When participants focused on the positive aspects of the transition experience, they reported improved work environments, successful transitions into academia and reduced turnover intentions. Miner's (2019) findings support the current study findings and Transitions Theory as the meanings (guiding nursing students) associated with a new role promote a healthy transition.

Feeling Valued

Meleis (2010) highlights the importance of subjective well-being during a transition and how by improving the personal conditions of a transition one can lower stress. For our study participants, subjective well-being included feeling valued and welcomed into the college community and creating connections with nursing students. All the participants wanted to give back to the nursing community by making a positive impact on their student's lives by teaching. These findings were similar to a qualitative descriptive study exploring self-identity during the role transition to nurse educator. Brower et al. (2022) found that educators and nurses shared a common goal of making a difference which provided meaning to their work. The participants of the study felt valued and had feelings of purpose in their new role.

Additionally, in an integrative review, Wendler et al. (2021) found that having a sense of value and belonging in academia supports a successful transition for novice nursing faculty. As nurses continue to develop confidence in their teaching abilities, they experience professional growth and can embrace the identity of nursing professor (Wendler et al., 2021). The current study participants shared that feeling valued by administration and welcomed into the college community was a key factor in decreasing stress during their role transitions and contributed to their overall job satisfaction.

In Transitions Theory (Meleis, 2010) the well-being of relationships is an indicator of a healthy transition. The study participants conveyed the importance of relationships with students and the college community during their transition experiences. In a 2023 phenomenological study exploring the socialization of novice nurse faculty by Nicholls and Kelman, acceptance as a faculty member fulfilled the basic human need for validation and belonging. In the same study, participants yearned for belonging to the faculty group and the security that came with being a

part of the teaching team. Similarly, positive relationships with peers, administrators, and students made the current study's participants feel valued and a part of their college nursing faculty team.

In contrast to feeling valued and belonging, incivility and a lack of collegiality are prevalent themes in nursing faculty retention research (Harris,2019; Lee et al., 2017; Peters, 2014; Singh et al., 2022). Incivility in nursing education, including exclusion, bullying, and abuse of power, can be a significant barrier to healthy transitions (Clark, 2017; Nicholls & Kelman, 2023). In Clark's (2017) book examining civility in nursing education, incivility erodes trust and can lead to a toxic work environment which negatively affects physical, mental, and emotional well-being. When examining retention strategies for nursing professors, interventions that support civility and increase positive feelings can improve job satisfaction and intent to stay (Lee et al., 2017). Similarly, the current study highlights that positive emotions (i.e., feeling valued) contribute so subjective well-being and support a healthy transition.

Impact of COVID-19 on the emotional aspects of the transition experience

A unique finding of the current study was the additional stress of learning to navigate the institutional virtual platforms and online communities, especially during the COVID-19 pandemic. Each college has its own online platform, and many of the participants required extra support to set up their classroom pages, modules, assignments, and evaluation portals. Institutions often modified policies and procedures, and the participants shared that they needed flexibility. It is unknown whether participants' difficulty navigating online teaching resulted from the quick adaptation required during the pandemic or if it was related to their general comfort with technology. The participants had various comfort levels with technology and virtual platforms, as some had taught previously in person while others had begun their teaching

positions online. Many of the participants felt that they needed a better orientation and one-on-one support to understand the online platforms.

There is limited research examining how the abrupt shift to online learning during the pandemic impacted nursing faculty. However, in a cross-sectional international study (30 participating nursing schools from 30 countries) by Kalanar (2022), 65% of nursing educators believed they were unprepared to switch to online education during the pandemic. The study findings emphasized that nursing professors attempted to quickly adapt to online education but were often challenged by their lack of technical abilities, the evolving infrastructure, and their ability to engage students learning online. Similar to the recommendations by the current study nursing professors, Kalanar (2022) found that the most common suggestion for the development of nursing education during the pandemic was providing educators with technical support and training on distance education technologies. Increased technology support may have prevented the participants from feeling overwhelmed during the abrupt transition to online learning.

Additionally, the COVID-19 pandemic may have exacerbated isolation as all the participants shared that they often work from home. The lack of interaction with other faculty members contributed to their loneliness and limited their feelings of belonging that are imperative for a successful transition (Meleis, 2010). Without the interaction with co-workers, the participants shared they were unsure whether they were meeting expectations and missed the collaboration often present in team nursing. The isolation experienced by nursing faculty during the COVID-19 pandemic has limited existing literature. One study examining the psychological impact of the pandemic on academics suggests that professors experienced increased emotional isolation and fatigue because of their new working environments (Thompson & Christian, 2022). In the study, Thompson and Christian (2022) found that without additional institutional support

to manage the frequent changes to policy, faculty reported increased feelings of isolation, panic, and anxiety. The hybrid work environment of the current study participants decreased their opportunities to connect with other faculty members on campus, potentially decreasing their senses of belonging and increasing their feelings of isolation.

In summary, the findings support that the transition from a clinician to a professor is full of emotions for nurses. All nine of the participants expressed both positive and negative emotions when describing their role transition experiences. These emotions were linked to their access to support and resources while navigating their new role and responsibilities. Similar to the existing literature, negative emotions contributed to uncertainty and stress whereas positive emotions increased job satisfaction and contributed to a successful transition to the nursing professor role. In an integrative review exploring the impact of emotions on workplace success by Deiner et al. (2020), positive emotions were found to influence elements necessary for success at work, including engagement, creativity, teamwork, and performance. Likewise, the positive emotions experienced by the participants contributed to the participant's subjective well-being and the well-being of relationships during their transitions and improved their overall experiences.

Theme 2 – Preparation for the Nursing Professor Role

The study participants were clinical experts with various teaching experience and preparation. Although the study participants had graduate education in nursing, a lack of consistent pedagogical preparation resulted in them having different levels of comfort with teaching undergraduates in their new roles. Eight participants felt unprepared for their nursing faculty role, and five had no or limited academic teaching experience at a post-secondary level. The participants described several types of preparation, including formal preparation, such as

graduate education and orientation programs from the institutions, and informal preparation, such as previous clinical experience. Overall, the unique preparations of the participants were inadequate as study participants unanimously expressed the need for additional preparation to transition to the professor role.

Graduate Education

The participants had various nursing graduate educations (MSc, MN, MN-NP, and Ph.D.), that included different coursework and teaching opportunities. Traditionally, Master's-level graduate nursing programs typically do not prioritize the preparation of professors. Instead, their focus tends to lie in clinical practice and equipping nurses with the skills necessary for formal leadership roles, health management or advanced clinical skills. The participants shared that a lack of practical teaching opportunities and limited feedback from other professors on their teaching abilities were the main barriers to feeling prepared to teach. Feeling unprepared by their graduate education often added additional stress to transition experience. The participants expressed the need for additional education on handling student issues and mental health, as well as providing, and managing feedback. They also highlighted the importance of developing appropriate evaluation measures, stating that such training would be beneficial.

Similar concerns and needs were expressed by participants in a study by Fritz (2018) who found that novice nurse educators often lacked knowledge of adult learning principles, possessed underdeveloped evaluation and feedback techniques, and encountered challenges interacting with students. The integrative review also found that when novice nurse educators had inadequate teaching skills, it was a significant barrier to a successful transition (Fritz, 2018). This barrier may be due to the increased stress experienced during the transition when nursing faculty feel unprepared. In the same way, when the current study participants lacked formal pedagogical

training, they sought resources to fill their knowledge gaps. This added additional stress, time, and energy when they prepared for each lesson.

Multiple studies have shown that a lack of teaching preparation impacts nursing faculty recruitment, job satisfaction and retention (Brower et al., 2022; Jeffers & Mariania, 2017; Nicholls & Kelman, 2023; Summers, 2017; Wendler et al., 2021). To increase job satisfaction, the research suggests that adequate pedagogical preparation decreases frustration and stress for novice nursing faculty and improves their transition experiences (Garner & Bedford, 2019; Laari et al., 2023; Fritz, 2018). Most of the current study participants did not feel their graduate education prepared them for the professor role. The lack of teaching preparation during their graduate education was a barrier to their transition as they needed to quickly adapt and fill their knowledge gaps.

Orientation Programs

Study participants described a lack of consistency in the composition of orientation programs. Orientation programs varied in the delivery models; some were delivered in-person or virtually and others consisted of self-directed components. The participants described receiving brief orientations to the college policy and procedures and limited opportunities to ask clarifying questions. Most of the participants completed online modules as orientation to the various college virtual platforms. They shared that they had limited opportunities to apply their new knowledge prior to beginning teaching. When the college did not offer orientation, or it was self-directed (i.e., completed independently from home), participants described feeling alone, stressed, and overwhelmed. As previously discussed, negative feelings impacted the participants' job satisfaction and transition experiences. A significant orientation gap was information on the support services available for students. The participants described not knowing about library

supports, mental health services or where to direct students for administrative support. Inadequate orientations led to frustration for the participants as they felt unprepared to deal with student issues, lowering their credibility as professors.

In the existing research, orientation programs significantly varied. Orientations could include a combination of formal mentorship, professional development in teaching and learning, or an introduction to the institution and instructions on how to access student resources such as mental health services (Fritz, 2018; Grassley et al., 2020; McPherson & Wendler, 2022). Wendler et al. (2021) found that structured orientations contributed to successful transitions to the faculty role and were crucial to faculty retention. Novice faculty across studies reported that orientations made them feel supported by their institutions and increased their sense of belonging in academia (Wendler et al., 2021). If orientations are poor or missing, nursing faculty report decreased job satisfaction and increased intent to leave their position (Garner, 2020; Shapiro, 2018; Wendler et al., 2021). In their meta-analysis, Grassley et al. (2020) found that a lack of orientation was a common experience for novice nursing faculty. The study highlights formal orientations support novice nursing faculty transitions by providing expectations of the role, the institution's policies, supportive environments for professional growth, and opportunities to develop teaching expertise. The authors argue that nursing schools must invest in structured orientations to retain nursing faculty and address the nursing faculty shortage.

In addition to formal orientation to the college environment, the participants also expressed a need for a nursing faculty-specific orientation program. The participants felt that a nursing faculty-specific orientation would better address their knowledge gaps in preparing students for the NCLEX, a unique professional exam for nursing students. The participants shared that their colleges prioritized NCLEX pass rates and they felt ill-equipped to prepare their

students for test writing in addition to professional practice. The participants also taught across programs within the nursing schools and wanted specific orientation to each diploma and degree program. The programs had different student expectations, and each required time to learn. Additionally, the participants wanted to develop relationships with other novice nursing faculty and felt that a nursing faculty-specific orientation would provide a sense of community within their departments.

One nursing faculty-specific orientation program found in the existing research is the Teaching Excellence Program, which was trialled in a program assessment study by Young-Brice (2022) in the United States. The Teaching Excellence Program was developed to complement the existing general onboarding provided by the college with nursing faculty-specific orientation. The program lasted one year, with novice nursing professors meeting twice a month as a group and regularly one-on-one with experienced faculty. The meetings focused on pedagogical practice, how to access resources, managing the responsibilities of the nursing faculty role and building relationship within the department. Upon completing the program, novice nursing faculty reported feeling supported and belonging to the college community. The Teaching Excellence Program or a similar nursing faculty-specific orientation program would fill the gaps in knowledge expressed by the participants by providing structured support, training, and education to novice nursing professors. Nursing faculty-specific orientations would also promote community within their nursing schools as they could begin to develop relationships amongst other nursing faculty members.

Clinical Experience

One contributor to building confidence for the study participants was the realization that they had many transferable clinical skills, such as time management, communication, and

collaboration, which could help them transition to the nursing professor role. The participants shared that their organizational skills and ability to prioritize work in a clinical setting prepared them for the autonomy of the professor role. They also described that they cared for their students and felt a similar responsibility towards them as their patients. The current study participants explained that they were used to working in interprofessional teams and problem-solving, which were skills they needed in their new roles.

Several articles exploring the transition from expert nurse to novice educator suggested that a common facilitator for the transition was using skills from previous workplace settings (Fritz, 2018; Harper-McDonald & Taylor, 2020; Muirhead et al., 2020). These skills included leadership, intra and interprofessional communication, teamwork, program evaluation, clinical expertise, and organization. In a reflection article, Harper-McDonald and Taylor (2020) recounted their transitions to academia and found that their clinical nursing skills, such as documentation, communication, and prioritization, facilitated their transition to professor. Similarly, Fox (2017) found that novice nursing professors established credibility and gained self-confidence when they reflected on their transferable clinical expertise. Identifying transferable skills validated their competency as professors and supported positive attitudes toward their ongoing professional development.

In contrast to the researcher's expectations, all the participants maintained a clinical role. Maintaining a clinical role while working full-time as a professor was unexpected due to the workload and subsequent burnout attributed to nursing professors in the literature (Boamah et al., 2023; Boamah et al., 2022; Thomas et al., 2022). The participants shared that they wanted to continue their practice to remain credible and share their current experiences with students. They were confident in their clinical expertise and wanted to maintain this piece of their identities. The

desire to maintain a clinical role may be due to the continual changes present in clinical practice. The participants shared that they often worked with new graduate nurses in clinical settings and understood their learning needs in professional practice. The participants felt that this knowledge informed their teaching and further supported their ability to deliver quality education to their students.

<div align="center">**Theme 3 – Navigating the Role and College Setting**</div>

Transitions Theory describes a healthy/positive transition outcome as mastery of the skills and behaviours required to manage a new situation and create a new identity (Im, 2018; Meleis, 2010). The study participants expressed an initial challenge of navigating their various responsibilities but that they gained confidence over time. The theme of navigating the professor role and college setting suggests that the transition experience is a dynamic and fluid process that is characterized by movement over time (Meleis, 2010).

A significant finding of this study was the crucial role ongoing support and connections with other faculty members played in the supporting novice college professors in learning (mastering) their new roles. Multiple formal and informal sources supported the participants as they navigated their roles and the college setting. In this study, most participants participated in a formal faculty development program which provided mentorship and training modules over their first two years of teaching. Alternatively, the participants shared that they sought informal support from coordinators, office mates and experienced faculty. Finally, the participants shared how their relationships with peers impacted their socialization in the nursing professor role.

College Faculty Development Programs

The most common development program described by the participants of this study was a formal college educators' program offered college-wide for all new faculty members. The

programs aimed to prepare college faculty for teaching with the understanding that college professors are often industry experts and may lack teaching experience. The programs' composition varied, with some teaching assessment and evaluation, with others comprised of online modules. Eight of the nine participants participated in a development program and six participants shared that it was helpful in their transition. The programs supported their transitions by linking them with other new faculty, learning teaching strategies, and connecting them with mentors. These factors facilitated their ability to navigate the college setting.

One example of a college faculty development program is the College Educator Development Program (CEDP), which is offered at five Western Region Colleges (Woodcock, 2006). This program consists of modules which introduce teaching and learning principles aimed at improving the professors' pedagogy. The CEDP offers content specifically tailored to address some of the primary knowledge gaps encountered by novice faculty. The CEDP also includes a mentor from the college, but they were not from the SON. The CEDP serves as a valuable tool in facilitating the onboarding process for faculty members. Strong on-boarding programs have been found to support nurses as they transition to the faculty role (Wendler et al., 2021).

In contrast to the literature supporting the value of faculty development programs, two participants shared that it was an additional drain on their limited time and provided mentors who did not understand the nursing curriculum. The participants felt they had unique learning needs within the nursing program and would have benefited from a tailored (nursing education-focused) orientation and mentorship experience. As previously discussed, a nursing-specific program such as the Teaching Excellence Program may benefit novice nursing faculty during their role transitions (Young-Brice, 2022). The Teaching Excellence Program increased community building for the participating nursing professors, thus contributing to their ability to

navigate their new roles. Tailored nursing faculty development programs may have benefited the current study participants by providing a formal opportunity to connect with other new nursing faculty, learn from experienced staff, and spend time learning what they felt they needed most to transition successfully.

Mentorship

In this study, participants described mentorship as being assigned to a college faculty member through the CEDP or their school of nursing. Mentors provided support to the participants through regular meetings, co-teaching opportunities, help with online platforms and instruction in post-secondary pedagogy. Mentors assigned through the CEDP were responsible for providing support in teaching and in navigating the college processes. Mentors assigned through the SON provided additional support to the participants by sharing teaching resources for specific classes and offering an expert opinion on how to teach the nursing curriculum. The mentorship relationship was a mandatory component of the CEDP and a formal (not natural) relationship through the SONs. Grassley and colleagues (2020) found mentorship in addition to an orientation program was the greatest positive influence on novice faculty transition experiences in their systematic review of 12 qualitative research studies exploring this specific phenomenon. When study participants were able to engage with and ask questions to a mentor, they reported less stress and more support during their transition from clinician to professor. Mentoring by experienced nursing faculty members has been shown to enable novice faculty to build a trusting relationship with a colleague (Miner, 2019).

The participants felt most comfortable when the formal mentorship relationship was mutually beneficial by being built into the mentor's workload. The participants did not want to burden their mentors and often refrained from reaching out when they needed help in fear of

bothering them. The participants who had a mentor within the school of nursing reported the highest level of support during their transition and that this resource was invaluable to them. In a grounded theory study exploring novice nurse faculty mentorship relationships, Busby and colleagues (2022) found that mutually beneficial relationships with open communication were essential for a successful mentorship relationship. Mentoring also serves as a catalyst for demonstrating the important position of educating the next generation of nurses and experienced faculty have an essential role in supporting the navigation of the service, scholarship, and teaching responsibilities of a professor (Mariani, 2023).

However, the mentorship provided to the participants was sometimes inadequate in supporting their navigation. For example, the participants shared that a few mentors voiced their lack of time or were similarly novices and tentative to act as mentors. Additionally, some experienced faculty were resistant to sharing resources such as presentations and evaluations, leaving the participants feeling unsupported and disconnected from other nursing faculty members. In Nowell and colleagues' (2017) review of mentorship programs in academic nursing, an appropriate fit between mentor and mentee was essential to creating a successful mentoring relationship. Additionally, the review highlighted that without clear goals for the relationship, it is difficult to measure the impact of mentorship on the mentee's career. The participants may not have fully benefited from the pairing if their mentor was not invested in the relationship and actively mentoring. Although mentorship is a proven facilitator of professional nursing transitions, without goals, targets and evaluations, the impact of the relationship is unknown (Busby et al., 2022; Cangelosi, 2014; Mariani, 2023; Nowell et al., 2017).

Socialization

Effective socialization brings about several anticipated outcomes, such as the adoption of cultural norms, values, and standards, role integration, and a sense of being part of a community (Masters & Gilmore, 2018; Yanik & Yildiz, 2019). For nursing professors, socialization is an intentionally supportive relationship between an experienced faculty member and a novice faculty member and aims to prepare and integrate new professors into the faculty group (Nicholls & Kelman, 2023). Compared to the formal mentorship present in the CEDP, socialization provided an informal opportunity for the participants to connect with other nursing faculty and was unstructured. Socialization and informal support occurred organically through congenial relationships with coordinators, senior faculty, novice faculty, other coworkers, and friends. Informal support included sharing teaching resources, feedback on teaching and marking, support on dealing with student issues and discipline, support creating connections within the school of nursing, faculty lunches, and having someone to discuss ideas.

Socialization is essential in welcoming nursing professors to the academic community and contributes to a successful transition (Nicholls & Kelman, 2023). When the current study participants were supported through socialization and welcomed into the college environment, they spoke positively about building relationships and developing camaraderie with their more experienced colleagues. The participants also shared that being on campus and a part of the college community positively impacted their transitions. When they could connect with others in their office space informally, they were more inclined to ask questions and receive support in navigating their role.

In a qualitative descriptive study exploring the experiences of 12 adjunct and part-time novice nursing faculty members by McPherson and Wendler (2022), feeling connected to their

colleagues was a key factor in increasing their intent to stay in their positions. Building relationships with colleagues through socialization and feeling connected to the larger college community is supported by the literature as a facilitator to the transition from clinician to professor (Fox, 2017; McPherson & Wendler, 2023).

According to Meleis (2010), community support is critical to a successful transition. Without community support, novice nursing professors expressed decreased job satisfaction, frustration, burnout, and an increased intent to leave their position (Boamah et al., 2021; Jeffers & Mariani, 2017; Poorman & Mastorovich, 2017; Ross & Reid Kerrigan, 2020). For the current study, participants who were Socialization contributes to the well-being of relationships, which is an outcome indicator of a healthy transition in Meleis' (2010) Transitions Theory. Connection, meaningful interactions, and integration into the social network and community support the development of relationships and reflect a healthy transition (Meleis, 2010).

Peer Support

The study participants reported receiving support from co-teachers and peers as they learned the responsibilities associated with their roles. Peer support fostered collegiality within the novice nursing faculty group and differed from the networking opportunities provided through socialization and mentorship. Co-teachers provided direct support in teaching a new class and helped the participants troubleshoot their challenges in managing their classrooms. When colleagues were open to collaboration and willing to share teaching materials, the participants felt connected to and accepted by other faculty members.

In addition to building community, peer socialization supports learning a group's roles, responsibilities, standards, and norms (Nicholls & Kelman, 2023). In Fox's (2017) exploration of the influences on intent to stay for novice nursing faculty, when a sense of collegiality was

developed through socialization, the participants felt safe, motivated to teach, and committed to staying in their role. Similarly, in a 2023 qualitative study by McPherson and Wendler aimed at understanding the experiences of novice faculty, engagement with peers helped the participants feel like they were part of a team and increased their intent to stay in their position.

When the participants had other novice nursing professors to engage with, it facilitated their transition experiences. Some of the participants made connections in their development programs, while others were grouped together in an online chat. The participants shared that connecting with other novice nursing faculty supported their transitions by creating a safe space to share their struggles and celebrate successes.

Summary

The current study provides insight into the facilitators and challenges of transitioning from clinician to professor, as experienced by novice nursing faculty members in Ontario. The study highlights that the transition experience is a volatile emotional journey with positive and negative emotions. Although participants were navigating a new role as professors, they remained tied to their clinical selves. They could draw upon their professional experiences to navigate their new roles, facilitating their transitions. Additionally, formal, and informal support from orientations, mentorship and socialization positively impacted their transition experiences and contributed to their subjective well-being and the well-being of relationships. This study provides new insights into novice nursing faculty members' experiences with socialization and supports the significant role socialization has in a successful transition experience.

Study Strengths

A significant strength of the study was that it provided insight into the transition experiences of college nursing faculty in Ontario. There is no known published research

examining this phenomenon in Ontario. Another strength was that the study was conducted within the participants' first three years as a full-time nursing professor. This timeframe allowed participants to easily reflect on their recent experiences and the supports that facilitated their transitions. The participants' demographics were also a strength as their ages, education preparation, and college locations varied. The age variation of the participants allowed for some variation in life stages, which offered different perspectives and enriched the study findings. The variation in education preparation directly impacted the study findings and, therefore, was an important factor to discuss when describing the transition experiences of novice nursing faulty. Finally, there was diversity in the school locations (North, East, Southwest and Greater Toronto Area) as well as the delivery of the programs (both stand-alone and collaborative programs), which was a strength of the study and supported the aim to gather experiences from nursing faculty members across the province.

Study Limitations

The sample size was a limitation of the study. The findings reflected the experiences of nine novice nursing faculty members and may not be an accurate representation of the transition experience due to the small sample size. A limitation of the homogeneity of the sample was that since over ninety percent of the Canadian nursing workforce are women; the participant population was all women nursing professors. Therefore, it is difficult to infer if other gendered professors would experience similar emotions during their transitions (Canadian Nurses Association, 2023). From a critical feminist standpoint, women have traditionally held subjugated power in academia and may feel additional pressure to associate perfection with success (Bice et al., 2019). In general, nurses in academia have high expectations of themselves professionally and may experience negative feelings of inadequacy, often called as imposter

syndrome (Gill, 2020). Their common social standing as women impacted their experiences; therefore, other gender perspectives are unknown.   Another limitation was that demographic information related to race was not collected to maintain confidentiality. However, it is well known that Black, Indigenous and People of Color continue to be underrepresented in nursing graduate programs and leadership positions in Canada (Nelson & Salami, 2021). As a result, it is unknown whether the transition experiences of novice faculty vary by ethnicity or race. In future studies, it would be helpful to explore the experiences of minority groups in the nursing professor profession, including Black, Indigenous and People of Color. There may be unique needs that are missed with traditional orientation and mentorship programs as minority faculty members can experience higher burnout rates, have fewer promotional opportunities, and lower rates of tenure compared to their White male counterparts (Boamah et al., 2023). This may be a result of systemic microaggressions and racial discrimination persistent in academia (Beard & Julion, 2016). Exploring the transition experiences of minority faculty members is important to inform catered recruitment and retention strategies to increase representation within academia. Increasing diversity in nursing academic leadership is essential for the sustainability of the nursing profession as it more accurately reflects the diversity of Canada (Nelson & Salami, 2021).

Implications

Education

The current study provides several insights into the factors that may impact nursing faculty members' job satisfaction and intent to stay. Subjective well-being, positive relationships with colleagues and the support to successfully master new skills are all indicators of a healthy transition and can improve job satisfaction and retention (McPherson & Wendler, 2023; Meleis,

2010). Conversely, when novice faculty are not well supported and mentored, they experience difficult transitions, have decreased intent to stay, and often leave their positions (McPherson & Wendler, 2023). With the global nursing shortage, SON cannot afford to lose this important group, as they play an essential role in educating future nurses in the province. This study highlighted that creating a healthy and collaborative workplace in nursing education improves transition experiences and is an important strategy for retaining novice nursing faculty members.

Additionally, a significant finding was that socialization positively impacted transition experiences. Strategies to increase socialization include opportunities to develop relationships with experienced faculty such as co-teaching or collaborating on a project and activities that increase belonging to the faculty group such as administrators formally recognizing the strengths of their professors, promoting civility in the department, and offering opportunities for professional development (Nicholls & Kelman, 2023; Singh et al., 2022). Academic leaders can promote civility amongst faculty, through modeling respectful communication, providing encouragement and feedback, and through fostering purposeful relationships between experienced and novice staff (Clark, 2017).

For nurses interested in pursuing teaching roles, the study findings suggest that more practical teaching experience would benefit graduate nursing students hoping to teach within BScN programs. Graduate nursing programs could offer more courses focused on curriculum design, online teaching, nursing pedagogy and how to support adult learners to prepare novice faculty for their role. Additionally, providing nurses with a post-graduate teaching certification might also be helpful.

The findings of this study can promote graduate education for nurses by encouraging undergraduate nursing curricula to expand the definition of "nurse" presented to students. Nurse

researchers and nursing professors should be included as career paths to encourage graduate education and alternatives to bedside nursing for students beginning their careers. Graduate-prepared nurses are in high demand globally, with nursing faculty positions being only one of the competing roles. Undergraduate nursing curricula must encourage nurses to continue their graduate education to increase the pool of nurses available for teaching positions.

Policy

This study's findings have significant implications for nursing leaders and administrators at nursing schools in Ontario and beyond. A significant finding of this study was that nursing professors at Ontario colleges felt unprepared for their role and unanimously expressed a need for nursing-specific orientations like the Teaching Excellence Program found in the literature (Young & Brice, 2022). The findings suggested that a comprehensive nursing faculty orientation would include an overview of the institution's policies and procedures, preparation in nursing pedagogy and ongoing support through mentorship and socialization. The insights gained through this research can serve as a building block to developing a provincial nursing faculty orientation program aimed at improving the transition experiences of nursing faculty and increasing retention of this valuable resource.

Another study finding was the positive and negative emotional toll that the transition experience had on novice faculty members. This finding provided insight into the emotional support systems required for novice nursing faculty to transition into their role successfully. Academic leaders can support novice nursing faculty by increasing opportunities for socialization and community building within their institutions. For example, faculty lunches, group chats, shared office space and co-teaching opportunities improved socialization and the participants' sense of belonging. When the participants felt welcomed and valued as members of

the nursing faculty team, they reported subjecting well-being and well-being of relationships. A sense of belonging is an important factor in job satisfaction and retention and, therefore, it is an important consideration for academic leaders (Fox, 2017; Nicholls & Kelman, 2023).

Finally, this study provides insight into nurse faculty transition experiences and normalizes the emotions experienced by novice nursing professors. By highlighting the transition experience from the perspectives of novice nursing professors, the study findings can inform and prepare clinical nurses interested in pursuing a faculty position and novice faculty transitioning to a faculty role.

Research

The study findings revealed that orientation programs provided to novice nursing faculty need to be nursing specific. The participants felt they lacked the resources required for a successful transition. The study participants highlighted several necessary components of a nursing faculty orientation program, including formal mentorship, informal socialization, a review of institutional policies and procedures, support in nursing pedagogy and how to prepare students for the NCLEX. Future research should focus on developing, implementing, and evaluating robust orientation programs specific to nursing schools.

The study interviews revealed that all the participants continued to work clinically in addition to their faculty role. Maintaining a clinical position was unexpected due to the workload demands of nursing faculty described in the literature and within the participant interviews (Boamah et al., 2021; Fritz, 2018; Grassley et al., 2020; Moyer, 2018; Poorman & Mastorovich, 2017). The study participants expressed that they were motivated to maintain a clinical position for financial supplementation, stay current with clinical skills, and sustain relationships with clinical co-workers. This finding may be a result of the global nursing shortage. Graduate-

prepared nurses are in high clinical demand, so colleges and universities are competing for this scarce resource (McPherson & Wendler, 2023). It is unknown whether maintaining the clinical role positively or negatively impacted the participants' transition experiences, as this was not directly addressed in this study. There was limited existing literature exploring this phenomenon and the impact on the transition experiences of novice nursing faculty continuing to work clinically. Future qualitative studies exploring this phenomenon are necessary to build upon the knowledge gained from this study.

Future studies about nursing faculty transition experiences can evaluate how various demographics, preparations, and types of programs impact role transitions. Research exploring how minority groups in nursing (other genders, Black, Indigenous and People of Color) experience the transition from clinician to professor would supplement the current study's findings. White, cis-gendered women are overrepresented in nursing faculty roles and exploring diverse perspectives could promote awareness of the experiences of different groups and support the elimination of barriers to representation. Additionally, quantitative studies that explore the relationship between the graduate education stream and intent to stay in the professor role would further build on these findings. Examining the graduate education that best prepares nursing faculty is essential to inform future graduate curricula. Finally, future research should further explore how different settings and programs (colleges, universities, collaborative, stand-alone) impact novice nursing faculty to inform policy and develop tailored orientation programs.

Conclusion

This qualitative descriptive study explored the transition experiences of novice nursing professors at Ontario colleges, to improve retention and better understand the factors that impact the transition experiences of novice nursing faculty. The findings identified the salient negative

and positive emotions experienced by the participants and described how these emotions impacted their subjective well-being and the well-being of their relationships. The findings also highlighted a relationship between the participant's educational and clinical experiences and their preparation for the nursing professor role. The results showed the importance of socialization in helping nurses successfully navigate the professor role. When the participants were welcomed and supported during their transition, they felt camaraderie with their colleagues and experienced less stress. By addressing the needs of novice nurses during their transition from clinicians to academia, academic leadership at Ontario nursing schools can play a pivotal role in improving retention rates. This proactive approach can also contribute significantly to addressing the national nursing faculty shortage.

This study suggests that nursing leaders can better support novice nursing professors by providing evidence-informed nursing faculty orientation programs, opportunities for connection amongst nursing faculty colleagues and graduate programs with practical nursing education opportunities. The findings from this study can inform academic nursing leaders at Ontario colleges of the fundamental support nurses need to feel prepared for and successful in their transition to nursing professor roles, directly contributing to the retention of this valuable group. By supporting the retention of novice nursing professors, academic institutions can continue to invest in the education, sustainment, and growth of the nursing profession, directly impacting the province's ability to provide quality patient care to Ontarians.

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Appendix A

Theoretical Model: Transitions Theory
(Meleis, 2010; Schumacher and Meleis, 1994)

UNIVERSAL PROPERTIES
Process Direction
Change in: identity,
roles, relationships,
abilities, patterns of
behavior, structure,
function, dynamics

TRANSITION CONDITIONS
Meanings
Expectations
Level of Knowledge/Skill
Environment
Level of Planning
Emotional & Physical
Well-being

INDICATORS OF HEALTHY TRANSITION
Subjective
Well-being,
Mastery,
Well-being of
Relationships

TYPES
Developmental
Situational
Health/Illness
Organizational

NURSING THERAPEUTICS
Promotive, Preventive, Interventive

From Schumacher, K. L., & Meleis, A. I. (1994). Transitions: A Central Concept in Nursing.

Image: The Journal of Nursing Scholarship, 26(2), 119–127. https://doi.org/10.1111/j.1547-5069.1994.tb00929.x

Appendix B

Interview Questions and Guide

Research Questions

The purpose of this study is to explore the experiences of RNs transitioning from clinical

practitioners to professors teaching within a collaborative BScN program at Ontario colleges.

Primary Question: What are the experiences of registered nurses when transitioning from

clinicians to faculty members at Ontario colleges offering collaborative BScN degrees?

Secondary Question: What factors influenced the transition when shifting from a clinical nursing

role to an academic faculty role?

Interview script:
Hello, my name is Michelle Greenway, and I am a graduate student enrolled in the Master of Science in Nursing program at McMaster University. Thank you for participating in this interview in which we would like to learn about the experiences of early-career nursing faculty who teach at Ontario colleges offering the BScN degree. The overall objective of this study is to learn more about your transition experience to a faculty member and what factors influenced your transition experience. All responses that you provide are confidential and the results will be de-identified in reports developed. Only members of the research team will have access to the transcripts of the study. The interview will be audio recorded to help analyze your answers and I will also be taking notes during the interview. There are no right or wrong answers; you are the expert as we are looking to learn from your experience. Your participation in this study is voluntary and you can withdraw from the research study at any time, or you can decline to answer any questions. This interview will take approximately 30-60 minutes. I'm going to ask that you speak generally about your experiences and refrain from specifics or identifying information.

For the record, you have had a chance to review the consent. Do you have any questions before we begin the interview?

1. Can you please tell me about what your experience has been like transitioning to a faculty

   role?

2. What motivated you to seek out your current faculty position? (Internal/external motivators?)

   (Can you tell me about any formal or informal teaching experience you have?)

3. Is a faculty position (role, responsibilities, workplace culture) what you expected?

4. What have been some of the challenges?

5. What have been some of the facilitators?

6. Can you tell me your thoughts on the supports you received? (orientation, mentorship, training)

7. Can you tell me about your experience with mentorship? What are your thoughts on mentorship for new faculty?

8. What formal or informal orientation or onboarding (resources) for your academic role did you receive?

9. Looking back, what would you say helped your transition? Is there anything you wished you had done differently? Are there resources that you wish you had access to?

10. Was there anything else that you would like to discuss that we have not yet touched upon?

Appendix C

Included Articles

Author	Title	Setting	Purpose	Methodology	Participants	Summary
Brower et al., 2022	A qualitative exploration of self-identity during the role transition to a nurse educator	United States	To explore the effect of transitioning from a nursing role to an educator role on nurses' self-identity.	**Design:** Qualitative **Data:** Semi-structured interviews and demographic survey	N=8 RNs working as nurse educators enrolled in doctoral program; both the hospital and university setting; 7 women, 1 man	Four themes: transition to academia shock, being a novice, grief, and loss, and grounded in purpose. Provided suggestions on how to support new nurse educators. The authors suggest discussing the different feelings they may experience to help them prepare.
Brown & Sorrell, 2017	Challenges of Novice Nurse Educator's Transition from Practice to Classroom	United States	To address challenges encountered by novice educators.	**Design:** Qualitative. **Method:** Case study **Data:** Semi-structured interviews and review of a report.	N= 7; 3 years or less of teaching experience in either clinical or academic setting. Average age 42, average teaching experience 1.5 years. 3 men and 4 women. 5 MSN, 2 BScN.	Four themes: *A shoulder to lean on:* Faculty support. *More structure/mentoring:* Missing a structured mentorship/orientation program for novice faculty. *Work is always with you.* Extended hours. *Teaching in the dark.* Unprepared and unstructured. The findings argued the importance of a mentorship relationship for support.
Cangelosi, 2014	Novice nurse faculty: In search of a mentor	United States	To investigate the experiences of novice nurse faculty to understand the challenges they encounter.	**Design:** Qualitative, **Method:** Phenomenology. **Data:** Semi-structured interviews	N= 20 novice faculty teaching undergraduate nursing program. Full-time and part-time included. Less than 2 years of experience teaching undergraduate nursing. 18 women and 2 men. 4 Ph.D., 2 Ph.D. candidates, 14 MSNs.	One theme was identified by consensus: searching for a mentor. All participants expressed disappointment or frustration about the lack of structure and guidance they experienced. "Hungry for mentoring." Recommendations for a dedicated mentor (with time allowances to mentor).
Fox, 2017	The experience of nurse faculty new to a full-time academic role and intent to stay in academia [dissertation]	United States	To describe the experiences of nurse faculty members new to a full-time academic role and the influences on their intent to stay.	**Design:** Qualitative **Methods:** Naturalist inquiry **Data:** Semi-structured interviews	N=14; 11 women, 3 men. At least one year in first full-time nursing faculty position but no more than 5 years. Aged 30-61 yrs. 8 MSN, 2 DNP, 4 Ph.D.	Three themes: (1) connecting to academia (subthemes feeling vulnerable, sensing belonging); (2) developing competence (sub-themes, being overwhelmed and disillusioned, establishing credibility); and (3) committing to stay in academia (feeling burdened and finding meaning and opportunity for advancement). The findings support the emotional aspects of the transition experience through the novice period.
Fritz, 2018	Transition from Clinical to Educator	United States	Identified barriers and facilitators of nurses'	**Design:** Integrative review.	N=21 articles included.	Common barriers to successful transition included unrealistic expectations, role ambiguity, poor orientation,

						lack of mentoring, and inadequate knowledge of educator skills. Facilitators included an individualized orientation plan, on-going high-quality mentoring, educational preparation for the role, and time to develop educator skills.
	Roles in Nursing: An Integrative Review		transitions from clinical positions into nurse educator roles.	**Data**: Qualitative, quantitative and opinion pieces.		
Garner & Bedford, 2021	Reflecting on educational preparedness and professional development for early-career nurse faculty: A phenomenological study	United States	To explore the lived experiences of early-career nursing faculty and what it feels to be unprepared to teach.	**Design:** Qualitative **Data:** Semi-structured interviews	N= 9 early career (<5yrs) nursing faculty; ages 46-59; 5 MSN, 1 post-MSN, 2 current doctoral students, 1 Ph.D. 8 women, 1 male. 5 full-time; 4 part-time; 1 tenure track. 4 two-year college, 5 four-year college.	Four themes: balance between theory and practice; socialization to the role; real-world experience; and ownership for ongoing learning. The findings suggested that participants felt unprepared and lacked an adequate orientation and mentoring to the new role.
Grassley et al., 2020	No Longer an Expert: A Meta-Synthesis Describing the Transition from Clinician to Academic	United States	To describe how nurses experience the transition from clinical practice to nursing academic.	**Design**: Systematic review **Data**: Qualitative articles	N= 12 articles were reviewed. The studies' participant numbers ranged from 6-45. Average 17.5 participants, Median 13 participants.	4 meta-themes: Unprepared, no longer an expert, in search of mentoring, and beginning to thrive. The review found preparation and mentoring significant factors on transition experiences. The review also discussed the negative and positive feelings experienced by novice nursing academics.
Harper-McDonald & Taylor, 2020	Expert nurse to novice academic: Reflections on the first year of transition from practitioner to academic	Ireland	Discussed the lived experiences of two novice faculty during their transition from practitioner to academic.	**Design**: Discussion paper	N= 2 novice faculty (authors). Limited information about the authors. Completed after first year in role.	Four themes: expert to novice; understanding procedures, processes, and regulations; role in learning and teaching; research. The authors reflected on how their professional skill set and nursing experience can contribute to an academic career. Discusses the transferable clinical skills beneficial to academic teaching.
Hoffman, 2019	Transitional Experiences: From Clinical Nurse to Nurse Faculty	United States	To explore the lived experiences of clinical nurses as they entered the nurse faculty role.	**Design:** Qualitative **Method**: Descriptive. **Data:** Semi-structured interviews.	N=15 participants. 14 women, 1 man. 11 MSN, 2 DNP, 2 Ph.D. Faculty experience 1-20 yrs.	Four themes emerged: Perpetual novice, faculty as a resource, teaching ambiguity, and student as my patient. The article found that the participants were in constant change due to teaching new classes and taking on new responsibilities.
Logan et al., 2016	Transition from clinician to academic: An interview study of the experiences of	Australia and United Kingdom	To explore and compare the experiences of nurses in Australia and the UK as they moved from clinical practice	**Design:** Qualitative **Data:** Semi-structured interviews.	N=14 full-time nurse educators. 7 from Australian, 7 from UK. Aged 30-50. 4 Ph.D., 4 doctoral students, 6	Four themes: adapting to change, external pressures, teaching, and progress up the academic ladder. Teaching has been prioritized, leaving little time for research. Participant's voiced doctoral qualification and building a research career are paramount.

	UK and Australian Registered Nurses		into higher education institutions.		post-graduate education. 1-20 years experience.	
Mann & De Gagne, 2018	Experience of novice clinical adjunct faculty: A qualitative study	United States	To understand how novice clinical adjunct faculty described their lived experiences in their role transition.	**Design:** Qualitative. **Data:** Semi-structured interviews	N= 9 novice nurse adjunct clinical faculty. Novice described at 3 years in the role or less or self-described novice. Ages 25-75 (average age 44). All women.	Four themes: Unpreparedness: all participants agreed that teaching required an enormous amount of preparation. All participants identified the importance of a strong orientation program. Facilitators and Barriers in the Transition: facilitators include education in adult learning, previous teaching experiences, help from coworkers, orientations, continuing education opportunities. Barriers include undeveloped relationships with staff, increase workload, pressure to perform, fear of student failure, low pay. New Learning Needs and Processes, and Salient Recommendations to Pass On: "All your nursing knowledge will be used. Don't be afraid to ask questions. Be there for the students."
McDermid, Peters, Daly & Jackson, 2016	Developing resilience: Stories from novice nurse academics.	Australia	To explore the resilience strategies of 14 new nurse academics.	**Design:** Qualitative **Method:** Storytelling **Data:** Semi-structured, conversational style interviews	N=14 new nurse academics. 13 women, 1 man. Aged 35-55. Less than 5 years as academics. 14 had post-graduate education. 3 enrolled in doctoral education.	Developing supportive collegial relationships; embracing positivity; and reflection and transformative growth. Discusses liminality (moving from one identity to another).
Miner, 2019	Positive transition experiences of clinical nurses moving into academia: A qualitative study	United States	To identify positive aspects of the transition experiences of nursing faculty members.	**Design:** Qualitative. **Data:** Semi-structured interviews.	N= 8 clinical nurses who taught baccalaureate nursing. Novice educators (<3 years)	Four themes: Mentoring and support, collaboration, camaraderie, and positive aspects. The authors focused on the positive aspects of flexibility, independence, and giving back to the next generation.
Nicholls & Kelman, 2023	Socialization of Master's-Prepared Novice Nurse Faculty: Their Lived Experiences	United States	To explore the lived experience of novice nurse faculty's socialization to academia.	**Design:** Qualitative **Method:** Phenomenology **Data:** Semi-structured interviews	N=8 women aged 28-61 in their first full-time faculty position for 2mos to 5 years. RNs. Master's prepared	The overarching theme that emerged from this research was academia—the optical illusion. Eight themes emerged: lack of structure, the blind spot, distinctive experiences, acceptance, and validation, continually evolving, learning as you go, the wish list, new role challenges, and self-revelation. Discussed the importance of socialization during the transition to academia.

Ruiz & Gonzales, 2021	Transition to Practice and Back Again: The Journey into Nursing Academia	United States	This article presents the journey of two experienced nurse leaders who transitioned into academia.	**Design**: Discussion paper. organization (NLN) at the end of the article.	N= 2 nurse leaders' personal journey (authors).	Significant bias/conflict of interest as they recommend a certification program offered by the publishing. The authors found the transition into a faculty role overwhelming and isolating. A mentor and formal orientation decrease isolation. The expectation that faculty seek out personal resources for teaching is overwhelming and can lead to turnover.
Schoening, 2013	From Bedside to Classroom: The Nurse Educator Transition Model	United States.	To generate a theoretical model that describes the social process that occurs during the role transition from nurse-to-nurse educator.	**Design**: Qualitative **Method:** Grounded Theory **Data:** Semi-structured interviews	N=20 nurse educators teaching in baccalaureate nursing programs. 19 women, 1 man. 19 full-time, 1 part-time. 11 MSNs, 9 Ph.Ds. 15 with <11 years, 2 with 11-20 yrs., 3 with >20.	The Nurse Educator Transition (NET) model was created from these data. This model identifies four phases in the role transition from nurse-to-nurse educator: a) the Anticipatory/Expectation Phase, b) the Disorientation Phase, c) the Information-Seeking Phase, and d) the Identity Formation Phase. The article explores the process of transition and delineates various phases nurse educators move through. There was no further discussion of the NET in the subsequent literature.
Shapiro, 2018	An Exploration of the Transition to the Full-Time Faculty Role Among associate degree Nurse Educators	United States	To examine the experience of transition into the full-time faculty role among nurse educators who teach in associate degree nursing programs.	**Design**: Qualitative. **Data**: Semi-structured interviews.	N= 14 participants. Full-time nurse educators in associate degree nursing programs. 14 women. Ages 29-65 (average 56). Teaching experience ranged 1-33 years (average 7 years).	Themes include difficulties, learning the role, embracing the role, the need for support, and personal experience of confidence and love of teaching. The study findings suggest that nursing-specific orientations with strong mentoring facilitate the transition into the full-time faculty role. Another study highlighting the navigation of the role over time.
Summers, 2017	Developing Competencies in the Novice Nurse Educator: An Integrative Review	United States	To identify factors that facilitate or impede nurse educator's transition into an educational role.	**Design:** Integrative review. **Data:** Quantitative and qualitative	N=27 articles included. 9 quantitative, 2 mixed-methods, 16 qualitative.	The author found that nurse educators feel overwhelmed by the lack of clarity about what is expected of them. Stress, role confusion, and frustration were common concerns. Educators who came from expert positions in the clinical nursing field experienced difficultly adapting to their new role. The article explores combining the two identities of "nurse" and "educator."
Testut, 2013	Practice to pedagogy: A study of the lived experiences of part-time nursing faculty transition from expert nurse to novice educator	United States	To describe the role transition experiences of expert nurses when working as novice educators.	**Design:** Qualitative **Method:** Phenomenology. **Data:** Open-ended interviews	N= 9 part-time nursing faculty. 9 women. 9 MSN. 1 aged 25-35; 2 46-55; 5 56-65; 1 >65. 5-33 years experience.	Ten themes became prominent when interviewing these individuals: Pre-Employment: My Professional Duty and Spread the Knowledge; First Year: Panic and Nervousness, Teaching Experience and Clinical Comfort, and Course Coordinators (First Year); Second Year and Beyond: Calm, Confident and Comfortable, Continuous Learning, and Course Coordinators (Second Year); Future: Enjoyment, and Love of Students.

Weidman, 2013	The lived experience of the transition of the clinical nurse expert to the novice nurse educator	United States.	To describe and interpret the experience of nurses without any educational theory as they transition from the role of the clinical nurse expert to the novice nurse educator.	**Design**: Qualitative, **Method:** Phenomenology. **Data**: Seven interview questions	N= 8 clinical nurse experts who are now novice nurse educators. Less than 2 years in educator role. Age 27-60. 6 women, 2 men. 5 MSN, 3 BScN.	3 themes: (a) clinical nurse experts have expert knowledge to share and have a desire to educate the next generation; (b) the transition process elicits feelings of stress related to not having educational theory; (c) consistent mentoring contributes to an easier transition to the role.
Wendler et al., 2021	What do novice faculty need to transition successfully to the nurse faculty role? An integrative review	United States	To describe and illustrate what is known about the needs of novice nursing faculty as they transition into the faculty role.	**Design**: Qualitative and quantitative **Method:** Integrative review	N= 20; 4 dissertations (qualitative) 16 peer reviewed articles (combination of qualitative, quantitative and reviews)	Offers "advice" on what can improve the transition experience according to the available literature. Authors found evidence that strong onboarding/orientation, socialization, and mentoring may result in a successful transition into the faculty role. This is key to faculty retention and intent to stay.
Wongpimoln et al., 2021	Transitional Experiences from Clinical Nurse Experts to Novice Nurse Lecturers in the University for Local Development in Thailand: A Phenomenological Study	Thailand	To describe the transitional experiences from clinical nurse experts to novice nurse lecturers in a local university.	**Design**: Qualitative. **Method**: Phenomenology. **Data**: In-depth interviews; observations, field notes, voice recordings.	N= 8 novice nurse lecturers (working at least 1 year as lecturer with at least 5 years of clinical experience). All women, age ranging from 30-60. All master's prepared.	Five major themes: (1) Reasons for becoming a nurse lecturer; (2) Learning to work by relying on themselves; (3) Learning and teaching; (4) Seeking support and recommendations from colleagues; and (5) Confidently moving forward. The paper discussed the transition journey and how novice nurse lectures navigated their new roles.

Appendix D

Recruitment Email

Subject Line: College Nursing Faculty Transition Experiences-**Research Participants Needed**-McMaster University Study

Dear [institution faculty],

Michelle Greenway is a graduate student in the School of Nursing at McMaster University. For her master's thesis work, she is interested in speaking to 11-20 nurses within their first three years as a full-time nursing faculty member at an Ontario college who teach in a Bachelor of Science in Nursing (BScN) program.

Why are we doing this study?

There is a critical shortage of nursing faculty in Canada, with many full-time positions left vacant year over year. According to a US study, approximately 50% of nursing faculty resign within the first five years of their careers. This may be evidence of the difficultly of transitioning to professor from clinician and meeting the academic expectations of their new role. We want to describe the factors that contribute to the transition experience of nurse faculty from clinician to professor at Canadian colleges to better understand the facilitators and barriers of their transition. Insights from participants will provide valuable information that can guide institutions towards supporting nursing faculty during their transition.

What does this study involve?

Nursing faculty who are eligible and interested will be asked to participate in a **60-minute** interview over the telephone or Zoom. Interview questions will be sent to the participants prior to the interview for their review. There will be a combination of demographic questions (i.e., position, years of experience) as well as open-ended questions about the participant's experience. Participation in this study will include an honorarium of $15 e-gift card to Indigo.

To be eligible to participate, you must:

- Be a Registered Nurse in Ontario, Canada
- Be a full-time nursing faculty member.
- Have 3 years or less of experience as a faculty member.
- Teach within a BScN program at an Ontario college.
- Not exclusively teach clinical nursing

If you have any questions about this research study or are interested in participating, please contact Michelle Greenway at greenm43@mcmaster.ca. If you know someone who would be interested in this study, please forward this information to them or have them contact Michelle. Please see the attached poster.

Lead Researcher (Student Researcher)	Thesis Supervisor
Michelle Greenway, RN, BNSc, MSc student	Sheila Boamah, RN, Ph.D.
Department of Health Sciences, School of Nursing	Department of Health Sciences, School of Nursing
McMaster University, Hamilton, ON	McMaster University, Hamilton, ON
greenm43@mcmaster.ca	boamahs@mcmaster.ca

Appendix E

Digital Poster

Research Participants Needed

NURSING FACULTY AT ONTARIO COLLEGES

Who are we looking for?

■ Full-time nursing faculty within their first 3 years in the role

■ Teaching at an Ontario college offering the BScN degree

What will happen?

■ A 60-minute Zoom/telephone interview with the researcher

■ Receive a $15 gift card to Indigo upon completion

We want to hear about your experiences as you transitioned from clinician to professor

McMaster University

School of Nursing

For more information, please email Michelle Greenway, RN, MSc student: **greenm43@mcmaster.ca**

Version 3. 2023-01-28. This study has been reviewed by the Hamilton Integrated Reseach Ethic Board under Project 15790

APPENDIX F

LETTER OF INFORMATION / CONSENT

The Transition Experiences of Nursing Faculty at Ontario Colleges

Investigators:

Student Investigator:	**Thesis Supervisor:**
Michelle Greenway, RN, BNSc, MSc student	Dr. Sheila Boamah, RN, Ph.D.
Faculty of Health Sciences	Faculty of Health Sciences
McMaster University	McMaster University
Hamilton, ON, Canada	Hamilton, ON, Canada
E-mail: greenm43@mcmaster.ca	E-mail: boamahs@mcmaster.ca

What are we trying to discover?

You are invited to take part in this study exploring the experiences of novice nurse faculty within Ontario colleges offering Bachelor of Science in Nursing degrees. This research is being conducted as a part of a Master of Science graduate degree program under the supervision of Dr. Sheila Boamah. We are hoping to learn about your transition to academia and the potential challenges you may have encountered and supports or resources you needed during this process.

What will happen during the study?

You will be asked to participate in a one-on-one interview with the student researcher lasting approximately one hour. You will be asked questions about your experiences as a college professor during your first three years as a faculty member. Interviews will occur via videoconferencing platform (McMaster Zoom for Education) or over the phone. Notes will be taken during the interview to keep track of important points. Demographic/background information like your education and years of experience will also be collected. You may be re-contacted to clarify certain parts of your interview. We ask that you do not make any unauthorized recordings of the session. A total of 11-20 potential participants will be interviewed.

Examples of questions:

    a. Tell me about what your experience has been like transitioning to a faculty role.
    b. What are some of the challenges you have experienced (or are currently experiencing)?

Are there any risks to doing this study?

The risks involved in participating in this study are minimal. You may feel uncomfortable reflecting on your experiences during your first three years as a nursing faculty member. You do not need to answer questions that you do not want to answer or that make you feel uncomfortable. You can stop to take a break at any time. You can withdraw (stop taking part) at any time.

Are there any benefits to doing this study?

The research may benefit you by providing you with a voice to share your story which may be empowering. We hope to learn more about nursing faculty's experiences and perspectives. We hope that what is learned as a result of this study will help us to better understand the facilitators of entering academia and will help us encourage clinical nurses to consider the professor role. We also hope this work will help colleges to retain the professors currently teaching. This could help increase the number of nursing faculty members and contribute to the growth/sustainment of the nursing profession.

Payment or Reimbursement

At the conclusion of the interview, you will receive an email with a $15 gift card to Indigo as a token of appreciation for your time.

Confidentiality

Anonymity is not guaranteed but every effort will be made to protect your confidentiality and privacy. Your name or any information (city, college) that would allow you to be identified will be removed from the data. Only the research team will have access to your personal information for the duration of the study. However, we are often identifiable through the stories we tell. Since your group (community) is small, others may be able to identify you on the basis of references you make. Please keep this in mind in deciding what to tell us. Directs quotes from the interviews may be used when presenting the research findings.

Interviews will be conducted via Zoom for Education as provided by McMaster University or over the phone if preferred. Videoconferencing has additional risks and is never fully secure, but settings will be configured to maximize security. The Zoom for Education privacy policy is here. Only the audio portion of the interview will be recorded. **The audio recording will be deleted after it is transcribed**. The transcription software tool Trint will be used as the privacy policy is available here. **The written transcript and any identifiable information will be stored on a password-protected cloud-based platform (MacDrive) and deleted after five years.** Their privacy policy is available here. While the Hamilton Integrated Research Ethics Board and the Conestoga College Research Ethics board have approved using these platforms to collect and store data for this study, there is a small risk of a privacy breach for data stored on external servers.

For the purposes of ensuring proper monitoring of the research study, it is possible that representatives of the Conestoga College REB, the Hamilton Integrated REB (HiREB), this institution, and affiliated sites or regulatory authorities may consult your original (identifiable) research data to check that the information collected for the study is correct and follows proper laws and guidelines. By participating in this study, you authorize such access.

By participating in this study, you do not waive any rights to which you may be entitled under the law. Your employer will not be made aware that you have or have not participated in this study.

By participating in this study, you accept that your responses will be used for the conclusion of this research and integrate for scientific, professional, and educational purposes. It is possible that your statements will be cited in publication and/or presentations. However, your confidentiality will be respected always, and the research team will use all the necessary strategies to promote anonymity.

As the primary researcher (Michelle Greenway) is a graduate student and in the process of learning to conduct research, there are a few people within the research team that may access the information from this study. All parties beyond the research team who access information will be required to sign a Confidentiality Agreement. By signing the consent form, you authorize such access.

- The research team (Michelle Greenway, Dr. Sheila Boamah, Dr. Pamela Baxter, Dr. Emily Belita) may access the collected data to ensure quality data analysis.

If you agree to participate, we ask that you sign the consent at the end of the form and return it to the primary researcher (Michelle Greenway) at greenm43@mcmaster.ca. Upon the receipt of your written consent, you will receive a short (3 question) demographic questionnaire and form requesting your availability for the interview.

What if I change my mind about being in the study?

Your participation in this study is voluntary. If you decide to be part of the study, you can stop (withdraw) from the interview for whatever reason, even after giving consent or part-way through the study or up until when manuscript preparation will be underway. If you decide to withdraw, there will be no consequences for you. In cases of withdrawal, any data you have provided will be destroyed unless you indicate otherwise. This will be possible until manuscript preparation. If you do not want to answer some of the questions you do not have to, but you can still be in the study. To withdraw please email Michelle Greenway at greenm43@mcmaster.ca.

How do I find out what was learned in this study?

We expect to have this study completed by approximately fall 2023. If you would like a brief summary of the results, please let us know how you would like it sent to you.

Questions about the Study

If you have questions or need more information about the study itself, please contact the student researcher (Michelle Greenway) at: greenm43@mcmaster.ca

This study has been reviewed by the Hamilton Integrated Research Ethics Board (HiREB) and the (Removed) College Research Ethics Board. The HiREB and (Removed) College REB are responsible for ensuring that participants are informed of the risks associated with the research, and that participants are free to decide if participation is right for them. If you have any questions about your rights as a research participant, please call the Office of the Chair, HiREB, at 905.521.2100 x 42013 and/or the (Removed) College REB Coordinator at (removed).

ELIGIBILITY

Criteria	Yes	No
You are a Registered Nurse (RN) in Ontario		
You are a full-time nursing faculty member		
You have 3 years or less of experience as a nursing professor		
You work at a college in Ontario offering a BScN degree		
You do not teach exclusively in the clinical setting		

CONSENT
- I have read the information presented in the information letter about a study being conducted by Michelle Greenway, of McMaster University.
- I have had the opportunity to ask questions about my involvement in this study and to receive the additional details I requested.
- I understand that if I agree to participate in this study, I may withdraw from the study at any time or up until manuscript preparation.
- I have been given a copy of this form.
- I agree to participate in the study.

Signature: _____ Date: _____

Name of Participant (Printed) _____

Consent Questions:

If yes,

1. Would you like a copy of the study results? If yes, where should we send them (email)?

   _____

2. Do you agree to audio recording?

   _____

3. Do you agree to be contacted for any clarification of details?

_____

4. Do you agree to be added to a recruitment database to be contacted for future research?

   _____

5. Do you agree for the researcher to include your de-identified quotes in the final report?

_____

(FOR RESEARCHER) Consent form received by:

_____   _____   _____
Name and Role   Signature   Date

Appendix G

Background Information and Availability for Interview

Study Title: The Transition Experiences of Nursing Faculty at Ontario Colleges
Investigators:

Student Investigator:	**Thesis Supervisor:**
Michelle Greenway, RN, BNSc, MSc student	Dr. Sheila Boamah, RN, Ph.D.
Faculty of Health Sciences	Faculty of Health Sciences
McMaster University	McMaster University
Hamilton, ON, Canada	Hamilton, ON, Canada
E-mail: greenm43@mcmaster.ca	E-mail: boamahs@mcmaster.ca

BACKGROUND INFORMATION

1. What is your educational background?

_____

2. Which areas of nursing have you worked previously as an RN?

_____

3. What is your role at your institution and how long you have been in the position?

_____

AVAILABILITY

Please indicate three date and time options (between 9am and 9pm) that work with your schedule for a 60-minute interview with Michelle. You may also choose a weekend date if you prefer. (ex. October 10th, 0900-1200 would indicate you are available for an interview between 9am and noon on October 10th).
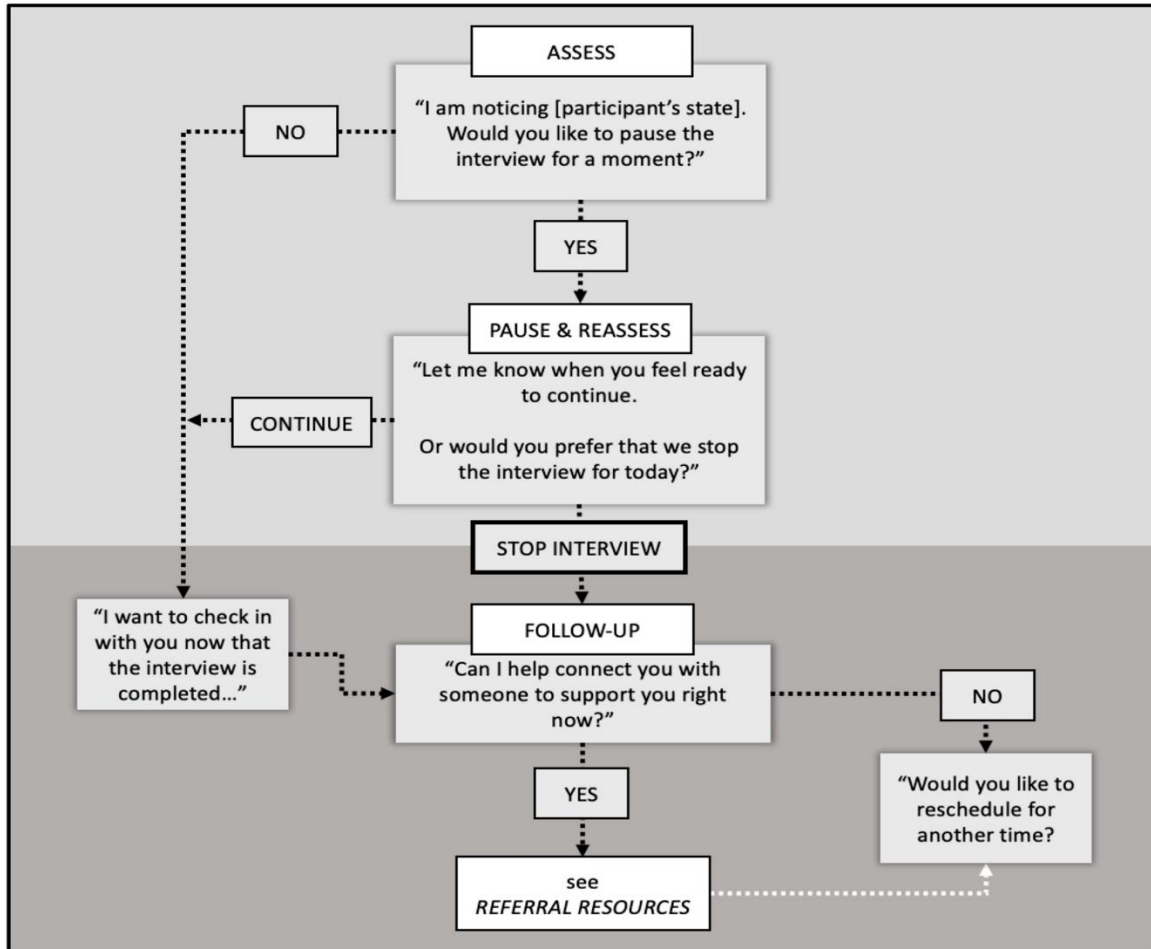
Option 1:

_____

Option 2:

_____

Option 3:

_____

Appendix H

Distress Protocol

Triage pathway of the qualitative research distress protocol (Whitney & Evered, 2022)

Referral Resources:

ConnexOntario Helpline: 1-866-531-2600; www.connexontario.ca

211 Ontario: Call 2-1-1; information and referral for services, including mental health.

BounceBack: 1-866-345-0224; bouncebackontario.ca; A free cognitive behavioral therapy

program that offers guided mental health self-help supports.

Employee and Family Assistance Program through their institution

Canadian Mental Health Association: cmha.ca

Appendix I

Follow-up Email

Dear [participant],

Thank you for your participation in our research study. Your contributions to nursing science research are valuable. Your responses offer insight and help improve our knowledge of the transition experiences of nursing faculty. As token of our appreciation, please find a $15 e-gift card to Indigo attached.

If speaking about your transition experience has brought up any feelings of distress and you would like further support, please see the resources listed below or reach back out to the researcher (Michelle Greenway) to help with connection to services.

Thank you again for your time and for sharing your story with us.

Sincerely,

Michelle Greenway

Resources:
1. ConnexOntario Helpline: 1-866-531-2600; www.connexontario.ca; Free 24/7 access to healthcare service information
2. 211 Ontario: Call 2-1-1; information and referral for provincial and community services, including mental health.
3. BounceBack: 1-866-345-0224; bouncebackontario.ca; A free cognitive behavioral therapy program that offers guided mental health self-help supports.
4. Employee and Family Assistance Program through your institution; Includes free visits with a mental health professional.
5. Canadian Mental Health Association: cmha.ca; Offers resources and links to local mental health services.
6. Your family physician can provide support and referrals to mental health care providers.

Appendix J

Participant Name	Participant Identification Number	Email	Date sent consent	Date received consent	Date of interview	Date sent follow-up email and gift card	