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UNIVERSITY OF NORTHERN COLORADO

Greeley, Colorado

The Graduate School

THE LIVED WORK EXPERIENCES OF NOVICE, DOCTORALLY
PREPARED NURSE EDUCATORS

A Dissertation Submitted in Partial Fulfillment
of the Requirements of the Degree of
Doctor of Philosophy

Misty Dawn Smith

College of Natural and Health Sciences
School of Nursing
Nursing Education

May 2021

This Dissertation by: Misty Dawn Smith

Entitled: *The Lived Work Experiences of Novice, Doctorally Prepared Nurse Educators*

has been approved as meeting the requirement for the Degree of Doctor of Philosophy in College of Natural and Health Sciences in School of Nursing, Program of Nurse Education

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ABSTRACT

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Nursing literature reflects role confusion about the doctorally prepared nurse educator role. The purpose of this study was to explore the lived work experiences of novice, doctorally prepared nurse educators. An aim of this study was to shed light on the lived work experiences of novice, doctorally prepared nurse educators. This study was completed using a descriptive, phenomenological method using purposive sampling. Participants for this study included 12 nurse educators who had earned either a Doctor of Nursing Practice (DNP) degree or a Doctor of Philosophy (Ph.D.) degree within the last 5 years. Semi-structured interviews using open-ended questions were conducted to explore the lived experiences of the participants. Colaizzi's descriptive phenomenological approach was used for data analysis. Through an exploration of the lived work experiences of novice, doctorally prepared nurse educators, four main themes emerged: acclimating to the role, achieving and pushing forward, leading with a mild case of imposter syndrome, and connecting and feeling supported. This exploration facilitated opportunities to make meaning of the lived work experiences of novice, doctorally prepared nurse educators and has implications for nursing, nursing academia, and future research.

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CHAPTER I

INTRODUCTION

The need for nurse educators within nursing academia is great due to a persistent nurse educator shortage projected to increase in the coming years (American Association of Colleges of Nursing [AACN], 2020c; Bittner & Bechtel, 2017; Brown & Sorrell, 2017; Fang & Bednash, 2017; McNeal, 2012; National League for Nursing [NLN], 2017a). This shortage decreases the number of registered nurses (RNs) produced and negatively impacts the nurse educator's role. According to Zhang et al. (2018), a shortage of 154,018 RNs in the United States was forecasted for 2020 and an anticipated shortage of 510,394 RNs in the United States by 2030. The AACN (2020c) identified factors contributing to the persistent RN shortage to include: a nursing faculty shortage, nurses nearing retirement, and an increased need for RNs to care for an aging population. For the 2020-2021 academic year, 884 school administrators and leaders responded to an AACN survey focused on nurse faculty vacancies and over half of all schools reported nursing faculty vacancies (Fang et al., 2020). Eighty-eight percent of the school administrators who completed the survey reported nursing faculty positions in which a doctoral degree was required or preferred (Fang et al., 2020). Although nursing programs in the United States frequently have open positions for doctorally-prepared nurse educators, the majority of nurse educators in the United States possess a Master of Science in Nursing (MSN) degree (NLN, n.d.). For this reason, doctorally-prepared nurse educators are in high demand, but lacking in numbers. The recruitment and retention of qualified nurse educators is imperative to address the nurse educator shortage.

Researchers have explored the lived experiences of nurse educators transitioning from practice into an academic role. Novice nurse educators have reported feelings of uncertainty and a lack of awareness about their roles, responsibilities, and expectations (Cangelosi, 2014; McDermid et al., 2016; NLN, n.d.). This uncertainty and lack of awareness about the nurse educator role, perceived responsibilities, and expectations may deter individuals from pursuing a nurse educator role (Bittner & Bechtel, 2017; Gerolamo & Roemer, 2011). Furthermore, this role confusion may contribute to dissatisfaction felt with the professional role (Arian et al., 2018; Westphal et al., 2016). Research is needed to explore the professional role of the doctorally prepared nurse educator to promote the recruitment and retention of qualified nurse educators within nursing academia. Of particular interest is the role of the nurse educator who has recently earned a doctoral degree and working full-time in nursing academia. As the number of current nurse educators nearing retirement grows, the need to recruit and retain nurse educators is a priority (Daw, Mills, et al., 2018; Lee et al., 2017; Li et al., 2016; McNeal, 2012; NLN, n.d.).

Exploring the lived experiences of doctorally prepared nurse educators working full-time within academia provides insight about the benefits and challenges of the role and provides nursing program administrators with insight as to what doctorally nurse educators, especially those who have recently earned their doctoral degree, may need to promote retention. In this study, a qualitative, phenomenological study was completed to explore the lived work experiences among novice, doctorally prepared nurse educators with 10 or less years of full-time teaching experience within nursing academia. Participants were interviewed to capture their lived experiences, including insight about work role responsibilities and perceived expectations in their professional roles. This chapter includes an exploration of the background of this topic;

identification of the problem statement, purpose of the study, and research question; theoretical framework for this study, its significance, and definition of important terms.

Background

Nurse Educator Preparation

To become a nurse educator, one must first earn a nursing degree with education at the minimum level of a Bachelor of Science in Nursing (BSN). Most BSN programs can be completed in one to four years depending on the type of program completed. With state board approval, nurses with a minimum of a BSN can teach nursing students in the clinical or lab setting. However, the majority of nurse educators teaching full-time within nursing academia have a Master of Science in Nursing (MSN) degree (NLN, n.d.). To earn an MSN degree, additional schooling and experience as a licensed, RN is required. One can earn an MSN in nursing education within one to two years, but it may take longer depending on the type of program and enrollment status of the student. Another important consideration is those who earn an MSN degree and decide to teach may not have completed a program focused on nursing education. For example, one who earns their MSN in Leadership or as a Clinical Nurse Specialist may go into teaching. There are a great variety of professional paths one can take to be able to teach in nursing academia. However, this type of scenario convolutes the role development of nurse educators teaching within nursing academia. Additional factors influencing the timing of degree completion for graduate school may include one's educational background, work experience, the type of degree earned, and the curriculum of the program.

Beyond an MSN degree, nurse educators may continue their education by attaining a doctoral degree. Earning a doctoral degree reflects advanced education that is often described as terminal in nature, noting doctorally-prepared nurse educators may also attain a post-doctoral

certificate. According to the AACN (2020a), the majority of doctoral degrees represented within nursing include the: Doctor of Philosophy (Ph.D.), Doctor of Nursing Practice (DNP), Doctor of Nursing Science (DNS or DNSc), Doctor of Science in Nursing (DSN), Nursing Doctorate (ND), and the Doctor of Education (Ed.D.). It is unclear how many nurse educators teaching within academia have earned a DNS, DSN, and ND. In 2018, less than 7% of nurse educators had earned a Ed.D. degree (King et al., 2020). The Ed.D. degree is focused on preparing nurses how to teach and prepare nurse educators for a nurse faculty role (Western Connecticut State University, 2018). King et al. (2020) noted that Ed.D. curricula is not specific to nursing practice. For this reason, the data informing this work has been collected by leading nursing organizations such as the NLN and AACN and primarily focused on DNP and Ph.D. nurse educator roles.

Doctor of Nursing Practice

The Doctor of Nursing Practice (DNP) is a professional practice role that has risen dramatically in a relatively short amount of time. The purpose of the DNP degree is for nurses seeking a terminal degree with a focus on nursing practice (AACN, 2020a). Individuals who earn a Doctor of Nursing Practice degree learn a high level of skills and nursing practice for quality and improved patient outcomes, and most curricular plans require the completion of clinical hours to meet the requirements of the degree (Krippaehne, 2021). Doctor of Nursing Practice degrees can be earned with specializations in a particular field of practice (i.e., family nurse practitioner, clinical nurse specialist, etc.) and in fields such as education and nursing administration (Jacobson, 2021). In 2004, the Doctor of Nursing Practice (DNP) degree was endorsed by the AACN and the number of graduates with this degree has grown substantially in recent years (AACN, 2021; Bleich, 2017; Dreifuerst et al., 2016; NLN, 2018). According to

Dreifuerst et al. (2016), enrollment in DNP programs rose by 176% from 2007 to 2009. The growth of DNPs has been substantial, reflecting nurse interest in this terminal degree option with a practice focus. According to the AACN (2020a), the number of Ph.D. programs has continually increased from 2006 to 2017. Interestingly, the number of DNP programs exceeded the current number of Ph.D. programs in 2010, and has continually risen since that time (AACN, 2020a). Currently, there are 336 DNP programs and 121 in the planning stages (AACN, 2020a). As of 2017, the number of DNP programs has double that of Ph.D. programs (AACN, 2020a). These statistics reflect there are not only more opportunities to earn a DNP, but there are more graduates of DNP programs than Ph.D. programs. Nearly all of the graduates who earn a Ph.D. and 60% of the nurses who earn a DNP work within nursing academia (Dreifuerst et al., 2016). King et al. (2020) reported that in 2018, 8% of nursing faculty were Ph.D.-prepared. In 2018, DNP-prepared nurse educators comprised 20% of nursing faculty and were rising steadily in number (King et al., 2020). Important to note, many of the individuals working to earn their Ph.D. to teach within academia are already working as nurse educators. This means their degree completion is not physically adding a new nurse educator within academia but enhancing the qualifications of the nurse educators already within nursing academia (Dreifuerst et al., 2016).

As the presence of DNP-prepared nursing faculty continues to grow within academia, students have the opportunity to learn from nurse leaders who have been prepared at the highest level of nursing practice (AACN, 2020a). However, there is a dearth of research to explore the DNP-prepared nurse educator's role within nursing academia. The DNP is an accepted and needed role within nursing academia by nursing professionals, but there is confusion related to the role as it pertains to academia, leadership within academia, and scholarship (Dreifuerst et al.,

2016; NLN, 2018; Udalis & Mancuso (2015). The newness of this terminal degree makes it important to include within this study.

Nurses who earn a DNP attain a degree focused on practice at the highest level of clinically focused education. Doctoral roles are needed within nursing education and reflect levels of expertise needed to grow the number of RNs (AACN, 2020b; King et al., 2020; NLN, 2018). The NLN (2018) and AACN (2020b) recognize and support the need for collaboration of doctoral nurse educators to enhance learning, narrow the gap between practice and theory, and promote the development of nurse scholars (Staffileno et al., 2016). The educational level and preparation of applicants must be considered as nursing programs strive to meet program needs and fill vacant faculty positions with qualified educators.

Doctor of Philosophy in Nursing

The Ph.D. in Nursing degree program reflects the highest level of research-focused education for nurses. The Ph.D. in Nursing degree was initiated in the 1970s and has traditionally been the doctoral degree sought after by nurses pursuing doctoral education (Bednash et al., 2014). According to Dreifuert et al. (2016), the number of individuals earning a Ph.D. has maintained a slow, gradually rise in recent years. The Ph.D. in Nursing degree prepares nurses with the knowledge to generate scientific inquiry through research development (Bednash et al., 2014). Earning a Ph.D. in Nursing takes approximately four years to complete at a minimum. Programs vary in length depending on the enrollment status of the student. Nearly all of those who earn a Ph.D. in Nursing teach within academia upon degree completion (Dreifuert et al., 2016). Students who work with Ph.D.-prepared nurse educators learn from nurse leaders who have received the highest level of nursing science knowledge to conduct research (AACN, 2021).

The NLN (n.d.) asserts there are fewer doctorally-prepared faculty within the nursing profession compared to other academic programs of higher learning. According to Dreifuerst et al. (2016), the lack of doctorally-prepared nurse educators has led nursing program administrators to recruit BSN- and MSN-prepared nurses to teach within nursing programs. Since 2008, the AACN has sponsored a *Special Survey on Vacant Faculty Positions* to keep track of data pertaining to nurse educators and nursing program needs related to nurse educators. For the 2016-2017 academic year, 821 schools participated in the AACN survey and over half of the programs reported vacant full-time faculty positions (Li et al., 2016). For the 2020-2021 academic year, 884 schools participated in AACN's annual survey and 52% of the schools reported full-time nurse educator vacancies (Fang et al., 2020). This data reflected the persistent need for nurse educators within nursing academia. Over time, the AACN special surveys have also consistently reported that doctorally-prepared nurse educators reflect the most desired nurse educator position to fill (Fang et al., 2020; Li et al., 2016). This information reflects nursing education programs are not able to fill vacant nurse educator positions and further exacerbates concerns about the existent nursing shortage predicted to grow. A limited number of nurse educators may reduce the number of applicants accepted within nursing programs. A limited number of qualified nurse educators may negatively influence the learning environment.

Leading nursing organizations such as the Institute for Healthcare Improvement (formerly the Institute of Medicine) and the NLN support the need to increase the number of doctorally prepared nurses within the profession (Bednash et al., 2014; NLN, n.d., 2013). To address this needed increase, the NLN (2013) made the recommendation to double the number of doctorally prepared nurse educators by 2020. A search of NLN materials did not yield an update

to this goal. Tuition loan reimbursement programs and degree bridge programs (i.e., RN-DNP) have been strategies to recruit and retain nurse educators within academia.

Nurse Educator Workload

As a university standard, nurse educators within nursing academia are called to incorporate teaching, service, and scholarship within their roles (Oermann, 2015). Teaching may occur in the classroom, lab, or clinical setting and involves the use of innovative methods to teach diverse learners (Oermann, 2015). Growing advancements with technology and strategies to promote teaching-learning in a field evolving through evidence-based practice is a challenge as one develops in their professional role (Oermann, 2015). Nurse educators are also called to serve their peers, students, and the local community through leadership roles, student advisement, and volunteering. Leadership and participation on committees and partnerships with local facilities in the community promote service-learning and reflect service-related aspects of the role (Oermann, 2015). Nurse educators are also charged to share a voice with regard to political initiatives and needed changes on a legislative level. Serving on coalitions and representing the profession on public health forums may be service roles carried out by nurse educators. Regarding scholarship, nurse educators are called to advance their education and participate in scholarly activities such as research development and continued education (Oermann, 2015). In addition, nurse educators are charged to work with a variety of disciplines to develop research. Writing grants and securing funding for this type of large-scale research is warranted and reflects the scholarship aspect of the nurse educator's professional role (Oermann, 2015). Balancing these aspects of the professional role requires a great deal of time and energy and may translate differently for nurse educators depending on their education, experience, and professional responsibilities.

State of Nursing Academia

Nursing Shortage

A persistent and current nursing shortage has been well documented within the literature (AACN, 2020b; Goodrich, 2017; Munn, 2014; Wise, 2018). According to the United States Bureau of Labor Statistics (2021b), there are an estimated 3 million RNs in the United States. It has been anticipated that each year through 2029, there will be more than 175,900 vacant RN positions annually (American Nurses Association [ANA], 2018). The American Nurses Association (2018) reported that more than 500,000 experienced RNs are expected to retire by 2022, subsequently resulting in the need for 1.1 million new RNs for the profession. According to Goodrich (2017), workload demands, feeling underpaid, and high levels of stress within the professional role are detrimental for the retention of nurses. The current nursing shortage is expected to grow in the coming years and can negatively influence patient care. For example, the existent nursing shortage has contributed to higher patient mortality rates and the need to suspend life-saving treatments such as chemotherapy within some facilities (Munn, 2014; Wise, 2018). Some healthcare facilities do not have enough chemotherapy-certified nurses to provide necessary treatment. In addition, healthcare initiatives and policies, such as the Affordable Care Act (ACA), support access to healthcare and reflect the need for more nurses in the coming years (Sherman, 2016).

Despite the need for nurses, the number of qualified applicants being turned away from nursing programs within the United States has remained high (AACN, 2020b; NLN, 2014b). Data collected by the NLN (2014a) reflected that of 100 applicants applying for basic nursing programs, 45% were accepted, 36% were not qualified, and 19% were qualified, but not accepted. This data supports the struggle academic programs have to meet the demands of the

current and aging nursing workforce (AACN, 2020b). With a nursing shortage predicted to grow in the coming years, why are qualified applicants to nursing programs being turned away?

Factors contributing to the rejection of qualified applicants to nursing programs include: a lack of classroom space, a lack of clinical placements, and a lack of faculty (NLN, 2017b). A lack of faculty is a leading and consistent concern reported by vocational, ADN, diploma, BSN, BSRN, Master, and Doctorate programs (AACN, 2020b, 2021; NLN, 2014b). Producing fewer nurses for the profession may have lasting effects that negatively impact communities across the nation and the profession at large.

Nurse Educator Shortage

A shortage of nurse educators within academia has been identified as one causative factor contributing to the existent RN shortage within the United States (H. R. Feldman et al., 2015). Nurse educators nearing retirement, fluctuating attrition rates, and noncompetitive salaries have been identified as contributing factors for the existent nurse educator shortage (AACN, 2020b; Fang et al., 2020; Li et al., 2016; NLN, n.d.; Westphal et al., 2016). The NLN (2015) reported the majority of nurse educators in various roles (i.e., Instructor, Assistant Professor, etc.) were between the ages of 46-60 years old. As the majority of nurse educators near retirement, who will fill these needed roles to meet the needs of the profession? McMenamain (2014) asserted the need for a 35% increase in the number of nurse educators needed to meet the expected 2020 demand for more nurses within the United States (as cited by NLN, n.d.). A survey of NLN accredited nursing programs within the United States revealed the most difficult aspects of recruiting and hiring nurse educators to include: unqualified candidates, non-competitive salaries, an unattractive role, and/or limited budget lines (NLN, n.d.).

Unqualified Candidates. The NLN developed a *Faculty Census Survey of Schools of Nursing* for 2017 which included 1,195 schools with NLN membership. Of these programs, deans and directors reported approximately 38% of applicants were not qualified to fill vacant faculty positions (NLN, 2017b). Level of education, credentialing, and desired characteristics of faculty align with the program's mission and values influence the fit of the applicant. As previously identified through the annual AACN survey regarding faculty vacancies, over half of the vacant nurse educator positions have required doctoral preparation (Fang et al., 2020; Li et al., 2016). However, doctorally-prepared nurse educators make up approximately 25% of the nurse educator population within the United States (NLN, 2013). Despite the desire to hire doctorally-prepared nurse educators, nursing programs maintain a nurse educator pool of predominantly master-prepared nurse educators. In recent years, the number of DNP-prepared nurse educators has risen dramatically (Dreifuerst et al., 2016; Udalis & Mancuso, 2015). From 2018-2019, student enrollment in DNP programs was reported to be 36,069 (AACN, 2020a).

Non-Competitive Salaries. A graduate nurse with a Bachelor of Science in Nursing (BSN) degree earned approximately \$73,300 annually in 2019 (United States Bureau of Labor Statistics, 2021b; U.S. News & World Report, 2021). In 2019, postsecondary educators earned a mean salary of \$79,540 annually in 2019 (United States Bureau of Labor Statistics, 2020b). This salary range is diverse and vast, reflecting many factors (i.e., experience, time in role, level of education, demographic location, and role) influence the salary earned by a nurse educator with an MSN. Based on these figures, an MSN-prepared nurse educator made approximately \$6,240 more a year than a BSN-prepared nurse. From a financial perspective, these numbers reflect a relatively lateral financial change from a BSN to an MSN. These numbers reflect that nurses who chose to advance their education to teach within nursing academia receive little financial

incentive. As researchers continue to explore issues of recruitment and retention (i.e., nurse educator shortage) it is important to recognize the financial realities of pursuing advanced education to teach within nursing academia.

Nurses interested in advancing their education have many options. As previously discussed, a nurse can earn an MSN to teach within nursing academia. In addition, nurses can earn advanced education to serve in professional roles such as a nurse midwife, nurse practitioner, and/or nurse anesthesia to name a few. The salary of a master-prepared nurse midwife is approximately \$105,030 annually (United States Bureau of Labor Statistics, 2021a). A nurse practitioner is a nurse with an MSN who reportedly earns \$109,820 annually (American Association of Nurse Practitioners, 2020). A certified registered nurse anesthetist (CRNA) is a nurse with an MSN who reportedly earns \$174,790 annually (United States Bureau of Labor Statistics, 2021a). These reported salaries reflect a significant financial incentive for continued education and professional role advancement. However, it is noted earning an MSN degree to teach within academia does not appear to be as financially lucrative as the advanced practice roles described above.

Within nursing academia, nurse educators are encouraged, and often required, to advance their education to a doctoral level. Nurse educators can earn advanced levels of education for teaching with degrees such as a Doctor of Nursing Practice (DNP), a Doctor of Philosophy (Ph.D.) in Nursing, and a EdD degree to name a few. The United States Bureau of Labor Statistics (2020b) reports the salary of postsecondary nursing instructors and teachers but does not clarify the pay differential for a master versus a doctoral prepared nurse educator. Clarifying the compensation by level of education is needed to better understand how level of education effects compensation. According to Turley (2018), a nurse educator who has earned their DNP

degree earns approximately \$95,000 annually. A nurse with their Doctor of Education (Ed.D.) in Nursing earns a reported \$95,000 annually (PayScale, Inc., 2019a). Nurses who have earned their Ph.D. in Nursing and teach within higher academia make approximately \$95,352 annually (PayScale Inc., 2019b). The reported salaries from MSN to a doctoral degree reflect continued education results in higher compensation. However, it appears nurse educators prepared at the doctorate level make comparable salaries.

These advanced practice nursing roles require less education than a nurse with a Ph.D. or DNP, yet these professionals earn higher salaries. These financial discrepancies contribute to the existent recruitment and retention challenges, and overall shortage, of nurse educators within academia (Thies & Serratt, 2018). Experienced RNs with a passion for teaching and wealth of clinical experience to share in the academic setting, may not be drawn to the role, and resultant debt, for a professional role change with little to no financial gain. Westphal et al. (2016) surveyed 32 nurse educators about job satisfaction and found the primary reasons why full-time nurse educators intended to leave academia related to the undesirable salary and nearing retirement.

Unattractive Role. Many scholars have captured the workload of nurse educators has become a significant challenge negatively influencing the attrition rates of nurse educators within academia (Bittner & Bechtel, 2017; Evans, 2018; Owens, 2017a). Nurse educators are not required to work night shifts, holidays, or 12-hour shifts. However, nurse educators report working over 50 hours/week (Evans, 2018). According to Evans (2018), a heavy workload is one of the biggest challenges nurse educators face. Role expectations are high and involve much more than just teaching. Nurse educators are charged to maintain a professorial role involving teaching, scholarship, and service. Additionally, the academic institution, regulatory agencies

such as the Board of Registered Nursing for the state, and/or accrediting agencies such as the Commission on Collegiate Nursing Education that have accredited the program may require that the clinical faculty or faculty teaching particular content show expertise as a regulatory standard. Developing and publishing research, advising students, and serving on committees and within the community are also expectations of a full-time nurse educator. Another factor negatively impacting how the role may be perceived is that incivility amongst nurse educators has become problematic, negatively impacting the attrition and retention of nurse educators (Casale, 2017; Evans, 2018; Peters, 2014; Thies & Serratt, 2018).

Limited Budget Lines. Li et al. (2016) completed a *Special Survey on Vacant Faculty Positions* sponsored by the AACN and found that of 1,475 nursing programs within the United States, 59.8% are seeking doctorally-prepared nurse educators to fill vacant positions. Thirty-three percent of nursing programs are seeking master-prepared nurse educators to fill vacant positions, but a doctorate degree is preferred (Li et al., 2016). Seven and a half percent of nursing programs reported vacant faculty positions requiring a master's degree. The majority of programs (92.8%) included within the survey reported a preference to fill current vacant faculty positions with doctorally prepared nurse educators (Li et al., 2016). One hundred and thirty nursing programs reported no advertised vacant faculty positions, but a need for additional faculty (Li et al., 2016). A lack of funding to hire additional educators, a lack of support from administration, poor recruitment efforts, and a lack of qualified nurse educators contributed to this challenge (Li et al., 2016). Nursing programs may have specific and/or evident nurse educator needs but must have the support of the institution in order to meet those needs.

A doctoral degree is terminal, reflecting the highest level of knowledge awarded in the profession. The high demand for doctorally prepared nurse educators reflects that a doctoral

degree provides a notable level of education and qualification preferred within the academic setting (AACN, 2020a). Despite the desire to fill vacant nurse educator positions with doctorally-prepared nurse educators, the reality is that the highest degree earned by the majority of nurse educators within the United States is an MSN degree (NLN, n.d.). The NLN (n.d.) surveyed over 550 nursing programs to gain understanding about teaching needs and found that 67% of nurse educators had earned their MSN and 25% of nurse educators were doctorally-prepared. The researchers did not differentiate the type of doctoral degree held by the nurse educators included within the survey. The AACN (2017b) conducted a survey to capture the educational preparation of diverse faculty. Over half of the respondents (i.e., 61.7%) reported varied levels of education with 18.4% prepared at the research-focused doctoral level and 14.6% prepared at the DNP level (AACN, 2017b). Non-nursing doctoral degrees comprised 14.1% of respondents and 14.6% of respondents indicated preparation at the master's (nondoctoral) level of education (AACN, 2017b). The remaining 38.3% of respondents did not report their level of educational preparation. These statistics reflect that the number of Ph.D.- and DNP-prepared nurse educators are fairly split, reflecting a change that has occurred in recent years with regard to the preparation of nurse educators teaching within academia. There is scant research about the role of doctorally educated nurses since the growth of DNPs teaching within academia in recent years. More research is needed to learn about the roles of doctorally prepared, nurse educators who have recently earned their doctoral degrees and are working full-time in nursing academia.

Nursing academic programs and leading nurse organizations recognize the need to recruit and retain nurse educators to address the existent shortage of nurse educators. Nursing academic programs seeking to recruit and retain nurse educators are establishing nurse educator mentoring programs, offering financial incentives for continued education, and advertising flexible

schedules (Cangelosi, 2014; Gardner, 2014). The AACN (2017a, 2020b) and NLN (n.d.) are committed to better understand the existent nurse educator shortage through the initiation of faculty development programs, advocacy for federal funding to support continued education, and continuous data collection.

Problem Statement

Although research exists to describe and understand the Ph.D.-prepared nurse educator role within nursing academia, there is a dearth of research to capture the lived work experiences of non-Ph.D. doctorally prepared, nurse educators who are relatively new in their doctoral roles. Amidst a shortage of nurse educators and a recent rise in DNP educators within nursing academia, research is needed to examine the lived work experiences of doctorally-prepared educators working together in the academic environment. It is unclear if DNP and other non-Ph.D. doctorally prepared nurse educators who are relatively new in their roles face the same role challenges as Ph.D. doctorally prepared, nurse educators. Capturing the lived work experiences of doctorally prepared nurse educators allowed the researcher to consider and make meaning about their roles, responsibilities, and expectations. The existent nurse educator shortage, specifically at the doctoral level, reflects the need to better understand this population to support continued efforts to recruit and retain nurse educators with terminal degrees (NLN, 2013).

Confusion exists regarding the role of the DNP and Ph.D.-prepared nurse educator (Patterson & Alfes, 2018). Learning about the experiences of both DNP and Ph.D.-prepared nurse educators will allow for further insight regarding how both roles are implemented within nursing education. There is a great need for collaboration and collegiality between DNP and Ph.D.-prepared nurse educators (Patterson & Alfes, 2018; Staffileno et al., 2016). The need to

embrace diversity is great and time must be invested to understand the role of both DNP and Ph.D.-prepared nurse educators (Patterson & Alfes, 2018). This study sheds light on how these educators view their roles and responsibilities. Gaining insight about these roles may promote recruitment and retention efforts, which will in turn, positively impact the current nursing shortage, nurse educator shortage, and need for doctorally-prepared nurse educators within academia. Further exploration of the novice, doctorally prepared nurse educator role promotes a deeper meaning about existent recruitment and retention challenges.

Purpose

The purpose of this phenomenological study was to explore the lived work experiences of novice, doctorally prepared nurse educators within nursing academia. Literature reflects role confusion between DNP and Ph.D.-prepared nurse educators. This study sheds light on their professional role and responsibilities through the sharing of their lived experiences. The sharing of their lived experiences facilitated an opportunity to explore noteworthy occurrences and moments that have been a part of their work experiences. There is a need for doctorally-prepared nurse educators within nursing academia and this study facilitates an opportunity to explore this much needed role within nursing academia (Fang et al., 2020). Through the sharing of their lived experiences, recurring themes emerged to shed light on the noteworthy experiences and moments that have occurred in their professional roles.

Research Question

The research question guiding this phenomenological study of the lived work experiences of novice, doctorally-prepared nurse educators is:

- Q1 What are the lived work experiences of novice, doctorally-prepared nurse educators?

Theoretical Framework

Phenomenology

Phenomenology involves capturing a description of consciousness derived through one's life experiences (Schwandt, 2015). This concept reflects awareness so that perceptions can be formed and shared. These perceptions are elicited by engaging the senses; what one believes, remembers, feels, and decides (Creswell, 2013; Schwandt, 2015). As a theoretical framework, phenomenology challenges one to think beyond things, to understand the meaning behind those things (Schwandt, 2015). This type of process involves the researcher suspending attitudes, thoughts, and beliefs about what is being studied (Schwandt, 2015). Suspending these ideas reflects bracketing, which is a strategy to limit assumptions and what the researcher perceives to be true (Schwandt, 2015). This approach requires a conscious effort on behalf of the researcher to promote the strength of meaning derived from the participant's perceptions of their lived experiences. Phenomenology provided the lens for the methodology of this study.

Phenomenology allows one to study life experiences as they occur and are understood by the individual (Creswell, 2013). People have innately built a context of life experiences through culture that influences how and what they know. It would be difficult for one to fully remove themselves from a lived experience to unbiasedly share about those experiences for research purposes. Phenomenological study allows an individual outside of a lived experience to analyze experiences for meaning. By researching the unique population within this study, meaning developed regarding what novice, doctorally prepared nurse educators have experienced within nursing academia.

Transition Theory

Phenomenology and Meleis' Transition Theory informed the development of this study and provided a lens for ideas and concepts, for the framework of the study, and will help with integrating findings into the literature. Meleis' Transition theory reflects transition as a driving force of either achieving a healthy state or moving from an unstable to a stable state and is applicable to anyone experiencing transition (Meleis et al., 2000). It is understood that in order for a nurse to be able to teach within nursing academia, they must have a certain level of practice and educational experiences to support their professional role. Meleis (2010) asserted that the process of transition begins as soon as an event is anticipated. Specifically within this study, transition occurred once a doctoral degree had been attained and the nurse educator had begun working full-time within the academic environment.

Meleis' Transition Theory informed the process of transition that occurred for participants within this study, with a particular focus on the patterns of response. It is noted that the doctorally prepared nurse educator who is relatively new in their role may be in the process of transitioning into a new academic role or may have limited experience within nursing academia. Additionally, the educator may also be transitioning from a practice to academic setting. The doctorally prepared nurse educator may also be transitioning to a new set of responsibilities related to their professional role. Of particular importance to this research is the patterns of response within the Transition Theory which manifest as process indicators and include: feeling connected, interactions, locating and being situated, and developing confidence and coping (Meleis, 2010). These patterns were considered as participants shared about their transitional experiences as relatively new doctorally prepared, nurse educators. Important to note,

the researcher was not bound to assumptions of Meleis' Transition theory when bracketing throughout the analysis process.

Assumptions

Assumptions are statements perceived to be true about the research (Creswell, 2013). An assumption within this study was that what participants shared reflected an accurate reflection of their experiences. It was assumed that participants were able to articulate their feelings. It is assumed that inclusion criteria for participants were suitable for the study. Eligible participants meeting inclusion criteria had earned their doctoral degree within the past five years, had 10 or less years of experience teaching within nursing academia, and worked in institutions with regional or national accreditation of some kind.

Significance of the Study

There is an existent nursing shortage that is in turn, negatively influencing an existent nurse educator shortage. There is a lack of qualified nurse educators to fill vacant faculty positions, many of which require applicants with an earned doctoral degree. In an effort to recruit and retain qualified nurse educators, this research provides a context of the lived experiences of novice doctorally prepared nurse educators. Meaning developed from this phenomenological study provides a context for what these professionals have experienced, including factors that positively and negatively influenced their transition to teach within nursing academia. The significance of this study is that it sheds light on a poorly understood role.

Capturing these lived experiences provides program administrators with a context of what novice, doctorally prepared nurse educators experience in the early years of their role transition. The sharing of these lived experiences is beneficial for administrators working to develop meaningful approaches to recruit and retain nurse educators. Additionally, the growing

need for nurse educators makes this research particularly important for those considering doctoral education and/or those working within nursing academia. This work not only shares a lived experience of a unique subset of the nurse educator population but assists consumers of the research to better understand what these participants have experienced early within their work experiences as doctorally prepared full-time nurse educators teaching within nursing academia.

Definition of Terms

Novice Doctorally Prepared Nurse Educator. For the purposes of this study, a novice, doctorally prepared nurse educator is a nurse educator who has recently earned their terminal doctoral degree within the last five years and who has worked for 10 or less years in a professional role as a full-time nurse educator. Nurse educators with 10 or less years of work experience as nurse educators were included in this study to account for the potential influence that over a decade of work experience as a nurse educator may have on their lived work experiences, role, and responsibilities. It was thought that multiple years of teaching experience prior to earning a doctoral degree may influence role and responsibilities of the participants.

Non-Ph.D. Prepared Nurse Educator. A non-Ph.D. prepared nurse educator is any nurse educator with a doctoral degree that is not a Ph.D. in nursing degree.

Overview of Research Design

This section provides a brief summary of the research design. This study was developed through a phenomenological design focused on the lived work experiences of novice, doctorally-prepared nurse educators. Phenomenology is grounded in capturing lived meaning through descriptions of experiences for meaning (Creswell, 2013). For this study, the phenomenon of interest was the lived experiences of novice, doctorally prepared nurse educators working full-

time within academia. Their lived experiences were captured subjectively through one-on-one interviews. Exploring the doctorally-prepared nurse educator's role provides a context for the realities of what these professionals face early within their roles as doctorally-prepared nurse educators. Capturing their lived experiences allowed for an investigation of the nature of lived work experiences, a description of the phenomenon itself, and meaning from what is shared (Creswell, 2013).

The process of analyzing and describing these lived experiences required an organized approach involving the use of memos to keep track of decisions made throughout the analysis process. The study research design approach provided the researcher with the opportunity to analyze and describe the lived experiences to make meaning of how participants perceived the phenomenon of working full-time as a novice, doctorally prepared nurse educator within academia. There is a dearth of research to capture the lived experiences of novice, doctorally prepared nurse educators working full-time within nursing academia and an aim of this study was to describe their lived experiences to understand the essence of this role.

Participants for this study were recruited using purposeful sampling. Purposeful sampling influences the selection of participants, the sampling strategy used, and the sample size being studied (Creswell, 2013). Inclusion criteria for this study included doctorally prepared nurse educators with less than or equal to 10 years of teaching experience within academia, those working at regional or specialty accredited baccalaureate programs, and those teaching full-time within the United States. One of the participants transitioned directly from a practice setting to an academic setting, and the rest of the participants completed their doctoral degree while already teaching in the academic environment. The participants described their lived experiences as novice, doctorally prepared nurse educators, which was foundational for this phenomenological

study. Capturing the lived experiences of novice, doctorally prepared nurse educators new in their teaching roles allowed for present perceptions and experiences to be captured. Interviews using open-ended questions were conducted to promote the sharing of experiences. Interviews were then transcribed and analyzed for emerging themes (Creswell, 2013).

The intent of this study was to gather data to gain an understanding of the lived experiences of this unique population. Participants were recruited through communication using social media and email (Appendix A). Snowball and chain sampling methods were used to build a sample based on inclusion criteria (Creswell, 2013). Data analysis occurred as interviews were conducted, and the interviews continued until data saturation was reached. According to Dukes (1984), a phenomenological study typically involves three to 10 participants. Recognizing the importance of quality data to inform this study, the sample size for this study was 12 participants. The analysis process involved clustering data for a greater description of the lived experiences of novice, doctorally prepared nurse educators working full-time within nursing academia (Morrow et al., 2015; Sundler et al., 2019). Emerging themes from the analysis process were then shared with the participants to promote the credibility of findings (Creswell, 2013).

Conclusion

Research is needed to support the role development of nurse educators amidst a nurse educator shortage that is predicted to grow in the coming years. Although nurse educators within academia have earned a variety of nursing degrees, most nursing programs desire to fill open faculty positions with doctorally-prepared nurses. In recent years, the number of DNP programs has increased drastically, positively influencing the number of DNP-prepared nurse educators within academia (Staffileno et al., 2016). Because over 30% of the nurses who earn a DNP plan to assume a position within nursing academia, research is needed to understand the role of

doctorally-prepared nurse educators (Fang & Bednash, 2017). For this work, it is understood that the majority of doctorally-prepared nurse educators have earned either a DNP or Ph.D. in Nursing. The focus of this study was Ph.D.- and DNP-prepared nurse educators because those two doctoral roles make up the majority of doctorally-prepared nurse educators teaching within nursing academia (NLN, n.d.).

CHAPTER II

REVIEW OF THE LITERATURE

Overview

With a shortage of nurse educators, academic programs cannot produce enough RNs to combat the existent nurse shortage within the US. A concern is that the number of nurse educators entering academia has remained low for over 30 years (NLN, n.d.). The nurse educator shortage was initially identified as a concern in 2005 and has continued to be problematic (Cash et al., 2009). In addition, the number of nurse educators nearing retirement is growing and expected to gain momentum in the coming years (Li et al., 2016; Westphal et al., 2016). These realities reflect the vulnerability of nursing programs and the need for active approaches to recruit and retain qualified nurse educators. This chapter includes a description of the literature search process used to find relevant research, including discussion of noteworthy articles to inform what is understood about this topic.

Search Strategy

A literature search was conducted using journal databases available through the University of Northern Colorado library which included CINAHL, ProQuest, Nursing and Allied Health, and Academic Search Premier over a four-month period. Search parameters included scholarly, peer-reviewed work, nursing focused, and published within the last five years. An initial, broad key word search was conducted with a focus on references and resources pertaining to the preparation of doctorally prepared nurse educators. The key words: DNP Nurse Educator, Ph.D. Nurse Educator, Novice Nurse Educator Role, Doctoral Nurse Educator Transition, and

Doctorally Prepared Nurse Educator were searched. Of the articles generated with each of these searches, the first 100 articles were reviewed for relevance to this study. The first 20 articles that most closely aligned with the focus of this study were reviewed and categorized based on the primary focus of the work. Table 1 provides a summary of the most relevant article topics reviewed and discussed within the literature review of Chapter II.

Literature Review

Satisfaction in Role

A number of researchers have explored the professional role satisfaction of nurse educators. Arian et al. (2018) completed a systematic review of the literature to analyze the current job satisfaction of nurse educators and to determine the factors affecting job satisfaction. Seventy-four articles published between 1976 and 2018 were analyzed and findings reflected that nurse educators report favorable levels of satisfaction in their jobs (Arian et al., 2018). Personal considerations influencing perceived levels of job satisfaction included factors such as age, gender, experience in role, and the work environment (Arian et al., 2018). Administration considerations influencing perceived levels of job satisfaction included scenarios such as the level of autonomy in role and the cultivation of a motivating work environment that promotes satisfaction in role (Arian et al., 2018). Professionalism and collegiality among nurse educators and opportunities for nurse educators to collaborate with administrators positively influenced perceived job satisfaction (Arian et al., 2018). In addition, mentoring was found to positively influence levels of job satisfaction (Arian et al., 2018). Work roles in which nurse educators felt ambiguity or role conflict negatively influenced job satisfaction (Arian et al., 2018). In addition, increased work hours (i.e., greater than 60 hours per week) reduced levels of job satisfaction.

Table 1

Literature Reviewed

Articles Found Within the Literature	Number of Articles Generated
DNP Nurse Educator Articles	14
DNP & Ph.D. Collaboration	5
Role of DNP	5
DNP Mentoring	2
DNP or Ph.D.	2
Ph.D. Nurse Educator	22
DNP & Ph.D. Roles	7
Professional Development of Nurse Educators	7
Nurse Educator Role	5
Work Environment	3
Novice Nurse Educator Role	30
Transition from RN to Nurse Educator	10
Teaching Strategies for Novice Nurse Educators	8
Mentoring Novice Nurse Educators	5
Doctoral Nurse Educator Transition	10
Preparation of Nurse Educator	4
Doctoral Preparation as Nurse Educator	2
Nurse Educator Resilience	2
Attraction to Nurse Educator Role	2
Doctorally-Prepared Nurse Educator	10
Preparation of Doctorally-Prepared Nurse Educators	3
Endorsing DNP Role	2
Ph.D. or DNP	2
Bridging DNP and Ph.D.	2

Laurencelle et al. (2016) recognized the need for the recruitment and retention of nurse educators within academia. Laurencelle et al. (2016) used a hermeneutic phenomenological design to gain insight into the lived experiences of nurse educators. The purpose of the study was to explore the meaning of being a nurse educator and working to understand the participant's attraction to academia (Laurencelle et al., 2016). Understanding the meaning and attraction of the role may assist when determining factors for recruitment and retention. In the study, fifteen nurse educators were interviewed, and themes generated to determine how nurse educators understand their attraction to teach in nursing academia (Laurencelle et al., 2016). Opportunity, a desire to teach, being able to witness learning in motion, contributing to the nursing profession, and flexibility were subthemes that arose through the analysis process (Laurencelle et al., 2016). Laurencelle et al. (2016) also identified the subtheme of 'unattraction' as it pertained to having to share bad news with students, situations in which students fail, and salary. The findings from this study highlight the many benefits that draw nurse educators to teach within nursing academia. It is noted that the perceived factors that attract nurse educators to teach in academia out-weight the unattractive aspect of the role.

Moghadam et al. (2017) developed an exploratory study to explore the role acceptance of Ph.D.-prepared nurse educators working as clinical educators within academia. Moghadam et al. (2017) completed this study in Iran, a country in which the only doctoral degree available to nurses is the Ph.D. in Nursing. Semi-structured interviews and face-to-face interviews were conducted to explore the challenges encountered by Ph.D.-prepared nurse educators (Moghadam et al., 2017). Themes identified through the interviews included: expectation beyond ability, lack of feedback about performance in role, poor clinical competencies, doubtfulness, and obligations (Moghadam et al., 2017). Ph.D.-prepared nurse educators shared a common concern regarding

the need for role development. Moghadam et al. (2017) support the need for DNP programs to support quality improvement for both nursing education and the profession.

Summers (2017) conducted an integrative literature review to identify factors that facilitate or impede the nurse educator's transition into an educational role. Inclusion criteria for the literature review included articles from 2007-2017; peer reviewed work; and articles related to teaching ability, competency, and experience of nurse educators (Summers, 2017). Through this review, 27 articles were included and reviewed for themes pertaining to the factors that facilitate and impede the nurse educator's transition into nursing academia. Orientation programs, mentor support, clarity about role expectations, and ongoing feedback on performance during the transition to the role were essential to train nursing faculty effectively (Summers, 2017). These are important factors to consider when understanding what promotes nurse educator satisfaction in role.

Recruitment and Retention Challenges

Workload

The workload of nurse educators within nursing academia has been well documented within the literature. The workload of nurse educators is considered a challenge for recruitment and retention (Arian et al., 2018; Carlson, 2015; Cohen et al., 2009; McNeal, 2012; Tourangeau et al., 2013; Vogelsang, 2014; Waldrop & Chase, 2014; Yedidia, 2016). Hidden work hours, overloaded teaching assignments, and committee work for program development beyond role requirements are some of the factors contributing to the strenuous workload managed by nurse educators. The professional role development of nurse educators within higher academia involves the integration of teaching, scholarship, and service within role. For this reason, it is important to examine the workload of nurse educators through these aspects.

Teaching. Most nurse educators enter nursing academia with some context of the academic setting because of their own learning experiences as undergraduate and graduate nursing students. However, this perspective may or may not assist nurse educators acclimating to a new teaching role. Nurse educators must recognize that the ways in which they learned may not be the most appropriate or evidence-based methods to facilitate effective student learning in their current role (Oermann, 2015). Teaching involves the development of content to teach, the integration of innovative teaching strategies, and student advisement. Nurse educators must possess an advanced level of knowledge in order to teach both simple and complex concepts necessary for implementing critical thinking and clinical reasoning within the practice environment. Meaningful teaching experiences promote the student's ability to connect information taught in class with their experiences in the practice setting (Weimer, 2013). Teaching is completed through the framework of application; a process of foresight with regard to anticipated outcomes of learning and having the ability to identify and rationalize unexpected outcomes (Oermann, 2015; Weimer, 2013).

Nurse educators within higher academia are charged to meet the diverse learning needs of learners using a myriad of teaching strategies and modalities (Weimer, 2013). Clinical instruction requires expertise in nursing and teaching (Oermann, 2015). Online instruction requires technology skills that may be time-intensive to implement. Hands-on instructional strategies are integrated into learning experiences that occur in both the lab and clinical settings. Regardless of the learning environment, nurse educators must maintain evidence-based knowledge of the nursing skills and practices being taught (Oermann, 2015). Some academic programs use team teaching models to support student learning, which involves multiple nurse educators teaching within one course. The collaboration required for team teaching may add

another layer of responsibility, contributing to a perceived increase in workload and responsibilities. It is also important to consider the variety of innovative teaching approaches integrated in the classroom setting to meet diverse learning needs.

Methods used to meet diverse learner needs in the classroom might include a flipped classroom approach, simulation learning activities, and problem-based learning (Weimer, 2013). A flipped classroom approach typically involves the use of online and web resources to support class time focused on practical and realistic application of the content (Barbour & Schuessler, 2019). Beyond preparing a lecture or outline of important content for students to study, the nurse educator must dedicate time to developing these additional resources and activities to support student learning. Simulation learning activities are goal based and facilitate student learning within a safe, simulated environment (Cant & Cooper, 2017). Problem-based learning experiences involve the presentation of a realistic patient care scenario that might arise in the clinical setting (Weimer, 2013). The educator will facilitate discussion and learning as students determine how to provide quality, holistic care. Answering questions leads to discussion about content to promote student learning (Wosinski et al., 2018). While not an exhaustive list of teaching strategies, this discussion highlights the vastness of the teaching learning process and experiences in nursing education.

Beyond the skills needed to teach in a variety of learning environments, nurse educators are called to meet the diverse learning needs of students. Varied clinical experiences, preparation, and life experiences are only a few of the factors that may influence the teaching-learning relationship between the student and educator. Assessment processes support the learning process and evaluation is used to determine effectiveness. Nurse educators strive to build on foundational information in as meaningful way so that students can successfully

develop the knowledge, skills, and attitudes needed for the professional role of the nurse (Oermann, 2015). Important to note, learning within nursing education also maintains an emotive element that nurse educators may have to navigate. For example, a student nurse who has recently experienced the death of a loved one may struggle when learning about the topic of death and dying within nursing courses. This type of scenario highlights the importance of the nurse educator's ability to connect with students on multiple levels to promote effective and meaningful learning.

Scholarship. Scholarship manifests through the development of research, continued education, and participation at conferences. Nurse educators may attain a teaching role in which a percentage of workload is focused on scholarly and/or research development. This process may include grant writing, collaboration with peers and/or students to develop research, building one's own research trajectory, and scholarly contributions within textbooks and educational resources for the profession (Oermann, 2015). In addition, nurse educators can advance their education by attending educational events and/or conferences, contributing to and presenting new research, attaining certifications, and furthering their education. Nurse educators within academia may review current research to support teaching and curriculum changes at the facility in which they work. Furthermore, the work they are completing related to their teaching methods and curriculum may also need to be disseminated to serve and inform the profession. Publishing research may be a requirement of the role or necessary step for advancement or tenure, but all nurse educators are encouraged to plan, develop, collaborate, implement, and disseminate scholarly work to advance the profession. According to Owens (2017b), pressure to attain tenure is a perceived stressor influencing the workload of nurse educators within higher academia.

Academic institutions and regulatory agencies have emphasized the importance of nurse educators retaining some level of currency with relation to nursing practice. An executive summary developed by the AACN (2019) outlined methods to increase the emphasis of faculty development and ways to advance professional development. A point emphasized within this executive summary was the need for nurse educators to be actively engaged in the clinical setting to promote teaching reflective of current, evidence-based practices (AACN, 2019). Gerolamo and Roemer (2011) developed a review of the literature to examine faculty workload issues. One national study, four state-level analyses and a number of smaller-scale studies from one institution were included within the review (Gerolamo & Roemer, 2011). The national study was conducted by the NLN and the Carnegie Foundation and included the distribution of surveys to 8,498 nurse educators (Gerolamo & Roemer, 2011). The researchers reported a mere 25% response rate but reported that nurse educators were generally dissatisfied with workload demands and that workload itself was a driving force to want to leave the role (Gerolamo & Roemer, 2011). A theme within the state-level studies related to dissatisfaction with faculty workload. Of particular interest to this discussion was the finding that current practice was not considered for promotion or tenure (Gerolamo & Roemer, 2011). Practice may be considered for FNP and DNP faculty because of their need for practice hours to maintain state licensure as advanced practice RNs. However, the work of Gerolamo and Roemer (2011) highlights that practice is not a significant factor for promotion or tenure. A clearer understanding of how practice aligns with promotion and tenure for nurse educators is needed.

Service. Activities of service carried out by a nurse educator may involve the public, university at large, or be activities that are department specific. The nurse educator's role might include public service involvement at a local community health fair, public policy, the

completion of volunteer hours at local healthcare facilities, and/or participation in community events that promote the health and well-being of the community (Oermann, 2015). In addition, nurse educators may participate with groups such as the Emergency Nurse Association (ENA, 2020) to examine issues pertaining to emergency care and professional guidelines for the nursing profession. Nurse educators may also function as political leaders, serving on state boards of nursing and participating in policy development. Opportunities may present for nurse educators to serve on a special subcommittees or a task force for a leading nursing organization such as the NLN. The ANA publishes foundational work for the nursing profession (e.g., The Scope and Standards of Practice, etc.) which may require the input and work of nurse leaders such as nurse educators.

Service may also be integrated within a nurse educator's professional role by mentoring a student with a scholarly project, serving as a chair of a committee, volunteering within the community, and serving on sub-committees demonstrate the integration of service. Departments or schools that offer programs requiring the development of a thesis or dissertation (e.g., MSN, DNP, & Ph.D.) are additional opportunities for nurse educators to incorporate service within their professional roles. Nurse educators might assist students with scholarly projects as a course requirement, as an honors option offered by a program, or as a requirement of their professional role. Although aspects of this type of assistance are scholarly in nature, it is noted that not all institutions provide financial incentive or workload credit for nurse educators willing to mentor and work with students to complete scholarly projects and/or research. Nurse educators are also expected to serve in leadership roles such as participating on committees and chairing committees for the institution in which they work. Academic institutions may vary regarding the type and number of committees nurse educators can be members of or serve as chair, but may

include a curriculum committee, faculty government association, an assessment committee, and/or a faculty development committee. Serving on a committee typically involves added responsibilities and time requirements outside of teaching requirements. All full-time nursing faculty are involved in committee work because nursing faculty are responsible for creating and maintaining the curriculum and typically serve as governing members of the program.

Calculating Workload. As nurse educators strive to incorporate teaching, scholarship, and service into their professional role development, it is evident that the professional role is multifaceted and constantly evolving. It is also important to note that expectations vary amongst academic programs. Some nursing programs hire full-time faculty who maintain 100% teaching responsibility, while some programs do not have expectations pertaining to scholarship and research development. According to Bittner and Bechtel (2017) there is no standardized method to calculate workload. Bittner and Bechtel (2017) distributed the *Nursing Faculty Workload Survey* online to nursing programs through the state of Massachusetts. One hundred and eighty-two subjects responded to a number of demographic questions regarding work responsibilities and professional role (Bittner & Bechtel, 2017). Bittner and Bechtel (2017) found that the most used system for calculating nurse faculty workload was by the number of credits the nurse educator taught each semester. The second most used method for calculating workload was to calculate the number of courses taught per semester (Bittner & Bechtel, 2017). The third most used method for calculating nurse educator workload was to calculate the number of credits taught for an academic year (Bittner & Bechtel, 2017). These findings support that administration calculates workload through various methods. With this understanding, an important consideration is how workload credit is assigned from one academic institution to the next.

Bittner and Bechtel (2017) found job satisfiers included the interactions nurse educators have with students, the attributes (i.e., mission) of the academic institution, meaning derived from work experiences, and collegial relationships with coworkers and peers. Job dissatisfaction was identified by nurse educators related to the academic institution's lack of support for faculty to develop research, undesirable salaries, and the academic institution's lack of support for community service involvement. In addition, Bittner and Bechtel (2017) found that respondents reported the top reasons for leaving an academic institution related to nurse educators nearing retirement, more compensation, career advancement, and more opportunities to integrate skill sets.

Fang et al. (2016) completed a cross-sectional study to identify barriers and facilitators for Ph.D. students considering academic careers. Positive factors such as a high level of autonomy, the ability to influence students, and to contribute to the nursing profession may attract a Ph.D.-prepared nurse educator to teach within nursing academia (Fang et al., 2016). Conversely, noncompetitive salaries and a heavy workload were identified as barriers that may keep a Ph.D.-prepared nurse educator from teaching within nursing academia (Fang et al., 2016). Fang et al. (2016) found that of the 1,500 Ph.D. students who participated in the study, 72% planned to attain nurse educator roles within nursing academia. The factors identified as attractive for the role included an interest in teaching and having an impact on nursing research (Fang et al., 2016). Although it is unclear what the trajectories will be for the Ph.D. students in the study, an interest in teaching and research are important factors that may build the pool of Ph.D.-prepared nurse educators for nursing academia.

Compensation

According to Fang et al. (2020) a common issue impacting nurse faculty recruitment was noncompetitive salaries. Gerolamo et al. (2014) identified that providing monetary support for advancing nursing education was invaluable, but not a solution. Evans (2018) completed a cross-sectional study of 940 nurse educators to determine effective ways to attract, recruit, and retain nurse educators to teach within academia. Online surveys revealed that nurse educators were mainly attracted to teach within nursing academia because they wanted to work in a flexible environment, give to the profession, follow the advice of their peers and role models, and face challenges in a thought-provoking work environment (Evans, 2018). These are important factors when considering role satisfaction for recruitment and retention. Through these surveys, nurse educators also revealed that noncompetitive salaries and dissatisfaction with the work environment were overpowering reasons for pursuing a nurse educator role (Evans, 2018). One respondent described that although a flexible schedule was an initially enticing consideration, the work week was typically over 40 hours (Evans, 2018). According to Arian et al. (2018) nurse educators who make a higher salary and engage in promotion initiatives have a higher level of job satisfaction than those with a lower salary and not interested in promotion opportunities. Nurse educators who are dissatisfied with pay for work provided have a high level of job dissatisfaction (Arian et al., 2018). A finding from the systematic review completed by Arian et al. (2018) was the concept that wages alone do not equate to job satisfaction. Higher wages simply prevent the dissatisfaction one might feel in their educator role (Arian et al., 2018).

Fang and Bednash (2017) completed a cross-sectional study to identify barriers and facilitators to academic careers for DNP students. Surveys were distributed by program directors to current DNP students and 1,500 respondents participated (Fang & Bednash, 2017). Over one

quarter of the respondents (i.e., 32%) planned to teach in nursing academia (Fang & Bednash, 2017). Fang and Bednash (2017) found that facilitators for DNP students planning to teach within nursing academia included having an interest in teaching and an appreciation for the impact of nursing research on patient care. Primary barriers keeping DNP students from considering a teaching role within nursing academia included poor financial compensation and a negative perception of nursing academia (Fang & Bednash, 2017). Although it is unclear what the future trajectories will be for the respondents in the study, identifying barriers is important when considering methods to recruit and retain for nursing academia.

Initiatives to Recruit and Retain

Literature exists to describe methods to recruit and retain nurse educators. In recent years, this focus has increased because the existent nurse educator shortage is predicted to grow in coming years (Reid et al., 2013). Reasons why one might consider teaching within nursing academia include a flexible schedule, holidays and summers off, and the opportunity to work in a challenging and innovative environment to build the profession. Beyond attractive attributes of the role and methods to recruit, it is also imperative to retain nurse educators.

Formal Orientation and Mentoring

Purposeful orientation and mentoring programs have promoted the recruitment and retention of nurse educators (Arian et al., 2018; Barnes, 2015; Cangelosi, 2014; Cash et al., 2009; M. D. Feldman et al., 2019; Gardner, 2014). According to Bittner and Bechtel (2017), the retention of new nurse educators may require a decreased workload during the first one to two semesters to support the work role transition. Despite methods to recruit and retain nurse educators, a nurse educator shortage persists. M. D. Feldman et al. (2019) were interested in the outcomes of a mentoring program and surveyed faculty to determine if the program effectively

prepared faculty to serve as mentors. Self-reported surveys of the experience revealed that the majority of the faculty surveyed had little previous mentoring training (M. D. Feldman et al., 2019). Almost all of the participants felt the training was helpful for becoming more effective mentors (M. D. Feldman et al., 2019). Cangelosi (2014) completed a phenomenological study about the novice nurse educator's perceptions of a formal mentoring process. Cangelosi (2014) found that novice nurse educators felt the transition from practice to the academic setting to be quite different and a formal mentoring process was consistently perceived as beneficial. Cangelosi (2014) urges nurse administrators to hear the voices of their novice nurse educators and strive to implement professional development that promotes retention.

McDermid et al. (2016) completed a study to explore resilience building strategies of new nurse educators. Fourteen participants were interviewed and themes for resilience building included: active development of supportive relationships, embracing positivity, and reflection and transformative growth (McDermid et al., 2016). Mentorships, meaningful orientations, and a positive working environment were identified as important factors for building resilience as novice nurse educators (McDermid et al., 2016). It is important to note that mentorships and meaningful orientations maintain variability. What one novice nurse educator needs for building resilience may differ from the needs of another novice nurse educator. In addition, the relationship built between the novice nurse educator and mentor was identified as an important factor for building resilience. This study highlights the investment, time, and motivation that may be needed to support the novice nurse educator's ability to build resilience in a new role.

Smith et al. (2018) developed case studies of DNP-prepared faculty who transitioned from expert clinicians to academic leadership positions. Smith et al. (2018) identified the unique transition that occurs as one moves from an expert clinician role to that of a novice nurse

educator. The rise in DNP-prepared nurse educators entering nursing academia has been a great move to narrow the existent nurse educator shortage. However, there is confusion with regard to tenure track options for DNP-prepared nurse educators (Smith et al., 2018). Smith et al. (2018) noted that many programs do not offer tenure track options for DNP-prepared nurse educators. It becomes unclear what separates an MSN-prepared nurse educator from a DNP-prepared nurse educator. Three DNP-prepared nurse educators were interviewed for the development of these case studies and all serving in leadership roles within nursing academia. The nurse educators reported barriers of their transition to a leadership role to include: a lack of training and maintaining a novice status as an educator (Smith et al., 2018). The facilitators for their transition to their leadership roles included: understanding leadership roles, clinical expertise, and the development of relationships (Smith et al., 2018).

Funding for Continued Education

According to Morgan et al. (2014), offering incentive-based programs to assist with the retention of faculty include loan reimbursement for continued education, direct financial incentives, and opportunities for scholarships for qualified nurse educators. Tourangeau et al. (2013) developed a cross-sectional study to examine factors influencing the retention of nurse educators. One of the independent variables identified by faculty as influencing intent to stay within an academic role was financial support for continued education (Tourangeau et al., 2013). In addition, McNeal (2012) developed an editorial to describe the current tumultuous environment within nursing academia with regard to the anticipated number of nurse educators preparing to retire. One of the suggestions made to combat the nurse educator shortage was for program administrators to offer financial incentives for continued education.

Professional Role Development

Bullin (2018) completed an integrated literature review to determine if Ph.D. requirements and a Ph.D. degree support the teaching role of nurse educators within nursing academia. The purpose of the review was to understand the state of the literature regarding Ph.D. requirements and the extent to which a Ph.D. supports nurse educators teaching in nursing academia (Bullin, 2018). Search criteria included articles with a variety of phrases such as ‘nurse educator’ and ‘scholarship in nursing’ and a focus on those either preparing for a doctoral degree or at the doctoral level with regard to professional role development (Bullin, 2018). In addition, articles that were peer-reviewed were selected and no date restrictions were added to the search (Bullin, 2018). One hundred and thirty-nine articles from around the world were included in the review (Bullin, 2018).

Bullin (2018) generated four themes from the integrated review, structuring each around questions. The first question was to consider what makes an effective educator (Bullin, 2018). The ability to convey concepts to learners meaningfully, acknowledgment of the difference between expert and excellent teachers, and the recognition that clinical expertise does not equate with teaching expertise were important factors contributing to teaching effectiveness (Bullin, 2018). The second question pertained to the current practices of formal preparation for nurse educators in higher education (Bullin, 2018). Bullin (2018) found that the literature was lacking with regard to how educators are prepared to teach in nursing academia. Bullin (2018) also found a number of studies in which researchers identified the institutional culture of scholarship as focused on research and publications rather than teaching knowledge. The third question was centered around how teaching excellence is described in the research (Bullin, 2018). Through the literature review, it was identified that teaching excellence requires a high level of individual

commitment to move beyond what is known to facilitate learning opportunities to develop critical thinking abilities (Bullin, 2018). Key concepts centered around teaching excellence included: scholarship, the scholarship of teaching, pedagogical knowledge, and characteristics of effective educators (Bullin, 2018). The fourth question was to consider the conditions influencing or having impacted the preparation of nurse educators in their professional roles (Bullin, 2018). Factors impacting the preparation of nurse educators in their professional roles included: a Ph.D. requirement, perpetuation of epistemic communities, and mentorship in Ph.D. programs (Bullin, 2018). Factors identified as being insufficient to support the pedagogical preparation of nurse educators included: the requirement of a research-focused Ph.D., lacking a mentorship in a doctoral program, and the influence of epistemic cultures (Bullin, 2018).

Agger et al. (2014) completed a descriptive study to gain understanding of how DNP-prepared nurse educators are hired and teach in nursing academia. Semi-structured interviews with 15 deans/directors of nursing programs throughout the United States participated in this study (Agger et al., 2014). The purpose of the study was to provide clarity from administration of nursing programs with regard to the different and similar roles and responsibilities of DNP and Ph.D.-prepared nurse educators (Agger et al., 2014). The interviews were focused on the hiring process for DNP and Ph.D.-prepared nurse educators and differences (if any) in faculty roles (i.e., teaching, scholarship, and service; Agger et al., 2014). The participants of the study indicated that DNP and Ph.D.-prepared nurse educators filled nurse educator roles similarly (Agger et al., 2014). However, some differences were noted between both professional roles.

Agger et al. (2014) found some distinct variances between DNP and Ph.D.-prepared nurse educators. Roles varied for both BSN and higher-level academic programs, but Ph.D.-prepared faculty assumed a higher level of responsibility with regard to research (Agger et al.,

2014). Agger et al. (2014) reported that the participants identified that DNP-prepared nurse educators were not required to hold membership with a professional organization as expected of Ph.D.-prepared nurse educators (Agger et al., 2014). The participants identified that DNP-prepared nurse educators received a satisfactory education to teach effectively in the clinical setting (Agger et al., 2014). However, it was noted that both BSN and MSN-prepared nurse educators can teach effectively within the clinical setting (Agger et al., 2014). This is an important consideration because the deans and directors also indicated a common uncertainty pertaining to what DNP-prepared nurse educators did differently compared to MSN-prepared nurse educators. The participants emphasized the need for DNP-prepared nurse educators to receive a more integrated educational preparation for teaching within nursing academia (Agger et al., 2014). There was some noted confusion with regard to the tenure process and expectations of DNP-prepared nurse educators (Agger et al., 2014). Many of the participants reported that DNP-prepared nurse educators were often held to the same standard and role requirements for tenure as Ph.D.-prepared nurse educators (Agger et al., 2014). For that reason, many DNP nurse educators were not pursuing a tenure position.

According to the United States Bureau of Labor Statistics (2020a), there were a reported 59,680 nursing instructors and/or postsecondary teachers employed in 2019. However, it is unclear as to how many of these reported instructors/educators are employed full-time, part-time, adjunct, or if multiple teaching roles are held. Nurse educators often manage multiple jobs for financial means due to the undesirable salary. Owens (2017a) developed a mixed-methods study focused on exploring the relationships among nurse educator life balance, quality of life, and the lived experience of life balance to prevent role burnout. Owens (2017a) surveyed 562

respondents, and all believed that higher salaries are needed to assist with life balance. This is an especially important consideration for nurse educators working multiple jobs for financial means.

Doctor of Nursing Practice (DNP) Education and Role

There is a lack of research to specifically describe the DNP-prepared nurse educator's role within nursing academia. As previously identified, an individual with a DNP has earned a terminal nursing degree with a practice focus. The AACN (2019) supports the integration of both DNP and Ph.D. nurse educators within academia, but little research exists to describe how the actual roles are used within the academic setting. The curriculums for Ph.D. and DNP programs vary, which makes it difficult to ascertain how their educational preparations have prepared them for their professional roles (Dreifuerst et al., 2016). Aquino et al. (2018) completed a descriptive survey to identify significant factors related to a nurse educator's intent to leave the academic setting. Aquino et al. (2018) surveyed 146 nurse faculty, of which 51% were DNP-prepared and 48% were Ph.D.-prepared. The researchers used the Maslach Burnout Inventory Educator Survey to describe the relationships between nurse educator burnout and learning new academic positions (Aquino et al., 2018). Ph.D.-prepared subjects reported higher levels of emotional exhaustion compared to DNP-prepared nurse educators (Aquino et al., 2018). Over one quarter of subjects indicated intent to leave their current academic position, 68% intend to leave in the next six years, and 24% intend to leave academic within the next 1-2 years (Aquino et al., 2018). Respondents shared that factors such as the degree type, age, and level of emotional exhaustion significantly influenced the nurse educator's intent to leave the academic setting (Aquino et al., 2018).

Role Confusion

The nursing profession is comprised of a number of professional roles. A nurse can become specialized or credentialed through practice, receive a master's degree in advanced roles, and even earn a doctorate. To the layman, a nurse who is also a doctor may be perceived as confusing with relation to Western medicine and how our culture understands various professions. This confusion not only exists within society at large, but also within the profession itself. The AACN's (2019) executive summary for academic nursing programs clearly outlines the need for doctorally prepared nurse educators within the academic setting. The NLN (2013) reported that doctorally-prepared nurse educators make up approximately 25% of the nurse educator population within the United States. Dreifuerst et al. (2016) asserted that nursing programs desiring a doctorally prepared nurse educator often prefer a candidate with a Ph.D. versus a DNP. However, it is also suggested that both Ph.D. and DNP program curriculums lack frameworks to support graduates with learning, pedagogy, and teaching (Dreifuerst et al., 2016).

Udlis and Mancuso (2015) developed a descriptive, cross-sectional study in which 340 nurse educators answered a questionnaire about role clarity of the DNP-prepared nurse. Approximately 80% of subjects who were DNP-prepared felt a notable overlap between the expectations of the DNP and Ph.D.-prepared nurse (Udlis & Mancuso, 2015). Conversely, 24% of Ph.D.-prepared nurses felt an existent overlap between Ph.D. and DNP roles (Udlis & Mancuso, 2015). In addition, 80% of DNP-prepared nurse educators felt the DNP role promotes the strength and unification of the nursing profession and only 34% of Ph.D.-prepared and 45% of MSN-prepared subjects felt similarly (Udlis & Mancuso, 2015). As nursing programs continue to develop bridge programs and various degree pathways, confusion develops with regard to role.

Advanced Practice Registered Nurses

Another aspect of the professional nursing role relates to advanced practice registered nurses (APRNs). Nurses with advanced levels of education in the roles of nurse practitioner, clinical nurse specialist, CRNAs, and certified-nurse midwives may certify as APRNs to signify their advanced clinical knowledge (AACN, 2021). The DNP educational track has risen dramatically in recent years, becoming a standard for those certifying as APRNs (AACN, 2021). However, it is unclear if DNP nursing programs are preparing their graduates to certify as APRNs. To further clarify, some well-known for-profit schools within the United States offer a variety of advanced nursing degrees such as MSN and DNP tracks for attaining advanced nursing education. However, some of these programs also disclose that the curriculum plans for their advanced education may or may not meet the requirements for state licensure and certification (American Sentinel University, 2020). For these types of for-profit programs, it is unclear if the educational preparation DNP graduates receive will prepare them for the certification of a APRN for the state in which they live (American Sentinel University, 2020). Research is needed to consider how DNP programs are preparing their graduates. If DNP graduates are not being developed for an advanced practice role, what roles are DNP graduates primarily assuming?

Meleis' Transition Theory

Meleis' Transition Theory provides a foundational lens and framework for the questions asked in this study. The purpose of the Transition Theory is to capture transitional experiences with a driving force of either achieving a healthy state or moving from an unstable to stable state (Meleis et al., 2000). Within the Transition Theory, patterns of response manifest as process indicators and include: feeling connected, interactions, locating and being situated, and

developing confidence and coping (Meleis, 2010). Meleis' Transition Theory has been integrated into a number of studies related to transitions within nursing. Kumaran and Carney (2014) sought to better understand the influences on role during the transition period from student nurse to staff nurse. Kumaran and Carney (2014) explored this transition through an explorative, phenomenological study in which 10 new nurses were interviewed to explore the transition from student to staff nurse. Initial feelings and inherent highs and lows and being able to stand on their own two feet were findings from this study (Kumaran & Carney, 2014). The patterns of response with transition that relate to these study findings are feeling connected, locating and being situations, and developing confidence and coping.

Meleis (2015) developed a narrative analysis focused on her experiences, responses, and outcomes for an outgoing dean and institution's transition. The transition being examined in this particular study was more procedural in nature, focused on the institutional steps and processes involved with a transition with administration. In this study, various phases were experienced with this institutional transition beginning with the decision one makes to step out of an administrative role. Discussion, planning, and continued function in the role occur in the initial phase (Meleis, 2015). The next phase involves the search process for a new administrator that includes the current dean, faculty, students, and staff. This is typically when unfinished business is defined (Meleis, 2015). The third phase involves naming the new administrator or dean and establishing a collaborative partnership between the current and new dean (Meleis, 2015). The fourth phase is when the exit of the current dean begins and announcements are made about the administrative changes that will be made (Meleis, 2015). In this phase, decision-making is still joint between the current and new dean and it is also a time of celebration (Meleis, 2015). The final phase is when the current dean has stepped down and assumed a sabbatical or new role

within the program (Meleis, 2015). Success in reaching this final phase is when the person who stepped out of the dean role is no longer introduced by their formal role (Meleis, 2015).

Barnes (2015) developed a descriptive, cross-sectional survey focused on the role transition from experienced RN to an inexperienced, novice nurse practitioner in relation to RN experience and formal orientation to the nurse practitioner role. Factors thought to promote successful role transitions for these subjects included experience and receiving a formal orientation (Barnes, 2015). Three hundred and fifty-two subjects were surveyed using the Nurse Practitioner Role Transition Scale to measure subject perceptions of their own transition to a nurse practitioner role (Barnes, 2015). Findings reflected that a formal orientation was a promoter for a nurse practitioner's professional role transition (Barnes, 2015). Variables that could influence the nurse practitioner's professional role transition included the number of precepted clinical hours completed, mentorship provided, orientation length, available resources, and collegial support (Barnes, 2015). This type of professional role transition aligns with the role transition being explored within this study.

Gaps in the Literature

Through this literature review, much remains to be known about the role of doctorally prepared nurse educators. Amidst a nurse educator shortage, strategies to recruit and retain qualified educators is important to continue to build the nursing profession. Understanding the role of the doctorally prepared nurse educator is important as this role is highly sought after within nursing education. As the number of DNP-prepared nurse educators rises and the need for nursing educators within academia continues to grow, more information is needed to understand the role of DNP-prepared nurse educators within nursing academia. Furthermore, understanding the role of Ph.D.-prepared nurse educators is important to continue to build knowledge of how

this role is facilitated within nursing academia. Role confusion exists regarding the various doctoral degrees that nurse educators can attain, and more research is needed to understand the doctoral role of nurse educators within nursing academia.

The professional development of nurse educators includes aspects of teaching, scholarship, and service. Knowing how doctorally prepared nurses integrate these elements of their professional development into their roles is important to understand for those considering a terminal degree in nursing education. Few studies highlight the differences in how doctorally prepared roles vary based on the type of terminal degree earned. From this literature review, initiatives such as a formal orientation and mentoring and funding for graduate school seem to support the retention of nurse educators within academia. However, few studies explore the lived experiences of novice, doctorally prepared nurse educators within nursing academia. Research is needed to understand how to promote the role satisfaction of novice, doctorally prepared nurse educators.

Conclusion

A thorough review of the literature led to the evaluation of over 86 articles focused on doctorally-prepared nurse educators within academia. Satisfaction in role, recruitment and retention challenges, initiatives to recruit and retain, and the professional role development of nurse educators were general themes generated from this review of the literature. From this review, the research supports that nurse educators are generally satisfied with their professional roles. However, the elements that promote a nurse educator's level of satisfaction vary. A nurse educator may be drawn to the schedule and perceived autonomy of the professional role of a nurse educator but also identify workload as a challenge of the role. Amidst a nurse educator

shortage, this literature review highlights the need for research to explore the challenges of recruiting and retaining nurse educators.

In this literature review, commonalities pertaining to the workload of nurse educators relates to teaching, scholarship, service, and workload considerations. Teaching is an important and prominent aspect of the nurse educator role. Scholarship and service are additional elements that support the professional role development of the nurse educator. The overall workload of the nurse educator is an additional topic that emerged through this literature review. Nursing academic institutions may vary with regard to teaching roles offered and nurse educator responsibilities based on level of education and role attained. The variety of positions available to nurse educators within nursing academia presents an additional consideration that influences the workload of nurse educators. With this understanding, research is needed to explore and shed light on the existent uncertainty and confusion of this role.

CHAPTER III

METHODOLOGY

Introduction

The purpose of this study was to describe the lived experiences of novice, doctorally-prepared nurse educators teaching full-time within academia. As previously described, there is an existent nurse educator shortage that is predicted to grow in coming years. Data collected by leading nursing organizations (i.e., NLN and AACN) reflects this shortage, further describing the need for doctorally prepared nurse educators to teach within nursing academia. Dreifuerst et al. (2016) described a current influx in the number of individuals earning their DNPs in recent years. This influx is impacting the teaching environment as a reported 60% of individuals who earn a DNP degree teach within academia (Dreifuerst et al., 2016). This chapter provides explanations of the study methodology which includes the research design, sample, methodology and procedures, and data analysis methods carried out within this study. In addition, this chapter includes discussion of the processes used to promote the rigor of the study, including ethical considerations.

Qualitative Research

There is a dearth of research to describe the lived experiences of doctorally prepared nurse educators within academia. The research question that guided the development of this study was: What are the lived work experiences of novice, doctorally-prepared nurse educators? A qualitative research design is appropriate to understand how individuals interpret unique experiences and construct meaning from those experiences (Merriam & Tisdell, 2016).

Qualitative research is subjective and allows a researcher to capture an “insider” perspective that is rich and reflects a dynamic reality (Blaxter et al., 2006). Therefore, a qualitative design was appropriate for this study to seek how individuals experience the nurse educator role. Little is understood about the influx of DNP-prepared nurse educators within academia, specifically those with less than 10 years of experience teaching in nursing academia. For this reason, a phenomenological design promoted an exploration of the nature of this phenomenon. A qualitative, phenomenological research design best answers the research question regarding the lived experiences of novice, doctorally prepared nurse educators teaching full-time within nursing academia.

An assumption of phenomenological study is that there is a structure to what is being studied and understood by examining a phenomenon (Polit & Beck, 2018). For this study, it was assumed that the participants were able to communicate about their lived experiences. According to Merriam and Tisdell (2016), the ability to describe a lived experience requires one to consciously reflect and share a perception, meaning, and interpretation of the lived experience. It was assumed that the participants had the ability to openly share about their perceived truths for a rich description of the phenomenon being studied.

Sampling

This section provides information about the sampling methods and inclusion and exclusion criteria for this study. The population for this study was novice, doctorally prepared nurse educators who earned a Ph.D. or non-Ph.D. doctoral degree. Purposive sampling is commonly used in phenomenological studies because this sampling method allows for the study of individuals based on their specific knowledge of the phenomenon being studied (Creswell, 2013; Streubert & Carpenter, 2011). For this reason, a purposive sampling technique was used to

recruit potential participants for this study. The specific purposeful sampling technique used to recruit participants for this study was a snowballing approach. Snowballing is a sampling strategy that facilitates an effective technique to connect with people who might know potential participants with rich experiences to share (Creswell, 2013). Snowball sampling involves networking between informants for the potential referral of participants (Polit & Beck, 2018).

Individuals who met inclusion criteria were invited to participate in the study. Inclusion criteria included: (a) doctorally prepared nurse educators working full-time, (b) nurse educators with ten or less years of full-time teaching experience within nursing academia, and (c) nurse educators working for baccalaureate nursing programs with national, regional, or specialty accreditation. Novice, doctorally prepared nurse educators with at least one semester of full-time teaching experience were asked to participate because this population has a context from which to share their experiences and perceptions. Nurse educators who met inclusion criteria and were willing to participate in this study represented various regions within the United States. Exclusion criteria included: (a) nurse educators who teach in non-baccalaureate programs and (b) nurse educators who have less than one semester of full-time teaching experience in the academic setting.

Data Collection

This section includes a description of the data collection process and methods used for interviewing participants in this study. Semi-structured interviews involve the use of structured questions that can be asked with a level of flexibility to elicit rich discussion (Merriam & Tisdell, 2016). For this reason, semi-structured interviews were conducted for data collection in this phenomenological study. Streubert and Carpenter (2011) described the incorporation of open-ended questions promotes opportunities for the researcher to follow the participants lead and to

ask clarifying, probing questions during the interview. With this understanding, the data collection method for this phenomenological study involved the use of open-ended questions to elicit a richness of responses. According to Streubert and Carpenter (2011), interviews should be conducted in a way to facilitate the sharing of experiences at a time and place that are agreeable to the participants. Because interviews were conducted during a pandemic and at a time in which travel was reserved for essential needs only, interviews were conducted electronically using Zoom™ technology. This technology facilitated a safe and effective way for the researcher to connect with participants from all over the United States.

Pilot Testing

Harding (2013) suggested pilot interviews before conducting interviews with participants to test questions and for the researcher to practice interviewing. For this reason, pilot testing of the interview questions was completed prior to conducting interviews with eligible participants. The researcher conducted pilot testing by interviewing two participants who did not meet inclusion criteria to determine what changes may be needed before implementing the study. This process also facilitated an opportunity for the researcher to practice interviewing. The questions for this study were open-ended and focused on the lived work experiences of novice, doctorally-prepared nurse educators.

Meleis' Transition Theory informs the worldview of the researcher. The aspect of Meleis' Transition Theory of particular interest related to this phenomenological study related to the patterns of response that occur with a transition; the process indicators influencing how one perceives the transition (Meleis, 2010). For this reason, additional questions were asked through the theoretical lens of Meleis' Transition Theory. Participants were asked to discuss work experiences that have both positively and negatively influenced their transition to the role and

responsibilities of a novice, doctorally prepared nurse educator. In addition, participants were asked to describe experiences they perceived as both helpful and not helpful during their transition to a doctoral teaching role within nursing academia.

Interviews

Interviews are considered a standard approach and the most frequently used method for data collection within qualitative research (Bullock, 2016; Streubert & Carpenter (2011), For this reason, interviews were used for data collection in this phenomenological study. It was anticipated that interviews would take approximately 30 to 60 minutes to complete, and developed questions were open-ended to promote meaningful responses (Appendix B). In this study, interviews averaged 38 minutes in length. It was planned for interviews to occur one-to-one as a method to explore participant experiences to understand their lived experiences. Bullock (2016) identified that one-to-one interviews facilitate opportunities for the researcher and participants to engage in an interview process that elicits a richness of data. Before collecting any data, the Institutional Review Board (IRB) through the researcher's graduate school provided approval for the study to be conducted. Additionally, eligible participants submitted signed informed consent forms to the researcher. These processes will be further described within the Ethical Considerations and Protection of Human Subjects section in this chapter.

Prior to beginning each interview, the researcher reviewed the purpose of the study with participants and provided an opportunity to ask questions. Demographic information was collected for each participant and included: gender, region within the United States in which the participant works, and highest earned degree. Additionally, accreditation information about their places of employment was discussed and verified by the researcher. Richards and Morse (2013) identified that interviews are typically audio recorded for transcription purposes during the

analysis process. With this understanding, interviews occurred via video conferencing (i.e., Zoom™) at a time scheduled by the participants and interviews were audio recorded for transcription purposes. All participants verbally consented to being recorded for their interviews.

The open-ended questions asked at the beginning of the interview were asked to promote rich discussion of their lived experiences. Bullock (2016) suggested that interview questions and probing questions should be asked in a way that facilitates a natural flow of conversation. During the interviews, probing questions were asked to elicit further information about what the participants experienced. (Creswell, 2013). Follow-up questions and probing were used to promote the richness and completeness of responses shared (Polit & Beck, 2018). In addition, the researcher took notes during the interview to support the integration of follow-up questions. Bullock (2016) identified the need to conclude interviews by sharing thanks for participation and to provide participants with information about the next steps. Upon the completion of interviews, the participants were thanked for their time and the researcher shared that a transcript of their interview would be emailed to them to verify information shared and to provide an opportunity for further clarification as needed. It was also described that a follow-up meeting may be warranted to confirm their experiences. In addition, the participants were asked if they knew of other nurse educators who might be eligible to participate in the study. Those who knew potential participants for this study were asked to share the researcher's name and contact information for follow-up.

Procedures

Institutional Review Board (IRB) approval was granted through the researcher's graduate school prior to recruitment or data collection for the study. The IRB supports researchers in following processes to protect human subjects and researcher (Merriam & Tisdell, 2016). This

following section describes the procedures followed during the implementation of the study which include the recruitment process, setting for the study, participants, and procedures.

Recruitment

To recruit for this study, the researcher emailed previous and current work colleagues and acquaintances to inquire about individuals they may know who might be eligible and willing to participate in the study. As responses were received, the researcher asked colleagues to share the researcher's name and email with those who might meet criteria and be willing to participate in the study. Colleagues shared the researcher's name and contact information and those interested in participating in the study emailed the researcher about their interest. The researcher sent a recruitment email to describe the purpose of study and included the informed consent for interested individuals to sign and return. A snowball sampling technique was used to continue to recruit participants for the sample. This technique allowed for sampling over a large geographical area within the United States.

Setting

Communication prior to the interviews occurred electronically by email and interviews were conducted between the researcher and participants individually and from a distance to support ease of participation. Interviews were conducted via Zoom™ and recorded for transcription purposes. Participants completed interviews from their home and work offices at a time that was convenient for participation. Participants for this study lived in various regions of the United States to promote a diverse sample of like professionals (i.e., Western region, Midwest region, East region, etc.).

Participants

Participants had earned either a DNP or Ph.D. in Nursing within the previous five years, had ten or less years of work experience in nursing academia, and worked for an accredited nursing program in the United States. In this study, the researcher did not know participants in their roles as doctorally prepared nurse educators. Saunders et al. (2018) identified that data saturation broadly refers to reaching a point in which the data collected is repetitive, reflecting that continued data collection is unnecessary. More specifically, data saturation refers to repeated data that aligns with previous data shared during the interview process (Saunders et al., 2018). With this understanding, participants were recruited for this study until data saturation was reached. A sign that data saturation has been reached is when cases do not merge as a single instance but are replicated through several cases (Richards & Morse, 2013). With this understanding, interviews continued until data saturation was reached. In this study, the sample size was 12 participants. By the eighth interview, the researcher noted the variation in data was leveling off and little new or additional information was being shared by participants. With this recognition, data saturation was reached by the eighth interview, and an additional four interviews promoted the validation of saturation.

Data Collection

Participants were asked open-ended questions to describe their experiences as novice, doctorally prepared nurse educators. Creswell (2013) suggested beginning the interview with two general questions to stimulate conversation. For this reason, the first question asked of participants was to share about their lived experiences in their professional roles. Next, participants were asked to describe situations that have influenced their experiences in their professional roles. While participants responded, field notes were created to capture participant

expressions. Richards and Morse (2013) described that developing field notes can serve as a supplemental piece of the data during the analysis process. Field notes promote the validation of themes that emerge during the data analysis process (Streubert & Carpenter, 2011). For this reason, field notes were developed as a method to reduce bias and promote the truthful interpretation of data during analysis.

As identified by Creswell (2013) and Streubert and Carpenter (2011), data analysis begins with data collection. While questions were being answered during the interview process, the researcher created handwritten notes to promote a true description of the lived experiences shared. This note-taking process also involved journaling. Journaling is a process by which the researcher writes down personal thoughts and responses that emerge during data collection (Streubert & Carpenter, 2011). In this study, journaling facilitated a process by which the researcher's beliefs and assumptions about the data being shared could be captured to enhance the credibility of the study findings. Participants were also asked to discuss work experiences that have both positively and negatively influenced their transition to the role and responsibilities of a novice, doctorally prepared nurse educator. Lastly, participants were asked to describe experiences they perceived as both helpful and not helpful during their transition to a doctoral teaching role within nursing academia. In qualitative research, data collection and analysis are an iterative process so practices that integrated such as constant comparison will be discussed further in the data analysis methods section.

Audio recordings of completed interviews were sent to a transcriptionist approved by the graduate school of the researcher. The researcher sent recordings on the same day that interviews were completed, and the transcriptionist provided the researcher with transcripts of the interviews typically within three days. During that time, the researcher reviewed field notes and

journals, and engaged in reflective journaling processes to stay close to the data and develop audit trails for analysis purposes. Once the researcher received completed transcripts, each interview was read line-by-line to become familiar with the data. Streubert and Carpenter (2011) suggested the need to listen to audio recordings with transcripts to promote accuracy of the data. For this reason, the researcher then re-read all transcripts while listening to the audio recording of each interview to promote immersion of the data.

Data Analysis Methods

In this section, the data analysis methods followed in this study are described in detail, including discussion of study trustworthiness, promoting rigor, and ethical considerations. Braun and Clarke (2006) asserted that codes allow the researcher to capture interesting information about the data for analysis purposes. As the coding process unfolds within a study, the researcher can carefully consider how codes combine and interrelate to create themes (Braun & Clarke, 2006). Creswell (2013) described qualitative data coding as “aggregating the text or visual data into small categories of information, seeking evidence for the code from different databases being used in a study, and then assigning a label to the code” (p. 184). With this understanding, NVivo™ software was used to organize and work with the data during the analysis process. Of utmost importance is that the researcher maintains focus on the participant’s shared perceptions, and not integrate personal experiences within the analysis process (Creswell, 2013). Creswell (2013) and Polit and Beck (2018) described that the data analysis process requires an engaged approach in which reflexivity and sensitivity are used to abandon opinions and preconceived ideas about the phenomenon being studied. With this knowledge, reflective journaling facilitated an approach to reduce researcher bias and assumptions. Throughout the development of this

study, the researcher was aware and conscious of the potential need to make changes during the study to promote trustworthiness.

To capture the essence of the nature of the lived experiences shared, the data analysis process established by Colaizzi (1978) was used (Appendix C). Colaizzi's data analysis process involves an exhaustive investigation to better understand the phenomenon studied (Shosha, 2012). According to Wirihana et al. (2018), the first step in Colaizzi's method of data analysis involves reading and re-reading transcripts to gain general insight about the data. With this understanding, the first step of data analysis in this study involved reading and re-reading the transcripts on different days to formulate an overall sense for the described phenomenon. The second step in Colaizzi's analysis process involves extracting significant statements that relate to the phenomenon (Wirihana et al., 2018). Significant statements were extracted from each interview transcript by re-reading transcripts line-by-line. During these initial steps of the analysis process, the researcher engaged in bracketing to reflect on and suspend previous experiences or conceptions that might influence understanding of the data being analyzed. In addition, constant comparison was implemented during the data analysis process to promote the credibility of findings. Streubert and Carpenter (2011) described constant comparison as a method in which data was compared to other data, as well as developed codes. With this understanding, constant comparison was also integrated during the analysis process to compare new data with existent data to further deepen understanding of participants' lived experiences.

The third step in Colaizzi's data analysis process involves formulating meanings from significant statements (Wirihana et al., 2018). With this understanding, the researcher created meaning from the lived experiences and perceptions that were shared by participants. The fourth step of Colaizzi's data analysis involves grouping significant statements together for the creation

of theme clusters (Wirihana et al., 2018). With this understanding, significant statements in this study were organized based on terms and formulated meaning. The meanings were then organized further through clustering that aligned with the essence of the interview questions and any ideas aligning with Meleis' Transition Theory. According to Morrow et al. (2015), clustering facilitates a process by which the researcher can identify common themes from all of the data. With this understanding, following this process promoted the development of an exhaustive description of the findings for this study.

According to Wirihana et al. (2018), the development of an exhaustive description is the fifth step of the analysis process and requires a careful and thorough examination of all of the findings from the study. The exhaustive description of the phenomenon includes a full and detailed account of the phenomenon being studied, including emergent themes (Morrow et al., 2015). In this study, transcripts, significant statements, thematic clusters and themes were re-read and reviewed to promote a thorough analysis and interpretation of the data. The sixth step of Colaizzi's data analysis involves removing 'other findings' and extraneous information that may take away from the essence or primary themes that emerged through the analysis process (Wirihana et al., 2018). The themes and "other findings" that emerged in this study are discussed in further detail in Chapter V. The seventh and final step in Colaizzi's data analysis process involves seeking participant validation of findings (Wirihana et al., 2018). In this study, participants were emailed the exhaustive description of the findings and asked to provide feedback.

Merriam and Tisdell (2016) support an analysis approach through a constructivist perspective that promotes the development of meaning from the phenomenon being studied. Transcripts were read and re-read to generate meaning from what participants shared. As the

meaning of these lived experiences emerged through the data analysis process, knowledge was constructed regarding the perceptions shared by participants. The incorporation of bracketing and note-taking throughout the process strengthened findings. In addition, organization with the analysis process and asking participants for feedback with what was captured through the analysis process strengthened findings.

Trustworthiness

The integration of qualitative procedures and criteria to promote trustworthiness is a goal of this study. Creswell (2013) asserts the use of multiple strategies to strengthen research, with a minimum of at least two methods to constitute confirmation of strategies. Member checking is one approach that involves sharing findings with the participants for feedback and opportunities for corrections as needed (Creswell, 2013). In addition, the development of in-depth descriptions of subjective data shared and details from the interviews promoted a richness of findings.

There are a variety of strategies and steps that can be taken to promote the quality, or rigor, of qualitative research. Careful management of the data using Colaizzi's descriptive phenomenological data analysis approach for the thorough interpretation of data promoted the methodological rigor of this study. Credibility, transferability, dependability, and confirmability are approaches to promote the rigor and trustworthiness of a study (Lincoln & Guba, 1985). The researcher's attention to these elements reflects the trustworthiness of the study results. The following section describes these approaches.

Promoting Rigor

Credibility

To promote the credibility of findings for this study the researcher incorporated a number of strategies. The analysis process began as data was collected through constant comparison to

generate meaning from what was shared to promote the credibility of findings. Credibility of the meaning derived from the shared experiences of novice, doctorally prepared nurse educators was promoted through reflexivity throughout the analysis process using journaling (Polit & Beck, 2018). Audio recordings and verbatim transcriptions promoted the authenticity and richness of data captured for analysis (Polit & Beck, 2018). Member checking and the saturation of data through the analysis process also promoted the credibility of the meaning generated from this study (Polit & Beck, 2018). Data saturation was reached when participant experiences became recurrent and new perspectives or explanations were no longer coming from the data. By the eighth interview, data saturation was perceived and validated with an additional four interviews.

Bracketing also promotes the credibility and confirmability of the study findings and involves the researcher suspending preconceived notions or perceptions about a phenomenon (Creswell, 2013). Although the complete separation of preconceived notions or perceptions about a phenomenon may not be possible, the researcher adhered to the phenomenon as it was experienced by the participants to promote bracketing during the analysis process. Transcripts were reviewed on multiple occasions at different times and the researcher engaged in bracketing through a reflective process using memos and reflective journaling. NVivo™ software was used to review manuscripts and identify important statements, generate meaning, cluster themes, and develop an exhaustive description (Morrow et al., 2015). Common themes or meanings shared by participants were clustered while incorporating bracketing to promote the trustworthiness of the findings.

Transferability

An important aspect of qualitative research is the need for organization and field notes to promote consistency and the transferability of findings (Polit & Beck, 2018). Descriptive and

reflective notes were taken during and after interviews. Additionally, the use of the software NVivo™ promoted organization of the data for the development of rich descriptions of the phenomenon being studied. Transferability was promoted by interviewing a diverse sample of the population studied. The emergence of themes across a diverse sample promotes the transferability of findings (Merriam & Tisdell, 2016).

Dependability

Dependability relates to the decisions and steps taken throughout the data analysis process (Creswell, 2013). This process was promoted through the use of a clear analysis process that included an inherent decision trail with each step of the analysis process. Colaizzi's phenomenological data analysis process was used to explore and make meaning of the lived experiences of novice, doctorally prepared nurse educators. In addition, a reflective journal and consulting with the dissertation chair during the research process strengthened the dependability of the study.

Confirmability

In order to produce dependable and confirmable findings, careful documentation and an audit trail were used throughout the implementation of the study (Polit & Beck, 2018). The audit trail process was developed through careful documentation and keeping a log of data and methods used throughout the interview and analysis process. To capture the voices of participants and limit researcher bias, the researcher listened to audio-recordings while reading transcripts simultaneously to promote the accuracy of data. As previously described, member checking also occurred so participants could review transcripts and provide additional input or information as warranted.

Ethical Considerations and Protection of Human Subjects

Institutional Review Board

Those interested in participating who met the inclusion criteria received a consent form (Appendix D) electronically by email with the opportunity to ask questions prior to participation. Institutional Review Board (IRB) approval through the University of Northern Colorado was granted before recruitment or any data collection for this study occurred (Appendix E). As interviews were completed, a transcriptionist approved through the graduate program of the researcher was hired to develop transcripts for the researcher to analyze meaning.

Protection of Human Subjects

Participants were assigned a randomized number for data analysis purposes and any identifiers removed from data collected. Participants were also asked to assign themselves a pseudonym for the interview for their protection. According to Merriam and Tisdell (2016), measures such as assigning participants a number for identification purposes was a method to promote participant confidentiality. During the data analysis process, data were coded with an assigned numbering system developed by the researcher to promote participant confidentiality.

Consent

Participants initially received information about the study, including the purpose of the study and inclusion criteria, via email. Participants who met the inclusion criteria submitted signed informed consent forms via email. The researcher coordinated interview times with willing participants electronically and participants were reminded about their willingness to participate in the study via email 24 hours prior to the scheduled interview. A copy of their signed consent form was attached to the email or electronic communication for their records.

Data Handling

Any hard copies of data and paperwork generated during the study were stored in a double-locked file cabinet and safe only accessible to the researcher. Electronic data was stored on a flash drive accessible only to the researcher and also stored in a double-locked file cabinet only accessible to the researcher. A UNC approved transcriptionist was used to transcribe data and participants were randomly assigned random numbers for protection and to aid during the analysis process. All communications sent to the transcriptionist were sent through a password-protected email on a computer only accessible to the researcher in a locked office space only accessible to the researcher. Data including signed consent forms, interview questions, participant descriptions, and the device in which audio recordings of the interviews were stored on were kept in a double locked file cabinet and safe only accessible to the researcher. Electronic data was stored in a password-protected computer in the researcher's personal home office under lock and key and only accessible to the researcher. Research documents, including results of the study, will be kept on file for 3 years post completion of the study. In addition, the Research Advisor will retain informed consent forms for 3 years.

It was understood that, by asking individuals to share their lived experiences, they were volunteering to serve in a vulnerable role. The researcher maintained the confidentiality of participants throughout the implementation of the study to promote the rights of the participants. As previously described, IRB approval was granted before any data was collected. In addition, willing participants sign informed consent forms and had the opportunity to ask questions throughout the duration of the study. These steps were important to implement and reflected processes to promote the safety and well-being of the participants. Prior to signing the consent form, participants were assessed to determine their understanding of the purpose of the study,

including the risks and benefits. In addition, participants were encouraged to ask questions throughout the process and were informed they could drop out of the study at any time during its duration. The patient also received a signed copy of their informed consent form for their records.

Risks and Benefits

The risk for participants in this study was minimal and the benefits outweighed the risks. A risk of this study is the potential for discussion to evoke strong emotion within participants. Discussing difficulties related to the phenomenon may have caused participants to feel emotional and/or discomfort. The researcher was actively engaged during the interview process to be aware should any of these issues arise. Participants had the right to stop the interview at any point during the process. This ability to halt participation was stated on the consent form and the researcher verbally communicated this right to participants prior to conducting any interviews. In addition, participants may perceive the time commitment required to complete the interview as a negative. However, the participants included in this study received and signed consent forms identifying their participation as voluntary.

The benefits of this study outweigh the risks. Participation in this study will add to the body of nursing knowledge. Research to capture the work experiences of novice, doctorally-prepared nurse educators is needed to understand more about this professional role and its impact within nursing academia. It is also understood that having the opportunity to share about a lived experience can be therapeutic and informative for the participant. Sharing lived experiences promotes reflection and a deeper understanding of one's journey. It was anticipated that participants would appreciate the opportunity to share about their work experiences and aspects of their professional role development. Willing participants were also offered to be included in a

drawing for a monetary gift card of \$20 as a gesture of thanks for their participation in the study. The drawing for the gift card occurred at the conclusion of the study.

Conclusion

Qualitative research allows for the exploration of one's lived experiences, providing opportunities to capture perceptions and reflections. A dearth of research exists to explore the lived experiences of novice, doctorally prepared nurse educators. To explore these lived experiences, a descriptive phenomenological design was completed to explore and capture the perceptions and experiences of this population. Participants were recruited using a convenience, snowball approach through word-of-mouth with colleagues and peers. Participants who met inclusion criteria were interviewed using open-ended questions. Data analysis involved the use of NVivo™ software with the integration of Colaizzi's descriptive phenomenological data analysis process to capture the lived experiences of novice, doctorally prepared nurse educators teaching full-time in nursing academia.

CHAPTER IV

FINDINGS

Introduction

Research is needed to explore the lived experiences of novice, doctorally prepared nurse educators within academia. The purpose of this study was to better understand what nurse educators who are relatively new in their doctoral roles (i.e., doctoral degree completion within the last 5 years) are experiencing within their full-time roles as nurse educators within academia. For this study participants were interviewed, and their responses analyzed for emerging themes. Direct quotes from the participants bring life to the emergent themes generated through the analysis process.

Participants

For this study, 12 participants meeting inclusion criteria were included in this study. Of the 12 participants, 1 was male. Participants either self-assigned or were assigned a pseudonym by the researcher to protect anonymity. Table 2 displays demographic data of the study participants.

Table 2

Demographic Data of Participants

Participant/ Pseudonym	Title	Location
P1/Mary	Associate Professor and BSN Coordinator	Midwest
P2/Julia	Chair and Associate Professor	Midwest
P3/Jean	Associate Professor	West Coast
P4/James	Assistant Director	West Coast
P5/Sam	Assistant Professor	Midwest
P6/Amber	Assistant Professor	Midwest
P7/Sally	Department Chair	Southeast
P8/Erica	Clinical Assistant Professor/Chair	Midwest
P9/Kimberly	Clinical Associate Professor	Midwest
P10/June	Faculty Lead	North
P11/Allison	Clinical Assistant Professor	Midwest
P12/Alice	Assistant Professor and Simulation Coordinator	Midwest

All participants worked for academic programs accredited by the Commission on Collegiate Nursing Education (CCNE). Four of the participants identified their place of work as accredited by the Higher Learning Commission (HLC) as well. Of the 12 participants, roles ranged from Assistant Professor to Director and all participants reported teaching at some level in their professional roles. The majority of participants were located within the Midwest and approximately half of the participants indicated their professional titles were to chair, direct, or coordinate courses and/or student cohorts in their professional roles. All participants worked for accredited, non-profit nursing programs. Seven of the participants worked for private, non-profit, faith-based institutions. One participant worked for a private, non-profit institution that was not

identified as faith based. Four of the participants worked for public, non-profit institutions that were not identified as faith based. Table 3 illustrates the educational and professional data of participants.

Table 3

Educational and Professional Data of Participants

Participant	Year Doctorate Earned	Doctoral Degree Earned	Years of Work Experience
P1	2019	Ph.D.	10
P2	2018	DNP	8
P3	2015	DNP	8
P4	2017	DNP	7
P5	2019	Ph.D.	7
P6	2017	Ph.D.	10
P7	2018	Ph.D.	10
P8	2018	Ph.D.	2
P9	2018	DNP	10
P10	2019	DNP	5
P11	2019	DNP	5
P12	2016	DNP	2

At the time in which interviews were completed, all participants had five or less years of experience teaching as doctorally prepared nurse educators, with the average time in role as a doctorally prepared nurse educator as three years. All of the participants had 10 or less years of teaching experience in nursing academia. On average, participants had 7 years of teaching experience within nursing academia. Five of the participants earned their Ph.D. and seven

participants earned their DNP. Of the six participants who shared a professional title in which they chaired, directed, or coordinated in their professional roles, three were DNP-prepared and there were Ph.D.-prepared. The other six participants described being on track for tenure and/or identified their roles as assistant or associate professor.

Data Analysis

The focus of phenomenological research is to examine one's lived experience. For this study, the focus was capturing the lived experiences of novice, doctorally prepared nurse educators teaching full-time within nursing academia. One-on-one interviews were conducted with participants using open-ended questions. Interviews were audio recorded using Zoom™ and field notes taken by the researcher during each interview to capture the participant's shared experiences. Field notes included emphasized comments and non-verbal body language and communication that occurred during the interviews. Interviews ranged between 30 and 55 minutes in length, with the average length of time for interviews being 38 minutes. Upon the completion of the interviews, the researcher engaged in journaling to promote the accuracy of experiences and perceptions shared.

Colaizzi's (1978) steps for phenomenological methodology were then incorporated to analyze the data. The first step in the process was to transcribe the interviews of participants. Interviews were transcribed word-for-word and completed transcripts sent to participants via email to elicit member checking of the experiences captured. Audio recordings were then listened to initially and immediately post-transcription to promote the credibility and dependability of responses captured. All audio recordings were listened to on three separate occasions and transcripts read a total of five different times during the analysis process to build

familiarity with the data and to get a sense of the perceptions and experiences shared by participants. My analysis ensured trustworthiness. Please see Chapter 3 for a further discussion.

The next step in Colaizzi's (1978) descriptive phenomenological data analysis approach is to extract significant statements. Transcripts were read line-by-line to extract significant statements. During this process, journaling and bracketing were incorporated through field notes to limit researcher bias as transcripts were read. For example, it was noted that one of the participants shared a primarily negative experience in her novice, doctoral role. Field notes were frequently referred to when extracting significant statements from transcripts to ensure highlighted statements stayed true to the experiences shared by participants. Significant statements were initially coded for organizational purposes using the software NVivo™. During this step of the analysis process, bracketing of the researcher's preconceived notions about the doctorally prepared nurse educator role were set aside in an effort to remove assumptions through the extraction of significant statements. Table 4 illustrates initial coding of the significant statements extracted during the analysis process.

Table 4

Initial Codes from Significant Statements

Code	References
Advancement Post Doctorate	437
Notable Work Experiences	433
Self-Perception in Doctoral Role	270
Work Environment	240
Work Role Challenges	189
Work Expectations	153
Work Role Successes	153
Mentorship	69
Pre- and Mid-Doctoral Learning Experiences	54

Initial codes were further refined using NVivo™ software to organize significant statements for general meaning of the aggregate data (Shosha, 2012). Bracketing, field notes, and reflective journaling were incorporated into this process to promote the credibility and confirmability of findings. The next step in Colaizzi's (1978) descriptive phenomenological data analysis process is to develop formulated meanings. Formulated meanings were developed using the words used by participants when describing their experiences and perceptions. Staying true to the words of the participants when formulating meanings was done purposively to bracket researcher assumptions and reduce researcher bias. For example, one of the initial codes that emerged through the data analysis process was 'advancement post doctorate' because of a significant statement extracted from Mary's description of her role in nursing academia. Mary stated,

We have a system for promotion in place and I am able to advance further in that promotion process because of my doctorate. If I had not went for that doctorate degree, I would not be able to advance any further than assistant professor.

The formulated meaning identified by the researcher for this statement was ‘advancement opportunities.’ Formulated meanings aligned with initial codes, reflecting a clear meaning of the lived experience being shared.

The next step of Colaizzi’s descriptive phenomenological data analysis is to develop formulated meanings into clusters of themes (Shosha, 2012). Time was spent reviewing significant statements and their formulated meaning to create clusters of themes.

After bracketing and reflexive thinking, time was spent considering how emergent themes related to Meleis’ Transition Theory. For example, Mary’s shared experiences of “advancement post doctorate” led to the thematic cluster of “professional advancement as a result of preparation.” One of the patterns of response within the Transition Theory is developing confidence and coping. Mary identified she was able to advance in the promotion process because of her doctorate. In her particular experience, earning a terminal level of education allowed her the opportunity to advance in her professional role, positively impacting her level of confidence as a professional.

Four themes emerged through this process and included: acclimating to the role, achieving and pushing forward, leading with a mild case of imposter syndrome, and connecting and feeling support. The emergent themes that surfaced through this process led to a deeper level of understanding of the phenomenon being studied.

The next step in Colaizzi’s descriptive phenomenological analysis was the development of an exhaustive description of the phenomenon being studied. This exhaustive description is

included in the results and findings section of this chapter. Theme clusters were carefully reviewed and combined from the formulated meanings (Colaizzi, 1978). Through this process, a fundamental structure formed to capture the lived experiences of novice, doctorally prepared nurse educators. The final step of Colaizzi's (1978) descriptive phenomenological analysis was to share aggregate descriptions with participants to validate captured statements.

Results and Findings

The purpose of this study was to explore the lived experiences of novice, doctorally prepared nurse educators teaching full-time in nursing academia. Colaizzi's descriptive phenomenological data analysis process led to the emergence of four themes. Table 5 illustrates how data was analyzed using this approach and Table 6 reports themes that emerged from the data analysis process for this study, followed by descriptions.

Table 5

Examples of Data Analysis Process

Significant Element	Formulated Meanings	Theme Cluster	Meleis' Patterns of Response	Emergent Themes
We have a system for promotion in place and I am able to advance further in that promotion process because of my doctorate. If I had not went for that doctorate degree, I would not be able to advance any further than assistant professor.	Advancement opportunities	Professional advancement as a result of preparation	Confident	Leading with a Mild Case of Imposter Syndrome
My mentorship into my role has been awesome . . . I've been pulled into conversations or discussions, even if they're issues or very positive discussions, but it's all good.	Support through mentorship	Support and mentoring helps and fosters role development	Feeling connected	Connecting and Feeling Supported

Table 5 (continued)

Significant Element	Formulated Meanings	Theme Cluster	Meleis' Patterns of Response	Emergent Themes
As a doctoral prepared faculty, role expectations are just a little bit more. I think the biggest aspect that I see at our college is probably the leadership aspects. . . .	Doctorally prepared nurse educators have increased role expectations	Increased role expectations	Interactions	Achieving and Pushing Forward
As a doctorally prepared nurse educator teaching at a faith-based institution sometimes feels like I am at the pulpit and I love having the opportunity and nursing together, and to be able to help the students grow in their faith and profession.	Work environments impact satisfaction in role	Health work environments matter	Location and being situated	Acclimating to the Role

Table 6

Themes and Meanings

Theme	Meaning
Acclimating to the Role	<p>The ‘health’ of nursing program infrastructures directly impacts the lived experiences of novice, doctorally prepared nurse educators. The structure of the team, position and experience of the educator, mission and priority of the program, and feeling of community are important factors that influence the perceived work environment and acclimation to role. Degree attainment and changes in role influence the perceived work environment and position. Level of preparation and collegiality are positive attributes of the work environment. Incivility negatively impacts the work environment and one’s role.</p>
Achieving and Pushing Forward	<p>The role of the novice, doctorally prepared nurse educator may involve a leadership/administrative role or may be carried out in a traditional faculty role. Teaching, scholarship, and service are general role expectations. Novice, doctorally prepared nurse educators in both leadership and teaching roles report teaching responsibilities. In addition, committee work, course revisions, teaching at the graduate level, and research development are important elements of the professional role. Attaining a doctoral degree carries an unspoken level of expectation with regard to knowledge and capabilities. Novice, doctorally prepared nurse educators are often revered as experts despite time in role or professional title. Confidence and receiving support relate to satisfaction with professional role expectations.</p>

Table 6 (continued)

Theme	Meaning
Leading with a Mild Case of Imposter Syndrome	Novice, doctorally prepared nurse educators identify being in roles based on their level of education and preparation and have opportunities for advancement. Those in administrative and leadership roles identify the importance of how they are regarded by their work team. Preparation and self-perception are important factors that relate to identity and influence the lived experiences of novice, doctorally prepared nurse educators. Interactions with leadership and peers influence one's identity.
Connecting and Feeling Support	Support is an important factor for the novice, doctorally prepared nurse educator. Support for self and supporting others were important elements that impacted the work environment. Mentorship is revered as an important support for the novice, doctorally prepared nurse educator. Mentorship involves two subsets: serving as a mentor and receiving mentorship in a new role. Feeling connected with peers and the work team is important. A lack of support and/or mentorship negatively influence experiences.

Theme One: Acclimating to the Role

Acclimating to the role was the first theme identified through the analysis process. When asked about their current role and responsibilities as a novice, doctorally prepared nurse educator, all participants described their role and its position within the infrastructure of their work environment. Earning a doctoral degree influenced many of their positions within their places of employment. Advancement opportunities and added responsibilities were commonly discussed in relation to those in leadership roles themselves and/or discussion of the leadership within the work environment. All participants noted some type of change that occurred in their

roles as a result of their earned doctorate from participating on IRB committees to assuming leadership positions.

Ten out of 12 (83%) participants described their primary role and responsibilities in relation to teaching, which directly impacts their work environment. The work environment of these participants was described as being in the classroom, clinical setting, lab, and/or simulation environment. Although some of the participants working for non-profit institutions mentioned advancement and opportunities for promotion, it was not as heavily discussed compared to the four participants working for public, non-profit institutions. Jean described that earning her DNP resulted in an “abysmal” change with regard to financial compensation. She shared, “It was kind of disappointing to put that much work and spend that much money getting a degree and to get minimal financial compensation. I received a minimal increase in pay for earning my DNP and attaining promotion to Associate Professor.” Kimberly faced a similar experience, receiving no difference in pay once she earned her DNP. Both novice, doctorally prepared nurse educators work at the institutions in which they were employed while working to attain their doctoral degrees, which may have influenced the financial outcome they both faced. However, Mary shares a different experience, noting her program incentivizes advancement.

Ten participants working in more traditional teaching roles described work environments as collegial among peers, students, college professors/administration outside of the nursing program, and health care practitioners in the healthcare setting. Descriptions of colleagues were predominately positive, which will be discussed further with the theme of connecting and feeling support. Both Julia and Sally serve in Chair roles for private, non-profit institutions in which they assume a high level of responsibility for the running of the program(s) they oversee. One is Ph.D.-prepared and one DNP-prepared and both responsible for tasks such as the coordination of

schedules, faculty teaching assignments, and administrative work. For example, Julia shared a lot of her role involves collaboration with staff and faculty, and she collaborates with higher administration at the university as well. Although she is passionate about working with nursing students, her work environment is more prominently filled with nursing faculty and administration. Sally has a similar work environment in which she oversees nursing faculty, reporting directly to a Dean who oversees regulatory processes for the programs. Sally coordinates and oversees three campuses and nearly 1,000 students. Sally identified that overseeing such large entities makes it challenging to see the details amidst the bigger picture. She is concerned she is missing important details but is simply not able to see all of the details going on at the program level. She shared, “I rely on other people at the campus teaching to provide the detail which sometimes is accurate and sometimes it’s not accurate.”

The four participants working for public, non-profit institutions identified working in an environment in which tenure track or an advanced clinical track could be attained with professional development and time in role. Erica stated,

I am on the clinical path for advancement because . . . it was a role I wanted to do. They encouraged me to seek a tenure track, research focused but my background was strong in clinical and that’s where I wanted to be, so I have taken the clinical track. I lecture and I have clinical, and I have lab for my predominant courses.

Having the option to choose a track reflects her perception of a supportive work environment for her role and professional interests. Both Kimberly and Kristen also described being on clinical tracks for advancement at their places of work. James identified the minute he was hired he was given a big binder and all of the focus is on “retention, tenure, and promotion” because attaining tenure is a desirable outcome at his place of work. Understanding the institutional priorities of

the faculty role is an important aspect influencing processes for acclimating to the environment. Furthermore, the support of administration for advancement appears to be a noteworthy aspect of the work environment. Two further patterns were identified during the analysis process for this theme which included effective work environments for advancement and work environment challenges impacting advancement.

Effective Work Environments for Advancement

Participants shared a variety of elements that contributed to effective work environments and advancement opportunities. Alice shared she works with a team of six educators, and they have a strong, supportive bond. She explained they often get together outside of work and explained she is thankful that she is able to enjoy going to work. Seven of the 12 participants identified their workplaces have a high level of collegiality, sharing that multiple colleagues are working to complete doctoral degrees and they often lean on each other for support. Allison shared,

I think it is a very supportive environment in terms of like “Oh, you’ve got a big paper due, like let me grade this stack of papers for you so you don’t have to worry about that,” just kind of helping out. So, I think it really does create an environment that’s more supportive, we all know exactly what it’s like.

Mary shared a similar experience, noting she is able to help those who helped her while she was working to complete her doctorate. James identified working at a larger, public institution is meaningful to him because he is able to collaborate with a variety of professionals with vested interests on committees and projects. He shared that his previous teaching role (pre-doctorate) was at a smaller, private university and everyone was on every committee because of

the small number of people. He appreciates the increased opportunities to collaborate with a variety of professionals who chose to be involved with projects and committees of interest.

Work Environment Challenges Impacting Advancement

Of the 12 participants, four identified that being short on nursing faculty has been a big challenge directly impacting their work environments. Novice, doctorally prepared nurse educators who are focused on teaching feel stretched to cover vacant responsibilities and leaders feel the pressure of having unfilled roles within their teams. A few participants also mentioned pay as a challenge. James identified he could make double the salary if he had chosen to continue bedside nursing. Allison's perspective aligns with James, identifying that "no one is in nursing education for the paycheck." She shared a scenario in which she was not paid for special projects she completed outside of the academic year. Allison stated,

You have to do it. And so there is so much time that goes into education that doesn't get quantified and I think that probably goes for any type of education. And we're not paid that much to begin with, right?

Another challenge shared by James related to the lack of support he observed in the work environment. James felt excited to begin his journey as a DNP-prepared nurse educator at a large, public university. He stated, "I thought that I'm a doctorally prepared nurse, I'm going to move into this environment that is just so dynamic and so positive and just uplifting and it wasn't quite that." He described observing numerous new nursing faculty with a "deer in the headlights" look as they worked to acclimate to the work environment. As a result of that experience, James developed a mentorship program that will be addressed further within the discussion of the theme connecting and feeling support.

Sally shared a scenario in which she had days to fill multiple open teaching positions for scheduled courses. She approached her Dean with a solution, but the Dean denied her proposed resolution. Sally was left without a resolution and in need of direction. This unfortunate scenario reflects a lack of support and collegiality with superiors, which were perceived as negatively impacting the work environment and professional relationships. Sally shared,

When I started my position, I was told for the first year I would not be expected to teach but now I'm being expected to teach, right? Now, I'm being told, "Well, you know, there is no teacher, you're going to have to teach" . . . well, no, I don't think that's okay.

Having available resources and support for planning are noteworthy aspects impacting the work environment. In Sally's case, being told she would be responsible for additional, new responsibilities due to a lack of resources was not deemed as an acceptable aspect of the work environment.

Theme Two: Achieving and Pushing Forward

The second theme that emerged through the analysis process was achieving and pushing forward in relation to role expectations. When describing their role and responsibilities, all participants identified their participation serving on committees. Ten of the 12 participants noted the primary aspects of their teaching role include: teaching, scholarship, and service. Student advising, course revisions, and teaching graduate level courses were additional role expectations noted by 10 of the 12 participants. Sally and Julia reported decreased teaching responsibilities as their department Chair roles include more administrative duties. Specifically, Sally identified three foci in her role: faculty, students, and curriculum. Julia shared the primary aspects of her role involve over-seeing faculty, taking responsibility for accreditation and regulatory reports, and organizing and running program meetings. Seven of the 12 participants noted they were

excited to apply concepts learned in graduate school within their teaching roles. Amber noted, “Yeah, I think if you have that mindset of constantly evaluating how things are going, what you can do differently in the classroom you can definitely . . . it definitely sets you up for success.” Working with and interacting with students comprises a noteworthy element of the work environment for novice, doctorally prepared nurse educators.

Some participants identified earning a doctoral degree involves a level of commitment for advancement in role. Erica shared about a conversation she had with administration at her workplace. She shared that she was told,

If you’re not going to go up for promotion, then step down and be a lecturer. If you’re not going to keep pushing forward then give up that spot to somebody who is” and I’m thinking “Oh” and so she made it very clear, you need to keep progressing and you need to keep working to improve, and if not then you can continue lecturing and step down.

Sam identified that her colleagues approached her about taking on new responsibilities once she earned her Ph.D. She was asked to sit on new committees and teach graduate courses. Sam shared she felt if her colleagues and administrators were asking her to take on those new roles and they had confidence in her abilities, then she should accept the new responsibilities. Two further patterns were identified during the analysis process for this theme which included successes with role expectations and challenges with role expectations.

Successes with Role Expectations

Erica shared that although she felt she was pushed hard (in a good way) into the role she assumed, she enjoyed the role of course coordinator and the collaboration with her colleagues with team teaching. She also shared she really likes teaching in the classroom and being able to provide students with answers. Amber identified she really enjoys teaching a research-focused

course. She shared that having her Ph.D. and being able to share about her experiences with research development are helpful for teaching. Eleven of the 12 participants specifically mentioned the importance of staying connecting with students in their roles, sharing a sense of dedication to support students through nursing school, and enjoying seeing students grow in their professional development.

Four of the 12 participants spoke about the research and scholarly projects they have been a part of as novice, doctorally prepared nurse educators. Erica shared she is a part of a collaborative, multi-site research study and actively works with graduate students working to complete their degrees. Kimberly identified she enjoys opportunities to present her scholarly work and projects at professional conferences. She has presented various scholarly projects at a number of professional conferences within the past few years. She shared she currently has a scholarly work in the process of being published. James developed an international project through the nursing honor society at his workplace he was able to present at the organization's national convention. His work was focused on the importance of mentorship within nursing academia. Jean also identified the collaboration that occurs at professional conferences is motivating to her and she looks for opportunities to collaborate with professionals on scholarly projects at those types of events.

Challenges with Role Expectations

Two of the novice, doctorally prepared nurse educators participating in this study had two years of full-time teaching experience in nursing academia. Erica stated, "No one teaches you how to navigate the system, you know, the management system, how to find things on the school's shared drive. I'm like, "What's a shared drive?" Erica had experience teaching as a clinical instructor prior to earning her Ph.D., but limited experience teaching in the classroom.

Erica shared, “Last year was such a shock factor to me, just head-spinning in the coordinator role of having no idea of what I’m even supposed to be doing and I’m like, “Where’s the job description?” She was told the description was open to interpretation. Leaning on colleagues for support was critical for her ability to grow in her role. Alice shared a similar sentiment, identifying she found it challenging to figure out her teaching role and expectations as she transitioned from a healthcare setting to the academic setting.

Sally thought earning a Ph.D. would open a number of teaching opportunities for her. She considered teaching online and applied to a number of programs after earning her doctoral degree. Sally identified she was interested in attaining a more flexible online teaching role. She felt having a Ph.D. would make it easier to attain the type of role she was seeking, but it took some time for her to find her current position. Although she was initially interested in attaining a Director position, she ended up attaining a Chair position.

The majority of participants alluded to feeling some level of pressure related to scholarship. Kristen stated, “Overall I do feel a little bit more pressure, like pressure to perform, pressure to make sure I get that scholarship.” Amber reinforced this idea by sharing,

There is now an emphasis on doing the research, publishing, presenting and all of that focus on scholarship. I am not really given workload credit for doing that and so to try and accomplish that at the same time you’re trying to teach, it’s kind of like sometimes you have to figure out what’s your priority and that kind of . . . it’s like “which do you need to work on today?” type thing.

Amber also shared she feels a “professional sense” to publish and conduct research because she is doctorally-prepared. She identified those feelings are in the back of her mind and she is interested in advancing the profession. She also shared she feels both personal and administrative

pressure to engage in scholarship. Sally shared she has not had time to publish since graduating. Although she felt she would have more flexibility to complete scholarship once she earned her Ph.D., it has been quite opposite. She shared she is working approximately 80 hours a week, without incorporating teaching or scholarship in her role. She shared,

I'm expected to do more research now and I've done like none. I haven't published one single thing because I haven't had time. I think the expectation is . . . overall, that you can do more, that you should be able to do more, that you should know more.

Theme Three: Leading with a Mild Case of Imposter Syndrome

Identity described as leading with a mild case of imposter syndrome was the third theme identified through the data analysis process. Approximately 50% of the participants, three Ph.D.-prepared and three DNP-prepared, identified serving in a chair, director, or leadership role of some kind within their workplace. The majority of participants shared varied feelings about their titles. According to Alice, "I think that it's just being called doctor in itself was kind of a weird feeling. At first, you're just like, "Wait a minute, who are they talking to? Oh, yeah, that's me." Sam shared a similar feeling and described, "it's almost like a mild case of imposter syndrome at times where I'm just like, Okay, I'm teaching this course and yeah, I have a Ph.D. and I'm qualified to teach this but yet this is not my background." Jean shared a similar sentiment by noting, "It was assumed that I knew what I was doing because I had earned by DNP, but I came into the role with minimal teaching experience, I just didn't have much experience."

Kimberly shared the power of "those extra little initials" added to her title; that all of a sudden, she had earned a level of clout she did not have before. Sam and Mary both identified they felt more highly regarded by their students once they had earned their doctorates. Erica shared that people would openly share their intimidation of her because of her title and what she

perceived to be her older age. Conversely, Sally shared she felt people were not supportive and judgmental of her for having a Ph.D. before the age of 40. These perceptions highlight how credentials influence the way in which one is perceived based on level of education.

June shared a unique perspective pertaining to her identity as a novice, doctorally prepared nurse educator. Within the past year, she made the choice to move from a director role to that of a faculty member. She trained the faculty member transitioning into her role and feels at peace with the transition she made with regarding to her position at work. However, she noted the change in role has led to the dissolution of some of the relationships she had with administration and staff at the university in which she is employed. She shared,

That's the biggest hurdle is I think you truly find out, "Is your relationship truly because of work? Or do you truly have a personal relationship with someone that you still continue even after you are no longer in that role."

This experience reflects the power of role and how it may potentially influence one's identity within their work environment. A change in position, especially one that may be perceived as a "step down" may impact one's professional identity and influence the level of collegiality perceived and felt among peers and colleagues.

Earning a terminal degree signifies the highest level of education that can be received. According to James,

I think part of the doctorally prepared nurse educator means that now you need to lead the party, you need to create some sort of legacy somehow or another that is a whole reason you're doing this in the first place.

James identified earning a doctoral degree positively impacted him in his professional role.

Jean's perspective aligns with his perspective by sharing she felt a sense of accomplishment and

community once she completed her degree. She feels she earned a level of knowledge that is the best nursing has to offer for DNP-prepared nurse educators.

Sam shared, “I’m constantly almost in a battle between like “Can I really do this?” or “Yeah, I can, I got this.” She also recognized that when leaders and administration approached her about taking on new responsibilities, she felt a certain level of pressure to perform at the level of expectation placed on her. Erica also shared that although she feels her workplace is challenging, she is “thriving” and is okay with being pushed outside of her comfort zone. She shared, “if you throw me into the deep end I’m going to swim, it may not look pretty but by God, I’m going to do it. I may be exhausted and wear myself out, but I will make it.” James also described the responsibility and opportunities that are a part of his role. He shared,

You want to say, “Oh, yeah, I can do that, I’ll do that, I’ll be on that” and one of the things most importantly that I’ve learned to say is “No, I can’t do that, I don’t have time for that. I choose not to do that.” For three years I’ve been running around like a chicken with my head cut off and now it’s finally, “You know what? I’m not sure I need to do all of that”.

James also shared he recognizes he holds a deep passion for his professional role and nursing academia. He noted being passionate also lends itself to feeling heartache when things do not go as planned. However, he noted the importance of continuing to plug away.

Theme Four: Connecting and Feeling Support

The fourth theme that emerged through the data analysis process was the concept of connecting and feeling support. Support was most often described in terms of either receiving work support in a doctoral role or providing support as a doctorally prepared nurse educator. Colleagues, students, research advisors, loved ones, and administration were identified as

sources of support for novice, doctorally prepared nurse educators. Participants most often identified supporting their work colleagues with their professional role development. Through discussions of support, the notion of mentoring emerged as participants shared their lived experiences. Experiences with mentors were described as both challenging and successfully, influencing one's perception of feeling supported in their professional role. Mentorship was a pattern that emerged within this theme.

Receiving Support

Julia shared when she initially transitioned to a leadership role, she felt pressure from faculty to have answers to questions she could not always answer. She found this time in her new leadership role challenging. She identified her husband provided her with much needed support as she transitioned into her leadership role. He encouraged her and shared his confidence in her for the role she was in. With his support, she persevered through the challenges and stated, "Once I finally realized they were going to support me and not attack me, things just fell into place." Julia's lived experience highlights the importance of having a strong support system.

As Kimberly considered whether or not she wanted to pursue the advancement process at her place of work, she recalled the support she received from her administrative leaders. She stated,

It wasn't like, "You need to do this to be able to keep your job" or "You need to do this to get promoted" it was, "I think you're ready for this," I mean it was just a very encouraging and motivating.

Mary, Erica, and Allison shared similar sentiments, identifying the influence of supportive administration for their decisions to pursue advancement in their professional roles. In addition

to administrative support, nine of the 12 participants identified supportive peers as a noteworthy and meaningful part of their work experiences.

Graduate school, especially for those working full-time, is a noteworthy endeavor. Allison noted when a number of her colleagues were working on their graduate studies at the same time, the work environment felt incredibly supportive. Her colleagues often shared workloads and worked together to support each other with the juggle of graduate school and work responsibilities. Allison described they would collaborate on research ideas and projects as well. Another important consideration was discussed by Kimberly and Amber, who both noted the financial support they received to complete scholarly projects and attend professional conferences in their roles.

Providing Support

All of the participants identified ways in which they have supported colleagues. Sam identified that a new faculty member struggling in her role reached out to her for support. Sam shared, “I feel lucky that people feel like they can ask me, and I also don’t want them to ever feel like they can’t . . .”. Mary shared a similar sentiment, describing how she is sometimes asked for input regarding teaching strategies, graduate school decisions, and even ideas for assignments and scholarly projects. Amber shared, “I helped one faculty member kind of set up doing her study for a project she was working on and subsequently helped her with her poster that she was going to use for a conference.” Amber identified she enjoyed being pursued and having information and knowledge to share with her colleagues.

Mentorship

When asked to describe challenges and successes experienced as a novice, doctorally prepared nurse educator all participants specifically mentioned experiences pertaining to

mentorship or the lack thereof. Seven of the 12 participants specifically mentioned positive experiences with either receiving mentoring from a work colleague or leader, or good experiences serving as a mentor for colleagues and students. Jean identified not having a mentor was a challenge for her. She felt as though she lacked support and was “not trusted” in her role because administration created things for her. Fifty percent of the participants identified their place of work has a formal mentorship for new nurse educators. Interestingly, the four participants working in public institutions all reported having a formal mentoring process at their workplace.

Providing Mentorship

Sam described she liked having faculty ask her for advice with how to teach things. She also shared not feeling like an expert but appreciating being asked for input. Mary shared a similar sentiment, identifying she enjoyed being able to help others develop in their roles. From picking graduate programs to juggling family and work responsibilities, she liked being able to provide direction and input for those seeking her advice. Both Sam and Mary also identified they had strong mentors to assist them with their professional development in their roles.

Kristen’s place of work has a formal mentoring process for new nurse educators, but she also identified innate mentoring occurs frequently. Kristen described, “if you’re an associate you’re . . . expected to help mentor but honestly, I was doing that anyway even as an assistant, I was mentoring . . . new incoming assistants.” For Kristen, providing mentoring to peers was not limited to the formal assignments made, but a regular aspect of her professional role. James shared a similar innate desire to mentor others and established a mentoring program at his workplace. Although he did not share about his personal experiences being mentored, he described how much he values the mentoring process,

I realized that as educators we practice/preach mentorship to our students all the time but we're pretty poor at doing it ourselves. I started pairing new instructors with experienced instructors and I did it . . .so there was an academic mentor and a personal mentor. I started what we call 'co-mentoring' where a person could have more than one mentor so the professional side but also the personal side can be grown.

Mentoring programs may promote the facilitation of a meaningful orientation experience for new nurse educators. That layer of support may be what one needs in order to receive needed support during their transition to the new role.

Allison identified she would sometimes share with students she was in similar shoes as them while she was working to complete her DNP degree. This example illustrates how continuing education is role modeled for not only colleagues, but for nursing students as well. Both James and June shared similar sentiments of how students have verbalized their appreciation for them and their work to build the nursing profession with quality nurses. Mary shared feeling a sense of respect from the students she worked with once she had earned her Ph.D. Seven of the 12 participants verbalized they have had students and colleagues approach them and ask about continuing education opportunities as a result of seeing them complete their graduate degrees. Allison shared the sentiment, "I hope the students think, "if she can do it, maybe I can do it, too."

Two participants shared the perception that the undergraduate students they teach are not particularly interested in their credentials. Jean and Sam shared the perspective that students are more focused on their own goals. Jean shared, "they're so focused on what they're doing, trying to get through it . . . to earn their nursing license." Sam echoed this idea identifying the undergraduate students she works with are "just trying to get through the day" and likely "don't

really care” about her credentials. However, Sam noted because of her level of education, students appear more interested and eager to have deep discussions about what they are learning.

Three of the 12 participants identified they have mentored and worked with graduate students working to complete thesis and dissertation work. Erica mentioned mentoring Ph.D. students while working on multi-site research projects. Jean serves on an IRB committee, assists students with the development of scholarly projects, and has served on committees for master and DNP graduates. Mary identified in her workplace a lot of concentrated effort goes into working with students to complete evidence-based practice assignments and scholarly projects. She also identified she enjoys working with master’s level students through the completion of their practicum courses.

As previously described, June experienced a unique transition in which she moved from an administration position to a faculty position. As June helped transition her colleague into the leadership role she was transitioning out of, she shared, “I think it was nice to flip the script and to be the mentor under somebody after I’d done the job and to help elevate my professional career.” Although this type of transition in professional role may feel unique to experience, June described a peace with the process, recognizing it was time for a change that would allow her to continue to professionally grow in her role.

Receiving Mentorship

Seven of the 12 participants identified their places of work have a formal mentoring process in place. James shared he recently initiated a mentoring program for new nurse educators at his place of work, and both Sam and Amber identified their places of work are currently developing a formal mentoring process for new nurse educators. However, both Sam and Amber

described how informal mentoring occurs at their workplace. Neither Sally nor June mentioned mentoring they received, but June described how she served as a mentor for others.

Erica was assigned two formal mentors when she started in her full-time role as a novice, doctorally prepared nurse educator. However, she identified her formal mentors were not helpful. She felt disconnected from them and as though they were not available. She found working with her officemate facilitated a more robust and innate mentoring experience. She shared that the mentoring relationships with her officemate and peers in neighboring offices were the most beneficial for her professional development. Sam and Amber also identified having effective informal mentorship through work colleagues.

Alice was the only participant who made a direct transition as a DNP-prepared nurse educator from a hospital setting to the academic setting. Alice identified how different the clinical setting was from the academic setting and she really had to work at figuring out her role within the academic setting. She shared that having a great working relationship with her mentor has been helpful as she has acclimated to her professional role.

Other Findings

Mentorship Mishaps

One participant identified not receiving any formal mentoring. Jean described that as a new educator to nursing academia, she had hoped for a formal mentoring. Instead, she felt the process was challenging because she had to figure things out on her own. Jean described that her initial teaching responsibilities were developed and planned by someone else, which made it difficult for her to begin to understand her new role as a nurse educator in academia.

Erica identified that although she was assigned two mentors through a formal mentoring process at her place of work, she struggled to connect with them both. Instead, she found the

innate mentoring relationship she established with her officemate to be a more powerful mentoring experience for her. Erica stated,

I can't say it was intentionally neglect, I think everybody was so busy, I think that's the classic of nursing educators, there is never enough, everybody is always doing more than their share, and so where is the time to really be able to spend between mentoring the team at the level you want them to be in an extremely fast-paced environment?

Erica's experience reflects the nurse educator role as involving hard work amidst limited resources. Another important consideration from Erica's statement is the idea of not having enough time for professional growth and development in role.

Incivility

Of the 12 participants, two of the Ph.D.-prepared nurse educators shared primarily negative experiences related to mentoring. These two participants serve in administrative roles they described as involving high levels of responsibility. Both Julia and Sally identified the leaders they either replaced or report to serve as ineffective mentors. Julia stated, "the previous department chair was supposed to stay . . . and I was supposed to be working alongside of her during those five months. My mentoring did not go well." Julia described that although the previous department chair recommended her for the leadership position, she also shared negative comments about Julia's capabilities in the new role with colleagues. She also described a scenario in which she was to collaborate with the administrator she was replacing regarding a sensitive topic that needed to be addressed with one of the nurse educators. Julia and the administrator struggled to agree on a solution to address the issue. Without a solid plan to address the issue, the administrator took it upon herself to address the nurse educator and she communicated the concerns being addressed had been raised by Julia. Julia found out what the

administrator had done because the nurse educator confronted her. Julie shared there were multiple instances in which the administrator took uncivil actions like this.

A few participants described feeling unsupported by their colleagues once they had earned their doctoral degrees. Mary shared once she had earned her Ph.D., some colleagues derogatorily made comments that if she could earn a doctorate, anyone could do it. As previously identified, Sally felt as though some of her peers were judgmental about her young age as a doctorally prepared nurse educator. She stated,

It's really sad because as women, we should be like empowering each other and lifting each other up. We're a profession . . . it's not a job, it's a profession and a professional thing is to support your peers, not to drag them down and hate on them when they're successful.

Sally's recent transition to an administrative position has been riddled with challenges. She described working with a lack of resources (i.e., nursing faculty shortage) and unsupportive administration. Sally went on to describe some of the issues she has faced and continues to face with the Dean she reports to. Sally shared,

She expects respect from faculty and administration, but she doesn't show that same respect back. So, then they don't respect her, right? And so then I'm stuck in the middle trying to balance that and not have faculty leave and not have faculty give up. I mean, they lose morale, they lose their motivation because they don't feel supported, respected, encouraged, nothing.

Sally's experience reflects the delicate balance she must strive to maintain between the Dean she reports to and the faculty she oversees.

Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Considerations

At the time in which interviews were conducted for this study, a global pandemic was existent. Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) was and continues to be a health concern throughout the world (United States Department of Health & Human Services, 2021). All participants within this study mentioned SARS-CoV-2 at some point during their interviews. This pandemic has influenced their lived experiences as novice, doctorally-prepared nurse educators. Some participants mentioned being assigned responsibilities outside of their expected roles to assist at a time of need. Kimberly shared,

We had to shift the way we taught . . . our public health team and our population health team sort of lead that in some ways because they were looking to our perspective on big picture public health and . . . what that means for education . . . some are serving on newly formed university committees to provide insight and others are being relied on to sift through health information and develop processes to promote the health and safety of the university community.

Erica and Allison completed a lot of work over the summer to prepare their classes for distance learning and planned for the safe return of students to the campus for lab and simulation learning experiences. Erica noted the faculty were not compensated for the time and energy invested to prepare for teaching amidst the pandemic.

Many of the participants identified having to transition their content to a remote or online format. Mary shared,

I did feel a little bit strained when we started the transition to virtual learning because I really wanted to be in my role and focused on it. Transitioning the whole course and

clinical to virtual was a challenge and I felt very torn. I was just burning at both ends because I was just trying to be there for everybody but also trying to tread water for my course.

Sam shared although she preferred in-person instruction, she was intrigued to figure out how to incorporate things she learned from graduate school for meaningful distance learning. She identified an added challenge to this transition was students had limited clinical experiences. She was used to teaching students with a clinical context that was now non-existent as a result of the pandemic. With this understanding, she not only had to transition her courses and content to a remote format, but also had to adjust her teaching style and approach to meet students at their current level of knowledge.

Exhaustive Description

Theme One: Acclimating to the Role

Processes for acclimating to the role was one of the emergent themes that evolved through the data analysis process. The context of this theme was rooted in the general concept of the work environment of the participants. All of the nurse educators described their roles, taking care to describe their roles in relation to their work environments. Attaining a doctoral degree led to many of the participants serving in a variety of leadership roles. From course coordination to administration, the majority of participants described various levels of advancement in their roles. When describing their roles, the majority of participants identified teaching as one of their primary responsibilities. The participants who did not identify teaching as their primary responsibility serve in administrative roles with release time to primarily focus on administrative duties.

The work environment influenced the type of advancement opportunities participants could attain. In this study, participants working in public, not-for-profit academic institutions shared a solid working knowledge of the advancement processes followed by their facilities. These participants also identified their administrators were supportive and positively influenced their decisions to pursue advancement. While many of the participants described the positive outcomes and incentives for earning a doctoral degree, a few participants experienced little to no change in their roles and/or pay after earning their doctoral degrees. There was a strong sense many of the novice, doctorally prepared nurse educators were most interested in connecting with students and guiding their professional development. The two participants serving in administrative roles identified their primary interest in connecting with nursing faculty and their administrative teams. Beyond specific role responsibilities which will be further described with the theme achieving and pushing forward, institutional priorities and administrative support positively influenced participants and their processes for acclimating to their roles.

Processes for acclimating to the role included both negative and positive considerations. Nursing faculty shortages within the workplace was identified as a concern and perceived as a challenge within the work environment for some participants. Faculty vacancies result in nurse educators experiencing increased workloads and pressure to meet program demands. An additional challenge noted was related to pay. When discussing role, a sense of duty surfaced during discussion with regard to the educator role. Educators may not always be financially compensated for the number of hours invested in their professional roles, but often feel a sense of duty to do their jobs well despite the time invested. The majority of participants identified a sense of collegiality felt within their work environments, identifying the importance of relationships with colleagues, administration, students, other like professionals. Many of the

participants described having positive working relationships with their coworkers and working in supportive and desirable work environments. However, it was noted that unsupportive administrators made the work environment less desirable and created challenges that may inhibit one's process for advancement in their professional role.

Theme Two: Achieving and Pushing Forward

Another theme that emerged through the data analysis process was achieving and pushing forward. This theme was generally rooted in the concept of role expectations for novice, doctorally prepared nurse educators. As previously described, teaching is a primary responsibility for the majority of participants. Participants identified that graduate school influenced their approach with teaching, and they felt empowered to try innovative strategies through an evaluative process. Additional role responsibilities described by participants included: scholarship (i.e., research development), service (i.e., committee work), student advisement, course development, and new assignments as deemed necessary. Doctorally prepared nurse educators can teach graduate-level courses, which many of the participants identified as a part of their teaching responsibilities. Novice, doctorally prepared nurse educators may feel pressure to pursue advancement or new assignments within their roles, with administration having an influential voice in the process.

Doctorally prepared nurse educators serving in administrative roles have additional workload responsibilities that may impact the traditional teaching role expectations in which they are engaged (i.e., teaching, advising, etc.). Novice, doctorally-prepared nurse educators serving in administrative roles identified the management of nurse educators, oversight of the student body, curriculum updates and revisions, and regulatory and accreditation report development as

responsibilities in their roles. The role expectations of administrators involve increased levels of responsibility and pressure to effectively organize and manage programs.

Participants identified a number of successes and challenges related to their role expectations. Novice, doctorally prepared nurse educators do not always feel confident when pursuing advancement or assuming new assignments. However, supportive administration and being able to collaborate and work with colleagues may help facilitate positive experiences related to role expectations. Novice, doctorally prepared nurse educators engaged in scholarly work feel positively about that aspect of their role. Conversely, those who are not actively engaged in scholarship may feel pressure to incorporate scholarly work within their roles. The pressure felt may be the result of feelings from within or pressure felt from administration.

Time was also identified as a factor influencing one's ability to incorporate scholarship within their role. Novice, doctorally prepared nurse educators with limited years of teaching experience may find acclimating to their teaching roles challenging. Learning how to navigate institutional processes and becoming familiar with the culture of the work environment take time and experience in the role. Novice, doctorally prepared nurse educators with five or more years of teaching experience have a more informed context of the role expectations associated with the teaching aspect of their role. Doctorally prepared nurse educators are highly sought after to fill vacant nurse educator positions within academia, so there was some surprise when solidifying a new job after earning a doctoral degree was challenging. However, those who began their doctoral degrees at an academic institution they remained at after earning their doctoral degrees did not necessarily face that challenge. Instead, those that stayed at their places of work after earning their doctoral degrees had varied experiences related to their role expectations.

Participants either noted no major change with their role and responsibilities or identified noteworthy changes with their role and responsibilities.

Theme Three: Leading with a Mild Case of Imposter Syndrome

A theme that emerged through the data analysis process was the idea of leading with a mild case of imposter syndrome. This theme is rooted in the concept of identity. Participants in this study described serving as leaders, many of which have leadership titles (i.e., Director, Chair, etc.). In addition, those with ‘professor’ titles described serving as course coordinators and leaders within the workplace. For some of the participants, there is still a perceived newness to their title and role. Some shared feeling like an imposter, sometimes questioning their capabilities and work responsibilities. An embedded assumption described by participants was being doctorally prepared meant they could accomplish tasks and assigned responsibilities because of their credentials and not necessarily in relation to their backgrounds and level of expertise.

Novice, doctorally prepared nurse educators feel as though their earned credentials promote a level of respect among students and colleagues. It was identified that position and role may influence the level of networking that occurs, which may impact relationships with upper management and administration. Some participants shared feeling more highly regarded by students, while others shared the perception others may feel intimidated by them. Participants identified possessing a doctoral degree may promote networking opportunities and provide novice, doctorally prepared nurse educators with a sense of assurance when sharing their knowledge at conferences and professional events. Novice, doctorally prepared nurse educators also feel pressure to serve as leaders; to create and build knowledge for the profession.

Despite having earned a terminal degree, novice, doctorally prepared nurse educators may experience self-doubt in their roles. Pressure is felt to produce quality work and meet the expectations of administration. New assignments and additional responsibilities may feel overwhelming and lead the educator to question their abilities. However, having administrative support and backing for the novice, doctorally prepared nurse educator to take on new responsibilities and assignments instills self-confidence. Novice, doctorally prepared nurse educators may also feel an extra boost of confidence as a result of their level of educational preparation. Excitement and passion may be felt to be a change agent and participate on committees and in activities of interest. However, it was noted that novice, doctorally prepared nurse educators may also overextend themselves in the early stages of their professional roles.

Theme Four: Connecting and Feeling Support

Connecting and feeling support was another theme that arose during the data analysis process. This concept was rooted within the context of support, feeling supported and providing support. Novice, doctorally prepared nurses identified feeling support from colleagues, students, administration, research advisors, and loved ones. This support was identified as a positive influence in their roles. Formal and informal mentoring were often described as novice, doctorally prepared nurse educators described their lived experiences in their professional roles.

Novice, doctorally prepared nurse educators may feel pressure to have answers and serve as a source of support to colleagues. Having a strong support system in place may help facilitate positive work experiences. Supportive administration sometimes served as the catalyst for novice, doctorally prepared nurse educators considering advancement opportunities. Participants noted having the support and assurance of administration is meaningful. In addition, feeling

supported by work colleagues was continually identified as a positive or successful aspect of their transition into work roles post-doctorate.

An aspect of this theme relates to what many participants shared regarding support received during graduate school. Working with peers with similar goals was meaningful and participants often felt comradery with others also working to complete graduate degrees. Sharing workload responsibilities and being able to empathize and support each other were helpful. Receiving financial support and decreased workloads while completing graduate school were also identified as helpful and supportive.

Novice, doctorally prepared nurse educators have many opportunities to support colleagues. Participants felt colleagues frequently sought perspective from them regarding decisions about graduate schools and the type of degree to attain. However, the support described goes beyond input about graduate school. Supporting new faculty with their role transition into academia and assisting colleagues with professional development were often described by participants. Collaborating and working together when developing and planning build comradery and connection among colleagues and was perceived as an enjoyable aspect of the novice, doctorally prepared nurse educator's professional role.

Within this study, mentorship was an element of the lived experiences discussed by all participants. Over half of the novice, doctorally prepared nurse educators identified positive and successful mentor relationships have supported their professional development. Informal and formal mentoring were described as being meaningful for participants. Not having a mentor was perceived as a negative influence for role development. Many of the participants in this study described serving as mentors as well. Being a resource for colleagues and students was perceived positively by novice, doctorally prepared nurse educators. Participants identified colleagues may

rely on them for input regarding graduate school. Novice, doctorally prepared nurse educators may also assist graduate students as they work to attain their graduate degrees and complete scholarly projects. Furthermore, participants in this study identified their attainment of a terminal degree as an aspect of role modeling for students and colleagues.

Position and role of the novice, doctorally prepared nurse educators influenced mentoring experiences. Advancement and seniority were reasons in which novice, doctorally prepared nurse educators were expected to serve as mentors for new nurse educators and colleagues in need of support/mentoring. However, it was noted the mentoring was often an innate aspect of the professional role and not perceived as a burden or challenge. There may also be opportunities for novice, doctorally prepared nurse educators to mentor colleagues who may be assuming leadership roles. This type of role transition and opportunity to mentor was perceived positively.

Formal mentoring may serve as a supportive resource for novice, doctorally prepared nurse educators. In some instances, both formal and/or informal mentoring relationships may develop to support novice, doctorally prepared nurse educators. However, formal mentoring may not always serve as the most helpful for novice, doctorally prepared nurse educators. Assigned, formal mentoring was perceived as less effective than the innate mentoring relationships experienced by novice, doctorally prepared nurse educators. Participants in this study who entered their novice, doctorally prepared nurse educator roles with limited full-time experience teaching experience identified challenges with acclimating to the environment and their roles. Mentoring served as an important source of support for their professional role development.

Incivility

Incivility was a subtheme that emerged through the data analysis process. While the majority of the participants in this study identified supportive administration, there were a few instances in which administration displayed incivility. One type of scenario in which incivility may be experienced is with the transition of administrative changes in the workplace. Preparing for a new role and not being received well or supported through that transition are challenging experiences that may arise for novice, doctorally prepared nurse educators. In addition, those who have transitioned to a new role and feel unsupported by colleagues and/or administration is a challenging experience. Avoiding uncivil environments may not always be possible depending on position and role. There may also be times in which colleagues are uncivil to novice, doctorally prepared nurse educators. Although the majority of the participants in this study shared positive experiences with colleagues, a few novice, doctorally prepared nurse educators experiences times in which they felt unsupported and disrespected by their peers as a result of their earned degrees. Scenarios in which incivility were experienced occurred with two of the Ph.D.-prepared nurse educators and one of the DNP-prepared nurse educators. Working to build collegial relationships amidst incivility is a challenge experienced by some novice, doctorally prepared nurse educators.

Structure of the Phenomenon

The transitional experiences of novice, doctorally prepared nurse educators within nursing academia are varied and include a wide range of unique experiences. Varied processes within the work environment influence role and how one perceives the work environment. While some novice, doctorally prepared nurse educators may prefer small and intimate workplace environments, others shared their enthusiasm about working in large, well-populated work

settings. Role transitions may be the result of advanced education received and influence the type of responsibilities novice, doctorally prepared nurse educators are assigned. Coordination, leadership, and administration are some of the advanced responsibilities of novice, doctorally prepared nurse educators. The work environment is dynamic and predominantly described as positive. Relationships with colleagues and the collegiality felt in the workplace are powerful influences impacting how the work environment is perceived. Collaboration and feeling situated in role are additional aspects that influence how one feels about their professional role. The novice, doctorally prepared nurse educator often feels a sense of achievement in earning a terminal degree.

Earning a doctoral degree may be perceived as the final step of professional advancement and development and also reflects a noteworthy accomplishment. Novice, doctorally prepared nurse educators appreciate opportunities to work on scholarly projects and share about their scholarly experiences with colleagues and students. It was also noted that having a terminal degree brings with it a newly found sense of pressure and responsibility to engage in research and scholarly projects. The pressure felt may be personal or may be felt from administration. Although it may be perceived that earning a doctorate would allow one to slow down and be selective with their professional role, this is not always the case. In actuality, novice, doctorally prepared nurse educators may feel pushed by administration to perform and excel with new assignments and the development of scholarly work based on their level of education. Role expectations involve a variety of responsibilities such as teaching, service, advisement, committee assignments, and course development and confidence in role builds over time and with experience. Novice, doctorally prepared nurses may serve as sources of support for peers and colleagues and appreciate, and even actively seek, opportunities to support others. However,

feelings of self-doubt and pressure may be perceived challenges in the role, especially when assuming new roles, assignments, and responsibilities. Novice, doctorally prepared nurse educators may feel expectations to take on work responsibilities and assignments in which they have little experience. Connecting and feeling support are noteworthy experiences often perceived as rewarding and important to novice, doctorally prepared nurse educators. In particular, mentorship was found to be of benefit and novice, doctorally prepared nurse educators not only received mentorship but provided it as well. These lived experiences of novice, doctorally prepared nurse educators provide a memorable context of the noteworthy transitions and experiences they have had in their professional roles.

Trustworthiness

The data analysis process used in this study reflects a number of strategies and steps to promote the trustworthiness of findings. Initial interviews involved the researcher working directly with participants one-to-one. Hearing directly from those with a lived experience to share was an important step to promote trustworthiness. Colaizzi's data analysis process is thorough and reflects a method that promotes the credibility and reliability of study findings (Wirihana et al., 2018). For this reason, Colaizzi's data analysis process met the criteria for this study. See Chapter III for a more thorough discussion of the data analysis process used. An additional step incorporated into this study was the use of an audit trail during data analysis. Audit trails promote opportunities for the researcher to keep track of ideas and decisions made during the data analysis process, which establish an authenticity of the data and promote trustworthiness of findings (Streubert & Carpenter, 2011).

Conclusion

For this study, the lived experiences of novice, doctorally prepared nurse educators were explored through a descriptive, phenomenological design. Nurse educators participating in this study earned a doctoral degree within the last five years and have 10 or less years of experience teaching in nursing academia. The purpose of this study was to explore the lived experiences of participants to better understand their work experiences in doctoral roles. The research question guiding the interviews for this study was: *What are the lived work experiences of novice, doctorally-prepared nurse educators?* Interviews were conducted online via Zoom™ and transcribed for analysis. Data analysis was facilitated using NVivo™ software using Colaizzi's descriptive phenomenological data analysis. Emergent themes through the analysis process included: process for advancing, achieving and pushing forward, leading with a mild case of imposter syndrome, and connecting and feeling support. Themes were examined through a discussion of significant statements and examples provided by participants, followed by an exhaustive description and structure of the phenomenon be studied.

CHAPTER V

DISCUSSION AND RECOMMENDATIONS

Overview

The purpose of this research was to explore the lived experiences of novice, doctorally prepared nurse educators working full-time in nursing academia. Doctorally prepared nurse educators are highly sought after for vacant positions within nursing academia. However, there is an existent nurse educator shortage throughout the United States that is creating challenges within nursing academia. As evidenced through the literature review, a number of components and considerations relate to the professional role of nurse educators within nursing academia and the persistent nurse educator shortage that exists. The components described in the literature review were not taken into consideration for this study as the focus was solely on the lived experiences of novice, doctorally prepared nurse educators as a stand-alone component. The goal with this study was to capture the perceptions and lived experiences directly from the novice, doctorally prepared nurse educators to gain insight into the phenomenon of their roles within nursing academia.

The research question guiding the development of this study was: *What are the lived work experiences of novice, doctorally-prepared nurse educators?* To answer this question, a descriptive phenomenological design was used to explore the lived experiences of participants. The underpinning and supportive theoretical framework for this study was Meleis' Transition theory. The transition patterns of response include the process indicators of: feeling connected, interactions, locating and being situated, and developing confidence and coping (Meleis, 2010).

These patterns were considered as participants shared about their transitional experiences as relatively new doctorally prepared, nurse educators.

As identified early within the study, the number of doctorally prepared nurse educators is on the rise within nursing academia. While there has been a slow, steady increase in the number of Ph.D.-prepared nurse educators, the number of DNP-prepared nurse educators has risen dramatically in recent years (Dreifuerst et al., 2016). The increase in number of doctorally prepared nurse educators within nursing academia reflects a phenomenon that impacts nursing academia and warrants further exploration. There is a dearth of research to explore the lived experiences of novice, doctorally prepared nurse educators. For this study, twelve interviews were conducted with novice, doctorally prepared nurse educators teaching full-time in nursing academia. Participants shared a variety of experiences that related to their professional roles as novice, doctorally prepared nurse educators. Capturing multiple perspectives led to the development of an understood reality of the phenomenon being studied. The participants in this study provided a first-hand account of their perceptions and experiences, building a knowledge of what occurred through their lived experiences.

The literature review within Chapter II of this study reflects a variety of considerations and issues pertaining to nursing academia and the nurse educator role. It is clear there is an existent nurse educator shortage that needs to be addressed in order to create healthy work environments for nurse educators, meet enrollment demands of those wishing to attain a nursing degree, and retain qualified nurse educators for vacant positions within nursing academia. The literature review revealed healthy discussion regarding the current culture of nursing academia and various aspects of the nurse educator role such as the various doctoral degrees that can be attained within nursing. As leading nursing organizations highlight the necessity for doctorally

prepared nurse educators within nursing academia, there is a gap in knowledge regarding how these roles are implemented in nursing academia through the context of the individual.

A number of articles described aspects of the nurse educator's role, but a gap in the literature exists regarding the exploration of the lived experiences of novice, doctorally prepared nurse educators in nursing academia.

To address the gap in literature pertaining to the lived experiences of novice, doctorally prepared nurse educators within nursing academia, a qualitative, descriptive phenomenological study was completed. Convenience, snowball sampling was implemented to recruit for this study through word of mouth with colleagues and work acquaintances. Twelve participants who met inclusion criteria took part in one-to-one interviews to explore their lived experiences as novice, doctorally prepared nurse educators. Semi-structured interviews with open-ended questions were transcribed verbatim using NVivo™ software for data analysis. Colaizzi's phenomenological data analysis process was used to make meaning of the lived experiences shared by participants. Prominent themes emerging through the data analysis process included: acclimating to the role, achieving and pushing forward, leading with a mild case of imposter syndrome, and connecting and feeling supported. This chapter involves a discussion of the findings, a review of relevant literature, and recommendations for the profession, academia, and future research.

Discussion of Findings

In this study, semi-structured interviews with open-ended questions provided a guide to explore the lived experiences of novice, doctorally prepared nurse educators. The use of open-ended questions promoted the sharing of free-flowing ideas and perceptions about their lived experiences. Using Colaizzi's phenomenological data analysis process, four prominent themes emerged and include: acclimating to role, achieving and pushing forward, leading with a mild

case of imposter syndrome and connecting and feeling supported. These themes provide meaning for the lived experiences and perceptions shared by novice, doctorally prepared nurse educators. Through the analysis process, it was identified that novice, doctorally prepared nurse educators serve in professional roles that reflect a constant state of motion.

Theme One: Acclimating to the Role

When asked about their lived experiences as novice, doctorally prepared nurse educators, the first theme that emerged as an answer to the research question related to their acclimation to the role. A strong element within this theme was the work environment and how it impacted their role and sense of security in role. Participants shared about their positions and roles and if they were assuming a new role post-doctorate or were on track for advancement. The structure of the work team; institutional priorities with regard to advancement; role of the novice, doctorally prepared nurse educator; and feeling of community within the workplace were described as elements influencing role acclimation. Participants in new leadership or teaching roles described more in-depth processes as they experienced and acclimated to the culture of the workplace and their role and responsibilities. Those working at the same institution pre- and post-doctorate shared less about processes and orientation to the role. This finding reflects the layers that accompany the role transition novice, doctorally prepared nurse educators may face in their professional roles.

Collegial and administrative support were meaningful for participants in new roles and for those preparing for new roles or advancement. Collaboration with peers to accomplish work responsibilities was identified as helpful in their new roles. Clearly identified roles and expectations were important elements that directly influenced the work environment and acclimation to the environment. Challenges associated with processes for acclimating to the role

included not having enough time to carry out all aspects of their professional role and responsibilities, salary and minimal compensation for advancement, reliance on others with regard to administrative duties, a lack of resources, existent nurse faculty shortages, and feeling stretched and exhaustion through the process of acclimating to a new role and responsibilities. Novice, doctorally prepared nurse educators noted when they did not feel supported in their roles. Negative work environments and unsupportive colleagues were perceived and identified as a challenge that impacted their feelings and experiences in their roles.

Relevant Literature: Acclimating to the Role

Acclimation is defined as adjusting “to a new altitude, climate, environment, or situation” (Merriam-Webster, n.d.a., para. 1). This definition reflects the changes that may be experienced by novice, doctorally prepared nurse educators. The climate may look and feel different as new roles are attained. Conversely, the environment may remain the same, but a new situation may develop as roles and responsibilities are assigned. In some cases, novice, doctorally prepared nurse educators may have opportunities to attain administrative roles which greatly impact the work environment. The professionals in which the educator engages with may change based on those responsibilities. Some roles may require more student interaction and other roles may involve sparse interaction with students.

A consideration impacting the experiences of novice, doctorally prepared nurse educators related to the culture of the organization. Institutional strategies (e.g., advancement paths, tenure) influence aspects of the professional role. According to Zeb et al. (2019), there is limited research to explore organization culture and how that impacts the “psychological empowerment” of nurse educators (p. 681). Zeb et al. (2019) conducted a qualitative descriptive exploratory study to explore the perceptions of the organizational factors that affect the psychological

empowerment of nurse educators. Twelve nurse educators with preparation at the BSN or MSN level were interviewed and a number of individual and organizational factors were found to influence decision-making abilities and attitudes of the nurse educators (Zeb et al., 2019). The participants identified a lack of clarity with regard to the educator's role, non-supportive academic administration, condescending attitudes toward novice nurse educators, and insufficient resources as factors influencing decision-making abilities and attitudes (Zeb et al., 2019). The nurse educators identified organizational factors influencing their psychological empowerment to include poor organizational structure, the dynamic relationship between the nurse educator and administration, and educational resources (Zeb et al., 2019). Many of these concepts relate to this phenomenological study, reflecting a dynamic and existent relationship between the nurse educator and the way in which an institution is run.

Shared faculty governance was a concept that arose during the participant interviews for this study. Shared governance is a concept that can directly impact with work environment. Shared governance is a model in which elements such as partnership, equity, and accountability are fostered (Vanderbilt University Medical Center, 2021). Most often, this concept is described in relation to the way healthcare organizations are run. Boswell et al. (2017) were interested in exploring the integration of a shared governance model within nursing academia to support a healthy work environment. This work involved a discussion of engagement in professional role, job satisfaction, and feeling empowered as important aspects for the academic work environment (Boswell et al., 2017). Although these elements were not specifically discussed in relation to the concept of shared governance, they were recognized as aspects of shared governance (Boswell et al., 2017). Boswell et al. (2017) identified the importance of shared governance for building resilience and promoting collaboration within nursing programs.

Although some studies may capture the challenges and stress that accompany a nurse educator's transition into nursing academia, the transitional experiences of nurse educators are not always riddled with challenges (Miner, 2019). In fact, Miner (2019) asserted the negative experiences that have been captured in the literature may overpower the positive experiences, which is thought to be a contributing factor for the existent nurse educator shortage, and subsequent nursing shortage. Within this phenomenological study, both positive and negative experiences were shared by participants. However, the positive experiences exceeded the negative experiences shared. Positive experiences shared by participants within this study included a strong feeling of collegiality with colleagues, supportive administration and peers, and mentoring and support. These findings align with Miner's (2019) work and positive experiences of novice nurse educators included "mentoring and support, collaboration, camaraderie, and positive aspects such as flexibility, independence, and giving back to the next generation" (Miner, 2019, para. 9).

In this study, the role of the novice, doctorally prepared nurse educator influenced the types of responsibilities and work environment described. It was noted that half of the participants in the study identified serving in leadership or administrative roles, with three of the leaders having attained a DNP and the other three leaders having attained a Ph.D. These findings reflect that regardless of the type of doctoral degree earned, doctorally prepared nurse educators fill a variety of needed roles and responsibilities within nursing academia. This finding aligns with the NLN and AACN position statements in support of doctoral education for the nurse educator (AACN, 2020a; NLN, 2018). In this study, there did not appear to be a bold delineation between the role of the DNP and Ph.D.-prepared nurse educator.

Theme Two: Achieving and Pushing Forward

When asked about their lived work experiences as novice, doctorally prepared nurse educators, the second theme that emerged as an answer to the research question related to achieving and pushing forward. This theme was most often described in relation to advancement, role and responsibilities, and new assignments and roles. Teaching was identified as the predominant work responsibility of the participants in this study. Participants described feeling eager to incorporate concepts and strategies learned in graduate school within their teaching. In addition, activities such as committee membership, student advising, and course revisions were often described as primary responsibilities in their roles. Those who did not identify teaching as their primary responsibility were serving in leadership roles with a focus on administrative responsibilities. Course scheduling, managing nurse educator schedule and course assignments, and overseeing program curriculum were identified as responsibilities in their leadership roles. Although the majority of participants described the professional tenets of teaching, scholarship, and service as important aspects of their professional role development, teaching and scholarship were the most predominant elements discussed. The development of teaching plans as a result of COVID-19 could be perceived as a service, but it was not directly described as a service.

A number of participants in this study described advancement as a part of their professional roles. Administrative roles, clinical tracks for advancement, and tenure were some of the role advancement opportunities described by participants. The environment of the workplace influenced the types of leadership and administrative roles of the participants. For this study, participants working at public academic institutions described advancement roles and opportunities more often than those working for private academic institutions. In this study, advancement opportunities offered by the academic institutions were related to the

responsibilities and scholarly activities in which novice, doctorally prepared nurse educators were engaged. Participants identified the importance of commitment to earn advancement or maintain on track for advancement in their roles.

Participants shared that they must continually prioritize their responsibilities within their roles. Activities and projects not required for their roles were lower priority. In this study, none of the participants identified workload credit for participating in scholarship but some participants identified working on scholarly projects in their roles in conjunction with being on advancement tracks in their roles. Two participants identified that after an accreditation visit, the suggestion was made for faculty to increase in their engagement with scholarly activities. As a result of that feedback, the participants described a greater push for developing scholarly work from administration at their workplaces. Feeling pressure to produce scholarship was identified by a number of participants in this phenomenological study. Personal pressure, pressure from administration, and feeling the need to continue to build knowledge within the profession were identified as contributing factors for perceived pressure. A lack of time and not having a direct responsibility to complete scholarly projects to fulfill work role responsibilities were identified as elements hindering the development of scholarship.

Participants shared a variety of successes related to the theme of achieving and pushing forward in their professional roles. Some participants felt that being encouraged and pushed in a positive way to build in their professional roles was effective for their professional development. Supportive administration and leadership related to this shared perception. In addition, collaborating with colleagues was identified as an important aspect of this theme. Participants also described generally liking their roles and responsibilities. Teaching, coordinating courses, course revisions, and integrating knowledge from graduate school in teaching roles were some of

the positive aspects of their lived experiences. Engaging in aspects of scholarship such as the successful completion of scholarly projects and research, presentations at conferences, and collaborating with professionals on scholarly projects were also described as positive aspects related to achieving and pushing forward.

Participants described some challenges related to the theme of achieving and pushing forward in their professional roles. Acclimating to a new setting and/or role was a significant finding for participants working at new facilities and in new roles. Understanding the work culture and how to function in the role were often perceived as challenging. Learning new technology systems, how to work with new equipment, how to develop and work with teaching content, and role assimilation were also described as those new to their work environments described work experiences in their new roles. Another finding from this study was that although a perception is that having a doctoral degree might mean less work and being able to selectively pick a professional role, that was not always the case. Earning a doctorate opens up a variety of professional opportunities for the nurse educator, but does not necessarily mean that the novice, doctorally prepared nurse educator will have the opportunity to be highly selective when searching for work opportunities.

Relevant Literature: Achieving and Pushing Forward

The participants in this phenomenological study identified a variety of responsibilities in their roles. The majority identified teaching as a primary aspect of their roles, followed by a number of additional requirements for the role such as course development, committee assignments, and leadership opportunities. Teaching responsibilities often require innovation, incorporation of a variety of strategies to meet diverse learner needs, and the use of technology. Bernard and Ghaffari (2019) described the importance of incorporating learner-centered teaching

approaches to support student learning. The transition from a traditional classroom to a flipped classroom is one approach that supports learner-centered teaching. Flipped classrooms often involve interactive assignments and activities that allow the teacher to guide from the side (Bernard & Ghaffari, 2019). This type of innovative teaching approach requires time and energy to create and implement effectively and unfortunately is not always preferred by students (Bernard & Ghaffari, 2019). Use of simulation equipment is another approach to create innovative teaching experiences for students. However, being dependent on technology for teaching maintains a vulnerable element and the planning and implementation of simulation can be time consuming.

Participants in this study expressed their interest and motivation to implement concepts and strategies learned through their graduate learning experiences in their nurse educator roles. Bullin (2018) asserted a lack of formal teaching courses within Ph.D. program curricula brings into question the level at which doctorally prepared nurse educators are equipped and ready to teach. Gazza (2018) identified this same concern but included both DNP & Ph.D.-prepared nurse educators. In this study, participants identified feeling motivation to incorporate things learned from their graduate programs within their teaching. Further, the assertion of these authors does not align with the current high demand for doctorally prepared nurse educators within nursing academia. According to Bono-Neri (2019), the nurse educator role is complex and involves a number of important responsibilities that align with what participants experienced and perceived in this study. However, Bono-Neri (2019) also identified the need for nurse educators to maintain currency with clinical and practice experiences. Some of the novice, doctorally prepared nurse educators identified working with clinical groups and on clinical paths for advancement, but the majority described their primary roles in the didactic setting. The way in which clinical teaching

responsibilities are assigned to novice, doctorally prepared nurse educators may be influenced by advancement opportunities and the teaching needs of the academic institution.

Participants in this study identified a sense of pressure felt with regard to the development and publication of research. As some participants identified in this study, nurses often feel too busy or that the process of writing for publication is too daunting to commit to developing scholarly work (Montoya et al., 2020). However, Rolfe (2016) proposed that this existent pressure within nursing academia has negatively impacted the rate and quality of research being published and disseminated. Rolfe (2016) identified that vast amounts of knowledge are being produced and published but building knowledge and theory within nursing research is lacking.

Olenick et al. (2019) described the push that many nurse educators are feeling to maintain high scholarship performance as a result of academic institutional goals and for the promotion of funding sources to support scholarship. Olenick et al. (2019) described that perceived challenges such as the workload demands, the large faculty to student ratios, and time may create challenging environments to support scholarship in the work role. Similar to what was perceived in this study, factors such as administrative support, collaboration with colleagues, mentoring, and appraisal systems for professional development (i.e., advancement opportunities) promote the production of scholarly projects and nurse educator satisfaction (Olenick et al., 2019).

For the participants in this study, advancement was primarily the result of having just earned a doctorate. However, those with a terminal degree can continue their education with post-graduate learning experiences and opportunities. There was a dearth of research focused on post-graduate work and opportunities for nurse educators with terminal degrees. Gazza (2018) identified the need for qualified nurse educators in nursing academia by asserting that DNP and

Ph.D.-prepared nurse educators may lack preparation for the teaching roles being assumed. Gazza (2018) proposed the academic nurse educator (ANE) as an accepted advanced practice nursing role involving learning pathways and preparation for the role. Gazza (2018) envisioned this type of role as an accepted advanced nursing practice role and involving educational experiences focused on teaching and learning. Her support for this role is a strategy to combat the persistent nurse educator shortage impacting nursing academia and the subsequent decrease in the production of nurses for the profession.

Theme Three: Leading with a Mild Case of Imposter Syndrome

When asked about their lived work experiences as novice, doctorally prepared nurse educators, the third theme that emerged as an answer to the research question related to leading with a mild case of imposter syndrome. Many of the participants in the study described they were still getting used to their new credentials. King et al. (2020) identified that in 2018 less than 7% of nurse educators had earned a EdD, noting that EdD curricula is not specific to nursing practice. As Sam eloquently articulated, she sometimes feels like an imposter, not fully connecting with her professional titles. Novice, doctorally prepared nurse educators may be asked to take on new responsibilities that they do not necessarily feel comfortable with but feel pressure to assume. Participants felt as though their credentials may have influenced how others perceived their qualifications and abilities. These new positions may be perceived positively or negatively and factors such as administrative support and role expectations aligned with perception. Perceptions of intimidating others and being judged by others because of credentials were described as surprising and negative aspects of this theme.

For this particular theme, a number of emotions were shared by participants as they described their lived work experiences. While some participants described feeling self-doubt and

questioning their abilities, others shared feelings of confidence and a sense of accomplishment with the completion of their degrees and their professional role. Those with perceived self-doubts identified the importance of being supported by administration and colleagues to overcome those feelings. Participants feeling confidence in their roles described a feeling of eagerness to build knowledge for the profession and make a meaningful impact. However, it was also noted that eagerness may lead to overcommitment and the potential for burnout in role.

In this study, it was also identified that those in leadership positions may face unique opportunities to grow colleagues into leadership roles. Just as some of the participants in this study were mentored and received training and support to assume new administrative roles, there was also an instance in which a participant mentored a colleague transitioning to her administrative role. A change in position may influence the novice, doctorally prepared nurse educator's perceived identity in role. This type of change may also impact how the professional is perceived and the level of collegiality felt at the academic institution.

Relevant Literature: Leading with a Mild Case of Imposter Syndrome

Participants in this study had varied experiences with regard to role identity related to the theme of leading with a mild case of imposter syndrome. While all participants shared experiences in which they have served as leaders, some expressed feeling like imposters with regard to their roles and responsibilities. Patterson et al. (2020) completed a descriptive, qualitative study in which novice nurse faculty completed a mentoring program focused on leadership. The novice nurse educators completed the program through Sigma Theta Tau International's Nurse Faculty Leadership Academy. Patterson et al. (2020) identified the nurse educator role is complex and that preparing new nurse educators to serve as leaders promotes faculty recruitment, retention, and satisfaction with role. While this study was focused on novice,

nurse educators, it is also understood that this type of program and experience may also be warranted for those new to doctoral roles in nursing education.

Johnson (2009) developed a study to explore how the work culture fosters the empowerment of nurse educators teaching in ADN programs. Johnson (2009) reinforced the complexity of the nurse educator role, focusing on the educator's responsibility to develop, acquire, and transmit knowledge for learners. Johnson (2009) also asserted that one's perceived empowerment influences teaching and interactions with students. The perceived empowerment felt by nurse educators was influenced by the work environment. Environmental factors impacting nurse educator feelings of empowerment included the nursing program philosophy and faculty ownership of the curriculum (Johnson, 2009). Building leadership characteristics such as empowerment may promote role acquisition, which influences both how the educators perceive themselves and how the educators are perceived by others. This article highlights the innate role modeling and influence that nurse educators possess in the academic setting.

Dickow (2021) wrote an editorial to highlight the leadership qualities needed within nursing education. Her work highlights core qualities of nurse educator leaders within nursing academia. She identified the need for nurse educators to be bold and persistent, to build relationships and inspire one another, and to maintain perspective and self-awareness (Dickow, 2021). She described the need to look at aspects of the role with a fresh perspective and not be afraid or to feel defeated if something has to be redone or tried differently (Dickow, 2021). This work reflects the level of persistence and innovation needed for nurse educator leaders within nursing academia. Characteristics described by participants in this study align with many of the characteristics described by Dickow. Although the level and type of education received by nurse

educators was not a focus of this editorial piece, attaining a doctoral degree and assuming new roles and responsibilities signifies a needed level of leadership within nursing academia.

Theme Four: Connecting and Feeling Support

When asked about their lived work experiences as novice, doctorally prepared nurse educators, the fourth theme that emerged as an answer to the research question related to connecting and feeling supported. When speaking with participants about their lived experiences as novice, doctorally prepared nurse educators, discussion typically arose regarding their current roles and their journeys to earn a Ph.D. Participants consistently shared that earning a terminal degree in nursing required hard work, energy, commitment, time, and money. It was noted that all participants completed their doctoral degrees and reported feeling supported by work colleagues throughout that process. In addition, funding opportunities for graduate school provided by academic institutions were perceived as sources of support for participants.

Support from administration, colleagues, and loved ones was especially important for participants acclimating to a new position after earning their doctoral degrees. Having a support system both within and outside of work proved to be beneficial for the novice, doctorally prepared nurse educators in this study. In some cases, it was the support of administrators that led participants to pursue advancement opportunities. In other cases, it was the support of colleagues that helped those assimilating to new professional roles. Participants also identified feelings of satisfaction when able to provide others with support. Most often, participants described providing support to colleagues related to teaching and/or scholarship activities. Various teaching strategies and assistance with the development and completion of scholarly projects were often described.

Relevant Literature: Connecting and Feeling Support

Novice, doctorally prepared nurse educators in this study described the importance of connecting and feeling supported in their professional roles. The way in which nurse educators described support related to their on-boarding and orientation to a new role, their lived work experiences as they functioned in their professional roles, and support needed as they worked to attain new positions, responsibilities, and assignments. Cotter and Clukey (2019) completed an ethnographic study to describe the cultural context of academic nurse educators. Cotter and Clukey (2019) found that challenges of the academic culture for nurse educators included: demanding workloads, challenges with colleagues, and finding support. These elements align with the lived experiences shared of participants within this study. Although participants in this study shared primarily positive experiences in their roles, the negative experiences align with the work of Cotter and Clukey (2019).

Support was an important theme that emerged within this study. Nurse educators, especially those new in their roles need support in order to grow successfully in their professional roles. Current research to support nurse educators is lacking. Through a cursory review of current literature, few articles are focused on methods, practices, and insight pertaining to the best ways to support nurse educators in their professional roles. This is particularly concerning with the demands and complexity of the nurse educator role (Bono-Neri, 2019; Johnson, 2009; Patterson et al., 2020). Recent research reflects a growing concern with the quality of preparation doctorally prepared nurse educators are receiving to teach in academia (Bullin, 2018; Gazza, 2018). However, few recent studies highlight methods to support the nurse educator in their professional roles.

Baker (2010) asserted the importance of meaningful orientations and experiences within nursing academia to support the recruitment and retention of nurse educators. New nurse educators should be oriented to the institution as a whole, as well as an orientation to the nursing program (Baker, 2010). Handbooks, policies, and guides to support the role should be shared and the recommendation is for a formal orientation that occurs over an extended period of time (Baker, 2010). The facilitation of a planned orientation process with intentional meetings to support acclimation to the role increased the sense of support felt and job satisfaction among faculty (Baker, 2010). The work of Baker (2010) highlights the importance of a meaningful orientation process for novice nurse educators. Four of the participants in this study identified a change in their workplace post-doctoral degree. These participants shared some significant challenges they faced as they acclimated to a new work environment and professional role.

Leading nursing organizations and some research have been developed to assist nurse educators with information about funding opportunities to support continued education. The AACN (2017a) has developed a report of resource to assist nurse educators in identifying funding opportunities for continued education. Research such as the work of Young et al. (2016) captured initiatives to support nurse educators with respect to funding for doctoral education. (Young et al. (2016) described state incentive grants and the faculty loan forgiveness program as approaches to support doctoral education and the production of qualified nurse educators for the state. Young et al. (2016) recognized the importance of building qualified nurse educators to support the growing need for nurses within the profession. Daw, Seldomridge, et al. (2018) also support the need for nurse educators to grow nurses for the profession. Daw, Seldomridge, et al. (2018) described state incentives focused on grants for nurse educators seeking to earn doctoral degrees. This program was thought to promote recruitment and retention efforts to combat the

state's existent nurse educator shortage and did indeed increase the number of doctorally prepared nurse educators in the state (Daw, Seldomridge, et al., 2018). Research highlighting funding as a method to support doctoral education for nurse educators highlights an important aspect of support to promote the professional role.

Mentorship

Most participants in this study described some aspect pertaining to mentorship when describing their lived experiences as novice, doctorally prepared nurse educators. The majority of participants experienced positive interactions with mentors in their professional roles. Colleagues and administrators were often identified as primary mentors for novice, doctorally prepared nurse educators. It was noted that some formal mentoring relationships were ineffective, but informal (sometimes innate) mentoring relationships were identified as being positive and effective for novice, doctorally prepared nurse educators. Not having a mentor was perceived as a challenge for the novice, doctorally prepared nurse educator. In one instance, a participant described the development of a mentoring process to help support other new nurse educators within the workplace. This experience reflects how capturing the lived experience can impact what is known or understood and can serve as a catalyst for needed change. This experience also reinforces the leadership capabilities of novice, doctorally prepared nurse educators.

Novice, doctorally prepared nurse educators identified enjoying the opportunity to serve as mentors and helping colleagues to develop in their professional roles. Participants in this study reflected on their experiences to attain a graduate degree, revealing an underlying layer of role modeling that occurred within the workplace. Participants described that their colleagues would seek their advice on selecting a degree and/or graduate program, ask for strategies on how to

effectively manage their work life and home life responsibilities, and seek guidance with teaching strategies and scholarly projects. As previously identified, there may also be instances in which novice, doctorally prepared nurse educators have the opportunity to mentor those who will assume administrative roles or those undergoing a transition with a leadership role. While some of the participants in this study experienced incivility related to this type of transition, one participant recognized her transition in role and ability to serve as a mentor for the new administrator assuming her role was the best move for her own continued professional growth.

Novice, doctorally prepared nurse educators also described opportunities to serve as mentors for their students. Novice, doctorally prepared nurse educators may have opportunities to support undergraduate and graduate students working to advance their education. Serving on thesis and dissertation committees and concentrating on the development of scholarly projects with students both supports and promotes mentorship and facilitates opportunities for role modeling. Novice, doctorally prepared nurse educators were able to reflect role modeling by describing their ability to openly empathize with students, which particularly arose when participants shared about completing their own doctoral degrees. It was also shared that students primarily recognized the hard work and commitment of the novice, doctorally prepared nurse educators. Being selected by students to win awards, receiving praise for their accomplishments, and receiving verbal appreciation for their achievements supported opportunities for role modeling and mentoring experiences.

Relevant Literature: Mentorship

Mentoring was an element discussed with all participants in this study. Mentoring was described as occurring both formal and informally, with informal experiences being perceived as most helpful for professional role development and support. Mentoring is generally defined as “a

trusted counselor or guide” (Merriam-Webster, n.d.b., para. 1). Researchers support the academic environment as being complex, especially for novice nurse educators (Bono-Neri, 2019; Cotter & Clukey, 2019; Johnson, 2009; Patterson et al., 2020; Sodidi & Jardien-Baboo, 2020). This complex work environment reflects the need for guidance and support to meet expectations of the role (Sodidi & Jardien-Baboo, 2020). Sodidi and Jardien-Baboo (2020) interviewed 16 nurse educators to explore and describe experiences and mentoring with the transition to the academic environment and nurse educator role. Findings of the study reflected that nurse educators lack: a meaningful orientation experience, mentoring for clinical teaching roles, mentoring for didactic teaching roles, and access to needed resources (Sodidi & Jardien-Baboo, 2020). These researchers assert the need for meaningful mentorship as novice nurse educators’ transition into their professional roles within nursing academia (Sodidi & Jardien-Baboo, 2020).

Sheppard-Law et al. (2018) were interested in exploring the transition of clinical nurses to the nurse educator role. Sheppard-Law et al. (2018) explored the effects of a self-directed educational and mentoring program to assist with the role transition from clinical nurse to nurse educator. The purposeful incorporation of the educational and mentoring program was found to be beneficial for the novice nurse educators. The program promoted the professional role transformation from the clinical to academic setting, was beneficial for establishing relationships, and promoted novice nurse educator feelings of connection (Sheppard-Law et al., 2018). Although this study is unique to the nurse transitioning from the clinical setting to the academic setting, considering how a program like this could be developed for the novice, doctorally prepared nurse educator may be warranted to support role transition, establishing relationships, and feeling connected supported as all of these elements arose within this study.

It was also noted that nurse educators serve as mentors to both colleagues and students. McQueen et al. (2017) recognized the need for nurse educators to serve as mentors for millennials within the context of Imogene King's nursing theory of goal achievement and attainment. Meeting student needs to serve as an effective mentor requires the nurse educator to be relatable and lead engagement through discourse with students (McQueen et al., 2017). Collaborating and fostering a learning environment of teamwork and leadership promotes opportunities for role modeling and mentorship (McQueen et al., 2017). In addition, this approach may promote graduate degree goals for undergraduate students interested in continuing their education.

Other Findings: Incivility

In this study, there were instances in which novice, doctorally prepared nurse educators were serving in relatively new administrative roles. Both experienced instances of incivility from administration and have had to overcome a variety of challenges as a result of those experiences. The participant who was replacing the current administrator of the nursing program experienced several instances of incivility described in this study. Despite the participant being recommended for the role by the administrator and verbally supported by the administrator face-to-face, the administrator shared negative comments and perceptions about the participant with work colleagues. The participant felt a lack of support in her role transition, feeling over inundated and lacking resources to accomplish the variety of responsibilities in her role. Lacking resources and a collegial relationship with her administrative team were challenges she identified as struggling to overcome. Meeting her administrative responsibilities with faculty and adhering to expectations from administration were proving to cause great stress and dissatisfaction with her lived experiences as a novice, doctorally prepared nurse educator.

Relevant Literature: Incivility

Within this study, the lived experiences of novice, doctorally prepared nurse educators involved some instances of incivility. Thupayagale-Tshweneagae et al. (2020) explored the existence of incivility through the perspective of nurse educator leaders. Thupayagale-Tshweneagae et al., (2020) identified that incivility is disruptive to the teaching-learning environment and may lead to poor work outcomes. Twenty nurse educator leaders were interviewed, and findings included a lack of policy implementation with relation to the record keeping for instances of incivility, inadequate leadership skills, ineffective hierarchical coordination with the nurse educator team, and favoritism (Thupayagale-Tshweneagae et al., 2020). This pilot study reflects the need for more research focused on the academic environment and instances in which incivility occurs and/or persists.

Cleary et al. (2016) developed a scholarly work to describe issues surrounding envy and jealousy within nursing academia. Envy and jealousy are thought to be the result of demands and expectations placed on nurse educators, competition that arises with advancement and funding opportunities, and preferential treatment with teaching assignments and role (Cleary et al., 2016). There were a few instances in which behaviors reflecting envy and jealousy were described by participants in this phenomenological study. Cleary et al. (2016) identified strategies such as being a strong team player and maintaining boundaries as tips to reduce envy and jealousy in the workplace. Although envy and jealousy can largely contribute to a negative work environment, it is recognized that both attributes can also positively impact workflow and motivation (Cleary et al., 2016).

Relationship of Findings to Theoretical Framework

This qualitative, phenomenological descriptive study was implemented to explore the lived experiences of novice, doctorally prepared nurse educators. This research reflects the perceptions and experiences of those relatively new to their doctoral roles and provides a context for what some may experience in this type of role.

Meleis' Transition Theory was the theoretical framework supporting this study. The purpose of the Transition Theory is to capture the transitional experiences with a driving force of either achieving a healthy state or moving from an unstable state to a stable state (Meleis et al., 2000). In this theory, transitions are thought to begin as soon as an event is anticipated and the concept of transition is defined as "a passage from one fairly stable state to another fairly stable state; a process triggered by change" (Meleis, 2010, p. 11). One aspect of the transition theory relates to the patterns of response that occur with transition. Feeling connected, interactions, locating and being situated, and developing confidence and coping are process indicators related to the patterns of response that occur as one transitions or changes from one position to another. The first theme, acclimating to the role, connects with locating and being situated. As participants settled into new roles, their environments and roles were important aspects of their experiences. Participants assuming new leadership roles, especially those serving administratively, reflected on their experiences of becoming situated in their new roles. Although all participants shared some level of change or responsibility in their role, the majority experienced noteworthy changes related to the course taught, added responsibility, and new leadership roles.

Recommendation Discussion

Implications to Nursing

As identified during this study, role confusion between Ph.D. and DNP-prepared nurse educators exists within the nursing literature (Arian et al., 2018; Dreifuerst et al., 2016; Udalis & Mancuso, 2015). In this study, participants revealed unique and individualized work experiences, but with overlapping, emergent themes regardless of the doctoral degree earned. There was no clear delineation pertaining to the doctoral degrees earned and the responsibilities of the participants in this study. These findings reflected that more dialogue is needed to bring clarity to any existent role confusion, which will ultimately impact the nursing profession. These findings may be helpful for those considering doctoral roles and their professional aspirations.

While this topic may be of direct interest to nurse educators continuing their education, nurses considering continued education may benefit from understanding the positive impact financial support has for those continuing their education. The Health Resources & Services Administration (2017) offers a Nurse Faculty Loan Program (NFLP) to support nurses interested in pursuing a nurse faculty role. Government support to fund education to continue to grow and develop professionals may be an effective way to continue to combat existent shortages within the nursing profession.

Implications to Academia

Implications from this study related to academia reflect a number of important considerations. Findings from this study shed light on what novice, doctorally prepared nurse educators may experience in their professional roles. As described in Chapter II, literature reflects role confusion between the DNP and Ph.D.-prepared roles. In this study, 50% of the participants served in leadership or administrative roles. Of the 50% serving in leadership roles,

3 had earned a DNP and 3 had earned a Ph.D. For participants in this study, there was no clear delineation between the doctoral level of education received and the type of role and responsibilities of participants. While the findings from this study are not generalizable to all novice, doctorally prepared nurse educators, this study sheds light on the lived experiences of these participants.

While doctoral education reflects a terminal level of education earned, a finding from this study was that teaching was a prominent responsibility of the novice, doctorally prepared nurse educator. While the professional role development of the nurse educator involves a number of responsibilities, they are still, first and foremost, an educator. These finding may be helpful for nurse educators considering doctoral education. The opportunity to learn about the lived experiences of those working in doctoral roles provides insight as to what novice, doctorally prepared nurse educators may experience.

Participants in this study frequently described the structure of their work environment when describing their lived experiences. Their work environments were a noteworthy aspect of their lived experiences, influencing important aspects of their professional role development such as advancement, mentoring, and support. This finding may be important for administrators and leaders who are building new programs or working to improve the professional development of their nursing faculty. Additionally, nurse educators interested in earning a doctoral degree or those currently working on earning a doctoral degree may appreciate learning about the importance and impact of the work environment for professional growth and development.

A finding from this study was nurse faculty shortages negatively influenced acclimation to the professional role, creating increased workload demands and pressure to meet responsibilities of the professional role. This information is important for both nursing

administrators and nursing faculty to consider, especially for novice nurse educators working in a new position or role. Administrators must be careful to make teaching assignments with discernment and to support the novice nurse educator's transition to the role. Additionally, colleagues were commonly identified as strong sources of support. When adjusting to short staffing, experienced nurse educators may not have as much available time to support those new to their roles. Also, a shortage of faculty may negatively influence the strength of the orientation experience for those new to their roles.

Novice, doctorally prepared nurse educators appreciated and felt empowered to incorporate innovative strategies in the classroom to facilitate meaningful student learning and teaching experiences. For participants in this study, findings reflect a variety of ways in which novice, doctorally prepared nurse educators can achieve and grow in their professional roles. It was noted that participants in this study felt a sense of duty, and sometimes pressure, to engage in research and the development of scholarly work. Some of the participants felt pressure as it related to processes for advancement. Those actively engaged in scholarship spoke about that aspect of their professional role positively. Those participants also openly shared about advancement processes in place within their workplace, reflecting a connection with scholarship and advancement opportunities. This is important information for administrators in nursing academia to consider as they have a vested interest in faculty development.

The perception shared by participants was an underlying pressure to conduct research because of their education and professional preparation. It was also noted that time was a factor influencing one's acclimation to the role and involvement with perceived responsibilities such as scholarship. Participants in this study often described serving as leaders in their professional roles, but with concurrent feelings of disconnectedness or unfamiliarity with their doctoral titles.

Some participants identified feeling like imposters, sharing feelings of self-doubt and questioning their capabilities and work responsibilities. This finding is important and reflects that although doctorally prepared nurses have received the highest level of education available, there is still a need for orientation and time needed to acclimate to a professional role, especially for novice, doctorally prepared nurse educators. This finding raises the question as to how role assignments and responsibilities are assigned to novice, doctorally prepared nurse educators.

Novice, doctorally prepared nurse educators felt a sense of respect in their professional roles. Participants shared the perception that students and colleagues treated them with a different level of respect compared to what they experienced prior to attaining their doctoral degrees. Novice, doctorally prepared nurse educators shared varying experiences regarding mentorship they received in their roles and mentorship they provided to others. Mentorship was received both formally and informally, with informal mentoring described as the most effective and supportive for professional role development. Participants also enjoyed opportunities to mentor others. They enjoyed and appreciated being asked questions about graduate schools and continued education options. This finding reflects that role modeling is an underlying element that can influence how novice, doctorally prepared nurse educators are received and perceived based on their education and professional roles. An interesting other finding was that incivility was sometimes experienced and negatively influenced the lived work experiences of novice, doctorally prepared nurse educators. Although many participants in this study did not share experiences of incivility, a few of the most noteworthy experiences of incivility occurred by administration to the novice, doctorally prepared nurse educators.

Implications to Leadership

Nurses who have earned a terminal degree are often considered leaders within the profession. They have earned a terminal degree reflecting the highest level of knowledge being achieved. A noteworthy implication of this study related to leadership is the novice, doctorally prepared nurse educators need for support. Administrators have great influence and have been identified as noteworthy sources of support. Leadership may benefit from the findings of this study by understanding how noteworthy their interactions and decision-making processes are for novice, doctorally prepared nurse educators. Additionally, nurse administrators in academia should consider how assignments and responsibilities are assigned. Furthermore, providing faculty with information about decision-making processes and clearly outlining role expectations may assist nursing faculty new to their roles. In this study, instances of administrator incivility experienced by novice, doctorally prepared nurse educators reflected a lack of support and were instances perceived as challenging. Nurse educators experiencing uncivil behavior from administration may need resources or support to work through those experiences.

Study Delimitations and Limitations

Delimitations

To best answer the research question for this study a qualitative, phenomenological design was used. Although this research design was appropriate to address the research question driving this study, it is understood that qualitative research is not generalizable to the greater population and is a delimitation of the study. Findings from this study may not be true of all novice, doctorally prepared nurse educators within nursing academia. However, the purpose of this study was to explore the lived experiences of novice, doctorally prepared nurse educators. Findings may be transferable to those in similar circumstances. Beginning to explore this role

provides a sense of the lived experiences of the participants and opportunities for additional research to further explore this population of interest.

Another delimitation of this study was the recruitment approach used to build a sample for the study. Convenience, snowball sampling via word of mouth led to a few instances in which participants employed by the same academic institution were interviewed. Although their experiences as novice, doctorally prepared nurse educators varied and were unique to their own lived experiences, it was noted that their opportunities for advancement were described similarly. However, this finding was anticipated due to the method of recruitment used for this study. To lessen this limitation, other forms of recruitment may have led to a greater variety of participants for this study.

Limitations

A limitation of this study related to the lack of diversity among participants. Although this study was not focused on characteristics such as gender, it was noted that 11 of the participants were female and one participant was male. This finding reflects a gap in diversity among the participants. Working with a more diverse population could positively affect the transferability of findings to lessen this perceived study limitation.

Another limitation of this study was the inexperience of the researcher. Although a number of steps and strategies were taken to promote the strength of the study, it is understood that the researcher has limited experience with interviewing and data analysis processes. Working with a transcriptionist, using NVivo™ software, collaborating with a faculty advisor, and paying careful attention throughout the data analysis process and interpretation of findings were incorporated to account for the researcher's inexperience. Another important consideration is that interviews occurred amidst a pandemic that has and continues to impact nursing academia.

Nursing faculty have been charged to re-design and make changes to their teaching approaches in order to promote the health and safety of faculty and students. Faculty have had to rely on technology heavily and adapt to changes mid-semester as required. It is understood that the roles of some participants have changed as a result of COVID-19. Being asked to develop and change teaching strategies, added work with little to compensation, and serving on institution committees to serve as an informed voice were various experiences shared by participants. When asking participants about their lived work experiences as novice, doctorally prepared nurse educators, COVID-19 may have influenced their responses and lived experiences.

Recommendations for Future Research

Theme I: Acclimating to the Role

Research is needed to understand the types of roles being assumed by doctorally prepared nurse educators. While this study did not reflect a distinct differentiation in roles between DNP and Ph.D.-prepared nurse educators, research is warranted to better understand how these roles are implemented in nursing academia. Based on the findings of this study, the DNP and Ph.D. doctoral degrees were revered similarly with regard to role. Research reflects a current concern regarding the level of preparation that doctorally prepared professionals receive. Further research to explore how doctorally prepared nurse educators are being prepared for teaching roles is warranted to better understand any existent gaps in professional role development through degree attainment. Furthermore, comparative research to explore the preparatory differences between DNP and Ph.D.-prepared nurse educators is warranted to provide a deeper level of understanding of both roles. Furthermore, research to explore how the preparation of doctorally prepared nurse educators influences their abilities and capabilities in role would provide insight regarding the effective and ineffective aspects of their preparation through educational experiences.

As a result of this study, an aspect to explore relates to how the amount and level of education a doctorally prepared nurse educator receives impacts their role and responsibilities within the academic setting. Nursing programs can be directed by nurse educators prepared at the master's level. A comparative study to explore the differences between programs directed by MSN-prepared nurse leaders compared to programs directed by doctorally prepared nurse educators would provide further insight as to how nurse leaders are regarded and in what ways education influences who fulfills leadership roles within nursing academia.

In this study, half of the participants interviewed indicated serving in leadership roles. Of the six participants serving in leadership roles, three were Ph.D.-prepared and three were DNP-prepared. Conducting phenomenological studies focused on the lived experiences of novice, Ph.D.-prepared nurse educators will allow for continued exploration of the lived experiences of individuals with this particular level of education. This type of research may assist in the further refinement of patterns and themes for that particular professional role. Furthermore, phenomenological studies focused on the lived experiences of novice, DNP-prepared nurse educators are warranted. Continued exploration of the novice, DNP-prepared nurse educator is an important research focus needed to continue to build a context for this level of education and to refine emergent themes within this study. Both Ph.D. and DNP-prepared nurse educators have the ability to contribute to the body of knowledge for the discipline and both roles reflect a terminal level of knowledge that reflects a high level of knowledge for their prospective roles.

As participants shared about their lived work experiences, they noted being in new roles and having to acclimate to the work culture, their responsibilities, and the academic environment in their doctoral roles. Schoening's (2013) Nurse Educator Transition (NET) model explains the social process that occurs for nurses transitioning from the clinical environment to the academic

environment. The four phases of the role transition that occurs with this professional change include: anticipatory/expectation phase, disorientation phase, information-seeking phase, and the identity formation phase (Schoening, 2013). This model has been integrated into research for nurses transitioning from bedside nursing to part-time clinical instruction (Wenner et al., 2020). Research to test this model in relation to the role transition of novice, doctorally prepared nurse educators may provide insight as to the various stages that arise when role changes occur. In particular, testing this model with regard to the role transition of novice, doctorally prepared nurses may reinforce important aspects needed for positive role transition experiences such as the need for meaningful orientation and mentoring programs.

Research about shared governance within nursing academia is needed because little is currently known (Boswell et al., 2017). Research to explore the way in which novice, doctorally prepared nurse educators perceive or experience shared governance in nursing academia would provide further insight regarding the interplay between the academic setting and variables such as job satisfaction, feeling empowered, engagement at work and an overall healthy work environment (Boswell et al., 2017). With this understanding, correlational research to determine if there is an existent relationship between shared governance and factors contributing to a healthy work environment is warranted to better understand this relationship. Exploring how elements of shared governance are experienced from the novice to expert, doctorally prepared nurse educator would provide a further context for fostering healthy and effective work environments.

Through the completion of this study, a review of the literature revealed that enrollment in Ph.D. programs has risen gradually and enrollment in DNP programs has risen dramatically in recent years. Professionals with a doctoral degree influence both practice and academic settings.

As described in Chapter 1, while a reported 30% of DNP-prepared nurses plan to attain teaching positions within nursing academia, the majority will serve in other professional healthcare roles (Fang et al., 2020). Amidst a persistent nursing shortage, it is hopeful to see the number of nurses earning a terminal degree on the rise. These statistics also reflect that approximately 75% of DNP-prepared nurses may be practicing or working in a professional role outside of nursing academia. The nursing profession will be impacted as the trends for enrollment in doctoral programs continue to rise, especially with DNP-prepared nurses.

Theme II: Achieving and Pushing Forward

As a result of this study, more research is needed to explore and support the emergent themes reflecting the lived experiences of novice, doctorally prepared nurse educators. In this particular study, participants working in public school environments shared more about frequently about advancement opportunities in their places of work. Research to explore what advancement looks like in various academic settings may provide insight into the varied professional advancement opportunities within nursing academia. While many academic institutions have specific tracks and opportunities for advancement, exploring what those tracks and opportunities look like for nurse educators is warranted. Determining what factors influence advancement opportunities (i.e., type of doctoral degree earned, experience in role, etc.) will provide further context regarding how advancement exists within nursing academia. Another research focus of interest is the nurse educator's perception of tenure. Research to explore the motivating factors for nurse educators seeking tenure is of interest. Factors such as the institution's infrastructure, administrative support, and type of institution may influence the attainment of tenure.

The work of Dickow (2021) reflected the need for innovative leaders within nursing academia. Further research to explore how and in what ways doctorally prepared nurse educators are pushing forward and advancing in their roles is needed. Quantitative research to capture the types of professional activities and accomplishments doctorally prepared nurse educators are engaging in would be helpful for those considering graduate school for a doctorate and possibly those new to their doctoral roles. In addition, institutions wishing to develop graduate programs may find this type of research helpful to determine the role and responsibilities of doctorally prepared nurse educators. Research to explore how doctorally prepared educators spend time in their professional roles will bring further insight to the role and responsibilities of doctorally prepared nurse educators.

Doctoral degrees are often referred to as terminal, reflecting the highest level of education one can earn in a respective field of study. More research is needed to explore the reality and work experiences of doctorally prepared nurse educators. A larger scale study to quantify the roles and responsibilities of doctorally prepared nurse educators would provide insight into the role and responsibilities. Further, comparing those results to the roles and responsibilities of MSN-prepared nurse educators may provide further insight into any glaring differences in role based on level of education received. As previously described, the roles and responsibilities of novice, doctorally prepared nurse educators may be influenced by the advancement processes and/or teaching needs within the academic institution. A further exploration of how teaching assignments are carried out might provide insight with regard to didactic and clinical teaching that occurs for those with terminal degrees.

Within this phenomenological study, some participants mentioned considerations related to the perceived differences between Ph.D. and DNP-prepared nurse educators. Some

participants felt there was a clear difference between those prepared at the DNP level and those prepared at the Ph.D. level. Literature exists that focuses on the differences regarding doctoral level of preparation that fuels confusion between doctoral roles (Dreifuerst et al., 2016; NLN, 2018; Udalis & Mancuso, 2015). Marrocco and El-Masri (2019) published an editorial to discuss the differences in doctoral roles, identifying that the current excess of DNP graduates amidst a low, but slightly increasing number of Ph.D.-prepared nurse educators is impacting academia. This phenomenon is leading to more DNP-prepared nurse educators within academia which causes confusion with role and jeopardizes the investment in Ph.D. education (Marrocco & El-Masri, 2019). The recommendation emerging from this editorial is that DNP-prepared nurse educators assume positions within nursing academia, but with a clear delineation in role between DNP and Ph.D.-prepared nurse educators (Marrocco & El-Masri, 2019).

A differing perspective shared during the interviews was the value and importance of having both DNP and Ph.D.-prepared nurse educators within academia. The need for both doctoral roles within nursing academia is supported by leading nursing organizations and recognized within the literature (AACN, 2019; NLN, 2018; Staffileno et al., 2016). However, a third stance emerging within the literature relates to the level of preparation doctorally prepared nurses are receiving to support their preparation and to teach. King et al. (2020) reported on a national study completed to determine preferences for terminal degree options among nurses in practice, academia, and leadership. Ninety-five percent of the respondents were currently pursuing a terminal degree in which 49% were working to earn a DNP, 28% working to earn a Ph.D. in Nursing, 16% working on an uncategorized doctorate, 4% working on earning a EdD, and 2% working to earn a non-nursing Ph.D. degree (King et al., 2020). Sixty percent of the respondents felt current doctoral degree options were lacking, had poor curriculum designs, and

they were not interested in pursuing a DNP or Ph.D. King et al. (2020) asked respondents for feedback regarding the potential creation of a third doctorate for nursing; a Doctor of Nursing Education (DNE). Although there was some skepticism shared about adding ‘another doctorate’ into nursing, the majority of respondents were supportive of developing a DNE degree for nurses specifically interested in teaching within nursing academia (King et al., 2020).

As previously identified, Bono-Neri (2019) noted that importance of clinical currency for nurse educators. Research to explore how doctorally prepared nurse educators stay current with practice is warranted. Nursing is a profession that is driven through process of evidence-based research. Staying current with information taught is a critical responsibility of nurse educators. Clinical currency is also of critical importance when teaching about various concepts and topics that influence patient care. Students must receive current, evidence-based information when learning how to function as safe and effective healthcare professionals. Moghadam et al. (2017) completed a qualitative exploratory study in which 13 Ph.D.-prepared nurse educators were interviewed and shared feeling underprepared and inadequate to teach in the clinical setting. For this reason, research to explore factors that may contribute to gaps within clinical recency among nurse educators is warranted. Exploring how clinical recency fits into their nurse educator roles and professional development may provide insight as to why a perceived gap may exist.

Theme III: Leading with a Mild Case of Imposter Syndrome

A dearth of research exists to explore the role assimilation of doctorally prepared nurse educators. This research is needed as much of the literature aligning with the theme of leading with a mild case of imposter syndrome reflects that doctorally prepared nurse educators are serving as leaders within nursing academia. This type of research would allow the nurse educator

to better understand elements that influence assimilation to role. Additionally, research to explore how nursing administration delegates responsibilities and role assignments for doctorally prepared nurse educators is warranted. Understanding how these administrative decisions are made will provide further context as to what aspects of one's professional development are relied upon for work responsibilities.

Through this study, participants described feeling as though they were expected to function at a high level due to their advanced degrees. While some participants shared that being pushed to excel and take on new responsibilities was exciting and enjoyable, others shared feelings of self-doubt and caution with the acceptance of new responsibilities. Research to explore how novice, doctorally prepared nurse educators perceive their new roles and responsibilities may assist administrators in better understanding the needs of doctorally prepared nurse educators. This type of research may assist in determine elements that promote role satisfaction for the doctorally prepared nurse educator. Research to explore perceptions of the 'successful' doctorally prepared nurse educator may assist those struggling to assimilate to their professional roles, especially novice nurse educators. In addition, research focused on the primary challenges or aspects of the doctoral role that feel most daunting may be helpful for struggling professionals. This research would support both academic programs to enhance curriculum to effectively prepare graduates and provide administrators with a context of the challenges that are perceived and experienced.

Theme IV: Connecting and Feeling Support

Research is needed to explore the orientation to role of novice, doctorally prepared nurse educators. Although nurse educators may not make a workplace change once a doctoral degree has been earned, it was noted in this study that participants working in new institutions or

servicing in administrative roles experienced some significant challenges as they worked to acclimate to their professional roles. Experiences shared relating to the theme of leading with a mild case of imposter syndrome reflected that some participants felt pressure to excel in their roles and with what was being asked of them; the sense that they were imposters in new roles. Research is needed to explore what novice, doctorally prepared nurse educators experience as they orient to new roles. A concern is that administrators may assume that those with doctoral degrees have a higher level of understanding about their roles. However, this is not always the case and should be further investigated so that processes can be reviewed and improved as needed to promote the recruitment and retention of novice, doctorally prepared nurse educators. In addition, learning about the lived orientation experiences of novice, doctorally prepared nurse educators would bring to light any potential missteps or challenges that may impact the recruitment and retention of doctorally prepared nurse educators. Understanding what novice, doctorally prepared nurse educators have experienced and what their needs are is important information for administrative teams to consider.

Research is needed to determine what nurse educators deem to be the most important or effective elements of support while working to attain a terminal degree. This research is particularly important for determining methods to recruit and retain nurse educators. In addition, further research is needed to further effective support for the novice, doctorally prepared nurse educator. As the number of DNP-prepared nurse educators continues to increase, research to identify what individuals in this professional role deem as important elements for support is needed to better support their professional role development.

It is noted that doctorally prepared nurse educators are perceived as sources of support. Research to better understand how doctorally prepared nurse educators provide support may

provide insight into the need for this role within nursing academia. As described in this study, the academic environment is complex. Nurse educators must navigate that complex environment to succeed and grow in their professional roles. Research to further explore how doctorally prepared nurse educators are leaned on for support and how they feel about serving as sources of support within nursing academia is warranted. Especially at a time in which there is a persistent nurse educator shortages, understanding what novice, doctorally prepared nurse educators are experiencing will provide further insight into how their professional roles are navigated. Faculty shortages and turnover may contribute to feeling overloaded, in high demand, and promote the potential for burnout. Conversely, experiencing successes with colleagues, collaborative work, and leadership opportunities may promote the benefits that outweigh any perceived hindrances of the role.

Conclusion

This study was developed to explore the lived work experiences of novice, doctorally prepared nurse educators. The question guiding this study was: *What are the lived work experiences of novice, doctorally prepared nurse educators?* Semi-structured interviews were conducted to collect data and Colaizzi's phenomenological data analysis process was used to identify emergent themes. Within this study, four themes emerged and included: acclimating to role, achieving and pushing forward, leading with a mild case of imposter syndrome, and connecting and feeling supported.

The theme of acclimating to the role related to the lived experiences of the novice, doctorally prepared nurse educators in relation to their work environments, their specific roles and responsibilities, and the dynamics of the work environment. The theme of achieving and pushing forward emerged as participants shared their lived experiences related to advancement,

new responsibilities and work assignments, and the primary elements comprising their work-related responsibilities (e.g., teaching, scholarship, etc.). The theme of leading with a mild case of imposter syndrome emerged as participants shared their self-perceptions and how others made them feel in their roles. All participants described serving in leadership roles and their perceived feelings in those roles ranged from self-doubt to empowerment. The theme of connecting and feeling supported related to their work to earn a doctorate, support received as a doctorally prepared nurse educator, and the support they provide others. A prominent subtheme that emerged with this theme was mentoring. Participants described a variety of experiences pertaining to receiving mentoring and providing mentoring.

Findings from this study provide insight into the lived experiences of novice, doctorally prepared nurse educators. A conclusion from the emergent themes in this study is that novice, doctorally prepared nurse educators need support as they acclimate to their new roles. The work environment, administration, and colleagues influence the novice, doctorally prepared nurse educator's acclimation to role. Advancement and professional growth are aspects of the role and responsibilities of novice, doctorally prepared nurse educators. Factors such as feeling pressure to excel or perceived expectations to perform at a certain level may hinder the nurse educator's perception of achievement in their novice, doctoral role. Conversely, support and collaboration may positively influence the nurse educator's perception of achievement in their novice, doctoral role. Another conclusion from this study is that it may take time and experience for novice, doctorally prepared nurse educators to feel confident in their roles. Support enhanced self-perception and being asked to take on new and/or unfamiliar responsibilities spurred feelings of self-doubt. A main conclusion from this study was the influence of support perceived by novice, doctorally prepared nurse educators in their professional roles. Connecting and feeling supported

was a prominent and emergent theme described by novice, doctorally prepared nurse educators when describing their lived experiences. Both positive and negative experiences were described and arose as important elements of their lived work experiences as novice, doctorally prepared nurse educators.

The findings of this study reflect that novice, doctorally prepared nurse educators primarily have positive work-related experiences. Novice, doctorally prepared nurse educators strive to excel in their roles and reflect levels of professionalism, flexibility, and responsibility needed to serve as strong leaders in their places of work. Support is a strong aspect and element influencing the lived experiences of novice, doctorally prepared nurse educators. Feeling connected in the work environment and both giving and receiving support were meaningful lived work experiences. This research promotes opportunities and considerations to support novice, doctorally prepared nurse educators in their work roles. More research like this is needed to assist with recruitment and retention strategies, bring attention and meaning to a much-needed role within the nursing profession, and to provide meaningful context for the lived experiences of nurse educators.

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APPENDIX A
INITIAL RECRUITMENT LETTER

INITIAL RECRUITMENT LETTER

Hello,

I am a Ph.D. student in the Nursing Education Ph.D. program at the University of Northern Colorado in Greeley, Colorado. I am in the process of completing my doctorate and am exploring the lived experiences of doctorally prepared, novice nurse educators teaching full-time within nursing academia. I am in the process of recruiting individuals for this study and am seeking your assistance in identifying nurse educators for this study. Inclusion criteria to participate in this study includes: (a) a nurse educator with a doctoral degree, (b) less than ten years of experience teaching full-time within a nursing program, and (c) employed by a nursing program with regional or specialty accreditation (e.g., CCNE, ACEN, CNEA).

If you meet these criteria and are willing to participate in this study, please reply to this message to let me know of your interest. In addition, if you know of colleagues or peers that might be willing to participate in this study, please share the researcher's contact information below with those who might meet inclusion criteria and might be willing to participate. The interviews will be conducted one-on-one and facilitated via telephone or video (e.g., Zoom), lasting for approximately 30 to 60 minutes.

If you have any further questions about this research study or have suggestions for reaching potential participants, please contact the researcher with the information below. In advance, thank you for your time and assistance to support my research.

Sincerely,

Misty Smith
Email: Smit2179@bears.unco.edu
Cell phone: XXX-XXX-XXXX

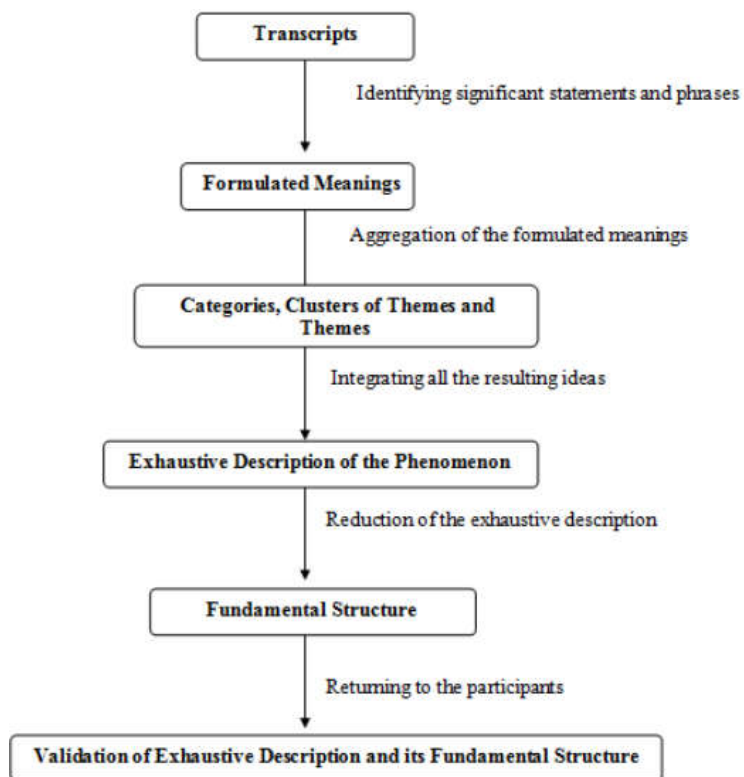
APPENDIX B
INTERVIEW QUESTIONS

INTERVIEW QUESTIONS

1. Tell me about your professional role and responsibilities as a doctorally prepared nurse educator.
2. Within your professional role, what have been some of your experiences as a doctorally prepared, nurse educator teaching full-time within nursing academia?
3. Tell me about the work-related transitions you have experienced as a doctorally prepared nurse educator.
4. What work experiences have positively influenced your role transition as a doctorally prepared nurse educator?
5. What work experiences have negatively influenced your role transition as a doctorally prepared nurse educator?

APPENDIX C
COLAIZZI'S PHENOMENOLOGICAL DATA
ANALYSIS PROCESS

Colaizzi's Phenomenological Data Analysis Process



* Colaizzi's steps in phenomenological data analysis (Creswell, 2013)

APPENDIX D
CONSENT FORM



CONSENT FORM FOR HUMAN PARTICIPANTS IN RESEARCH
UNIVERSITY OF NORTHERN COLORADO

Project Title: The Lived Work Experiences of Doctorally Prepared Novice Nurse Educators

Researcher: Misty Smith, MSN, Ph.D. student enrolled in School of Nursing Education at the University of Northern Colorado

Phone: (xxx) xxx-xxxx

E-mail: smit2179@bears.unco.edu

Purpose and Description: The primary purpose of this study is to capture your lived experiences as a doctorally prepared nurse educator. During one 30-60 minute audio recorded interview conducted via the telephone and/or through online conferencing software (i.e., Skype) you will be asked to share your lived experiences as a doctorally prepared nurse educator teaching full-time within nursing academia. The interview will be participant-driven, and the richness of your responses will allow the researcher to capture your ‘lived experience’ as a doctorally prepared nurse educator. A transcript of the interview will be shared with you to ensure that the findings reflect your perspectives and experiences. If you feel that the findings vary substantially within the transcript, an additional debriefing session may be necessary to ensure that your views coincide with the findings of the study.

Open-ended questions to facilitate discussion of this research topic include:

- Within your professional role, what have you experienced as a doctorally prepared, nurse educator teaching full-time within nursing academia?
- What situations have influenced your experiences of working as a doctorally prepared, nurse educator teaching full-time within nursing academia?

Every precaution will be taken in order to maintain the highest level of confidentiality. No personal identifiers will be included within this study. Only the principal researcher will know the name of the participant connected with the research. Data collected and analyzed for this study will be kept in a password protected computer, and any paper documents associated with the study will be locked cabinet in the researcher’s personal, home office, which is only accessible by the researcher and under lock and key. Upon completion of the study, any documents containing your responses or transcribed information will be destroyed to maintain your confidentiality.

Potential risks in this project are minimal. Discussion of the challenges related to successfully balancing transitions within your professional role as a doctorally prepared nurse educator may cause some discomfort. If any time, you are not comfortable sharing about the challenges you have faced, the interview process will be put on hold and every effort will be made to ensure your comfort as you share your personal experiences. You may choose to stop the interview at any time. Upon completion of this study, you will be offered to participate in a drawing for a monetary gift card of \$20 as a token of the researcher's gratitude for your time, energy, and investment.

Participation is voluntary. You may decide not to participate in this study and if you begin participation you may still decide to stop and withdraw from this study at any time. Your decision will be respected and will not result in loss of benefits to which you are otherwise entitled. Having read the above and having had an opportunity to ask any questions, please sign below if you would like to participate in this research. A copy of this form will be given to you to retain for future reference. If you have any concerns about your selection as a research participant, please contact the Office of Sponsored Programs, Kepner Hall, University of Northern Colorado Greeley, CO 80639; 970-351-2161.

Subject's Signature

Date

Researcher's Signature

Date

APPENDIX E
INSTITUTIONAL REVIEW BOARD APPROVAL



Institutional Review Board

DATE: July 10, 2019

TO: Misty Smith
FROM: University of Northern Colorado (UNCO) IRB

PROJECT TITLE: [1444276-2] The Lived Work Experiences of Doctorally Prepared Novice Nurse Educators

SUBMISSION TYPE: Revision

ACTION: APPROVAL/VERIFICATION OF EXEMPT STATUS

DECISION DATE: July 10, 2019

EXPIRATION DATE: July 10, 2023

Thank you for your submission of Revision materials for this project. The University of Northern Colorado (UNCO) IRB approves this project and verifies its status as EXEMPT according to federal IRB regulations.

We will retain a copy of this correspondence within our records for a duration of 4 years.

If you have any questions, please contact Nicole Morse at 970-351-1910 or nicole.morse@unco.edu. Please include your project title and reference number in all correspondence with this committee.

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