

2018

The Lived Experiences of Role Transition among Novice Clinical Nurse Educators: A Phenomenological Study

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THE LIVED EXPERIENCES OF ROLE TRANSITION AMONG NOVICE CLINICAL
NURSE EDUCATORS: A PHENOMENOLOGICAL STUDY

by

Cheryll Edwina Brathwaite

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A Dissertation Presented in Partial Fulfillment
of the Requirements for the Degree
Doctor of Philosophy in Nursing

University of Phoenix

The Dissertation Committee for Cheryll Edwina Brathwaite certifies approval of
the following dissertation:

THE LIVED EXPERIENCES OF ROLE TRANSITION AMONG NOVICE
CLINICAL NURSE EDUCATORS: A PHENOMENOLOGICAL STUDY

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ABSTRACT

This transcendental phenomenological study explored the lived experiences of novice clinical nurse educators' role transition as an educator at a large, hospital system within the southwest region of the United States. The lived experiences and perceptions voiced by novice clinical nurse educator participants added a clear perspective of the phenomenon of role transition. Clinical nurse educators are hospital-based educators who educate and train new and experienced healthcare members. Novice clinical nurse educators are hospital-based educators new to the role with no prior experience as an educator. This study involved a purposive sampling of 15 novice clinical nurse educators employed at a large hospital system in the role for 2 1/2 years or less. Novice clinical nurse educator participants described their experiences in interviews using an open-ended, person-to-person, audiorecordings process. The theoretical framework guiding this study was Meleis' transition theory on an individual's journey from one phase of life to another. The modified van Kaam method of data analysis was used to review transcripts, create individual statements, and construct written-structural statements to synthesize the essences and meanings of experiences of role transition. Four themes emerged from the data analysis: (a) passion for professional development and teaching, (b) skills, knowledge, and attitude to be an educator, (c) organizational resources and support, and (d) challenges in the transition process. This study brings awareness of the challenges and issues faced by novice clinical nurse educators to assist nursing leaders in healthcare organizations develop strategies and interventions to support novice clinical nurse educators' transitional process.

DEDICATION

I dedicate this dissertation to my loving husband, Leopold Kerr-Stewart, for his love, support, and encouragement on this arduous journey: it is greatly appreciated. To my daughter, Sasha Forges, I also dedicate this dissertation, for your love, support, and compassion. For understanding and enduring all the sacrifices so that I could pursue my dream, it is greatly appreciated. To my Mother, Wilda Brathwaite, I also dedicate the dissertation for your constant, caring, and supportive words, which accompanied me everyday regardless of the distance between us. In memory of my father Gladstone Brathwaite, I know your essence is with me. To my family and close friends, I also dedicate this dissertation for your unwavering support and encouragement. Finally, I dedicate this dissertation to all the clinical nurse educators and especially the participants who helped me achieve my goal.

ACKNOWLEDGMENTS

I would like to acknowledge my dissertation chair Dr. Hsiu-Chin Chen. Thank you for your patience, encouragement, and guidance throughout the dissertation process. I would also like to acknowledge my dissertation committee members, Dr. Cydney Mullen and Dr. Anne Brett, for their impeccable contributions to this doctoral journey.

I would like to acknowledge and thank my family and friends, near and far, for their continued and unwavering support during this doctoral journey. I would also like to thank my colleagues and my staff for their encouragement and support. I appreciate each of you through some of the difficult moments during this journey. I would also like to acknowledge my special friends—you know who you are—for going beyond to assist, encourage, and support me in this arduous journey.

Lastly, I am grateful to the novice clinical nurse educators who participated in this research study, because this work would not be complete without your willingness to participate. Thank you for sharing you experiences and the meaning of role transition.

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Chapter 1

Introduction

Healthcare environments are fast-paced, challenging, and constantly evolving (Winter, 2016). A hospital-based clinical nurse educator (CNE) is an educator employed by a healthcare organization with the responsibility of providing education to employees of the organization (Curran, 2014a). CNEs have an essential frontline role in assisting in the successful professional growth of organizations' interprofessional healthcare members in an effort to provide cost-effective, quality patient care (Harper & Shinnors, 2016). The absence of a physical classroom in the clinical environment and the uniqueness of teaching experiences, with education occurring at the point of service, make the CNE's transition into the teaching role challenging (Curran, 2014a).

The CNEs' essential function in the practice setting is to provide healthcare team members with real-life situations to expose each to learning opportunities without compromising care yet allowing each to have diverse learning experiences from a single patient case. Additionally, CNEs develop, update, promote, and continually monitor specific tasks to maintain the delivery of quality, safe patient care. Monitoring outcomes of patients and providing the healthcare team with feedback is an essential function for the CNEs (Harper & Shinnors, 2016).

According to the National Nursing Staff Development Organization, now the Association for Nursing Professional Development (ANPD), the roles for CNEs includes leader, educator, facilitator, change agent, consultant, and researcher (Gorbunoff & Kummeth, 2015). The CNE's roles occur across a variety of areas to provide ongoing clinical education at the point of service, to provide support as a knowledge resource, to

implement quality-improvement initiatives, and to continually develop safety guidelines in the clinical area (Price, 2017). As a result of complex and challenging factors that could hinder a nurse's smooth transition to this important CNE role, it is necessary to develop a solution to the problems of role-function preparedness and its practical application in the practice environment. It is essential that the CNE is capable of overseeing the clinical competency levels of healthcare team members to ensure an organization's capacity to provide quality, cost-effective, safe patient care that is vital to patients and, ultimately, to the community (Winter, 2016).

Activities of the CNEs frequently involve new graduate registered nurses' (RNs') orientation programs, continuing education classes, specialty practice education, cross training, new product and technology training, evidence-based practice and education, competency assessments, and nursing professional development (Harper & Shinnors, 2016). According to Keating (2015) CNEs take part in the dissemination of information to healthcare members on the newest standards and guidelines from the Centers for Medicare & Medicaid Services, Centers for Disease Control and Prevention, and The Joint Commission (TJC).

Because healthcare organizations frequently hold CNEs responsible for providing professional and clinical development for nurses, they have a pivotal role in the clinical setting (Di Leonardi, 2014). However, several factors determine success in fulfilling these responsibilities: role, education, identity, and validation to practice (Fritz, 2018). Understanding the issues confronted by CNEs might provide insight for leaders of healthcare organizations in reducing turnover and increasing the job satisfaction of the

CNEs. Novice CNEs enter a critical crossroad in the transition process as they attempt to assume the role of clinical nurse educator (Fritz, 2018; Manning & Neville, 2009).

In addition to the well-defined responsibilities of a CNE, it is essential that CNEs continue to empower nurses and healthcare workers in clinical practice by helping them develop their reasoning and critical thinking skills proficiency to improve the delivery of safe quality patient care (Mower, 2017). Healthcare workers require support and encouragement to develop as lifelong learners, keeping informed of current changes affecting healthcare and the delivery of quality patient care. CNEs are responsible for creating a supportive learning environment that provides experiences to support learning for all members of the healthcare team (Shepard, 2014). To do so, CNEs require knowledge, information, and proficiency in adult education theories to guide their practice and develop their teaching strategies. Furthermore, possessing skills in communication, critical thinking, and leadership with a commitment to teaching and learning are vital for experienced nurses to perform successfully as clinical nurse educators (Grassley & Lambe, 2015).

Chapter 1 discusses novice CNEs and explores issues they face in their transition into the role of a clinical nurse educator, including the implications resulting from the novice CNEs' lack of preparedness (Manning & Neville, 2009, Poindexter, 2013).

Although stakeholders are aware of the difficulties novice CNEs face in their transitional experiences, the problem has previously remained unaddressed (Mower, 2017). Chapter 1 also describes the problem statement, study purpose, significance of the study to nursing, nature of the study, method and design, and the theoretical framework for the

research study. Chapter 1 also focuses on the philosophical foundation of phenomenology, scope, and delimitations of the study.

Background of the Problem

Healthcare organizations have an enormous responsibility to develop healthcare team members (Harper et al., 2017). Rapidly changing healthcare conditions have resulted in complex challenges in the healthcare industry (Johnson-Hanson, 2012). Patients are more acutely ill, are frequently readmitted, and have shorter lengths of stay, placing greater demands on a healthcare team who must demonstrate competency in caring for patients with increasingly complicated comorbidities in a continually changing healthcare environment (Curran, 2014a). The challenges of financial constraints, increasing healthcare service demands, rapidly expanding technology, and complexity of care have added to the responsibilities of healthcare organizations (Kaddourah, Khalidi, Abu-Shaheen, & Al-Tannir, 2013).

TJC (2014) required healthcare organizations to assess the clinical competency of all members of the healthcare team initially upon hire and on an ongoing basis, and to provide continuing education for the healthcare team. Maintaining healthcare team members' clinical competency relates to safety and quality of patient-care outcomes (Frentsos, 2013). Organizations are now forced to find strategies and initiatives to address the growing needs of the changing environment of care and to meet the increasing demands of regulatory bodies. In doing so, they are recognizing the contributions of CNEs as key to their success of these multifaceted changes (Frentsos, 2013).

Healthcare environments are continuously changing due to new standards and regulatory requirements with a strong focus directed at safe and quality patient outcomes. The provision of evidence-based care by other healthcare professionals and nurses connects directly to the integral knowledge and resources provided by CNEs (Levine & Johnson, 2014). Additionally, with the renewed attention on the safety of patients and quality outcomes in healthcare organizations, the nursing profession is accountable for nurse-sensitive quality indicators such as surgical infections, patient falls, and skin integrity (American Nurses Association [ANA], 2014). The application of evidence-based practice and research in nursing highlights one of many expectations of the CNEs in the practice setting and their potential to impact patient safety and care outcomes (Levine & Johnson, 2014).

Acting as change agents, CNEs are key to creating a culture of inquiry, promoting research use, and preparing nurses and other healthcare providers to seek and evaluate the evidence in practice, thereby ultimately improving the quality of care in their organizations (Malik, McKenna, & Plummer, 2015). In addition, CNEs are responsible for helping nurses refine knowledge of the processes of benchmarking and performance improvement measurements, and their relationship to clinical costs and nursing specific outcomes with regard to patient safety and quality care (ANA, 2014; Levine & Johnson, 2014). Therefore, CNEs must engage in data-gathering and evaluation activities and, more importantly, in communicating findings and benchmarking information to the healthcare team (Levine & Johnson, 2014).

Knowledge about current performances and progress shared with the nurses who are providing interventions and evaluating patient care at the bedside facilitates changes

in clinical practice and improves patients' outcomes (Harper et al., 2017). CNEs are challenged with creating and implementing innovative learning strategies that encourage bedside nurses to constantly question the efficacy of their interventions, use their clinical judgment skills, and decide if the current evidence supports their practice in a manner that will positively impact the outcomes of the care they provide (Morgan, 2012; Pilcher, 2013).

Challenges for CNEs result from a lack of understanding and training needed to respond to the changes in role and status and, when they receive one, suboptimal orientation (Fritz, 2018; Manning & Neville, 2009). Many nurses assigned to the CNE role receive no orientation. Thus, challenges include the CNE role, related education, identification with the role, and validation of competency to practice (Mower, 2017). Additionally, CNEs require a supportive environment, clarity of the CNE role, clear expectations, and specific responsibilities that will influence the successful recruitment, retention, and job satisfaction of these educators (Mower, 2017).

Most experienced registered nurses who assume the role of the CNE lack formal training and education to transition as an effective educator in clinical practice (Weidman, 2013). A large amount of CNEs in hospitals have varied and complex roles (Harper & Maloney, 2016). Some have primary responsibilities for organization-wide education initiatives; others provide professional development activities in nursing services and carry out unit-specific orientation and education responsibilities. Many CNEs are assigned combinations of these duties, often crossing service lines related to the role of the clinical nurse educator. Additionally, unit managers contribute to role ambiguity by assigning CNEs tasks unrelated to the professional development activities

needed by healthcare team members (Sayers, Salamonson, DiGiacomo, & Davidson, 2015).

The large, hospital healthcare system within the southwest region of the United States is a not-for-profit healthcare system comprising seven acute-care hospitals and 18 outpatient services with 14,000 employees, of whom, 6,000 are nurses (BHSF, 2015). The hospital healthcare system prides itself as a top-performing organization that has adhered closely to the tenets of its mission and vision. The healthcare system (2015) “is committed to maintaining the highest standards of clinical and service excellence, rooted in utmost integrity and moral practice” (Para. 1). The healthcare System prides in providing cost-effective healthcare for all patients, and high-quality, compassionate care, regardless of national origin, race, or religion, and including charitable healthcare services for those in need, as permitted by its resources (BHSF, 2015).

Typically, in the healthcare system, experienced clinical nurses are promoted to the position of CNE when they exhibit expert-level clinical skills, an ability to think critically, and the willingness to assume additional responsibilities. Entrance into the CNE role for a nurse is usually by default after being identified as the most experienced or most tenured nurse on the assigned unit. Orientation to the tasks for the educator has historically been performed person-to-person with a peer already in the role, if anyone is currently in that role. The process to enhance the development of the skills and knowledge necessary for becoming an effective CNE has not been formally developed at the healthcare system. In this healthcare system, particularly in acute-care settings, the CNE role is often assigned to an experienced bedside nurse who does not have the skills

needed to fulfill the added duties. This practice has contributed to high turnover and low satisfaction among these novice CNEs.

Problem Statement

The dynamic and challenging nature of the healthcare environment is due, in part, to the constant flow of new knowledge and innovations aimed at improving the cost, safety, and quality of care and services. The ongoing introduction of new clinical procedures, novel pharmacological therapies, improved or new equipment, and increasing knowledge in physiology and pathophysiology into the clinical arena place a significant burden on the individual professional nurse to maintain currency in knowledge and competence (Harper, Aucoin, & Warren, 2016). Professional nurses and clinical support staff in the acute-care environment must have a dependable methodology for learning, monitoring, and continuously improving their practice, based on the evolving complexities of care and expanding needs of patients.

The conduit for providing such a methodology in hospitals and other healthcare environments is the CNE. It is generally the CNE who monitors trends and issues in healthcare, assesses new knowledge and interventions in patient care and the patient experience, and provides ongoing learning opportunities to help nurses develop and enhance their knowledge and critical thinking skills (Harper et al., 2016). In the acute-care environment, for example, CNEs accomplish the methodology by facilitating orientations for new team members, managing competency assessment and validation processes, and providing in-service training and continuing education activities in direct response to nurses' and patients' needs.

Patient outcomes are significantly dependent on a knowledgeable and competent clinical staff. CNEs deploy their knowledge and skills to improve patient-care outcomes through the provision of high-quality, effective learning environments to healthcare members (Frentsos, 2013). When healthcare members receive instructions from well-prepared CNEs, organizations have noted an increase in the safety and quality of patient care (Elder, 2017). The ability of the CNE to recognize the relationship between nursing practice and patient-care outcomes while working on a unit has led to decreased adverse events such as medication errors and falls (Harper et al., 2016; Sayers et al., 2011).

Considering the pivotal nature of the role of the CNE to professional nurses and clinical support staff in acute-care settings and their patients, the role is clearly a complex and challenging one with great responsibilities. It is therefore notable that limited evidence in the literature aimed to describe the complexities of the role of CNE in acute-care settings and the factors associated with achieving desired transition-to-CNE practice outcomes. What is in the literature is poorly described (Fritz, 2018; Sayers et al., 2011). As a result, a lack of clarity persists in the structures and processes involved in CNE candidate preparation, selection, orientation, and mentorship (Fritz, 2018).

CNE candidates are customarily drawn from a pool of direct-care nurses with ill-defined preparation and limited or no skills in adult education. In the context of Benner's (1982) framework describing role expertise, these new CNEs can best be described at the novice level as having "no experience of the situation in which they are expected to perform" (p. 20). They require guidance and support in developing the skills and knowledge needed for the role. However, although Benner indicated that those new to the role do not achieve competence for three years, the exigent need for the continued

education and development of professional nurses and clinical support staff prevails.

Novice CNEs must assume their role in education and training while developing expertise and competence in the clinical nurse educator role. The divergent nature of this duality in agenda reflects the significance of the role transition of the novice CNE.

Role transition is the identified problem associated with the challenges of the experienced bedside nurses transiting into the CNE role in acute-care environments. Despite the barriers mentioned in the role of the CNE in the acute-care setting, its value in nurses' practice and patient-care outcomes are noteworthy. Elder (2017) claimed that the skills and competencies required in the CNE role provide healthcare members with quality and effective learning environments directed at improving patient-care outcomes. The problem of experienced bedside nurses transitioning into the role of the CNE is that their skills and competences are for direct patient care and not for teaching healthcare members (Fritz, 20018).

Resources are available to assist in the development of structures and processes to facilitate the role transition. The ANPD has developed standards of practice and standards of performance for the CNE in collaboration with the ANA (Dickerson, 2014). Framing the role of the CNE and the professional development of the novice CNE with these standards and competencies, such as that described by Woolforde, Lopez-Zang, and Lumley (2012), has the potential to support role and competency actualization by the new CNE. However, in the era of restricting resources, the organizational and financial commitment to such a program may, often, not be evident.

Inadequate preparation of CNEs may lead to poor teaching outcomes (Roberts, Chrisman, & Flowers, 2013). A positive learning experience that enhances and meets the

needs of the healthcare members can only be provided by a CNE who feels confident and prepared for the role of educator (Stermann et al., 2013). Hospital organizations noted an increase in quality patient care and safety when healthcare members received instructions from well-prepared CNEs (Kowalski et al., 2011; Monroe, Plylar, & Krugman, 2014). CNEs can provide quality clinical learning experiences and safe patient care when they understand role competency and teaching ability (Roberts et al., 2013).

At the healthcare system bedside nurses, especially the most experienced and tenured nurses, assume the role of CNEs. CNEs' responsibilities extend beyond unit orientation, in-service education, unit-specific skill competency updates, and formal continuing education for healthcare members. The CNE job description includes such terms as researcher, resource, collaborator, role model, consultant, expert, and change agent. The challenge of the healthcare system CNEs is the expectation of expertise in all of these areas of practice in the organization.

Another challenge for the CNE is the lack of training for the role of clinical nurse educator. However, it is not known whether these challenges lie in the transition process, lack of orientation and mentorships, and lack of developmental skills required to fulfill the clinical nurse educator role at the healthcare system. By examining and understanding the lived experiences of the novice CNE transitioning into the role of clinical nurse educator, healthcare organizations can make a positive impact during their transitions that will benefit the novice CNEs. This study aimed to comprehend and explore the lived experiences of role transitions among novice CNEs who are primarily bedside nurses in acute-care settings at the healthcare system.

Purpose Statement

The purpose of this qualitative transcendental phenomenological study was to explore the lived experiences of role transition among novice CNEs for their first 2 1/2 years or less at the healthcare system. The study setting was a non-profit, seven-hospital system located in a southwestern state. The targeted population for this study was novice CNEs who were clinical nurse educators for their first 2 1/2 years or less.

The study focused on exploring the influence of a role-specific orientation on novice CNEs and their needs and difficulties in the transition process to the clinical nurse educator role. By exploring the lived events of the novice CNE, deficiencies in the transition process emerges that assisted in uncovering the reasons for the lack of preparedness, high attrition, and dissatisfaction among CNEs. This study's results offer important information and the rationale for the challenges novice CNEs experience during their role transition.

A comprehensive examination of the issues novice CNEs encounter revealed supports and barriers to novice CNEs' transitions to the role of clinical nurse educator. The use of a transcendental phenomenological qualitative method was suitable for this study because this method allowed for the comprehensive exploration of personal experiences from different perspectives (Gelling, 2015). Essentially, the goal of this research was to describe and comprehend a particular phenomenon from the viewpoint of those who experienced it (Matua, 2015).

Research Questions

The aim of this research study was to explore the lived experiences of role transition among novice CNEs. The research question and how it was asked are most

salient in how research designs influence various aspects of the research (Doody & Bailey, 2016). The general research question for the research study was: What is the lived experience of the novice CNE transitioning into the role of a CNE in the healthcare system for the first 2 1/2 years or less?

Significance of the Study

This transcendental phenomenological study is important because it explored the lived experiences of role transition among novice CNEs' transitions into the role of CNE to provide insight into the challenges related to their role transition. Information gained from the study may influence the practice of CNEs and their role development. Additionally, the information gained may identify possible areas of improvement, such as role-specific orientation and mentoring. Identifying deficiencies and needs in the CNE orientation process and training may lead to the implementation of strategies to reduce the challenges encountered by novice CNEs. This outcome, in turn, may increase awareness of novice CNEs staff learning styles, evaluation of more comprehensive educational programs, implementation of staff needs assessments, education of staff on construction of educational programs, and improvement in their presentation skills (Fritz, 2018). The issues of retention and job satisfaction resulting from the transition into the role of the clinical nurse educator have significance for nursing leadership, education, research, and clinical practice (Cangelosi, Crocker, & Sorrell, 2009; Grassley & Lambe, 2015).

Significance of the Study to Leadership

Experienced bedside nurses perceive difficulties in transitioning to the CNE role (Fritz, 2018). Additionally, novice CNEs faces significant challenges regarding their

role, education, professional identity, and validations of clinical practice (Mower, 2017). This study provides hospital leaders important insights into the challenges that CNEs face and why nurses leave the CNE position. Leaders can use this information to develop tactics to improve retention and incorporate these tactics into their strategic plan. By offering leadership data that incorporate the concerns of novice CNEs, healthcare organizations may adjust their strategic goals to include ways to improve retention rates and job-satisfaction scores among novice CNEs.

Organization leaders can use the study findings to structure a novice CNE's role-specific orientation to ensure a successful transition and assimilation into the CNE role. Awareness of the challenges related to orientation and training for the novice CNE may lead to implementing strategies to improve the transition process and to design an effective role-specific orientation for CNEs. Nursing leaders may benefit from studies that facilitate awareness of issues pertaining to a lack of orientation, suboptimal orientation, lack of preparedness on adult learning skills, presentations, how to conduct needs assessments, educational program construction, and evaluations relevant to the role of the CNEs (Osuji, Uzoka, Aladi, & El-Hussein, 2014). Such information may also be financially beneficial to leadership by increasing job satisfaction and reducing attrition rates.

Significance to the Nursing Practice

This study is important for the nursing practice, highlighting important information relevant to novice and experienced CNEs' clinical practice and working policies tied to role-specific orientation and mentorship of CNEs in healthcare. Information contributed by novice CNEs working with the healthcare team may help in

identification of their special needs and, subsequently, identifies ways in which hospitals can provide appropriate support, encouragement, and stability to them. A successfully trained CNE can prevent medical errors and adverse events such as pressure ulcers and falls by monitoring RN practice and coaching staff on appropriate changes (Elder, 2017).

The information gained in this study can contribute to patient safety, competent nursing practice, and cost savings in nursing care delivery at the healthcare system. The improved understanding of CNEs' practice knowledge and skills may contribute to improving the outcomes of clinical education and all areas impacted by that clinical practice. This study provides insight into the perceived strengths and challenges of the practice of novice CNEs in their transitional experiences at the healthcare system. The findings also can highlight a need for the hospitals to collectively review CNEs' role and responsibilities in their service, integrate practice competencies for continued role development, and standardize professional and educational requirements across the organization.

Significance for Nursing Education

Nursing education is a global foundation of the nursing profession. The American Association of Colleges of Nursing indicated that education has a direct correlation on the competency capability of all nurses (Rosseter, 2014). Nursing education is needed to help nursing students understand the role transition of being a CNE. The significance of this study to nursing education is to include learning modules about teaching strategies and methods in the curriculum for preparing nursing students to become CNEs. Teaching strategies such as return demonstration and role playing would improve the quality of instruction and consequently prepare nursing students in learning

the CNE role. Return demonstration allows nursing students to actively participate in the learning process and reinforces information received during the class. Using role playing in the classroom allows nursing students to see the interactions between nursing students and educators, encouraging identification of strengths and weaknesses in the CNE duties.

Another topic to add to the learning modules for nursing students is the role and responsibilities of the CNE. The faculty should include information on how educators prepare syllabi, class assignments, tests, and implementation of teaching strategies that accommodate different learning styles. In addition, faculty could provide information about evaluation of student progress, and how to determine appropriate learning outcomes. Although new graduate nurses generally are not hired into a CNE position, information about their role may help nursing students understand and possibly pursue the clinical nursing educator position during their career.

Significance to Nursing Research

Nursing research is an essential part of the educational process and has a profound influence on current and future professional nursing practice (Munhall, 2012). Thus, this study will add another element to evidence-based practices regarding CNEs' preparedness of transitioning to practice. The advancement of research in novice CNEs' experiences may instigate changes in policies and practices for the hiring, promotion, and role-specific orientation of the novice CNEs. Research endeavors are fundamental to the science of nursing in comprehending the phenomenon of interest: in this case, the novice CNE role transition and its contribution to the healthcare delivery systems and safe, quality patient-care outcomes (Elder, 2017; Fritz, 2018).

This study was a transcendental phenomenology qualitative study that may help in the replication of future studies pertaining to the influence of a role-specific orientation, mentorship, and nurses' intent to stay in the role of a clinical educator. The results from this study can help future researchers conducting quantitative studies regarding the factors influencing or relating to job satisfaction among CNEs. Additionally, this study can provide a platform for further research to establish the impact of the CNE's role on nursing practice and on outcomes directed at patient safety. This study is significant in demonstrating the influence of clinical nurse educators' role supporting patient safety and advancing practice outcomes.

Nature of the Study

The purpose of the transcendental phenomenological qualitative study was to explore the lived experiences of role transition among novice CNEs for their first 2 1/2 years or less at the healthcare system. A qualitative, transcendental phenomenological approach was deemed most appropriate because the method offers a platform to study the phenomena in greater depth (Lee et al., 2014). Additionally, the transcendental phenomenological focus was on novice CNEs' expression of their inner world. This research methodology was appropriate because it provided a clear perspective of the phenomena, based on the personal experiences of the novice CNEs and added new knowledge to the existing body of knowledge (Husserl, 1970).

Phenomenology seeks to understand how individuals view and experience various human problems (Gill, 2014). The aim of phenomenology is to investigate the human experience, as expressed by participants (Husserl, 1970). Therefore, using a transcendental phenomenological qualitative methodology allowed for exploring the

lived experiences of novice CNEs and provided a practical means of seeking an understanding to improve the retention of CNEs by decreasing turnover rates, successfully transitioning them to the CNE role, and increasing their job satisfaction (Brown & Sorrell, 2017; Manning & Neville, 2009; Sayers & DiGiacomo, 2010).

The paradigm that emerges from the aim of the study is the most important consideration (Patton, 2015). In other words, the nature of the lived experiences being studied determines the research design (Polit & Beck, 2016; Willis, Sullivan-Bolyail, Knafl, & Zichi-Cohen, 2016). This study involved a single, homogeneous purposeful sample of novice CNEs from the healthcare system. The selection of a purposeful sample targets a certain population that meets certain characteristics pertaining to the phenomenon being investigated to arrive at a description of the lived experiences of the novice CNEs (Patton, 2015). For the research study, all participants selected were novice CNEs in the role for the first 2 1/2 years or less who have worked in the healthcare system.

Open-ended questions in a semistructured format were used to gather data and details to understand participants' human experiences of the phenomenon (Adams, 2010; Seidman, 2013). The person-to-person interviews were conducted, and personal identifiers such as names were replaced with fictitious pseudonyms (Seidman, 2013). The interview questions emerged from a review of the literature, the study problem, and the study purpose. A field test was conducted to evaluate the interview questions. The field test involved two doctorally prepared experts who understand phenomenology research and three eligible participants with characteristics similar to the targeted sample; the findings were used to improve the reliability of the research questions.

Overview of the Methodology

Qualitative research is descriptive and allows participants to express their personal experiences with the phenomena (Sloan & Bowe, 2014). The use of a qualitative method and the transcendental phenomenological design allows for exploration of the lived experiences to seek understanding of the phenomenon from different perspectives (Gelling, 2015). Understanding the phenomenon through the voices of novice CNEs facilitated a clear perspective of the transition experiences of novice CNEs in their role of becoming clinical nurse educators.

A comprehensive examination of the lived experiences of novice CNEs encounter during the transitional process was best accomplished by a qualitative study. This comprehensive examination of transitional processes revealed data that showed support, needs, barriers, and difficulties experienced by novice CNEs. The intent of the study was not to test theories or establish cause-and-effect relationships (Sloan & Bowe, 2014). Qualitative research is holistic, humanistic, and naturalistic, and emphasizes individual experiences (Gelling, 2015). The qualitative method allows development of rich narratives and descriptions of the experiences of those who have firsthand experience of the phenomenon (Gill, 2014).

In this study, the lived events of novice CNEs' transition into the role of a clinical nurse educator at the healthcare system were explored using a qualitative transcendental phenomenological design. A qualitative approach generally relates to the social constructivist/interpretivist paradigm that accentuates the socially constructed nature of reality (Gelling, 2015). The qualitative approach requires an inductive and organized collection of data with interpretation of the written material derived from words or

observations (Weidman, 2013). Subsequently, the qualitative focus concerns gaining a rich understanding of a person's experiences and not in generalizing to the larger population (Bevan, 2014).

Qualitative approaches are used to explore the meaning of a phenomenon from individuals with the lived experience (Malagon-Maldonado, 2014). Qualitative research studies have the power to liberate biases and prejudices (Polit & Beck, 2016). Qualitative research studies offer a platform for individuals to express their experiences with the phenomenon under investigation (Malagon-Maldonado, 2014).

Transcendental Phenomenology

A transcendental phenomenology approach was used for this study.

Transcendental phenomenology is frequently considered paramount to the descriptive paradigm (Matua & Van Der Wal, 2015). The work of Husserl guided transcendental phenomenology (Converse, 2012). Husserl (1928/1964) believed the goal of studying phenomena should be through the consciousness and the content of conscious experience. This means the focus is on the lived experiences of the individual who is experiencing the phenomenon through the descriptions of the conscious experience. Husserl (1901/1970) believed all consciousness is the result of all human experience. Further, the reality of lived experiences can only be known by individuals who have experienced the phenomenon. Husserl's (1913/1998) focus was on finding the "essence" or true meaning of human experience.

Phenomenology is the study of the lived experience of those who have experienced the phenomena because only those who have experienced the phenomena can communicate those experiences. Using the phenomenological approach, allows for

exploring the lived experiences of the phenomenon with a retrospective view (Salmon, 2012). Transcendental phenomenology describes events or experiences as they are perceived by human consciousness. Transcendental phenomenology describes the phenomenon with a general description rather than the individualistic experience, to derive the meaning or essence of the phenomenon (Tuohy, Cooney, Dowling, Murphy, & Sixsmith, 2013).

Phenomenology is one form of qualitative research used to explore the subjective events of individuals in the world (Salmon, 2012). Moustakas's (1994) methodological adaptation from Husserl's philosophy of phenomenology served as a foundation for the study. Moustakas's (1994) phenomenological approach involves acquiring comprehensive descriptions from individuals' reflections of their lived experience to provide the foundation for a structural analysis that describes the meaning of the experience. The phenomenological design is used to describe a phenomenon as accurately as possible by focusing on the facts and avoiding the influence of preexisting contexts (Moustakas, 1994; Salmon, 2012). The transcendental phenomenological approach provided an opportunity for novice CNEs to voice their experience of transition into the role of a clinical nurse educator and to provide a comprehensive description of the experience. Using the qualitative transcendental phenomenological design allowed exploration of the phenomena by using open-ended, person-to-person questions to probe novice CNEs' lived experiences (Weidman, 2013).

Interviews are most effective when used to compile qualitative information and to assess the characteristics of a phenomenon (Khan, 2014b; Moustakas, 1994).

Phenomenological research refers to a research method that helps answer questions about

accepted wisdom and knowledge concerning the relationships people have with the world around them (Connelly, 2010). Employing a qualitative transcendental phenomenological design, person-to-person interviews using open-ended questions elicited information from novice CNEs regarding their lived experiences of the transition into the role of a clinical nurse educator. The qualitative method with a transcendental phenomenological design was suitable to discern the lived experiences of role transition among novice CNEs because this method allowed novice CNEs to articulate their lived experiences of the transition into the role of an educator.

Using the transcendental phenomenological design provided flexibility in the interview process, as the participants provided information about their lived events (Moustakas, 1994; Sloan & Bowe, 2014). The transcendental phenomenological design provided the opportunity to seek clarification and probe participants' experiences to gain a comprehensive perspective of those lived experiences (Hamill & Sinclair, 2010). Therefore, the qualitative transcendental phenomenology approach was ideal for this study.

Theoretical Framework

A theoretical framework serves as the compass guiding the direction of research (Connelly, 2014). A framework is necessary to interconnect all aspects of the research. A study framework binds the research question, methodology, sampling, data collection, and data analysis and contributes to knowledge development (Wolf, 2015). Therefore, the framework assists in ensuring that the research study is coherent and maintains a focus on what the research study is trying to accomplish (Green, 2014). The chosen

theoretical framework for this research study was Meleis's (1964, as cited in Meleis, Sawyer, Im, Messias, & Schumacher, 2000) transition theory.

Developed by Meleis in 1964, transition theory depicts the process of role transition and contains the theoretical framework for the study. Meleis, Sawyer, Im, Messias, and Schumacher (2000) studied conceptual role transition from the nursing perspective and developed a middle-range theory called transition theory. Transition is defined as the "passage from one life phase, condition, or status to another" (Schumacher & Meleis, 1994, p. 119). Meleis et al. (2000) further described this transition as a period in which change occurs over a period of time in a person or an environment with certain shared characteristics. Theoretically, the process of transition requires an individual to relinquish previous relationship, former roles, and support; experience a sense of loss; incorporate new skills and knowledge into the new roles; cope with new needs; and adjust to the new expectations in the new role.

Transition theory describes, clarifies, and anticipates human beings' experiences as they move through various types of transition (Meleis et al., 2000). The transition theory's central assumption is that every part of nursing phenomena entails a form of transition (Schumacher & Meleis, 1994). The theory represents change and transition as a structure and predictable process in which specific therapeutics and interventions can be applied to promote successful transition.

Meleis et al. (2000) conceived this work at a time while she was working on a master's degree and doctoral dissertation in the 1960s. The work began with interest in people's experiences of and responses to life transitions (Im, 2014). The original work focused on what nurses did to facilitate patients' transition to new roles, on evaluating

nursing interventions associated with transitional situations such as parenting, post myocardial infarction, ageing, and caregivers for Alzheimer's patients (Meleis et al., 2000). Over time, Meleis's interests changed from nurse roles in the transitional situation to patients' response to transitional situations. Ultimately, transition experiences became the central concept of the theoretical framework and nursing therapeutics related to transitional situations became one of the contributing factors to a smooth transition into a new role (Meleis et al., 2000).

Transitional theory hypothesizes that adults experience various types of transitions while moving through the continuum of life, including developmental, situational, organizational or environmental, and health-related transitions (Meleis et al., 2000). The theory includes five major concepts of transition: "types and patterns of transition ... properties of transition experience ... transition conditions ... patterns of response to a transition ... [and] nursing therapeutics" (Meleis et al., 2000, p. 16). Sub-concepts of transition theory interact and influence each other continuously throughout a transition experience. Meleis et al. (2000) posited that individuals and organizations experiencing a transition will experience these predictable responses in unique ways and can plan and apply therapeutic modalities to assist with the transition process. The following section will describe the concepts of transition theory.

Types and Patterns of Transition

This major concept incorporates four sub-concepts of developmental, situational, health and illness, and organizational transition. A developmental transition focuses on life cycles; situational transition occurs with a change in a person's professional role related to advancement, position, role change, or responsibility; health/illness transitions

are changes that occur during a person's health and illness; and organizational/environmental transitions include adapting to a new working environment, changes in administration, changes in the community, or society. Frequency of occurrences and the intricacy of transition may characterize patterns of transition. The pattern of transition may involve multiplicity and complexity and can be single, multiple, or sequential, or occur simultaneously and aligned or unaligned with each other (Meleis et al., 2000).

Properties of the Transition Experience

Properties of transition experience include changes, differences, time span, engagement, awareness, and related significant events. These properties are interrelated and complex (Meleis et al., 2000). Changes refer to changes in identities, roles, and relationships, bringing a sense of movement or direction. Differences are unmet expectations, feelings, or being perceived as different. Time span refers to the transition process taking time, and critical points are events during the transition process that focus attention on the transition experience. Engagement is the amount of participation displayed during the transition process. Awareness is the insight, realization, and acknowledgement of a transition experience. Transitions occur and flow over time, have stages or phases, have critical markers of progress, and involve some level of change in identity, role, relationship, ability, or behavior.

Transition Conditions

The transition conditions concept represents the situations or events that influence the manner in which an individual makes the transition. Conditions exist that contribute to facilitating or inhibiting transitions (Meleis et al., 2000). Transition conditions include

societal, community, or personal conditions that may directly inhibit or facilitate the process and outcome of transition. Societal conditions include society's view of a particular transition and the potential stigma or stereotyping that an individual could experience during the transition process. Community conditions include the availability of resources, advice, support, and role models. Personal conditions indicate the significance the individual gives to a transition and its subsequent effects on a person's attitudes, behaviors, cultural beliefs, socioeconomic status, training, and knowledge. The impact of events prior to the transition and during the transition process may assist or hamper the transition experience. The presence or absence of anticipatory preparation and knowledge could facilitate or inhibit the transition experience.

Patterns of Response to a Transition

Patterns of response to a transition concept are characteristics of transition that occur over time and include process and outcome indicators a person or organization uses to identify, assess, and promote transition (Meleis et al., 2000). The process indicators of transitions refer to the success experienced during the transition process. Outcome indicators explain how well an individual or organization adapts to new conditions and succeeds in the transition. The two patterns of response for outcome indicators are mastery and having a new sense of professional identity. Mastery means the acquisition of skills, behaviors, and new knowledge to handle a new situation. New identity is the integration of an individual's reformulated identity in the new role, reflecting a successful transition (Meleis et al., 2000).

Nursing Therapeutics of Transition

Nursing therapeutics of transition include three measures during transition: assessment, preparation for transition, and role supplementation. First, an assessment of individual readiness is necessary, so a profile can be developed. Second, preparation for transition emphasizes education as a primary method for creating the most favorable conditions in preparing for transition. Third, role supplementation includes clarification of the role and taking the role, which may be preventive and therapeutic for a smooth transition (Meleis et al., 2000).

Meleis's (1964) transition theory provides a framework for understanding complex situations, such as novice CNEs' process and responses to role transition explored in this study. This theory provides a comprehensive view of the transition process and provides specific guidelines for practice. Knowledge of the conditions and properties intrinsic in a transition process can smooth the progress of improvements and the development of interventions aligned with the experiences of the novice CNEs' role transitions, thereby contributing an energetic response to transitions.

Application of Transition Theory

Transition theory provided a platform to guide this research study. Transition theory is an appropriate framework for this study to explore the lived experiences of role transition among novice CNEs for their first 2 1/2 years or less at the healthcare system. The following sections outline the application of transition theory to this research study.

Types and patterns of transition. Transitions often require individuals to integrate and apply new knowledge to transform behaviors and subsequently change the definition of themselves in the new context (Meleis et al., 2000). The types of transition

potentially experienced by novice CNEs include developmental, situational, and organizational. Situational transition, in transition theory, indicates a change in position, role, and responsibilities, and has been applied in a variety of research studies that focused on transitions. For example, Barnes (2015) used transition theory to explore factors that influence role transition of nurse practitioners (NPs). Vardaman and Mastel-Smith (2016) applied transition theory to explore the lived experiences of international nursing students in the United States. Ramsey, Huby, Thompson, and Walsh (2014) used transition theory to support an innovative model of care delivery for patients who were discharged from intensive care to a ward-based care setting.

Situational transition refers to professional role transitions and educational transitions that occur during educational development. Situational transitions involve a change in position, role function, or responsibility (Meleis et al., 2000). Novice CNEs may experience situational transitions as a change in position, a new role, and different responsibilities. Those in role transition may also experience a developmental transition such as that involved in becoming a novice clinical nurse educator. Other possible experiences in the novice CNEs' role transition may include organizational transitions, such as adapting to new working environments or a change in the working community or societal environment.

Properties of transition experience. The properties of transition experiences comprise engagement, awareness, and role change. Meleis et al. (2000) asserted that the properties of the transitional experience are essential, complex, and multidimensional and interconnect. In this research study, the properties of transition were used as a guideline

to develop interview questions to understand the perspectives of novice CNEs regarding their new role as clinical nurse educators in awareness, engagement, and role change.

Transition conditions. Transition conditions refer to uncovering the community, societal, or personal conditions that assist and hamper successful transitions. Personal conditions such as knowledge, awareness, and perceptions of change and differences in role expectation can influence a response or outcome of transition (Meleis et al., 2000). The abovementioned personal conditions, along with support for the new position by the organization, community, and society may influence the transition process for novice CNEs.

Patterns of response to a transition. Positive outcomes align with mastery of the clinical nurse educator role, including improved teaching effectiveness and becoming a resource person for healthcare team members in the practice environment. For novice CNEs, positive outcomes of role transition include collaboration and leadership; they are expected to work collaboratively with all healthcare team members. Exploring the transitional experiences of novice CNEs at the healthcare system throughout a role-specific orientation and mentorship during the early phase of being a clinical nurse educator facilitates a better understanding of personal access and may support the transitional experience, ultimately leading to mastery of the educator role and positive transition outcomes.

Nursing therapeutics of transition. Nursing therapeutics refers to therapeutic interventions for the transition, which includes preparation for transition, the evaluation of readiness, and role supplementation, reflected by a role-specific orientation and mentorship program. Preparation for transition, assessment of readiness, and role

supplementation are required to create optimal conditions for transition (Meleis et al., 2000). The distinctiveness of a successful transition means accomplishing a personal sense of well-being, proficiency of skills, competence, increased confidence, and an independent practice. The distinctiveness of an unsuccessful transition includes negative feelings and a lack of self-confidence (Meleis et al., 2000). Knowing the lived experiences of the novice CNEs' role transition will answer the research questions on preparation, competence, and mastery of skills when becoming a clinical nurse educator.

Transition theory provides a supportive framework to explore the transition process of the novice CNEs' transition into the role of a clinical nurse educator. The application of Meleis's (1964) transition theory to the individual and organizational transition provides a framework that demonstrates the importance of personal, situational, and organizational elements in the transition process. Transition theory also offers the opportunity for the planning of structured activities in those environments that promote the individual's successful transition. Applying transition theory to understand the novice CNEs' transition experiences can contribute to the literature for knowledge to be used in promoting and sustaining transitions to the novice CNEs' professional practice.

Definition of Terms

Defining terms used in this study helps the reader understand the context of the research (Polit & Beck, 2016). Defining the terms allows the reader and the researcher to view the concepts the same way. This section contains key terms used throughout the dissertation.

The term *clinical nurse educator* (CNE) is often used in the literature interchangeable designated for those who teach staff nurses or those who teach students

in clinical settings (Manning & Neville, 2009). In this study, a CNE is a nurse educator employed by the hospital and is a hospital-based nurse clinician responsible for the formal teaching, orientation, competency assessments, in-service trainings, and clinical practice of healthcare members (Curran, 2014a).

A clinical partner is an ancillary staff member who works with doctors, nurses, and other healthcare professionals to provide direct patient care in a variety of healthcare environments (Thomasos et al., 2015).

A clinical setting is the acute-care setting in a healthcare organization where patients receive care delivered by healthcare professionals (De Faulvio, Stichler, & Gallo, 2015). Clinical settings are primarily a place where professionals provide care to patients, aiming to optimize the patient's health. In the clinical setting, a sick or injured person seeks care and treatment, in this study defined as an acute-care setting.

An experienced nurse is a nurse who has been practicing as a professional nurse for a minimum of five years (Weidman, 2013).

A mentor is an experienced individual who helps a professional colleague (a mentee) in the development of skills for the working environment and facilitates knowledge transfer into practice (Shellenbarger & Meigan, 2016). For this study, a mentor is a professional who helps a new person understand what the expectations and processes are that must occur each day; these include offering encouragement, guidance, being a resource, and giving supportive feedback.

Mentoring is a practical means of support during academic and occupational growth (Dominguez & Hager, 2013). It is a relationship that is mutually agreed on and

fosters mutual respect and commitment to the professional development of the mentee (Taylor, 2014).

Mentorship is a relationship that involves an experienced person (a mentor) who provides opportunities for new and inexperienced individuals, supporting and strengthening the professional growth of the mentee (Shellenbarger & Meigan, 2016).

A *novice*, in this study, is one having “no experience of the situations in which they are expected to perform” (Benner, 1984, p. 20).

A *novice clinical nurse educator* is employed by a healthcare organization to provide educational activities for healthcare team providers, defined as an experienced nurse who has insufficient awareness of the role of the clinical nurse educator and has no experience in nursing education or the teaching processes (Benner, 2001). For this study, a novice CNE would be one who is in the role for 2 1/2 years or less.

A *novice nurse educator*, in this study, is employed in academia and defined as an experienced nurse from the clinical setting with no experience in teaching or nursing education (Weidman, 2013).

Orientation is the process of introducing an experienced RN to the healthcare organization mission, philosophy, policies, procedures, and role expectations required to function in a specific work-role setting, or when changes occur in nurses’ positions, roles, responsibilities, and practice settings (ANA, 2010). For this study, a role-specific orientation is the process of orienting a novice CNE to the basic comprehension of the roles and responsibilities for the specific job functions of a CNE.

Role transition, for this study, is the act of the novice CNE in developing and enacting competent, safe, and effective clinical education (Meleis et al., 2000).

A *situational role transition* is a change in an individual's professional scope of practice and role function (Schumacher & Meleis, 1994).

A *transition* is the "passage from one life phase, condition, or status to another" (Schumacher & Meleis, 1994, p. 119). A transition is a period in which change takes place.

Assumptions

This study has several assumptions regarding the lived experiences of novice CNEs' role transition and what gathered information would provide as the basis for improvements in transitioning into the role of a CNE. Transition is a process that one can prepare for and facilitate through specific activities (Meleis et al., 2000). This study makes the following assumptions.

The participants were assumed to openly provide honest responses to the interview questions pertaining to the transition process into the clinical nurse educator role. An additional assumption was that study participants were representative of novice CNEs in the role for 2 1/2 years or less. The assurance of confidentiality eliminated fears of loss of employment and retaliation from an employer for participating in the study. Once the interview process began, refraining from interjecting personal ideas into the interview followed. Through data analysis, a clearer understanding existed of novice CNEs' challenges pertaining to retention and job satisfaction. As a former CNE of the organization, the integrity of the study was not affected. To offset any potential for bias, field journal descriptions of each interview conducted was kept, and included the information in the discussion section of the study.

Scope of Study

The scope of the study includes novice CNEs employed for 2 1/2 years or less in the role of clinical nurse educator at the healthcare system. Excluded from the study were CNEs who had been in the role longer than 2 1/2 years. The Department of Clinical Learning from the healthcare system provided the list of CNEs, which included novice CNEs in the role for 2 1/2 years or less in the health system. Sample size was determined when theoretical saturation was achieved. This occurs in a qualitative study when the collection of data yields no new information or redundancies emerges (Cleary, Horsfall, & Hayter, 2014). Moon et al. (2013) indicated that a sample size of 12 to 15 participants is normal for a phenomenological study design. For this study, a sample size of 15 novice CNEs met the inclusion criteria.

The data collection method for this study was the use of person-to-person interviews to gather information from participants. Conducting interviews helped acquire the rich, in-depth data needed for the study. Moustakas's (1994) modified van Kaam method of analysis for phenomenological data and the qualitative analysis software NVivo 10.0® assisted in the data analysis process.

Delimitations

Delimitations address how a research study is narrowed in scope (Patton, 2015). Novice CNE roles occur across a variety of areas in the healthcare system not-for-profit organization. In this study, boundaries were set through inclusion and exclusion criteria, and confined to interviews of novice CNEs in the clinical nurse educator role for the first 2 1/2 years or less in the healthcare system.

The study entailed recruiting novice CNEs who transitioned into the clinical nurse educator role within 2 1/2 years or less in the healthcare system. The objective of this study was on the transition process experienced by novice CNEs' as they transitioned into the role of clinical nurse educator. Thus, senior CNEs—those in the role for more than 2 1/2 years—were excluded from the study because their reflections on their transition into the role of clinical nurse educator may have skewed the results due to their limited recall of their lived experiences during their transition to the role of clinical nurse educator.

A qualitative research method was chosen because this approach obtains descriptive information of events and people who experienced the events. A transcendental phenomenological design was the most favorable approach for this study because phenomenology provides the opportunity to recall lived experiences (Merriam & Tisdell, 2016). Phenomenology is a qualitative approach use to explore individuals' subjective experiences (Salmon, 2012).

An open-ended, person-to-person, semi-structured, interview was used to collect the self-reports of lived experiences from novice CNEs who have been in the role of a clinical nurse educator for 2 1/2 years or less. Semistructured person-to-person interviews are preferred to build rapport and to create a relaxed relationship with study participants (Bevan, 2014). Bevan indicated that building a rapport makes participants feel comfortable and able to answer questions more openly and without hesitation. For this study, all interviewed novice CNEs were employees of the healthcare system and had been in a clinical nurse educator position for 2 1/2 years or less. Therefore, study findings allow generalization only to those novice CNEs at the healthcare system.

Summary

As novice CNEs transition into the role of clinical nurse educator, a number of factors have emerged as challenging (Weidman, 2013). It is extremely significant to be aware of these issues, as they have a direct impact on the successful transition of novice CNEs. CNEs have a crucial responsibility to ensure safe, competent, cost-effective, and quality patient-care outcomes (Elder, 2017; Fritz, 2018). For novice CNEs, identification of specific factors that negatively impact their transition experiences into the role of a clinical nurse educator is needed to help them overcome challenges, which would result in benefits for healthcare leaders, the organization, and CNEs, yielding improved retention rates and increased job satisfaction.

The rationale for the qualitative, transcendental phenomenological study is to explore the lived experiences of role transition among novice CNEs for their first 2 1/2 years or less at the healthcare system. The targeted population was novice CNEs employed in their present position for 2 1/2 years or less in the healthcare system. Meleis's (1964) transition theory was used to guide this study. Findings from this study may influence the transition process of novice CNEs into the role of clinical nurse educator, which may result in increased job satisfaction, a reduction in turnover rates, and decreased costs of resources.

This chapter includes discussions of issues faced by novice CNEs who were transitioning into the role of clinical nurse educator, exploring implications of their lack of preparedness for the role. The rationale for the qualitative transcendental phenomenological research method, the research question for the study, the assumptions, delimitations, and the theoretical framework for the research study was discussed.

Chapter 2 will include the literature search and a historical overview of CNEs in the clinical setting. This chapter also will present the research literature on role transition among novice nurse clinical educators. Chapter 2 also will include a detailed examination of topic areas such as transitioning, challenges, role-specific orientation, integration, mentoring, job satisfaction, and turnover rates related to transition dissatisfaction of novice CNEs.

Chapter 2

Literature Review

The examination of the literature for this study entailed exploring available evidence to understand role transition experiences of novice CNEs when moving from a nurse clinician or provider role to a clinical nurse educator role. Novice CNEs often enter the role of a clinical nurse educator unprepared, with suboptimal orientation, or no role-specific orientation in assuming these positions and new responsibilities (Manning & Neville, 2009). Specifically, the problem addressed was that novice CNEs lack formal training to be effective clinical nurse educators, which negatively influences job satisfaction and retention, and ultimately creates high-cost demands on the organization (Sayers, Salamonson, DiGiacomo, & Davidson, 2015).

Factors such as lack of understanding and poor training requirements may relate to turnover of CNEs, which are especially high during the first 2 years of assuming the position (Kumi-Yeboah & James, 2012; Manning & Neville, 2009). Novice CNEs are not well prepared for their role, typically lacking the communication skills, leadership skills, knowledge of adult learning principles, and understanding of teaching methodologies required for the success of an effective clinical nurse educator (Johnson & Puglia, 2012). Lack of preparation, coupled with issues such as poor role-specific orientation and mentorship, creates a difficult transition for nurses into a clinical nurse educator role.

This chapter considers the search criteria, scope of research, the need to examine scholarly studies that pertain to the transition into a clinical nurse educator role and, more explicitly, the transition from bedside clinician to a clinical nurse educator role in an

acute-care hospital setting. The chapter then describes the history of the CNE role, the significance of the transition, and the importance of perception related to the transition process. The analysis of previous relevant studies led to the identification of a variety of factors that may influence a successful role transition. The literature review also focuses on investigating the influence of mentors, environment, preparation, and role-specific orientation on the CNEs' transition process. Through careful examination of the literature, an understanding of the transition process, its challenges, and the preparation associated with role transition demonstrates the need to have conducted this research study.

Search Criteria and Scope

The literature search included topics related to the problem statement and the focus of the study background. The literature search used key words such as clinical educators, clinical nurse educators, hospital-based educators, hospital-based unit educators, hospital staff developers, clinical nurse educator transition, role transition, role integration, role socialization, orientation, clinical nurse educator orientation, mentoring in the discipline of nursing, and job satisfaction of the CNE role. Each of the subtopic sections enriched the literature review on role transition of novice clinical nurse educators.

The sources of literature reviewed for the study included peer-reviewed articles, journals, and scholarly books, each accessed through the University of Phoenix library search engines, including Business Source Complete, Academic Search Complete, CINAHL, ProQuest, MEDLINE, EBSCOhost, and Journals@Ovid. Bibliographic

references from appropriate titles also generated additional literature searches. Table 1 presents a summary of the literature categories searched.

Table 1

Summary of Literature Searched by Categories

| Categories searched | Scholarly journals and articles | Doctoral dissertations | Books | Totals |
|--------------------------------|---------------------------------|------------------------|-------|--------|
| Transitions | 50 | | | 50 |
| Transition process | 30 | | | 30 |
| Transition theory | 10 | | 3 | 13 |
| Orientation | 50 | | 1 | 51 |
| Integration and socialization | 35 | | | 35 |
| Mentoring | 45 | 1 | | 46 |
| Phenomenology | 25 | 3 | 3 | 31 |
| Satisfaction with the CNE role | 30 | | | 30 |
| Total | 265 | 4 | 7 | 277 |

Ultimately, eliminated from the review were studies that lacked specific relevance and did not focus on CNEs' roles and responsibilities. These sources included publications in the last five years and resulted in an insufficient number of studies regarding novice CNE transitions. Therefore, for this study, the literature review included references published from 2009 to 2018 as primary resources. Specifically, published research studies by Anderson (2009), Cangelosi et al. (2009), Manning and Neville (2009), and Suplee and Gardner (2009) examined novice nurse educators' role transition, challenges facing the new educators, and preparation for the role as clinical educators from experienced nurse to novice nurse educators. These four studies formed the impetus for this study. Additionally, older studies were used to describe the historical perspective of the role of the CNE.

The published studies relevant to role transition of the novice CNEs were limited. Searched studies were inconclusive because of the use of the term *CNE*. Some studies used the acronym CNE that denoted a different meaning in academia. The term CNE is often used interchangeably in the literature to reference educators who teach nursing students in the clinical setting and to those who are employed by an academic institution and teach nursing in the collegiate setting (Coates & Fraser, 2014; Zawaduk, Healey-Ogden, Farrell, Lyall, & Taylor, 2014). As a result of ambiguity in the meaning of CNE, the educator role is often unclear, leaving the reader to make inferences about whether the discussion is a hospital-based CNE or an academic instructor; academic instructors are not the subject of this study.

To differentiate the CNE role in academia from the CNE in the clinical setting, the following discussion centers on the scope and standards of practice for the role of the CNE in both settings. The National League for Nursing (NLN, 2012) described CNEs in the academic setting for nursing as educators who may have different roles and functions while engaging in the use of the core competencies of nursing faculty. The extent of implementation of the core competencies depends on the type of program nurse educators teach, the mission of nurse educators' institution, and nurse educators' academic preparation.

The role of the CNE in the academic setting follows the scope and standards of practice for academic nurse educators that include the definition, scope of practice, theoretical framework, values and beliefs, competencies, and educational perspective of academic nursing education. The NLN (2012) governance committee and the nursing certification committee developed the scope and standards of practice for academic nurse

educators. The standard of practice encompasses eight core competencies: participates in evaluation of program outcomes and curriculum design, uses evaluation strategies, facilitates learner professional growth and socialization, engages in scholarship, pursues continuous quality improvement, and functions as a change agent in the nurse educator role.

CNEs in the clinical setting are also governed by scope and standards of practice associated with the existing setting of healthcare and the role delineation of the CNE in the clinical setting (Harper & Maloney, 2016). The newly revised scope and standards of practice stress the CNEs' role in the following areas: facilitating professional role development, managing change, advocating scientific inquiry, interprofessional collaboration, and advocating for leaders' and mentors' role (Harper & Maloney, 2016). Additional emphasis is on the diverse CNE practice that depends on the population of the learners and practice setting, and the educational level, experience, and knowledge of the practicing CNE.

The standards of practice are divided into two classifications; first, the use of critical thinking in the nursing process encompasses six standards. These standards are assessment of practice gaps, identification of learning needs, outcomes identification, devising, application, and evaluation. Standards of professional performance include education, research, evidence-based practice, ethics, and quality of nursing professional development practice, change management, resource use, professional practice evaluation, leadership, collaboration, mentorship, and advancing the profession (Harper & Maloney, 2016). The standards of practice for the CNEs guide their clinical practice.

CNEs in both settings have certification: by the NLN for the academic CNE, and by the American Nurses Credentialing Center for the CNE in the clinical setting (Brunt, 2014). Certification has great significance in the specialty practice (Harper & Maloney, 2016) providing evaluation of professional role competence and growth. Furthermore, certification substantiates the skills, knowledge, and abilities of nurses.

For this study, the reader should exercise caution when addressing the study problem about CNEs employed by the hospital who were specifically hired to develop healthcare team members. Additionally, noted in the literature is the *nursing professional development* educator, referencing CNEs in the clinical setting (Gorbunoff & Kummeth, 2015). Further examination may show similarities of the CNE function between academic and clinical nurse educators; however, the academic educator's roles, responsibilities, and employment status are different from those in hospital settings and are not necessarily analogous to every aspect of the teaching role (Poindexter, 2013). Specifically, university-based clinical educators focus on teaching and working with students, whereas CNEs in clinical settings work with licensed professional healthcare providers and certified nurses' assistants. These CNEs have responsibility for professional development, training, and policy implementation and oversight (Swain, 2011).

CNEs in the clinical setting work collaboratively with the administrative team to incorporate standards of care of current trends delineated by state and federal regulatory bodies (Coates & Fraser, 2014; Gibson, 2011). Despite the plethora of literature regarding the role transition of novice educators in academia, studies reflect the perspectives of experienced academic educators rather than novice CNEs. Studies

regarding the role transition of experienced nurses from the point of care to a novice educator focused on knowledge of teaching methods and skill, preparation for the role, and peer support in academia. None of these articles explored the lived experiences of the novice CNE who is already employed by the hospital organization as a nurse and is now transitioning to the clinical nurse educator role. Accordingly, a need persists to explore the lived events of novice CNEs to understand their needs for successful role transition.

Most reviewed literature described the similarities and differences between the novice educator's role in academia and in clinical settings (Coates & Frasier, 2014; Phillips & Vinten, 2010; Poindexter, 2013). Manning and Neville (2009) and Sayers et al. (2010) addressed the need for further identification of the weakness in preparing CNEs for their role transition, which supports the purpose of this study. The literature reviewed provides ample context to support the background and significance of the study. In conclusion, little evidence has described the barriers in the transition process that correspond to increased attrition and the lack of job satisfaction among CNEs (Sayers et al., 2011). The lack of evidence substantiates the need for continued research in the area of role transition among CNEs.

Historical Perspective of the Clinical Nurse Educator

Historically, the role of CNEs was first defined and put into practice during the 1920s and 1930s, when the Great Depression forced many individuals who had been trained as nurses out of the home and into hospital settings to help provide for their families. Prior to the Great Depression, most nurses earned their living as private duty nurses in private practice. Hospitals, rather than employing full-time nurses, used

nursing students still in training to provide patient care. The rise in unemployment and the decline in financial stability for most households significantly decreased the available number of private duty nurse positions. Fewer people began to rely on private practice nursing and depended more on public hospitalized care. Subsequently, hospital administrators, in an effort to accommodate the growing number of patients who needed care, had to hire nurses who were acclimatized to the private-care setting and unprepared clinically to work in the hospital setting (Avillion, 1998; Tobin, Yoder, Hull, & Scott, 1974).

Because of the increased hiring of hospital nurses, current experienced staff nurses were transitioned or simply assigned to become CNEs to conduct orientation and on-the-job training for nurses. Newly hired nurses required orientation to hospital routines, procedures, policies, equipment, and regulatory requirements. They had to learn how to function as members of a healthcare team, caring for large numbers of patients rather than as individual practitioners caring for one patient at a time (Avillion, 1998; Tobin et al., 1974).

World War II brought more changes to the nursing profession and, specifically, spurred the development of the CNE specialty practice. During World War II, nurses left hospital settings to join the armed forces, causing a shortage of public hospital nurses. As a result of the nursing shortages, healthcare organizations hired an increased number of healthcare assistants to compensate for the decreased number of nurses left to care for the sick in civilian hospitals. Subsequently, nurses who were no longer practicing in the nursing profession returned to the hospital setting to help with the shortage of nurses. As a result of non-practicing nurses returning to the hospital setting, refresher courses

providing reviews of basic nursing care skills, policies, procedures, and equipment became part of the CNEs' responsibilities for educating and orienting inactive nurses to the hospital environment. Further, in response to the influx of unlicensed healthcare members into acute-care clinical settings, for example, CNE responsibilities expanded to include training, in-service trainings, and continuing education for these unlicensed personnel (Avillion, 1998; Brunt, Pack, & Parr, 2001; Tobin et al., 1974).

Historically, CNEs have been practicing in acute-care clinical settings and throughout healthcare systems since the Great Depression (Avillion, 1998; Tobin et al., 1974). However, their roles and responsibilities have continued to evolve with the movement of clinical educators from centralized to decentralized departments and services. Traditionally, nurse educators in a centralized department provided education for all healthcare members throughout the hospital with no specific responsibility for any one unit. Decentralization allowed clinical educators to become unit-based, with direct responsibility for one unit, giving them more autonomy to develop unit-specific educational activities to manage their own practice and to develop more specialized learning activities for healthcare team members (Haggard, 1984).

In the past, when the position of the CNE did not exist, nurse educators remained at the positional level of RNs with no line of authority, regardless of whether they were in a centralized or decentralized department (Bland & Michael, 1997). The major function of the CNE is the development of healthcare members, orientation and competency assessment, and meeting educational requirements of various regulatory agencies for the healthcare organization. Cummings and McCaskey (1992) observed that, over time, changes in healthcare organizations led to the restructuring of how education was

conducted in most hospital settings. As a result of that restructuring, some organizations developed centralized education departments, whereas others decentralized their education departments.

The changes in how hospitals conducted education led to a national study to determine the use and effectiveness of centralized and decentralized approaches in education in the hospital setting (Blocker, 1992). Study findings revealed that CNEs working in a large hospital system used a combination of centralized and decentralized approaches to provide education to healthcare members. CNEs working in a smaller hospital used a centralized educational approach to provide education to healthcare members. A notable finding was that the decentralized approach showed that these CNEs had larger areas to cover in educating healthcare members.

CNEs' role in the hospital environment would continue to realign with the needs and expectations of an ever-changing healthcare industry (Gundlach, 1994). Today's complex healthcare environment creates challenges for the CNE. These challenges include assessment and maintenance of ongoing competency, addressing continuous learning needs, and urgent clinical incident learning needs requiring immediate attention. CNEs must adapt to changing healthcare practices and growing technologies, learning the needs of new generations, considerations for teaching diverse cultures, and learning to educate nurses in the trends and issues confronting them in current hospital settings (Sayers et al., 2015).

Historically, CNEs did not have any formalized training in teaching and learning strategies or experience working with pedagogical styles to guide their instructional practices (Lane, 1996). Ferris (1988) conducted a quantitative study regarding CNEs'

educational attainment and continuing education in several North Carolina hospitals. Findings showed that 50% of CNEs who participated in the study had diplomas in nursing, and 43% had bachelor's degrees in nursing. Also, although some CNEs received additional training for their positions, 25% reported receiving no formal training at all (Ferris, 1988).

Nowicki's (1996) study predicted that the CNEs' role would be constantly changing due to the dynamics of the healthcare environment. The constant change in healthcare environments directly affects the role of the CNE, from functions as simple as checking off a list for assessing competency to those as complex as developing and assessing critical-thinking skills of healthcare team members. As the role of the CNE expanded, due to increased healthcare demands, CNEs needed additional preparation to develop cognitively and function at a higher level of performance. The roles of CNEs are continuing to gain importance as a significant approach to improving hospital care. CNEs have an increasing need to be innovative because of constantly evolving healthcare environments and rapidly changing practices.

Currently, as some healthcare organizations pursue Magnet Recognition from the American Nursing Credentialing Center for nursing excellence, CNEs are at the forefront, providing education to healthcare members in models of care delivery, ethical issues, communications skills, clinical and leadership skills, research and evidence-based practices, cultural competencies, and patients' rights. In the 21st century, the healthcare setting consists of patients with multifarious conditions that require healthcare members to be knowledgeable and competent in addressing complex issues. The expectation from hospital organizations is that the CNE be able to assess competency and provide learning

activities for healthcare team members to build skill and competency in providing safe, quality patient care (Schlag, 2005). The role of the CNE is pivotal in the development of skills for healthcare team members because skills acquisition relates to better patient outcomes (Benner, 1984).

The importance of the clinical nurse educator role must be conveyed to the novice CNE who comes from a different professional role, usually as a bedside or direct-care nurse. Moving from bedside in the acute-care setting to the educator role can be challenging for the novice CNE without supportive strategies to help in the transition process. Bedside nurses focus on patient-care delivery whereas CNEs focus on developing and maintaining the knowledge and skill set of every healthcare team member. The role transition of a novice CNE requires an in-depth understanding of the new focus, the role, and responsibilities. The current study may assist nurse leaders in awareness of the comprehensive needs of the novice CNE during role transition, aiming to develop a formalized role-specific orientation for novice CNEs to ensure hospitals provide clear expectations to the novice CNE.

Role Transition

Role transition is the process of leaving one role and entering another distinct role, regardless of the field of interest. The role transition process moves the neophyte from a novice level to an expert level (Benner, 1984, 2004). Movement over time from rule-based behaviors to a level of expertise that is intuitive and analytical characterizes role transition of the novice CNE. The novice initially requires direction and structure, due to lack of experience. Individuals new to a role or profession alternate through diverse stages of skill acquisition. Initially, the individual enters the position with the

least amount of skills and competencies. When the individual acquires more proficiency, their altitude of expertise and skill acquisition increases. Benner's definition of novice-to-expert skills acquisition during role transition helps in explaining the development and challenges of the novice CNE in role transition (Benner, 1984, 2004).

Weidman (2013) described some of the arduous and often taxing challenges novice CNEs encounter during role transition, such as the stressful shift when an experienced nurse transition to a novice CNE role. The shift frequently occurs with changes in seniority and status. Experienced nurses establish their comfort zones as they become senior personnel in the area of practice, such as acute care or critical care. The movement of the experienced nurse from his or her comfort zone begins when the nurse enters a new, unfamiliar place as a novice inexperienced CNE.

Challenges of Role Transition for Clinical Nurse Educators

The period of transition from one role to another can be especially difficult if the individual is not successful in adapting to the expectations of the new role (Meleis et al., 2000). Individuals are most vulnerable at the time of transition, due to lack of knowledge regarding role expectations and lack of supportive guidance and trusting relationships in the new environment (Anderson, 2009). Role transitions can be complex and challenging, requiring implementation of creative strategies and personal insight to positively impact the work environment (Manning & Neville, 2009).

Anderson (2009) conducted a qualitative study to explore the role transition of clinical expert nurses (clinicians) who became novice academic nurse educators. A sample of female novice academic educators ($n = 18$) who ranged in ages from 40 to 62 and had 13 to 45 years of working experience participated in the study. The interview

questions centered on novices' perception of the transitional experience and the methods used to cope with the transition process. Six themes emerged in the study through the metaphor of a mermaid swimming in a "sea of water" (Anderson, 2009, p. 204). Anderson described the themes as sitting on the "shore," "splashing in the shallows," "drowning," "treading water," "beginning strokes," and "throughout the water" (2009, pp. 205–207). The themes revealed that novice academic nurse educators developed various attributes at various stages through the role transition process.

Anderson (2009) further described work-role transition as experiences allied with starting a new job function. Role transition encompasses processes that facilitate the development aligned with emotional work, vital tasks, and role peripheries in adopting new identity, values, and the skill foundation of the new position. Two perspectives to role transition are the psychological component and the social aspect of transition. The psychological component focuses on addressing the changes encountered in the role transition and adjusting to fulfilling a different role in the hospital setting. The social component of the role transition comprises the elements of investing oneself in a new position, such as establishing relationships and finding work–life balance that may lead to a feeling of personal well-being and contentment in the educator position.

Anderson (2009) described work-role transition as a human experience that involved the developmental process and tasks of emotional work, hypothesizing that to effectively assume a new role, individuals must transcend role boundaries. Furthermore, the assimilation of a new set of values and norms will broaden one's knowledge base. At the time of role transition, most individuals are vulnerable to role strain, due to lack of self-acceptance in the role and an insufficient knowledge base regarding the new

community of practice. A smooth transition can take place only when the individual has an awareness of their own well-being, expertise in new skills and information, and is confident in the new role (Anderson, 2009).

Anderson (2009) recommended that nursing administrators be cognizant of and provide supportive strategies that help enhance the role transition of novice educators. Other supportive strategies from study findings included structured orientation programs created by administrators, mentoring for the novices in their first year, and promoting opportunities to build networks with other novice educators. Inference of the study findings may apply to novice CNEs employed by healthcare organizations, offering an improved perception of the challenges in their role transition.

Manning and Neville (2009) conducted a descriptive qualitative study to explore the role transition process of eight experienced bedside nurses to novice clinical educator roles. The hospital recruited bedside nurses to facilitate ongoing practical education and continuing competency requirement training for members of their affiliated healthcare team members. Bridges' transition theory was used to guide the study and to help present the findings of novice CNEs' role transition experience using the three phases of ending, neutral zone, and beginnings.

Manning and Neville (2009) employed semistructured interviews that were digitally recorded and transcribed to create a structured analysis of the results. Findings indicated that the challenges experienced by novice CNEs included insufficient awareness of what the new role entails, absence of orientation to the role, absence of employer support of their role, changing relationships with peers, and managing old friendships. Additionally, results indicated a lack of innovative networks, mentors and

supports, feeling inundated, managing various agendas for the role, and feeling physically and emotionally stressed.

Sayers et al. (2011) conducted an integrative study to explore and identify evidence and themes to answer three research questions: “What is the role of nurse educator?” “What is the impact of nurse educator’s role on patient outcomes?” and “What are the key challenges facing the nurse educator role?” (p. 47). The inclusion criteria for the literature search focused on the clinical educator role between 2000 and 2008, yielding a total of 152 articles. Using Ganong’s method of analysis (1987), five themes emerged. The five themes responding to the research question were “role ambiguity,” “educational preparation for the role,” “career pathways,” “nursing workforce shortage,” and “partnerships with academia” (Sayers et al., 2011, p. 47).

Overall findings indicated that during role transition, individuals may be vulnerable to stressors related to internal and external demands in the work environment. Internal stress may stem from lack of knowledge regarding the expectations of the role or poor self-awareness in the role transition process. External stressors may relate to the lack of supportive relationships or an inability to develop effective teaching methods in the new role. Additionally, factors such as lack of experience in the CNE role led to incompetence, frustration, increased stress, and poor role transition (Sayers et al., 2011).

Reid, Hinderer, Jarosinski, and Mister (2013) described a collaborative program for novice academic nurse educators’ role transition developed by three nursing programs in Maryland. The three nursing programs took place in a midsized public university, a public 2-year community college, and a private, nonprofit 4-year university. The collaborative program comprised 27 graduates, including 12 clinical nurse specialists in

teaching positions in healthcare organizations, nine part-time academic clinical educators, and six graduates enrolled in higher education studies. The collaborative program provided courses in adaptable training, occasions for discussion, providing and receiving beneficial comments or assessment, carrying out teaching sessions, and mentoring in an effort to coach proficient nurses for their new positions as nurse educators. The focus of the collaborative platform was to converge the training needs of novice nurse educators and ensure they became well-prepared nursing educators (Reid et al., 2013).

Their description of the didactic portion in the collaborative program provided a fundamental theoretical and practical content for the role transition of the nurse educator (Reid et al., 2013). The strategies of the collaborative program included a mixed learning strategy that appealed to working adult learners such as person-to-person summits, web-based deliberations, simulations, and mentorships during the course at the beginning of students' teaching experiences. Ultimately, the objective of the collaborative program was to create a group consisting of experienced nurse educators. The network of experienced nurse educators served as mentors to ensure novice nurse educators had support. The mentors were located in the same geographical region as the novice nurse educators (Reid et al., 2013).

After a year's implementation, of the 27 graduates who participated in the program, all 27 remained educators in their diverse areas of specialty. This outcome demonstrated the impact a formalized orientation program can have in transitioning novice nurse educators into their new roles. The Reid et al. (2013) study reinforced the significance of orientation for the novice nurse educator in role transition. Of utmost importance was that role-specific orientation brought clarity to expectations and

responsibilities, resulting in functioning more comfortably in their role (Reid et al., 2013). When healthcare members are satisfied with job functions, productivity increases, benefiting patients and healthcare organizations.

The reviewed studies indicated a need for leaders of healthcare organizations to develop effective methods and strategies that support the successful role transition of the novice CNE into the role of clinical educator. Findings from these research studies revealed that the role transition process for a novice nurse educator can be stressful, challenging, and overwhelming when clinical educators have limited opportunities for preparation for role transition. The role transition experienced among novice clinical educators and novice academic nurse educators have some similarities: lack of work experience and the need for role clarity. Despite the reported similarities of needs, other stressors are specific to novice CNE transitions, including awareness of changing responsibilities and an increased emphasis on teaching in the healthcare environment (Anderson, 2009; Manning & Neville, 2009; Sayers et al., 2011).

Novice nurse educators have found the role transition process to be more complex than anticipated, especially without adequate preparation or the development of appropriate coping skills and strategies. Clinicians can employ several strategies and interpersonal skills during transition to the CNE role. These strategies include becoming more self-aware, building collegial work relationships, growing informal professional networks, and understanding role expectations (Manning & Neville, 2009; Sayers et al., 2011; Weidman, 2013).

The reviewed studies identified important issues that affect the role transition of novice nurse educators, such as inadequate preparation for the role, job satisfaction, and a

supportive network. The role transition process could be accomplished individually, whereas some studies suggested a collaborative effort between the healthcare organization and the novice CNE yields a better outcome (Reid et al., 2013). The primary limitation in the current literature reveals a lack of focus for creating a research-based process for easing the stressors and providing specific training in areas of weakness for novice CNEs employed by healthcare organizations as clinical educators. Additionally, the literature identified factors such as lack of knowledge and preparation as an educator that affect role transition of the novice CNE. Minimal nursing research focuses on understanding the process of role transition and the resources needed to support the goal of becoming a CNE (Sayers et al., 2011).

Considering the current limitation of research studies in the literature on novice CNEs, the need to understand their lived experiences becomes more important, as hospital organizations seek to recruit and retain competent and engaged CNEs. Additionally, a clearer understanding of the personal experiences of novice CNEs is necessary for a smooth role transition into the educator's role in the hospital setting. This study examined the process of role transition of CNEs through their lived experiences and identified appropriate solutions to address limitations in their preparation and support during role transition.

Identified Needs of the Role of an Educator

Understanding the needs of the novice CNEs regarding their transition process can facilitate greater preparedness for the role of the educator (Manning & Neville, 2009). A substantial body of literature supports preparedness for novice nurse educators in their transition processes into the role of an educator in academia; however, research

studies regarding the CNEs' preparedness are limited (Manning & Neville, 2009, Sayers et al., 2015). Cangelosi et al. (2009) conducted a narrative phenomenological study on the lived experiences of nurse educators' perspectives of expert nurses transitioning to the role of an academic nurse educator.

Study participants consisted of 45 expert nurses in a nurse educator academy, preparing for a new role as clinical educators for an academic institution. In the study, expert nurses' concerns as educators included anxiety and tension, fear, and the perceived lack of mentoring in preparation for their roles and responsibilities. All participants in the academy tendered three insightful papers defining their process for acquiring new skills and knowledge as educators, the role of moving from expert nurse to novice educator, and the role of mentoring in nursing. Cangelosi et al. (2009) collected 135 reflective papers and used interpretative lived experiences to categorize themes of the data. Three themes emerged from the data: "buckle your seatbelt," "embracing the novice," and "mentoring in the dark" (p. 369–371).

Cangelosi et al. (2009) emphasized the need for management to implement strategies that encourage proficient clinical nurses to consider a career change in a teaching environment. Study findings indicated that novice nurse educators perceived the transition as a challenge but accomplished the transition successfully when the appropriate resources were in place. The development of professional growth for novice nurse educators through curricula, formal and informal education, and mentoring were made available on an ongoing basis to foster a community of support for the novice nurse educator. This study specifically revealed that providing novice nurse educators with

support and an opportunity to frequently dialogue with a senior nurse educator reduced their stress and anxiety because of the positive perception of the transition experience.

Gardner (2014) conducted a phenomenological study with the intent to comprehend the lived event of role transition among nurse educators in academia and to further understand the personalities, attributes, processes, and experiences that shaped their growth and competence. Educators teaching nursing in various higher education institutions in the western region of the United States took part in the study as a purposive sample. Eligible participants had taught full-time in a nursing program for a minimum of five years and had achieved, at minimum, a master's degree in nursing. Demographic information accrued from the participants in person-to-person, open-ended, semistructured interviews that lasted one to two hours.

Eight themes emerged based on the perceptions of novice nurse educators regarding their needs during the transition period:

Acquiring support in defining the role of a nurse educator, finding support for their position while transitioning, cultivating a teaching style, achieving confidence and competence, teaching and discovering as partners through collaboration, defining the nurse educator role as it relates to the bigger picture, contextualizing best and worst experiences, and developing clear goals when looking towards the future. (Gardner, 2014, p. 107)

Findings indicated that novice educators receive meaningful benefits when colleagues and administrators work together to provide a mutually respectful and supportive work environment. Gardner (2014) also indicated that the perception of transition is positive

when orientation is formalized, extensive, and links novice educators with seasoned educators.

Studies presented above noted identified needs by novice educators such as mentoring, knowledge, and preparation for the role as educator, indicating a beneficial effect to the transitional process into the role of an educator (Cangelosi et al., 2009; Gardner, 2014). These studies focused on the thoughts and feeling of novice nurse educators in their role transition. Perceptions of novice educators in academia are responsive to the supportive environment that nurtures novice nurse educators' growth and development, contributing positively to the transition process. Furthermore, the studies proposed that providing support to individuals who are new in the educator role promotes success in the transition process. The significance of the studies reviewed links to fostering retention among novice nurse educators by mitigating self-reports of stressful feelings and fulfilling their need for acceptance and a formalized process.

Orientation to a New Role

Orientation is the practice of introducing to the orientee the organization mission, philosophy, policies, role expectations, and other components essential to perform in a particular work environment (ANA, 2010). For a novice CNE, a role-specific orientation can be a powerful strategy, capable of relieving stress and helping foster a feeling of assurance, competence, and contentment (Sargent & Olmedo, 2013). Prescribed orientations are favorable to role transition for nurses moving into a new role as an educator (Hinderer, Jarosinski, Seldomidge, & Reid, 2016).

The goal of a role-specific orientation is to create a foundation on which novice CNEs can receive a positive career experience and complete a successful transition from

practice nurse to educator. Orientation to the role of the CNE has a direct implication for the CNE's understanding of their role, expectations, and development of competence. The role-specific orientation supports the novice CNE to develop a foundation for practice that begins by incorporating the standards of practice published by the ANPD (2016).

Differentiation of competencies for the novice and the advanced CNE, respective of the evolving professional development requirements in the transformative environment of healthcare and the multi-generational nature of the nursing workforce, can also provide guidance (Harper & Maloney, 2016). Harper and Maloney (2016) asserted the importance of the scope of practice for the CNE in supporting the ever-changing healthcare environment, practice changes, and the lifelong learners' needs for continuing education at the point of care. The formalized orientation of the CNE role promotes an effective role transition of the novice CNE, thereby affecting the professional development of nurses, which may influence patient outcomes and the fiscal stability of the healthcare organizations (Curran, 2014a).

The scope and standards of nursing professional development is the foundation of practice for CNEs in the clinical setting (Dickerson, 2014). Furthermore, the scope and standards of practice are an excellent guide and resource in the role-specific orientation for novice CNEs. Two distinct segments of the scope and standards of practice are scope and standards of performance and scope and standards of practice. Each segment has its own set of authoritative statements that accompany the standards. Authoritative statements provide acceptable levels of quality for the CNE to align with in the role of educator. The practice standards focus on the accountability of the CNE in guiding the

educational process from the identification of trends and issues to assessment, devising, application, outcomes identification, and appraisal of educational activities (Harper & Maloney, 2016). The professional development standards reflect accountability of CNEs in engaging and encouraging professional development for themselves and for healthcare members (Harper & Maloney, 2016).

Di Leonardi (2014) mentioned a 2012 research study in progress by Brunt on identification of competencies for the CNEs that aligned with Benner's (1984) novice-to-expert model, with permission granted to write and publish preliminary findings. The competencies outlined aimed to facilitate the continuum of the CNEs' role development through each level of Benner's novice-to-expert model. It focuses on what CNEs should know about healthcare members' educational process and the practice of healthcare members' education.

Brunt (2012, as cited in Di Leonardi, 2014) evaluated the competencies in a self-assessment checklist form that a mentor or supervisor might use to foster the role-specific orientation and skill development of the novice clinical educators. Brunt identified the role-specific competencies for novice CNEs:

Use of a variety of teaching strategies and audiovisual, promotes a safe and healthy work environment, maintains confidentiality, demonstrates expertise in the use of computers, maintains required documentation and record-keeping system, maintains educational standards, maintains educational or clinical competences appropriate for role, integrates ethical principles in all aspects of practice, and promotes concept of lifelong learning. (Brunt, 2012, as cited in Di Leonardi, 2014, p. 8)

Curran (2014a) concluded that novice CNEs who are transitioning into the role of educator need to have educational knowledge of the principles of adult learning to fulfill their role in the practice environment for delivering patient care. An educator who is knowledgeable regarding educational theories eliminates theory-gap practice in the clinical setting. The use of adult learning principles supports teaching methods, curriculum design, and self-directed learning that promote knowledge transfer of healthcare members.

Curran (2014b) also conducted a quantitative exploratory, correlational research study to examine the relationship among the amount of time spent in training for professional growth associated with adult learning principles, national certification status, years of experience as a CNE, type of academic preparation, and the CNE use of adult learning principles to direct educational development in a healthcare system. The hypothesis was that the hours of professional growth in adult learning theory, type of academic preparation, certification status, and years of experience as a CNE would be a major predictor of adult learning principles use by a CNE specialist.

The setting for the Curran (2014b) study was 15 acute-care hospitals in the healthcare system. A convenience sample of 174 CNEs was surveyed electronically through SurveyMonkey. A total of 114 CNEs responded to the surveys, yielding a 66% response rate. The study used the Principles of Adult Learning Scale (Conti, 1978) to measure the usage frequency of adult educational theory by CNEs. Curran analyzed data to measure the support of teacher-centered or learner-centered instructing styles. A learner-centered instructing style indicated greater use of adult learning principles and teacher-centered instructing styles and a lower usage of adult learning principles.

Findings supported that academic preparation only did not prepare CNEs to develop proficiency in adult learning theory. Also, adult learning theory did not direct educational development initiatives of CNE practice in their healthcare organization. Findings also indicated that a teacher-centered instructing style was the most commonly used instruction style to educate healthcare members. However, certified CNEs used adult learning theory in their teaching practices. Curran (2014b) indicated that healthcare organizations should promote and mandate certification for their educators who hold at least a bachelor's degree in nursing.

Curran's (2014b) study highlighted the importance of adult learning theory when planning curriculum and teaching styles for effective knowledge transfer. A curriculum design that incorporates the learner's input from a needs assessment and learner experience will actively engage the learner in the educational activity. It is important for a novice educator's role-specific orientation to include adult learning theory that is learner-centered to direct educational activities and to encourage national certification as they develop in their role as educators.

Yoder and Terhorst (2012) explored the literature of changes required in CNEs' education practice in the clinical setting among the new generation of adult learners at the point of care. Yoder and Terhorst stressed that CNEs must be proficient in the use of learner-centered, synergistic, and collaborative methods for educational activities; technology used for teaching and learning activities; best practices in instructional designs; and the evaluation of educational activities. CNEs must have an understanding and knowledge of the new generation of learners, the evolving technology, and the

implications for all learners in the clinical setting. The orientation of novice CNEs must include these vital elements to meet the unique needs of this generation.

Suplee and Gardner (2009) conducted an integrative review that examined the importance of orientation in role transition. They purported that an effective nursing orientation in healthcare organizations provides a platform to launch new educators' professional career journeys. Orientation assists in transitioning nurses from direct care nurses to clinical educator; facilitates familiarity with the system, policies, and procedures; and grants opportunities to develop teaching skills for the clinical setting, networking, and mentorship.

Suplee and Gardner (2009) further indicated that the following elements were keys to the creation of a successful orientation program: teaching skills, communication skills, presentation skills, assessments, implementation plans, and evaluation of teaching programs. The consistent theme that emerged from the integrative study was that novice educators' effectiveness in clinical teaching increased when provided with any form of role-specific orientation. Orientation consistently helped foster positive feelings and laid the framework for the development of teaching skills.

Baker (2010) conducted an evaluative study to develop a structured orientation platform for nurse educators. The overall goal of the program was to provide orientation to nurse educators regarding the philosophical goals, common policies, and protocols of the nursing department in the college. The orientation program used a seminar approach to discuss, impart information, and provide support in deciphering teaching and learning problems. Baker indicated that the format of orientation fosters an environment of a community of knowledge. A community of knowledge refers to a supportive and

collegial environment where novice nurse educators can develop, grow, and feel supported and encouraged. The orientation program armed novice nurse educators with the tools to be successful academic educators.

Additionally, Baker (2010) believed orientation could be used to address specific challenges that relate to role transition for novice nurse educators. The role transition for a nurse educator can be challenging and exciting. Consequently, elements that influence the transition period, such as the feelings of readiness for the role, the stressful setting of the process, the lack of self-confidence in teaching skills, and the need for collegial encouragement, support the transition into the role of an educator. Orientation provides a helpful transition experience, increases satisfaction in the role, success, and probable retention of the novice nurse educator.

An interpretive phenomenological study conducted by Horton-Deutsch, Young, and Nelson (2010) explored the experiences of becoming a nurse educator leader. They noted that during the transition process, all employees experience challenges and risks, including the transitioning nurse educator leader. The study sample comprised 23 nurse educators from a leadership conference. Unstructured, audiotaped interviews yielded information on the experiences of becoming a nurse educator leader.

Study findings indicated that orientation for novice nurse educator leaders can ease role transition by building multiple beneficial habits such as active self-reflection, building new relationships, and encouraging participation in an open dialogue with others in the nurse educator leadership roles. Horton-Deutsch et al. (2010) concluded that strategies to promote self-development and exploration, values clarification, and team building served as a platform for a positive role transition experience.

Barnes (2015) conducted a descriptive, cross-sectional study to investigate the association of NPs' role transition, previous RN experience, and a structured orientation. The theoretical framework used to guide the research study was Meleis's (1964) transition theory. Barnes' study surveyed 352 practicing NPs selected from a convenience sample. Study findings indicated that obtaining a structured orientation was supportive of the NP role transition. NPs who obtained a structured orientation reported having better role transition experiences. Additionally, NPs who received a structured orientation had an easier and quicker role transition and were more satisfied with their new roles. Findings in the Barnes study provided insight to the importance of orientation for a successful role transition.

Grassley and Lambe (2015) conducted an integrative literature review on the novice nurse educator's transition into the role of the nurse educator. Grassley and Lamb identified essential components that could ease role transition of the novice nurse educators: prescribed training for instructing, assistance maneuvering through the educational environment, and a planned mentoring program. Grassley and Lambe concluded that a comprehensive orientation platform supports the novice nurse educator's role transition. The novice nurse educator needs resources that can help them optimize their teaching skills, a supportive environment in which they feel comfortable, and mentors who can direct them as they learn the educator role.

Manning and Neville (2009) believed that a formalized, role-specific orientation program for the novice CNE influenced continued commitment and willingness to remain a clinical educator. Retention may be related to job satisfaction with the ease of transition into their new role, facilitated by a formalized orientation program. Manning

and Neville commented that CNEs who feel a connection to the healthcare organization by receiving knowledge of the organization mission, vision, and goals along with the skills needed to be effective educators are more likely to remain in the role of an educator. Effective role-specific orientation provides a framework for the novice CNEs to understand their responsibilities, what is expected of them in the role, what skills are necessary to fulfill those demands, and help for them be more effective educators (Baker, 2010; Barnes, 2015). The goal of a role-specific orientation, then, is to provide the novice CNE with the skills and knowledge needed to effectively transition into their CNE role.

In conclusion, researchers have found that implementation of an effective role-specific orientation program provides hospitals with a proactive method to address the primary challenges of the novice CNEs' transition to their clinical educator roles, including clarity around policies and procedures, a greater understanding of the hospitals' organizational structure, and educational tools and techniques to help them meet their teaching responsibilities. Orientation also provides an opportunity to establish a system for ongoing support for the novice CNE. Orientation will, therefore, yield greater job satisfaction, increased effectiveness in the CNE role, and increased job retention, and allay any negative impact that could affect the novice CNE transition into the role of clinical educator (Baker, 2010; Barnes, 2015; Suplee & Gardner, 2009).

The above studies provided evidence of the benefits of orientation for novice nurse educators in academia (Cangelosi et al., 2009; Suplee & Gardner, 2009). However, a gap persists in the literature of studies indicating the benefits of orientation for novice

CNEs in hospital settings. This research study adds to knowledge regarding structured orientation for CNEs in hospital settings.

Integration and Socialization for the Role of Clinical Nurse Educator

Integration is the acceptance of, or adaptation of, changing circumstances that relate to an individual's new role (Carlson, 2015). Integration is a concept that provides the foundation of acclimatization in the transition process. The concept of integration has received increasing attention because of its foundational importance in the orientation process. Relatedly, socialization is a continuing practice by which individuals define the social rules of relationships and develop the norms, values, attitudes, and social skills consistent with other people or professionals in the same role (Schipper, 2011).

Carlson (2015) described role integration as the process of managing different roles, role expectations, and role transitions. Managing different roles and role expectations is necessary in the role transition of the novice CNE. Full integration of different roles and role expectations of a novice CNE promotes the development of CNEs' identity in the new role during the transition, thereby generating potential for retention (Anderson, 2009; Barnes, 2015; Cangelosi et al., 2009). Barriers to role integration are role clarity and expectations (Race & Skees, 2010). Unclear role expectations from the healthcare team and administration breed conflicted feelings and a sense of novice CNEs being pulled in many directions. The clarity and expectations of role reduces stress and anxiety for transitioning CNEs (Race & Skees, 2010).

Integration into the role of the nurse educator involves ending the role of expert nurse and beginning that of a novice nurse educator (Janzen, 2010). Janzen (2010) used a theoretical framework to describe the process in which novice nurse educators integrate

themselves into the role of educator. The integration process for the role of the nurse educator is multidimensional; therefore, assimilation must take place before the role becomes actualized. Janzen used a metaphor of “Alice stepping into the looking glass” to demonstrate the three dimensions that nurses experienced during the integration process to the educator role. The three dimensions were “seeing and evaluating reflections,” the “change from expert practitioner to novice nurse educator” and “achievement of the nurse educator role” (pp. 517–521). As the nurse educator passes through these three dimensions, the new nurse educator begins to understand the exact meaning of being an educator (Janzen, 2010).

Dimitriadou, Pizirtzidou, and Lavdaniti (2013) indicated socialization is an act of acclimating to or undertaking an organizational role. During the socialization process, individuals are acquainted with expectations allied with their organizational roles. Socialization promotes the development of key relationships and social networks that can help decrease role strain and encourage novice nurse educators to become actively involved in the work environment. Effective socialization can minimize the level of role stress by decreasing differences between unrealistic expectations and the actuality of the new role. Socialization guides the individual to develop a clear understanding of role behaviors and attitudes by expounding on the duties and norms in work groups (Dimitriadou et al, 2013). Collegial relationships can help novice educators understand their role transition and increase their personal sense of belonging to the group (Nasser-Abu Alhija & Fresko, 2010).

Clark (2013) used a mixed-method study to explore the socialization process from clinical nurse-to-nurse educator in academia and the areas of role strain experienced by

nurse educators, and to discover characteristics crucial to the nurse educator role. Clark collected data from 10 nurse educators who shared their experiences during role transition from clinical nurse-to-nurse educator role using a focus group interview, the Nursing Clinical Teacher Effectiveness Inventory scale, and role-strain scale. Clark reported five distinct stages of the nurse educators' transition: "beginning the role," "strategies to survive in the role," "turning point in the role," "sustaining success in the role," and "fulfillment of the role's responsibilities" (2013, p. 108). Clark's stages of nurse educators' transitions support the concept of the socialization process for role transition. The five stages of role transition proposed by Clark can help nursing administrators and peers take action to facilitate the maturation of role transition for novice nurse educators who are growing into the role of the nurse educator.

Studies described here clearly indicated that role integration and socialization are important in ensuring a seamless role transition for the novice CNE. CNEs attain role integration and socialization through collaboration among themselves and with other healthcare professionals who actively support novice CNEs' understanding of their role. Integration of the role into the CNE transition provides clarity of role expectations and decreases misconceptions that could lead to novice CNEs' dissatisfaction, frustrations, and high turnover. Socialization provides a network of, or connection with, professional peers who are capable of providing the clarity needed for novice CNEs to be successful. CNEs experience greater dedication and productive socialization with other CNEs through active engagement in self-reflection and supportive peer feedback (Schipper, 2011). In conclusion, integration into the role of an educator can occur more rapidly

when they socialize with colleagues, indicating an essential connection among integration and socialization for an effective role transition.

Mentorships

Mentorship is a relationship that involves an experienced person (a mentor) who provides support to new and inexperienced individuals (mentees) to strengthen their professional growth (Doerksen, 2010; Rohatinsky & Ferguson, 2013). Gallagher-Ford (2012) noted the foundation and key purpose of mentoring is to support mentees' learning. The roles of the mentor are to guide, support, nurture, and provide learning opportunities for mentees (Gallagher-Ford, 2012; Sinclair et al., 2015). Mentoring is an important strategy used to provide support for individuals transitioning into a new role and to augment orientation, recruitment, retention, and job satisfaction of nurses (Rohatinsky & Ferguson, 2013; Specht, 2013).

The mentor–mentee relationship is also a significant component that contributes to nursing socialization (Rohatinsky & Ferguson, 2013). According to Sinclair et al. (2015), mentoring is a bridging process that facilitates a successful transition from novice to a knowledgeable, self-reflective, and self-directed practitioner. Sinclair et al. further explained the importance of the mentoring process for nurses, clinicians, and managers who are in training. In addition, Specht (2013) emphasized the value of the mentoring relationship in enhancing mentees' personal satisfaction, self-confidence, and self-esteem.

Hubbard, Halcomb, Foley, and Roberts (2010) conducted a qualitative study to identify how many nurse educators have been involved in mentoring relationships and to explore what facilitators and barriers nurse educators experience during mentoring

relationships. The study surveyed a convenience sample of 411 nurse educators with 163 responses. The survey contained open-ended questions, and responses were documented. The research team analyzed the statements in response to the interview questions and identified themes. Hubbard et al. created two categories through the identification of recurring themes from responses: facilitators and barriers to mentoring.

Hubbard et al. (2010) proposed that the category of facilitator to mentoring comprised the themes of “open communication,” “supportive environment,” “collegiality,” “accessibility,” “positive past experiences,” professional commitment,” and a “formal mentoring plan” (pp. 140–141). The category of barriers to mentoring comprised the themes of “lack of time and availability,” “horizontal violence,” “non-supportive environment,” “incompatibility,” “fear and insecurity,” “disinterest in the mentoring process,” and “lack of a mentoring plan” (p. 141). Their findings indicated that certain occurrences such as lack of time, fear, insecurity, and horizontal violence directly influenced the effectiveness of the mentoring process.

Hubbard et al. (2010) reported that mentoring promotes success and retention, which directly contributes positively to the nursing profession. Minimizing barriers to mentoring can facilitate the retention of mentees. Mentoring is a strategy that can facilitate a healthy work environment and promote professional development for nurse educators. The implication of this study is that senior nurse educators may be influential in supporting novice CNEs through a positive mentoring relationship during the role transition from clinical nurse-to-nurse educator.

Latham, Ringl, and Hogan (2011) conducted a quasi-experimental study with an uncontrolled design using pre- and posttests over three years. The study involved a

convenience sample of 198 frontline RNs from two medical settings and included 89 RN mentors and 109 RN mentees. Among the two hospital settings, 33 care units participated in this study. Latham et al. conducted an evaluation of the mentoring program, a product of a partnership between the primary hospital and local university. Study findings yielded a positive outcome of nurses' retention rate in one hospital of 21% over the three-year period. The other hospital reported a decrease in the vacancy rate for RNs by 80% over four years. The significance of the study results for nursing practice is that mentoring increases the support of colleagues to establish a positive and healthy work environment.

The increasing complexity of the healthcare environment may lead to frustration and fatigue of healthcare team members (Latham et al., 2011). Nurses' burnout may lead to employee dissatisfaction, which may cause increased attrition. Effective mentorship is a valuable and effective tool in recruiting and retaining nurses and improving job satisfaction. However, to have effective mentorship, an organization must have a culture of support. The Latham et al. (2011) study may provide a foundation of a formalized mentorship program for novice CNEs.

The mentoring program in the Latham et al. (2011) study included comprehensive educational activities and follow-up collaboration that enhanced professionalism. The education component included two 8-hour collaborative sessions and two supplementary one-hour mentor-support meetings each year. The content of the comprehensive educational and follow-up collaboration sessions included the supportive assistance needed for the mentee's professional growth, problem solving and assessment skills, information about learning styles, the mentor-mentee relationship, discussions of

mentoring outcomes, and reflections from feedback. The results of the study showed a positive outcome of developing a formalized mentoring program that may assist in the novice nurse educator's orientation.

Chun, Sosik, and Yiyun (2012) observed that mentoring, partnered with a transformational leadership style, promotes professionalism among CNEs. Mentoring in the acute-care setting is a valuable motivating strategy and fosters a sense of self-worth among CNEs. Healthcare organizations require a mentoring culture to support and sustain mentorship and attain its benefits. The effects of establishing a mentoring culture and transformational leadership promote inspiration, motivation, trust, empowerment, and collaboration among CNEs (Chun et al., 2012).

Chung and Kowalski (2012) conducted a quantitative, cross-sectional, descriptive study using an electronic Internet six-question survey. Chung and Kowalski collected data from 959 full-time nursing educators on the following elements: current mentoring relationships, quality of the mentoring relationships, job stress, job satisfaction, and psychological empowerment at the work place. The study objective was to comprehend if mentoring relationships among nursing educators influenced an individual nurse educator's perception of psychological empowerment, job satisfaction, and job stress.

About 40% of respondents were involved in mentoring relationships and reported their overall perception of the mentoring relationship was meaningful (Chung & Kowalski, 2012). In this study, job satisfaction was significantly higher in the mentored nursing educators than among those who did not have a mentor. Mentoring novice CNEs while they transition to a defined educator role significantly correlated with job satisfaction and lowered the incidence level of job related stress. Additionally,

psychological empowerment correlated highly with increased job satisfaction among nurse educators (Chung & Kowalski, 2012).

Mariani (2012) conducted a descriptive comparative and correlational study using “Benner’s novice to expert theory” and “Peplau’s Theory of Interpersonal Relations” to guide the study (p. 2). The objective of the study was to examine the effect of mentorship on the intent to remain in the nursing profession and career satisfaction among nurse educators, nurse administrators, and nurse researchers. In total, 173 participants responded to a survey questionnaire mailed to their address.

Study findings indicated that mentoring bridges the division between the novice and expert practitioner, helps novice nurses feel fulfilled with the nursing profession, and increases retention. Mariani’s study (2012) revealed that nurses who participated in the mentoring program responded more favorably about vocations in the nursing profession and the significance of mentoring relationships. Furthermore, findings demonstrated a positive association between the intent to remain in the field of nursing and career satisfaction among nurses.

The implication of this study to role transition is that mentoring for CNEs could foster positive outcomes such as personal contentment, self-assurance, empowerment, and professional development. Also, restructuring the orientation process to incorporate mentorship can alleviate anxiety for the novice CNE and help facilitate self-confidence and a smoother role transition. Mentoring provides ongoing support to facilitate the maturation of novice educators and is a significant strategy to facilitate professional growth and nurture novice nurse educators (Slimmer, 2012).

Mentoring improves novice educators' socialization (McDonald, 2010), facilitates novice educators' role improvement (Schipper, 2011), decreases novice educators' stress (Mariani, 2012), and in turn, leads to recruitment and retention. Healthcare organizations should establish a mentorship program for novice CNEs to assure a higher quality of job performance, increased job satisfaction, and greater job related psychological empowerment. Mentorship may lower job related stress and can greatly reduce attrition while increasing effectiveness in role transition for the novice CNE.

Job Satisfaction of Clinical Nurse Educators During Role Transition

Job satisfaction is an individual personal perceived expectation of the work that corresponds with actual work experiences (Wang & Liesveld, 2015). Job satisfaction is crucial because those who are well satisfied with their positions are more likely to be effective in their role as a CNE and more likely to remain in the CNE professional role over time, lowering the cost of turnover and increasing role competence and effectiveness. Job satisfaction or dissatisfaction rests not only on the disposition of the job but also on the outlook the individual has of what the job should provide (Baker, Fitzpatrick, & Griffin, 2011).

Lane, Esser, Holte, and McCusker (2010) conducted a mixed method research study to examine the concepts of job satisfaction and the intent to stay in the role of a nurse educator. The study used a convenience sample of faculty from the Associate in Science Programs from 23 community colleges in Florida. Findings with a qualitative method showed that nurse educators were satisfied with their salary and job, with an overwhelming response of "loving" their job. The overall finding of job satisfaction in this study may link to intent to stay. Lane et al. commented that many factors influence

the nurse educator's job satisfaction and role transition including professional accomplishment and development, interpersonal relations, leadership, acknowledgement, duties, and working conditions.

Bittner and O'Connor (2012) conducted a descriptive quantitative study using a survey design to investigate job satisfaction among CNEs. A total of 226 nurse educators from a healthcare organization in the New England region participated in the study. Bittner and O'Connor reported that workplace setting, and workload were consistent factors influencing job satisfaction among CNEs. Barriers to job satisfaction identified by CNEs included lack of a sense of accomplishment, inadequate autonomy in their role, and lack of support for professional growth and relationship with colleagues. One can infer that, given a sense of accomplishment, support for professional development, and adequate autonomy in the role, nurse educators would experience greater role satisfaction leading to improved job satisfaction.

McDermid, Peters, Jackson, and Daly (2012) performed a literature review study to identify factors that contribute to nurse faculty shortage and job satisfaction. The identified several factors contributing to job satisfaction and role transition of nurse educators and concluded that changes in role, as well as absence of support and encouragement, role conflict, and role ambiguity were reasons for job dissatisfaction among nurse educators. Differences associated with role demands and the conflicts related to the different roles of an educator overwhelm the educator's ability to manage in the new role. The identification of these reasons for job dissatisfaction has the potential to aid in their development of strategies to improve job satisfaction of the novice educator.

Sayers et al. (2015) conducted a cross-sectional quantitative study to explore the nurse educator role and practice and performance in an acute-care hospital. A convenience sample of 356 nurse educators working in an acute-care hospital in Australia participated in this study. They collected data and analyzed it using the Importance of Support for Nurse Educator Role (ISNER), and the Activities Competencies of Nurse Educator (ACONE), instruments developed by Sayers et al. The ISNER and ACONe instruments collected data pertaining to educational characteristics, reporting to managers, performance in management activities, clinical competencies, and role support of nurse educators. The Nurses' Retention Index and Professional Practice Environment measured retention and the professional practice workplace environment among nurse educators.

The Sayers et al. (2015) study findings illuminated important concerns expressed by educators pulled from their educational role to provide direct patient care when staffing deficits occurred. Providing direct patient care deviates from the educator's role and concerned the nurse educators, leading to dissatisfaction and feelings of being devalued by the healthcare organization. The research team concluded that hospital leaders needed to clarify role development, particularly role blurring and ambiguity. Establishing clarity of the nurse educator's role and their duties is essential to optimize role transition, sustain job satisfaction, and entice nurses to engage in the CNE specialty practice (Sayers et al., 2015).

A scarcity of studies investigated nurse educators' job satisfaction. Studies in this literature review on nursing shortages in practice and job satisfaction established that job satisfaction is a very important component in retention and recruitment of nurses (Chung-

Yan, 2010). Professional independence, role conflict, role uncertainty, leadership expectations, and organizational culture are all significant determining factors in job satisfaction among CNEs (Wang & Liesveld, 2015).

Literature Gaps

The literature review revealed that novice CNEs who transition into the role of a clinical nurse educator face various factors and challenges, including an absence of orientation or suboptimal orientation (Manning & Neville, 2009). Additionally, the absence of preparedness for the role function and absence of a supportive working environment were potential challenges (Gardner, 2014). Limited evidence described the role transition of novice clinical nurse educators. A variety of models for orientating and preparing registered nurses as educators in academia (Cangelosi et al., 2009; Manning & Neville, 2009). However, no models emerged orienting novice CNEs employed by healthcare organizations. The continued lack of preparedness of novice nurse educators for role transition frequently results in catastrophic outcomes of job dissatisfaction and higher turnover rate of nurses in this role.

The literature supports the concept that role transition is key to improving long-term job satisfaction. Novice nurse educators who receive support during the transition period are more effective in teaching and more satisfied in their roles as educators, which may lead to decreased attrition of nurse educators (Lane et al., 2010). Work environment, workload, and clear expectations are also critical components related to job satisfaction among nurse educators (Bittner & O'Connor, 2012).

A healthy work environment refers to providing support for the role of novice nurse educators, providing appropriate resources for the educator role, providing

autonomy in their practice, and promoting professional development as nurse educators (Lane et al., 2010). Many needs of the novice CNE can be met through effective orientation during the transition process, strong mentoring programs, and a structured foundation for collaboration between educators. However, the literature fails to define a set of specific best practices or processes by which these needs can be consistently met.

The reviewed literature identified studies focused on the lived experiences of novice nurse educators' transitions into academia (Cangelosi et al., 2009; Manning & Neville, 2009; Weidman, 2013). No literature emerged focusing on experiences of the novice CNE role transition. Inferences from the literature on role transition among novice nurse educators suggested CNEs in hospital settings may experience similar role transition challenges. No studies specifically focused on the lived experiences of role transition among CNEs employed by a healthcare organization to ensure a competent nursing workforce. The value of the role of the CNE is essential for the professional development of healthcare team members.

This study explored the lived experiences of role transition among novice CNEs for their first 2 1/2 years or less at the healthcare system. Comprehensively understanding role transition will help develop strategies that may minimize the challenges faced by novice CNEs and improve their preparedness to enter their role as CNEs. Study findings may pave the way to a formalized orientation program for smooth transition of novice CNEs and of novice CNEs becoming experts.

Summary

This study explored the personal events of role transition among novice CNEs that may pave the way for a formalized role-specific orientation for novice clinical nurse

educators. The literature review shows that limited studies described the role transition of novice CNEs in clinical settings. Several studies emphasized the role transition of nurse educators in academia. The reviewed studies contained evidence-based practices in role transition of nurse educators in academia and may serve as a foundation for the development of a formalized orientation program for novice CNEs in healthcare organizations.

Transitional theory developed by Meleis (1964), examining the individual's experiences in the transition process, enhanced understanding of novice CNEs transition to their educator role. The value of the CNE role in hospital settings is essential for the professional development of healthcare team members. In an increasingly complex, challenging, and ever-changing healthcare environment, novice CNEs have the responsibility to develop and facilitate ongoing competencies of nurses and many other healthcare members to maintain patient safety and quality-care outcomes. To perform effectively in their role, novice CNEs should have the essential training, skills, and supportive environment to be successful. A formalized role-specific orientation program that includes education, training, competency development, mentoring, and a supportive environment are evidence-based approaches for an effective role transition process.

Chapter 3 will contain an explanation of the research methods chosen: a qualitative transcendental phenomenological study. The rationale for using a qualitative methodology and a transcendental phenomenological design will be included in this chapter to defend the appropriateness of the methodology selected for completion of this unique research regarding the lived experiences of role transition among novice CNEs for their first 2 1/2 years or less at the healthcare system. Chapter 3 will include the study's

population, sampling framework, and informed consent. This chapter also will include a detailed discussion of the interview protocol and data-collection process. The final section will present an explanation of the study's validity of trustworthiness, which includes confirmability, credibility, dependability, authenticity, transferability, and an explanation of how the data collection and analysis took place.

Chapter 3

Methods

The purpose of this qualitative transcendental phenomenological study was to explore the lived experiences of role transition among novice CNEs for their first 2 1/2 years or less at the healthcare system. The study setting was at a not-for-profit seven-hospital healthcare system in the southwestern region of the United States. The study focused on the influence of orientation and the transitioning process experienced by novice CNEs as they assumed the role of a CNE in acute-care settings. The study problem was that novice CNEs lacked formal training and preparation to be effective educators, which influenced job satisfaction, retention, and their capability to meet the expectations of the healthcare organization. Study results provided an enhanced understanding of the influence and needs of a role transition process of novice CNEs, which may assist the healthcare organization to develop specific strategies for preparation, role-specific orientation, professional development, job satisfaction, and retention of the CNEs.

Chapter 3 delineates the study method and design, rationale for using a qualitative methodology and a transcendental phenomenological approach, and the appropriateness of the selected methodology. The chapter provides an explanation of the population, sampling frame, and process of recruiting participants. Chapter 3 includes a detailed discussion of the informed consent process, confidentiality, and participant demographics information. Further discussion involves the appropriate selection of the instruments used for the study. The final discussion is the explanation of trustworthiness for the

research study and a detailed explanation of data management and the suitability of the specified data analysis method to the research questions.

Research Method

The qualitative approach was the chosen method for this study. This research method allows for the exploration of phenomena occurring in the natural setting (Hamill & Sinclair, 2010). Qualitative research emphasizes description, understanding, and explanation of difficult phenomenon (Pringle, Hendry, & McLafferty, 2011). A major purpose for conducting qualitative research is to explain a particular phenomenon that can be added to the body of knowledge (Hamill & Sinclair, 2010). A qualitative approach is better exercised when exploring a phenomenon, such as this study on role transition. Insights about the lived experiences of role transition among novice CNEs going through or having gone through the transition from clinician into the CNE role can be explored based on the perspectives of the novice CNEs.

The ontological assumption for a qualitative study is that reality is subjective, which means it rests on a person individual experience and depends on how the individual makes sense of those experiences (Dunning, 2011). The events in a qualitative study are not to be generalized and multiple interpretations may exist to explain one event (Polit & Beck, 2016). Qualitative studies are interested in meaning to obtain a greater understanding of an event or experience. The epistemological assumptions are that knowledge is acquired inductively from a person's own experience. Although qualitative research is subjective, the investigator is the primary instrument and must maintain objectivity with the use of bracketing to analyze the experience (Hamill & Sinclair, 2010; Pringle et al., 2011).

Essential characteristics of qualitative research are that the inquiry occurs in the natural setting and is flexible, with an interactive approach to gain a holistic interpretation of the phenomenon. In qualitative research, how individuals interpret, construct, and give meaning to their experiences is as important as their perceptions, which fuel their beliefs, attitudes, and behaviors (Coates, 2011). Qualitative or naturalistic research is the best approach to focus on insight and understanding from the perspectives of those being studied (Petty, Thomson, & Stew, 2012). This research method works best whenever there is little known about the phenomena, especially when the phenomenon to be studied is complex. This research study explored the phenomena of role transition among novice CNEs, based on each individual's perceptions, meanings, and experiences, gathered from each individual's narrative and subjective data.

Appropriateness of Research Method

The purpose of exploring and comprehensively understanding the lived experiences of role transition among novice CNEs in this research study was to provide a platform for the qualitative method. Qualitative studies focus on the experiences and perceptions of participants. This method captures the narrative of the experiences voiced by participants. The qualitative paradigm proposes that research must be observed from inside instead of measuring responses objectively from the outside. The qualitative approach chosen generally depends on the reason for the research, the study problem, and the research question (Grossoehme, 2014). The nature of this research study was to understand and explore the lived events of role transition among novice CNEs.

The selected qualitative research method was appropriate in comprehensively exploring the lived experiences of role transition among novice CNEs because the

research study relied on the perspectives of participants (Malagon-Maldonado, 2014). This approach allowed study participants to express individual matters openly. In other words, the advantage of employing a qualitative inquiry was to allow the investigator to seek and consider the given phenomenon of interest, to facilitate open-ended questioning and probing, and to give respondents the chance to express their experience using their own words.

The qualitative method was selected for this research study to gain a clear perspective surrounding the conditions that novice CNEs faced in their role transition as clinical nurse educators. Through the qualitative research method described above, novice CNEs could express their experiences in detail, which allowed for collection of in-depth subjective data. The qualitative method aligns with the naturalistic method of inquiry and addresses human complexities by exploring them directly (LoBiondo-Wood & Haber, 2014).

The qualitative paradigm puts forth that more than one reality and truth exists in understanding a situation (LoBiondo-Wood & Haber, 2014). Subjectivity is the foundation for understanding human experience; therefore, researchers of qualitative studies work to ensure their values or perceptions do not influence study findings (Burns & Grove, 2013). The qualitative method of inquiry offers a deeper perspective of the phenomena and the experiences of the individuals (Isaacs, 2014). The qualitative method of inquiry suits situations that focus on human complexities and emphasizes understanding of lived experiences. This research study aimed to understand the lived events of role transition among novice CNEs rather than making a prediction about a phenomenon.

Research Design

Husserlian transcendental phenomenology was the selected design for the study. Phenomenology is concerned with understanding of a phenomenon (Matua, 2015) and is designed to examine how individuals experience and describe a phenomenon through their senses and what these experiences may mean to them. Phenomenological studies allow participants' voices to be heard about their lived events. The phenomenological researcher seeks to see the meaning of an experience rather than seeking discovery of connections or correlations (Flood, 2010).

The phenomenological design was chosen for this study for two main reasons. First, a need exists to understand experiences and to search for meanings that were not known (Moustakas, 1994). Second, limited studies exist about role transition of hospital-based novice CNEs. The phenomenological approach provided the opportunity to know the lived experience, the reality, and the conscious experience first-hand, from the individual who had the experience. The experience is unique to each individual. To experience the phenomenon, it must be first-hand, and the experience takes place before the individual describes it (Patton, 2015). Additionally, the phenomenological approach allows for more than one explanation. The phenomenological approach allowed examination of novice CNEs' experiences of role transition and facilitate a clearer perspective of participants' experiences of role transition.

The phenomenological study purpose is to explore the lived event of the respondents' perceptions of a phenomenon (Flood, 2010). The study of the related phenomenon of role transition added new knowledge to existing knowledge. The central concern was to comprehend the phenomenon of interest from the viewpoint of the

participants, not the investigator. Moustakas (1994) argued that phenomenological inquiry rests in experience that enables researchers to obtain ample statements that form the starting point for the structural analysis of the core of the experiences. The phenomenological design was the approach of qualitative method for this research study because its domain focused on lived experiences, as perceived by the respondents (Isaacs, 2014). By using the phenomenological approach, this research study explored the practical details of the personal experiences of role transition among novice CNEs.

In this study, phenomenological research used information from participants' experiences to give meaning to the lived experiences of each participant's perception of role transition. A phenomenon may differ but may show resemblances, based on similarities in people (Bates, 2014; LoBiondo-Wood & Haber, 2014). The phenomenological approach was appropriate for this study because it places the events of the research participants in healthcare settings in context and furthers understanding of the phenomenon being studied.

Philosophical Underpinnings of Phenomenology

Phenomenology has its roots in the philosophical tradition of German philosopher Edmund Husserl at the beginning of the 20th century and aims to describe the psychological realities of participants as they have lived the experience (Sloan & Bowe, 2014). Phenomenology is used in many fields for having to gain a better understanding of sciences, such as education, health sciences, social sciences, psychology, and nursing (Connelly, 2010). The two main types of phenomenology approaches include Husserl's method of transcendental phenomenology and Heidegger's method of hermeneutics, referenced as interpretative phenomenology (Sloan & Bowe, 2014).

The foundation of transcendental phenomenology rests on Husserl's approach and uses epoché, or bracketing, to suspend one's philosophical belief or judgment and to examine phenomena in the natural setting without making any judgments (Husserl, 1928/1964). Interpretative phenomenology builds on Heidegger's belief that the understanding of meaning helps one understand culture, history, and worldviews. The interpretive approach views activities as always "in the world" (Matua & Van Der Wal, 2015, p. 24), meaning people do not study activities by bracketing the world; rather, people interpret activities and their meaning in relation to things in the world. With interpretative phenomenology study, understanding the research phenomenon comes from a constant revisiting, reworking, and interpretation of participants' experiences.

Heidegger believed people developed from their experiences, background, and environment and cannot detach themselves from their world (Tuohy et al., 2013). Interpretative phenomenology is used when seeking to uncover the meaning hidden in the experience. In the interpretative approach, prior knowledge about the phenomenon exists to provide an interpretation. Husserl and Heidegger differed in their approach to exploring lived experience: Husserl focused on describing humans' experiences, whereas Heidegger focused on the interpretation that uncovers the concealed meaning of the experience (Matua & Van Der Wal, 2015). Husserl (1928/1964, 1901/1970) believed individuals can only know what they experience. Consciousness is the relationship between a person and the world and focuses on what makes meaning of a phenomenon experienced through consciousness. Husserl's transcendental phenomenology rests on authentic statements of lived experience.

Appropriateness of Transcendental Phenomenology

Husserl's method of transcendental phenomenology is the design selected for this study to focus on the pure descriptions from novice CNEs' perspectives of experiences related to role transition, rather than to interpret the meaning of the lived event of role transition. Transcendental phenomenology, rooted in philosophical science, emphasizes descriptions of human experience (Matua, 2015). Transcendental phenomenology focuses on identifying meaning from a person's experience through personal descriptions, without making any internal interpretation of the meaning of the experiences (Tuohy et al., 2013).

Transcendental phenomenology captures the perspective of how a group experiences a phenomenon by gathering data from participants and describing the experience as the participants experienced the phenomenon. The descriptions of a person's experience ultimately lead to understanding the quintessence of the human events of a phenomenon (Moustakas, 1994; Patton, 2015). Husserl "believed that deriving the true meaning of a lived experience from a person's descriptions means that one sees the relationship or structure between experience and the object of the experience" (Moustakas, 1994, p. 27). The transcendental phenomenology design in this current research study was focused on describing the lived events of role transition among novice CNEs and extracting the essence of their experiences (Moustakas, 1994). Describing the experience perceived by various novice CNEs and the dynamics of their various perceptions uncovered distinct meanings in understanding how novice CNEs' transitioned into their role as educators.

Adjustment of Study Design

Using the qualitative research method aimed to attain a clear understanding and explore the lived events of participants and the meaning they ascribed to their experiences (Petty et al., 2012). The designs commonly used in qualitative research consist of narrative research study, grounded theoretical research, ethnographical research, case study research, and phenomenology research (Merriam & Tisdell, 2016; Moustakas, 1994). The selection and adjustment of an appropriate qualitative study design depends on the study problem and the research question for the study (Petty et al., 2012).

A narrative study is the collection of data of the lived experiences of individuals, expressed through stories. The primary purpose of these stories is to provide rich descriptions of personal experiences and how individuals make sense of the events in their lives. The process for narrative research includes collecting data through stories, reporting participants' experiences, and having a beginning, middle, and end of the meaning of the experiences or retelling the stories (Chan, 2010; Merriam & Tisdell, 2016).

Narrative research comprises first-person detailed stories of lived experiences or of small groups of individuals in a research study. Personal stories provide readers with a sense of what it was like to experience the specific event (Merriam & Tisdell, 2016). The narrative research design was not appropriate for this study because the narrative approach has a narrow focus on one or two individuals. Narrative studies provide a story on the existing life of an individual, whereas a phenomenological study portrays the meaning of many individuals' lived events for a specific phenomenon (Coates, 2011;

Merriam & Tisdell, 2016). The intent of this research study was to explore the lived experiences of role transition among novice CNEs for their first 2 1/2 years or less at the healthcare system.

A grounded theory study progresses beyond the research description to a theory that emerges from the data; hence, the discovery of grounded theory (Khan, 2014a). Grounded theory describes the phenomenon being studied and identifies relationships and concepts in the phenomenon. Grounded theory seeks to uncover behaviors about an important phenomenon and depicts how the individual reacts, with the final goal being to develop theory based on the reality (Corbin & Strauss, 2015; Petty et al., 2012). Grounded theory research is not suitable for this qualitative transcendental phenomenological study because theoretical development is not the purpose of the research study.

An ethnography study focuses on the entire culture-sharing group (Martin & Yurkovich, 2014; Sangasubana, 2011). Ethnography explores social behaviors of an identified group of people that focuses on patterns of lived human experiences of how and why people behave the way they do. The emphasis is on understanding cultural values in a particular cultural group. The purpose of the present study was not to assess the culture of CNEs but to explore their lived experiences with role transition. Therefore, ethnography was not a good fit for this research study.

Case study research is a comprehensive investigation of a case in the natural venue. Case-study researchers investigate a phenomenon in real-world settings that have a single entity as its boundary and interlink (Tetnowshi, 2015). The aim of case study research is on understanding the *why* rather than *what* of a status, progress, or action

(Polit & Beck, 2016). The case under study can be single or multiple and occurring over time. Case studies comprise a comprehensive collection of data connecting different sources of information and report the event in a textual description with themes (Tetnowshi, 2015). The focus of this transcendental phenomenological study was to explore the lived experiences of role transition among novice CNEs for their first 2 1/2 years or less at the healthcare system. A case study approach was not appropriate because the focus is on understanding the why of a case and does not allow for describing the phenomena, provided by individuals who have lived the experiences.

Phenomenological study attempts to portray the common meaning of the experience of the phenomenon, as perceived by several individuals. Researchers inquire into a phenomenon in the real-life setting, measuring the occurrence carefully as part of the phenomenon being researched (Connelly, 2010). Participants in the present study were individuals who had experienced the phenomena and were open to discuss and explore the phenomenon, and the investigator determined the essence of the experience by identifying common themes.

The focus of this transcendental phenomenological research study was to explore the lived experiences of role transition among novice CNEs for their first 2 1/2 years or less at the healthcare system. Using the phenomenological approach provided understanding and meaning of lived events through close examinations of novice CNEs' role transition. The data represented the truth and insight of novice CNEs' lived experiences in determining themes to explain the phenomenon of role transition. Therefore, the transcendental phenomenology design was the most fitting design for this study, owing to its focus on participants' experiences, perceptions, and perspectives.

Population, Sample, and Setting

This transcendental phenomenological study required the recruitment of participants who had firsthand experience of the phenomenon of role transition (Salmon, 2012). The phenomenon of interest in the study was role transition among novice CNEs. An essential step when conducting research is to designate a population of interest before selecting a sample. The second step is identifying individuals with similar characteristics as a target population (Merriam & Tisdell, 2016). The target population for this research study was novice CNEs in role transition for the first 2 1/2 years or less, serving in acute-care settings and employed by the healthcare system.

Manning and Neville (2009) and Weidman (2013) indicated that during the first 3 years in this position, CNEs expressed high job dissatisfaction and turnover rates. The healthcare system consists of medical-surgical units, critical care units, pediatrics units, neonatal units, ambulatory care units, emergency care units, surgical care units, urgent care centers, and perioperative care units. Participants from among novice CNEs were recruited from the areas listed. Additional inclusion criteria for participation in the research study included that participants must be RNs currently working as a novice CNE for their first 2 1/2 years or less. Gender and race were not specific criteria for participation. Exclusion criteria were CNEs with more than 2 1/2 years of experience and those who did not transition from clinician or staff nurse to clinical nurse educator.

Sampling and Sample Size

Sampling

The sampling method frequently used in qualitative research is nonprobability sampling. Nonprobability sampling is useful in qualitative research because participants

are convenient, available, and represent a feature aimed to explore (Gill, 2014). A phenomenological method with purposive sampling is useful when individuals are selected based on required characteristics related to the phenomenon under investigation in providing relevant information. A purposeful sample of participants holds the ability to provide the lived experiences about the phenomenon being investigated (Gardner, 2014). Purposive sampling allows researchers to choose participants who can provide the relevant information. It is the most frequently used form of nonprobability sampling in transcendental phenomenological qualitative research studies (Sloan & Bowe, 2014) and was appropriate for this study to ensure that interviews resulted in rich and varied descriptions of role transition from novice CNEs.

The Clinician Forum is a meeting held quarterly at the data collection site to provide a learning community for clinical nurse educators from various disciplines who are committed to improving their practice through collaboration, evidence-based education, resource development, and communications. The Clinician Forum meeting facilitates a network for collaboration among CNEs. The CNE database is stored in a computerized system that stores all the names of CNEs in the healthcare system. The Clinical Learning Department is the authorized department for updating the database, which can provide communication of important information to CNEs through the organization's email notification system at the healthcare system.

After receiving approval from the administrator of the Clinical Learning Department, a roster list of CNEs' names and email addresses for the research study was obtained. The CNE database does not have the capability to generate a roster of only novice CNEs; it was not feasible to email only those employees. Therefore, all members

received an email. Once a willing participant contacted the principle investigator, the purpose, and inclusion criteria of the research study was explained to the potential participant. When the potential participant did not meet the inclusion criteria, he or she was thanked for contacting the principle investigator and dismissed them from the pool of potential participants. An email (see Appendix A) for contacting participants and a flyer (see Appendix B) served as an introduction to the study. The correspondence included the research investigator's intent to conduct a study, inclusion criteria, and the investigator's contact information for questions or concerns regarding the study. The initial email recruited 11 participants for the study.

An introduction to the research study did not take place at the Clinician Forum to explain the purpose, method of study, inclusion criteria, and the principle investigator's contact information (see Appendix C) as planned, because the event was cancelled. A flyer (see Appendix B) providing information about the study such as the reason for the study, study method, inclusion criteria, and the principle investigator's contact information was not placed on every table at the Clinician Forum as originally planned. Novice CNEs having work experience of 2 1/2 years or less in their role were invited to participate in the study. Once a novice CNE contacts the investigator, the investigator reviewed the inclusion criteria, rationale for the study, informed consent, confidentiality, and the interview process with the potential participant.

Two weeks after the introductory email, the investigator sent a follow-up invitation asking the potential participant to voluntarily participate in the research study. The email included an explanation of the rationale for the research, the research method, inclusion criteria, and the principle investigator's contact information. The follow-up

invitation email served as an introduction to the intent of the study and recruitment of those novice CNEs who may not have opened their introduction email invitation. The follow-up email invitation recruited four more participants for the study. One month later, a follow-up email was not sent, as originally planned, because the study reached data saturation after 12 interviews.

Sample Size

Sample sizes are usually small in qualitative studies (Gentles, Charles, Ploeg, & McKibbin, 2015). Sample sizes as large as 30 and as small as two participants are adequate to achieve information saturation or information redundancy; thus, researchers cannot calculate the number of anticipated participants by numbers. Typically, phenomenological studies use a smaller sample size than those using other study methodologies to provide a clearer picture of the phenomena being studied (Gill, 2014). A sample size of 12 to 18 participants is normal for a phenomenological design study (Moon et al., 2013). The sampling size for this research study depended on data saturation or the point when participants provided no new information. Data saturation is important in qualitative studies to ensure that the quality, completeness, and amount of information are sufficient for the study (De Gagne & Walters, 2010). At the 12 interview the information became repetitive. For this research study, 15 novice CNEs were recruited from the healthcare system.

Ethical Consideration and Protection of Human Subjects

Ethical researchers must obtain approval to conduct research with human subjects from an institutional review board (IRB) or an ethics committee before commencing any research (Seidman, 2013). The bioethical principles of uncoerced participation, justice,

respect for human rights, voluntary participation, respect for autonomy, beneficence, and non-maleficence are principles that guide researchers throughout the research process (Haahr, Norlyk, & Hall, 2014). Upon receiving approval from the IRB of the BHSF and the University of Phoenix, the study commenced (see Appendices D and E).

Qualitative research has the potential to elicit emotional distress for participants (Douglas, 2010; Seidman, 2013). An essential responsibility, when conducting research, is to ensure no harm occurs to participants during the study process. The qualitative researcher must be aware of emotional tension in participants divulging sensitive or upsetting information in a study. Queries in qualitative study interviews often awaken suppressed emotional tension in participants. To minimize potential suppressed emotional tension occurring in the study, a statement providing a detailed description of the reason for the study, the rights of the participants, and how the information will be reported at the conclusion of the study can contribute to relieving emotional tension (Seidman, 2013). Additionally, a statement assuring participants that their identities will remain confidential and they will select fictitious names for use during the interviewing process can minimize emotional tension occurring from the study.

Informed Consent

An essential step in any research process is participants' completion of informed consent (Merriam & Tisdell, 2016). Research involving human subjects requires participants understand the full research process, which includes the purpose, methods, anticipated benefit of the study, potential risks, potential discomforts, funding for the research, institutional affiliations, and potential conflicts of interest of the investigator (Manton et al., 2014). Once novice CNEs contact the investigator to willingly participate

in the research study, then arrangement for the interview and signing the informed consent (see Appendix F) was made at a place and time convenient to participants.

Prior to starting the interviews at a private, convenient location selected by participants, a scripted interview letter (see Appendix G) was read to the participants and served as an introduction of what to expect in the next hour of the interview. The participant signed the consent form stating they were willingly participating in the research study. At this time, the principle investigator addressed any participant questions or concerns. Then, the principal investigator stepped away for about 10 minutes to allow the participant to have time to read and sign informed consent. By stepping away, participants had time to review the consent, which supported the notion of a lack of coercion to participate in the study. Each of the participants was provided a copy of the signed informed consent document.

The written consent form contained a detailed explanation of the study rationale, a list of potential risks, and the general benefits of participating in the study. Additional information included in the informed consent form was the right of participants to withdraw from the study at any time or to refuse to answer questions, a request for permission to audio tape the interview, and the approximate time frame required for the interviews. The informed consent form included a statement explaining that if, after volunteering for the study, participants decided not to participate, the information provided would be discarded and not used in the study.

The participants were informed that, during the interview, if they should feel the need to leave or stop the interview, termination of the audio taping and the interview would occur. Participants would have no consequences should they decide to not

continue the interview and all information provided from the interview, including the audiotaped information, would be erased. At any time, if a participant was experiencing any emotional strain, the interview would have been stopped. The participants were informed that the data would be used to understand the transitional process and assist in improving the role-specific orientation of novice CNEs transition to the role of clinical nurse educator.

Confidentiality

Maintaining confidentiality is a core requirement when conducting research (Stiles & Petrila, 2011). This research study ensured the confidentiality of the participants through the selection of fictitious names for the interviews. The reporting of the results only disseminates the totality of participants' responses rather than using individualistic information. Participants received a statement that the study would not pose a risk to their employment, and the demographic data (see Appendix H) would be aggregated so that no data would identify them. Additionally, the consent document included a statement informing the participant that they would receive no direct benefit from the study except that the information obtained could benefit future CNEs' role transition.

The data collected from the interview remains in the investigator's office at healthcare system in a locked cabinet. The data stored on the computer at the investigator's office at the healthcare system remains password protected. Demographic questionnaires and informed consent forms remain in separate locked drawers from the transcription. A third party (see Appendix I) transcribed the audio-recorded interviews to verbatim textual documents, stored in a password-protected computer at the

investigator's office at the healthcare system. Pseudonyms used on the transcripts protect participants' identities. The data will be kept for seven years before being destroyed as directed by the healthcare system. At the end of seven years, the computerized documents will be deleted, the informed consent forms shredded, and the trash securely disposed. After audiotapes were transcribed and participants validated the transcripts, the tapes were erased with an audiotape eraser.

Instrumentation

According to Polit and Beck (2012), investigators in a transcendental phenomenological study are the primary instrument for data collection and employ person-to-person, semi-structured, open-ended questions to allow for follow-up questioning from participants in seeking to attain a clear understanding of the phenomenon (Moustakas, 1994); in this case, role transition. Using semi-structured, person-to-person, open-ended questions, the investigator has the opportunity to gather in-depth and crucial information about the phenomenon (Al-Yateem, 2012; Patton, 2015). A semi-structured interview provides a flexible approach in which the interviewer uses an interview guide (see Appendix J) to ask specific questions to obtain subjective knowledge about an experience or phenomenon from the interviewee. The purpose of using a semi-structured interview process for this research study was to ascertain novice CNEs' perspectives regarding their experiences pertaining to role transition (McIntosh & Morse, 2015).

The advantages of the semi-structured interview in this phenomenological study are the reduction of time allotted for data collection, flexibility for probing inquiries, and opportunities to build a rapport between participants and the interviewer. The use of

person-to-person interviews also offers a chance to observe nonverbal communication from the interviewee. Interview questions should align with the research question and research problem (Patton, 2015). In this research study, the interview questions were grounded in the research questions to explore the lived events of role transition among novice CNEs. Responses to the interview questions yielded relevant information concerning novice CNEs' role transition.

The data collection for this research study included asking participants general questions concerning their lived experiences of role transition as a novice CNE. Two research studies (Cangelosi et al., 2009; Manning & Neville, 2009) were instrumental in the construction of the interview questions for this study. Manning and Neville (2009) used interview questions to explore the transition of staff nurse to the nurse educator role. Previous studies did not identify the number of questions used for interviews or provide specific questions used; however, inferences of the questions can be made from the themes and sub-themes that emerged in the findings of the studies. Cangelosi et al. (2009) investigated expert nurses' challenges in learning a new role as an educator using narratives focusing on three questions: "What is it like to move from a role as expert to a novice?" "How do you make a difference for patients as a clinician?" and "What is the role of mentoring in nursing?" (p. 368).

A self-designed interview protocol was developed as a guide to explore participants' lived experiences in their role transition to a clinical nurse educator. The interview questions were developed using themes emerging from the two prior studies. Therefore, no permission was required to modify or to use the interview questionnaires. This transcendental phenomenological study's self-developed interview questionnaire

consisted of 10 open-ended interview questions. The principle investigator did not use any questions from Manning and Neville's (2009) instrument or from the Cangelosi et al. (2009) study; however, those studies were instrumental in providing insight to the development of interview questions that are relevant to novice CNEs' role transition (see Appendix J). Collection of demographic information occurred prior to starting the interviews (see Appendix H).

Field Test

The field test process determines whether any issues may exist with the interview questions (Merriam & Tisdell, 2016). Schultze and Avital (2011) recommended testing the interview questionnaire to be used for data collection to improve wording and add clarity and validity. A field test for the interview questions helps determine feasibility and can improve validity of an instrument, before engaging in the actual study (Kim, 2011). Field testing the interview protocol is helpful when little is known about the phenomenon and researchers want to strengthen the success of the study (Kim, 2011).

A panel of two doctorally prepared nurse scientists who are experts in the phenomenology design and three experienced CNEs evaluated the interview questions for content validity in the field testing to ensure adequacy of the questions in addressing the lived experiences of role transition among novice CNEs. The criteria for the doctorally prepared experts were to have a person with a Doctor of Philosophy in Nursing degree (PhD) and a minimum of five years' experience in research. The experienced CNEs had at least a master's degree in nursing with a specialty in education, a minimum of five years' experience as a CNE, and currently teach in didactic and professional development

education classes at the healthcare system. The content validity of the interview questions focused on clarity of language, terminology, and relevance to role transition.

An invitation letter (see Appendix K) and the content evaluation form of the interview questions (see Appendix L) were sent using the hospital intranet emailing system, to the panel of experts, except for one expert who works outside of the healthcare system. All five experts met the criteria outlined above to participate in the evaluation of the interview questionnaire. The content evaluation form provided direction on evaluating the interview questions.

The evaluation form directed the expert to evaluate each item for conceptual clarity, terminology, and its relevance to the role transition of novice CNEs. Each question item was rated by a 4-point ordinal scale ranging from 1 (highly unclear/inappropriate/irrelevant, should be deleted) to 4 (highly clear/appropriate/relevant). Additional instructions directed participants to provide any comments or suggestions pertaining to each question item.

The five experts evaluated the interview questionnaire using the evaluation form and provided feedback through email (see Appendix L). Following a review of all the feedback, it was determined that the interview questionnaire would elicit the data needed to answer the research question. The experts reviewed the original interview questions with suggested probes and made recommendations for improvement.

Feedback from the field testing was used to refine the questions on the questionnaire, modified from its original construction. Only minor changes in wording of a few questions, probes added to interview questions, and the deletion of two questions were necessary, based on feedback from field testing participants (see Appendix J).

Table 2 provides an overview of the feedback and recommendations made by the field test reviewers.

Table 2

Summary of the Field Test Recommendations and Feedback

| Reviewers | Recommendations and feedback |
|-----------------|--|
| PhD 1 questions | Relabel and suggestions for the order of interview Use question Items # 3, 6, 7, 9, 10, and 14 as probes Suggestions for clarity Delete Question Items 4 and 11 |
| PhD 2 | Write out abbreviated words for consistency Rewording of Question Item 3 to make it open ended Revising Question Items 6, 7, 14, 16, and 10 for clarity Suggestions for rewording for clarity |
| CNE 3 | Reword Question Item 16 for clarity |
| CNE 4 | Question Items 4, 6, and 11 needed clarity |
| CNE 5 | Question items 3, 4, 6, 11, 15, 18 reword for clarity and terminology |

Note. CNE = clinical-nurse educator.

Role of the Researcher

As a former CNE who currently practices at the selected healthcare system, the researcher played an important role in this qualitative transcendental phenomenological research study. None of the participants who practiced at the selected healthcare system reported to the investigator. Therefore, no coercion or use of the data in a punitive manner existed. The qualitative paradigm presupposes that the principle investigator is the primary instrument used in the data collection process (Chenail, 2011). This means personally engaging in the collection of the data. Additionally, a declaration of personal bias is an essential requirement to ensure the interpreted findings accurately reflect participants' lived experiences. The declaration of personal bias was expressed in a reflective journal after each interview and disclosed the contents to participants to help

promote confidence and trust. The field notes and reflective notes were incorporated with each participant's transcript. It was also an obligation to remain true to the data collected and to acknowledge any personal biases (Chenail, 2011).

Another role of the investigator is to create an environment that is safe and comfortable for the interview, such that participants feel free to share their experiences. To establish credibility of the transcriptions, the transcripts were returned to study participants to seek validation of the interpretation (Houghton, Casey, Shaw, & Murphy, 2013). To ensure consistency and credibility in this study, the same steps were followed as those outlined for the research study, such as recruiting participants, explaining the consent process, and using the interview protocol for each study participant.

Data Collection Procedure

Data collection began after obtaining study approval from the IRB at the selected healthcare system and the University of Phoenix. An email invitation was sent to participants along with a flyer that served as an introduction to the study to CNEs using the hospital intranet email system. The scripted email invitation and the flyer included information on the study purpose, the contact information, and the criteria for participating in this study.

When a prospective participant contacted the principle investigator, the purpose of the study and process was reviewed over the phone. If the participant agreed to participate in the study, a scheduled time and date for the interview was arranged. Upon meeting at the interview session, the introduction took place, and the study purpose, duration of the interview, the need for audio-taping, the participant's rights, and privacy protection were explained. The benefits and risk of the study were reviewed with the

participant. Participants were asked if they had any questions about the purpose of the study, the process of the interview, their rights in the study, and the privacy protection. After answering all questions, the participant signed the informed consent document and completed a brief demographic questionnaire, prior to starting the interview.

The data collection method for this study was a person-to-person, open-ended, semi-structured interview regarding the lived experiences of role transition among novice CNEs for their first 2 1/2 years or less at the healthcare system. Interviews allowed participants to express their personal experiences of role transition in-depth. The purpose of interviews was to obtain a full description from participants and to encourage elaboration from the responses of participants in this phenomenological study (Burns & Grove, 2013).

Data accrued until reaching data saturation, when no new relevant information emerged in the study (Fusch & Ness, 2015). Data saturation assists in establishing if the data obtained are adequate and at what point the data collected becomes redundant. When information received from the interviews becomes repetitive, it is unlikely to gather further relevant information. In this transcendental phenomenological research study, the number of participants was 15 novice CNEs.

Pre-Interview

The first 10 to 15 minutes of the scheduled meeting for the interview was spent in signing the informed consent, discussing the study purpose, and explaining how the interview process would proceed and the process for data collection. Additional information included in the discussion pertained to the collection process, including that the interview was audiotaped, advising the participant to expect an email approximately a

week after the interview containing the transcription of the interview so they could validate the content for accuracy, and addressing any concerns of the participants. Once the consent form was signed and the demographic sheets completed, the person-to-person audiotaped interview began in a comfortable setting, to facilitate a productive interview. The participants were asked to select a fictitious name for the study before the interview began, to ensure privacy. A do-not-disturb sign was placed on a private room door to ensure the interview was conducted without interruption. Interviews were free of interruptions.

Participants should feel safe and comfortable in the private interview room. To establish a good relationship with novice CNEs, a calming, relaxing approach was used to create an atmosphere of comfort, safety, and respect. Seidman (2013) suggested being respectful and non-judgmental and engaging in general conversation before the interview starts to encourage a stress-free atmosphere and a good rapport with participants.

Interview

A person-to-person, semi-structured interview, which was scheduled for 60 to 90 minutes in duration with each participant and would have stopped the interviews at any time the participant felt uncomfortable. Two audiotape recorders were placed on a table close to the participant in a convenient, private room selected by the participant. Polit and Beck (2016) explained qualitative studies should employ an interview protocol form with a central question as an icebreaker. Once the interview started, the participant and researcher were able to fully concentrate and focus on the discussion. Seidman (2013) indicated that reinforcement and feedback are necessary during the interview process, so participants know that what they express is valued. Active listening took place. When

participants were speaking, the interviewer remained silent. Silence allows participants time to reflect and gather their thoughts to provide information about the lived experience. Additionally, the interviewer took notes immediately after the interview occurred to describe body language and other non-verbal cues.

Post-Interview

Brayda and Boyce (2014) suggested ending the interview on a positive note or interjecting humor. At the conclusion of the interview, the novice CNEs was thanked for participating in the research study. Immediately following each participant interviews, the audio recording was checked to ensure no problems emerged in the recordings, such as lack of clarity. The participants were reminded that within approximately a week after the interview they should expect an email with the interview transcript, so they could validate the content for accuracy. Additionally, field notes were documented immediately after the interview regarding personal reflections of the interview and the body language, including verbal and nonverbal cues of participants. The audiotape was labeled with the fictitious name the participant selected. The reflection documented allowed bracketing of personal assumptions to reduce bias.

Bracketing

Husserl's (1928/1964) philosophy of transcendental phenomenology served as the foundation for the study. Husserl believed that understanding a lived experience entailed a process of looking beyond preconceptions, assumptions, and constructions and described the process of seeing the world as it is rather than how it is constructed. The process of connecting with the true meaning of the experience and setting aside preconceptions is known by relatively interchangeable terms: phenomenological

reduction, epoché, or bracketing (Husserl, 1901/1970). This study employed bracketing, defined as an ongoing reflective process rather than a procedure to be executed at specific points. Specifically, this study adopted the view that bracketing should occur at the start of the study and throughout the research study. Bracketing was a continuous process to enhance this transcendental phenomenology study.

Trustworthiness

Qualitative study findings need to reflect the truth of the phenomena investigated. The two most important indicators to assess the quality of quantitative and qualitative studies are reliability and validity (Polit & Beck, 2016). Reliability and validity are terminology used to define the accuracy of the findings in quantitative studies. In qualitative studies, the characteristics of rigor are the establishment of consistency of the research method and the accurate representation of the population being investigated (Morse, 2015). In qualitative studies, terms such as trustworthiness are used to determine credibility, transferability, dependability, confirmability, and authenticity, rather than the term reliability (Thomas & Magilvy, 2011). Trustworthiness in qualitative research studies indicates that another reader, researcher, or investigator has confidence in the conduct of the investigation and in the results of the study.

Credibility

Credibility alludes to the reality of the findings and accuracy of the evidence, validity, or soundness of the data, confirmed by participants in the research study (Polit & Beck, 2016). Merriam and Tisdell (2016) noted that thick, in-depth descriptions and illustrations of details of the data are the most important means of establishing credibility in qualitative research. Credibility is achieved by an extended period of engagement,

reflexivity, member checking, triangulation, peer debriefing, and an audit trail (Cope, 2014).

Thomas and Magilvy (2011) noted that to achieve credibility, the research findings must be credible and reflect the perceptions of the participants. To demonstrate credibility, findings must align with the overall views of the participants. Prolonged engagement refers to the inquirer being fully engaged in the process of the interview and observing study participants to build trust with them, so they will disclose their lived experiences truthfully. In this research study, in-depth interviews enhanced credibility.

Member checking is a strategy employed in qualitative studies and involves the investigator returning the verbatim transcript to the participants to review and verify the transcript for an accurate reflection of their lived experiences. Employing member checking in this study allowed participants an opportunity to correct errors or add information to maintain accuracy in the information (Nakkeeran & Zodpey, 2012). In the current study, member checking was conducted as soon as the transcript was ready.

Triangulation is another method used to meet the criteria of credibility in the research study. Triangulation is the use of multiple sources, multiple theories, multiple investigators, or multiple methods to draw conclusions (Cope, 2014). Triangulation using multiple data methods for data collection allows the inquirer to gain a through view of the phenomenon of interest. In this study, data were triangulated through interviews, observation, field notes, journaling documents, and the literature review to support the perspectives of role transition among novice CNEs.

Dependability

Dependability is the assessment that the investigator's approach is consistent and the results from the research study are consistent with the data collected. Dependability entails the assessment of steps of data collection and the systematic process in the analysis process; it is the auditability of the research study (Polit & Beck, 2016). In a transcendental phenomenology study, providing detailed documentation of the research process from the sampling procedure, the process of data collection, and the step-by-step data analysis process used for the study establish consistency and accuracy (Thomas & Magilvy, 2011).

An audit trail is the systematic written recording of the research process about the data and data analysis that allow another individual to draw the same study conclusions. An audit trail allows study readers to authenticate the findings by following the trail of the investigator and deeming the study useable. In this study, dependability was ensured by providing detailed explanations of the study method, implementation, data collection, and data analysis to support the reader in assessing the dependability of the research. Another strategy used to ensure dependability is an interview protocol, so that the same questions were used for each participant to maintain consistency throughout the study.

Confirmability

Confirmability is the ability to control research bias and maintain neutrality or objectivity in the study (Polit & Beck, 2016). Confirmability is the ability to demonstrate that the interpretation of the data is a true likeness of participants' responses and meaning and not the investigator's viewpoints or biases (Polit & Beck, 2016). For this study, a clear description of how the conclusions and interpretations were established from the

lived experiences of role transition from novice CNEs and explaining that the findings are interpreted precisely from the data collected from novice CNEs in this study.

Findings are illustrated by providing meaningful verbatim details from participants' responses that depict each emerging theme (Merriam & Tisdell, 2016). Providing the methodological details are the main criterion of developing confirmability. Audit trails are important in determining confirmability because they allow an individual to trace the procedures used throughout the research study (Merriam & Tisdell, 2016). In this study, an in-depth explanation of the decision-making processes, research design, data collection, and data analysis are presented.

Transferability

Transferability pertains to the degree to which the findings can transfer to similar situations beyond the research study (Moon et al., 2013). Transferability is achieved when readers who were not participants in the research study can identify with the findings (Cope, 2014). Rich, thick, vivid descriptions of the findings are an effective strategy for enhancing transferability from a qualitative study (Cope, 2014). In this research study, sufficient descriptions of the findings are provided so the reader can assess the findings and apply them to a similar situation.

Another suggested strategy to establish transferability is to provide an accurate explanation of the population being study, through the descriptions of demographic and geographic boundaries of the study (Thomas & Magilvy, 2011). Accordingly, detailed explanation of demographics of the participants, the geographic boundaries of the study, the number of participants in the study, the study criteria, and data collection methods are

provided. Thus, the reader will be able to establish if the research study is a good fit or determine the applicability of the study to their practice (Houghton et al., 2013).

Authenticity

Authenticity is the accurate and fair representation of participants' perceptions of their lived experiences (Polit & Beck, 2016). Strategies used for accurate representation include audio recording and verbatim transcription, prolonged engagement, and thick, vivid descriptions of the findings. To enhance authenticity in this study, verbatim data is included in the document for readers to understand the lived experiences being portrayed, with some sense of the experience (Cope, 2014).

Data Analysis

The heart of a transcendental phenomenological study focuses on describing participants' lived events associated with the phenomenon of the study topic (Tuohy et al., 2013). Data analysis in any research study is essential to understanding and interpreting the research phenomenon (Salkind, 2011). The data analysis employed digital recordings, transcribed textual material, and NVivo® qualitative software. The process involved identifying common elements and themes to conduct further exploration of any emerging patterns in the data.

Moustakas' (1994) modified van Kaam method of data analysis was used to analyze the collected data from the transcripts of novice CNEs. The modified van Kaam method of data analysis was the most appropriate method because it emphasizes the descriptions presented by participants. The modified van Kaam method is specific to transcendental phenomenology because it focuses on describing the lived events of participants through the reduction of information to significant statements (Moustakas,

1994). By grouping the statements into themes and developing descriptions of participants' experiences, the essence of the experience is conveyed without attempting to interpret the data provided by participants. The modified van Kaam method allows the investigator to make explicit the implicit meaning of the human experience, thereby providing the knowledge pertinent to understanding of the phenomenon (Choi, Pang, Cheung, & Wong, 2011; Nolan, 2011).

The modified van Kaam method of data analysis involves seven steps. The seven activities of analyzing the data are grouping participants' experiences, reducing the data, clustering to themes, validating the themes, using verbatim examples, creating individual personalized structural statements, and constructing written-structural statements of participants' experiences to illuminate the meaning and essence of the experience. Data gathered using the individual's personalized textual-structural descriptions were used to synthesize the meaning and essence of novice CNEs' lived experiences as a group, related to their role transition, thereby giving the meaning of the experience of the phenomenon (Moustakas, 1994). A detailed explanation follows of Moustakas' modified van Kaam seven activities, describing use of the completed transcripts of each individual participant.

Grouping of Participants' Experiences

The grouping of participants' experience consists of developing a list of every expression from the participant transcript that is relevant to the experience (i.e., role transition), also called horizontalization. Horizontalization refers to the process of laying out all the data collected, placing data together, and treating it as having equal value. The listing of expressions included significant statements, words, and phrases, while giving

equal value to each description. For example, if a participant expressed 200 statements about his or her role transition experience, the statements were listed in the order they were presented without value notations.

Reduce the Data

Each statement captured in the listing and preliminary grouping was examined to ensure the statement contained two requirements: the statement expressed the experience in a way that was necessary and clear enough to understand and could be withdrawn and labeled as important statements pertaining to the research question. The reduction of data eliminated overlapping and repetitive expressions to determine invariant constituents.

The process of data reduction involved reading the transcript repetitively and eliminating statements that did not answer the question. The remaining statements then became the “invariant constituents that describe the phenomenon” (Moustakas, 1994, p. 121).

Invariant constituents are expressions that are constant and answer the research questions.

Clustering to Themes

The third step involves clustering the themes of the invariant constituents.

Clustering refers to grouping the invariant constituents together into overall themes (Moustakas, 1994). These themes were then labeled and identified as the core themes of the experience, based on novice CNEs’ transcripts. Meaning, the invariant constituents of the phenomenon (i.e., role transition) were reviewed, clustered, and labeled into related themes. The invariant constituents are the core themes of the experiences derived from novice CNEs’ role transition experiences.

Validate the Themes

The fourth step involved validation of themes and final classification of invariant constituents (Moustakas, 1994). The validation of themes entailed verifying the interview transcript of novice CNEs against invariant constituents. The process involved checking the invariant constituents and core themes to decide whether they were clearly articulated or attuned with what participants articulated (Moustakas, 1994). Reminders of the invariant constituents that were not fully expressed or explicit were then discarded.

Use Verbatim Examples

The process of constructing textual descriptions involved the development of textual descriptions of what happened during the experience (i.e., role transition), which included verbatim examples obtained from interview transcripts (Moustakas, 1994). For example, a textual description of one participant might describe role transition as a devaluing event, causing low self-esteem over the entire role transition process. The textual description includes the specific participant's verbatim statement as a supporting example for the textual description.

Create Individual Structural Descriptions

This step involved the creation of individual personalized structural descriptions of participants' experiences, usually consisting of a person's textual descriptive or imaginative variation (Moustakas, 1994). Imaginative variation is the mental exercise of viewing the textual descriptions, as described by participants, for various possible meaning and perspectives to uncover the dynamics of the explained experience (Moustakas, 1994). The structural descriptions describe the underlying construct that supports the experience. For example, a structural description for one participant may

express the construct that supports the feeling of being devalued during role transition (e.g., tasks outside the role of educating, relationships with others, lack of support from leadership, or a change in the work environment). After completing all individual descriptions, a similar approach was used to develop the composite structural description for the group of participants.

Construct Textual-Structural Description of Participants' Experiences

The process necessitates the creation of a combined explanation of the essences and meanings of the experiences of novice CNEs' role transition, illustrating the group as a whole (Moustakas, 1994). The final step of developing the individual textual-structural composite description of novice CNEs' role transition experience was constructed by integrating or synthesizing the composites into one composite, thereby explaining the meaning and essence of role transition. Synthesizing the analysis of the textual and structural composite descriptions yields a novel perception of the true meaning of role transition among novice CNEs. Figure 1 provides a conceptual model of the modified van Kaam method (Landry, 2009, p. 100).

Computer Software

The NVivo 10® software program is a research tool that helps in managing, storing, and organizing qualitative data from interviews (Merriam & Tisdell, 2016). NVivo 10® software was used to organize, code, and place phrases and words from participants' interview information to develop themes. The modified Van Kaam phenomenological reduction method involves the process of the identification and posting of nodes (codes) and using NVivo 10® to assist in the grouping of categories and eventually themes. Additionally, NVivo® was used in the management of memoranda,

field notes, and reflective journal notes. Each interview was transcribed verbatim using third-party voice recognition software and pseudonyms to prevent identification of study participants.

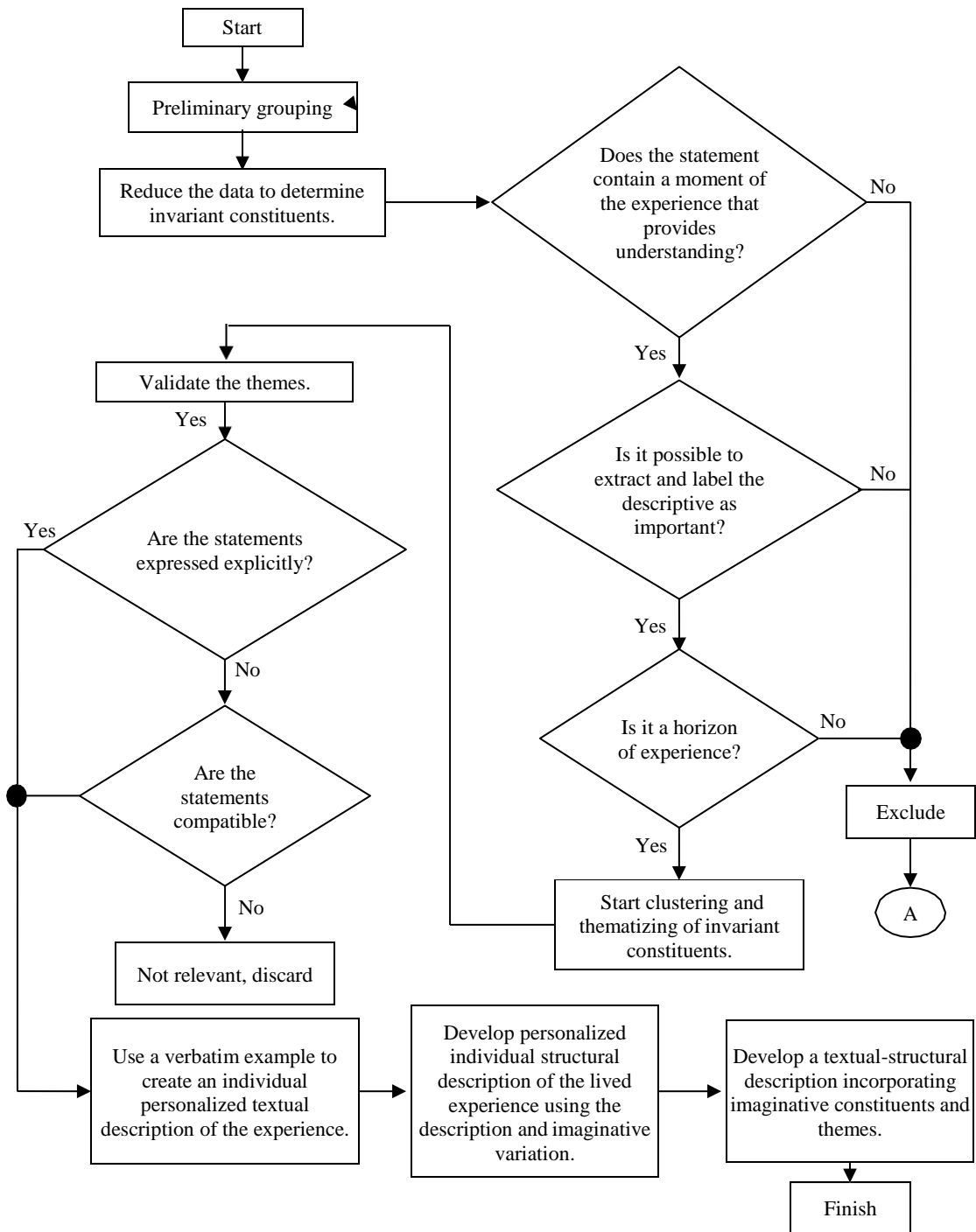


Figure 1. Conceptual model of the modified van Kaam's method.

Each transcript was imported into NVivo® software. Repeated reading of each interview transcripts occurred. Reading the text of each interview allowed capture of the general significance of the text as a whole. Then, reading the text again and following

the steps outlined in the modified van Kaam data analysis method for data reduction supported the approach in finding the phenomenological nuances of the experiences described by participants. Finally, synthesizing the essence of the thematic expressions of the phenomenon, describing and documenting the emerging themes from the participants.

Summary

The purpose of this qualitative transcendental phenomenological research study was to explore the lived experiences of role transition among novice CNEs for their first 2 1/2 years or less at the healthcare system. Chapter 3 provides an explanation of the study method and design, the suitability of the research design, the sample, the data collection process, and the process of data analysis. Additionally, the chapter includes the relevant steps taken to ensure trustworthiness of the study.

The transcendental phenomenological design was chosen for this research study to explore the perceptions of novice CNEs' lived experiences related to role transition. The study participants were novice CNEs with 2 1/2 years or less in the role of an educator in the healthcare system. The research approach allowed for the collection of data to provide deeper insight from the interviews of novice CNEs. A semi-structured, person-to-person, open-ended, in-depth questionnaire for the interview process was employed with the novice CNEs. The interviews were audio recorded and transcribed by a third party, along with the field notes and reflective journal notes for data analysis.

Data analysis using van Kaam's modified method by Moustakas (1994) for phenomenology comprised the steps of integrating and synthesizing the interview data into emerging themes related to the phenomenon of role transition. The identified themes

assisted in determining the specific constructs explicating the significance of role transition among novice CNEs. In addition, the results of the research study illuminate important information for nursing leadership to develop programs to address the specific needs of novice CNEs' role transition.

Chapters 4 will present a detailed description of the population and sample, participant demographics, and the study results. Chapter 4 will contain a comprehensive description of data collection and data analysis of the themes, with the assistance of the NVivo 10® computer software program. The final section will include a summary of the study findings.

Chapter 4

Results

Lived experiences shape the transition of a novice CNE moving into an educator role. Understanding these transitions is a necessity for clinical nurse educators and nurse leaders to help novice CNEs achieve success in their role transition. The purpose of this qualitative transcendental phenomenological research study was to explore the lived experiences of role transition among novice CNEs for their first 2 1/2 years or less at the healthcare system. The following research question guided the study: What is the lived experience of the novice CNE transitioning into the role of a CNE in the healthcare system for the first 2 1/2 years or less?

Fifteen novice CNE participants shared their experiences about transitioning from an experienced nurse to a CNE during in-person audio-recorded interviews. Interview questions focused on eliciting data related to participants' lived experiences when transitioning into the role of a clinical nurse educator. Chapter 4 provides the results of those interviews and the demographics of participants. The chapter includes the coding and thematic analysis process and finishes with a summary of the findings.

Demographics of Participants

Demographic information for participants included age, gender, and race/ethnicity; other information was their education/degree and certification in nursing specialty practice. Additional data collected consisted of participants' length of time employed at their current organization, length of RN experience outside the organization, length of time in the role of a CNE in their current organization, their membership in the ANPD, and their direct leadership-reporting format. Figures 2 to 4 show demographics

by age group, gender, and race/ethnicity. Table 3 provides the details of the participants' characteristics.

Figure 2 shows that the majority of participants, 10 out of 15, were aged 31–40 years (67%). The next largest age group, three of 15 participants, was 41–50 years old (20%). These demographics demonstrated four age groups working in the healthcare System. In Figure 3, 14 participants were women (93%), with only one male participant. As shown in Figure 4, 10 of the 15 participants were Hispanic American or Latino (67%). Two participants were Caucasian, two were Asian/Pacific Islander, and one was African American.

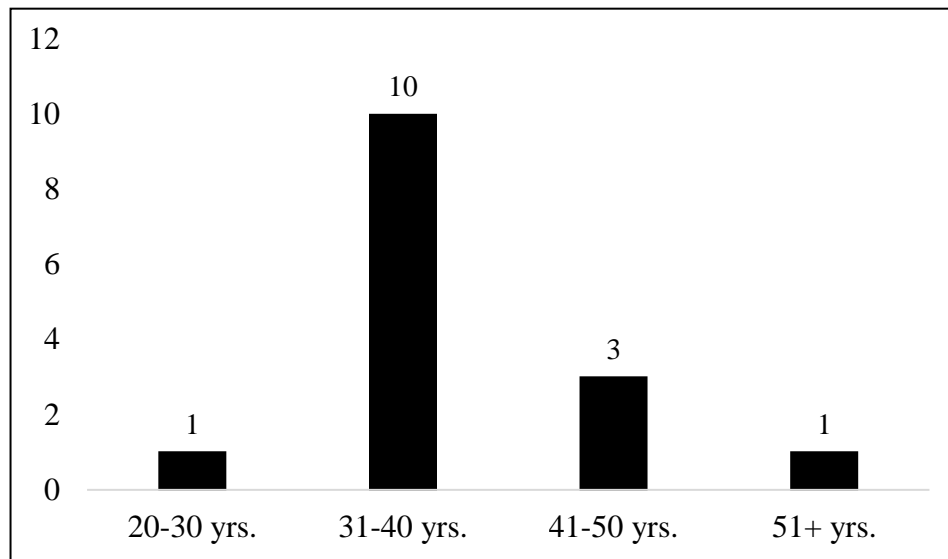


Figure 2. Age of participants.

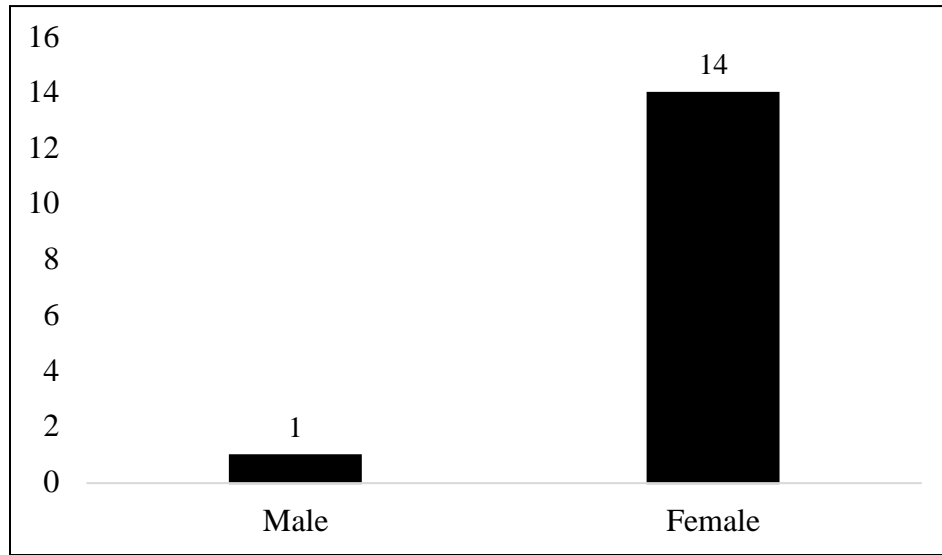


Figure 3. Gender of participants.

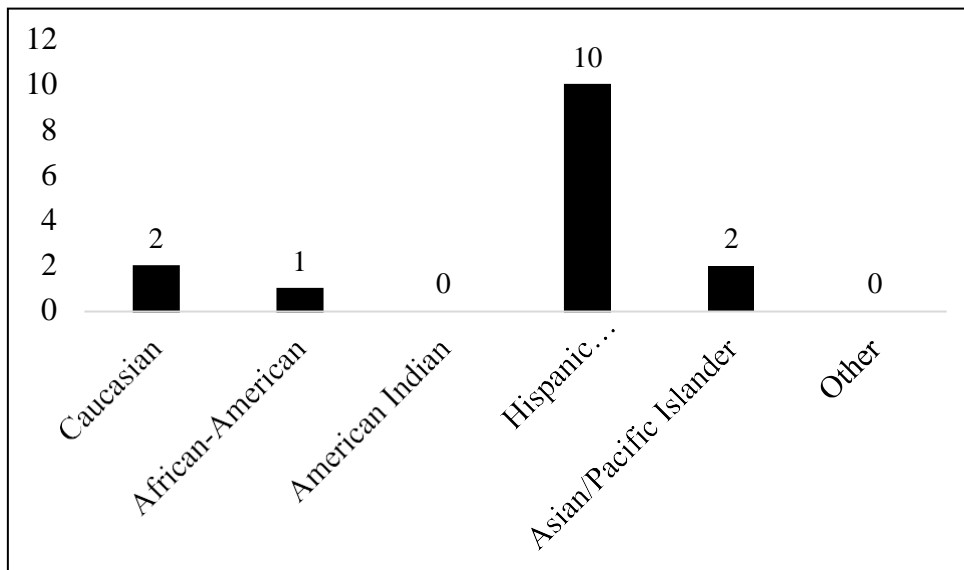


Figure 4. Race/Ethnicity of participants.

Table 3 depicts the participants' characteristic data. The majority of the 15 participants ($n = 10$, 67%) had a Bachelor of Science in Nursing degree; five (33%) received a Master of Science in Nursing, with some participants reporting degree specializations in nursing education and administration. Participants ($n = 4$, 26.67%) spent three or more years at their current organization, with two participants spending

less than three years. Regarding working experience outside their current organization, seven of 15 participants had four to ten years of experience, and five reported no experience outside of their current organization, indicating the participants probably spent the majority of their career with their current employer. At the time of the interview, 60% ($n = 9$) had spent less than a year as a CNE at their current organization, and 80% ($n = 12$) had a certification in nursing specialty practice. Most participants ($n = 12$, 80%) were not members of the ANPD. Of the participants, seven (46.67%) reported to a unit manager, and four (26.67%) to a nursing practice manager.

Table 3

Participants' Characteristics (N = 15)

| Variable | Frequency | % of frequency |
|---|-----------|----------------|
| Educational Degree | | |
| Bachelor of Science in Nursing | 10 | 66.67 |
| Master of Science in Nursing | 5 | 33.33 |
| Length of Time at Current Organization | | |
| < 3 yrs. | 2 | 13.33 |
| 3–5 yrs. | 4 | 26.67 |
| 6–10 yrs. | 3 | 20.00 |
| 11–15 yrs. | 3 | 20.00 |
| 16–20 yrs. | 2 | 13.33 |
| > 21 yrs. | 1 | 6.67 |
| Length of Registered Nurse (RN) Experience Outside of Current Organization | | |
| < 3 yrs. | 2 | 13.33 |
| 4–10 yrs. | 7 | 46.67 |
| 11–20 yrs. | 1 | 6.67 |
| 21+ yrs. | 0 | 0.00 |
| None or Unknown | 5 | 33.33 |
| Length of time as a CNE at the Current Organization | | |
| Less than 1 year | 9 | 60.00 |
| 1–2 yrs. | 4 | 26.67 |
| 2 to 2 1/2 yrs. | 2 | 13.33 |
| Certification in Nursing Specialty Practice (Yes or No) | | |
| Yes | 12 | 80.00 |
| No | 3 | 20.00 |
| Member of Association for Nursing Professional Development (Yes or No) | | |
| Yes | 3 | 20.00 |
| No | 12 | 80.00 |
| Leadership Reporting Format | | |
| Unit Manager | 7 | 46.67 |
| Nursing Practice Manager | 4 | 26.67 |
| Education Manager | 2 | 13.33 |
| Other Manager | 2 | 13.33 |

Data Collection Reflection

The data collection process is an important step when conducting research. Sound data collection processes produce a thorough qualitative study. Such a rigorous process allows researchers to gather evidence to examine the meaning of a phenomenon from the participants' perspectives. Data collection began after receiving IRB approval from the healthcare system and the University of Phoenix. Based on inclusion and exclusion criteria, eligible participants who expressed interest in participating in the study were contacted through the healthcare system intranet email system, scheduling a specific time and place for an in-person recorded interview.

Inclusion criteria for participation of novice CNEs were those with lived experiences transitioning to the role of a CNE for the first 2 1/2 years or less in the healthcare system. Antecedent to participation in face-to-face interviews, participants willingly signed the informed consent form after receiving an explanation of the purpose, possible benefits, and the process of the research study, including the return of the transcripts of the audio-recording interviews. The 15 participants received a copy of the informed consent form. During the interview process, participants were made to feel at ease and provided descriptive answers to the interview questions regarding their transition experiences.

Data accrued based on the transcendental approach, including bracketing technique. Bracketing allows for prior knowledge of the phenomenon to be placed aside so that particular attentions to participants' reflections are on the phenomenon. Use of the bracketing technique aids in keeping personal experiences with the phenomenon under investigation from biasing the analysis of the participants' reflections.

As outlined in Chapter 3, participants chose their own pseudonyms to replace their actual names. Pseudonyms were unrelated to participants' names or ethnicities and were selected by each participant prior to beginning the interview. Pseudonyms were used to retain confidentiality and privacy. A master list of novice CNE participants containing the dates and times the interviews were scheduled are stored in a password-protected computer at office of the chosen healthcare system.

Person-to-person interviews and auto-recordings were the instruments used for data collection in this study. Participants chose a private and quiet location that provided a favorable and comfortable environment to express their lived experiences, with no interruptions or distractions. Each individual interview lasted approximately 40 to 55 minutes using the semi-structured interview protocol that contained 10 open-ended questions for the study.

Participants answered the demographic questionnaire prior to the start of the interview. Each question was read aloud to the participant and repeated upon participant request. Throughout the interview, no inspiration or leads were given to participants to encourage a response. No observed emotional distress was noted during the interview and none was expressed.

Participants were reminded that during the study, their confidentiality would be protected, and they could withdraw from the study at any time. Each participant received their interview transcript through the healthcare system intranet email system to verify accuracy of the interview data approximately one week after interview completion. Participants did not ask for any changes to their transcripts after reviewing.

Rich and detailed information accrued from the 15 participants on the lived experiences of their role transitions. At the 12th interview, the information became repetitive. The information gathered after the 12th interview elicited redundant information and indicated the achievement of no further relevant information. The last three interviews did not pose a threat to the trustworthiness of the data because the study reached data saturation after 12 interviews and served to confirmed data saturation.

Process of Data Analysis

Data collection started on April 6, 2017 and ended May 5, 2017. A third-party service transcribed the interviews after each interview session which starting on April 7, 2017 and ended May 6, 2017. To ensure confidentiality, each participant selected a unique pseudonym to label the transcript. Data analysis used an inductive investigation of interview transcripts using NVivo 10® software. Prior to using the software, each transcript was read three times to gain a clear understanding of CNEs' lived experiences on role transition.

To answer the research question, a phenomenological analysis was conducted on the data from transcribed interviews of 15 participants. The modified van Kaam method for analyzing qualitative data involved seven steps focused on describing the lived experiences of the participants through the reduction of the information to significant statements. The seven-step activities used to analyze the data are grouping of participant's experiences, reducing the data, clustering to themes, validating the themes, using verbatim examples, creating individual personalized structural statements, and constructing written-structural statements consisting of participants' experiences to illuminate the meaning and essence of the experience. In this study, the data accrued

using individuals' personalized textual-structural descriptions, analyzed to synthesize the meaning and essence of novice CNEs' lived experiences. The process related to their experiences in role transition as a group gave meaning to the experience. The following descriptions provide a detailed account of the data analysis process, based on the modified van Kaam method by Moustakas, described in Chapter 3.

Grouping Participants' Experiences

Each transcript was read three times to assist with obtaining an understanding of the participants' description of personal experiences about role transition. This immersion process assisted in gaining understanding of participants' experiences with transitioning. The word document transcript was downloaded into NVivo 10®, auto-coding them to create a separate node or category for each participant. The next step involved creating individual sub-nodes for each paragraph line of the transcript. This step served as an initial examination of the individual experiences of each participant.

The grouping of participants' experiences rested on their answers to the interview questions. Similar terms and phrases from interview data were used to group significant points. The procedure involved laying out the data, placing the data together, and treating each statement as having equal value. Statements were listed in the order presented without value notations. The statements related directly to the study subject, providing the beginning of the description of novice CNEs' experiences.

Reduce the Data

Examination of each statement captured in the listing and preliminary grouping to ensure the statement contained two requirements. The first requirement was that the statement contained an expression of the experience, which was necessary and clear

enough to provide understanding. The second requirement was to use the statement and label it as important in answering the research question. The process of data reduction involved reading the transcript repetitively and eliminating statements not relevant to answering the question. The reduction of data eliminated overlapping and repetitive expressions to determine invariant constituents. The remaining statements then became the invariant constituents or constant expressions used to answer the research question.

Clustering to Themes

The third step was to cluster the themes of the invariant constituents. Clustering referred to grouping the invariant constituents together into overall themes. Participants' experiences that were considered relevant to role transition were grouped together for similarities. The four themes were labeled and identified as the core themes of the participants' experiences regarding their experience role transition experiences.

Validate the Themes

The fourth step was to validate the themes and establish the final classification of invariant constituents. The validation of themes entailed comparing the interview transcript of novice CNEs against the invariant constituents. The validating process included checking invariant constituents and core themes to decide if they were clearly articulated or attuned with what participants articulated and discarding any unclear or inexplicit invariant constituents.

Use of Verbatim Examples

Verbatim examples were used to construct textual descriptions of what happened during the experience. The textual descriptions described novice CNEs' experiences

from their perspectives. The textual description included each specific participant's verbatim statement as a supporting example for the textual description.

Create Individual Structural Descriptions

This step used the creation of individual personalized structural descriptions of experiences, which consisted of participants' textual descriptive or imaginative variation. Imaginative variation entailed using the mental exercise of viewing to reflect textual descriptions described by participants for various possible meanings and perspectives, to uncover the dynamics of the explained experience.

Structural descriptions described the underlying construct that supported participants' experiences. For example, a structural description for one participant was used because novice CNEs were expressing the construct that provided support for the feeling of devaluation during role transition (e.g., tasks outside the role of educating, relationships with others, lack of support from leadership, or a change in work environment). After completing all individual descriptions, a similar approach was used to develop the composite structural description for the group of participants.

Construct Textual-Structural Description of Participants' Experiences

The construction process necessitated creating a combined explanation of the essences and meanings of the role transition experiences expressed by novice CNEs, illustrating the novice CNE group as a whole. The final step of developing the individual textual-structural composite description of novice CNEs' role transition experience was completed by merging the composites into one whole, thereby explaining the meaning and essence of role transition. Synthesizing the analysis of textual and structural

composite descriptions yielded a novel perception of the true meaning of role transition among novice CNEs.

The data analysis process entailed multifaceted steps to analyze the qualitative data. The process started by listening to the recorded data carefully and transcribing the raw data, then reading the transcripts several times to identify codes and themes. The data analysis process was finalized by combining the findings into a narrative to add knowledge about role transitions. The following section provides an overview of the results of the interview questions and a description of the detailed results of the coding and thematic analysis.

Results of Grouping and Reducing the Data

In order to group and reduce the data, the data of the 10 predetermined open-ended interview questions for this study that focused on exploring and gaining a clear perspective of the lived events of role transition among novice CNEs were analyzed (see Appendix J). Participants provided detailed information pertaining to their lived experiences in role transition. Exemplars of participant responses to the interview questions provide answers to the research question and help form the emerging themes.

Interview Question One

The first interview question was, “What made you decide to become a clinical nurse educator?” The intent for asking this question was to determine the inherent intent of being a clinical educator. Six of participants asserted they wanted to give something back to the unit and 12 for the love of teaching. Five participants also mentioned the impact of and admiration for previous educators and six participants being approached by

nursing leaders as a candidate for the role of educator. Additionally, six participants said the clinical educator role offered them an opportunity to grow professionally.

Interview Question Two

“Tell me what interest you about the role of the educator” was interview question two. The purpose of this question was to probe participants about becoming the clinical nurse educator, to gather data on their underlying interest that attracted them to the role of clinical nurse educator. All 15 participants specifically mentioned phrases such as admiration for the role, education being the key to provide good nursing practice, and enjoyment of teaching. Three participants were able to acknowledge that preceptorship for new nurses ignited their interest in becoming an educator.

Interview Question Three

Interview question three was, “Tell me about your overall experience with role-specific orientation and transition into the clinical nurse educator role.” The intent of this question was to understand whether participants’ transition into the clinical nurse educator role started with an orientation process. Probing participants’ experiences about the orientation process provided data on the types and quality of orientation participants received. The resulting data provided supporting information about the number of weeks participants had orientation.

Each of the 15 participants touched on having had different processes and degrees of orientation. One participant thought their orientation was fragmented, lacked consistency, and was overwhelming. Seven participants specified orientation involved multiple CNEs, each given a role-specific checklist of spending four hours with an educator to review specific content for orientation. Three participants specifically

mentioned their length of orientation as one month, another mentioned three months, and one specified three weeks. One participant specified having less than two weeks of orientation, another mentioned eight hours, and one specified having no orientation. One of 15 participants conceded that the role-specific orientation was a very good experience. Regarding transitioning into the CNE role, participants described the experience mainly in a negative tone. The negative tone from participants evolved from challenges during the role transition.

Interview Question Four

“What knowledge and skills have you received to prepare you for the role of the clinical nurse educator?” was interview question four. The intent of this question was to ascertain if the organization had a process or educational components in place to prepare nurses with the knowledge and skills needed to be a clinical nurse educator. Nine of 15 participants said the organization provided no knowledge or skills to prepare them for the role as CNEs, whereas five participants expressed the organization did provide them with knowledge and skills for the role of CNE. One participant was undecided and elaborated that, as an expert-level nurse, she felt prepared for the role of educator; however, being provided with an outline or template of the tasks for an educator does not constitute role preparation.

Interview Question Five

“What challenges have you faced in transitioning from an experienced registered nurse into the role of the clinical nurse educator?” was interview question five. This question extracted novice CNEs’ reflections on the impact of the challenges encountered on their role transition. All 15 participants described the challenges as lack of resources,

preparation, orientation, and role clarification. Descriptive phrases were the lack of standardization: “I don’t feel prepared because I am still transitioning.” and “Because of the lack of a preceptor my biggest challenge was not knowing how to go on . . . how to start doing what I needed to do.” Two participants expressed challenges in reporting to the manager on the unit because when the patient census is high, they are assigned to patient care for the day. Participants described using certain strategies to address the challenges encountered, such as asking questions, reaching out to other educators, and teaching themselves. Other strategies reported by participants were learning through observation and discussions.

Interview Question Six

Interview Question six was, “How would you describe the working environment for the clinical nurse educator?” The intent of this question was to ascertain information regarding participants’ perceptions of the working environment in the clinical setting and hindrances to novice CNEs’ growth into the CNE role. As novice CNEs transition into the CNE role in the clinical setting, characteristics of the environment can influence the role transition. Participants described the working environment with phrases such as challenging, stressful, disorganized, exciting, supportive, a good working environment, and allowed for professional growth. All 15 participants said senior and novice CNEs were willing to help each other and answer questions, and shared great collegiality among the CNE group.

The environment may be different for each individual novice CNE. Some novice CNEs reported having the responsibility for multiple sites to educate staff. “I’ll be doing things one way, teaching them one way then we go to another site and, no, no we don’t

want the education to be done that way.” Two participants described “feeling very anxious and feeling the nurses and clinical partners were anxious about having a new educator.” Participants also opined that the clinical working environment changed, once staff members trusted each other, enhancing their growth.

Interview Question Seven

Interview question seven was, “How did the organization prepare you to acquire the new knowledge, skills, and the ability to achieve your competencies as an educator?” The intent of this question was to determine if the organization had educational content available to prepare the CNEs in obtaining their skills, knowledge, and competencies. Six participants specified the organization had many resources available. However, the decision to use the resources was left to the novice educators to access. Some participants specified educational content specific to educators consisted of how to write learning objectives, how to assess the learning needs of staff members, and how to write competencies for staff members. These educational resources were valuable in building their self-confidence as novice CNEs and assisted in their professional growth as educators.

Interview Question Eight

Interview question eight was, “What future plans are you interested in pursuing to develop in your role?” The purpose of this question was to ascertain if participants were self-motivated in developing herself or himself in the educator role. Fifteen participants responded to this question future plans they wished to pursue to develop in their clinical nurse educator role. Six participants obtained their master’s in nursing education and one participant obtained a master’s in nursing leadership to develop in the role of a clinical

nurse educator. Participants thought that obtaining a master's degree in education would help better prepare them for the educator role. One participant used her master's in leadership to eventually transition into an executive leadership position. Three participants thought obtaining certification would assist them in developing in the role as a clinical nurse educator. Attending conferences, attending more classes focused on education, networking, and reading articles specific to nursing education were useful in developing in the role of a clinical nurse educator.

Interview Question Nine

Interview question nine was, "Based on your experience as a novice CNE, what advice would you give a colleague who expressed interest in becoming a clinical nurse educator?" The purpose of this question was to gather reflective information from novice CNEs on their perspectives of being a clinical nurse educator and the advice they would share with a colleague interested in becoming a clinical nurse educator. Of the 15 participants, 14 indicated researching the educator role, testing the working environment, and identifying the many challenges in the role of clinical nurse educator. Another participant's advice was to start with precepting new nurses to see if the nurse enjoys teaching and to start getting involved in unit activities. One participant mentioned finding a mentor to ease this transition. Understanding that promotion to the CNE role is not to improve one's income but more importantly because of enjoying teaching.

Interview Question Ten

Interview question ten was, "Is there anything else you would like to tell me concerning your transition into the role of the clinical nurse educator?" The purpose of this question was to provide a last opportunity for the participants to relate their

experience and to respond in areas related to their role transition as a novice CNE that was not previously addressed in the interview questions. Of 15 participants, 13 added more about their experiences, focusing on the orientation and role transition. Three participants thought their view was covered with the nine interview questions. Some participants suggested it would be nice to have a structured and formalized orientation or a mentor or preceptor in their role transition. Additionally, participants mentioned the lack of proper orientation or preparedness by the organization challenged them in the educator role, as they worked to ensure they were effective in their new roles. One participant expressed that educators need to grow and be polished and cared for in their professional development.

The first step in the initial phase of the modified van kaam method is listing and grouping expression relevant to the participants' experience of role transition. The initial grouping of experiences built on text developed from the interview questions. This initial grouping resulted in 10 initial codes. The secondary grouping are the results of examination of the statements captured from the initial grouping to evaluate for two important requirements, which are for phrases relevant to the topic and answer the research question. The secondary grouping resulted from a reduction of the data and the elimination of information irrelevant to the research question. Table 4 summarizes the initial and secondary set of codes describing participants' experiences during their role transition. Table 4 also shows the number of transcribed interviews referencing each code and the corresponding number of references made to each code from those sources.

Table 4

Initial and Secondary Groupings of Role Transition Experiences

| Groupings | Sources | References |
|--|---------|------------|
| Initial Grouping | | |
| Advice on becoming an educator | 13 | 13 |
| Challenges faced by transitioning from nursing role to educator | 13 | 16 |
| Decision to become a clinical nurse educator | 15 | 15 |
| Length of orientation | 6 | 6 |
| Overall experience with role-specific orientation and transition | 15 | 29 |
| Personal development to prepare for the transition to educator | 12 | 12 |
| Plans for continuing education and role development | 13 | 13 |
| Preparation from organization to support transition | 15 | 24 |
| Ways to overcome transition challenges | 3 | 3 |
| Work environment and socialization | 13 | 14 |
| Secondary Grouping | | |
| Ask questions | 3 | 6 |
| Balancing work responsibilities and expectations | 7 | 9 |
| Education a necessity but not a priority | 5 | 9 |
| Lack of information and limited training | 9 | 12 |
| Lack of planning and preparation | 10 | 20 |
| Lack of structure and organization in orientation | 12 | 20 |
| Learn on the go and take initiative | 14 | 35 |
| Mentorship | 9 | 16 |
| One-on-one training with individuals and observations | 12 | 31 |
| Overwhelm amount of information and stressful workload | 6 | 10 |
| Prior knowledge aided transition | 10 | 18 |
| Role clarity | 11 | 13 |
| Role preparation is a necessity | 9 | 12 |
| Standardized and ongoing training | 13 | 25 |
| Supportive colleagues and environment | 5 | 7 |

Results of Clustering and Validating Themes

The process of clustering and thematizing participant responses relevant to the research question: What is the lived experiences of the novice CNE transitioning into the

role of a CNE in the healthcare system for the first 2 1/2 years or Less? yielded four major themes. The value of recognizing themes was to understand the phenomenon of role transition. The themes were determined by analyzing the interview questions results provided by the participants about their lived experience of role transition into the CNE role and clustering the descriptions into significant and relevant themes. The following Tables represent how each theme was developed.

Table 5 describes the first emerging theme developed from participants' experiences regarding their motivation to move into the CNE role. Descriptions referenced participants' desires to gain career advancement and to improve teaching skills as an educator. The majority expressed the desire to continue learning and to educate nurses using their learned experiences.

Table 5

Theme 1: Passion for Professional Development and Teaching

| Theme 1 | Sources | References |
|---|---------|------------|
| Career advancement and skills enhancement | 9 | 10 |
| Desire to learn and educate others | 13 | 15 |

Table 6 presents the code forming the second theme regarding the necessary skills to succeed as a CNE. Participants shared their experiences in determining the abilities they needed to complete their transitions. These skills included the ability to ask questions and learn while performing in the role. Participants noted the importance of taking initiative on the job, as this was often the only way to learn information about their role. The transition also required a novice CNE to learn the best method to balance work responsibilities and expectations.

Table 6

Theme 2: Skills, Knowledge, and Attitudes to be an Educator

| Theme 2 | Sources | References |
|--|---------|------------|
| Ask questions | 3 | 6 |
| Balancing work responsibilities and expectations | 7 | 9 |
| Learn on the go and take initiative | 14 | 35 |
| Be organized and prioritize | 3 | 3 |
| Flexibility | 3 | 4 |
| Learning on the job | 6 | 9 |
| Self-motivation | 9 | 12 |
| Willingness to learn | 7 | 10 |

Table 7 describes the work environment considerations that emerged from participants' experiences. Participants described the importance of mentorship and having prior knowledge in helping with role transition. Participants also described issues regarding role clarity during the transition phase, indicating that supportive colleagues and a good working environment mitigated some of the difficulties.

Table 7

Theme 3: Organizational Resources and Support

| Theme 3 | Sources | References |
|--|---------|------------|
| Mentorship | 9 | 16 |
| Lack of information and limited training | 9 | 12 |
| Supportive colleagues and environment | 5 | 7 |
| Lack of planning and resources | 10 | 20 |

Table 8 describes workflow policies and procedures encountered as part of the role transition. Participants discovered the importance of receiving education, but it was not always a priority for the organization. Participants discovered an overall lack of

planning, preparation, and structure in their orientation. Participants also encountered limited training when becoming a clinical nurse educator and the necessity to seek one-on-one training with experts to complete their role transition. Role preparation emerged from responses as a method to address a stressful workload and information. In addition, participants described the importance of having standardized and continued training as necessary to their roles as clinical nurse educators.

Table 8

Theme 4: Challenges in the Transition Process

| Theme 4 | Sources | References |
|--|---------|------------|
| In-service education a necessity and a challenge | 5 | 9 |
| Role clarity and functions | 11 | 13 |
| Stressful role | 6 | 10 |

Defining and Interpretation of Themes

The research question that guide this study is: What is the lived experiences of the novice CNE transitioning into the role of a CNE in the healthcare system for the first 2 1/2 years or less? The research question was developed to explore novice CNEs transition into the new role. The participating novice CNEs provided insight into their feelings and knowledge about transitioning into the CNE role as a lived phenomenon. The next three steps of the data analysis process for interpreting the themes are creating individual structural descriptions, using verbatim texts from the transcribed interview, and compiling a composite of the textual structural description that captures the overall experience of role transition for the participants. The composite structural description enables the research question to be answered.

The categorized experiences emerging from the data were developed into four themes: (a) passion for professional development and teaching; (b) skills, knowledge, and attitude to be an educator; (c) organizational resources and support; and (d) challenges in the transition process. The following section describes the interpretations of participants' experiences to become a CNE and their transition experience.

Theme One: Passion for Professional Development and Teaching

The first theme was passion for professional development and teaching. The definition of passion for professional development and teaching is rooted in participants' emphasis on the need for professional growth and development and the passion for providing teaching to nurses. Novice CNEs, in interviews, were able to reflect on their experiences to identify that the clinical nurse educator role was an opportunity for professional development and career development, an opportunity to learn, and an opportunity to educate others. Subthemes emerging from the responses of participants under the first major theme are as follows.

Subtheme 1: Career advancement and skills enhancement. In line with the subtheme of career advancement and skills enhancement, novice CNEs described a desire to advance their careers and seek opportunities for advancement. Michael said, "It's the opportunity for growth within the organization. I'm always open to trying new things and this was a chance to add something else to my resume." Nurses with several years of experience and a novice CNE all noted a need to decide their future career options and to grow professionally. Denise said, "Part of my decision was the urge to grow, knowing that I was already a nurse for seven years with the same specialty, I was looking into ways to grow and develop myself."

Other novice CNEs pursued career advancement as a part of restructuring in the healthcare organization. Lisa stated, “I didn’t really decide. The organization did a restructuring and my job was merged. I was quality staff person and my job merged with education.” Whereas others were recommended for advancement by a supervisor. Julio noted, “I wanted to advance in my nursing profession as well, so when an educator position opened up, I had actually my current educator recommend me for it and it went from there.”

Subtheme 2: Desire to learn and educate others. The desire for career advancement and skills enhancement connected to participants’ descriptions about their passions to pursue education and learning. They described their experiences as an innate motivation to educate others and share their knowledge with others. Zoe wanted “maybe [to] put all that into practice, help others learn what I’ve learned.” Ally described it as follows:

I always wanted to know what was behind everything. So, I always had special admiration for my past educator and then after being on the floor for almost seven years, the opportunity came in and I said why not, so I could give something back to my floor.

Learning about the CNE role aided participants in discovering and reinforcing their desires to teach others. Anna said, “We did not have a clinical nurse educator and I helped my manager with the education. I was soon placed in charge of all the education and I really enjoyed it. It was something that was rewarding for me.” Experiencing the CNE role and similar positions enhanced the desire to teach. In the preceptor role, Denise found this desire to teach and share knowledge with others, which she described:

I really liked educating or, at least, precepting other nurses, always teaching what I knew, I found pleasure doing that. So, I took that path and looked into going to school and advancing myself into a degree ... that was basically what made me become an educator.

Grace made a similar point saying, “So, what I know about myself is that I like working with the new nurses. I’ve always liked precepting.” Sasha said, “I always had that desire to want to teach, even when I was a nurse and I precepted nurses.”

Participants perceived that pursuit of the CNE role would bring professional advancement and support their goals in moving toward a teaching position.

Theme Two: Skills, Knowledge, and Attitude to be an Educator

Theme two relates to the necessary skills, knowledge, and attitude to support being an educator. Having the skills, knowledge, and attitude of a clinical nurse educator refers to the needed ability to practice effectively in the clinical area daily. Participating novice CNEs identified being organized and able to prioritize well, having flexibility, learning on the job, self-motivating, being willing to learn, asking questions, and balancing work responsibilities and expectations as components of skills, knowledge, and attitudes to succeed as an educator. As part of Theme two, participants described their experiences as an underlying sense of motivation to have skills, knowledge, and a positive attitude to fulfill their goal of becoming a CNE.

Subtheme 1: Be organized and prioritize. Participants identified a need for self-organization in the CNE role. Self-organization and prioritization of activities and information supported a successful transition for novice CNEs. Self-organization

activities ranged from making lists to arranging files in a manner suited to their needs.

Grace said,

But I also feel like you need a to-do lists, you need to be organized. If you're not organized, you need to figure out how to be ... in a way that suits you ... If you're not organized, you have to learn how to become organized and prioritize.

Participants described having an organized and prioritized plan of action leads to fulfillment in their positions.

Subtheme 2: Flexibility. Participants described the need to maintain flexibility in their role as a CNE. The transitional environment and the nature of nursing frequently dictated a change in the clinical nurse educator's responsibilities, which was the reason for the need to be flexible. Clinical nurse educators still needed to maintain clinical skills because they might be assigned extra nursing duties, as indicated by Bianca:

Since we were in such a transitional phase in this entity, they still needed me to work part time as a nurse in the unit ... three days working as a bedside nurse and two days working as a clinical educator.

Participants also described having the responsibility to provide training to nurses on a shortened timeframe, requiring flexibility. Jessie described learning how to cope with the issue by being flexible to adjust schedules to the needs of nurses. "We now give them the information ahead of time. If we do the class, it's very short. What are your hands on skills that you need to know for an open heart, and then you're learning at the bedside." Jessie learned to work in the fluctuating system and the available timeline for teaching. Participating novice CNEs continued to experience challenges when providing education to staff members and had some difficulties when implementing changes.

Implementation of educational initiatives requires flexibility. Sasha stated, “My God, when you’re trying to change a culture, you’re going to run up against that resistance at first ...” “Then you have to learn how to work your way through it.”

Subtheme 3: Learning on the job. Participants described the need for the ability to learn on the job. Lisa said, “We’re just learning, honestly, we’re learning on the fly.” Learning on the job was the way these participating clinical educators learned their role. Anna said, “as far as getting me ready for my day-to-day work, I think it was not being thrown into but learn as you go and if you have questions, everybody was there to help you.” The majority of learning occurred on the job. Participants learned through experience and not in a classroom setting. Jessie stated, “I think just, obviously, having a blended role, a lot of the staff think that a classroom is where you learn, but really where you learn is hands on at the bedside.”

Participants described the clinical nurse educator orientation as occurring at the same time as learning the job responsibilities and at the same time as conducting daily work activities. Julio described “It was more of a ‘you’ll learn as you go’ and that I’m finally now feeling like I’ve really got a better grasp on my role.” Dealing with the constant policy and procedural changes required novice CNEs to possess the ability to learn on the job. Having the ability to learn while working and adapt resulted in the development of additional skills of effective teaching for participants. Sally noted,

I have learned how to create competencies to deliver to the staff. I have learned various nursing skills to perform and have been able to assist with patient care and or sign off our nurses as competent, as a result. I have learned how to objectively

look at a problem or issue, develop a plan to improve, and compare the results of our action to determine if our action was effective.

Subtheme 4: Self-motivation. Participants had the appropriate attitude to function as CNEs because they possessed a strong sense of self-motivation. Ally said, “I think I am able to function in this role because whatever I don’t know I teach myself, educate or I reach out to my resources, to one of the other educators.” Denise responded similarly:

So I just had to go on with it and just learn on my own and try to call to the people that I knew will help me, will know what I have to do in specific situations and basically learn on my own.

Novice CNEs displayed the appropriate attitude to motivate themselves to research the necessary information to adapt to their roles. The ability to learn quickly and while working was especially important. Because they lacked role-specific orientation during the transition, participants had to self-motivate. They showed self-motivation their willingness to learn more than that required and seizing opportunities to help where they could. Bianca noted she showed self-motivation and willingness to learn on the job:

They had some pretty big tasks on their plates, so I picked up where I could do different competencies that they didn’t have the skill sets to do like Spanish competencies, getting competencies for the specific department I was in and that really helped me a lot to start where places where I was comfortable.

Having self-motivation was a requirement for success in the role of the clinical nurse educator, given novice CNEs’ experiences with the demands of the role and the constantly changing work environment. Participating novice CNEs needed to take the

initiative to seek training on their own. Needing to take initiative was why CNEs possessed self-motivation to build success in their roles.

Subtheme 5: Willingness to learn. In addition to the need for flexibility and self-motivation, a major overlapping skill required for success was a willingness to learn. The willingness to learn tied with the experience of using self-motivation on the job. Anna stated, “I made a decision in my head that if someone asks me something and I didn’t know, I would find out for them or I would educate myself on it.”

Grace pointed to the problem stating, “There’s certain things that have to be done and if you don’t know how to do them, you’re going to have to learn, and you’re not the first person to be a new educator.” A novice CNE must be willing to learn, especially in a completely new environment. Susie noted,

But assuming a new floor where I don’t know anybody, for me I felt like a new educator all over again kind of get my feet wet with this group of staff. So, I would love to see and search for different classes to build, even as experienced educator, even going back to a new educator to see what tips I could pick up or maybe there’s things that maybe I’ve learn on the fly and I haven’t been doing.

Having knowledge of the clinical nurse educator role and level of required education aids an educator in recognizing deficits and methods of teaching. Participants said that the combination of having education and a background of experience made the transition much simpler. Susie noted,

Well, I am in the process of getting my masters, hopefully. For me I think it has helped a lot with this educator role and growing and then seeing two different units. The flow has actually helped me a lot as an educator, on how to approach.

Subtheme 6: Ask questions. The necessity to ask questions in the CNE role is a complimentary skill to learn on the go. Participating novice CNEs received and required a large amount of information useful in the CNE role at the start of their position. Sometimes they did not retain all the new information, so novice CNEs had to learn quickly and must ask questions to learn. Anna noted:

I knew that I could call any of the other educators to ask questions such as, “Hey, what do you guys normally do about this?” “How long do you put a clinical partner on orientation for?” “What if they have experience?” “What if they don’t?”

Participants also described that receiving information regarding who can help and when to ask for it is important. They learned to habituate asking questions to uncover potential problems and to improve their knowledge base. Lisa stated, “Then every time a question pops up, I call the global educator.”

Subtheme 7: Balancing work responsibilities and work expectations.

Establishing balance between work responsibilities and work expectations kept participating novice CNEs from feeling overwhelmed by the rapidly changing environment and sheer amount of information that was part of their responsibility. During participants’ role transition, a challenge for novice CNEs was meeting theirs and others’ expectations about the CNE’s responsibilities, given their new role as clinical nurse educator. Bianca stated,

Yeah, I kind of had to take away some of mine, the way that I think about things because I’m always wanting to jump in and help, and I have to step back and say, “No, they need to learn on their own,” or, “That’s not my role anymore to do

that.” Sometimes I have a hard time with the breaks. I still work in the same area that I had been, so that’s been a bit of a challenge for me.

Colleagues also had to adjust their expectations during participants’ transition to the clinical nurse educator role. Grace noted colleagues initially accepted the change because they knew the change was happening. Grace said,

So I think, when I moved into this role, they, in their mind, were able to shift, they’re like, “Okay, now you’re not in that bedside role.” I think one of the challenges is that they still ask you for help . . . You’re right here, my office is right across the patient room, can you help me pull up a patient, can you help check blood with me, can you check insulin with me, which I don’t mind doing.

However, even though the role changed, novice CNEs continued to help nurses work on the unit, which led to a burden in their new role as clinical nurse educators. Participants described still having the desire to help everyone, but also had to determine the way to provide support without overextending themselves. Balancing responsibilities and expectations remain a necessity during the transition and after in this demanding and constantly changing role. Anna noted,

The other challenge is being as available as the staff want. People are always stopping you, “I need to renew my license, can you help me?” So, one of the challenges is having a lot of your time consumed by things maybe the nurses should be able to do by themselves. But you feel you’re there as a support. You want to help them.

Theme Three: Organizational Resources and Support

Theme three focuses on describing how organizational resources and support shape the knowledge a novice CNE needs for a successful transition. The organizational resources and support include mentorship, having supportive colleagues and a supportive work environment, and having training and preparation for the CNE role. This theme represents novice CNEs' experience in receiving various organizational resources and support that might hinder or ease the role transition process.

Subtheme 1: Mentorship. Relationships between novice CNEs and experienced CNEs represent a critical aspect of novice CNEs transition process. Participants identified the need for experienced clinical nurse educators to be available to ease their role transition. Bianca said, "as I transitioned into the role full time, I picked up a lot more duties, but I always worked with an experienced nurse educator to help me and guide me through whatever it was I needed." The availability of experienced CNE nearby to provide support and expertise aided novice CNEs in adapting to their new role. Anna noted, "This group was very welcoming, very willing to help answer questions that I had ... We have our staff meetings and that's where we meet and network with each other." Grace said, "They were ... aside from being assigned certain roles to show me, talked with me about certain things to make sure I knew what was expected of me in this role."

Novice CNEs felt that senior CNEs provided valuable resources by providing advice and information that supported the transition. Denise expressed that the availability of senior CNEs enhanced her comfort level in the new educator role. Denise said,

For example, I tried to reach out to the people that could help me, to the people that knew who could help me, or direct me to those. And that's how I did it, I did this for a long time until I felt comfortable.

The one-on-one time to work with a mentor provided novice CNEs with vital experience during their role transition and offered them an opportunity to know how to contact potential mentors who could answer their questions. Susie noted, "I would recommend that they shadow an educator for a few days to get an upfront informed view of what the educators do."

Subtheme 2: Supportive colleagues and work environment. Participants described supportive colleagues and a positive work environment as an essential component of a better transition process. Supportive colleagues were demonstrated in the networking available to the novice CNEs. The networking information was helpful at the beginning of their transition. Novice CNEs were able to gain and share information while building important relationships with more experienced CNEs to facilitate their transition. Networking helped novice CNEs build relationships that reduced anxiety while learning the clinical nurse educator role. Sally said:

Initially, I was very anxious, and I felt that maybe the nurses and the clinical partners (CPs) were a little anxious about me as well until [we] ... grew to trust each other, until I gained a little more knowledge on how to do the job.

With a positive work environment in place, participants experienced less stress in the transition. Anna noted, "Everybody's very nice and the only difference is now in this role I don't do anything punitive." The work environment at BHSF provided socializing and networking opportunities to novice CNEs, which presented a sense of support to the

participants. Denise pointed out, “They’re always looking for ways to unify all the Baptist hospitals ... they do all these system-wide committees, system-wide thing ... the clinical educator forums ...” The institution provides system-wide committees intended to harmonize policies, procedures, and education throughout all of the entities. Novice CNEs were able to overcome various challenges with the help and support of their colleagues, which proved vital to their successful transition.

Subtheme 3: Limited training for novice CNEs. Participants described receiving limited or non-existent formal orientation for their role as a new clinical nurse educator. Ally stated, “There really is nothing except for one class or two classes ... I would like to develop more in my role, perhaps something like the Leadership Institute that BHSF have for leader.” The institution provided specific trainings for other professional groups but not one specific to CNEs. The participants received some training for being a CNE, but the training seemed sporadic and did not necessarily take place at the beginning of the transition process. Bianca noted, “The organization as a whole has not provided me very many resources. I’m finally going to be attending new educator orientation, but it’s been six months since I started, and it’s been put off a couple times.” Susie stated, “I would have definitely absolutely wanted a little bit more formal training into this educator role.”

The institution seemed to encourage participants to take relevant courses to get oriented in their new CNE role. Julio stated,

They encouraged us to take a lot of the classes for new educators, so I did go to a lot of classes when I first started ... During that orientation month and even after

for about two months I was encouraged to take a lot of extra clinical learning courses related to new educator roles.

The need for standardized training as well as ongoing training emerged as a need for participants to overcome problems encountered in the clinical daily work processes of a clinical nurse educator. Ally said, “I wished there would have been a little more of structure ... standardization, because the training I got is not the same training a med-surg educator got somewhere else.” Standardized training mitigates problems of preparation for the clinical nurse educator role. Bianca noted the importance of training and stated, “We’re also putting together a lot of classes, and I want to continue on just learning and getting as much exposure as I can to the different subject matters that we have.” Exposure to different learning topics aided participants in recognizing and addressing inadequacies and expressing the need for role-specific trainings. Participants described one-on-one training, job shadowing, and conducting observations as valuable resources in their transition trainings. Standardized initial and ongoing training for CNEs might provide a way for novice CNEs to build the necessary skills for success and overcome the difficulties presented in the transitional process.

Subtheme 4: Lack of preparation. The institution also lacked preparation to prepare novice CNEs in the transition process. Novice CNEs reported not receiving any preparation from the organization to orient them about their role as clinical nurse educators. Jessie said, “To give you my honest answer, there was none. There was very

little orientation to the educator position.” Participants noted the institution has various resources, but they are not easily accessible.

Novice CNEs received a few resources on the new role, but these resources often came without guidance. Julio described the lack of guidance to use resources: “No, in that ... although we had an outline and a template of what were the tasks we had to do, to really formulate your own work flow was not really taught to me.” Novice CNEs could access resources from the organization, but few individuals were available to demonstrate the information.

Grace noted the difficulty in learning the new role when appropriate access to information is unavailable. The institution failed to prepare novice CNEs for their role transition by not having all of the necessary resources accessible, and then did not provide direct and clear guidance on using those resources.

Grace said,

All of that. It would have been nice ... or at least to get it within the first week ... the first month, okay? But it was very difficult, I think, to do some of things I needed to do ... without these accesses.

Participants faced difficult transitions due to a lack of preparation from the institution for their role as a clinical nurse educator. The need for role preparation as a novice CNE provided by the institution emerged as a key component for participants to manage the transition process. Ally made this point:

Maybe I should of had more training on how to do things, as an educator. You need preparation for role. There is more to orientation than just giving you a

checklist to be checked off by an educator. There must be substance and meaningful information during the orientation.

Participants stated they lacked the necessary preparation to carry out their role as a clinical nurse educator. The lack of preparation and the lack of access to information made the transition into the CNE role more difficult. Michael noted this: “I had to scramble around... I did it by myself and there was no one to show me how to, that’s been the main obstacles, is learning that I’m responsible for things when they’re due.” Lisa said, “we are all in the same boat of a lack of preparedness by our leaders for this role as educators ... I feel like I am drowning every day.”

As clinical nurse educators, they acted as a resource of information for the clinical staff. Anna said, “one of the challenges was when you have the title of Clinical Nurse Educator, people expect you to know everything.” Better preparation for the clinical nurse educator role provided by the institution may help novice CNEs overcome these challenges. Participants stated more information about the expectations and responsibilities of the clinical nurse educator’s role would greatly help in the transition process.

Theme Four: Challenges in the Transition Process

The fourth major theme was challenges in the transition process. This theme represents several challenges experienced by novice CNEs during the role transition period and may have impeded a smooth and successful transition. Some terms used to express novice CNEs’ role transition were overwhelming, stressful role, lack of time, and lack of confidence in their teaching abilities. Novice CNEs needed clarity in role functions of the CNE position.

Subtheme 1: Role clarity and functions. Participants described issues with role clarity as another consideration to function in their work environments. Clarity in the description of the clinical nurse educators' role was sometimes missing during their transition process. Novice CNEs experienced challenges, as their duties and role as an educator were not well defined. Novice CNEs were not always aware of what to do and how to function in their roles. Ally said,

It seems like the perception out there, it's not clear, as of what the educator does and does not do. When the census is high and they are short of staff, I am pulled from my educators' responsibilities to take an assignment of patients for the day.

The lack of clarity in CNE responsibilities placed a strain on novice CNEs and added to their already high stress levels. Participants highlighted challenges with role clarity when additional responsibilities of another unit were added while novice CNEs transitioned into the role of a clinical nurse educator. Anna noted the role with additional responsibilities.

Another challenge is being assigned to another med-surg unit shortly after I started. Six months after starting this position, I was giving another unit to be responsible for. Here I am trying to orient to the role of an educator on one unit and be assigned to a second unit.

Participants discussed the importance of maintaining the role for which they were hired. Grace reiterated this point: "but I think it's important that this role that I was hired for is the one I keep." Not remaining in the original position for which one was hired enabled the assignment of other duties that added additional stressors that were not originally part of the CNE position. Inexplicit role definition while transitioning into the

CNE role presented further issues for novice CNEs who still maintained other duties and may have contributed to later problems in separating duties and expectations, on completion of the transition process.

Subtheme 2: Teaching in-service education is a challenge. The role of CNE is important to the organization for planning and implementing in-service education that meets the needs of the organization and the clinical staff. Participants noted some challenges in planning and implementing in-service education that may have hindered their role transition into the CNE position. Novice CNEs expressed lack of confidence in their teaching competency. Sally stated, "I went from feeling like I was a very competent, confident nurse...to sometimes even feeling inadequate" in teaching practices. Lisa stated "I'll be teaching them one way then go to another site ... No we don't want the education to be done that way." Participants expressed the need to receive training on preparing teaching materials and effectively delivering education to nurses.

One challenge expressed by some participants was that providing in-service education for the clinical staff was not a priority in the CNE's roles. Denise said, "Education is not as a priority in that sense. The priority is always what's going on with the staff and what's going on with this, with the budget, this, and that, before education." The challenge of delivering in-service education is that the education was influenced by issue occurring on the unit at the time when in-service education was arranged and was not associated with appropriate delivery and offer of evidence-based educational activities to the clinical staff.

Another major challenge in teaching expressed by novice CNEs was having the time to prepare and deliver educational activities adequately. Novice CNEs experienced

not having enough time to teach nurses adequately. Liz, stated “To produce education, there is research that you have to do ... You have to read articles ... in preparation for upcoming event or an education.” Also, participants felt nurses were busy on the unit providing patient care and did not have time to attend educational activities. Grace noted,

The issue is there is always something new ... Roll out education you need to do, WINKS you need to tell the staff about, competencies you have to track, [keep on top of] licenses, CPR, stuff like that ... I’m concerned that, moving forward, that I might not have the opportunity to actually spend the time providing education.

Despite the lack of time for teaching and time for preparing educational activities for the nurses, novice CNEs’ overall perspectives were positive for teaching in the role of CNE.

Subtheme 3: A stressful transition for the novice CNE. Novice CNEs identified several factors that made their roles very stressful during the transition process. Some participants stated the heavy workload of being a CNE had a negative impact on their transitions. Sophia recalled,

Very stressful. Exciting but stressful. It’s like you really need to like it. You really need to like to be in an environment where you are responsible for many things ... to keep up with the work and help the other nurses and to be involved ... even if you have other responsibilities ... Love it but it’s stressful.

Some participants expressed that their positions started with stressful workloads. Michael described, “No clinician for six months. Education files get backed up, licenses expire, certifications expire, assignments never get assigned, and education files become messy... That’s my experience.” Susie expressed,

The educator position was open for a couple months...So, when I started the first week, [the Agency of Health Care Administration] came to the hospital for a site visit... Being a new educator and not knowing what was in the file ... or what I needed to know ... for the site visit [was challenging].

Novice CNEs felt pressure from themselves and from their colleagues because of the expectation to instinctively know how to do their job as clinical nurse educators after accepting the position. This assumption added tremendous stress for the novice CNE.

Sally described an experience as follows:

The PCs complained that I didn't know how to do a skill to provide education. At the moment, I didn't. I had to turn around and do some research and look into Net Access computer system and see what I was looking for to be able to explain it to her.

Michael reiterated:

A clinical educator leaves the position and the floor is in desperate need of filling that position, so rather than having you learn as much as you can you kind of learn on the go ... This adds so much stress and pressure on a new educator.

Some participants noted that leaving the old unit and their colleagues' added stress to the role of being a novice CNE. Participants were no longer in the clinical practice unit where they had functioned as nurses and had been extremely familiar with their role as a clinical nurse. Julio noted the loss to the change of the original clinical area as follows:

Coming from another unit in the hospital, I knew some of the staff here on this unit just because I'd floated to almost every med surg unit in the hospital.

However, that was, I think, the hardest and most stressful part of the transition for me was leaving my old unit ... I liked my coworkers on my previous unit a lot; that's part of the reason I stayed for so long. I loved the people that I worked with.

Some participants developed coping strategies to address feeling of loss associated with leaving the unit and colleagues. Sasha noted,

One of the things that really helped me to decrease my stress in this position is that people don't realize it, but a lot of times what happens when bedside nurses leave the bedside ... They change their dress code ... I stay in my nursing outfit, my nursing uniforms, because that makes them feel like I'm one of them.

Sasha felt by remaining in her nurses' uniform attire, clinical nurses would connect with her as a nurse and colleague and her feelings of loss for her old unit and colleagues would lessen. As a novice, CNEs gained experience in the role of the CNE in teaching and becoming familiar with their new work environment, their stress about the role, and the sense of loss for their previous clinical unit decreased.

Summary

This chapter provided the results of the lived experiences that shaped the role transition of novice CNEs moving into the CNE role. Understanding role transitions was a necessity for nurse clinical educators and nurse leaders to provide an answer to the following question: What is the lived experience of novice CNEs transitioning into the role of a CNE in the healthcare system for the first 2 1/2 years or less? Fifteen participants shared their experiences with this transitioning process. Person-to-person interviews and audio-recordings were the instruments used to collect data in the study,

which included the demographic data of participants. Data analysis was conducted using the modified van Kaam method, and NVivo 10® computer software to analyze the collected data. The modified van Kaam method of analysis included phenomenological reduction, bracketing, placing similar explicit meanings together, grouping, and synthesizing the data to identify themes emerging from interviews with participants.

Participants provided a rich contextual explication of the lived experiences of their role transition as a CNE. The emerged themes contributed to answering the research question. The identified four themes follow: Theme one is passion for professional development and teaching. Theme two describes the skills, knowledge, and attitude to be an educator. Theme three regards organizational resources and support, and Theme four examines challenges in the transition process. The four themes provided a foundation for understanding the lived experiences of role transition for novice CNEs.

Chapter 5 will include detailed discussion of the themes and their association with extant literature as well as to answer the research question. Implications for leadership and implications for novice CNEs transitioning into the CNE role in the healthcare system will also be discussed. Additionally, Chapter 5 will also include recommendations to improve the process of role transition for novice CNEs and for future studies.

Chapter 5

Discussion

The novice CNE often enters the role of a clinical nurse educator unprepared, with suboptimal orientation or no role-specific orientation in assuming this position and new responsibilities (Manning & Neville, 2009). Specifically, the problem addressed was that novice CNEs lack formal training to become effective CNEs, which negatively influences their job satisfaction and retention, and ultimately creates high-cost demands on the organization (Fritz, 2018; Sayers et al., 2010). The process of role transition from an experienced bedside nurse to a novice CNE is complex and encompasses many challenges, such as the lack of orientation, preparation and training, mentorships, resources, and collegial support.

The purpose of this transcendental phenomenological research was to explore the lived experience of role transition among 15 novice CNEs for their first 2 1/2 years or less in the healthcare system. A field test was completed with five experts using the interview questions to help determine the feasibility and improve validity of the instrument prior to the actual data collection. The research question, which directed this study, was what is the lived experiences of the novice CNE transitioning into the role of a CNE in the healthcare system for the first 2 1/2 years or less?

The study included face-to-face interviews with 15 participants who are currently working at the healthcare system in the Southwest region of the United States. The transcendental phenomenological qualitative approach assisted in exploring the participants' experience of role transition in their own words, capturing what role transition means to them (Malagon-Maldonado, 2014). Four major themes emerged from

the data analysis: passion for professional development and teaching; skills, knowledge, and attitude to be an educator; organizational resources and support; and challenges in the transition process.

Chapter 5 provides a discussion of the study findings and draws conclusions from the results of themes and subthemes that emerged from the interviews described in Chapter 4. This chapter summarizes and discusses the findings in relation to the literature. Furthermore, Chapter 5 addresses the limitations and implications of the study and provides recommendations for clinical practices and future research.

Discussion of Study Findings

The single overarching research question for this study was: What is the lived experience of the novice CNE transitioning into the role of a CNE in the healthcare system for the first 2 1/2 years or less? A purposive sampling strategy entailed recruiting 15 novice CNEs who met the inclusion criteria and worked in the healthcare system to participate in individual person-to-person interviews. This study highlights the essential need for resource support and assistance from the institution to provide a smooth role transition for novice CNEs. Roberts et al. (2013) found that role transition from a bedside nurse to a CNE is challenging and links to a change in career.

Study results included four major themes and several subthemes associated with role transition of novice CNEs. The major themes and subthemes that emerged from the interview data were coded, analyzed, and clustered into four major themes: a passion for professional development and teaching; skills, knowledge, and attitude to be an educator; organizational resources and support; and challenges in the transition process. The themes are representative of participants' personal journeys through the transition process

from bedside nurse to novice CNE and lead to a deeper understanding of the phenomenon under study.

Personal Characteristics of Participants

The personal characteristics of participants might have influenced their lived experience of transitioning into the CNE role. Of the 15 novice CNEs, 14 were women and one male, which is a fair reflection of the gender distribution in nursing. The distribution of gender among participants reflects a gender disparity in nursing, as reported by the U.S. Census Bureau, that men are less than 10% of nurses in the United States (Landivar, 2013). Ten participants were Hispanic Americans/Latinos and were between 31 and 40 years of age.

Ten out of the 15 participants had a Bachelor of Science in nursing degree. Five participants received a Master of Science in nursing degree; some reported different specializations including education and administration. The participants were experienced RNs and lacked prior CNE experience. In this study, 12 participants had certification in the area specific to their practice, and only three participants did not have a certification. The level of education and certification in their specialty are two items viewed as important credentials for a CNE. The American Nurses Credentialing Center (2018), the Institute of Medicine (2010), and the American Board of Nursing Specialties (2016) have called for specialty certification as a means of enriching nursing care, assessing continued competency after licensure, and improving the quality of patient care. According to Boyle, Cramer, Potter, Gatua, and Stobinski (2014), specialty certification enhances patient safety in healthcare by validating that nursing practice is consistent with standards of excellence.

The majority of participants were employed at the healthcare system longer than three years before becoming a CNE at the organization. Participants described various leadership reporting formats in the organization. These differences in reporting format may have contributed to the various perceptions of support and training during their role transition process.

Theme One: Passion for Professional Development and Teaching

The first major theme identified in this study was a passion for professional development and teaching. Two subthemes emerged under this first theme: career advancement and skills enhancement, and the desire to learn and educate others. The definition of passion for professional development and teaching rested in participants' emphasis on the need for their professional growth and development and their passion for providing education to nurses. Participants identified the CNE role as an opportunity for personal professional development, a way to develop their nursing careers, and an opportunity to learn and to educate others.

This theme revealed the participants perceived the CNE role as career advancement. Participants emphasized the desire to advance their careers and to seek opportunities that would allow them to have potential skill enhancement as an experienced nurse. These results supported the Roberts et al. (2013) and Weidman (2013) studies, indicating the passion for career advancement and skill enhancement connected to participants' descriptions to learn and to educate others.

A qualitative study conducted by Roberts et al. (2013) examined how adjunct faculty clinical educators described their role and needs to actualize the CNE role. Roberts et al. interviewed 21 adjunct faculty clinical educators who taught clinical

nursing students in the hospital. Four themes emerged: orientation, role, support, and connection. Roberts et al. identified a strong foundation in teaching skills as an essential element for successful transition from an experienced clinical nurse to an adjunct faculty clinical educator. Study participants were eager to teach but realized the complexity of teaching and the required new skills to become an adjunct faculty clinical educator (Roberts et al., 2013).

Weidman (2013) conducted a qualitative phenomenology study to explore the transition experience of a clinical experienced nurse to a novice CNE. Three themes articulated the feelings and experiences of the transition process: the desire to teach, additional stress, and mentoring. In Weidman's study, all participants possessed a passion for teaching and wanted to transition into the teaching role. The present study had similar results to those of Roberts et al. (2013) and Weidman (2013), showing that participants possessed a strong passion to educate and to share their knowledge and skills with others. Participants in the present study expressed a sense of sharing their knowledge as "putting it back into practice and helping others learn."

Several participants in the present study reported they were recognized by a nurse leader because of their aptitude as a clinical nurse and though to do well in the role of a CNE. Some participants had considered teaching at one time in their practice and therefore applied for the CNE position when the opportunity arose. Participants expressed a passion for teaching and felt rewarded when educating the bedside nurse. For example, one participant explained, "I am in charge of all the education and I really enjoy it...It is something that was rewarding for me." This passion and recognition mirrored Weidman's (2013) study where experienced clinical nurses were placed in

teaching roles based on observations of excellent clinical skills by the nurse leader in the clinical practice.

The first theme *passion for professional development and teaching* and its subthemes echoed the results of several studies in the literature (Roberts et al., 2013; Spencer, 2013; Weidman, 2013), revealing CNEs' perceptions of career advancement in teaching and a passion to teach in their roles. Participants' passion for teaching and learning gave them an opportunity to advance their careers and grow professionally. The field of nursing is varied, necessitating theoretical and practical knowledge and skills to maintain quality nursing care. The passion for learning and teaching confirms participants' awareness of the need for continuous learning in the nursing profession. Having an influence on nurses' clinical practice is the greatest incentive to promote experienced clinical nurses to become CNEs and to empower them to pursue career advancement.

Theme Two: Knowledge, Skills, and Attitude to be an Educator

The second major theme identified in this study was knowledge, skills, and attitudes for being a CNE. This theme refers to the characteristics considered necessary to practice effectively as a CNE in the clinical setting. Knowledge means the familiarity and understanding of information gained through education and daily practice experience (*Merriam-Webster*, 2018). Skills are the ability to apply the knowledge gained to the clinical practice of CNE (*Merriam-Webster*, 2018). The third characteristic, attitude, is the behaviors and feelings exhibited by the novice CNEs in this study, comprising self-motivation and the willingness to balance work responsibilities with work expectations and maintaining mental flexibility (*Merriam-Webster*, 2018).

Knowledge. In this study, novice CNEs described confidence in their clinical knowledge but admitted to a lack of knowledge relating to CNE responsibilities in their new role “We’re just learning, honestly, we’re learning on the fly.” The novice CNE expressed concern about fulfilling responsibilities such as conducting a learning needs assessment, developing a class or a PowerPoint presentation, or even requesting rooms for classes. Learning from the process of practicing the job was the primary method that CNEs used to acquire the necessary knowledge for their job. Novice CNEs learned from colleagues around them in their daily activities, such as other CNEs, managers, and secretaries.

Many participating novice CNEs expressed receiving a large amount of information from senior CNEs when starting in the CNE role. The volume of information was so huge that they could not retain all the information. Novice CNEs quickly learned to ask questions from senior CNEs when they had a need to address unfamiliar information. Benner (2001) noted that novice CNEs need to partition situations using a step-by-step process to make the transition manageable for themselves. Obtaining the knowledge required for the new role and finding ways to seek early and ongoing help from colleagues assisted participating novice CNEs in their role transition.

Skills. Nursing skills is the ability to apply the nursing knowledge that is quite complex but a necessary characteristic for novice CNEs (*Merriam-Webster*, 2018). The role of a CNE includes demonstrating and coaching staff on how to perform certain tasks, such as obtaining a blood glucose level for a diabetic patient (Di Leonardi, 2014). If a CNE does not demonstrate proficient skills, the staff may perceive the CNE as a poor practitioner and therefore the CNE may become ineffective in the role (Iwasiw &

Goldenberg, 2015). The CNE must also be skillful in organizing and setting priorities for the educational activities of the staff (Gorbunoff & Kummeth, 2015).

CNEs are responsible for a variety of activities, such as conducting mock codes to update the staff on the latest American Heart Association recommendations, demonstrating how to use the glucometer to test a patient's blood glucose level, overseeing a new graduate nurse's orientation, or preparing educational events (Gorbunoff & Kummeth, 2015). CNEs require time to assess which classes staff need as well as time to plan, prepare, and deliver information to the staff (Kumi-Yeboah & James, 2012). CNEs must work independently to organize their activities and set priorities for their educational activities, based on the current needs of the staff (Keating, 2015).

Flexibility is a necessary characteristic of a CNE. Frequent changes in the clinical environment often dictate a change in a CNE's responsibilities, with an accompanying change in daily activities (Brunt, 2014). Any changes in laws or regulatory bodies, such as The Joint Commission, often result in the need for changes in nursing practice. Communicating these frequent changes to healthcare team members in a timely manner requires the CNE to be flexible (Keating, 2015).

In this study, novice CNEs were often pulled away from their regular duties to provide patient care. Several participating novice CNEs shared experiences regarding forgoing educational activities because they were assigned to care for patients for the day instead of conducting educational activities. CNEs are pulled from their educational activities to provide direct patient care when staffing is short (Sayers et al., 2015). The assignment of patient care was a deviation from performing the accepted educator role in

this current study. Participating CNEs felt dissatisfied and devalued by the healthcare organization: a result consistent with Sayers et al. (2015). Sayers et al. concluded that establishing clarity of the CNEs' role and their duties is essential to optimize role transition, sustain job satisfaction, and entice nurses to the CNE specialty practice.

Attitude. Attitude refers to how one thinks, feels, or behaves and reflects a person's state of mind (*Merriam-Webster*, 2018). Novice CNEs in this study noted that being a CNE requires strong self-motivation to succeed. For example, novice CNEs should be self-motivated to seize opportunities to learn new knowledge. Novice CNEs viewed the characteristic of willingness to learn as evidence of the strong self-motivation needed for the position. Self-motivation is important for novice CNEs' transition from clinical nurse to educator (Schoening, 2013). CNE participants in Schoening's study independently sought information to perform their work such as fact-finding, seeking support from peers, adapting CNE development activities, and actively seeking how to teach adult learners.

Several novice CNEs in this study discussed the need to establish a balance between work responsibilities and work expectations to prevent becoming overwhelmed in their job. Novice CNEs shared that their views regarding the responsibilities of the CNE were idealistic when first taking the CNE position. Gardner (2014) also found the same unreasonable high expectations exist during the role transition process for CNEs, consistent with the current study. Novice CNEs in the current study confessed they initially expected to help every staff member on their nursing unit whenever needed, but quickly realized that goal would not be possible.

Novice CNEs in the current study needed to adjust their expectations of performing the job function to a realistic level; otherwise they would become overwhelmed by the frequent changes in their job function and lose their ability to help the staff keep up with changes on the nursing unit. Novice CNEs developed reflective techniques to become more self-aware of balancing work responsibilities and work expectations and achieve a greater understanding of the role of the CNE. CNEs need to find ways to maintain mindful balance between work responsibilities and work expectations such as not rushing into situations but engaging in reflection and mindfulness prior to beginning any tasks (Rahim & Prasla, 2012).

Willingness to search for resources is essential to succeed in the CNE role, as expressed by novice CNEs in the current study. The CNE is the resource person on the unit when clinical staff members require information to deliver safe patient care (Di Leonardi, 2014). Due to not knowing the answers initially, the novice CNE in this current study had to be willing to seek appropriate resources, learn from the information searched, and then educate the clinical staff. Kumi-Yeboah and James (2012) assertively proclaimed that novice CNEs require time to plan and seek resources for education events.

The second theme, *knowledge, skills, and attitude to be an educator*, identified in the current study addresses the notion that personal characteristics identified by participating novice CNEs are helpful in facilitating the transition from bedside nurse to novice CNE. In this current study, novice CNEs were nurses with extensive clinical experience but were required to obtain more knowledge to be successful in their new role, consistent with study findings by Manning and Neville (2009), Sayers et al. (2011),

and Weidman (2013). The successful novice CNEs learned knowledge by asking questions and using available resources in their daily practice, such as asking experienced CNEs, joining professional organizations, and attending conferences. Most of all, novice CNEs addressed the need to keep a positive attitude to self-motivate their success, a willingness to learn, a balance between work responsibilities and expectations, and maintaining flexibility to respond to competing demands.

Theme Three: Organizational Resources and Support

Theme 3 refers to the *organizational resources and support* that influence the successful transition of novice CNEs. Participating novice CNEs expressed they were not always aware of the resources available from the organization. This theme includes subthemes of mentorship, having supportive colleagues and work environment, and preparing to perform in the CNE role.

Subtheme 1: Mentorship. The importance of mentorship in assisting the transition process of novice CNEs is well-established in the literature (Chung & Kowalski, 2012; Doerksen, 2010; Mariani, 2012; Rohatinsky & Ferguson, 2013; Specht, 2013). Mentorship is a relationship that involves an experienced person (a mentor) who provides support to new and inexperienced individuals (mentees), according to Doerksen (2010) and Rohatinsky and Ferguson (2013). Mentors guide, support, nurture, and provide experiences and learning opportunities for mentees (Gallagher-Ford, 2012; Sinclair et al., 2015). Mentorship for novice CNEs is advantageous in promoting professional growth and facilitating the role transition process (Slimmer, 2012; Specht, 2013).

Mentors supported novice CNEs in this study and facilitated collegial relationships with experienced CNEs. As identified by novice CNEs in this study, formal and informal mentorship played a significant role in their ability to address the challenges encountered in the transition process. Experienced CNEs were helpful in providing guidance, information, and advice to novice CNEs. Overall, novice CNEs identified that, although they sought more than one informal mentor, they regarded the assigned mentor as the primary contact person.

Slimmer (2012) discussed three needs to promote successful mentoring relationships: a culture of support for the success of being a new CNE; an appreciation for mentoring; and the use of senior CNEs who are compassionate, patient, and readily available to mentees. Novice CNEs in this study were proactive in finding mentors who could assist them in addressing the challenges of their new role. Mentoring relationships facilitated the passing of knowledge to novice CNEs, helping them become proficient in their new roles. Mentoring promotes success and retention, which directly contributes positively to CNEs' practice (Taylor, 2014). Minimizing barriers to mentoring, such as pairing the novice CNE with a senior CNE, can facilitate the retention of mentees (Slimmer, 2012).

Subtheme 2: Supportive colleagues and work environment. The novice CNEs in this study described supportive colleagues and a positive environment as essential components of an effective transition process. Participating novice CNEs received a sense of support and connectedness in their transition process by socializing and networking with experienced CNEs through system-wide committees, educator forums,

and council meetings. Such networking activities aided novice CNEs in acclimating to their new organizational role and decreasing role strain (Mariani, 2012; Slimmer, 2012).

The benefit of socialization is to foster retention and support for novice CNEs. Dimitriadou et al. (2013) described socialization as the act of acclimating to a particular organizational role and allowing individuals to identify expectations aligned with the organizational role. Socialization can also facilitate novice CNEs to become actively involved in the work environment (Schipper, 2011). Nasser-Abu Alhija and Fresko (2010) noted that collegial relationships could help novice CNEs understand their role transition and increase their personal sense of belonging to the group. Effective socialization can decrease role stress by addressing any unrealistic expectations by the novice CNE (Dimitriadou et al., 2013; Mariani, 2012).

A chaotic work environment influences the practice of novice CNEs (Figueroa, Bulos, Forges, & Judkins-Cohn, 2013). A healthy work environment refers to providing support for the role of novice CNEs, providing appropriate resources, providing autonomy, and promoting professional development (Lane et al., 2010). Novice clinical nurse educators who receive support during the transition period are more effective in teaching and more satisfied in their roles as CNE, which may lead to a decreased attrition rate (Lane et al., 2010). Work environment, along with factors such as workload and clear expectations, are critical components related to job satisfaction among CNEs (Bittner & O'Connor, 2012). In this study, several novice CNEs commented on experiencing a supportive work environment such as networking with other novice and senior CNEs.

Subtheme 3: Limited training for novice CNEs. Orientation is the process of introducing experienced RNs to the healthcare organization's mission, policies, and procedures, and the role expectations required to function in a specific work-role setting (ANA, 2010). The need for orientation occurs when changes occur in nurses' position, role, responsibilities, and practice setting (ANA, 2010). Manning and Neville (2009) indicated many nurses enter the role of a CNE unprepared, with suboptimal orientation or no role-specific orientation, similar to this study's results. In the literature, prescribed orientations are favorable to role transition for nurses moving into the role of CNE (Hinderer et al., 2016).

In this study, novice CNEs identified only receiving one or two classes that provided role-specific orientation for CNEs. Classes were sporadic and did not take place at the beginning of the transition process. The lack of orientation at the beginning made the transition process more challenging. Lack of orientation or classes offered sporadically should be assessed for optimal effectiveness. A similar problem arose in the Roberts et al. (2013) study, indicating nurses transitioning to the CNE role should be intentionally guided through orientation with a focus on the acquisition of educational skills. Orientation should be longer than two days and may require up to 1 year for novice CNEs (Brown & Sorrell, 2017). Rahim and Prasla (2012) found novice CNEs should receive an effective orientation when first assuming the role of CNE.

The goal of a role-specific orientation is to help develop a foundation on which novice CNEs can receive a positive career experience and successfully prepare for becoming a CNE (Hinderer et al., 2016). Orientation to the role of the CNE has a direct link to a CNE's understanding of their role function and expectations and the

development of competence. Role-specific orientation supports the novice CNE to develop a foundation for practice, helps identify the unique educational needs of each novice CNE, and provides a mechanism for on-the-job training to address those needs (Rahim & Prasla, 2012). A role-specific orientation for the CNE promotes an effective role transition, thereby affecting the professional development of nurses, which may influence patient outcomes and the fiscal stability of the healthcare organizations (Curran, 2014a).

Subtheme 4: Lack of preparation. Participating novice CNEs said they need adequate role preparation for being a CNE. Preparation included providing meaningful resources that would increase novice CNEs' knowledge and understanding of the responsibilities and functions of the role of CNE. Participating novice CNEs perceived that senior CNEs expected them to be well prepared for the CNE role or to effectively use available resources. Several novice CNEs were unaware of where resources were available and therefore did little or no self-preparation for the role of CNE.

Novice CNEs who are not well prepared for their role typically lack communication skills, leadership skills, knowledge of adult learning principles, and teaching methodologies required for an effective CNE (Johnson & Puglia, 2012). Spencer (2013) studied novice CNEs' expectations of their new roles and found all participants were experienced nurses with academic preparation; however, they did not have an adequate understanding of the CNE role.

All novice CNEs in this study had a minimum of a bachelor's degree or master's degree in nursing; unfortunately, their degree of educational levels of achievement did not support their preparation for the role of CNE. Successful preparation for the CNE

role in this study was absent for a variety of reasons. For example, role-specific education preparation was not offered or was offered 6 months after assuming the role of CNE. Novice CNEs should be able to advance professionally and gain the competence to become proficient CNEs with early preparation for the new role.

In the current study, the theme *organizational resources and support* indicated the resources and support perceived by novice CNEs that could ease the role transition process, consistent with others' study findings (Hinderer et al., 2016; Rahim & Prasla, 2012). Subthemes also supported Slimmer (2012) and Specht (2013), who asserted that providing organization resources is not a one-time episode. The organization should provide the novice CNEs adequate and continuous in-service training to learn foundational knowledge required for performing in the role of CNE.

Theme Four: Challenges in the Transition Process

The fourth major theme that emerged in this study was *challenges in the transition process*. This theme represents several challenges experienced by novice CNEs during their role transition, which may have impeded a smooth and successful transition. Some terms expressed by novice CNEs regarding challenges were overwhelming, a stressful role, lack of time, and lack of confidence in their teaching abilities. Novice CNEs identified the need for greater clarity in the role functions for their clinical position.

Subtheme 1: Role clarity and function. Novice CNEs described issues that occurred due to lack of clarity in performing their role functions in the work environment. For example, the organization did not clearly define their duties and role as a CNE. Clarity in defining the CNE role to nurse manager and clinical nurses was

sometimes insufficient. Participating novice CNEs expressed confusion, not always knowing what to do or how to function in their role. A lack of a detailed understanding by the nurse managers and clinical staff from the organization on the role functions of the CNEs might contribute to conflict and confusion in the working environment.

Sayers et al. (2015) conducted a cross-sectional quantitative study to explore the role of the CNE in practice and performance in an acute-care hospital system. A convenience sample of 356 nurse educators working in an acute-care hospital system participated in the study. Similar to the current study, the Sayers et al. (2015) findings also illuminated instances when CNEs were pulled from their educational role and assigned to direct patient-care duties because of staffing deficits. Being assigned duties outside of the educator role led to dissatisfaction and feelings of being devalued by the healthcare organization. The lack of role clarity and function may have resulted from nurse managers who did not understand the role and function of CNEs. Sayers et al. concluded that hospital leaders need to clarify the role of CNEs to eliminate instances of role blurring and ambiguity. Hospital leaders must thoroughly clarify the role of CNEs to optimize role transition, sustain job satisfaction, and entice nurses to CNE specialty practice.

Conflicts related to the numerous role demands of an educator can overwhelm the novice CNE's ability to adjust to the new role (McDermid et al., 2012). Cases of role ambiguity or conflict in expectations may lead to job dissatisfaction among CNEs (McDermid et al., 2012). Identifying reasons for role blurring and ambiguity and role functions has the potential to aid in the development of strategies to improve the role transition of the novice CNE.

Subtheme 2: Teaching in-service education is a challenge. The role of teaching educational events to clinical staff was a challenge for many novice CNEs in this current study. Novice CNEs expressed challenges in planning and implementing in-service education, which might have hindered their role transition and might have contributed to a lack of confidence in their teaching competency. According to McDonald (2010), learning is a curve and it is unrealistic to expect an experienced nurse with limited or no teaching experience to become an instant expert in the new CNE role. Novice CNEs in this study expressed the need for training to prepare teaching materials and to effectively deliver education to nurses. Schoening's (2013) qualitative grounded theory study acknowledged that an experienced nurse who has no formal preparation to educate others must learn pedagogy to become a new CNE. The process of learning how to teach includes overcoming the discomfort of being a novice again, uncertainty about learning how to teach, and the fear of failing in the new role as a CNE (Schoening, 2013).

The lived experiences of novice CNEs in this study also displayed a strong need to have adequate time to prepare and deliver educational activities. Having time to prepare in-service education is an essential element for the CNE to effectively deliver teaching. Moreover, novice CNEs indicated they were often expected to teach unfamiliar topics. This further emphasizes the need for sufficient time to prepare the teaching content. Brown and Sorrell (2017) supported the same challenge for new CNEs in how to prepare and deliver education on unfamiliar topics. Novice CNEs in this current study needed time to develop the knowledge and skills necessary to create learning objectives, develop teaching strategies, understand adult learning styles, gather content material, make PowerPoint presentations, arrange classrooms, and request media services. To

become an effective CNE requires time, formal and informal education, and experience to cultivate their roles (Gardner, 2014).

Subtheme 3: Stressful transition for the novice CNE. Several novice CNEs in this study noted that the process of transitioning into a CNE position was stressful. Some novice CNEs stated the heavy workload of a CNE negatively impacted their transition. The heavy workload began as they found staff nurses' educational files incomplete. Other challenges included expired nurses' licenses, expired certifications, and mandatory educational assignments never assigned to the nurses. Other novice CNEs noted that TJC and American Health Care Association presence at the hospital for a site visit during the first few weeks in the role of CNE was an additional stressor. Novice CNEs in the Mann (2013), Anderson (2009), and Cangelosi et al.'s (2009) studies reported that their role as a CNE was more complicated than they first thought, indicating the role transition of CNEs is complex and stressful.

In this study, novice CNEs' transition was perceived as even more stressful because of the additional responsibilities of this position. Novice CNEs feel more stress when encountering difficult situations or events not experienced during their clinical practice as nurses (Sayers et al., 2011). Experienced nurses establish comfort zones as they become experienced in their area of practice, such as medical-surgical units or critical care units. These experienced nurses felt stress when stepping out of these comfort zones and, therefore, were stressed when beginning an unfamiliar role such as novice CNE.

Another contributor to the stress experienced by novice CNEs was the change in seniority levels. Novice CNEs are stressed when their seniority level changes from

experienced nurse to novice CNE (Weidman, 2013). The transition from an expert back to a novice can be difficult and a blow to a nurse's ego, causing increased stress that the novice CNE must manage along with the other new duties and responsibilities (Weidman, 2013).

The theme of *challenges in the transition process* is significant in this current study because of the strong feelings expressed by novice CNEs about the challenges faced during their transition. Such challenges included role clarity and function, teaching in-service education, and stressful transition. This study supports findings from Manning and Neville's (2009) study, using Bridges' transition theory to explain role transition. Manning and Neville's study indicated the challenges experienced by novice CNEs included insufficient awareness of new role responsibilities, changing relationships with peers, and managing old friendships.

The change from clinical bedside nurse to CNE can be a difficult transition. How well a nurse can make the switch in roles will influence how the nurse views the CNE role as well as how well he or she performs in that role. A nurse who perceives a poor transition in practice may become dissatisfied with the new job and leave the position or even leave the organization. Anderson (2009) noted that a smooth transition can take place only when the individual has awareness of their own well-being, expertise of new skills and information, and is confident in the new role. A smooth transition may influence how novice CNEs views the job as well as how well they perform the job and their longevity in that role. Adequate training provides the best opportunity to prepare the novice CNE with the knowledge and skills needed for a successful transition into the new role.

Implications

This qualitative transcendental phenomenological study has significant implications for clinical practice, nursing education, and nursing leadership. A number of studies have shown that education and skill training is crucial for the role transition of novice CNEs (Manning & Neville, 2009; Sayers et al., 2011; Schoening, 2013; Weidman, 2013). In addition, sub-optimal or no orientation is a significant factor in influencing the role transition of novice CNE (Rahim & Prasla, 2012; Roberts et al., 2013). Novice CNEs who participated in this study shared their experiences of transition into the role of CNE. This study offers the thematic findings that presented essential themes as key features of role transition among novice CNEs, which could be a pronounced addition to the current body of literature. The following section describes the implications and significance of the study findings.

Implications for Clinical Practice

Results from this study may be useful to generate insight into the significance of providing orientation and mentorship essential to successful role transition for novice CNEs. Novice CNEs in this study identified that the lack of orientation and mentorship created difficulty when transitioning into the role of CNE. The following strategies may improve clinical practice.

Orientation is a key aspect of preparation and successful role transition. A thorough role-specific orientation should provide information about teaching pedagogy, focusing on key components related to teaching in the clinical setting. The orientation would include educational forms and teaching resources available to assist in teaching and evaluating nurses' competency. This orientation would include providing

information on planning and developing educational activities, based on identified learning needs of the staff. Additionally, orientation should address components of the expectations and parameters of the CNE role. Such orientation would increase novice CNEs' understanding of the resources and their role as the CNE in the clinical setting.

Novice CNEs identified mentorship relationships as important for their role transition. Novice CNEs need mentors to help with role transition during the first year of the transition (Schoening, 2013). The identification and allocation of mentors will further assist novice CNEs to transition from bedside nurses to CNEs. Senior CNEs should be willing to help novice CNEs avoid the same problems they may have encountered during their transition. Senior CNEs could facilitate the transition process by serving as a mentor, being available, open, and asking often if novice CNEs need help.

Hospitals should encourage mentorship relationships among novice CNEs and seniors CNEs. Mentorship is a time-consuming process. To encourage senior CNEs to participate, they should receive consideration for the additional responsibilities in the form of recognition for mentors. Mentors make a marked difference in mentees' successful transition to a new role (Roberts et al., 2013; Weidman, 2013). A successful and smooth transition will benefit not only novice CNEs but, more importantly, the nursing staff and patients as well.

Implications for Nursing Education

Nursing education must look internally to consider pedagogy and a curriculum that will help students understand the role transition of being a clinical nurse educator. The findings of this study also support the need for nursing faculty to identify learning activities to be more reflective of the reality of practicing as a CNE in the clinical setting.

Findings from this study provided important information for designing and revising academic curricula as well as continuing education in clinical organizations for nursing students about the clinical educator's role and function. The nursing faculty should adapt teaching strategies such as demonstration, role play, and simulation to emphasize the didactic and clinical components of the course regarding roles and functions of CNEs.

Implications for Nursing Leadership

Nursing leaders may be interested in knowing the findings from this study, noting inadequate orientation for CNEs and the lack of training associated with the teaching role of a CNE. Novice CNEs in this study described the lack of mentors, supportive colleagues and environment, and limited training or lack of preparation for the role as inhibiting their successful transition. Nursing leaders such as hospital executives, policymakers, and nurse managers should acknowledge the identified needs of mentorship, supportive colleagues and environment, and training and preparation for novice CNEs. Nursing leaders should institute programs and practices aimed at strengthening these areas to benefit novice CNEs and the healthcare organization. Nursing leaders should be responsible for providing the organizational role-specific orientation and training for all nursing staff (TJC, 2014). The issues identified from the lived experiences of novice CNEs' role transition relating to the lack of mentors, supportive colleagues and environment, limited training, or lack of preparation can serve as essential components in the design of a structured orientation program.

Limitations of the Study

Limitations are possible factors, problems, or compromises of a study that, if not revealed, could create potential credibility issues for research outcomes (Munhall, 2012).

Munhall noted that limitations help the reader judge the scope by which the study can be generalized to similar situations. The data collected from interviews in this study are based on the self-reported, lived experiences, requiring participating novice CNEs to retrospectively reflect on their experiences during the transition into the role of clinical nurse educator. In using a self-reported data collection method, it is possible that the participants did not reveal their true feelings about their lived experiences. This limitation was addressed by eliminating the names of novice CNEs from the data and using pseudonyms instead. It was hoped the promise of protection for their identity would encourage participating novice CNEs to provide the rich in-depth information needed for this study.

The limitations of the study included the inclusion criteria and the form of participant selection. The sample population was limited to novice CNEs in the healthcare system. Novice CNEs were restricted to those in the role for 2 1/2 years or less. The study sample could not constitute the experiences of all novice CNEs working at different hospitals outside of the chosen healthcare system, which may also limit the generalization of the results. The role transition experiences of novice CNEs may differ in other organizational cultures and geographical locations.

Recommendations

This qualitative, transcendental phenomenological study described the lived experiences related to role transition among novice CNEs who worked at the chosen healthcare system and provided specific recommendations based on the study findings. The study findings encompassed the key themes of *passion for professional development and teaching, knowledge, skills, and attitude to be an educator, organizational resources*

and support, and challenges in the transition process affecting the role transition of the novice CNEs. The recommendations mentioned below focus on the areas of nursing education, clinical practice, nursing leadership, and nursing research.

Recommendations for Nursing Education

The identified themes in this study are of great importance for nursing education. Novice CNEs mentioned that not having a background nursing education or teaching and the lack of training on how to prepare or deliver educational activities to nursing staff was difficult and a challenge in their role transition. Based on the expressions of the participating novice CNEs, it is suggested that adding learning modules into academic curricula and providing continuing education to nursing students about the teaching strategies and methods for preparing themselves to play the CNE role. The learning modules could have a main focus on teaching skills, adult learning styles, content development, and delivery of educational activities in clinical settings.

Recommendation for Nursing Leadership

Nurse leaders have an immense responsibility to create and sustain preparation and orientation for novice CNEs. Being knowledgeable and understanding the lived experiences of novice CNEs can help nurse leaders develop strategies to help ease their role transition. The theme of organizational resources and support provided insight into knowing that novice CNEs had limited or no orientation or preparation for the role of CNE. Nurse leaders should evaluate the effect of little or no orientation on the role of CNE before adopting new practices (Weidman, 2013). Nurse leaders are in a unique position to initiate a comprehensive orientation practice, based on inputs from senior CNEs and best practices (Rahim & Prasla, 2012).

One recommendation is for nurse leaders to invite experienced CNEs, novice CNEs, and nurse managers to develop a task force to conduct a thorough analysis of the existing process of role transition among novice CNEs. The taskforce should then take the analyzed information to improve and standardize the process of orientation and training for novice CNEs. Adequate and thorough orientation for the CNE role and functions would improve the transition process.

Another recommendation for nurse leaders is to have resources available for the novice CNE, based on the theme of organizational resources and support. This action would involve providing the novice CNEs with meaningful resources that would increase their understanding and knowledge of CNE role, such as attending professional development programs, having membership to professional organizations, and participating in educational conferences. Such activities would promote the novice CNEs to develop a greater understanding of what useful resources can facilitate their development.

It is suggested that nurse leaders can provide adequate role-specific orientation for novice CNEs. Role-specific orientation is the process of orienting a novice CNE to have a basic understanding of the roles and responsibilities of the CNE. The role-specific orientation should contain important information such as the requirements from regulatory agencies and professional standards for the educational activities provided to the clinical staff. A role-specific orientation provides a foundation of knowledge to build on and assist toward moving from a novice level to a competent level of a CNE.

Recommendation for Clinical Practice

CNEs are responsible for providing the orientation, training, continuous education, and competency assessment to the clinical nurses on their units. The purpose of the educational activity is to improve nurses' clinical practice on the unit and improve patient care. Novice CNE participants clearly articulated challenges they faced in performing these duties. Because they received little or no role-specific orientation or preparation for the role of CNEs, it is suggested that the organization provides a specific professional development education for novice CNEs. Professional development education designed to include learning and teaching strategies, adult learning concepts, and assessment skills of nurses' learning needs would provide a solid foundation for building novice CNEs' competencies.

Novice CNE participants described clinical nurses and nurse managers lacked an understanding of the role function of the CNE. Clinical nurses and nurse managers should receive education on clarifying the responsibilities and duties of CNEs. The education should focus on orientation of new staff, new equipment, new policies, and procedures for working in clinical setting. It is also important to include educational requirements mandated by hospital regulatory agencies for the staff, and of maintaining documentation of staff competencies in the educational files. The education for nurses and managers should improve the understanding of the CNE role within the organization. It is also important to keep ongoing role monitoring to ensure effective use of CNEs' role and function in the healthcare organization.

Recommendation for Nursing Research

This study collected the data of role transition among novice CNEs from the healthcare system; therefore, study results cannot be generalized to other facilities where the clinical situations might be different. It is recommended that further nursing research should replicate this study with more diverse populations to gather more rich information about the CNE's role transition. Including different geographic locations and recruitment of more men and more culturally diverse CNEs may provide more diverse data of role transition. It might be significant to suggest future research includes senior CNEs to gather different perspectives of being a CNE. A senior CNE's perspective may provide a greater understanding of the need for orientation and preparation of novice CNEs.

Conducting an institutional ethnography study to understand the influences of organizational culture on CNEs' role transition is also a recommendation for future research. In an original work, E. D. Smith (2006) stated that institutional ethnography studies provide information about how the process in an organization affects the experiences of employees functioning in the organization. An institutional ethnography study would increase an understanding of novice CNEs' role transition experiences that that might be influenced by the organization.

The Researcher's Reflection of Research Experience

The original work by Moustakas (1994) recommended researchers include a reflection on the experience "that speaks to the essence of the study and its inspiration to you in terms of the value of the knowledge and future directions of your professional-personal life (p.184)." The research participants in this study agreed to meet and tell their

stories, in an intimate and private setting. The following section is a reflection of the value of the research experiences.

Qualitative research is both an inductive and interactive process by the inquirer and the participants. The research process enabled me to fully and comprehensively understand the phenomenon of interest. In this study, I served as the primary data collection instrument. By intimately associating with the participating novice CNEs, I was able to gain a rich and detailed understanding of the lived experiences in role transition. Interviewing the participating novice CNEs allowed me to have the opportunity to attain a greater understanding of their practice within the healthcare system.

Ten opened-ended interview guided questions, along with probing questions, facilitated a comprehensive understanding of the novice CNEs' experience of role transition. The research question was: What is the lived experience of the novice CNE transitioning into the role of a CNE in the healthcare system for the first 2 1/2 years or less? The transcendental phenomenological design provided the means to best collect the data for the research question. This study allowed me to immerse myself in the CNE practice, viewing my professional world from a different perspective and contributed to the research on role transitioning among novice CNEs in the hospital setting, as well as to my own professional development.

The value in this study begins first with the experience and revelation of the meaning of role transition. This study provided an opportunity to gaze intimately into the professional lives of the novice CNEs. Secondly, the application of Moustakas' (1994) modified Van Kaam method introduced a novice researcher to phenomenology and

provided a structured approach to phenomenological data analysis. This structured phenomenological approach to data analysis has implication for me as a novice researcher in the journey of conducting research. Third, based on the findings of organizational resources and support, nursing leaders can be informed of how meaningful it is to have the resources in the role transition experiences of the novice CNEs. Senior CNEs need an increase awareness of the study findings to better assist the novice CNEs in their new role. The experience encountered in conducting this study was a positive one. As a director of the CNEs at one of the hospitals at the healthcare system, I enacted bracketing throughout the study to remove my own experiences, opinions, views, and feelings of the novice CNE's role transition. It is my hope, as a director of CNEs practice and as the investigator in this study, to evoke an emotional connection to the clinical practice for CNEs and to instill a sense of awe about the role transition of novice CNEs.

Conclusion

This qualitative study explored the experiences of role transition among novice CNEs using a transcendental phenomenological design. Exploration of this topic was needed due to a lack of evidence in the literature on bedside nurses transitioning into the CNE role in the clinical setting. This study's purposive sampling strategy entailed recruiting 15 novice CNEs who worked in the chosen healthcare system. Participants' lived experiences in transitioning into the role of CNE accrued using a semi-structured interview. Four themes emerged from the novice CNEs' responses to the interview questions. The themes identified included passion for professional development and teaching; knowledge, skills, and attitude to be an educator; organizational resources and support; and challenges in the transition process.

The first theme was passion for professional development and teaching, including the two subthemes that were rooted from the participants' emphasis on their need for professional growth and development and the passion for teaching nurses. The second theme of knowledge, skills, and attitude to be an educator, has seven subthemes, which were the attributes from the participants' perception of a clinical educator who needs to be effective in the CNE role. Organizational resources and support is the third theme with four subthemes, which represent the participants' experience of needing various resources and support from the organization that could have facilitated a smoothed role transition process. The fourth theme, challenges in the transition process, has three subthemes and represents several challenges experienced by the participants during the role transition process.

Results from this study provide an opportunity for healthcare organizations to examine current methods used to transition bedside nurses to the role of CNE. The insight gained from novice CNEs' perspectives will benefit healthcare organizations as well as future novice CNEs. The increased knowledge could aid in ensuring success for future novice CNEs' role transition. In the challenging and ever-changing environment of healthcare systems, where the health and safety of patients are at risk, it is vital to provide novice CNEs adequate role-specific orientation, training, support, and resources to make the transition into the new role of CNE successful and smooth. Promoting the skills and expertise of novice CNEs will benefit organizations through improved standards of nursing practice and, consequently, improved patient care.

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APPENDIX A: EMAIL SCRIPT FOR NOVICE CLINICAL NURSE EDUCATORS

Dear Novice Clinical Nurse Educators,

I am contacting you about a study I am conducting titled: “*The lived experiences of role transition among novice clinical nurse educators: A phenomenological study.*” The purpose of this study is to attain an understanding of the transitional experiences of novice clinical educators who are in the role of an educator.

The specific intent of this email is to ask you to participate in this study if you have been employed in the clinical nurse educator’s role for 2 1/2 years or less. Participation will consist of an in-person interview lasting approximately 60 to 90 minutes. Information that you provide during the interview session will be tape-recorded to make sure all the information you provide is reported accurately. You will receive a copy of the transcribed interview to verify its accuracy.

Please be assured that protecting your privacy is an important aspect of my study. Your contact information such as name and telephone number will be kept separated from your interview responses and a pseudonym will be used on the transcriptions. I alone will have access to your identifying information. Once you agree to participate in the research study, further details of the study will be given to you and you will be asked to sign an informed consent form. If you have any questions about the study or if you are interested in learning more please [REDACTED] or email me at [REDACTED]. If you have any questions about your rights as a research participant, please contact: the Institutional Review Board at University of Phoenix at 602-713-7160 or at [REDACTED].

Thank you

Cheryll Edwina Brathwaite

APPENDIX B: FLYER

Novice Clinical Nurse Educators: I would love to hear about your role transition as an educator at [REDACTED]



All novice nurse educators who have been in their role as an educator for 2 1/2 years or less are being asked to share their experiences, and feelings of role transition as a clinical educator in the hospital. A research study titled "*The lived experiences of role transition among novice clinical nurse educators: A phenomenological study*" is being conducted by Cheryll Edwina Brathwaite, a doctoral student at University of Phoenix. Participation entails an in-person interview which is expected to last approximately 60-90 minutes. Participation will be kept confidential and the names of the participants will be protected by using pseudonyms. Data will be analyzed as aggregate or group data to help develop strategies for future novice clinical nurse educator's role transition at [REDACTED].

If you have any questions or are interested in participating in the study, please contact me at [REDACTED].

APPENDIX C: INTRODUCTION LETTER

Dear Novice Clinical Nurse Educator

My name is Cheryl Edwina Brathwaite, a doctoral candidate at the University of Phoenix, and I am conducting a research study titled: *The Lived Experiences of Role Transition among Novice Clinical Nurse Educators: A Phenomenological Study*. The purpose of the research project is to explore and understand clearly the lived experiences of novice clinical educators (CNEs) transition into the role of the clinical educator. The study focuses on the influence of role-specific orientation and mentoring during the transition process experienced by the novice clinical nurse educators who have been in the role for 2 1/2 years or less at [REDACTED]. Your participation in this study would be important to understand the issues and challenges faced by the novice CNEs transition into the role of the clinical educator.

Your participation will involve an in-person confidential interview with open-ended questions focusing on sharing your experiences with role-specific orientation, mentoring, and factors that influenced your transition into the role of the clinical educator in the [REDACTED]. The interview will last approximately 60 to 90 minutes. Information that you provide during the interview session will be tape-recorded to make sure all the information you provide is reported accurately. You will receive a copy of the transcribed interview to verify its accuracy. You may chose to be a part of this study or not. Once you start, you can withdraw from the study at any time, without any consequences. The results of the research study may be published but your identity will remain confidential and your name will not be used. This research does not present any foreseeable risks to you. Your participation in this study will provide valuable information into your lived events as a novice CNEs transition into the clinical educator role. The study may also add important information to the body of knowledge in the literature on role transition of clinical nurse educators.

I strongly believe there is a need in looking at the challenges that may have a direct bearing on role transition of the novice CNEs into the clinical educator role. I believe the findings from this study can support leader's decision in the healthcare organization to develop or improve strategies that can ease the novice CNEs transition into the clinical educator role.

If you have any questions concerning this research study, please call me at [REDACTED] [REDACTED]. If you have questions about your right as a research participant, you may contact the Institutional Review Board at University of Phoenix 602-713-7160 or at [REDACTED].

Sincerely,

Cheryl Edwina Brathwaite

University of Phoenix, Doctoral Candidate

BOARD APPROVAL

[REDACTED]

[REDACTED]

February 23, 2017

Edwina Brathwaite, RN
[REDACTED]
[REDACTED]
[REDACTED]

RE: IRB 17-006: The Lived Experiences of Role Transition Among Novice Clinical Nurse Educators: A Phenomenological Study (PI initiated)

Dear Ms. Brathwaite:

Your application for the study referenced above was reviewed and approved by the [REDACTED] Institutional Review Board (IRB). The study was eligible for expedited review in accordance with 45 CFR 46.110 category (6) and (7).

The effective date of IRB approval is February 22, 2017 and the expiration date is February 21, 2018. You may enroll 30 participants.

Performance site approved by the IRB are as follows:

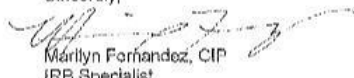
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Obtaining a written informed consent is mandatory. You must give a copy of the signed informed consent to the participant and place a copy in in the study file.

The study is next subject to continuing review on or before February 21, 2018, unless closed before that date. Approximately 60-90 days prior to expiration of this approval, the IRB office will send an e-mail reminding you to apply for continuing review.

Should you have any questions or require further information, you may contact the IRB office at [REDACTED]

Sincerely,



Marilyn Fernandez, CIP
IRB Specialist

[REDACTED]
Institutional Review Board

APPENDIX E: UNIVERSITY OF PHOENIX REVIEW BOARD APPROVAL



Institutional Review Board
1625 W. Fountainhead Pkwy
Mail Stop CF-SX09
Tempe, Arizona 85282
IRB@phoenix.edu

DATE: April 4, 2017

TO: Cheryll Brathwaite
FROM: University of Phoenix IRB

PROJECT TITLE: [1000198-1] The lived experiences of role transition among novice clinical nurse educators: A phenomenological study

SUBMISSION TYPE: New Project

ACTION: APPROVED

DECISION DATE: April 4, 2017

EXPIRATION DATE: April 3, 2018

REVIEW TYPE: Expedited Review - Category 6 & 7

Thank you for the submission of your research project titled The lived experiences of role transition among novice clinical nurse educators: A phenomenological study. Your submission was reviewed and has been APPROVED. This approval is based on an appropriate risk/benefit ratio and a project design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission.

This submission has received an Expedited Review based on applicable institutional policies and federal regulations.

The following also applies to your current submission:

1. Please note that if any revision is made to the approved study in the future such as, but not limited to, a change of venue for any data collection sites, change of subject group, data collection methods, etc., review by the University of Phoenix IRB of this revision is required prior to initiation. In this case, data collection should be suspended until there is an IRB decision reported to you. Please use the "Change of Study Template" form and submit a new package with an updated copy of your Application and all other necessary documentation.
2. Please remember that informed consent is a process beginning with a description of the project and assurance of participant understanding followed by a signed consent form. Informed consent must continue throughout the project via a dialogue between the researcher and research participant. Federal regulations require that each participant receives a copy of the consent document. If a Waiver of Informed Consent or a Waiver of Documentation of Informed Consent has been granted, you are required to follow the consent process accepted as part of the Waiver.
3. Keep in mind that any permissions for access to private data, private information for recruitment, or access to a private location for research must have one of the following documents indicating approval: Permission approved through a signed PRN, a signed Data Access and Use Permissions form, or permissions stipulated on an ink-signed letter on organizational/institutional letterhead, or an email that includes the authorizing person's title, organization, contact telephone number, address, and email for the person granting the permissions.

4. All unanticipated problems involving risks to subjects or others and serious and unexpected adverse events must be reported promptly to the University of Phoenix IRB Office. Please review guidance materials for reporting unanticipated events and use the appropriate reporting forms for this procedure. All FDA and sponsor reporting requirements should also be followed.
5. All non-compliance issues or complaints regarding this project must be reported promptly to the University of Phoenix IRB Office at IRB@phoenix.edu.

This project has been determined to be a Minimal Risk project. This project requires continuing review by the University of Phoenix IRB on an annual basis. Please use the appropriate forms for this procedure. Your documentation for continuing review must be received with sufficient time for review and continued approval before the expiration date of April 3, 2018.

Please note that all research records must be retained for a minimum of three years after the completion of the project. We will retain a copy of this correspondence within our records.

If you have any questions, please contact Dr. Laura Brewer or Dr. Diane Gavin at IRB@phoenix.edu. Please include your project title and IRBNet project number in all correspondence with the Board.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within University of Phoenix IRB's records.

APPENDIX F: ADULT RESEARCH CONSENT FORM

Study Title: The Lived Experiences of Role Transition among Novice Clinical Nurse Educators: A Phenomenological Study

Investigator: Cheryl Edwina Brathwaite

IRB Number: 17-006

INTRODUCTION: You are being asked to participate in a research study to explore the lived experiences of role transition among novice clinical nurse educators at [REDACTED] because you are a clinical nurse educator and you have been in the educator role for 2 1/2 years or less. The intent of the research study is to attain a better comprehension of the experiences that novice clinical nurse educators have when transitioning into the role of an educator. This information may help to develop strategies and improvements for the role transition of future novice clinical nurse educators at [REDACTED].

PROCEDURES: If you choose to participate, you will be asked to complete a demographic questionnaire and participate in an in-person interview about your experiences as a nurse educator. The interview is expected to be approximately 60 to 90 minutes in duration. The interview will be tape-recorded and only pseudonyms will be used to protect your identity. You will also be asked to validate the content of the transcript within approximately one week of the interview completion. The tape recordings will be destroyed after validation of transcriptions.

RISKS: No risks are anticipated due to your participation in this study. You may experience temporary stress or anxiety while reflecting on your transitional process as an educator. There may also be a risk of breach of confidentiality but measures are in place to protect your identity.

BENEFITS: This study may be of no direct benefit to you. You may benefit by speaking about your personal lived experiences regarding your role transition. The study may benefit future novice clinical nurse educators by improving the role transition process at [REDACTED].

COSTS AND COMPENSATION: There are no costs to you for participating in this study nor will you be compensated.

RIGHT TO WITHDRAW: Participation in this study is completely voluntary. The choice is completely up to you. You may refuse to participate without any consequences. You may quit the study or stop participating at any time without consequences. You may also leave at any time during the interview or request that the tape be turned off. If you withdraw from the study, all information you have provided will be destroyed. Your employment status at [REDACTED] will not be affected in any way should you decide to participate, refuse to participate, or choose to withdraw from the study.

CONFIDENTIALITY: Your responses to the questions and information will be kept anonymous as only pseudonyms will be used. The data will be analyzed as aggregate or group data. Names will not be used in the reporting of any information. The audiotape will be destroyed when you validate the transcription from the audiotape. Only the transcript and the informed consent will be kept for a period of seven years, and then will be destroyed. Your records may also be reviewed for audit purposes by [REDACTED] [REDACTED] employees or other agents who will be bound by the same provisions of confidentiality.

OTHER PERTINENT INFORMATION: Should you have any concerns or questions regarding the study, you may contact Cheryll Edwina Brathwaite at [REDACTED] or via email at [REDACTED]. If you have any questions about your rights as a research participant, you may contact the Institutional Review Board at University of Phoenix 602-713-7160 or at [REDACTED] at [REDACTED].

PARTICIPANT AGREEMENT: I have read the information in this consent form and agree to participate in this study. I have had the chance to ask any questions I have about this study, and they have been answered for me. I am entitled to a copy of this form after it has been read and signed.

Print Name of participant

Signature of Participant

Date and Time

Signature of Researcher

Date and Time

APPENDIX G: SCRIPT FOR INTERVIEW

Good day,

I am Cheryll Edwina Brathwaite, the primary investigator for this study: *The lived experiences of role transition among novice clinical nurse educators: A phenomenological Study*. Thank you for your interest in participating in this research.

I would like to provide you with a consent form and a demographic form for your review. I will leave the room for approximately 10 minutes to provide you privacy.

When I return to the room, I will answer any questions or concerns you may have and give you time to complete the forms if you have not already done so. Then I will collect your signed informed consent form. A photocopy of the signed consent will be given to you.

Today the interview will last approximately 60-90 minutes, will be audiotaped, and will start with the demographic questions. The interview time will consist of a set of questions focused on your role transition. The final report may be shared, but personal identifiers will not be used in the reporting of any information.

Any concerns or questions before we begin?

Question 1... question 10

Thank you for coming, I value your input and appreciate your time and participation in this research study.

Respectfully,

Cheryll Edwina Brathwaite
Primary Investigator and Doctoral Candidate
University of Phoenix

APPENDIX H: DEMOGRAPHIC SURVEY

The following questions will be used to provide background information for the research study. Please select the best answer that describes you. Please mark only one answer for each question.

- 1. Age
 - 20–30 yrs. _____
 - 31–40 yrs. _____
 - 41–50 yrs. _____
 - 51+ yrs. _____
- 2. Gender:
 - Male _____
 - Female _____
- 3. Length of time employed in the current organization:
 - < 3 years (State in years or months) _____
 - 3–5 yrs. _____
 - 6–10 yrs. _____
 - 11–15 yrs. _____
 - 16–20 yrs. _____
 - > 21 yrs. _____
- 4. Length of registered nurse (RN) experience outside of this current organization:
 - < 3 yrs. (state in years or months) _____
 - 4–10 yrs. _____
 - 11–20 yrs. _____
 - 21 + yrs. _____
- 5. Race/ethnicity
 - Caucasian _____
 - African-American _____
 - American Indian _____
 - Hispanic American/Latino _____
 - Asian/Pacific Islander _____
 - Other _____
- 6. Length of time in the role of a Clinical Nurse Educator (CNE) at this current organization:
 - Less than 1 year. _____
 - 1-2 yrs. _____
 - 2+ yrs. _____
- 7. Educational Degree (check all that apply)
 - Diploma _____
 - Associate Degree Nurse (ADN) _____
 - Bachelor of Science in Nursing (BSN) _____
 - Master of Science in Nursing (MSN) _____/focus
 - Other Bachelors (State) _____
 - Other Master Degree (State) _____
- 8. Certification in Nursing Specialty Practice (Yes or No) _____
- 9. Are you a member of the Association for Nursing Professional Development (Yes or No) _____
- 10. Which leadership reporting format do you report to directly?
 - Unit Manager _____
 - Nursing Practice Manager _____
 - Education Manager _____
 - Other Manager _____

APPENDIX I: UNIVERSITY OF PHOENIX NON-DISCLOSURE AGREEMENT



Non-Disclosure Agreement

<Precision Consulting> acknowledges that in order to provide the services to <Cheryll Edwina Brathwaite> (hereinafter "Researcher") who is a researcher in a confidential study with the University of Phoenix, Inc., <Precision Consulting> must agree to keep the information obtained as part of its services (as more fully described below) confidential. Therefore, the parties agree as follows:

1. The information to be disclosed under this Non-disclosure Agreement ("Agreement") is described as follows and shall be considered "Confidential Information": <Mp3 file recordings, transcripts, and all information available in Nvivo10 software materials>
All information shall remain the property of Researcher.
2. < Precision Consulting> agrees to keep in confidence and to use the Confidential Information for <transcriptions of recorded interviews> only and for no other purposes.
3. < Precision Consulting > further agrees to keep in confidence and not disclose any Confidential Information to a third party or parties for a period of five (5) years from the date of such disclosure. All oral disclosures of Confidential Information as well as written disclosures of the Confidential Information are covered by this Agreement.
4. Researcher can delete all recordings and Confidential Information from the website of < Precision Consulting> upon termination of this Agreement.
5. Any obligation of < Precision Consulting> under this Agreement shall not apply to Confidential Information that:
 - a) Is or becomes a part of the public knowledge through no fault of < Precision Consulting>;
 - b) < Precision Consulting> can demonstrate was rightfully in its possession before disclosure by Researcher/ research subjects; or
 - c) < Precision Consulting> can demonstrate was rightfully received from a third party who was not Researcher/research subjects and was not under confidentiality restriction on disclosure and without breach of any nondisclosure obligation.
6. < Precision Consulting > agrees to obligate its employees or agents, if any, who have access to any portion of Confidential Information to protect the confidential nature of the Confidential Information as set forth herein.
7. < Precision Consulting > shall defend, indemnify and hold the Researcher and the University of Phoenix harmless against any third party claims of damage or injury of any kind resulting from < Precision Consulting> use of the Confidential Information, or any violation of by< Precision Consulting > of the terms of this Agreement.
8. In the event < Precision Consulting> receives a subpoena and believes it has a legal obligation to disclose Confidential Information, then <Precision Consulting> will notify Researcher as soon as possible, and in any event at least five (5) business days prior to the proposed release. If Researcher

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objects to the release of such Confidential Information, < Precision Consulting> will allow Researcher to exercise any legal rights or remedies regarding the release and protection of the Confidential Information.

9. < Precision Consulting > expressly acknowledges and agrees that the breach, or threatened breach, by it through a disclosure of Confidential Information may cause irreparable harm and that Researcher may not have an adequate remedy at law. Therefore, < Precision Consulting > agrees that upon such breach, or threatened breach, Researcher will be entitled to seek injunctive relief to prevent < Precision Consulting > from commencing or continuing any action constituting such breach without showing or providing evidence of actual damage.
10. The interpretation and validity of this Agreement and the rights of the parties shall be governed by the laws of the State of <Florida>.
11. The parties to this Agreement agree that a copy of the original signature (including an electronic copy) may be used for any and all purposes for which the original signature may have been used. The parties further waive any right to challenge the admissibility or authenticity of this document in a court of law based solely on the absence of an original signature.

IN WITNESS WHEREOF, each of the undersigned has caused this Agreement to be duly executed in its name and on its behalf:

Printed Name of Additional Researcher/Third Party/Vendor: Precision Consulting
Company
Signature: Cathrin Myburgh
Address: [REDACTED]
Date: 2/17/2017

Printed Name of Researcher: Cheryll Edwina Brathwaite
Signature: Cheryll Edwina Brathwaite
Address: [REDACTED]
Date: 2-17-17

APPENDIX J: INTERVIEW QUESTIONS

The purpose of this research study is to explore the lived experiences of role transition among novice clinical nurse educators. The general research question for the proposed study is: What is the lived experience of the novice CNE transitioning into the role of a clinical educator in the [REDACTED] for the first 2 ½ years or less?

1. What made you decide to become a clinical nurse educator?
2. Why did you want to become a clinical nurse educator?

Probe: Tell me about what interest you about the role of the educator?

3. Please tell me about your overall experience with role-specific orientation and transition into the Clinical Nurse Educator role.

Probe: If question not answered above, what orientation delivery formats did you experience from this health care organization and/or the education department?

Probe: If question not answered above, tell me about the effectiveness of the role-specific orientation in assisting your transition into the clinical nurse educator role.

4. What knowledge and skills have you received to prepare you for the role of the clinical nurse educator?

Probe: What kind of preparation did you pursue to help you prepare for the role as the educator outside of this organization?

5. What challenges have you faced in transitioning from an experienced registered nurse into the role of the clinical nurse educator?

Probe: What are some of the challenges you faced as a novice clinical nurse educator?

Probe: How would you describe the challenges you faced socializing as a new clinical educator?

6. How would you describe the working environment for the clinical nurse educator?
7. How did the organization prepare you to acquire the new knowledge, skills, and the ability to achieve your competencies as an educator?
8. What future plans are you interested in pursuing to develop in your role?
9. Based on your experience as a novice CNE, what advice would you give a colleague who expressed interest in becoming a clinical nurse educator?

10. Is there anything else you would like to tell me concerning your transition into the role of the clinical nurse educator?

APPENDIX K: EXPERT INVITATION LETTER

Dear Expert,

Thank you for your willingness to participate in the evaluation of the interview questions for the research study entitled: *The Lived Experiences of Role Transition among Clinical Nurse Educators: A Phenomenological Study*. I appreciate your time and expertise. I look forward to your comments and recommendations.

I am particularly interested in your expert opinions regarding content validity of the items and the overall usability, readability, and understandability of the interview questionnaire for the novice clinical nurse educators.

Enclosed is an evaluation form for your use as you review the interview questions. The interview questionnaire evaluation form includes a copy of the interview questions that will be used during the person-to-person interview with the novice clinical nurse educators and an evaluation form for use in your review. Please carefully review and consider the interview questionnaire and complete the evaluation form and return it to Cheryll Edwina Brathwaite by October 1 2016.

Please contact with Cheryll Edwina Brathwaite at [REDACTED] or [REDACTED] if you have any questions about the review of the interview questionnaire.

Sincerely,

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

APPENDIX L: INTERVIEW QUESTIONS

The purpose of this research study is to explore the lived experiences of role transition among novice clinical nurse educators. The general research question for the proposed study is: What is the lived experience of the novice CNE transitioning into the role of a clinical educator in the [REDACTED] for the first 2 1/2 years or less?

The interview questionnaire is designed as open-ended questions with the primary purpose of obtaining rich in-depth information about the transition of the novice clinical nurse educators. The interview questionnaire consists of 18 open-ended questions that focus on transition and role specific-orientation.

1. What was your initial experience as a CNE?
2. What made you decide to become a clinical nurse educator?
3. Is there something in particular that interest you about the role of the educator?
4. What was your lived experience during role-specific orientation as a CNE?
5. Please tell me about your overall experience with role-specific orientation and transition into the Clinical Nurse Educator role.
6. What kind of orientation delivery formats did you experience from this health care organization and/or the education department?
7. How effective was the role-specific orientation in assisting your transition into the CNE role?
8. What challenges have you faced in transitioning from an experienced registered nurse into the role of the CNE?
9. What are some of the challenges you faced as a novice CNE?
10. How would you describe the challenges you faced socializing as a new clinical educator?
11. What lived experiences have you had with a mentor guiding and supporting your transition into the role of the CNE?
12. How would you describe the working environment for the clinical nurse educator?
13. What knowledge and skills have you received to prepare you for the role of the CNE?

14. What kind of preparation did you pursue to help you prepare for the role as the educator?
15. How did the organization prepare you to acquire the new knowledge, skills, and the ability to achieve your competencies as an educator?
16. What are your plans for future pursuit to develop in your role?
17. Based on your experience as a novice CNE, what advice would you give a colleague who expressed interest in becoming a clinical nurse educator?
18. Is there anything else you would like to tell me concerning your transition into the role of the CNE?

Content Validity Evaluation

As a content expert, you are asked to evaluate each item for conceptual clarity, terminology, and the relevance to the role transition of the novice clinical nurse educators. Each question item is rated by a four-point ordinal scale ranging from 1 (*highly unclear/inappropriate/irrelevant, should be deleted*) to 4 (*highly clear/appropriate/relevant*). Please provide your comments if you have any suggestions for each question item. The description of the rating scale is as the following:

Relevance

- 1 = highly irrelevant, should be deleted.
- 2 = irrelevant, should be edited in order to be considered for inclusion (please provide comments/recommendations).
- 3 = relevant
- 4 = highly relevant

Representativeness

- 1 = highly unfit, should be deleted.
- 2 = unfit, should be edited in order to be considered for inclusion (please provide comments/recommendations).
- 3 = fit
- 4 = highly fit

Clarity

- 1 = highly unclear, should be deleted.
- 2 = unclear, should be edited in order to be considered for inclusion (please provide comments/recommendations).
- 3 = clear
- 4 = highly clear

Once you have completed your evaluation of the interview questions, please review the overall scale and rate it for *ease of use, readability, and understandability* for novice clinical nurse educators in terms of 1 = *very uneasy to use/unreadable/very confusing*, 2 =

uneasy to use/difficult to read/somewhat confusing, 3 = easy to use/readable/understandable, 4 = very easy to use/very readable/easily understood

Interview Questions

1. What was your initial experience as a CNE?

Relevance: 1____; 2____; 3____; 4____
Representativeness: 1____; 2____; 3____; 4____
Clarity: 1____; 2____; 3____; 4____
Terminology: 1____; 2____; 3____; 4____

2. What made you decide to become a clinical nurse educator?

Relevance: 1____; 2____; 3____; 4____
Representativeness: 1____; 2____; 3____; 4____
Clarity: 1____; 2____; 3____; 4____
Terminology: 1____; 2____; 3____; 4____

3. Is there something in particular that interest you about the role of the educator?

Relevance: 1____; 2____; 3____; 4____
Representativeness: 1____; 2____; 3____; 4____
Clarity: 1____; 2____; 3____; 4____
Terminology: 1____; 2____; 3____; 4____

4. What was your lived experience during role-specific orientation as a CNE?

Relevance: 1____; 2____; 3____; 4____
Representativeness: 1____; 2____; 3____; 4____
Clarity: 1____; 2____; 3____; 4____
Terminology: 1____; 2____; 3____; 4____

5. Please tell me about your overall experience with role-specific orientation and transition into the Clinical Nurse Educator role.

Relevance: 1____; 2____; 3____; 4____
Representativeness: 1____; 2____; 3____; 4____
Clarity: 1____; 2____; 3____; 4____
Terminology: 1____; 2____; 3____; 4____

6. What kind of orientation delivery formats did you experience from this health care organization and/or the education department?

Relevance: 1____; 2____; 3____; 4____
Representativeness: 1____; 2____; 3____; 4____

Clarity: 1____; 2____; 3____; 4____
Terminology: 1____; 2____; 3____; 4____

7. How effective was the role-specific orientation in assisting your transition into the CNE role?

Relevance: 1____; 2____; 3____; 4____
Representativeness: 1____; 2____; 3____; 4____
Clarity: 1____; 2____; 3____; 4____
Terminology: 1____; 2____; 3____; 4____

8. What challenges have you faced in transitioning from an experienced registered nurse into the role of the CNE?

Relevance: 1____; 2____; 3____; 4____
Representativeness: 1____; 2____; 3____; 4____
Clarity: 1____; 2____; 3____; 4____
Terminology: 1____; 2____; 3____; 4____

9. What are some of the challenges you faced as a novice CNE?

Relevance: 1____; 2____; 3____; 4____
Representativeness: 1____; 2____; 3____; 4____
Clarity: 1____; 2____; 3____; 4____
Terminology: 1____; 2____; 3____; 4____

10. How would you describe the challenges you faced socializing as a new clinical educator?

Relevance: 1____; 2____; 3____; 4____
Representativeness: 1____; 2____; 3____; 4____
Clarity: 1____; 2____; 3____; 4____
Terminology: 1____; 2____; 3____; 4____

11. What lived experiences have you had with a mentor guiding and supporting your transition into the role of the CNE?

Relevance: 1____; 2____; 3____; 4____
Representativeness: 1____; 2____; 3____; 4____
Clarity: 1____; 2____; 3____; 4____
Terminology: 1____; 2____; 3____; 4____

12. How would you describe the working environment for the clinical nurse educator?

Relevance: 1____; 2____; 3____; 4____

Representativeness: 1____; 2____; 3____; 4____
Clarity: 1____; 2____; 3____; 4____
Terminology: 1____; 2____; 3____; 4____

13. What knowledge and skills have you received to prepare you for the role of the CNE?

Relevance: 1____; 2____; 3____; 4____
Representativeness: 1____; 2____; 3____; 4____
Clarity: 1____; 2____; 3____; 4____
Terminology: 1____; 2____; 3____; 4____

14. What kind of preparation did you pursue to help you prepare for the role as the educator?

Relevance: 1____; 2____; 3____; 4____
Representativeness: 1____; 2____; 3____; 4____
Clarity: 1____; 2____; 3____; 4____
Terminology: 1____; 2____; 3____; 4____

15. How did the organization prepare you to acquire the new knowledge, skills, and the ability to achieve your competencies as an educator?

Relevance: 1____; 2____; 3____; 4____
Representativeness: 1____; 2____; 3____; 4____
Clarity: 1____; 2____; 3____; 4____
Terminology: 1____; 2____; 3____; 4____

16. What are your plans for future pursuit to develop in your role?

Relevance: 1____; 2____; 3____; 4____
Representativeness: 1____; 2____; 3____; 4____
Clarity: 1____; 2____; 3____; 4____
Terminology: 1____; 2____; 3____; 4____

17. Based on your experience as a novice CNE, what advice would you give a colleague who expressed interest in becoming a clinical nurse educator?

Relevance: 1____; 2____; 3____; 4____
Representativeness: 1____; 2____; 3____; 4____
Clarity: 1____; 2____; 3____; 4____
Terminology: 1____; 2____; 3____; 4____

18. Is there anything else you would like to tell me concerning your transition into the role of the CNE?

Relevance: 1____; 2____; 3____; 4____
Representativeness: 1____; 2____; 3____; 4____
Clarity: 1____; 2____; 3____; 4____
Terminology: 1____; 2____; 3____; 4____

Interview Questions

1. What was your initial experience as a CNE?
I would make this Question 2 – start with why you wanted to become one

Relevance: 1____; 2____; 3____; 4 x__
Representativeness: 1____; 2____; 3____; 4 x__
Clarity: 1____; 2____; 3____; 4 x__
Terminology: 1____; 2____; 3____; 4 x__

2. What made you decide to become a clinical nurse educator?
I would make this Question 1
Relevance: 1____; 2____; 3____; 4 x__
Representativeness: 1____; 2____; 3____; 4 x__
Clarity: 1____; 2____; 3____; 4 x__
Terminology: 1____; 2____; 3____; 4 x__

3. Q2Probe Is there something in particular that interest you about the role of the educator?
Make this a probe to Q2 if not answered.
Relevance: 1____; 2____; 3 x__ ; 4 ____
Representativeness: 1____; 2 x__ ; 3____; 4 ____
Clarity: 1____; 2 x__ ; 3____; 4 ____
Terminology: 1____; 2____; 3____; 4 x__

4. What was your lived experience during role-specific orientation as a CNE?
I would delete this as these will comprise your results, your analysis should be their lived experience.
Relevance: 1 x__ ; 2____; 3____; 4 ____
Representativeness: 1 x__ ; 2____; 3____; 4 ____
Clarity: 1 x__ ; 2____; 3____; 4 ____
Terminology: 1 x__ ; 2____; 3____; 4 ____

5. Q3Please tell me about your overall experience with role-specific orientation and transition into the Clinical Nurse Educator role.
Relevance: 1____; 2____; 3____; 4 x__
Representativeness: 1____; 2____; 3____; 4 x__
Clarity: 1____; 2____; 3 x__ ; 4 ____
Terminology: 1____; 2____; 3____; 4 x__

6. Q3Probe What kind of orientation delivery formats did you experience from this health care organization and/or the education department? May be answered in Q3 – may need some clarification –esp re: formats?
 Relevance: 1____; 2____; 3____; 4 x__
 Representativeness: 1____; 2____; 3 x__ ; 4 ____
 Clarity: 1____; 2____; 3 x__ ; 4 ____
 Terminology: 1____; 2____; 3____; 4 x__
7. Q3Probe How effective was the role-specific orientation in assisting your transition into the CNE role?
 If not answered in Q3
 Relevance: 1____; 2____; 3____; 4 x__
 Representativeness: 1____; 2____; 3____; 4 x____
 Clarity: 1____; 2____; 3____; 4 x__
 Terminology: 1____; 2____; 3____; 4 x__
8. Make Q5 What challenges have you faced in transitioning from an experienced registered nurse into the role of the CNE?
 I think this should be after preparation which I've relabeled as Q4
 Relevance: 1____; 2____; 3____; 4 x__
 Representativeness: 1____; 2____; 3____; 4 x__
 Clarity: 1____; 2____; 3____; 4 x__
 Terminology: 1____; 2____; 3____; 4 x__
9. Q5 Probe What are some of the challenges you faced as a novice CNE?
 If not answered in Q5
 Relevance: 1____; 2____; 3____; 4 x__
 Representativeness: 1____; 2____; 3____; 4 x__
 Clarity: 1____; 2____; 3____; 4 x__
 Terminology: 1____; 2____; 3____; 4 x__
10. Q5 Probe how would you describe the challenges you faced socializing as a new clinical educator?
 If not answered in Q5
 Perhaps clarify socialization?
 Relevance: 1____; 2____; 3 x__ ; 4 ____
 Representativeness: 1____; 2____; 3 x__ ; 4 ____
 Clarity: 1____; 2 x__ ; 3____; 4 ____
 Terminology: 1____; 2____; 3 x__ ; 4 ____
11. What lived experiences have you had with a mentor guiding and supporting your transition into the role of the CNE?
 Delete will be your results
 Relevance: 1 x__ ; 2____; 3____; 4 ____
 Representativeness: 1 x__ ; 2____; 3____; 4 ____
 Clarity: 1 x__ ; 2____; 3____; 4 ____
 Terminology: 1 x__ ; 2____; 3____; 4 ____

12. Q6 How would you describe the working environment for the clinical nurse educator?
 Relevance: 1____; 2____; 3____; 4 x__
 Representativeness: 1____; 2____; 3____; 4 x__
 Clarity: 1____; 2____; 3____; 4 x__
 Terminology: 1____; 2____; 3____; 4 x__
13. Q4 What knowledge and skills have you received to prepare you for the role of the CNE?
 Relevance: 1____; 2____; 3____; 4__x_
 Representativeness: 1____; 2____; 3____; 4x ____
 Clarity: 1____; 2____; 3____; 4 x__
 Terminology: 1____; 2____; 3____; 4 x__
14. Q4 Probe What kind of preparation did you pursue to help you prepare for the role as the educator?
 Relevance: 1____; 2____; 3____; 4__x_
 Representativeness: 1____; 2____; 3____; 4 x__
 Clarity: 1____; 2____; 3 x__; 4 ____
 Terminology: 1____; 2____; 3____; 4 x__
15. Q7 How did the organization prepare you to acquire the new knowledge, skills, and the ability to achieve your competencies as an educator?
 Relevance: 1____; 2____; 3____; 4 x__
 Representativeness: 1____; 2____; 3____; 4__x_
 Clarity: 1____; 2____; 3____; 4 x__
 Terminology: 1____; 2____; 3____; 4 x__
16. Q8 What are your plans for future pursuit to develop in your role?
 Relevance: 1____; 2____; 3____; 4 x__
 Representativeness: 1____; 2____; 3____; 4 x__
 Clarity: 1____; 2____; 3____; 4 x__
 Terminology: 1____; 2____; 3____; 4 x__
17. Q9 Based on your experience as a novice CNE, what advice would you give a colleague who expressed interest in becoming a clinical nurse educator?
 Relevance: 1____; 2____; 3____; 4 x__
 Representativeness: 1____; 2____; 3____; 4 x__
 Clarity: 1____; 2____; 3____; 4 x__
 Terminology: 1____; 2____; 3____; 4 x__
18. Q10 Is there anything else you would like to tell me concerning your transition into the role of the CNE?
 Relevance: 1____; 2____; 3____; 4__x_
 Representativeness: 1____; 2____; 3____; 4 x__
 Clarity: 1____; 2____; 3____; 4 x__
 Terminology: 1____; 2____; 3____; 4 x__

Ease of Use = 4

Readability - 4

Understandability = 4

Interview Questions

1. What was your initial experience as a CNE?
Although it is an interview you might want to write out CNE for consistency.
Relevance: 1____; 2____; 3____; 4 ____
Representativeness: 1____; 2____; 3____; 4 ____
Clarity: 1____; 2 ____; 3____; 4____
Terminology: 1____; 2____; 3____; 4 ____
2. What made you decide to become a clinical nurse educator?
Relevance: 1____; 2____; 3____; 4 ____
Representativeness: 1____; 2____; 3____; 4 ____
Clarity: 1____; 2____; 3____; 4 ____
Terminology: 1____; 2____; 3____; 4 ____
3. Is there something in particular that interest you about the role of the educator?
This is a yes or no question. It is suggested that you change it to—Tell me about what interests you about the role of the clinical nurse educator.
Relevance: 1____; 2____; 3____; 4 ____
Representativeness: 1____; 2____; 3____; 4 ____
Clarity: 1____; 2 ; 3____; 4____
Terminology: 1____; 2 ____; 3____; 4____
4. What was your lived experience during role-specific orientation as a CNE?
Relevance: 1____; 2____; 3____; 4 ____
Representativeness: 1____; 2____; 3____; 4 ____
Clarity: 1____; 2____; 3 ____; 4____
Terminology: 1____; 2____; 3 ; 4____
5. Please tell me about your overall experience with role-specific orientation and transition into the Clinical Nurse Educator role.
Relevance: 1____; 2____; 3____; 4 ____
Representativeness: 1____; 2____; 3____; 4 ____
Clarity: 1____; 2____; 3____; 4 ____
Terminology: 1____; 2____; 3____; 4 ____
6. What kind of orientation delivery formats did you experience from this health care organization and/or the education department?
This is unclear. Are you referring to other experiences? Other experiences as a CNE with education from the organization or nursing education in general from the organization?
Relevance: 1____; 2 ; 3____; 4____
Representativeness: 1____; 2 ; 3____; 4____
Clarity: 1____; 2 ____; 3____; 4____
Terminology: 1____; 2 ; 3____; 4____

7. How effective was the role-specific orientation in assisting your transition into the CNE role?

You might ended up with a rating answer versus dialogue. Possibly—Tell me about the effectiveness

Relevance: 1____; 2____; 3____; 4 X____
Representativeness: 1____; 2____; 3____; 4 X____
Clarity: 1____; 2 X ; 3____; 4____
Terminology: 1____; 2 X ; 3____; 4____

8. What challenges have you faced in transitioning from an experienced registered nurse into the role of the CNE?

Relevance: 1____; 2____; 3____; 4 X____
Representativeness: 1____; 2____; 3____; 4 X____
Clarity: 1____; 2____; 3____; 4 X____
Terminology: 1____; 2____; 3____; 4 X____

9. What are some of the challenges you faced as a novice CNE?

Relevance: 1____; 2____; 3____; 4 X____
Representativeness: 1____; 2____; 3____; 4 X____
Clarity: 1____; 2____; 3____; 4 X____
Terminology: 1____; 2____; 3____; 4 X____

10. How would you describe the challenges you faced socializing as a new clinical educator?

In general or with a specific group?

Relevance: 1____; 2____; 3 X ; 4____
Representativeness: 1____; 2____; 3 X____; 4____
Clarity: 1____; 2 X____; 3____; 4____
Terminology: 1____; 2 X ; 3____; 4____

11. What lived experiences have you had with a mentor guiding and supporting your transition into the role of the CNE?

Relevance: 1____; 2____; 3____; 4 X____
Representativeness: 1____; 2____; 3____; 4 X____
Clarity: 1____; 2____; 3____; 4 X____
Terminology: 1____; 2____; 3____; 4 X____

12. How would you describe the working environment for the clinical nurse educator?

Relevance: 1____; 2____; 3____; 4 X____
Representativeness: 1____; 2____; 3____; 4 X____
Clarity: 1____; 2____; 3____; 4 X____
Terminology: 1____; 2____; 3____; 4 X____

13. What knowledge and skills have you received to prepare you for the role of the CNE?
 Relevance: 1____; 2____; 3____; 4 X____
 Representativeness: 1____; 2____; 3____; 4 X____
 Clarity: 1____; 2____; 3____; 4 X____
 Terminology: 1____; 2____; 3____; 4 X____
14. What kind of preparation did you pursue to help you prepare for the role as the educator?
 Maybe a little more specific—outside of organization?
 Relevance: 1____; 2____; 3____; 4 X____
 Representativeness: 1____; 2____; 3____; 4 X____
 Clarity: 1____; 2 X____; 3____; 4____
 Terminology: 1____; 2 X____; 3____; 4____
15. How did the organization prepare you to acquire the new knowledge, skills, and the ability to achieve your competencies as an educator?
 Relevance: 1____; 2____; 3____; 4 X____
 Representativeness: 1____; 2____; 3____; 4 X____
 Clarity: 1____; 2____; 3____; 4 X____
 Terminology: 1____; 2____; 3____; 4 X____
16. What are your plans for future pursuit to develop in your role?
 This sounds confusing.... what future plans are you interested in pursuing...
 Relevance: 1____; 2____; 3____; 4 X____
 Representativeness: 1____; 2____; 3____; 4 X____
 Clarity: 1____; 2 X____; 3____; 4____
 Terminology: 1____; 2 X____; 3____; 4____
17. Based on your experience as a novice CNE, what advice would you give a colleague who expressed interest in becoming a clinical nurse educator?
 Relevance: 1____; 2____; 3____; 4 X____
 Representativeness: 1____; 2____; 3____; 4 X____
 Clarity: 1____; 2____; 3____; 4 X____
 Terminology: 1____; 2____; 3____; 4 X____
18. Is there anything else you would like to tell me concerning your transition into the role of the CNE?
 Relevance: 1____; 2____; 3____; 4____
 Representativeness: 1____; 2____; 3____; 4____
 Clarity: 1____; 2____; 3____; 4____
 Terminology: 1____; 2____; 3____; 4____

Interview Questions

1. What was your initial experience as a CNE?
Relevance: 1____; 2____; 3____; 4 ✓__
Representativeness: 1____; 2____; 3____; 4 ✓__
Clarity: 1____; 2____; 3____; 4 ✓__
Terminology: 1____; 2____; 3____; 4 ✓__

2. What made you decide to become a clinical nurse educator?
Relevance: 1____; 2____; 3____; 4 ✓__
Representativeness: 1____; 2____; 3____; 4 ✓__
Clarity: 1____; 2____; 3____; 4 ✓__
Terminology: 1____; 2____; 3____; 4 ✓__

3. Is there something in particular that interest you about the role of the educator?
Relevance: 1____; 2____; 3____; 4 ✓__
Representativeness: 1____; 2____; 3____; 4 ✓__
Clarity: 1____; 2____; 3____; 4 ✓__
Terminology: 1____; 2____; 3____; 4 ✓__

4. What was your lived experience during role-specific orientation as a CNE?
Relevance: 1____; 2____; 3____; 4 ✓__
Representativeness: 1____; 2____; 3____; 4 ✓__
Clarity: 1____; 2____; 3____; 4 ✓__
Terminology: 1____; 2____; 3____; 4 ✓__

5. Please tell me about your overall experience with role-specific orientation and transition into the Clinical Nurse Educator role.
Relevance: 1____; 2____; 3____; 4 ✓__
Representativeness: 1____; 2____; 3____; 4 ✓__
Clarity: 1____; 2____; 3____; 4 ✓__
Terminology: 1____; 2____; 3____; 4 ✓__

6. What kind of orientation delivery formats did you experience from this health care organization and/or the education department?
Relevance: 1____; 2____; 3____; 4 ✓__
Representativeness: 1____; 2____; 3____; 4 ✓__
Clarity: 1____; 2____; 3____; 4 ✓__
Terminology: 1____; 2____; 3____; 4 ✓__

7. How effective was the role-specific orientation in assisting your transition into the CNE role?

Relevance: 1____; 2____; 3____; 4 ✓__
Representativeness: 1____; 2____; 3____; 4 ✓__
Clarity: 1____; 2____; 3____; 4 ✓__
Terminology: 1____; 2____; 3____; 4 ✓__

8. What challenges have you faced in transitioning from an experienced registered nurse into the role of the CNE?

Relevance: 1____; 2____; 3____; 4 ✓__
Representativeness: 1____; 2____; 3____; 4 ✓__
Clarity: 1____; 2____; 3____; 4 ✓__
Terminology: 1____; 2____; 3____; 4 ✓__

9. What are some of the challenges you faced as a novice CNE?

Relevance: 1____; 2____; 3____; 4 ✓__
Representativeness: 1____; 2____; 3____; 4 ✓__
Clarity: 1____; 2____; 3____; 4 ✓__
Terminology: 1____; 2____; 3____; 4 ✓__

10. How would you describe the challenges you faced socializing as a new clinical educator?

Relevance: 1____; 2____; 3____; 4 ✓__
Representativeness: 1____; 2____; 3____; 4 ✓__
Clarity: 1____; 2____; 3____; 4 ✓__
Terminology: 1____; 2____; 3____; 4 ✓__

11. What lived experiences have you had with a mentor guiding and supporting your transition into the role of the CNE?

Relevance: 1____; 2____; 3____; 4 ✓__
Representativeness: 1____; 2____; 3____; 4 ✓__
Clarity: 1____; 2____; 3____; 4 ✓__
Terminology: 1____; 2____; 3____; 4 ✓__

12. How would you describe the working environment for the clinical nurse educator?

Relevance: 1____; 2____; 3____; 4 ✓__
Representativeness: 1____; 2____; 3____; 4 ✓__
Clarity: 1____; 2____; 3____; 4 ✓__
Terminology: 1____; 2____; 3____; 4 ✓__

13. What knowledge and skills have you received to prepare you for the role of the CNE?

Relevance: 1____; 2____; 3____; 4 ✓__
Representativeness: 1____; 2____; 3____; 4 ✓__
Clarity: 1____; 2____; 3____; 4 ✓__
Terminology: 1____; 2____; 3____; 4 ✓__

14. What kind of preparation did you pursue to help you prepare for the role as the educator?

Relevance: 1____; 2____; 3____; 4 ✓__
Representativeness: 1____; 2____; 3____; 4 ✓__
Clarity: 1____; 2____; 3____; 4 ✓__
Terminology: 1____; 2____; 3____; 4 ✓__

15. How did the organization prepare you to acquire the new knowledge, skills, and the ability to achieve your competencies as an educator?

Relevance: 1____; 2____; 3____; 4 ✓__
Representativeness: 1____; 2____; 3____; 4 ✓__
Clarity: 1____; 2____; 3____; 4 ✓__
Terminology: 1____; 2____; 3____; 4 ✓__

16. What are your plans for future pursuit to develop in your role?

Reword for clarity

Relevance: 1____; 2____; 3 ✓ ; 4 ____
Representativeness: 1____; 2____; 3 ✓ ; 4 ____
Clarity: 1____; 2 ✓ ; 3____; 4 ____
Terminology: 1____; 2 ✓ ; 3____; 4 ____

17. Based on your experience as a novice CNE, what advice would you give a colleague who expressed interest in becoming a clinical nurse educator?

Relevance: 1____; 2____; 3____; 4 ✓__
Representativeness: 1____; 2____; 3____; 4 ✓__
Clarity: 1____; 2____; 3____; 4 ✓__
Terminology: 1____; 2____; 3____; 4 ✓__

18. Is there anything else you would like to tell me concerning your transition into the role of the CNE?

Relevance: 1____; 2____; 3____; 4 ✓__
Representativeness: 1____; 2____; 3____; 4 ✓__
Clarity: 1____; 2____; 3____; 4 ✓__
Terminology: 1____; 2____; 3____; 4 ✓__

Interview Questions

1. What was your initial experience as a CNE?
Relevance: 1____; 2____; 3____; 4 ____
Representativeness: 1____; 2____; 3____; 4 ____
Clarity: 1____; 2____; 3____; 4 ____
Terminology: 1____; 2____; 3____; 4 ____

2. What made you decide to become a clinical nurse educator?
Relevance: 1____; 2____; 3____; 4 ____
Representativeness: 1____; 2____; 3____; 4 ____
Clarity: 1____; 2____; 3____; 4 ____
Terminology: 1____; 2____; 3____; 4 ____

3. Is there something in particular that interest you about the role of the educator?
Relevance: 1____; 2____; 3____; 4 ____
Representativeness: 1____; 2____; 3____; 4 ____
Clarity: 1____; 2____; 3____; 4 ____
Terminology: 1____; 2____; 3____; 4 ____

4. What was your lived experience during role-specific orientation as a CNE?
Relevance: 1____; 2____; 3____; 4 ____
Representativeness: 1____; 2____; 3____; 4 ____
Clarity: 1____; 2____; 3 ; 4 ____
Terminology: 1____; 2____; 3 ; 4 ____

5. Please tell me about your overall experience with role-specific orientation and transition into the Clinical Nurse Educator role.

Representativeness: 1____; 2____; 3____; 4 ____
Clarity: 1____; 2____; 3____; 4 ____
Terminology: 1____; 2____; 3____; 4 ____

6. What kind of orientation delivery formats did you experience from this health care organization and/or the education department?
Relevance: 1____; 2____; 3____; 4 ____
Representativeness: 1____; 2____; 3____; 4 ____
Clarity: 1____; 2____; 3 ; 4 ____
Terminology: 1____; 2____; 3 ; 4 ____

7. How effective was the role-specific orientation in assisting your transition into the CNE role?
 Relevance: 1____; 2____; 3____; 4 X____
 Representativeness: 1____; 2____; 3____; 4 X____
 Clarity: 1____; 2____; 3____; 4 X____
 Terminology: 1____; 2____; 3____; 4 X____
8. What challenges have you faced in transitioning from an experienced registered nurse into the role of the CNE?
 Relevance: 1____; 2____; 3____; 4 X____
 Representativeness: 1____; 2____; 3____; 4 X____
 Clarity: 1____; 2____; 3____; 4 X____
 Terminology: 1____; 2____; 3____; 4 X____
9. What are some of the challenges you faced as a novice CNE?
 Relevance: 1____; 2____; 3____; 4 X____
 Representativeness: 1____; 2____; 3____; 4 X____
 Clarity: 1____; 2____; 3____; 4 X____
 Terminology: 1____; 2____; 3____; 4 X____
10. How would you describe the challenges you faced socializing as a new clinical educator?
 Relevance: 1____; 2____; 3____; 4 X____
 Representativeness: 1____; 2____; 3____; 4 X____
 Clarity: 1____; 2____; 3____; 4 X____
 Terminology: 1____; 2____; 3____; 4 X____
11. What lived experiences have you had with a mentor guiding and supporting your transition into the role of the CNE?
 Relevance: 1____; 2____; 3____; 4 X____
 Representativeness: 1____; 2____; 3____; 4 X____
 Clarity: 1____; 2____; 3 X____; 4 ____
 Terminology: 1____; 2____; 3 X____; 4 ____
12. How would you describe the working environment for the clinical nurse educator?
 Relevance: 1____; 2____; 3____; 4 X____
 Representativeness: 1____; 2____; 3____; 4 X____
 Clarity: 1____; 2____; 3____; 4 X____
 Terminology: 1____; 2____; 3____; 4 X____

13. What knowledge and skills have you received to prepare you for the role of the CNE?

Relevance: 1____; 2____; 3 ; 4 ____
Representativeness: 1____; 2____; 3____; 4 ____
Clarity: 1____; 2____; 3____; 4 ____
Terminology: 1____; 2____; 3____; 4 ____

14. What kind of preparation did you pursue to help you prepare for the role as the educator?

Relevance: 1____; 2____; 3____; 4 ____
Representativeness: 1____; 2____; 3____; 4 ____
Clarity: 1____; 2____; 3____; 4 ____
Terminology: 1____; 2____; 3____; 4 ____

15. How did the organization prepare you to acquire the new knowledge, skills, and the ability to achieve your competencies as an educator?

Relevance: 1____; 2____; 3____; 4 ____
Representativeness: 1____; 2____; 3____; 4 ____
Clarity: 1____; 2____; 3____; 4 ____
Terminology: 1____; 2____; 3____; 4 ____

16. What are your plans for future pursuit to develop in your role?

Relevance: 1____; 2____; 3____; 4 ____
Representativeness: 1____; 2____; 3____; 4 ____
Clarity: 1____; 2____; 3____; 4 ____
Terminology: 1____; 2____; 3____; 4 ____

17. Based on your experience as a novice CNE, what advice would you give a colleague who expressed interest in becoming a clinical nurse educator?

Relevance: 1____; 2____; 3____; 4 ____
Representativeness: 1____; 2____; 3____; 4 ____
Clarity: 1____; 2____; 3____; 4 ____
Terminology: 1____; 2____; 3____; 4 ____

18. Is there anything else you would like to tell me concerning your transition into the role of the CNE?

Relevance: 1____; 2____; 3____; 4 ____
Representativeness: 1____; 2____; 3____; 4 ____
Clarity: 1____; 2____; 3____; 4 ____
Terminology: 1____; 2____; 3____; 4 ____

Interview Questions

1. What was your initial experience as a CNE?
Relevance: 1____; 2____; 3____; 4 ____
Representativeness: 1____; 2____; 3____; 4 ____
Clarity: 1____; 2____; 3____; 4 ____
Terminology: 1____; 2____; 3____; 4 ____

2. What made you decide to become a clinical nurse educator?
Relevance: 1____; 2____; 3____; 4 ____
Representativeness: 1____; 2____; 3____; 4 ____
Clarity: 1____; 2____; 3____; 4 ____
Terminology: 1____; 2____; 3____; 4 ____

3. Is there something in particular that interest you about the role of the educator?
Relevance: 1____; 2____; 3 ; 4 ____
Representativeness: 1____; 2____; 3 ; 4 ____
Clarity: 1____; 2____; 3 ; 4 ____
Terminology: 1____; 2____; 3 ; 4 ____

4. What was your lived experience during role-specific orientation as a CNE?
Relevance: 1____; 2____; 3 ; 4 ____
Representativeness: 1____; 2____; 3 ; 4 ____
Clarity: 1____; 2____; 3 ; 4 ____
Terminology: 1____; 2____; 3 ; 4 ____

5. Please tell me about your overall experience with role-specific orientation and transition into the Clinical Nurse Educator role.
Relevance: 1____; 2____; 3____; 4 ____
Representativeness: 1____; 2____; 3____; 4 ____
Clarity: 1____; 2____; 3____; 4 ____
Terminology: 1____; 2____; 3____; 4 ____

6. What kind of orientation delivery formats did you experience from this health care organization and/or the education department?
Relevance: 1____; 2____; 3 ; 4 ____
Representativeness: 1____; 2____; 3 ; 4 ____
Clarity: 1____; 2____; 3 ; 4 ____
Terminology: 1____; 2____; 3 ; 4 ____

7. How effective was the role-specific orientation in assisting your transition into the CNE role?

Relevance: 1____; 2____; 3____; 4 ____
Representativeness: 1____; 2____; 3____; 4 ____
Clarity: 1____; 2____; 3____; 4 ____
Terminology: 1____; 2____; 3____; 4 ____

8. What challenges have you faced in transitioning from an experienced registered nurse into the role of the CNE?

Relevance: 1____; 2____; 3____; 4 ____
Representativeness: 1____; 2____; 3____; 4 ____
Clarity: 1____; 2____; 3____; 4 ____
Terminology: 1____; 2____; 3____; 4 ____

9. What are some of the challenges you faced as a novice CNE?

Relevance: 1____; 2____; 3____; 4 ____
Representativeness: 1____; 2____; 3____; 4 ____
Clarity: 1____; 2____; 3____; 4 ____
Terminology: 1____; 2____; 3____; 4 ____

10. How would you describe the challenges you faced socializing as a new clinical educator?

Relevance: 1____; 2____; 3____; 4 ____
Representativeness: 1____; 2____; 3____; 4 ____
Clarity: 1____; 2____; 3____; 4 ____
Terminology: 1____; 2____; 3____; 4 ____

11. What lived experiences have you had with a mentor guiding and supporting your transition into the role of the CNE?

Relevance: 1____; 2____; 3 ____; 4 ____
Representativeness: 1____; 2____; 3 ____; 4 ____
Clarity: 1____; 2____; 3 ____; 4 ____
Terminology: 1____; 2____; 3 ____; 4 ____

12. How would you describe the working environment for the clinical nurse educator?

Relevance: 1____; 2____; 3____; 4 ____
Representativeness: 1____; 2____; 3____; 4 ____
Clarity: 1____; 2____; 3____; 4 ____
Terminology: 1____; 2____; 3____; 4 ____

13. What knowledge and skills have you received to prepare you for the role of the CNE?

Relevance: 1____; 2____; 3____; 4_✓___
Representativeness: 1____; 2____; 3____; 4_✓___
Clarity: 1____; 2____; 3____; 4_✓___
Terminology: 1____; 2____; 3____; 4_✓___

14. What kind of preparation did you pursue to help you prepare for the role as the educator?

Relevance: 1____; 2____; 3____; 4_✓___
Representativeness: 1____; 2____; 3____; 4_✓___
Clarity: 1____; 2____; 3____; 4_✓___
Terminology: 1____; 2____; 3____; 4_✓___

15. How did the organization prepare you to acquire the new knowledge, skills, and the ability to achieve your competencies as an educator?

Relevance: 1____; 2____; 3_✓___; 4____
Representativeness: 1____; 2____; 3_✓___; 4____
Clarity: 1____; 2____; 3_✓___; 4____
Terminology: 1____; 2____; 3____; 4_✓___

16. What are your plans for future pursuit to develop in your role?

Relevance: 1____; 2____; 3____; 4_✓___
Representativeness: 1____; 2____; 3____; 4_✓___
Clarity: 1____; 2____; 3____; 4_✓___
Terminology: 1____; 2____; 3____; 4_✓___

17. Based on your experience as a novice CNE, what advice would you give a colleague who expressed interest in becoming a clinical nurse educator?

Relevance: 1____; 2____; 3____; 4_✓___
Representativeness: 1____; 2____; 3____; 4_✓___
Clarity: 1____; 2____; 3____; 4_✓___
Terminology: 1____; 2____; 3____; 4_✓___

18. Is there anything else you would like to tell me concerning your transition into the role of the CNE?

Relevance: 1____; 2____; 3_✓___; 4____
Representativeness: 1____; 2____; 3_✓___; 4____
Clarity: 1____; 2____; 3_✓___; 4____
Terminology: 1____; 2____; 3_✓___; 4____

Overall rating on the scale is 3 easy to read understandable.