

THE EXPERIENCE OF THE NEW NURSE EDUCATOR: THE FIRST YEAR OF TRANSITION: A REVIEW OF THE LITERATURE

Claudia Phillips

Eastern New Mexico University, USA

ABSTRACT

The transition from the role of nurse clinician to nurse educator has been said to be a difficult journey. A review of the literature was undertaken to investigate the causes that create such a difficult transition. The following question guided the literature review as well as the discussion of such: What is the experience of the new nurse educator during the first year of transition? And what are the recommendations, if any, to assist those taking on this transition? As the literature was reviewed common themes began to emerge such as old vs. new role, interpersonal struggles, lack of preparation and guidance, politics and social aspects. These are reviewed in detail in the following discussion. Recommendations for practice to ease the transition also began to emerge and the literature was reviewed. It became apparent that an equal partnership between schools of nursing and new nurse educators was crucial to making transitions as smooth as possible as well as successful. These are also detailed in the following discussion.

Key words: *nurse, clinician, educator, nursing, school*

INTRODUCTION

In recent years, the nursing profession has seen many changes and challenges. Perhaps the largest of these is the nursing shortage, projected to only worsen as populations age, medical advances move forward, life expectancy is longer, and the current workforce of nurses ages and retires (Culleiton & Shellenbarger, 2007). In order to remedy this nursing shortage, there has been a call to increase the number of students enrolled in schools of nursing so that in the coming years more nurses will be entering the workforce. However, this also creates a domino effect, as an increase in the number of students requires an increase in the number of nursing faculty (Culleiton & Shellenbarger, 2007).

Many clinical nurses are deciding to use their skills, knowledge, and qualifications to transition into faculty positions at schools of nursing. However, with taking on a new role that differs immensely from the clinical setting (Anderson, 2009), one must ask: what is the experience of the new nurse educator during the first year of transition? And what are the recommendations, if any, to assist those taking on this transition?

METHOD

A review of the literature was undertaken to investigate and answer the following questions: What is the experience of the new nurse educator during the first year of transition? What are the recommendations, if any, to assist those taking on this transition?

A systematic review of the literature was conducted using a computerized search of four online databases: CINAHL, Medline, PubMed, and Education Research Complete. The searches were done through the online database library of the University of New Mexico Health Sciences Center. The following keywords were used: nurse, educator, nurse, transition, nurse, clinician, faculty, and new. The following Boolean phrases were used: nurse educator AND transition, nurse clinician AND nurse educator, nurse clinician AND faculty, nursing faculty AND transition.

Each article was assessed for inclusion criteria through reading its abstract and briefly reviewing the content of the article. Reference lists were also reviewed alerting this researcher to other articles with the potential of being included in the review. Inclusion criteria were as follows: peer-reviewed, full text articles written in the English language and published between January 1990 to November 2016.

Articles that were chosen for this literature review were then sorted and cataloged as primary sources (research articles), secondary sources (literature reviews), or non-research literature. Of the thirteen articles that were used for this literature review, eleven were primary sources and two were secondary sources.

After cataloging all articles, they were then reviewed in detail; common themes emerging from the literature were grouped together along with recommendations for practice. These will be outlined in detail in the following discussion.

FINDINGS

In reviewing the literature, many different detailed experiences of new nurse educators in transition began to emerge. These were grouped into six larger over-arching themes: old vs. new role, interpersonal, lack of preparation, lack of guidance, politics, and social. Many recommendations for practice were also discovered throughout the literature; these were organized into recommendations for experienced faculty and organizations and recommendations for the new nurse educators themselves.

Common themes

Although the experience of transition from a nurse clinician to a nurse educator is different for everyone, there were very distinct over-arching themes that described this experience. The literature pointed to many different factors that made the experience a positive, negative, or combination of positive and negative.

New vs. old role

For nurse clinicians stepping out of their comfort zone into a completely different culture of nursing makes for a difficult transition in and of itself (Cangelosi, Crocker, & Sorrell, 2009; Danna, Schaubhut, & Jones, 2010; Dempsey, 2007; McDonald, 2010; Penn, Wilson, & Rosseter, 2008). Professional values, norms, culture and identities differ greatly from the clinical to the educational setting. What may have been highly coveted and recognized skills and accomplishments in the clinical setting may have little to no value in the academic setting (Anderson, 2009; Danna et al., 2010; Esper, 1995; McDonald, 2010, Schoening, 2013). For these expert clinicians stepping into the academic setting as a novice, the workload is vastly different, changing from managing patient care and care planning to supervising and evaluating students, curriculum development, and lesson planning (Cangelosi et al., 2009; Dempsey, 2007; Esper, 1995; McDonald, 2010; Penn et al., 2008; Schoening, 2013). The old role of expert clinician is exchanged for a new role: novice educator. While the skills and knowledge of the clinician can certainly add merit and value to their role as an educator, the way in which they use those skills and their knowledge changes a great deal (Anderson, 2009).

Interpersonal experience

As stated above, taking on a new role during this transition can be a difficult experience; not only professionally, but personally. During the first year of transition, feelings of being overwhelmed became very apparent as these new educators felt as if they were juggling multiple roles (Anderson, 2009; Schoening, 2013). Those undertaking this new role were interviewed by Dempsey (2007) and they noted that feelings of fear, stress, anxiety, loss, and pressure to do well and succeed became very daunting leading to a lack of self-confidence as well as feeling inferior and inadequate (Dempsey, 2007; Esper, 1995).

Cangelosi et al. (2009) conducted their own research of clinicians learning about their new role as educators. In their discussion of their findings, they noted that three key attitudes helped new educators to overcome the negative feelings associated with their transition. They note that to first accept that one is a novice educator was a big step in allowing one's self the freedom to not always succeed or do well. Giving one's self permission to not be the best when one was still in the novice stage was key.

Second, the authors noted that new educators found that frequently reminding one's self that things would get better with time and that it was a growing experience helped with the positive aspect of one's psyche (Cangelosi et al., 2009).

Lack of preparation

While preparing to take on the role of a nurse educator is not part of the first year of transition, it is important to note this theme as the literature noted this had a significant impact on a new educator's first year in transition. New nurse educators looking back on their preparation to take on this role (particularly in regards to schooling) noted that there was a significant inadequacy in their

schooling specifically designed to prepare them for a nurse educator role. They noted that this left them learning their new role by trial and error and feeling as though they were expected to 'just know' how to teach (Schoening, 2013). Dempsey (2007) also found this to be true in their study, but also noted that participants felt they were poorly prepared to handle the amount of paperwork and administrative duties required for their new role as educator.

From both these studies, it became clear that even though some clinical nurses are seeking further education (specifically a master's degree in nursing education), they were still left feeling inadequately prepared for their new roles. Although one has an MSN with a focus in nursing education, both Dempsey (2007) and Schoening (2013) made special note that experienced faculty and institutions cannot assume that new faculty will know how to teach or be prepared to handle the extra duties that are required of the position.

Lack of guidance

Along with feeling inadequately prepared, new educators also noted that one of the biggest reasons the transition was so difficult was a lack of guidance. This came in several forms including a lack of new faculty orientation, a lack of preceptorship, and finally, a lack of ongoing mentorship (Dempsey, 2007; Schoening, 2013). New educators that were interviewed in a study conducted by McDonald (2010) noted that the lack of support left them feeling as though they needed use trial and error to learn their new role. They also noted feeling a huge uncertainty about what their role entailed which left them having to seek out training for their role on their own.

It is important to note, again, that lack of guidance and support were identified as the biggest reasons new educators struggled in their transition. This will be addressed in more detail later in this discussion regarding solutions.

Politics

Within the clinical realm of nursing, it is impossible to escape politics; the same holds true for the educational realm. Esper (1995) notes in her writing that new theoretical frameworks, curriculum boundaries, and administrative rules often bring another aspect of challenge to new nurse educators.

Penn et al. (2008) agrees with this statement also noting that sometimes restricting and governing policies and procedures around rights and responsibilities (of students and faculty) as well as evaluation and testing add even more challenge. In addition, governing bodies such as the American Association of Colleges of Nursing (AACN) and the National League for Nursing (NLN) may not be familiar to nurses who have been practicing in the clinical setting. Becoming familiar with these educational governing bodies is essential, but also adds another element of stress and challenge to the transition.

Social aspects

As previously discussed, functioning in an unfamiliar environment can create its own challenges. New nurse educators found this to be true, also noting that the new environment came with a culture that was also unfamiliar (Danna et al., 2010;

Schoening, 2013). In a study conducted by Esper (1995), transitioning nurse educators also noted that feeling socially isolated made the transition harder. Penn et al. (2008) speaks to this while also noting that the formation of new relationship with faculty and students was a good thing but was also noted to be a source of challenge and stress for new nurse educators.

Recommendations for Practice

Two categories for recommendations were identified upon review of the literature: recommendations for experienced faculty and schools of nursing and second, recommendations for new nurse educators experiencing transition to take into account. The following recommendations were categorized this way as McAllister, Oprescu, & Jones (2014) note that it takes effort on the side of the school of nursing as well as the new faculty member working together to create a transition that is as seamless and smooth as possible.

Recommendations for Experienced Faculty and Organizations

Krisman-Scott, Kershbaumer, & Thompson (1998) noted very clearly in their writing that when schools of nursing and experienced nursing faculty members invest in new nurse educators coming onboard there is a direct correlation to increased job satisfaction as well as an increase in the quality of education for nursing students. There were four specific ways in which this could be achieved: mentoring and precepting, ongoing faculty growth and development, novice orientation, and lastly, inclusion of new faculty.

Mentoring and precepting

In an article written by Reid, Hinderer, Jarosinski, Mister, & Seldomridge (2013) it was clearly stated that studies had shown mentoring and precepting new faculty was the most important thing a school of nursing could put in place to help ease the transition. Other research studies concluded the same thing noting that new nurse educators that had been interviewed overwhelmingly agreed that above all else, having a mentor and/or preceptor was the biggest help in their transition being successful. In fact, having a mentor and/or preceptor also contributed significantly to the success of the other aforementioned ways in which schools of nursing could help new nurse educators transition (Anderson, 2009; Cangelosi et al., 2009; Danna et al., 2010; Dempsey, 2007; Esper, 1995; Krisman-Scott et al., 1998; McAllister et al., 2014; McDonald, 2010; Neese, 2003; Schoening, 2013).

Ongoing faculty growth and development

Danna et al. (2010) makes a clear statement that faculty growth and development helped create a successful transition for new nurse educators. They also note that competencies such as inter and intra professional communication, outcome evaluation, teamwork, clinical skill, management of projects and programs, organizational skills, and policy development had a very valuable impact on the continued growth and development of the new faculty who participated in them. McAllister et al. (2014) also speak of the importance noting that it is not just recruiting expert educators, but maintain expert educators that

will be key to lasting educational quality. Other authors agreed with this finding such as McDonald (2010), Esper (1995), and Penn et al. (2008).

Novice orientation

It is made very clear within the writing of Cangelosi et al. (2009) that just because a nurse displays clinical expertise, it does not ensure or even equate to expertise in teaching. Teaching requires a unique skill set in and of itself and with feelings such as fear, anxiety, and inadequacy felt during role transition, this will create an environment that is even more challenging. Anderson (2009) agrees with this statement and even takes it further noting that orientation programs for new nurse educators are crucial as they lend the opportunity to support the social, cognitive, and psychological aspects of the role transition. By providing a solid, well-rounded and thorough new nurse educator orientation, schools of nursing are laying a strong foundation, which their new faculty can build off of and begin to thrive in the academic setting (Schoening, 2013).

Inclusion of new faculty

Feelings of social isolation were discussed earlier on and as Esper (1995) notes in her writing, feeling socially isolated can deter new nurse educators from successfully transitioning into their role. She also makes very clear note that including new faculty in events, meetings, gatherings, committees, classes, and the like can help ease those feelings of isolation. She also notes that doing this creates a spirit of collegiality and also gives new faculty an outlet to have their voice heard whether it be suggestions, concerns, praises, or questions – there will be ample opportunity to express these (Esper, 1995). As new nurse educators are included in more activities, their involvement in the operations of the school and the nursing program will be enhanced and thus will feel like a part of the faculty team, replacing feelings of social isolation.

Recommendations for Novice Educators

As stated previously, it is essential the schools of nursing and new educators work together and meet half way in order for a successful and smooth transition to occur. In reviewing the literature, several recommendations for new nurse educators started to emerge: fostering new skills and development, pre-planning, and remaining open and introspective.

Fostering new skills and development. Neese (2003) writes of her own experience transitioning from a clinical nurse to nurse educator. She makes a clear argument in her writing that the most important thing she did for herself was to foster her newfound skills and to develop them every chance she got. Cangelosi et al. (2009) make a similar argument noting that as important as it is for schools of nursing to teach their educators new skills, fostering and developing those skills after initial training is mostly in the hands of the educators themselves. McDonald (2010) also speaks to this, noting that when developing and fostering new skills is placed in the hands of the individual, learning takes on a deeper meaning and has a bigger impact.

Pre-planning

A strategy that was discussed throughout the literature was pre-planning. For new educators, planning out lessons, assignments, lectures, evaluations, etc. made a significant difference in regards to stress.

New educators noted that when they had pre-planned (and in some cases even had a back-up plan) they felt more confident lecturing, explaining assignments, helping students prepare for testing, or completing evaluations. It was also noted that this helped them to identify areas where they could improve for next time, which again increased confidence and decreased stress (Culleiton & Shellenbarger, 2007; McDonald, 2010; Penn et al., 2008).

Remaining open and introspective

Last, but certainly not of least importance, is the urging for new nurse educators to remain open, introspective, and positive regarding their transition. Neese (2003) reflecting on her own experience, states that remaining positive and open during her transition was particularly helpful emotionally. She notes that a positive attitude and consistent reminders that she was bettering herself pulled her through particularly stressful situations.

CONCLUSION

Looking back and reflecting on their transition into the role of a nurse educator, Dempsey (2007) states that the participants interviewed for her research overwhelmingly agreed that while the transition from nurse clinician to nurse educator was challenging, it was very worthwhile. She also notes that although negative feelings and stressful situations seemed to abound early on in the transition, those decreased with time and with the implementation of the recommendations discussed above.

Again, the most important of these recommendations being support from the organizational level and from fellow experienced faculty members. This transition can serve as a personal journey as one not only learns more about a new role, but more about themselves. Cangelosi et al. (2009) speak to this as well, encouraging nurse educators in transition to remember the novice phase of transition will eventually end and just as one came from the role of expert clinician, one will reach the expert role again, only this time, as expert educator.

REFERENCES

- 1) Anderson, J. (2009). The work-role transition of expert clinician to novice academic educator. *Journal of Nursing Education*, 48(4), 203-208. doi:10.3928/01484834-20090401-02
- 2) Cangelosi, P., Crocker, S., & Sorrell, J. (2009). Expert to novice: clinicians learning new roles as clinical nurse educators. *Nursing Education Perspectives (National League for Nursing)*, 30(6), 367-371.
- 3) Culleiton, A., & Shellenbarger, T. (2007). Transition of a bedside clinician to a nurse educator. *MEDSURG Nursing*, 16(4), 253-257.

- 4) Danna, D., Schaubhut, R., & Jones, J. (2010). From practice to education: Perspectives from three nurse leaders. *Journal of Continuing Education in Nursing*, 41(2), 83-87. doi: 10.3928/00220124-20100126-01
- 5) Dempsey, L. (2007). The experiences of Irish nurse lecturers role transition from clinician to educator. *International Journal of Nursing Education Scholarship*, 4(1), 1-12.
- 6) Esper, P. (1995). Educational innovations. Facing transition - Nurse clinician to nurse educator. *Journal of Nursing Education*, 34(2), 89-91.
- 7) Krisman-Scott, M., Kershbaumer, R., & Thompson, J. (1998). Educational innovations. Faculty preparation: A new solution to an old problem. *Journal of Nursing Education*, 37(7), 318-320.
- 8) McAllister, M., Oprescu, F., & Jones, C. (2014). N2E: Envisioning a process to support transition from nurse to educator. *Contemporary Nurse: A Journal for The Australian Nursing Profession*, 46(2), 242-250. doi:10.5172/conu.2014.46.2.242
- 9) McDonald, P. (2010). Transitioning from clinical practice to nursing faculty: Lessons learned. *Journal of Nursing Education*, 49(3), 126-131. doi:10.3928/01484834-20091022-02
- 10) Neese, R. (2003). A transformational journey from clinician to educator. *Journal of Continuing Education in Nursing*, 34(6), 258-262.
- 11) Penn, B., Wilson, L., & Rosseter, R. (2008). Transitioning from nursing practice to a teaching role. *Online Journal of Issues in Nursing*, 13(3), 16p.
- 12) Reid, T. P., Hinderer, K. A., Jarosinski, J. M., Mister, B. J., & Seldomridge, L. A. (2013). Expert clinician to clinical teacher: Developing a faculty academy and mentoring initiative. *Nurse Education in Practice*, 13(4), 288-293. doi:10.1016/j.nepr.2013.03.022
- 13) Schoening, A. M. (2013). From bedside to classroom: The nurse educator transition model. *Nursing Education Perspectives (National League for Nursing)*, 34(3), 167-172.