Theses and Dissertations

Theses, Dissertations, and Senior Projects

January 2015

Community College Part-Time Faculty's Perceptions During Their Role Transitiion From Expert Clinician To Clinical Instructor

Rhoda A. Owens

Follow this and additional works at: https://commons.und.edu/theses

COMMUNITY COLLEGE PART-TIME NURSING FACULTY'S PERCEPTIONS
DURING THEIR ROLE TRANSITION FROM EXPERT CLINICIAN
TO CLINICAL INSTRUCTOR

by

Rhoda A. Owens
Bachelor of Science in Nursing, Minot State University, 1985
Master of Science, University of North Dakota, 2006

A Dissertation

Submitted to the Graduate Faculty

of the

University of North Dakota

in partial fulfillment of the requirements

for the degree of

Doctor of Philosophy

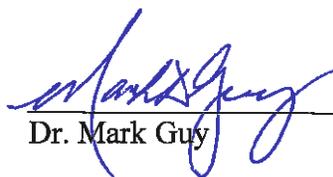Grand Forks, North Dakota
December
2015

ii

This dissertation, submitted by Rhoda A. Owens in partial fulfillment of the requirements for the Degree of Doctor of Philosophy from the University of North Dakota, has been read by the Faculty Advisory Committee under whom the work has been done and is hereby approved.

_____
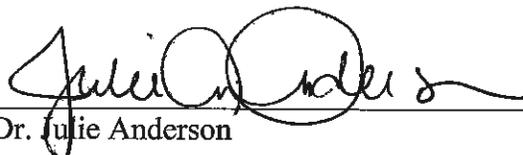Dr. Carolyn Ozaki, Chairperson

_____
Dr. Margaret Zidon

_____
Dr. Mark Guy

_____
Dr. Julie Anderson

This dissertation is being submitted by the appointed advisory committee as having met all of the requirements of the School of Graduate Studies at the University of North Dakota and is hereby approved.

_____
Dr. Wayne Swisher
Dean of the School of Graduate Studies

_____December 2, 2015_____
Date

PERMISSION

Title   Community College Part-time Nursing Faculty's Perceptions During their Role Transition from Expert Clinician to Clinical Instructor

Department   Teaching and Learning

Degree   Doctor of Philosophy

       In presenting this dissertation in partial fulfillment of the requirements for a graduate degree from the University of North Dakota, I agree that the library of this University shall make it feely available for inspection. I further agree that permission for extensive copying for scholarly purposes may be granted by the professor who supervised my dissertation work or, in her absence, by the Chairperson of the department or the dean of the School of Graduate Studies. It is understood that any copying or publication or other use of this dissertation or part thereof for financial gain shall not be allowed without my written permission. It is also understood that due recognition shall be given to me and to the University of North Dakota in any scholarly use which may be made of any material in my dissertation.

<div align="right">
Rhoda A. Owens
December 1, 2015
</div>

TABLE OF CONTENTS

LIST OF FIGURES

LIST OF TABLES

ACKNOWLEDGMENTS

To my husband Jim, and our children James and Sarah,
thanks for all your love, understanding, and support during my journey!

ABSTRACT

Community college part-time nursing faculty enter academia as expert clinicians, but most have little or no training in the pedagogy of effective student learning. The purpose of this study was to use qualitative phenomenological methods to explore community college part-time nursing faculty's perceptions of their experiences during their role transition from nurses in clinical practice to part-time clinical instructors in academia. In addition, this study explored if and how community college part-time nursing faculty developed a professional identity as clinical instructors through their experiences. The research questions were: 1. Through their experiences, how do community college part-time nursing faculty describe their role transition process and development of their professional identity as clinical instructors?   2. What are part-time nursing faculty's perceptions of the pedagogical skills and support needed in order to promote effective student learning in their role as clinical instructors in the community college setting? 3. What are the part-time nursing faculty's perceptions of the initial and long-term professional development and support they need to promote their professional identity development and role transition from nurses in clinical practice to instructors in the community college setting?   The theoretical framework guiding this study was Illeris' Transformative Learning and Identity theory (Illeris, 2014).   Eight themes emerged to support the proposition that six participants have experienced a role transition process over time from nurses in clinical practice to part-time clinical instructors and

developed a professional identity as part-time clinical instructors, however two continue in the process. In addition, critical to this transition and identity development are the social influences and relationships with other instructors, faculty, and students; incentive to learn to be better instructors, and the importance of support and training.

The first assertion derived from thematic analysis was: For participants, the role transition process from their nurse identities to their part-time clinical instructor identities involved individual experiences as they perceived an increased level of confidence, however, they felt vulnerable. Therefore, having initial and ongoing support and professional development was critical to their successful role transitions and instructor identity developments.

The second assertion that developed from thematic analysis was: A critical element to the participants' successful role transition process experiences is that they became active and self-directed active learners of the roles, responsibilities, and pedagogical skills they perceived necessary for their clinical instructor identities.

Finally, the third assertion that emerged from thematic analysis was: The key concepts of Illeris' (Illeris, 2014) Transformative Learning and Identity theory can be useful in describing the role transition process for nurses in clinical practice to their academic clinical instructor identities, however, key elements such as role transition, support and ongoing professional development, time variations, and the nurses' abilities to have more than one identity are missing.

A complimentary model emerged specific to this population, The Process of Role Transition and Professional Identity Formation for Part-time Clinical Instructors at Two-Year Institutions Model. This model is potentially useful for leaders at two-year

institution nursing programs in developing individualized orientation and professional

development programs for part-time faculty that support them in learning their roles,

responsibilities, and pedagogical skills necessary to facilitate effective student learning.

CHAPTER I

INTRODUCTION

According to the National Center for Education Statistics (2012), the percentage of part-time faculty teaching in all institutions is 58.3%; 32% work at four-year and 68% at two-year (community college) institutions. Colleges hire part-time faculty because of the cost savings and the need for the part-time faculty to shoulder the teaching load so that full-time faculty at four-year institutions can focus on research (Green, 2007; Meixner, Kruck, & Madden, 2010). Part-time faculty can also be employed, dismissed, or reemployed as needed, providing further cost savings (Cohen, Brawer, & Kisler, 2014). In addition, many part-time faculty continue to work in practice and are valued and recognized as experts in practice who can share and teach their current knowledge with students (Bell-Scriber & Morton, 2009; Cohen et al., 2014; Levin, Kater, & Wagoner, 2006).

Part-time Nursing Faculty

In the United States nursing faculty mirror national trends by also experiencing a shortage of full-time faculty and, as a result, administrators are hiring part-time faculty to provide cost savings and ensure an adequate number of faculty in their nursing programs (Bell-Scriber & Morton, 2009; Forbes, Hickey, &White, 2009; Kelly, 2006). A critical component of undergraduate nursing programs in the United States involves clinical teaching, and nursing programs rely heavily on part-time faculty to fill the role of clinical

instructors for the teaching of students in the lab and clinical settings (Davidson &

Rourke, 2012; Forbes et al., 2009; Krautscheid, Kaakinen, & Warner, 2008; McDonald,

2009).   Part-time nursing faculty who have worked in clinical practice are selected for

their experience in clinical content and practice, yet most have little formal training or

education on the pedagogy of clinical education and promotion of effective student

learning (Bell-Scriber & Morton, 2009; Forbes et al., 2009; McDonald, 2009).   Once

nurses begin as part-time clinical instructors some choose to continue in clinical practice

while others decide not to.   Entering into academia as a part-time nursing faculty

member requires a major transition from the role of a clinician to that of an educator in

higher education (Bell-Scriber & Morton, 2009; Forbes et al., 2009; McDonald, 2009).

Role Transition and Professional Identity

Nurses from clinical practice often experience a role transition process as they

transition from working as nurses in clinical practice to working as part-time nursing

faculty in academia.   Some nurses leave clinical practice while others continue to work

in clinical practice and as a clinical instructor.   Role transition is defined as a

socialization process that occurs over time in which a nurse learns new knowledge, roles,

responsibilities, and skills associated with his or her role as a nurse educator in academia

that are different from what is required as a nurse in practice (Hessler & Ritchie, 2006;

Ramage, 2004; Schoenig, 2013).

Hessler and Ritchie (2006), MacNeil (1997), and Ramage, (2004) found that as

nurses in practice undergo a role transition process, they struggle with feelings of role

ambiguity and learning different skills and knowledge necessary to teach in academia as

compared to the skills and knowledge needed to work in nursing practice.   In addition,

this role transition process experienced by part-time nursing faculty involves establishing another professional identity as clinical instructors, both similar and different from their professional identity as nurses in clinical practice (Jennings & Rogers, 1988; Johnson, Corwin, Wilson, & Young, 2012; MacIntosh, 2003). Academic orientation and professional development programs are necessary to assist new clinical instructors in learning the knowledge and teaching skills necessary to use in their teaching role to promote effective student learning and develop their professional identity as clinical instructors (Hessler & Ritchie, 2006; MacNeil, 1997; Ramage, 2004).

Orientation and Professional Development

Literature supports the use of orientation and professional development programs by nursing program leaders to assist part-time nursing faculty in learning pedagogical skills necessary to become clinical instructors able to facilitate effective student learning (Bell-Scriber & Morton, 2009; Boyden, 2000; Hewitt & Lewallen, 2010; Morin & Ashton, 2004; West et al., 2009). While recommendations for content varies, some consistency exists. Recommendations include the school of nursing's philosophy, mission, general orientation to benefits, curriculum, objectives, learning outcomes, assessment and evaluation, clinical policies and procedures, available resources, technology, effective teaching methods, nursing and learning theory, and roles and responsibilities (Bell-Scriber & Morton, 2009; Boyden, 2000; Hewitt & Lewallen, 2010: Morin & Ashton, 2004). Several established programs at four-year institutions exist based on best practices, research, and assumptions, rather than on the part-time nursing faculty's self-perceptions on the support and pedagogical skills they need to learn in order to facilitate effective student learning in their teaching role (Bell-Scriber & Morton,

3

2009; Boyden, 2000; Hewitt & Lewallen, 2010; Morin & Ashton, 2004; West et al., 2009).

Research supports the need for nursing programs at four-year institutions to include content for their academic and professional development programs based on part-time nursing faculty's perceptions of what specific pedagogical skills they need to learn to promote effective student learning (Davidson & Rourke, 2012; Forbes et al., 2009; Meixner et al., 2010). Part-time nursing faculty at these institutions have consistent perceptions of what pedagogical skills they need to learn to be effective clinical instructors that facilitate student learning as they transition into their teaching roles (Davidson & Rourke, 2014; Forbes et al., 2009; Kelly 2006, Meixner et al., 2010). However, most research has occurred in four-year institutions, yet, the experiences of similar faculty at different institution types is under researched. Therefore research at two-year institutions would contribute to this void.

Research on part-time nursing faculty at community colleges with the use of qualitative methods is lacking. Furthermore, qualitative research is needed to explore community college part-time nursing faculty's perceptions on their need for support, professional development, and to learn specific pedagogical skills necessary to promote effective student learning while they transition into their role as clinical instructors. In addition, there is a need to understand if and how community college part-time faculty acquire their professional identity through their learning experiences and role transition.

Transformative Learning and Identity

Transformative Learning reflects one concept and theory for how adults learn in different circumstances, such as in the community, workplace, and higher education

4

(Dirkx, 1998; Illeris, 2014; Taylor, 2009).   Transformative Learning involves something more and different than the acquisition of new knowledge and skills.   In many situations, learning includes changes and transformations in the learner's general experience and behavior (Illeris, 2014; Mezirow, 2009).   Mezirow (2009) defined Transformative Learning as a process in which individuals make meaning from their experiences through critical self-reflection.   It involves the process of using prior interpretation to construe a new or revised interpretation of the meaning of one's experience to guide further action (Mezirow, 2009).   Based on the use of Mezirow's Transformative Learning theory (2009), West et al. (2009) found that one four-year institution's part-time nursing faculty are clinically competent in their nursing specialty, but lacked education regarding needed pedagogical skills to promote effective student learning such as teaching methods, teaching strategies, and curriculum development. The authors found that self-reflecting on their learning of pedagogical skills resulted in a transformation into the role of a clinical instructor able to facilitate student learning (West et al., 2009), indicating that understanding transformative learning among part-time nursing faculty may provide insight into how the development of a clinical faculty professional identity occurs.

Illeris' (2014) Transformative Learning and Identity theory adds to Mezirow's Transformative Learning theory.   Illeris (2014) defined transformative learning as, learning that results in the change of the identity of the learner.   Illeris (2014) stated that the concept of identity is, "...identity is about being a person in the world, who one experiences being, and how one relates to and wants to be experienced by others" (p. 1). Identity in relation to learning is centered on the connection with the individual and the surroundings (social and material environment), and therefore it involves the three

5

dimensions of learning, content (what is learned), incentive (motivation to learn), and interaction (with society) (Illeris, 2014). An individual's identity is created, developed, and changed through learning experiences while interacting with other individuals in the community, workplace, and environment in society (Illeris, 2014). Learning is specific to each individual due to his or her differences in past learning experiences (Illeris, 2014). Given the importance of professional identity development in the role transition process, research is needed to explore if community college part-time nursing faculty develop their professional identity as clinical instructors as a result of their experiences and learning pedagogical skills, new roles and responsibilities as they transition from their role as nurses in clinical practice to their teaching roles in academia.

Need for the Study

In 2009 President Obama proposed a new initiative, The American College Initiative, to improve the economy by increasing American workers' education and skills through enrollment at community colleges (Kotamraju & Blackman, 2011; Levin et al., 2006; Office of the Press Secretary, 2009). The goals for the American College Initiative are for the United States to return to leading the world in the number of individuals with college degrees, build on strengths of community colleges, and usher in new innovations and reforms for the 21st century economy (Kotamraju & Blackman, 2011; Levin et al., 2006; Office of the Press Secretary, 2009). Thus far the initiative has been instrumental in guiding the passage of various higher education funding and policy bills in the United States Congress to increase access to education and assist funding of tuition for students at community colleges (American Association of Community Colleges, 2014; Kotamraju & Blackman, 2011; Levin et al., 2006).

The American College Initiative calls for affordable open enrollment at community colleges with the goal of five million additional community college graduates by 2020 with certificates and associate degrees or who continue on with their education at four-year institutions and universities (American Association of Community Colleges, 2014; Kotamraju & Blackman, 2011; Office of the Press Secretary, 2009). Community colleges are encouraged to build partnerships with worksite education programs; expand course offerings; focus on retention of their students; assist students with career planning; offer dual enrollment at high schools and universities; promote transfer of credit between colleges; and align graduation and entrance requirements of high schools, community colleges, and universities (American Association of Community Colleges, 2014; Office of the Press Secretary, 2009).

Kotamraju and Blackman (2011) concluded that because many community college students are enrolling with inherent risk factors (e.g., ethnic and racial minorities) that interferes with graduation, colleges should ensure that they follow through on implementing retention and completion strategies for these at-risk students. The American College Initiative challenges community colleges to improve remedial and adult education programs and integrate developmental classes into academic and vocational classes (American Association of Community Colleges, 2014; Office of the Press Secretary, 2009). In addition, community colleges' success is measured by student certificates, degrees, or transfers to four-year institutions and universities (American Association of Community Colleges, 2014; Office of the Press Secretary, 2009). With the predicted increase in the number of community college students, more part-time and full-time faculty will be hired to teach these students (Kotamraju & Blackman, 2011;

Levin et al., 2006).   As a result, faculty will be instrumental in assisting with achievement of these initiatives and will need education on various pedagogical skills to facilitate and support students in reaching the American College Initiative's goals (Kotamraju & Blackman, 2011; Levin et al., 2006).

Assessment and Achievement of Outcomes

Over the last several years four-year institutions and community colleges have been required by the U.S. Department of Education, various accrediting organizations, and state governments to become more accountable for their students' progress and achievement of outcomes to maintain their national accreditations and support their contributions to the community (Cohen, et al., 2014; Levin et al., 2006).   Assessment of institutional and program outcomes must be considered at every four-year institution and community college campus.   Higher education institutions must assess and monitor outcomes on student progress related to measures of success such as program completion, retention, attrition rates, credit accumulation, progression through developmental sequences, success in gateway courses, program and degree completion, transfer rates, and achievement of various institutional, program, and course outcomes (Cohen et. al., 2014).   In addition, administration, full-time and part-time faculty at all higher education institutions are held accountable to national accrediting agencies and state governments and must be knowledgeable about how to promote student progress and achieve these positive student outcomes (Cohen et al., 2014; Kezar & Maxey, 2014; Levin et al., 2006).

Despite the need, part-time nursing faculty are generally not offered assistance with professional development and lack knowledge on the promotion of effective student learning, assessment activities, and achievement of student learning outcomes (Bell-

Scriber & Morton, 2009; Cohen et al., 2014; Kezar & Maxey, 2014; Forbes et al., 2009; McDonald, 2009).   As a result, to maintain quality education of students, nursing education programs must meet the orientation and professional development needs of this unique group of faculty (Davidson & Rourke, 2012; Forbes et al., 2009).

Academic orientation and professional development programs can be utilized to improve the teaching skills of part-time nursing faculty in academia (Boyden, 2000; Davidson & Rourke, 2012; Green, 2007; Notzer & Abramovitz, 2008; O'Callaghan, 2007).   Literature contains recommendations for necessary content for four-year institution's part-time nursing faculty orientation and professional development programs based on best practices; quantitative, mixed-methods, and qualitative research; and assessment of needs to assist faculty in their transition to the teaching role.   In previous research, part-time nursing faculty at four-year institutions consistently expressed a need to learn pedagogical skills in order to be effective clinical instructors that facilitate student learning as they transition into their role as clinical instructors (Davidson & Rourke, 2014; Forbes et al., 2009; Kelly 2006), Meixner et al., 2010).   In addition, through their learning experiences and role transition process from nurses at the bedside to teachers in academia, nurses experienced a development of their professional identity as instructors (Jennings & Rogers, 1988; Johnson, et al., 2012; MacIntosh, 2003).

However, there is a lack of research that uses qualitative methods to explore community college part-time nursing faculty perceptions about their need for additional support, professional development, and to learn pedagogical skills necessary to facilitate effective student learning while experiencing their role transition.   Given the importance of professional identity development in the role transition process, further research is also

needed to explore if through learning experiences community college part-time nursing faculty developed their professional identity as instructors while transitioning from a nurse in clinical practice to a clinical instructor in academia.

Purpose of the Study

The purpose of this study was to use qualitative phenomenological methods to explore community college part-time nursing faculty's perceptions of their experiences during their role transition from nurses in clinical practice to clinical instructors in academia.   In addition, this study explored if and how community college part-time nursing faculty developed a professional identity as clinical instructors through their experiences.

Research Questions

The research questions that guided this qualitative phenomenological study included:

1. Through their experiences, how do community college part-time nursing faculty describe their role transition process and development of their professional identity as clinical instructors?

2. What are part-time nursing faculty's perceptions of the pedagogical skills and support needed in order to promote effective student learning in their role as clinical instructors in the community college setting?

3. What are the part-time nursing faculty's perceptions of the initial and long-term professional development and support they need to promote their professional identity development and role transition from nurses in clinical practice to instructors in the community college setting?

Benefits of the Study

The benefits of this study are that it supports the need for administrators and faculty at community college nursing programs to consider part-time nursing faculty's perceptions of the pedagogical skills they need to learn as a guide for the development of individualized faculty orientation and professional development programs.   Part-time nursing faculty may have similar and different individual learning needs based on the influence of their past learning, experiences in life, nursing practice experiences, and education.   Community college nursing programs can more effectively assist in the faculty's transitions from the role as nurses in clinical practice to the role of clinical instructors by supporting and addressing the individual needs of part-time faculty.   As a result, part-time faculty are able to learn pedagogical skills needed to facilitate effective student learning that results in students achieving learning outcomes and successful completion of certificate and degree requirements.

In addition, another benefit of this study is that it supports the use of Illeris' Transformative Learning and Identity theory as a theoretical framework for use in the development of part-time nursing faculty's individualized academic orientation and professional development programs.   Through their experiences and role transition process while teaching in the community college setting part-time nursing faculty may acquire the professional identity of part-time clinical instructors.   Finally, in addition to learning roles and responsibilities associated with their clinical instructor roles, learning pedagogical skills promotes the faculty's role transition process and clinical instructor identity developments.

Definitions

Part-time nursing faculty: Also known as Adjunct Faculty in the literature. Faculty who are generally non-tenured, may or may not receive benefits, and are paid per course taught.   Some continue to work as a nurse in clinical practice and some do not while working as part-time nursing faculty.

Clinical Instructors: Either part-time or full-time nursing faculty, these instructors teach nursing students in the clinical and laboratory courses.   Highest education degree may vary.   For example, some hold a Bachelor of Science degree in Nursing (BSN) while others hold a Master of Science degree in Nursing (MSN), Doctor of Nursing Practice (DNP), or Doctor of Philosophy degree (PhD).   For the purposes of this study, the participants will hold either a BSN or MSN degree.

Clinical Courses: Courses that are taught in the clinical settings in nursing practice while caring for patients.   Learning experiences involve caring for patients in the presence of a clinical instructor in such clinical areas as hospitals and long-term care facilities.

Laboratory Courses: Courses that are taught in a laboratory setting at the nursing program.

Delimitations

This study used qualitative methods, specifically a phenomenological approach, rather than another type of qualitative method or quantitative methods.   A phenomenological study explores the meaning several individuals make of their lived experiences of a phenomenon and what they have in common as they experience this phenomenon (Creswell, 2013; Moustakas, 1994).   The phenomenon in this study

12

involved exploring community college part-time nursing faculty experiences as they transitioned from their role as nurses in clinical practice to part-time nursing faculty in a community college setting. In addition, through their experiences and role transition process how part-time nursing faculty acquired the professional identity of clinical instructors. As a result, a qualitative phenomenological approach was well suited for this particular study design.

Community colleges (two-year institutions) in one Midwestern state, were selected as the locations for the study in an attempt to obtain a sample representative of the part-time nursing faculty teaching at community colleges in the geographical region of interest. After an extensive literature search, it was determined that similar research to be completed in this study was lacking for two-year institutions. As a result the study took place at two-year institutions rather than at four-year institutions.

Four state community colleges and their distance sites were selected for the locations of this study. These colleges are members of a consortium of community colleges that offer one nursing program. One other state community college exits in the state. A decision was made to only use the four state community colleges that are members of the consortium to obtain a sample representing a group of part-time nursing faculty employed at similar colleges and nursing programs in the geographical region of interest.

Lastly, the participants represented the general characteristics of part-time nursing faculty working in the state's community colleges. The majority of part-time nursing in the state are White and female. Participants of the male gender and/or a variety of ethnic

backgrounds were not selected because there were no men or non-white individuals employed as faculty at this study's sites.

CHAPTER II

LITERATURE REVIEW

Chapter two examines the literature related to the purpose and research questions of this present study. The purpose of the current study was to use qualitative phenomenological methods to explore community college part-time nursing faculty's perceptions of their experiences during their role transition from nurses in clinical practice to clinical instructors in academia. In addition, this study explored if and how community college part-time nursing faculty developed a professional identity as clinical instructors through their experiences.

Chapter two begins with a discussion on the goals, missions, and purposes of community colleges followed by a general description of community college faculty that includes an emphasis on the wide use of part-time faculty as compared to full-time faculty. A broad discussion is presented on research exploring how nurses who work in clinical practice experience a role transition process to their role as part-time nursing faculty at four-year institutions. General definitions for professional identity for faculty, nurses, and nursing faculty are described leading to a discussion on the connection of role transition and professional identity development that occurs for part-time nursing faculty. Next, a discussion on the research with nurses learning their new roles, responsibilities, and pedagogical skills and importance for their successful role transition occurs. Lastly,

the theoretical framework for this study, Illeris' Transformative Learning and Identity theory is presented.

Research on the role transition and professional identity development for part-time nursing faculty at four-year institutions has been well studied, examined from multiple perspectives, and is abundant throughout the literature reviews. However, this review demonstrates that research is lacking that explores community college part-time nursing faculty's perceptions of the support, roles and responsibilities, professional development, and pedagogical skills they need to facilitate effective student learning as they experience their role transition and professional identity formation from nurses in practice to clinical instructors in academia.

Community Colleges and Faculty

Cohen, Brawer, and Kisler (2014) define community colleges, also known as two-year institutions, as any not-for-profit institution regionally accredited to award Associates of Arts, Associates in Science, and certificates. Community college faculty generally focus their mission, purpose, and goals on teaching and service to the community, with less emphasis on scholarship and research (Cohen et al., 2014; Levin, Kater, & Wagoner, 2006). In contrast, four-year institutions and their faculty also focus on teaching and service, however, to a greater extent strive to complete research and scholarship (Cohen et al., 2014; Levin et al., 2006).

Part-time faculty have become increasingly important to the success of community colleges that have a greater percentage of part-time faculty as compared to four-year institutions. The percentage of part-time faculty teaching in all institutions is 58.3%, 32% in four-year and 68% in two-year institutions (National Center for Education

Statistics, 2012).   Given the budget constraints and pressure to provide cost savings, community colleges will continue to hire part-time faculty that play a role in fulfilling institutional missions, goals, and purposes at community colleges (Green, 2007; Wallin, 2007).   At the same time, there is growing concern about the community colleges' ratio of part-time to full-time faculty because many part-time faculty lack knowledge on pedagogical skills (Green, 2007; Wallin, 2007).

A majority of part-time faculty at two-year institutions begin their teaching career after working in their practice areas outside of academia and generally lack knowledge of pedagogical skills necessary to facilitate effective student learning (Cohen et al., 2014; Levin et al., 2006); instead they are considered experts in their areas of practice (Cohen et al., 2014; Levin et al., 2006).   Most faculty continue to work in their practice areas full- or part-time while teaching part-time in academia (Cohen et al., 2014; Levin et al., 2006). In addition, the faculty desire support and professional development related to their role as educators that is not always provided to them (Cohen et al., 2014; Levin et al., 2006). Given the large percentage of part-time faculty at community colleges, it is critical for institutional leaders to explore methods to provide support and professional development that will help the faculty succeed in the community college environment (Green, 2007; Wallin, 2007).

Role Transition and Professional Identity

Similar to some other academic programs, nursing programs at two-year and four-year institutions are experiencing a shortage of full-time nursing faculty and hire part-time nursing faculty to meet their needs and provide cost savings due to budget restraints (Bell-Scriber & Morton, 2009; Forbes, Hickey, & White, 2009; Kelly, 2006).   Similar to

17

the percentage of part-time faculty at all institutions, the percentage of part-time nursing faculty is at 50%, 30.9% in four-year and 69.1% in two-year institutions (National Center of Education Statistics, 2012).

Part-time faculty are especially utilized by nursing programs for lab and clinical instruction of their students. As a result, they are selected for their experience in clinical content and practice, and most have little training or experience in the pedagogy of clinical education and promotion of effective student learning (Bell-Scriber & Morton, 2009; Forbes et al., 2009; McDonald, 2009). As nurses move from working in their role as expert clinicians to part-time faculty in academia they experience a role transition process (Bell-Scriber & Morton, 2009; Forbes et al., 2009; McDonald, 2009).

Role Transition

Nurses work in clinical practice for varying lengths of time prior to starting a part-time faculty position and often experience a socialization and role transition process as they move to working in higher education (Hewitt & Lewallin, 2010; MacNeil, 1997; Ramage, 2004).

Role ambiguity.   Several grounded theory studies completed at four-year institutions found that nurses experienced a struggle with feelings of role ambiguity as they learned different skills, roles, and responsibilities, and lacked the knowledge needed to teach in higher education as compared to the skills and knowledge necessary to work in nursing practice (Hewitt & Lewallin, 2010; MacNeil, 1997; Ramage, 2004). Nurses proficient in clinical practice are not necessarily proficient in teaching clinical skills and theory (Hewitt & Lewallin, 2010; MacNeil, 1997; Ramage, 2004). In addition, participants expressed that they needed time to learn these skills and that it was important

to seek guidance from experienced faculty (Hewitt & Lewallin, 2010; MacNeil1997; Ramage 2004). That said, what is missing in the research is studies that explore whether or not part-time faculty at two-year institutions have similar experiences and beliefs as faculty at four-year institutions during their role transition process from nurses in practice to faculty in academia.

Ramage (2004) completed a grounded theory study over seven years that involved in-depth interviews with 28 participants with a Bachelor of Science degree in Nursing and/or Master of Science degree in Nursing employed at health care facilities and as part-time clinical instructors. Ramage (2004) found one main category, "negotiating multiple roles" (p. 289). When participants first began their new roles they expressed a lack of knowledge of roles, responsibilities, and how to teach nursing students, and their experiences involved a socialization and role transition process. In addition, support from other faculty was important to their learning (Ramage, 2004). Despite demonstrating the importance of negotiating new roles, Ramage (2004) did not explore if the amount of time for participants to feel confident as instructors varied, which can be important for constructing interventions and supports to assist with their role transition process.

Role conflict and reality shock. In addition to feelings of role ambiguity, some nurses experienced feelings of role conflict and reality shock as they transitioned. Locasto and Kochanek (1989) completed a grounded theory study of 12 nursing instructors at a four-year institution using in-depth semi-structured interviews. They discovered that nurses who work in clinical practice experienced a "honey moon phase" (P. 79) when they were first hired as part-time clinical instructors. At first, participants

were excited, positive, and confident about starting their new role, but after some time they experienced "reality shock" (p. 79) and "role conflict" (p. 79), leading them to a realization that they needed to learn different roles, responsibilities, and skills to work in academia as compared to working as nurses.   Over time, participants experienced a "resolution phase" (p. 80) as they became comfortable in their new role (Locasto & Kochanek, 1989).   In addition, the participants' learning eased their feelings of role conflict and reality shock by facilitating their role transition process to their clinical instructor role (Locasto & Kochanek, 1989).

Nurses can also experience feelings of role conflict and role strain if they continue to work in both roles as a nurse in practice and part-time clinical instructor in academia. Jones (1995) found in a grounded theory study through in-depth semi-structured interviews that 11 nursing faculty at a four-year institution experienced role conflict and role strain from their competing demands between working in education and continuing to work in clinical practice (Jones, 1995).   Participants expressed not having enough time to adequately meet the demands for required roles and responsibilities at both jobs while transitioning.   However, Jones (1995) did not explore whether the amount of time required for each participant to adjust to working in both roles varied that can be important when providing support to these individuals necessary for their success.

Previous experiences.   Nurses verbalized a lack of orientation, guidance, and knowledge regarding teaching methods to help their students learn.   As a result, during their role transitions they used their past experiences in clinical practice while teaching students and as students themselves to guide their teaching methods.   Siler and Kleiner (2001) completed a grounded theory study, and Scalan (2001) conducted an exploratory

descriptive study in which each interviewed a four-year institution's novice and experienced nursing faculty to explore their role transitions from clinical practice to academia.   In both studies participants described the academic environment as unfamiliar with a lack of guidance and orientation while they learned their teaching roles. The lack of guidance and orientation forced the novice nurse educators to learn to teach by trial and error on the job.   In addition, participants expressed that they used past experiences as nurses and students to guide their practice as nursing instructors.   Effective teaching methods used by participants' past nursing instructors were implemented by them to teach their own students.

Subsequent studies by Dempsey (2007) and Diekelmann (2004) are consistent with findings by Scalan (2001) and Siler and Kleiner (2001).   Dempsey (2007) conducted a descriptive study at a four-year institution with six participants who previously worked as nurses in practice prior to starting as clinical instructors.   Dempsey (2007) conducted semi-structured interviews to explore participants' experiences as they transitioned to their role as part-time clinical instructors.   Adding to the research, Dempsey (2007) concluded that participants had negative experiences in which they felt feelings of low self-confidence, frightened, daunted, and stressed about the ability to perform in their new role successfully.   However, participants felt their master's level education did not adequately prepare them for the skills and knowledge needed in their new role as a clinical instructor (Dempsey, 2007).   As compared to Dempsey (2007), Diekelmann (2004) had similar findings in a narrative study of 12 participants at a four-year institution.   In addition, participants also expressed that learning roles,

responsibilities, and teaching skills seemed to build on their nursing practice knowledge and experiences to make them more effective teachers (Diekelmann, 2004).

Research has discovered that some nurses experienced a struggle with feelings of role ambiguity, anxiety, and/or stress because they lacked knowledge on different skills, roles, and responsibilities necessary to teach at four-year institutions as compared to skills and knowledge needed to work in clinical practice. Some nurses believed that a lack of guidance, education on pedagogical skills, support from other faculty, and orientation on roles and responsibilities while learning their teaching roles hinders their role transition process. Other nurses described how they teach by trial and error, while some used their past nursing practice experiences while teaching students, and past experiences as nursing students as a resource to guide for teaching their students in academia. In addition, some nurses felt that their education in their Master of Science in Nursing programs did not prepare them enough for their new role as part-time clinical instructors.

The literature on role transition for part-time nursing faculty at four-year institutions has been well researched. A majority of it is qualitative and descriptive in nature, leaving a gap for more quantitative study of this population. Furthermore, all of this research took place at four-year institutions, yet the use of part-time faculty is a more prevalent practice at two-year institutions (National Center of Education Statistics, 2012). Therefore, the literature as it exists has a blind spot when it comes to understanding the role transition of part-time nursing faculty at community colleges.

Professional Identity

Part-time nursing faculty establish another professional identity similar to and different from their clinical practice professional identity. Several similar definitions for professional identity exist in the literature. Trede, Macklin, and Bridges (2012) defined three aspects of professional identity. First, while establishing professional identity, a person starts to develop knowledge, sets of skills, ways of being, and values that approach being identical to those held by other members of the profession. Second, a person becomes significantly different to those who are not part of one's profession. And, third, a person identifies oneself with one's profession (Trede et al., 2012). Similarly, Paterson, Higgs, Wilcox, and Villenuve (2002) described professional identity as "the sense of being a professional" (p. 6) and "a self-image which permits feelings of personal adequacy, satisfaction, and performance of the expected role" (p. 6). Higgs (1993) believes that professional identity occurs for an individual when he or she develops the attitudes, beliefs, behaviors, knowledge, and skills that support the roles and responsibilities of being that professional. In addition, use of professional development, critical self-evaluation, and self-directed learning by an individual can be essential in developing his professional identity (Paterson et al., 2002).

The construction of professional identity in one's occupation or vocation also involves a socialization process and a series of strategies and mechanisms through which individuals develop forms of self-perception, self-understanding, and self-definition as members of an occupational or professional group (Johnson, Corwin, Wilson, & Young, 2012; Kleinman, 1981; Pratt, Rockmann, & Kaufmann, 2006). Similar definitions for professional identity exist throughout the literature. However, for this present study

professional identity is defined as "...being a person in the world, who one experiences being, and how one relates to and wants to be experienced by others" (Illeris, 2014, p. 1). In addition, identity is created, developed, and changed through learning - which all takes place in the interplay with the individual's innate dispositions, such as the learner's characteristics, interactions, incentive, environment, present and past experiences that are integrated into the learning processes and thereby can influence the learning as well as the identity (Illeris, 2014).

Professional identity of higher education faculty. Literature and research has focused on how full- and part-time faculty across academic fields in higher education viewed the development of their professional identities.   Yet, the professional identity of full- and part-time community college faculty is different from that of faculty working at research institutions and other four-year institutions (Cohen et al., 2014; Levin et al., 2006).   Unlike faculty at research universities and four-year institutions who may possess a professional identity distinct from their institutions because of their focus on research and scholarly activity, the professional identity of faculty at community colleges is tied more to their college's goals, purpose, and mission (Cohen et al., 2014; Levin et al., 2006).   Community college faculty are generally more focused on effective student teaching and learning, and considered experts in their professional fields outside of teaching (Cohen et al., 2014; Levin et al., 2006).   While in the classroom and academic setting, community college faculty perceived themselves as having the professional identity of a teacher.   In addition, many part-time faculty concurrently work in practice outside of higher education.   However, some part-time faculty can feel undervalued

24

outside the classroom and not a part of the institution (Cohen et al., 2014; Levin et al., 2006).

For example, Levin and Hernandez (2014) completed a qualitative study using an interpretative approach. Data collection involved semi-structure interviews with 14 part-time faculty at three different community colleges. They discovered that part-time faculty at several community colleges had conflicting views on their professional identity viewing themselves simultaneously as professionals and lacking professional status as teachers. In the classroom, part-time faculty viewed themselves as experts in the translation of their specialized disciplinary content into less complex content and as members of the teaching profession (Levin & Hernandez, 2014). Also, part-time faculty experienced feelings of self-value and self-efficacy with autonomy (Levin & Hernandez, 2014). Outside the classroom, part-time faculty's professional identity changed as they viewed themselves as undervalued because of their working conditions (i.e., low salaries, extended periods of work, excessive workloads, no physical space allotted to them on campus, and limited or nonexistent participation in departmental and institutional matters) (Levin & Hernandez, 2014). In addition, participants aligned more with their professional identity compared to their instructor identity (Levin & Hernandez, 2014). Full- and part-time faculty at public community colleges generally focus on the college's goals, purpose, and missions, while providing effective teaching experiences for their students (Cohen et al., 2014; Levin et al., 2006). Faculty at community colleges seem to develop their professional identity as faculty while teaching their students, however, while out of the classroom, part-time faculty associate themselves more with their identity in their area of practice rather than as faculty in academia (Levin &

Hernandez, 2014).   In addition, many part-time faculty feel undervalued as compared to full-time faculty because they are less updated and involved as compared to full-time faculty on department or institution decisions (Cohen et al., 2014; Levin & Hernandez, 2014).

The literature on professional identity formation for full- and part-time faculty has been well examined and focused on part-time faculty across various academic disciplines at four- and two-year institutions.   However, the literature is lacking when it comes to understanding the professional identity formation of part-time nursing faculty at community colleges.

Professional identity of nurses. Unlike many other professionals, nurses have the opportunity to work in several areas of practice, such as a researcher, clinician, educator, and administrator.   As a result, nurses' professional identities can vary based on their area of practice, and they can associate themselves with more than one identity at a time while working in more than one role (Jennings & Rogers, 1988; Johnson et al., 2012).

Through a literature review, Johnson et al. (2012) concluded that some nurses developed their professional identity as nurses because of their socialization, self-concept development, education, and skills that separate them from lay people.   Self-concept is defined as how nurses see their attributes (as a social, physical, and cognitive person), feel, and think about themselves, thereby including the multiple selves of awareness, esteem, and confidence (Johnson et al., 2012).   The pathway to formation of the professional identity of nurses commences throughout their lifetime prior to entry into nursing education with potential students holding values and beliefs about the profession,

which may or may not be a true reflection of the discipline (Johnson et al., 2012).

Second, through educational experiences within teaching or clinical experiences, nurses

as students are further socialized into the shared values and attributes of the profession

and engage with these to either reinforce or advance their identity or challenge it

(Johnson et al., 2012).   The role that mentors and teachers play may be substantial in a

positive way.   Finally, nurses undergo constant reshaping of professional identity,

enduring challenges of technology, roles, and education throughout their nursing careers

as they change areas of practice and can hold more than one professional identity at a

time if they simultaneously work in more than one practice area (Johnson et al., 2012).

        In 2011, Fagerberg and Kihlgren conducted a qualitative longitudinal study of 27

nursing students and 19 nurses to understand how nurses experience the meaning of their

identity as nurses, as students, and two years after graduation.   Data collection and

analysis was completed with participants using semi-structured interviews and journaling.

Fagerberg and Kihlgren (2011) found that the context in which nurses work, receive their

initial nursing education, and ongoing education is important for the development of their

knowledge, skills, expertise, and resulting identity as nurses.   However, interactions with

nursing colleagues and their patients was also important in assisting nurses in the

development of their identity.   Nurses' initial academic education, ongoing professional

development, and interactions with patients and other faculty appear to impact the

development of their instructor identities.

        Adding to the research on self-concept and professional identity of nurses, the

nursing profession is strongly associated with the concept of caring, both by the public

and nurses themselves.   Nurses believe that their primary responsibility as nurses is to

perform nursing care for patients and to ensure their well-being (Dahlborg-Lyckhage &

Pilhammar-Anderson, 2009; Huffstutler et al., 1998; Fagermoen, 1997).   For example,

Fagermoen (1997) completed a qualitative study with interviews and focus groups on 100

nurses to identify the values underlying nurses' professional identity as expressed by

what is meaningful in nurses' work.   Fagermoen (1997) found that the value of altruism

or care for the patients' health and well-being appeared to be an overriding value for

participants; a moral point of view on which they based their practice.   Caring for their

patients and managing their patients' health care needs is seen by nurses as a main role

and responsibility of their nurse identity.

Nursing identity is built through a socialization process over a career; but the

literature has demonstrated that it is also fluid and dependent on the context and area of

practice, often resulting in multiple identities.   Similar to other professionals, nurses

develop their identity through a socialization process that involves learning the skills,

roles, responsibilities, values, attributes, and self-perceptions associated with the

profession; and by interacting with other individuals in their workplaces.

The literature has been well researched on the professional identity formation for

nurses working in different areas of practice, including four-year institutions.   However,

the literature is lacking when it comes to understanding the professional identity

formation of part-time nursing faculty at community colleges.   Therefore, by

understanding the professional identity development process for these faculty, support

and resources can be provided to assist them in the process.

Professional identity of nurses as faculty.   Several studies explored how nurses

developed a sense of professional identity as instructors while they experienced their role

transition as nurses in clinical practice to part-time nursing instructors at four-year

institutions. MacNeil (1997) conducted an ethnographic study with 15 part-time nursing

faculty at a four-year institution, and found that the identity of self as a nurse developed

over time and became under threat as a nurse began the transition to working in the

teaching role as a clinical instructor. Some nurses experienced a feeling of anxiety and

uncertainty during this transition time due to feelings of inadequacy with their teaching

skills and to begin with verbalized having two identities - a nurse and a clinical instructor.

Over time, once fully integrated into their teaching role, the nurses identified more with

their clinical instructor identity (MacNeil, 1997). However, those that continued to work

in practice and higher education were able to identify with both identities, as a nurse and

clinical instructor (MacNeil, 1997). Participants expressed that as clinical instructors it

was necessary for them to learn new teaching skills, roles, and responsibilities different

from what is needed in their role as nurses to facilitate their role transition and clinical

instructor identity developments (MacNeil, 1997).

Boyd and Lawley (2009) completed a case study approach with nine nurses who

continued to work in clinical practice while also working as clinical instructors at one

four-year institution. Similar to MacNeil's (1997) findings, the nurses generally found

their transition into higher education challenging and confusing because of the need to

learn new skills, roles, and responsibilities. However, unlike MacNeil's results, Boyd

and Lawley (2009) found that the nurses' new challenging and confusing experiences as

instructors tended to encourage them to hold on to existing identities as nurses in practice

rather than embrace new identities as instructors since they were more comfortable with

their nurse identities.

29

Furthermore, other researchers discovered that learning pedagogical skills and, new roles and responsibilities while interacting with students and faculty at four-year institutions was important for nurses' successful role transition and professional identity development as clinical instructors (Anderson, 2009; Ramage, 2004; Schoening, 2013). Ramage (2004) described the transition as "negotiating multiple roles" (p. 288). In addition, through a process of "dissembling the self" (p. 288) from the nursing practice identity through clarifying new ways of being and "realizing the self" (p. 289) through reciprocal interpersonal activity with students, education on pedagogical skills, and interaction with nursing colleagues, part-time nursing faculty form the new identity as an instructor. In other words, participants expressed that learning new roles and responsibilities associated with the instructor role and learning pedagogical skills while interacting with students and other faculty was vital to their instructor identity development.

Through a grounded theory study of 14 full-time and part-time faculty at one four-year institution, Schoening (2013) developed the Nurse Educator Transition model. Schoening's (2013) findings, although similar to Ramage's (2004) results, differed and were significant because four phases of the role transition process emerged that nurses progress through while developing their identity as instructors: (a) the Anticipatory/Expectation, (b) Disorientation, (c) the Information-Seeking, and (d) the Identity Formation. Before participants began their role transition, they expressed many positive feelings and looked forward to starting as an instructor (Anticipatory/Expectation Phase). After participants began in their teaching roles, they expressed feelings of role ambiguity by describing feelings of anxiety, and a lack of knowledge on skills, roles, and

responsibilities to work in their role as instructors (Disorientation Phase).   Next, participants pursued methods to learn about teaching skills, roles and responsibilities needed to work in their role as clinical instructors through resources and assistance from other faculty (Information-Seeking Phase).   Lastly, through time, learning teaching skills, roles, and responsibilities participants expressed development of their professional identity as clinical instructors (Identity Formation) (Schoening, 2013).   Understanding the phases that nurses progress through during their role transition and instructor identity development can provide guidelines for administrators and other faculty to assist and support these nurses to be successful in their transitions.

Anderson (2009) had similar findings as Schoening (2013) and Ramage (2004) in a descriptive exploratory study with 18 part-time nursing faculty at 14 four-year institution nursing programs.   However, Anderson's (2009) study was significant in that it described the work-role transition experienced by nurses transitioning to their teaching role as having six patterns of commonality, termed the "sea of academia" (p. 203). Unlike Schoening's (2013) and Ramage's (2004) findings, the process is unique for each nurse in that each does not progress through the path at a linear fashion and at the same time, and may return to previous levels before progressing further to the final result of identity development (Anderson, 2009).   The work-role transition process is complex, with multiple patterns and potential paths for participants (Anderson, 2009).   Anderson (2009) defined the work- role transition process as, "…the human experience associated with entering a new community of practice.   It is a dynamic, developmental process with associated emotional work, critical tasks, and a diffusion through role boundaries to assume the new identity, values, and knowledge base of the new role" (p. 203).

Anderson's (2009) results support that nurses have common and uncommon experiences as they complete their role transition to their identity as clinical instructors supporting the need to consider that each nurse experiences an individual process.

The literature has been extensively examined on the role transition process and professional identity development experienced by full- and part-time nursing faculty at four-year institutions.   Nurses experience a complex and individual process with each following a different path and requiring different amounts of time to complete and establish their instructor identity, rather than each experiencing a common process. Furthermore, integral to their role transition and establishment of their professional identity as clinical instructors, part-time nursing faculty across higher education feel that learning pedagogical skills, new roles and responsibilities, engaging in professional development, and interacting with nursing colleagues and students is necessary, but little of this research focuses on the experiences of community college part-time nursing faculty.   The community college environment is different than that of four-year institutions, so the role transition process and identity formation for nursing faculty at community colleges may occur differently, but this is unknown without research. Therefore, further research must be completed to explore if community college part-time nursing faculty experience a similar role transition process and acquire their professional identity as four-year institution part-time faculty experience found in previous research.

Orientation and Professional Development Programs

Nearly all four-year and two-year institutions have some type of general overall orientation programs for new full- and part-time faculty, but tend to only hold regular professional development activities for full-time faculty (Bell-Scriber & Morton, 2009;

Green, 2007; Cohen et al., 2014).   Yet, a larger percentage of part-time faculty versus full-time faculty teach at two-year institutions (National Center of Education Statistics, 2012).   Therefore, it is imperative that institutional leaders at two-year institutions provide orientation and professional development opportunities for part-time faculty to promote retention and maintain quality education programs (Green, 2007; Cohen et al., 2014; Bell-Scriber & Morton, 2009).   The literature presents recommended content specific for all part-time faculty at two-year and four-year institutions, since they lack knowledge on promotion of effective student learning.   This content includes topics such as institutional mission, organizational structure, service to students, academic values, use of technology, faculty roles, student diversity, assessment, administrative policies and procedures, and promotion of effective student learning (Green, 2007; Wallin, 2007; Cohen et al., 2014).

Furthermore, several established programs for part-time nursing faculty at four-year institutions were discovered based on best practices, research, and assumptions of administration and other nursing faculty about what pedagogical skills part-time faculty need to learn, and not based on the participant's self-perceptions of the pedagogical skills they perceived necessary to learn (Bell-Scriber & Morton, 2009; Boyden, 2000; Hewitt & Lewallin, 2010; Morin & Ashton, 2004).   However, the literature is lacking in recommended content for similar programs specific to part-time nursing faculty at two-year institutions.   Yet, a larger percentage of part-time nursing faculty versus full-time nursing faculty teach at two-year institutions (National Center of Education Statistics, 2012).

Components of the Programs

Several of the part-time nursing faculty orientation and professional development programs at four-year institutions include enrollment in formal mentoring programs to assist part-time nursing faculty with their orientation and role transition from the expert clinicians to teachers (Bell-Scriber & Morton, 2009; Cangelosi, Crocker, and Sorrell, 2009; Peters & Boylston, 2006; Robinson, 2009; Smith & Zsohar, 2007). Benner (2001) completed a significant descriptive study of 1200 nurses using interviews and surveys and concluded that as nurses move from a known area of practice, where they have gained experience and expertise, to a new area of practice in which they have little or no experience or expertise, they become novices again. Nurses must progress through five levels of development that include: (a) Stage 1: Novice; (B) Stage 2: Advanced Beginner; (c) Stage 3: Competent; (d) Stage 4: Proficient; and finally (5) Stage 5: Expert (Benner, 2001). As a nurse transitions from being an expert clinician to being a teacher in nursing education, they must gain experience and education needed to feel and be recognized as an expert (Benner, 2001). Progressing through these stages is an individual process with most nurses requiring two to three years of work in the same clinical practice area in order to reach Stage 3 and several more years to reach Stage 5 (Benner, 2001). The mentor is an experienced teacher who is assigned to a novice for the purpose of providing coaching, psychological support, and assisting with individualized scholarly and professional development of the part-time nursing faculty member (Bell-Scriber & Morton, 2009; Cangelosi et al., 2009; Peters & Boylston, 2006; Robinson, 2009; Smith & Zsohar, 2007). Enrollment in a formal mentoring program

can be critical to supporting and facilitating a nurse's successful role transition from expert clinician to an instructor in higher education.

Additional recommended content for programs at four-year institutions includes orientation and education on the school of nursing's philosophy and mission, the program's curriculum, teaching roles and responsibilities, pedagogical skills (use of objectives and outcomes, teaching methods, assessment and evaluation); use of technology (learning management systems, technology, email); nursing and learning theories, clinical policies, procedures, and selecting clinical assignments; and available educational resources (Bell-Scriber & Morton, 2009; Boyden, 2000; Hewitt & Lewallin, 2010; Morin & Ashton, 2004). In addition, in other programs education on how to mentor students, as well as motivate and deal with difficult students was included (Bell-Scriber & Morton, 2009; Boyden, 2000).

Based on a review of the literature, Robinson (2009) proposed a new theoretical framework for use in orientation programs at four-year institutions for part-time nursing faculty called the Sessional Clinical Educator Competency (SCEC) Framework. The five essential competency categories of the SCEC framework are: (a) teaching and clinical competency; (b) communication, interpersonal, and professional relationships; (c) assessment and evaluation; (d) leadership and administration; and (e) professional development and scholarship (Robinson, 2009). Similar to other recommendations for orientation and professional development programs for part-time nursing faculty at four-year institutions, the use of this framework does not consider the participating part-time nursing faculty's perceptions of the pedagogical skills they need to learn to be effective

35

clinical instructors and assist them in their role transition process.   Faculty may identify

similar and different learning needs because of their past learning experiences.

An extensive search of the literature found several established programs at four-

year institutions based on best practices, research, and assumptions of administration and

other nursing faculty about what pedagogical skills part-time nursing faculty need to

learn, and not based on the participating part-time faculty's self-perceptions of the

pedagogical skills they need to learn as clinical instructors.   In addition, the literature is

lacking in recommended content for similar programs specific for part-time nursing

faculty at two-year institutions.   Therefore, further research is needed to explore the

needs and perceptions of community college part-time nursing faculty to assist them in

successfully transitioning to their clinical instructor identities.   Research results could be

used to develop individualized orientation and professional development programs to

assist community college part-time nursing faculty in being successful in their new roles.

Professional Development on Transformation of Nursing Education

In recent years, the focus in health care has centered on promoting patient safety

and quality care leading to positive patient outcomes.   This health care trend lead to a

study completed by Benner, Sutphen, Leonard, & Day (2010) who concluded that two-

year and four-year institution nursing programs must provide opportunities and resources

for professional development of their full- and part-time faculty on concepts included in

the Transformation of Nursing Education movement.   Benner et al. (2010) completed a

nursing study included in a series of studies on various other disciplines known as the

Preparation for the Professions Program, supported by the Carnegie Foundation for the

Advancement of Teaching.   The Carnegie Foundation studies comprise a series of

studies on professional education in law, clergy, engineering, medicine, and nursing. The purpose of the studies are to research the significant pedagogies of professional education, compare and contrast education methods, and determine how to educate for both competence and integrity, how to educate for professional judgment, and how to teach complex skills (Benner et al., 2010).   The nursing study completed by Benner et al. (2010) occurred at nine nursing programs at community colleges and universities using an ethnographic, interpretive, and evaluative design.   Data collection strategies comprised of classroom observation, observation of students engaged in clinical practice, a syllabus interview, and a student and faculty interview for two selected major courses in each nursing program's curriculum.   The researchers completed interviews with faculty, administration, preceptors, individual students, and student focus groups, and used three web-based surveys of nursing faculty and nursing students conducted in collaboration with the National League for Nursing, the American Association of Colleges of Nursing, and the National Student Nurses' Association to further support the validity and reliability of their findings (Benner et al., 2010).

Based on analysis of the study's findings, Benner et al. (2010) concluded that a Transformation of Nursing Education must occur due to the changes in the health care system over the last several years in order to provide quality nursing care through nursing education.   Profound changes in the health care system that involve technology, science, patient activism, the health care nature and settings, and a market-driven health care system have impacted nursing practice (Benner et al., 2010).   Increasingly, nursing programs need to prepare nursing graduates to practice safely, accurately, compassionately, focus on achievement of positive patient outcomes in a variety of

practice settings, and continue life-long learning (Benner et al., 2010). A combination of factors, such as a lack of basic teacher preparation in graduate nursing schools and limited professional teaching development and experience decreases the effectiveness of nursing faculty in promoting effective student learning and meeting these needs for a radical transformation of nursing education (Benner et al., 2010). Therefore, administrators at nursing programs must provide and support ongoing professional development for their entire nursing faculty, full- and part-time, on various pedagogical skills to promote effective student learning such as teaching methods, assessment and evaluation, coaching students, and use of simulation (Benner et al., 2010). Other important pedagogical skills faculty need to learn include how to facilitate clinical reasoning and judgment in their students, the importance and use of preclinical preparation and post clinical conferences; and articulating experiential learning in the lab, classroom, and clinical settings (Benner et al., 2010). In addition, faculty must be provided resources to stay clinically competent (Benner et al., 2010)

The development of the Institute of Medicine Five Core Competencies also occurred because of the increased emphasis in health care on patient safety, quality care, and good patient outcomes (Finkelman and Kenner, 2012). Findings and recommendations are similar to that of Benner et al. (2010). Full-time and part-time nursing faculty must receive professional development on how to teach nursing students competencies that include how to provide patient-centered care, work on interprofessional teams, employ evidence-based practice, apply quality improvement, and utilize informatics in nursing practice and health care systems (Finkelman and Kenner, 2012).

In recent years, health care has been changing causing a need for all nursing programs to make changes in their curriculum. Therefore, professional development of all nursing faculty on concepts included in the Transformation of Nursing Education and the Institute of Medicine Five Core Competencies must be provided so that the faculty can incorporate the content into the curriculum, clinical and theory courses. All nursing faculty have a responsibility to teach this content to nursing students so that students graduate with the ability to give safe competent nursing care leading to good patient outcomes.

Assessment of Pedagogical Skills and Professional Development Needs

Adult learning theory supports the need for nursing program leaders to involve part-time faculty in the assessment and planning of their initial and ongoing professional development, including the pedagogical skills, roles, and responsibilities they need to learn in their role as part-time faculty at two- and four-year institutions. Knowles' (1984) andragogy describes adults as self-directed learners and the importance of allowing adults to participate in determining their learning needs, formulating goals, planning and implementing their learning experiences, and evaluating their learning experiences. A learning environment must be established that includes warmth, mutual respect, caring, trust, and informality (Knowles, 1976). Adults have life experiences that can serve as a resource for further learning; however, a sequence of learning experiences should be developed that takes into account both group similarities and individual differences (Knowles, 1976, 1984). In addition, adults are internally motivated to learn based on their need to learn something, and their need to learn may be related to their current or future social roles (Knowles, 1976, 1984). Teaching methods must be used

with adults that allow active learning (Knowles, 1976, 1984), therefore, part-time nursing faculty must be involved in identifying their need to learn roles, responsibilities, and pedagogical skills; planning experiences, and evaluating their learning that will assist them in transitioning into their clinical instructor role. However, individual faculty may also perceive similar and different needs as compared to other faculty for learning, and this must be considered when developing orientation and professional development programs for faculty. In addition, administrators and other faculty at nursing programs must provide supportive learning environments for the faculty that are conducive to learning.

Research concludes that it is necessary to assess part-time nursing faculty's perceptions of the pedagogical skills and professional development they need to guide the content of orientation and professional development programs that will assist the faculty in their role transition process (Baker, 2010; Davidson & Rourke, 2014; Forbes et al., 2009; Meixner, Kruck, & Madden, 2010). The findings on what part-time nursing faculty at four-year institutions perceive they need to learn for their roles has been consistent (Baker, 2010; Davidson & Rourke, 2014; Forbes et al., 2009; Meixner et al., 2010), but there is a lack of similar research on part-time nursing faculty working at community colleges. Furthermore, recommendations have not been given on the need to consider individual needs when planning faculty professional development programs. Faculty should be actively involved in assessment of their own learning needs and planning learning activities to meet those needs. Individuals may have similar and different identified learning needs as compared to other members of their group which is supported by adult learning theories, such as Knowles' (1984) andragogy.

40

Meixner et al. (2010) completed a qualitative on-line survey of the experiences of 85 part-time nursing faculty (70% completion rate) at one four-year institution, three core themes emerged related to participants' perceived learning needs based on their overall past teaching experiences. One theme described communication barriers, such as feelings of isolation from the department and university, email dysfunction, physical space constraints, and receiving important information. An important subtheme emerged that supports mentoring as a method to decrease communication barriers (Meixner et al., 2010). The second theme discussed a lack of knowledge on how to promote student engagement and learning, and quality of work-life integration (Meixner et al., 2010). Finally, a third theme indicated that faculty identified the need to develop teaching skills such as use of technology, teaching strategies, course planning strategies, and motivating students (Meixner et al., 2010). However, Meixner et al. (2010) did not explore whether or not any of the participants identified individual needs that may be different from other participants' needs. This is problematic or necessary because individuals may identify similar and different pedagogical skills they need to learn for their role as instructors.

Similar findings were found in a qualitative study of 132 part-time nursing faculty at one four-year institution by Forbes et al. (2009). Data collection involved the use of a survey mailed to potential participants (return rate of 75%) that required brief narrative responses. Participants identified several obstacles to their teaching role including a lack of resources, teaching materials, dealing with student issues, knowledge of teaching strategies and curriculum, and a lack of communication contributing to feelings of isolation that included inconsistent messages leading to feelings of role ambiguity (Forbes et al., 2009). Several participants also expressed the need for a "go-to-person"

41

to ask questions pertaining to their teaching roles and responsibilities.   Unlike the findings by Meixner et al. (2010), respondents indicated a need for more adequate orientation stressing written guidelines, materials, and help from full-time faculty (Forbes et al., 2009).   Research findings are consistent for part-time nursing faculty's perceptions of their professional development needs who teach at four-year institutions.

Some studies have compared full- and part-time nursing faculty's perceptions of their learning needs at multiple four-year institutions.   Kelly (2006) used a descriptive study to explore the role of 134 clinical nursing faculty. The sample consisted of 82% full-time and 18% part-time clinical faculty from 41 baccalaureate nursing programs. Kelly (2006) concluded that full- and part-time faculty had similar needs in that they identified knowledge of evaluation methods, teaching methods and strategies, and learning theories as important to their role preparation in order to facilitate student learning and be an effective clinical instructor.   McDonald (2009) had similar conclusions in a literature review; however, unlike the results of Kelly's work (2006), full- and part-time faculty also identified the need for a mentor or other experienced faculty member to assist them with their orientation to their teaching role.   Both Kelly (2006) and McDonald (2009) recommend that administrators and faculty at four-year institution nursing programs develop orientation and professional development programs for part- and full-time faculty specific to the institutions to assist nurses in the transition to their teaching roles.

The literature also includes research in which faculty and administrators at four-year institutions have completed formal learning needs assessments on their part-time

nursing faculty to determine what the faculty feel they need to learn in their role as a clinical instructor to be successful and facilitate student learning. The results of the assessments have been used to develop and evaluate orientation and professional development programs for the faculty. A quantitative research study by Davidson and Rourke (2012) assessed the orientation needs of 44 (16% response rate) new part-time nursing clinical instructors at one four-year institution's nursing program that they feel are necessary to be successful. An existing validated learning needs instrument was modified and administered online. However, the researchers did not include reliability or validity data on the instrument. Respondents identified five essential learning needs for nursing clinical instructors that were used to develop orientation and professional development programs for part-time nursing faculty at the four-year institution. These needs included: (a) basic orientation needs, tools, and resources (such as accessing and using program website and intranet, email and instructional software) (84%); (b) clinical policies and procedures (100%); (c) curriculum content and teaching strategies (80%); (d) simulation technology (90%); and (e) student learning outcomes and objectives, evaluation of student learning (80%) (Davidson & Rourke, 2012). Baker (2010) in a review of the literature discussed similar findings at other four-year nursing programs; however different from Davidson and Rourke's (2012) conclusions, part-time nursing faculty also expressed the necessity to learn how to handle student issues, the accreditation and approval process, to maintain professional boundaries outside of the classroom, and student retention/remediation strategies further supporting the need to complete formal learning needs assessments on faculty to use as a guide in planning their orientation and professional development programs.

One nursing program at a four-year institution used simulation to teach clinical faculty important and necessary pedagogical skills to use in teaching their students. The content for the simulations was based on the researchers' assessment of what the clinical faculty perceived they needed to learn to facilitate effective student learning. Krautscheid et al. (2008) described a program of using teaching simulations to prepare one four-year institution's clinical nursing faculty for their teaching roles. In a qualitative study with the use of focus groups, researchers determined clinical nursing faculty's perceptions of the pedagogical skills they need to learn in order to promote effective student learning. Clinical faculty reported that they felt it was necessary to "…learn how to capitalize on teaching moments, apply evidence-based teaching, provide performance feedback constructively, and adapt teaching to match varied student learning needs" (Krautscheid et al., 2008, p. 432). Based on the study's findings, Krautscheid at et. (2008) developed a 3-hour faculty development program with use of simulation that allowed clinical faculty to learn and practice their teaching skills. The faculty described the simulation as a powerful and safe strategy to enhance their ability to facilitate effective student learning in a clinical setting, further supporting the need to develop and evaluate professional development programs based on assessment of the nursing faculty's perceived learning needs.

Assessment findings have been fairly consistent as to the perceptions of part-time nursing faculty teaching at four-year institutions on what pedagogical skills they need to learn in order to successfully transition into their teaching roles and be clinical instructors that facilitate effective student learning (Baker, 2010; Davidson & Rourke, 2014; Forbes et al., 2009; Meixner et al., 2010), but this literature is limited. Recommendations for

orientation and professional development programs based on analysis of the participant's

individual needs to complete the role transition process and establish a clinical instructor

identity has not occurred, rather programs have been developed based on the overall

group needs assessments. The process for role transition and instructor identity

development is a complex and individual process and experience for nurses. Adult

learning theory supports the need for nurses to be involved in assessing their learning

needs and planning learning experiences to meet those needs while transitioning to their

instructor identities. Furthermore, research to explore community college part-time

nursing faculty's perceptions is lacking.

In addition, given the importance professional identity formation in the role

transition process, further research is needed to explore if part-time nursing faculty at

community colleges develop their professional identity as part-time clinical instructors as

a result of learning experiences, such as learning their roles and responsibilities, and

pedagogical skills they believe promote effective student learning during their role

transition process. Transformative learning theory may be used as a theoretical

framework to explain the learning experiences of faculty as they transition from their role

as nurses in practice to their identity as part-time clinical instructors in the community

college setting.

Transformative Learning Theory

Transformative Learning is a concept and theory positing how adults learn in

different circumstances, such as in the community, workplace, and higher education

(Dirkx, 1998; Illeris, 2014; Taylor, 2009). The concept of Transformative Learning was

launched in 1978 by Jack Mezirow (2009) and has been elaborated on throughout the

years by Mezirow and other individuals (Dirkx, 1998; Illeris, 2014; Mezirow, 2009; Taylor, 2009).   It involves something more and different than the acquisition of new knowledge and skills in the traditional academic setting, it also includes changes and transformations in the learner's general experience and behavior (Illeris, 2014; Mezirow, 2009; Taylor, 2009).

Mezirow (2009) defines Transformative Learning as a process in which individuals make meaning about their experiences through critical self-reflection. Transformative Learning involves the process of using a prior interpretation to construe a new or revised interpretation of the meaning of one's experience to guide further action and behavior (Mezirow, 2009).   In addition, the process involves 10 steps leading to a new perception of the world; however, not all steps are required to experience transformative learning (Mezirow, 2009).   These steps include (a) a disorienting dilemma; (b) self-examination; (c) recognition that one's discontent and the process of transformation are shared and that others have negotiated a similar change; (d) exploration of options for new roles, relationships, and actions; (e) a critical assessment of assumptions; (f) provisional trying of new roles; (g) planning of a course of action; (h) acquisition of knowledge and skills for implementing one's plans; (i) building of competence and self-confidence in new roles and relationships; and (j) a reintegration into one's life on the basis of conditions dictated by one's new perspective (Mezirow, 2009).

Use of Mezirow's 10 steps leading to the process of Transformative Learning occurring in college students is supported in the literature.   A quantitative study completed by Brock (2010) of 256 undergraduate business school students concluded that

all 10 precursor steps needed, to some extent, be present for Transformative Learning to take place, however, critical self-reflection was key to the process. King (1997) completed a mixed methods study on undergraduate students enrolled in evening undergraduate school business courses with similar findings. Cragg, Plotnikoff, Hugo, and Casey (2001) had similar findings as King (1997) and Brock (2010) from a quantitative study on graduate nursing students, however, the students' values also had a positive impact on their learning. Morroco, Kaiser, and Neal-Boyen (2014) concluded that the use of Mezirow's Transformative Learning theory as a theoretical framework fostered a learning environment that promoted student involvement and meeting the needs of graduate nursing students through the use of podcasting that provided students greater flexibility in obtaining knowledge asynchronously at their own pace. Research has demonstrated that Mezirow's Transformative Learning theory can be used as a framework to explore the learning experiences of college students and full- and part-time nursing faculty as they transition into their teaching roles at community colleges.

Faculty Orientation, Professional Development, and Role Transition

Transformative Learning theory has been used to help explain the learning and role transition process experienced by full- and part-time faculty in their community college environments. One study completed by Cranton (2009) described the use of Mezirow's Transformative Learning theory as a framework for an instructor development program used at the New Brunswick Community College system. New full- and part-time faculty enrolled in this program to provide assistance with their orientation and transition into their roles as faculty. Prior to beginning as faculty, these individuals worked in trades, technologies, and the hospitality industry. Faculty are required to

47

participate in the planning of topics and educational activities based on their identified

learning needs.   Based on and central to Mezirow's theory (2009), faculty participate in

learning activities designed to stimulate critical self-reflection and self-evaluation.   Each

faculty member's transformative learning experience is unique as they transition into

their teaching role (Cranton, 2009).   Research has concluded that Transformative

Learning theory may be used as a guide to better understand the learning experiences and

role transition process that occurs for full- and part-time faculty at community colleges so

that support and resources can be provided for these faculty to facilitate their successful

transition into their faculty roles.

Yet, research is limited on the use of Transformative Learning theory as a

framework to explore the learning, role transition, and professional identity development

experienced by part-time nursing faculty as they transition from clinical practice to

academic instructors.   Only one study was found that focused on part-time nursing

faculty and used Mezirow's Transformative Learning theory as a theoretical framework.

West et al. (2009) conducted a qualitative study on one four-year institution's part-time

nursing faculty (n = 28) through the use of focus groups as they transitioned from their

role as nurses working in clinical practice to their roles as part-time nursing instructors.

West et al. (2009) found that part-time nursing faculty are clinically competent in their

nursing specialty, but lacked education regarding needed pedagogical skills to promote

effective student learning such as teaching methods, teaching strategies, and curriculum

development.   Part-time nursing faculty indicated that it was important for them to learn

certain pedagogical skills needed as clinical instructors that promotes effective student

learning.   In addition, they felt that self-reflecting on their learning of certain

pedagogical skills resulted in their transformation into the role of a clinical instructor able to facilitate student learning (West et al., 2009), indicating that understanding transformative learning among part-time nursing faculty may provide insight into how the development of a clinical faculty identity occurs. Transformative Learning Theory can be used to explain the role transition process experienced by part-time nursing faculty because their experiences involve learning roles, responsibilities, and pedagogical skills necessary for their clinical instructor identities

Illeris' Transformative Learning and Identity Theory

Illeris' (2014) Transformative Learning and Identity theory extended Mezirow's Transformative Learning theory by concluding that an individual's learning contributes to the process of changing the individual's identity. Illeris (2014) defines Transformative Learning as all learning that implies change in the identity of the learner. Illeris (2014) defines the concept of identity as "...identity is about being a person in the world, who one experiences being, and how one relates to and wants to be experienced by others" (p. 1). Identity is created, developed, and changed through learning - which all takes place in the interplay with the individual's innate dispositions, such as the learner's characteristics, present and past experiences that are integrated into the learning processes and thereby can influence the learning as well as the identity (Illeris, 2014). For example, a nurse's past practice experiences and previous learning can influence the learning process of the nurse as the nurse learns the new roles and responsibilities necessary to work in the faculty identity. The nurse also identifies with the identity of a nurse or faculty member based on how the nurse views oneself or perceived by others.

As shown in Figure 1, Illeris (2014) defines the basic structure of learning for an individual as including two processes, interaction and acquisition; three dimensions (i.e., content, incentive, and interaction); and superior situatedness (society). As indicated by the two directional arrows, the two processes of interaction and acquisition, must be active and take place at the same time if learning is to take place. In Figure 1, the process of interaction (both a dimension of learning and a process) takes place between the individual and the social and material environment all the time while awake, and includes past and present settings and experiences in society. The process of acquisition of the impulses (feelings of needing to learn) occur from the interaction process, which takes place in the individual who connects the new impulses with the results of prior learning and experiences and thereby creates the learning product or result (i.e., what is learned). The individual learns based on the linkage of the new to the already developed knowledge, skills, abilities, understandings, competencies, attitudes, and so on (Illeris, 2014). It is important to note that learning is an individual phenomenon and even when several individuals receive the same input, their learning results will differ because their relevant prior learning and experiences will be different (Illeris, 2014). For example, a nurse may feel the need to learn how to use certain pedagogical skills while a new instructor in the college setting because he lacks knowledge of the skills and considers learning the skills important to his new faculty role. The nurse has past life and practice knowledge, skills, and learning experiences different from other nurses that can provide a foundation for additional learning of new faculty roles and responsibilities leading to an individualized learning experience different from other nurses.

In addition, in Figure 1, the two directional arrows illustrate how that acquisition process includes two of the dimensions of learning (content and incentive).   The content on one side of the acquisition process is what is learned because it is not possible to learn without learning something (Illeris, 2014).   The other side of the acquisition process includes incentive that involves motivation and emotion, and the power and nature of the incentive is important because when the individual is engaged and motivated to learn, effective learning occurs by the individual (Illeris, 2014).   Finally, the outside circle in Figure 1 demonstrates how the whole learning process is situated in that it takes place in a specific situation (superior situatedness or society) as it is experienced and interpreted by the individual, and it forms a part of what is learned and how the individual relates to what is learned (Illeris, 2014).   For example, a nurse learns the role of a faculty member through his experiences in the community college setting.
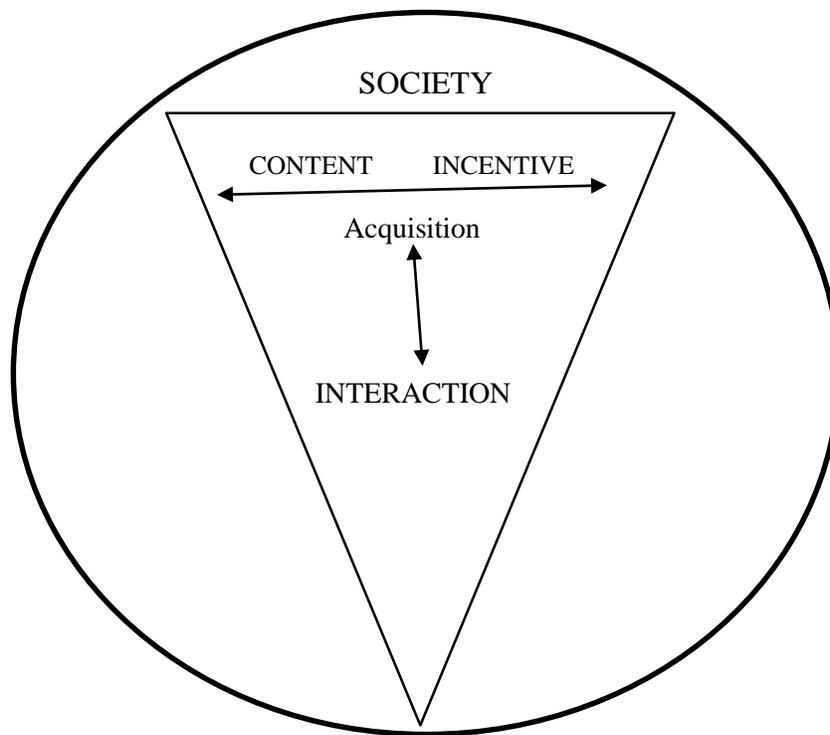
Figure 1. The processes and dimensions of learning (Exacted From: Illeris, 2014).

Figure 2 illustrates the position of identity that is central to Illeris' (2014) Transformative Learning and Identity theory.   Illeris (2014) defines identity as being created, developed, and changed through learning.   As illustrated by the triangle and the two directional arrows, all three dimensions of learning (content, incentive, and interaction) are always involved in the learning process and identity (dotted center circle) formation (Illeris, 2014). The three dimensions of learning involve cognitive, emotional, and social aspects.

CONTENT   INCENTIVE

IDENTITY

INTERACTION
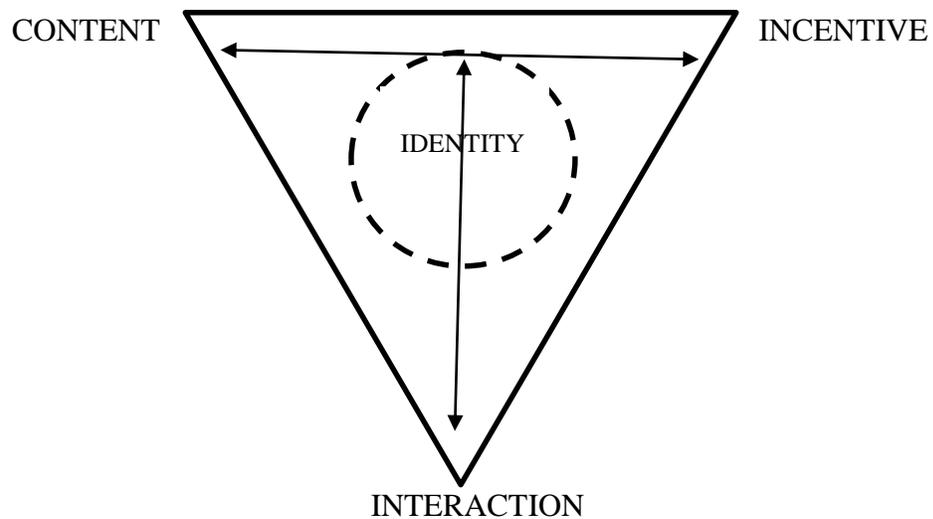
Figure 2. The position of identity in the structure of learning (Exacted From: Illeris, 2004).

Use of Illeris' (2014) Transformative Learning and Identity theory as a theoretical or conceptual framework to explore part-time nursing faculty's experiences as they transition from their role as nurses in clinical practice to their professional identity as clinical instructors must be considered in future research.   Illeris (2014) adds the concept of identity formation to previous Transformative Learning theories.   In addition, adding to Transformative Learning theory, Illeris (2014) defines an individual's identity formation as occurring with the three dimensions of learning (content, incentive,

52

interaction) through an individual's experiences in society.   Identity is created, developed and changed through learning.   Learning is an individual process for individuals because their new learning builds upon their relevant prior learning and experiences that can be different for each individual (Illeris, 2014).   Therefore, the use of Illeris' Transformative Learning and Identity theory should be used as a framework for further research to understand community college's part-time nursing faculty's role transition and professional identity development as it takes into account critical factors not previously explored together for this population, such as the environment (society) motivation or initiative, interaction, and content of learning during their experiences, not previously studied.

Summary

Chapter two included a discussion on community colleges and their faculty as compared to that in four-year institutions.   Next, an analysis of the literature and research pertaining to role transition and professional identity development, faculty orientation and professional development programs, and assessment of pedagogical skills and professional development needs of faculty was presented.   Most of this research has focused on part-time nursing faculty at four-year institutions.   Finally the study's theoretical framework was presented.

A significant gap in the literature appears, however, when searching studies that explore community college part-time nursing faculty's self-perceptions on their need to learn pedagogical skills, roles and responsibilities; and for what support and professional development will help them successfully complete their role transitions and instructor identity developments.   In addition, given the importance professional identity

53

development in the role transition process for four-year institution part-time faculty, further research is also needed to explore if and how community college part-time nursing faculty develop their instructor professional identities as they undergo their role transition from nurses in practice to clinical instructors in academia.   This present study attempts to fill in the gaps discovered in the research and literature.

CHAPTER III

METHOD

This research study used a qualitative phenomenological design to explore community college part-time nursing faculty's perceptions of their experiences during their role transition from nurses in clinical practice to clinical instructors in a community college setting.   In addition, this study examined if and how community college part-time nursing faculty developed a professional identity as clinical instructors through their experiences.   Illeris' (2014) Transformative Learning and Identity theory was used as the theoretical framework, and Moustakas' (1994) phenomenological method for analysis was used to analyze the collected data.

Research Questions

The research questions that guided this qualitative phenomenological study included:

1. Through their experiences, how do community college part-time nursing faculty describe their role transition process and development of their professional identity as clinical instructors?

2. What are part-time nursing faculty's perceptions of the pedagogical skills and support needed in order to promote effective student learning in their role as clinical instructors in the community college setting?

3. What are the part-time nursing faculty's perceptions of the initial and long-term professional development and support they need to promote their professional

identity development and role transition from nurses in clinical practice to instructors in the community college setting?

Interpretivist Paradigm

The development of this study followed an interpretivist view of the world, which involves an ontological belief that reality is socially constructed, complex, and ever changing (Creswell, 2013; Glesne, 2011).   Individuals develop subjective meanings, interpretations, and perceptions of their experiences in the social world in which they live and work (Creswell, 2013; Glesne, 2011).   In addition, the goal of research is to explore how individuals interpret and make meaning of their perceptions of an event, object, and/or action in their social world (Creswell, 2013; Glesne, 2011).

The social world and environment for community college part-time nursing faculty consists of the nursing program's classroom, lab, and clinical settings in which they work and interact with students, other faculty, and nurses in clinical practice.   Use of an interpretivist paradigm was highly suitable for this study to explore part-time nursing faculty perceptions as they experienced role transition from nurses in clinical practice to clinical instructors in an academic environment and the social world of the community college setting.

Methodology

For this study the researcher used qualitative methods, specifically a phenomenological approach.   A phenomenological study examines the meaning several individuals make of their lived experiences of a phenomenon and what they have in common as they experience this phenomenon (Creswell, 2013; Moustakas, 1994).   The aim of phenomenology is to determine in depth what an experience means for the

individuals who have experienced the phenomenon and able to provide a comprehensive description of it. The individual's perceptions of the experience are the source of knowledge (Moustakas, 1994).

The phenomenon in this study involved exploring community college part-time nursing faculty experiences as they transitioned from their role as nurses in clinical practice to part-time faculty in a community college setting. Specifically, what support, pedagogical skills, and professional development do part-time nursing faculty perceive they needed in order to promote effective student learning and develop their professional identity as clinical instructors. In addition, the researcher analyzed if part-time nursing faculty acquired a clinical instructor professional identity through their experiences and role transition process.

Data Collection

Participants

Participants included part-time nursing faculty employed at community colleges in a Midwestern state who have experienced the phenomenon, were interested in understanding its nature and meanings, and were willing to participate (Moustakas, 1994; Glesne, 2011). Participants were located at one of four community colleges or their distant sites and teach nursing students in the laboratory and/or clinical settings. An email was sent to participants that explained the study's purpose and participation requirements and invited them to participate. The email requested that participants reply if they are interested in participating in the study or have further questions. The individual was assigned an identification number upon agreement to participate in the study.

A sample size of eight participants included part-time nursing faculty with either a Bachelor of Science degree in Nursing (87.5%) or Master of Science degree in Nursing (12.5%). All were White (100%) and female (100%). Age range was $28 - 60$ years (M = 37). Years of teaching experience for participants ranged between 0 and 5 years (M = 1.5) and past nursing practice experience between 4 and 33 years (M = 14.9). The demographics for participants were similar to the state's overall community college part-time nursing faculty demographics. In the state, the percentage of part-time faculty teaching in community college nursing programs is at 51% (North Dakota Board of Nursing, 2014), with 72% having a Bachelor of Science degree in Nursing and 8% a Master of Science degree in Nursing (North Dakota Board of Nursing, 2014). Age ranges for the state's community college part-time nursing faculty is at 22 to over 61 years (M = 42). In addition, the part-time nursing faculty are predominately White (97.4%) and female (95%) (North Dakota Board of Nursing, 2014). An attempt was made to use male and /or racial minority participants, but difficult since females and Whites dominate the career field of the state's part-time nursing faculty. In addition, use of males and/or racial minority participants would not meet the qualifications and delimitations for this study.

Participants had present or past experience in several areas of nursing and clinical practice such as medical-surgical, management, home health and hospice, long-term care, clinics, kidney dialysis unit, staff development, pediatrics, emergency room, maternal/newborn, and same day surgery. An effort was made to select participants who had a variety of nursing and clinical practice experience in order to obtain a more diverse

sample. Eight part-time nursing faculty were asked to participate who met the selection criteria, and all eight consented to participate and completed the study.

Pilot Study

In the spring of 2014, a qualitative phenomenological pilot study involved three part-time nursing faculty located at one of the community colleges used in this study. The phenomenon in the pilot study involved exploring community college part-time nursing faculty experiences as they transitioned from their role as nurses in clinical practice to part-time faculty in a community college setting. Mainly, the focus of this pilot study was to examine the pedagogical skills that participants believed they needed to learn to facilitate effective student learning as they became clinical instructors.

Approval from the University of North Dakota's IRB and the community college's department chairperson was obtained prior to starting data collection. In addition, informed consent was obtained from each participant. The researcher conducted one digitally recorded semi-structured face-to-face interview with each participant and transcribed the digital recordings by verbatim method. Each participant was instructed to answer the interview questions with a present and retrospective view. In addition, the researcher obtained demographic data and completed an observation of each participant while they taught their students in the lab or clinical setting. For each observation, detailed field notes were written followed by thick rich description. Years employed as a part-time faculty ranged from two months to one and a half years and years in nursing practice ranged from 5 to 14 years. In addition, education levels of participants included two with Bachelor of Science degrees in Nursing and one with a Master of Science degree in Nursing. Areas of nursing practice varied for all

participants and included pediatrics, rehabilitation, medical, surgical, emergency room, intensive care unit, and the neonatal intensive care unit.

Moustaka's (1994) data analysis method was used to analyze the verbatim transcripts, field notes, and thick rich description. Five themes emerged from this pilot study based on the study's purpose, research and interview questions. First, it was found that part-time nursing faculty are developing their identity as clinical instructors during their role transition experiences. Second, the part-time nursing faculty were different and similar in their perceived needs for learning various pedagogical skills necessary to be a clinical instructor. Third, the part-time nursing faculty perceived an incentive to learn what is necessary to be a clinical instructor. Fourth, the part-time nursing faculty believed that their prior experiences in nursing practice helped them be an effective clinical instructor. Fifth, the part-time nursing faculty felt that the full-time faculty assisted them in their learning. In addition, they described other resources that had been helpful during their learning.

Illeris" Transformative Learning and Identity theory was used as the theoretical framework for the pilot study. Based on Illeris' theory, findings of this pilot study suggested that part-time faculty experienced transformative learning that helped promote a formation of their instructor identity during their role transition from practitioners to instructors. All three participants expressed that they were still undergoing a role transition process and believed they were still learning their role as clinical instructors by learning how to use pedagogical skills to promote student learning. In their role as instructors, the participants expressed an *incentive* (motivation) to learn *content* (pedagogical skills), which they believed promoted effective student learning. The

60

participants' learning of pedagogical skills occurred in the community college setting (*superior situatedness)* while interacting (*interaction)* with their students and other faculty.   In addition, the participants' learning experiences built upon their past individual experiences in nursing practice.

Based on the results of this pilot study, the study design for this dissertation was changed and revisions to the interview questions, purpose, and research questions occurred.   A larger sample size of participants from multiple community colleges in a Midwestern state was used in attempt to obtain a more diverse sample.   Observation of participants was not conducted; rather two in depth semi-structured face-to-face interviews were completed with each participant so that the researcher could explore the part-time nursing faculty's perceptions of their experiences in greater depth (Creswell, 2013; Maxwell, 2013; Moustakas, 1994; Roulston, 2010).   Interview questions were revised to explore the revised purpose and research questions.   In the pilot study, the researcher focused mainly on examining the participants' perceptions of the pedagogical skills they needed to learn during their role transition process from nurses to their clinical instructor identities.   In contrast to the pilot study, the researcher in this study explored the community college part-time faculty's perceptions of their experiences during their role transition from nurses in clinical practice to clinical instructors in academia.   In addition, the researcher examined if and how community college part-time nursing faculty developed a professional identity as clinical instructors through their experiences. Finally, the researcher further explored what additional support, professional development, and pedagogical skills such faculty needed to learn to promote effective student learning based on their perceptions.

Sites and Locations

     This study was completed at four community colleges in a Midwest state that are a part of a consortium of community colleges. The community colleges collaborate and share resources to provide two nursing programs approved by the State Board of Nursing: a Practical Nursing Certificate and an Associate in Applied Science in Nursing degree. Upon earning a Practical Nursing Certificate, students are eligible to apply and take the National Council Licensure Examination for Practical Nurses (NCLEX-LPN). In addition, upon earning an Associate in Applied Science in Nursing degree, students are eligible to apply and take the National Council Licensure Examination for Registered Nurses (NCLEX-RN). The consortium of community colleges is in the process of applying for accreditation for the two nursing programs by the Accreditation Commission for Education of Nurses (ACEN). In this consortium of community colleges there are approximately 220 nursing students enrolled in the didactic, lab, and clinical courses. Each college has distant sites located away from the main college campus in other North Dakota cities. Didactic courses are offered over the Interactive Video Network system between the various colleges and their distant sites. Lab and clinical courses are taught at each college and distant sites by local part-time and full-time faculty. Eighteen part-time and 22 full-time nursing faculty teach at all the various colleges and their distant sites. Full-time nursing faculty teach in didactic, lab, and clinical courses; the part-time nursing faculty are unable to teach in didactic courses due to Board of Nursing rules and instead are utilized in the lab and clinical courses.

Procedure

      Eight part-time nursing faculty who met the delimitations and selection criteria located at the four community colleges and/or three distant sites were invited to participate in the study by email.   Included in the email was an explanation of the purpose of the study and participation requirements.   Prior to beginning data collection, the researcher obtained informed consent from the participants (see Appendix A).

      Data collection was obtained through in-depth semi-structured face-to-face individual participant interviews (see Appendix B and Appendix C).   The interviews took place at a time and location chosen by the participants and lasted 45 to 90 minutes. All participants chose their office as the location when students and other faculty were not present.   Two interviews, one to two months apart, were conducted with each participant so that the researcher was able to explore in greater depth the part-time nursing faculty perceptions and clarify their perceptions and response to the interview questions.   The use of multiple in-depth individual interviews as a main method of data collection is appropriate in phenomenological studies, in order to provide a method to address the research questions from different perspectives and gain a greater understanding of the phenomenon (Creswell, 2013; Maxwell, 2013; Moustakas, 1994; Roulston, 2010).

      A list of tentative open-ended questions were developed and revised based on a past pilot study completed in 2014.   In addition, questions used during the two interviews with each participant were based on the present study's purpose and research questions (see Appendix B and Appendix C).   Participants were asked to answer the questions with a present and retrospective view.   Based on emerging themes and

analysis, additional interview questions were included in the second interview to provide clarification on the participant's perceptions and evoke a comprehensive response of their experiences (Moustakas, 1994; Roulston, 2010). Questions were reviewed by nursing colleagues with knowledge of research methods, dissertation committee members, and determined to adequately explore the phenomenon of interest. First, the interview questions focused on the faculty perceptions of their experiences during their role transition process and professional identity development as clinical instructors. Examples included the following:

- Describe your role as a clinical and lab instructor for me as you work with students, faculty, college clinical settings, agencies, etc.? Have your views changed since you began?

- Do you see any differences between your role working in your area of nursing practice as compared to your role as a clinical instructor?

- Have you sensed who you are as a professional change?

Second, questions examined faculty perceptions of the pedagogical skills they needed to promote effective student learning in their role as clinical instructors. In addition, what are the faculty perceptions of the initial and long-term professional development and support they need for their clinical instructor identity? Some examples included:

- What additional knowledge and skills would you like to acquire that would help you teach nursing students in the lab and/or clinical setting?

- How do you feel about your knowledge regarding curriculum, assessment/evaluation, use of technology, etc.? How was your knowledge when you first started and do you need to learn more? Is it important and why?

- Describe necessary teaching knowledge and skills you have learned that you feel are necessary to be a clinical or lab instructor that helps your students learn?

- How did you learn the knowledge and teaching skills? Did you seek out resources, faculty, books, websites, conferences, etc.?

Finally, participants were asked questions pertaining to their professional identity development as clinical instructors.   For example, questions were asked such as:

- Describe for me how you perceive yourself in your role as a clinical and or lab instructor? Can you share a story with me?

- How do you feel other faculty perceive you as a clinical instructor? Can you share a story?

- How do you feel students perceive you as a clinical instructor? Can you share a story?

The verbatim method was used to transcribe the digitally recorded interviews (Creswell, 2013; Moustakas, 1994; Roulston, 2010).   In addition, interview notes were made during and after the interviews took place (Roulston, 2010).   Demographic data such as age, gender, ethnicity, years teaching in academia, years in nursing practice, highest education degree obtained, areas of nursing practice experience, and short descriptions of each participant were collected.

Consent and Confidentiality

In order to follow ethical procedures before starting data collection, approval through the University of North Dakota's Institutional Review Board (IRB) was obtained. In addition, approval from one study site's IRB and support from each community college's department chairperson or designee was obtained as requested (see Appendix

D, Appendix E, Appendix F, and Appendix G).   To protect the confidentiality of participants and sites, no identifiers were used in the written transcriptions, notes, and data analysis that could identify participants or the community colleges.   Each participant selected a pseudonym for herself to further ensure confidentiality.   There were no major unforeseen risks associated with participation in the study.   Data collection occurred through semi-structured face-to-face individual interviews with participants in their preferred location, such as their office to assure confidentiality.   A minor risk was that the participant's identity could be connected to the study due to departures and arrivals for interviews with the faculty.

Informed consent was obtained from participants before data collection began (see Appendix A).   Participants were provided a written copy of the consent, given adequate time to read the consent, and an opportunity to ask questions.   The participant and principle investigator signed the consent form, and the participant received a copy of the consent.

During the study, the digital audio files, transcribed interview data, analysis files, and other written notes were kept on a password protected computer and backed up on a flash drive stored in a locked drawer in the researcher's office.   The dissertation advisor and researcher were the only ones who had access to the data.   After the completion of the study, the transcribed interview data, analysis files, digital audio files, and other written notes were locked in a drawer in my office and will be destroyed according to IRB guidelines.   The consent forms are kept separate from the data and analysis files in a locked drawer in the researcher's residence and will be destroyed according to IRB guidelines.

Credibility and Trustworthiness

Several methods used ensured credibility and trustworthiness during the data collection procedure and analysis of the findings. These methods included triangulation, purposive sampling, member checking, peer review and debriefing, assembling an audit trail, and clarifying possible researcher biases (Glesne, 2011; Lincoln & Guba, 1985; Onwuegbuzie & Leech, 2007; Roulston, 2010).

Triangulation

Triangulation can be achieved by using multiple methods and sources to collect data and evidence (Creswell, 2013; Glesne, 2011; Onwuegbuzie & Leech, 2007) and ensures confidence and credibility in the analysis of the results (Creswell, 2013; Glesne, 2011; Onwuegbuzie & Leech, 2007). Throughout this study, data collection occurred from multiple sources, including two semi-structured, one-on-one, face-to-face interviews with participants and detailed written notes completed during and after the interviews. The use of multiple in-depth individual interviews as a main method of data collection is appropriate in phenomenological studies, in order to provide a method to address the research questions from different perspectives and gain a greater understanding of the phenomenon (Creswell, 2013; Maxwell, 2013; Moustakas, 1994; Roulston, 2010). In addition, detailed notes and a reflective journal written during and after the interviews added to any detailed data and analysis of the interview transcripts.

Purposive Sampling

Purposive sampling was used to select part-time nursing faculty as participants employed at the community colleges who had experienced the phenomenon, were

interested in understanding its nature and meanings, able to answer the questions, and willing to participate (Glesne, 2011; Moustakas, 1994).

Member Checking

Member checking involves sharing interview transcripts, written analysis, and/or drafts of the final report with research participants for their feedback to be sure the researcher's interpretations and findings are credible and accurate (Creswell, 2013; Glesne, 2011; Lincoln & Guba, 1985). Member checking was conducted continuously as interviews were transcribed and analyzed. Participants had the opportunity to review their transcriptions and analysis after each interview, and communicate any inconsistencies and inaccuracies they observed that involved data interpretation and analysis. Lincoln and Guba (1985) have identified member checking as "the most credible technique for establishing credibility" (p. 314).

Peer Review Debriefing

Peer review and debriefing provides an external check on the research process and supports the credibility of the study's findings and analysis (Creswell, 2013; Glesne, 2011; Lincoln & Guba, 1985). The researcher's dissertation advisor and committee members assisted in this process in order to review the accuracy of data analysis and interpretations.

Assembling an Audit Trail

An audit trail involves the researcher maintaining extensive documentation of data analysis, results, and records stemming from the study (Glesne, 2011; Lincoln & Guba, 1985; Onwuegbuzie & Leech, 2007). An extensive audit trail was maintained of record documentation and data from the study. The documentation and data in this audit

trail includes the research proposal, final research report (dissertation), a reflexive journal, interview notes, digital audio recordings, verbatim transcripts of interviews, theoretical and conceptual framework notes, summaries of clustering and theming the data, individual textural-structural, and composite descriptions of the participants' experiences.

Researcher Reflexivity

Creswell (2013) concluded that reflexivity means, "An approach in writing qualitative research in which the writer is conscious of the biases, values, and experiences that he or she brings to a qualitative research study" (p. 300). The researcher discusses his or her experiences with the central phenomenon and then how these experiences may potentially shape the analysis and interpretation of the results (Creswell, 2013). In addition, the researcher must address the influence he or she has on the study's participants, understand this effect, and use it productively (Glesne, 2011; Maxwell, 2013; Onwuegbuzie & Leech, 2007).

I am very interested in the findings as I have a passion to assist part-time nursing faculty with their need to learn various pedagogical skills and role transition, and assist them in becoming clinical instructors capable of promoting effective student learning. I was aware of any possible validity threats, my individual subjectivity, and biases that could influence the research process. To avoid being influenced by preconceptions, beliefs, and knowledge of the phenomenon from prior experiences and professional studies, I was aware of the need to be completely open, unbiased in listening to, and hearing my research participants describe their experiences of the phenomenon being investigated (Moustakas, 1994). My role as the site manager and full-time faculty

member at one of the community colleges in this study was important to recognize in an attempt to avoid bias with the selection of participants, data collection, data analysis, and interpretation of results. My individual subjectivity could be a considered strength as I have a personal interest in the topic of my research because of my extensive experience in clinical practice for several years prior to employment as a full-time nursing instructor. Although I made a role transition from an expert clinician to a full-time faculty member, I feel I have gone through a similar experience to what my part-time nursing faculty participants are presently experiencing. During data analysis I avoided being influenced by my biases and previous beliefs. I have worked as a site manager and assistant professor for six years at a community college that currently employs part-time nursing faculty (one at my site and four at the main college campus). The participants in this study were not managed or oriented by me, and did not work directly with me.

Data Analysis

Theoretical Framework

In this study the researcher used Illeris' Transformative Learning and Identity theory (2014) as the theoretical framework to explore if community college part-time nursing faculty express an incentive to learn content based on their perceptions of that which will help them become effective clinical instructors, such as pedagogical skills while working in society or superior situatedness as clinical instructors in the community college setting and interacting with students, other faculty, and nurses at clinical sites. In addition, given the importance of professional identity development in the role transition process, the researcher explored if and how the part-time nursing faculty acquired their professional identity as clinical instructors through their learning experiences and role

transition from expert clinicians in clinical practice to clinical instructors in the

community college setting.

Moustakas' Phenomenological Research Method

The researcher used Moustakas' (1994) phenomenological research method

approach as a guide for the analysis of each participant's verbatim interview transcripts

and additional written notes.   Data analysis occurred continuously with use of

Moustakas' analysis process as participant's interview data was transcribed.

Moustakas' (1994) data analysis process involves use of several steps to analyze

each participant's complete verbatim interview transcriptions.   Included are tables to

represent examples of the data analysis process used for this study to provide

transparency to the reader (see Table 1) (see Appendix H-N).   The first step involves

Listing *and Preliminary Grouping (Horizontalization)* in which significant statements,

such as sentences, expressions, summaries, or quotes that provide an understanding of

how the participants experienced the phenomenon, are highlighted (Moustakas, 1994).

These significant statements are called *Invariant Constituents* (Moustakas, 1994).

The second step in the analysis of the transcripts is *Clustering and Theming the*

Invariant Constituents (Moustakas, 1994).   This step involves clustering the invariant

constituents of the experience that are related into a thematic label.   The clustered and

labeled constituents are the core themes of the experience.

Third, these significant statements and themes are used to write an *Individual*

Textural Description of what the participants experienced.   Verbatim examples from the

transcribed interviews are included.   Fourth, the individual textural descriptions are used

to write a description of the context or setting that influenced how the participants

71

experienced the phenomenon called the *Individual Structural Description* or *Imaginative Variation.*

The final step involves an overall summary of the analysis. The researcher must develop a *Composite Description of the Meanings and Essences of the Experience* from the *Individual Textural* and *Structural Description* that represents the group as a whole (Moustakas, 1994). This passage primarily focuses on the common experiences of all participants (Moustakas, 1994).

Summary

In this chapter, a discussion of the study's purpose, research questions, and justifications for using a qualitative phenomenological study design occurred. An overall design of the study was presented including the participant selection, past pilot study, site and location, and procedure for data collection. Explanation of the methods used to maintain confidentiality and obtain participant consent was noted along with methods used to ensure credibility and trustworthiness. Lastly, the data analysis process was described based on use of Illeris' (2014) Transformative Learning and Identity theory as the theoretical framework and Moustakas'' (1994) phenomenological approach for analysis. Eight tables including the eight themes that emerged from the data analysis process are provided as examples to provide transparency to the reader on the data analysis process completed by the researcher.

Table 1. Sample of Data Analysis Process for Theme 1.

Participants' Transcribed Quotes	Invariant Constituents	Theme (Cluster)		Composite Description
"When I am working as a nurse, I need to be knowledgeable and skillful in order to give safe patient care."	Nurses must be knowledgeable and skillful			*Participants were able to express similarities and differences between their two professional identities as a result of their experiences. Participants discussed only one similarity, however, they described several differences between the two identities. A similarity is that they are able to care for patients in both roles. Their self-perceptions assisted with the development of their professional identity as clinical instructors. They defined roles and responsibilities for each identity.*
"…as their clinical instructor, I am taking care of my patients and teaching my students how to give safe patient care."	Teach students safe patient care		**Individual Textural Descriptions and Structural Descriptions**	
"As a clinical instructor I facilitate my student's learning…."	Facilitate student learning	**Identity as Nurses Versus Identity as Part-time Clinical Instructors**		
"As a clinical instructor I provide learning experiences for my students."	Provide effective learning experiences			
"My job as a nurse is to manage patient care, give safe patient care to my patients."	Nurses manage and gives safe care			

CHAPTER IV

RESULTS

The purpose of this study was to use qualitative phenomenological methods to explore community college part-time nursing faculty's perceptions of their experiences during their role transition from nurses in clinical practice to clinical instructors in academia.   In addition, this study explored if and how community college part-time nursing faculty developed a professional identity as clinical instructors through their experiences.   From this inquiry eight themes emerged common to all of the participants' experiences.   The themes and findings suggest that participants experienced a role transition process from nurses in clinical practice to part-time clinical instructors in the community college setting and that through their role transition process, participants developed a professional identity as part-time clinical instructors.

This chapter begins with profiles of each participant and follows with a presentation of themes that emerged from the data analysis.   Each theme is described and supported with quotes from the participants.   The remainder of the chapter is devoted to presenting the findings based on each theme.

Research Questions

The research questions that guided this qualitative phenomenological study included:

1. Through their experiences, how do community college part-time nursing faculty describe their role transition process and development of their professional identity as clinical instructors?

2. What are part-time nursing faculty's perceptions of the pedagogical skills needed in order to promote effective student learning in their role as clinical instructors in the community college setting?

3. What are the part-time nursing faculty's perceptions of the initial and long-term professional development and support they need for their professional identity development during their role transition from nurses in clinical practice to clinical instructors in the community college setting?

Participants

All eight participants were Caucasian and female, but varied in age, highest educational levels obtained, years in nursing practice, and years as a clinical instructor. (see Table 2). Participants hold either a Bachelor of Science degree in Nursing (87.5%) or Master of Science degree in Nursing (12.5%). Age range was 28 to 60 years. Years of teaching experience for participants ranged between zero and four years, and past nursing practice experience between 4 and 33 years. Participants were located at one of four community colleges or their various distant sites in a Midwestern state. The participants teach nursing students in the laboratory and/or clinical settings. As a group the participants have worked in several areas of nursing practice, such as medical/surgical, maternal/child, home health/hospice, pediatrics, emergency room, intensive care unit, dialysis, and long-term care. In addition to working in their role as part-time clinical instructors, four participants continue to work part-time and two

participants work full-time in other areas of nursing practice.   At the time of their

interviews, the other two participants were not employed in clinical practice and only

worked in their role as part-time clinical instructors.

Table 2. Clinical Instructor Participants Demographic Information.

Participant Pseudonym	Age	Highest Degree	Gender	Ethnicity	Years in Practice	Years in Academia
Stephanie	52	BSN	Female	Caucasian	30	4 months
Emily	39	BSN	Female	Caucasian	10	5 months
Hannah	31	BSN	Female	Caucasian	10	1
Kim	28	BSN	Female	Caucasian	6	1
Ashley	31	BSN	Female	Caucasian	10	1
Sarah	28	BSN	Female	Caucasian	4½	1½
Elizabeth	30	BSN	Female	Caucasian	10	3
Cathy	60	MSN	Female	Caucasian	33	4

Note: BSN = Bachelor of Science degree in Nursing
*   MSN = Master of Science degree in Nursing*

Participant Profiles

Stephanie is 52 years old and has been working in nursing practice for 30 years.

She holds a Bachelor of Science degree in Nursing.   She continues to work part-time for

a travel nursing agency and also has past experience in staff development, and long- term

care.   Since she has only been employed as a part-time clinical instructor at one of the

main campuses for four months, she is the newest of all participants to her role as a

clinical instructor.

Emily holds a Bachelor of Science degree in Nursing and is 39 years old.   Her

past 17 years of nursing practice experience includes home health and hospice, clinic

nursing, assisted living, medical/surgical, and a prison.   She has worked as a part-time

clinical instructor for five months and is currently not working in any other area of nursing practice. Emily works at one of the nursing program's distant sites.

Hannah is 31 years old and has worked as a part-time clinical instructor for one year at a main college campus. She holds a Bachelor of Science degree in Nursing and is currently enrolled as a graduate student in a Master of Science degree in Nursing program. Hannah's past 10 years of nursing practice experience includes same day surgery, emergency room, clinic and surgical nursing. At this time, she is not employed in another area of nursing practice and works only in her role as a clinical instructor.

Kim is one of the youngest participants at 28 years old. She holds a Bachelor of Science degree in Nursing and has worked as a part-time clinical instructor for one year. In addition to working as a clinical instructor, Kim currently works full-time in nursing practice at a kidney dialysis unit, with six years of nursing practice experience in such areas as medical/surgical, pediatrics, rehabilitation, and dialysis. Kim works at one of the main college campuses.

Ashley is 31 years old and has worked as a part-time clinical instructor for one year at one of the main college campuses. She holds a Bachelor of Science degree in Nursing and has worked for 10 years in nursing practice. Ashley also works part-time as a nurse at a medical and telemetry unit; this has been the main area of her nursing practice experience.

Sarah at 28 years old is the other youngest participant. She holds a Bachelor of Science degree in Nursing and is currently enrolled as a graduate student in a Master of Science Degree in Nursing program. She works part-time in medical/surgical nursing practice, and has worked as a part-time clinical instructor for one and a half years at one

of the main college campuses.   In addition, she is the participant with the fewest years of nursing practice experience.   Sarah's four and a half years of nursing practice experience include medical/surgical nursing.

Elizabeth is 30 years old and holds a Bachelor of Science degree in Nursing.   She has been employed as a part-time clinical instructor at one of the nursing program's distant sites for three years and in nursing practice for 10 years.   In addition to working as a clinical instructor, she continues to work full-time in nursing practice at a hospital and has past experience in medical/surgical nursing, pediatrics, emergency room, quality improvement, and as a charge nurse.

Finally, Cathy is the oldest participant at 60 years of age and holds a Master of Science degree in Nursing.   As compared to other participants, Cathy has worked the longest as a clinical instructor.   She has been employed four years at one of the nursing program's distant sites.   In addition, of all the participants she has the most experience in nursing practice and continues to work full-time at a hospital in staff development while working as a part-time clinical instructor.   Her past 33 years of nursing practice experience include maternal/child, intensive care, home health and hospice, medical/surgical, staff education and development.

<p style="text-align:center">Themes</p>

Eight themes emerged to support the proposition that participants have and continue to experience a role transition process over time from nurses in clinical practice to part-time clinical instructors and develop a professional identity as part-time clinical instructors.   In addition, critical to this transition and identity development are the social influences and relationships with other instructors, their incentive to learn to be better

instructors, and the importance of support and training. Yet, challenges to the transition

do exist.

Theme 1: Identity as Nurses versus Identity as Part-time Clinical Instructors

Participants were able to express similarities and differences between their

professional identities as nurses in clinical practice versus part-time clinical instructors in

academia.   Their professional identity as instructors was based on their self-perceptions,

perceptions of their students, other nursing faculty, and nursing staff they worked with at

the clinical facilities.   In addition, participants identified specific roles and

responsibilities associated with their professional identity as nurses and/or clinical

instructors.

Professional identity as nurses.   Participants perceived themselves as having a

professional identity as nurses because of their experiences.   All discussed how they

began their nursing careers working as nurses in clinical practice prior to becoming

instructors.   Six participants continue to work in clinical practice in addition to their

clinical instructor role; the rest work only as a clinical instructor.   All described several

roles and responsibilities that are a part of their nurse identities.   First, all participants

consistently described that their main role as nurses is to manage and give safe patient

care.   Secondly, as nurses they are employed for a health care facility, such as a hospital,

clinic, or long-term care.   For example, Elizabeth, who works full-time in nursing

practice at a hospital, described her role as a nurse, "You know, when I am working at the

hospital as a nurse, my main goal is just to manage the care and give safe care to my

patients." Sarah, who works part-time as a nurse at a hospital, has similar perceptions of

her role, "My job as a nurse is to manage patient care, give safe patient care, and provide the best care I can for my patients."

Finally, participants expressed that as nurses in clinical practice they must be knowledgeable and skillful in order to give safe patient care. Sarah described her role, "When I am working as a nurse, I need to be knowledgeable and have excellent patient care skills so I can care for my patients." Ashley has similar perceptions of herself as a nurse, "As a nurse I am looked at as a senior nurse with expertise, knowledge, and skills needed to care for my patients." Participants were able to define their professional identity as nurses in clinical practice, despite also being instructors. For example, central to participants' nurse identity was their confidence and expertise in the knowledge and skill required to provide safe quality patient care at a health care facility.

Professional identity as part-time clinical instructors. Through their experiences, participants expressed an identity of themselves as part-time clinical instructors. They were able to differentiate and describe their identity as instructors as similar and different from their identity as nurses and expert clinicians. In addition, participants defined roles and responsibilities that are a part of their instructor identity that are similar and different from those as nurses in clinical practice. They discussed how they learned their instructor roles and responsibilities throughout their transition process.

Differences. Participants described various roles and responsibilities that are an important part of their part-time clinical instructor identities, however different from roles and responsibilities of their professional identity as nurses. First, all viewed themselves as an instructor at a college's nursing program who teaches, plans, and provides effective

learning experiences for nursing students in the lab and clinical setting.   Second,

teaching students how to give safe quality patient care was also stressed as an important

part of their role as instructors.   For example, Elizabeth described her instructor

professional identity as different as compared to when she works as a nurse in clinical

practice,

> You know when I am working at the hospital as a nurse; my main goal is to give
>
> safe patient care to my patients and quality care to my patients.   When I am on
>
> a clinical teaching my students as their clinical instructor, together we are taking
>
> care of patients and teaching my students how to give safe patient care. You
>
> know you want to provide your students with a good learning experience, but the
>
> patient is still number one and we want to provide good safe patient care.
>
> I have to focus on providing learning experiences for the students.   I have to find
>
> ways and teaching methods to facilitate their learning on how to give safe and
>
> quality patient care.

As clinical instructors, participants described their professional identity as caring for

patients while providing effective learning experiences for the students, specifically how

to give safe quality patient care.   In contrast, as nurses in clinical practice they only focus

on providing patient care, and they work at a clinical facility.

Third, participants expressed how teaching nursing students as nurses in clinical

practice has different roles and responsibilities as compared to teaching nursing students

as instructors.   Prior to beginning as a clinical instructor, each participant was a

preceptor for several nursing students.   In addition, they worked with students while the

students' instructor was present in the clinical areas.   As nurses, they viewed giving

quality patient care as more important than teaching the students. In contrast, as clinical instructors, participants expressed that they feel more responsible for providing effective learning experiences for students while they care for patients and must use teaching methods to facilitate student learning. These perceived differences in roles and responsibilities contribute to their professional identity as nurses in clinical practice versus clinical instructors in academia. For example, Stephanie discussed differences between the two roles when teaching her students,

> So as a nurse when I have a student with me while their instructor is present in the clinical area, I am not as responsible for their learning. I teach them about the care we are giving my patient while working my shift. Now as a clinical instructor teaching students for a nursing program, I need to be sure I am able to teach nursing care to the students in methods which will help facilitate their learning. I need to be sure I am providing good learning experiences for them. I am more responsible for helping them learn. So I teach the students while we give patient care.

Kim described teaching students as a nurse versus teaching students as an instructor similar to Stephanie, however, she stressed that she has much more responsibility in her role as an instructor,

> When I have students as a floor nurse it is just me and my patients while teaching the students as I go about caring for my patients. I just worry about my patients, caring for them, and doing my job. As a clinical instructor with my students, there is just more to worry about and more things to do. The students and I care

for the patients and I am more responsible and need to know how to help the

students learn patient care.   So, as a clinical instructor I do patient care with

the students besides need to concentrate on providing learning experiences for the

students.   There is so much more responsibility as a clinical instructor.

Based on their past learning experiences working with students as nurses, versus

instructors, participants were able to describe differences between their roles and

responsibilities as nurses versus part-time clinical instructors.   As nurses, they viewed

giving safe quality patient care as more important than teaching students, while as

instructors they have more responsibilities.   As instructors, they give safe quality patient

care with their students and are responsible for providing effective student learning

experiences.   These differences reinforce to them their professional identities as

instructors versus as nurses.

Fourth, several participants stressed that as clinical instructors it was their

responsibility to teach students how to problem-solve and critically think.   In contrast as

nurses, it is not their responsibility to teach these skills.   For example, Emily explained,

I need to teach the students how to problem solve and critically think because

when they become nurses they will need to do this while caring for their patients.

I question the students during their labs and clinicals, such as asking them

about why the patient is on this medication and what lab work is important to

care for your patient?   What do they need to teach their patient?   What signs

and symptoms do they need to assess their patient for?   What complications

would they need to report to the doctor?   As a nurse, I do not need to do this.

Similar to Emily, Ashley emphasized the importance of teaching critical thinking skills to students by facilitating application of theory content to practice, "I need to teach them how to critically think and apply their knowledge to patient care that they learn in their theory classes." In addition, Hannah described methods she used, "Teaching the students how to critically think and problem solve by questioning them and allowing them to prioritize and plan their patient care for the day. This is so important for them as future nurses." Teaching students how to problem solve and critically think is viewed by participants as an important role and responsibility for their instructor identities using methods, such as teaching students how to prioritize and plan care for their patients, apply theory course content to practice, and care for patients by providing appropriate teaching, medications, and treatment to them.

Fifth, participants identified being a role model, coach, and leader to students as important for their identity as instructors and different from their work as nurses. For example, Cathy defined herself in her instructor role, "I have come to realize that my role is their coach, their teacher, their cheerleader." Hannah had a similar description of her instructor identity, "I see myself as a coach and leader. I am put in that leader role to provide and arrange effective learning experiences for my students." In addition, Kim described herself as, "…. the leader of the group. So I am responsible for selecting patients for the students that will provide them the best learning experiences." And Elizabeth stated that as an instructor, "I just try and be the best role model of a professional nurse and teacher as I can be to my students while providing them the best learning experiences possible." In general, for participants being a role model, a coach, and leader to students was important to their instructor professional identities.

Conversely, as nurses, their primary responsibility is to provide safe patient care rather than be a role model, coach, and leader when teaching nursing students.

Sixth, another difference expressed by participants was their responsibility as instructors to motivate students to want to learn nursing skills and knowledge. They did not view this as a responsibility when working as nurses with students. As a clinical instructor Elizabeth feels she needs to be able motivate her students,

> How I motivate students depends on the type of student. I have learned throughout the years that some want to be here and learn. Others are just here because they thought they wanted to go to nursing school. I have been very fortunate to have students that want to be here. Everyone has their bad days. Maybe they are not feeling well…I do not think it is too hard to motivate students. I motivate my students to want to learn by giving them feedback, encouragement, new learning experiences, and talking to them about the reasons they need to learn the skills and content so they can be the best nurse they can be. It is definitely important to find ways to motivate students to help them learn.

Elizabeth believes that motivating students is important and she uses methods to motivate her students, such as feedback, encouragement, new learning experiences, and discussion of reasons to learn the nursing theory and skills. Kim also believes that motivating her students to want to learn is necessary and uses learning experiences during clinicals to motivate her students,

> I think it is important to be able to motivate students to make sure they get all they can out of their clinical experiences. When we do clinicals and we have have down time, I ask the nurse to take them with to do dressing changes

and other skills. I want to be sure they get all they can out of their clinicals.

I tell them, let us stay motivated and look for new learning experiences. So,

I definitely feel it is important to find ways to motivate students to want to

learn so they can be the best nurse they can be.

In addition, Stephanie discussed that as a clinical instructor she uses feedback and

compliments to motivate students to want to learn, "Motivating students is important. I

give them compliments when they give good patient care and accomplish a new nursing

skill. I give them feedback and stress the importance of learning so they can be the best

nurse possible." Participants expressed the importance of using several methods to

motivate students to want to learn. These methods include providing new learning

experiences, using encouragement and compliments, and emphasizing the importance of

learning the skills and knowledge for their future nursing practice.

Finally, as instructors participants learned that it is a necessity for them to be able

to teach students basic nursing skills, such as wound care, giving medications,

performing assessments, and completing patient care plans in lab and clinical settings.

In contrast, as nurses they perceived that it is not their responsibility to teach these basic

nursing skills to students, but rather have students work with them while they care for

their patients. Ashley expressed, "As a clinical instructor I am responsible to teach

nursing skills to my students such as assessments, wound care, administering

medications, writing care plans, and documenting patient care in the chart. As a nurse I

am not. They just work with me." Similarly, Kim stated, "As a clinical instructor I

teach my students how to give medications, do treatments, and other nursing care. I

observe their care and reteach the skills to them as needed." Likewise, Elizabeth

expressed, "I teach my students how to do nursing care and skills, document care and complete care plans, wound care, do assessments, and give medications. As a nurse, they work with me."

Overall, participants believed that another necessary role and responsibility of their instructor identities is to teach various nursing skills to their students in the lab and clinical settings while they care for patients. In contrast, as nurses they are more responsible for caring for patients rather than teaching nursing students these skills.

Similarities. In addition to differences, several participants described similarities between their professional identities as nurses in clinical practice as compared to their part-time clinical instructor identities in academia. One similarity includes the fact that they are able to care for patients in both roles. Sarah commented,

> I think there are similarities between the two. I am still able to care for patients in the instructor role as I do when a nurse. As a clinical instructor, I facilitate my students' learning while I get to still interact and care for patients. I am busy because together with students we may care for up to eight patients at one time. It is a huge responsibility.

In the instructor role, Sarah gets to maintain patient interaction but also receives the benefits of teaching students. Cathy described her professional identity as a clinical instructor similar to that of Sarah. Cathy stated, "When I am with students, we aim to provide safe, quality patient care together. We work together at this goal." Participants value being able to care for patients in both their nurse and clinical instructor identities. However, as instructors, they also appreciate being able to provide patient care with their students.

87

Summary of theme. In general, participants perceived differences and similarities between their part-time clinical instructor identities in academia as compared to their professional identity as nurses (expert clinicians) in practice. They defined similar and different roles and responsibilities between their nurse and instructor identities. Through learning experiences, participants discovered that nurses' main roles and responsibilities include being knowledgeable and skillful along with managing and giving safe quality patient care in a clinical setting. Similar to being a nurse, as instructors they have the benefit of providing patient care but with their students. However, as instructors they work for a nursing program and provide effective learning experiences for students by teaching nursing skills, motivating student learning, and facilitating problem-solving and critical thinking in students. Other important responsibilities as instructors include being a role model, coach, and leader to students.

Theme 2: Role of Others' Perceptions in Clinical Instructor Identity Development

Participants described how perceptions of students, other nursing faculty, and nursing staff at the clinical agencies assisted in their instructor identity developments.

Perceptions of students. Participants described how their students perceived them as a teacher, resource, approachable, and as someone who provides learning experiences for them. In addition, having their students communicate with them verbally, by email, and text message further reinforced their instructor identities. For example, Stephanie expressed, "I think overall, based on their comments, the students are satisfied with the learning experiences I provide for them. Last week a couple of them told me they liked how I teach them and how I am available to them to answer questions." Similarly, Elizabeth stated, "The students thank me for the learning

88

experiences I provide them at clinicals.   Many have told me I am a good instructor.   I receive emails and text messages from them quite a bit on questions related to their paperwork.   I feel they view me as a teacher and resource person."

Similar to Stephanie and Elizabeth, Kim commented on her students' perceptions of her, "I feel they look at me as a teacher.   For example, during our post-clinical conference last week, a student thanked me for assigning her a great patient.   She expressed to me that she learned a lot and liked how I teach."   In addition, Kim expressed, "In my last student evaluations, they commented that I am very approachable and it is easy to ask me questions.   Students will thank me for teaching them at clinicals."   Using various methods of communication with their students seems to be important for participants' professional identity development as instructors.   All discussed how students perceived them as clinical instructors based on these conversations further reinforcing their self-perceptions necessary for their instructor identity.

Perceptions of part-time and full-time nursing faculty.   All participants expressed that in addition to students, other part-time and full-time nursing faculty perceived them as clinical instructors further supporting the development of their part-time instructor identities.   Communication with other faculty further reinforced participants' self-perceptions as instructors.   They described how other nursing faculty communicate with them verbally and are willing to answer their questions.   In addition, a few participants perceived, based on these conversations, that full-time nursing faculty viewed them as equal rather than as inferior despite their part-time status.   For example, Stephanie commented,

I get along with the other full-time faculty very well. They seem to value my knowledge and have been very helpful to me and being able to tell me what I need to know and answer my questions. I believe they view me as a clinical instructor teaching our students. They communicate with me as if I was equal to them. We communicate in person, email, or text messaging.

Similar to Stephanie, Hannah described other faculty member's perceptions of her based on her communications with the faculty, "They see me on the same level as they are and as a clinical instructor….They are also helpful to me and answer all my questions. We communicate back and forth a lot about teaching the students using email, text messaging, and in person when I see them." Kim expressed, "I feel they think of me as a clinical instructor…We have a great relationship and open communication about any student concerns or questions I may have on teaching. They are very helpful in answering my questions by email and text messaging." Participants believed that other part-time and full-time faculty perceived them as instructors based on their communications with the faculty. Several participants discussed how other faculty viewed them as equal despite being part-time, further reinforcing their instructor identities.

Perceptions of nursing staff at clinical facilities. Lastly, in addition to students and other faculty perceiving them as clinical instructors, participants described how nursing staff at clinical sites also perceived them as instructors. Communication with nursing staff at the clinical agencies further reinforced the faculty's perceptions of their identity as clinical instructors. Nursing staff at the clinical sites consult with participants on patient selection and learning experiences for the students. In addition, participants

90

commented that the nursing staff are very helpful by answering their patient care related questions. For example, Hannah expressed,

>The nursing staff are very grateful and excited that the students and I are there.
>They come and find us if there are skills and other things to do, such as IVs,
>dressing changes, and foley catheter insertions. The nurses help me select
>patients to assign the students as they know the patients better than I do. I just
>tell them what type of patients based on diagnosis I would like to assign the
>students and they find patients for me. Yes, they view me as an instructor.

Sarah, similar to Hannah, commented, "The nursing staff are excellent about letting us know if there are nursing skills that need to be done. They assist me with patient selection. We communicate about student learning experiences. They make me feel like an instructor while I do clinicals." Likewise, Emily stated, "The nursing staff help me pick out patients that would be good learning experiences for the students. They will find me patients with specific diagnosis that students are learning about in theory that week. I believe they view me as a teacher." The nursing staff's willingness to identify learning opportunities for students demonstrates their deference to the instructor's role as the constructor of learning experiences. This further supports the participants' perceptions of their professional identity as part-time clinical instructors

Summary of theme. The perceptions of students, nurses at clinical facilities, and other faculty contribute to the participants' instructor identity developments. Participants believed that these individuals perceived them as clinical instructors based on their communications with the individuals while participants taught students in the community college and clinical site settings.

91

Theme 3: Lack of Communication with Main Campus and Full-time Faculty

   Participants stated that there is a lack of communication from other faculty at the main campus about changes in the nursing program's curriculum, policies, clinical schedules, scheduled meetings, and other information pertinent to teaching their students. Communication was viewed by participants as a form of support. In general, all believed that this lack of communication was due to the fact they are part-time and/or work at distant sites. Stephanie, who works at a main campus, expressed that lack of communication impacts student learning, and there needs to be an improvement in the communication. Stephanie commented,

   There is a lack of communication with me from the full-time course instructors on what I should be teaching in clinicals that will assist students in applying the theory content from their classes. Improvement in communication with me needs to occur…that is the foundation for all student learning. Communication is so important...faculty in the nursing department need to communicate with each other more. The process needs improvement. For example with email, it is easy to miss someone. Working part-time is part of the cause for me not receiving the needed communication….I would be in the verbal communication loop if I was full-time and on campus more…Then there is the issue of time, how much time should part-timers be expected to review email when most of us have other jobs....Miscommunication impacts student learning due to lack of consistencies. I also miss important faculty meetings on important information on teaching methods and changes pertaining to teaching students due to not hearing about them until they have already happened.

92

Because of her lack of communication with course instructors, Stephanie believed she lacks knowledge about the theory being taught in the classroom and this is detrimental to student learning. As a result, she is unable to teach students how to apply the theory to patient care in the clinical setting. She felt that being part-time is a main cause of this lack of communication since she is not as visible to other instructors, missed on emails; and she lacked time to review any emails due to other job commitments. Similar to Stephanie, Ashley commented, "Sometimes I feel all alone out here and do not see the other faculty and miss communication about changes I need to know for teaching my students because I am part-time. I teach in the same town as the campus. Communication needs to improve." Likewise, Sarah stated, "Since I am part-time I do not always receive the updates I need. So, I miss out on communication that is important." Overall, these participants expressed feelings of isolation even though they teach in close proximity to the main college campus. They believed that being part-time was one of the main reasons for not receiving important information from other faculty related to their roles and responsibilities as clinical instructors.

Elizabeth, Emily, and Cathy reported feeling isolated and perceived a lack of communication because they are part-time and located at distant sites, rather than on main campuses. They expressed the need for increased communication from other faculty on such items as curriculum changes, course schedules, clinical paperwork, and other changes related to teaching their students, and the lack of communication negatively impacts student learning. For example, Elizabeth stated,

Communication is very poor from the main campus and nursing department. ….a lot of times I feel like I am working alone out here….sometimes I do not

93

even know what to ask about and what communication I am missing….I am

definitely out of the loop with communication from the main campus on

important changes…Sometimes I find out about changes after they have

occurred, such as when we recently changed a clinical documentation form

….I think the students sense this also and feel forgotten by the main campus.

I feel it does affect their learning.

Elizabeth expressed feelings of isolation due to her location at a distant site and lacked

knowledge on questions to ask.   Another concern she had was that students sensed this

lack of communication, and as a result students' learning may be negatively impacted.

Cathy, similar to Elizabeth, also felt isolated and that there lacked communication

with her main college campus and nursing program.   Cathy commented,

I don't have a sense of belonging either. I think it is because I am part-time and

work at a distant site. I miss a lot of communication on important changes….

The communication needs to be better. They forget to tell or email me about

important changes. Then it is an "emergency" such as what happened recently

with the spring book list. I received the list to share with my students at the

beginning of the semester….I just need more communication in a timely manner.

All that needs to be done is just send me an email. Is that too hard to do?

Student learning can be impacted!

Cathy described her feelings as lacking a sense of belonging to the main college campus

due to the lack of communication from the main campus.   E-mail was mentioned by her

as a valuable method to communicate changes with her and needs to be used.   However,

when there appears to be an "urgent change" to something involving students and the nursing program, then she is always notified.

Likewise, Emily also verbalized, "More communication is needed from our main campus and nursing program. I really do not feel a part of them. I feel like we are all alone out here. I am part-time and at a distant site and feel forgotten." Similar to Cathy and Elizabeth, Emily also expressed feelings of isolation and not belonging to the main campus.

Summary of theme. In general, all participants described feelings of isolation and lacked a sense of belonging that resulted from a lack of communication with other nursing faculty on such items as curriculum changes, course schedules, clinical paperwork, and other changes related to teaching their students. An added concern they had was that this lack of communication had a detrimental impact on student learning. Participants believed that a contributing factor to this lack of communication was their part-time status. In addition, those participants located at distant sites verbalized that being located away from campus was an additional cause. In contrast, findings presented in Theme 2 suggested that participants believed that communication with other full-time and part-time faculty provided an additional means for them to perceive themselves as having a clinical instructor identity and that communication was not lacking. One explanation may be that communication between participants and other faculty involved different topics that either facilitated their identity development and/or informed them of information related to their teaching role. In addition, communication with students and nursing staff at clinical facilities also emerged in Theme 2 as further promoting the participants' instructor identity developments.

Theme 4: Interactions with Faculty, Students, and Nursing Staff at Clinical Facilities

The participants' experiences as clinical instructors included interactions with their social environment (community college environments), such as with other nursing faculty, students, and nursing staff at clinical facilities. These interactions assisted them in a role transition process that facilitated the development of their professional identity as instructors. Through these interactions, they learned various roles and responsibilities necessary to work as instructors, specifically the pedagogical skills necessary to promote effective student learning.

Interactions with other nursing faculty. First, participants discussed how their interactions with other nursing faculty assisted them with their role transition process and development of their professional identity as part-time clinical instructors. Through these interactions, they learned the roles and responsibilities specific to being a clinical instructor. In addition, observing other part-time and full-time nursing faculty teach students and talking to other faculty regarding use of effective pedagogical skills, was also helpful. For example, Sarah expressed,

> The other nursing faculty I work with are always willing to answer my questions
>
> on different ways to teach students. Another part-time instructor is the main
>
> person I have interactions with because we work side by side and have clinicals
>
> and labs together… In terms of lab and teaching skills, I learned a lot by watching
>
> other faculty and thinking about what would be helpful for myself to use when I
>
> start teaching the nursing skills. We are all a team and here for the same goal to
>
> teach the students and help them learn. We have a great working relationship.
>
> They taught me my responsibilities. I feel like a clinical instructor now.

Observing, working, and communicating with other faculty were helpful to Sarah in learning her roles and responsibilities and pedagogical skills to promote effective student learning. She learned how to teach nursing skills while feeling a sense of teamwork because of her excellent relationships with other faculty. These types of interactions with other faculty facilitated Sarah's role transition and clinical instructor identity development.

Kim, as compared to Sarah, discussed similar interactions and experiences with other faculty. In addition, she stressed that a supportive working relationship with other faculty assisted her in her role transition process and identity formation as an instructor. Kim expressed,

At the beginning, I actually spent a couple of clinicals with another clinical instructor while she taught her students. I was able to watch and learn from her on what works for teaching students at clinicals. I feel that all the other faculty are very supportive of each other and when I have questions or am having difficulties or maybe concerns, I can email, text, or call another instructor who is always helpful in answering my questions. We have a good working relationship and I have become a clinical instructor. They are a great group and we all work together so that our students learn.

Interactions with other faculty that included observations, communication, and a supportive working relationship was vital in assisting Kim in her role transition process to a clinical instructor. It was in those interactions that Kim learned important pedagogical skills, roles, and responsibilities pertinent to her role as an instructor.

Stephanie, who is the least experienced clinical instructor of the participants, found her interactions with faculty valuable in learning pedagogical skills, roles, and responsibilities as an instructor. In addition, she learned how to demonstrate skills and conduct simulation experiences for students,

> To begin with I did watch other faculty demonstrate skills and that was very
> helpful. As far as simulation, the other faculty have helped me with all aspects,
> such as setup and we have gotten together and practiced the scenarios which has
> really helped. They have been very helpful to me and being able to tell me what
> I need to know and answer all my questions. The other faculty are my educators.
> I learn a lot from my colleagues. They show me the ropes and show me the
> processes of teaching. We discuss many issues and concerns that come up.

Stephanie viewed other faculty as role models and teachers who assisted her in learning how to be an instructor. These types of interactions with other faculty have been critical as she continues her role transition process and develops her professional identity as a clinical instructor.

Second, a few of the participants verbalized the importance of a mentor or a go-to person such as an experienced nursing faculty member, that could be available to answer their questions and help them learn their new roles and responsibilities, and how to teach students. Participants believed this mentor would assist them as they transitioned and learned how to be an instructor. Some of the faculty discussed how they found their own go-to person. According to Hannah,

Another thing that helped me was having a mentor or a go-to person that I

selected myself. It has been nice to have another faculty member work with me

to learn the ropes about how to teach nursing students and what works. What are

my responsibilities? It would have been nice if this person was assigned, but it

all worked out.

Hannah expressed that having a mentor or a go-to person was critical for facilitating her

successful role transition to a clinical instructor. She selected her own mentor, but

recommended that a mentor be assigned to new faculty.

Elizabeth also expressed that guidance from a mentor who was an experienced

instructor would have been helpful when she first began as a clinical instructor,

At the beginning I think having the help of a mentor would have been helpful to

me or someone such as an experienced instructor to help me learn my role and

responsibilities teaching the students…someone to talk back and forth with.

How would you handle this…has this happened to you? How do you grade and

use the rubrics?

Elizabeth perceived that having an experienced faculty member as a mentor would have

helped her learn necessary teaching skills, roles, and responsibilities for her instructor

identity.

One participant reported having two mentors during her role transition and

instructor identity development. Sarah stated, "I had actually two full-time instructors be

my mentors. They really helped me learn how to teach students and supported me."

Sarah believed that her two mentors assisted her by supporting and teaching her how to

teach during her transition into her clinical instructor identity.

Interactions with students. In addition to interactions with other faculty, participants discussed how interactions and experiences with students facilitated their role transition process and establishing their identity as clinical instructors. Through teaching experiences, they learned their roles, responsibilities, and pedagogical skills that promote effective student learning. In addition, all stressed that they learned the necessity of a supportive student-teacher relationship to provide effective student learning. For example, Elizabeth commented,

> The students will express appreciation for their clinical experiences. The students do email about questions related to their clinical assignments and other course work. I also email and text them too…I get phone calls from them as well… they ask me questions on their care plans…the trischedule…what ATI chapters they need to read. They ask me a lot of questions pertaining to their labs and clinicals since that is what I teach….While we are doing clinicals, they ask me questions pertaining to their patient and skills as needed. One of the students was working on her math. She asked me, "I haven't done this type of math for a while and well can you look at it to see if I am doing it right and teach me more about it?"….It is not uncommon for students to ask me similar questions…It makes me feel good knowing I can help them learn…..I have learned how to help them learn. I consider myself approachable to students. My relationship with students is so important to their learning. This is my responsibility as a teacher.

Elizabeth considered herself a teacher that provides a supportive student-teacher relationships. By giving feedback, being available and approachable, and answering questions on students' assignments, Elizabeth facilitates their learning.

Cathy also expressed the importance of a supportive student-teacher relationship to student learning along with knowing how to teach and provide effective learning experiences for students.   According to Cathy,

> I try and provide a supportive learning environment for them and look out for
> their best interest and for learning experiences for them….At times they do thank
> me for their clinical experiences and what they learned…Based on their student
> evaluations they appreciate the individual attention I give them as a student.
> The students rate me high on fairness and grading and being approachable.
> The students communicate with me often in person, text, or email about
> any questions related to their lab or clinical experiences.   I have learned
> what works for teaching the students and the importance of my relationship with
> them.

Cathy expressed that she discovered that being approachable, fair in grading, communicating with students, and providing effective learning experiences for students are necessary for a supportive student-teacher relationship in her role as an instructor.

Participants expressed that through their experiences while interacting with students they learned their roles and responsibilities, and pedagogical skills that facilitate effective student learning necessary for their instructor identity development.   In addition, they discovered that supportive student-teacher relationships are critical to successful student learning.   Teachers must be supportive, approachable, and available to students.

Interactions with nursing staff at clinical facilities.   Finally, in addition to their interactions and experiences with other faculty and students, the participants discussed

how their interactions and experiences with nursing staff facilitated their role transition process contributing to their clinical instructor identity developments.   In general, all viewed nursing staff at the facilities as very supportive because the staff taught them the unit routines, computer documentation, and other procedures used to care for patients and helped them provide student learning experiences.   In addition, while teaching students at the clinical facilities, participants learned additional responsibilities related to their instructor role.   For example, Hannah described her experiences and interactions with the nursing staff,

> The nursing staff work with me, and I have learned how to work with them.   It took time for the nurses to get to know me and establish trust in my abilities, but now they trust me.   They are always very good in helping me select patients as I tell them the type of patients I want for the students…They find us if there are skills and other things to do…to put an IV in, a catheter, NG and skills like that…Most are very open to answering my questions…They have taught me about the routine on the floor, the computer charting, and about other procedures. I feel like a clinical instructor in the clinical areas as I have learned my responsibilities and how to teach my students there.

Hannah believed that over time her interactions with nursing staff demonstrated support and trust by being willing to orientate her to the unit and collaborate with her in providing student learning experiences further reinforcing her instructor identity.

Kim also expressed similar experiences as Hannah.   In addition, Kim received positive feedback from the nurse manager of the unit that her students are giving good patient care.   Kim commented,

I have really good experiences and interactions with the nursing staff working at

all the clinical facilities we spend time at….The floors we do clinicals on is more

of an acute floor so they have trachs and peg tubes, and a little bit harder stuff…I

have a good relationship with the unit manager on that floor.   She has given

me really good feedback on the students and the job that we do there.   The

nursing staff are always helpful in answering my questions about routine.   When

I go to make patient assignments, the nurses are helpful in assisting me with

selecting good patients for the students that will provide good learning

experiences.   I have learned how to provide experiences to help my students

learn.

Through her interactions with nursing staff at the clinical agencies in her instructor role,

Kim learned how to work with the nursing staff in providing learning experiences for her

students.   Nursing staff also assisted her with patient selection and by answering her

questions.

Summary of theme.   Participants' interactions and experiences with faculty,

students, and nursing staff at clinical facilities in their community college environments

were critical for facilitating their successful role transition and development of their

professional identity as part-time clinical instructors.   These interactions specifically

involved mentoring by experienced faculty, learning pedagogical skills necessary to

promote student learning, and learning additional roles and responsibilities necessary to

their instructor identities.   In addition, participants discovered that a supportive student-

teacher relationship facilitates student learning and is very important to their instructor

identities.

103

Theme 5: Past and Present Nursing Practice Experiences

Past and present nursing practice experiences also facilitated participants' role transition process and formation of their professional identity as instructors. In addition, nursing experiences provided a means for participants to maintain competency in nursing knowledge and skills and a foundation to add further knowledge on use of pedagogical skills that promote effective student learning experiences. Participants verbalized the importance of sharing their experiences with students to help facilitate their learning, critical thinking, and problem-solving. Elizabeth, for example, shared how her experiences were critical for her role transition and instructor identity development,

> I don't know how any nurse can be a clinical instructor without past nursing practice experience….Because of my past and present work, I am competent in my nursing knowledge and skills. The students enjoy hearing about my past and present experiences in nursing practice. I share my experiences, to help them apply theory to practice. Some of the methods I use to teach my students also add to my knowledge of nursing which is valuable to me as a teacher.

Elizabeth expressed how her nursing experience is valuable to her as an instructor because the experiences provided a means for her to remain competent in her nursing knowledge and skills, and provided a foundation to add her learned teaching skills. In addition, while she teaches her students she is able to use past experiences to facilitate her students' application of nursing theory to practice.

Cathy also expressed that nursing practice experience was valuable to her clinical instructor role. In addition, from her past experiences Cathy learned how to work with people and the decision making vital to her instructor role. Cathy stated,

104

My nursing practice experience has been valuable to me. I cannot imagine

even imagine the people who come out of school and hardly work at all…

then go right into the nursing education field. I cannot imagine because there is

so much that you learn from every patient you work with, every staff you work

with, and physician you work with. You learn how to deal with people. Um..

in different situations…you learn decision making. These skills are used by me

as an instructor. The students love hearing about my nursing practice

experiences that help them learn application of theory to nursing practice. My

teaching skills have added to my nursing knowledge. I have learned the roles and

responsibilities necessary for my instructor role.

Cathy expressed that her past nursing practice experiences facilitated her role transition

and development of her instructor professional identity. Specifically, she stressed how

she learned decision-making, how to work with other individuals, and nursing knowledge

and skills that are valuable to her as an instructor.

Ashley discussed similar views. In particular, she stressed the importance of

being a clinical expert and how maintaining her nursing knowledge and skills is vital to

her clinical instructor role. According to Ashley,

Having nursing practice experience is definitely a necessity for being a good

clinical instructor in order to maintain competencies, knowledge, and skills.

I am also considered a tenured nurse on the telemetry nurse and an expert.

The students do enjoy hearing my past nursing practice experiences to help them

learn critical thinking and application of their theory content to nursing practice.

At times I see the "light bulb" go on and they have those "ah ah" moments. As I

learned how to teach, my past experiences added to this and make me a better

teacher.

As a result of her past and present nursing practice experiences, Ashley considers herself

an expert clinician who is competent in her nursing knowledge and skills, and therefore

while in her instructor role is able to use her experiences as examples while teaching her

students critical thinking skills.

Finally, participants viewed their past and present experiences as nurses in

practice teaching nursing students and other nursing staff as valuable in that they received

some experience working in the role of a teacher.   In addition, they learned that teaching

nursing students as clinical instructors differs from teaching nursing students and other

nursing staff as nurses.   They believe that as instructors they need to focus more on

providing effective learning experiences, therefore are more responsible for the student's

learning.   For example, Elizabeth discussed,

> I had a student do her six week preceptorship with me and have had other nursing
>
> students as a nurse and that has been helpful for learning my role as a clinical
>
> instructor.   I also did the orientation for our new nurses at the hospital before I
>
> left the floor.   So, I have been in that teaching role some, but teaching as a
>
> clinical and lab instructor is much different, but has helped me.   I have learned
>
> the differences between the two roles.   Teaching as a nurse did provide some
>
> valuable experience for me to use as a clinical instructor.   I learned some
>
> teaching skills.   However, as an instructor I have much more responsibility in
>
> being sure the students learn.

Elizabeth discussed how teaching students and nurses prior to starting as a clinical instructor placed her in the teaching role, however, she believes that teaching students and nurses is different than teaching students as a clinical instructor in academia because it is critical that she provides effective learning experiences for students. During her past experiences, she specifically learned some valuable teaching skills to use as a clinical instructor.

Similar to Elizabeth, Cathy's current position as a full-time educator at the hospital was valuable and helped her learn how to teach nursing students. She also learned new roles and responsibilities that are necessary for her clinical instructor role in academia different from teaching students and nursing staff as a nurse. Cathy commented, "At the hospital I am in charge of staff education and that has helped me learn how to teach nursing students, but teaching nursing students is different because I had to learn the specifics. You have to teach based on curriculum and are more responsible for their learning." Lastly, Ashley who works as a nurse in a telemetry unit expressed similar views. In addition, she described differences between teaching nursing students versus graduate nurses in the clinical setting. Ashley commented,

> Over the years I have trained in a million new graduate nurses. It is the same level of teaching somewhat as with students, except with students you are teaching them more information and skills than the new graduates. So, this past teaching of new graduates has been helpful to me. Teaching nursing students is definitely different than teaching graduate nurses and other new nursing staff. But, I have learned some skills needed as a clinical instructor. I am responsible for their learning and have learned methods to stimulate their learning.

By teaching new graduates as a nurse in clinical practice, Ashley learned valuable teaching skills to use in her role as an instructor. She also believed teaching nursing students in her instructor role requires teaching different content and using different pedagogical skills because nursing students are less knowledgeable on nursing care.

Summary of theme. Participants perceived that nursing practice experiences provided a means to maintain their nursing knowledge and skills, a knowledge base to add teachings skills, and a means to facilitate their students' critical thinking and problem solving by the use of examples from their practice. These experiences also placed them in the teacher role. However, they believed that teaching nursing students as clinical instructors is different than teaching nursing students, new graduates, and other nursing staff as nurses. Is teaching nursing students as nurses versus instructors really different? Do nurses have a professional responsibility to assist in planning effective learning experiences for students? Nurses do have a professional responsibility, however, this study explored participants' perceptions. As instructors, they believed that they must teach different content and use different pedagogical skills. Vital to their role transitions and instructor identity developments was learning pedagogical skills necessary to promote effective student learning.

Theme 6: Role Transition Process and Professional Identity Formation

Six participants described their role transition process from nurses in clinical practice to clinical instructors in academia as occurring over time and varied from 1 year to 3 years. In addition, these six participants perceived that they have completed their role transition process to clinical instructors, but do they really know everything needed as instructors and are they continuing their learning and growth? However, Stephanie

108

and Emily, who have worked less than one year, perceived that they are still learning and undergoing their role transition and development of their instructor identities. When they began as clinical instructors, all participants experienced feelings of role ambiguity. They described how their experiences and learning their specific roles and responsibilities, were essential to facilitating this role transition process. In addition, participants stressed how learning pedagogical skills to promote effective student learning was critical to transitioning into their instructor professional identities.

Role ambiguity.   As a group, participants experienced feelings of role ambiguity as they began in their clinical instructor roles.   Participants described feelings of being overwhelmed, confused, and lacking knowledge on their teaching roles and responsibilities.   Throughout time and experience participants learned how to teach, their roles and responsibilities, and use various pedagogical skills to promote effective student learning.   Their confidence levels in being able to perform in their new role improved over time, however, Emily and Stephanie, who have worked less than one year as clinical instructors, continue in their role transition process.   The other six more experienced participants expressed how they developed their professional identity as clinical instructors as a result of this role transition process.   According to Kim,

> When I first started I was terrified because I really did not know what I would be
> doing.   I didn't know anything about how to teach nursing students.   What really
> is my job?   To begin with I thought I would just be there with them and have the
> nurses teach them.   But now after one year or teaching clinicals, I now feel
> comfortable in my role and know how to teach….I love teaching and seeing the
> "light bulb come on inside them" when the students learn something.   My view

of my role has changed since those first days. I have gained the experiences and learned more about how to teach and provide learning experiences for the students in the clinical setting.

As she began in her instructor role, Kim described extreme feelings of anxiety and a lack of knowledge on her specific roles and responsibilities. After one year, she expressed feeling comfortable as an instructor because of her belief that she knows her roles, responsibilities, and how to use various pedagogical skills to teach and promote effective student learning. She especially enjoys seeing her students learn from her teaching methods and learning experiences she provides them. Elizabeth experienced similar feelings of role ambiguity as she began working as an instructor. However, she stressed the process took her about three years versus one year as stated by Kim. Elizabeth stated,

When I first started working as a clinical instructor, I did not know what it was going to all entail…What would be my roles and responsibilities? Now after three years of being a clinical instructor, I feel different now about my role than when I first started. I am more comfortable and have learned how to teach so that my students learn in the clinical setting…now I have more knowledge on how to teach my students and help them learn. Much different than in the beginning of my years as an instructor…I feel like a clinical instructor now after three years.

While experiencing her role transition over a three year period of time, Elizabeth experienced an increase in her comfort level by learning her roles, responsibilities, and pedagogical skills to help her students learn. She described how this process resulted in

110

establishing her instructor identity.   Similar to Kim and Elizabeth, Sarah at first also experienced role ambiguity.   In addition, Sarah stressed that her past experiences teaching students helped her learn how to teach students and become more confident. Sarah expressed,

> Initially when I started, it was, I felt like, I had no direction what so ever on what I was supposed to be doing as a clinical instructor.   I didn't know my roles and responsibilities…I feel like I have been evolving into my role as a clinical instructor…you know through experience you gradually start learning what to do and how to teach the students…I could tell a huge change from last year versus this year.   I now know what I need to do so my students learn and what type of experiences I need to provide them.   My confidence level in my role is much higher.   I definitely know what to do now as a clinical instructor and I feel like one.

Sarah described how over the last year through her experiences she evolved and transitioned into her role as a clinical instructor by learning how to teach students.   The end result was that she now feels like a clinical instructor with more confidence; therefore she perceived that she developed her professional identity as a clinical instructor.

Unlike the more experienced participants, Stephanie, a part-time clinical instructor for only four months at the time of her interviews, continues in the process of her role transition and identity formation.   Similar to other participants, when she first began she experienced feelings of role ambiguity.   Yet, she does not feel as confident in her role as a clinical instructor as compared to the other more experienced instructors.

She believed that she still needs to learn her roles and responsibilities along with necessary teaching skills to facilitate effective student learning. Stephanie commented,

> At first I did not have a clue what my role and responsibilities would be as a clinical instructor. After four months, I realize I still have a lot of professional development to do to perfect my teaching skills necessary for my teaching role. ….I do want to be able to provide effective learning experiences for my students. I do not quite feel like a clinical instructor yet….I know I continue to feel more comfortable in my role through more experience. I am not quite as lost as when I first started. I mean I have the basics of what my role is and how I need to be in that role, and now I just need to continue learning various teaching skills and how to plan and provide good learning experiences for my students. I will continue to learn how to be a teacher over time. I am not quite there yet….where I need to be.

In addition, Stephanie described some difficulty with time management between her two roles, "I need to figure out my schedule between my two jobs….I have missed important meetings at the college because I had to work at my job as a nurse." Stephanie discussed how she continues to learn her roles and responsibilities, and pedagogical skills to promote effective student learning. Through experience, she believed she will become more comfortable in her instructor role. Unlike other participants, a lack of time management abilities is also a concern of hers. Stephanie stressed a need to learn how to manage her time between her two roles in order to fulfill her responsibilities for each role.

Similar to Stephanie, Emily who worked for 5 months in her part-time clinical instructor role experienced role ambiguity as she continues to learn her role as an instructor, "I didn't have a clue at first what I would be doing. What is really my role and responsibilities….I continue to learn how to teach students in the lab and clinical settings. I am gaining comfort in my role, but still have a lot to learn and not there yet." Throughout time, Emily continues to learn her roles, responsibilities, and pedagogical skills needed to teach her students and is still in the process of establishing her professional identity as a clinical instructor.

The amount of time needed to learn their new roles, responsibilities, and pedagogical skills necessary to complete their role transition process and develop their professional identity as part-time clinical instructors appears to be an individual process. The amount of time appears to vary among participants. For example, Kim perceived she completed the process in one year, and Elizabeth believed that the process took three years for her to complete. The other participants perceived similar experiences. However, does learning ever end for these more experienced instructors? Do they recognize the need for ongoing professional development for their instructor identity? In contrast to the other six participants, Emily and Stephanie have both worked less than a year, and expressed how they are still completing their learning, role transition process, and instructor identity developments.

Learning how to teach from their past nursing instructors. Due to feelings of role ambiguity, several participants described how they began teaching in their clinical instructor roles similar to how they were taught as undergraduate nursing students by their nursing instructors. Their past nursing instructors served as teachers and/or role

113

models for them on how to teach their students while transitioning into their new professional identity as instructors.   For example, Emily commented,

> At first, I didn't know how to teach the students.   I tried to teach how I was taught by my instructors while in nursing school.   I asked myself how did my instructors teach me and did that help me learn?   I thought about how my "best" nursing instructors taught me.   I tried using some of these skills on my students and they seemed to help my students learn.   It was a long time ago since I was in nursing school, but that is what I used to help me start teaching my students.

Emily expressed how she began using teaching methods to teach her students used by her instructors that helped her learn, and she believed these teaching methods would help her own students learn similar to how she learned.

> Likewise, Kim discussed how she learned to use teaching methods based on her past experiences as a nursing student.   Kim expressed,

> From my past experiences as a nursing student, I learned from my instructors and how they taught me and the other students in the class.   I began using teaching skills and similar clinicals used by my nursing instructors that helped me learn. So far, I have provided similar learning experiences to my students and they are learning.   I seem to learn something new each day that works.

Even now with Kim feeling comfortable in her professional identity as a clinical instructor, she continues to use teaching methods used by her past instructors with her own students and continues to learn more methods to facilitate student learning.

Cathy also expressed how she began teaching her students based on how she was taught by her instructors as a nursing student, "You know I didn't have a clue on how to

start teaching my students. I began teaching in the clinical and lab the way I was taught

as a nursing student because that is what I knew and understood that helped me learn…I

also taught by trial and error and learned what works to help students learn." Cathy

learned to teach by trial and error in addition to using teaching methods to teach her

students that she experienced as a student. Cathy found that both methods assisted her in

learning how to provide experiences to help her students learn further assisting in her

identity development as a clinical instructor.

Clinical instructors who continue to work in clinical practice. Of interest, six

of the participants who continue to work in their roles as nurses (expert clinician) in

clinical practice and as part-time clinical instructors perceived themselves in both those

roles. These participants described separate roles and responsibilities for each role and a

separate professional identity associated with each role. However, depending on which

of the two roles they are performing is the professional identity they enacted. In

addition, four participants who work as clinical instructors in the same clinical areas they

work as nurses, described a period of time during their role transition process before the

nursing staff viewed them as clinical instructors rather than as nurses in the clinical

setting. For example, Elizabeth shared,

> To begin with, it was difficult for the nursing staff to view me as a clinical
>
> instructor while I had students. They would ask me questions I could answer
>
> as a nurse. They asked me to do stuff that a nurse would do there. I had to
>
> remind them I am a clinical instructor today and not a nurse on the floor. I have
>
> two jobs…..Now, I love having clinicals here at the hospital I work at because
>
> everyone now knows what I am doing. So, when they see me out with my

115

students, they are calling me from other departments, "We have this interesting thing going on right now, do you want to come and see it with your students?" …..People seem to know my role now and they want to help me provide good learning experiences for my students as well.

Even though Elizabeth works as a clinical instructor in the same hospital that she works as a nurse, she is able to identify with her two separate roles and identities, based on which one she is working. Elizabeth had to clarify to staff which role she was performing. However over time, the staff were able to view and treat her appropriately based on the role she was working.

Ashley expressed similar experiences as Elizabeth. In addition, a period of time passed before physicians at the clinical setting were able to perceive her as a clinical instructor rather than as a nurse. Ashley discussed,

To begin with, the physicians and nursing staff were really confused at what role I was in for the day. And people looked at me, what are you working as today? Sometimes I felt dually used in both roles at the same time. My staff know me as "Ashley the telemetry nurse"….It took time for them to realize I work two different jobs in the telemetry unit. Now after a few months they view me as a clinical instructor when I am with my students. So when I am in the white lab coat they know that I am not working as a nurse, but as a clinical instructor that day. I am here to teach the students and help them learn along with caring for the patients. So, I think the nursing staff and physicians are now are able to view me in separate roles.

Ashley is able to complete roles and responsibilities for each identity, nurse or instructor, depending on which one she is performing. She had to verbally clarify the role she was working to both the nursing staff and physicians. In addition, she found wearing a white lab jacket helped her clarify to them which role she was performing.

Sarah also described similar experiences as Ashley and Elizabeth. However, she expressed that in the beginning of her role transition process she had some difficulty trying to separate the roles and responsibilities between her two identities, a nurse in clinical practice and a clinical instructor in academia. Sarah discussed her experiences,

Well, since I work at the hospital I do clinicals I think at first it was kind of hard for people to draw the line when I work as a nurse versus working as an instructor there. It took a few weeks, but now they are respectful of my position as a clinical instructor. They are really good about letting me know when they got stuff going on that the students could learn from, such as an catheter or nasogastric tube insertion. They no longer expect me to work as a floor nurse when I am there as a clinical instructor with my students. We have a good working relationship…I also had to separate myself for what I do when I work as a nurse at the clinical site from working as a nurse there…I want to answer the phone, go hang another nurse's IV bag for them. It was really hard for me to separate myself between my role as an instructor and role as a nurse there….but now all and all my coworkers get it that when I am with students, I am an instructor and they no longer treat me as a nurse when I am with the students.

Although Sarah had a difficult time at the beginning of her role transition separating her roles and responsibilities for her two identities, she learned the roles and responsibilities

as an instructor and is now able to work in both identities, a nurse in clinical practice and a clinical instructor in academia. In addition, time passed before nursing staff were able to perceive her as a nurse versus a clinical instructor.

Summary of theme. The role transition process for nurses in clinical practice to part-time clinical instructors in a community college setting appears to be an individual process. Six participants with the most teaching experience perceived that their role transition process varied from 1 year to 3 years. This study only explored participants' perceptions and suggests that six participants believed their role transition process and identity development is completed. However, is learning ever complete for these participants or does it continue even after they perceived themselves as having a clinical instructor identity? Do they really know all they need to perform in their instructor identities? In contrast, Stephanie and Emily, who have worked less than one year, perceived that they are still learning and undergoing their role transition and instructor identity development.

Participants discussed how learning their specific roles and responsibilities was essential to eliminating their feelings of role ambiguity and facilitating their role transition process leading to their identity formation as instructors. However, learning how to use pedagogical skills to promote effective student learning was considered critical to their instructor identity development.

Six participants who continue to work in their roles as nurses in clinical practice and as part-time clinical instructors experienced dual professional identities. These participants described separate roles and responsibilities for each role and a separate professional identity associated with each role. However, depending on which of the

two they are performing in at the present time, nurses in clinical practice or as clinical instructors in academia, is the professional identity they perceived themselves.   Four participants worked as clinical instructors in the same clinical areas they worked as nurses.   Over a period of time the physicians and nursing staff in these clinical areas were able to view these participants as clinical instructors rather than nurses, each with distinct roles and responsibilities.   In addition, one participant also expressed a period of time passed before she was able to feel comfortable and view herself in the role as a clinical instructor rather than as a nurse in the clinical area.

Theme 7: Incentive to Learn Pedagogical Skills

All participants expressed an incentive to learn pedagogical skills necessary to facilitate effective student learning, and several participants reflected on their feelings of satisfaction in knowing they had a part in producing a quality nursing graduate who will enter into nursing practice.   Participants shared that learning pedagogical skills was essential for their role transition process and development of their professional identity as clinical instructors.   As compared to the role of a nurse in clinical practice, participants believed the role of a clinical instructor requires knowledge and a skill set of its own. They described a need for life-long learning, and that there will always be something to learn to help them become better instructors.   As a result, participants believed in the need for ongoing professional development even after they perceived that they have completed their role transition and developed their instructor identities.

For example, Elizabeth shared how important learning effective teaching skills are for her teaching role and clinical instructor identity.   She expressed feelings of work satisfaction and commented,

119

I was a nurse competent in my nursing skills and knowledge, but not in how to

teach…..So, as I went on that first semester, I started learning what I needed to so

the students would learn…Just seeing the students learn and seeing it in their

eyes…I remember seeing the first group graduate that I taught and they were

going to be nurses! They were so proud of themselves and I was too!...then

continuing to see them work the second and third years after graduation…When

they email me and tell me, I got to do this today and learned it from you….That is

what really makes me enjoy teaching…Seeing them learn and working as nurses

after graduation…I have to know how to teach so my students learn….I am

always trying to learn something new to use in helping my students learn…I am

not one to ever pass up a learning opportunity!

When Elizabeth began as a clinical instructor, she had an incentive to learn pedagogical

skills because she viewed this as her responsibility. In addition, the satisfaction she

experienced from seeing her students learn and seeing them work after graduation in

clinical practice provided additional incentive for her continued learning. Emily

expressed similar perceptions and feelings, in addition desired to remain competent in her

nursing knowledge and skills. Emily stated,

So far I have had a great experience learning what is needed for my role as a

teacher. I just love seeing them grow and learn…As a nurse I was competent

in my skills and knowledge….I need to continue learning skills and knowledge

to be a good teacher that helps students learn….I got to go to the Practical

Nursing pinning last summer because I taught these students….it was very neat to

see the students with their families. I must say seeing them get to this point of

120

graduation…Being able to share some of the things I have gone through with them as we cared for patients during clinicals….giving them scenarios and teaching skills to them so they learn how to be a nurse…Just letting them know they are making a difference is very rewarding and I look forward to seeing them working as a nurse…I just like seeing how they have grown and matured in their thinking as a nurse and that I had a part in that…that is very rewarding….I have much to learn still on how to teach my students….There will always be something to learn.

Emily discussed her incentive to learn pedagogical skills that promote student learning, such as observing her students learn, attending her students' graduation, and seeing her students work after graduation in clinical practice.   In addition, she also stressed the importance of remaining competent in her nursing knowledge and skills, and life-long learning.

Generally, participants expressed an incentive and responsibility to learn various pedagogical skills that promote effective student learning.   Participants discussed feelings of work satisfaction in observing their students learn, graduate, and work in clinical practice.   Even after they established their identity as clinical instructors, participants described a need for ongoing professional development.   A few participants believed in the importance of remaining competent in their nursing skills and knowledge, and seeking out learning opportunities to maintain these competencies.

Pedagogical skills.   Participants discussed their retrospective and present perceptions of the pedagogical skills they needed to learn in order to promote effective student learning.   Throughout their role transition process from nurses (expert clinicians)

to part-time clinical instructors, participants expressed similar and different needs to learn pedagogical skills and varied in the amount of time required to feel comfortable using these skills. Learning these pedagogical skills was also crucial to their role transition process and the development of their professional identity as instructors.

Identified lack of knowledge on similar pedagogical skills. Participants described a common lack of knowledge on specific pedagogical skills. They discussed how learning to use the following pedagogical skills was vital to their role transition and clinical instructor identity developments: (a) how to complete lesson plans; (b) aspects of curriculum; (c) use of student learning outcomes; (d) how to use various teaching methods based on learning styles; (e) completing clinical paperwork and care plans; (f) use of technology (e.g., learning management system, software, Simchart); (g) how to facilitate student learning; and (h) assessment of student learning. For example, Elizabeth who has worked as a clinical instructor for three years stated,

> Throughout the first year I learned about the curriculum and feel I have a good
> handle on that…I also learned about methods to use in teaching and how to
> prepare a lesson plan. I feel pretty good now about the methods I use in my
> teaching now and how to prepare a lesson plan…At first, I had no idea how to use
> the required technology and LMS at first, but I learned and now feel good about
> how to use it….I now feel comfortable on how to assess my students' learning,
> but didn't to begin with…When I started I had to brush up on how to do care
> plans and learn how to do the students' clinical paperwork….I have learned some
> about the student and program learning outcomes, but still feel like I like
> knowledge about them. Overall, at first I had to learn what do I need to do to

help my students learn?   Now I feel I have a handle on most of this.   This is all

very important for me to know as a clinical instructor….I took me about three

years before I felt like I had a handle on it all.

Elizabeth reflected on her past three years of teaching.   When she first began, she

expressed a need to learn about all these pedagogical skills.   She discussed that through

learning experiences during her three year role transition process, she has almost

mastered all these similar pedagogical skills that other participants identified.   However,

she recognized a need to learn more about student and program learning outcomes.

Elizabeth expressed the importance of learning these pedagogical skills to her roles and

responsibilities, and professional identity as an instructor.

Cathy, a part-time clinical instructor for four years, expressed views similar to

Elizabeth, and that she has also mastered these skills over a three year period of time,

I was overwhelmed with all the technology and LMS at first and it was

a challenge at first to learn….So, I feel good about using the technology now….

I feel comfortable with the curriculum now, but not at first…I now have a pretty

good understanding of the importance and use of student learning outcomes….

I learned how to complete the clinical paperwork and care plans along with the

students and feel good about that now.   I learned how to do lesson plans….I have

learned how to use different teaching methods and other ways to help my students

learn…I would say it took me about three years to learn these skills.   These are

all important for me to know as a clinical instructor.   I have learned about them

over time as I have learned my role and responsibilities.

Cathy described how she perceived her need to learn these skills when she began in her role transition, but after a three year period of time she felt knowledgeable about them. The ability to use these pedagogical skills is important to her instructor identity.

　　　Less experienced clinical instructors.　Participants with fewer years of experience as instructors expressed that while feeling knowledgeable about use of certain pedagogical skills, they still needed to learn more about other pedagogical skills.　Similar to more experienced instructors Elizabeth and Cathy, Kim who has less experience and has been a clinical instructor for only one year,　expressed　various pedagogical skills she learned during her past year as a clinical instructor and/or still needed to learn in order to promote effective student learning.　Kim stated,

> I haven't learned much about curriculum…It is important though, I need to learn
>
> more about the courses…I really do not know very much about student and
>
> program learning outcomes and need to learn more as they are important.
>
> I have learned how to use different teaching methods since everyone learns
>
> 　differently….I have learned how to use the technology little by little and
>
> feel comfortable with that…I can plan out lessons….When I first started and got
>
> my first set of clinical paperwork to grade, I didn't have a clue on how to grade
>
> it…Over time I feel pretty good about how to grade and teach clinical paperwork.

After a year, Kim perceived the need to learn about curriculum, and student and program learning outcomes even though she perceived herself as an instructor.　She discussed the need for additional education on these skills and discussed that learning about these skills and topics is important to her role as a clinical instructor.　However, she felt knowledgeable regarding the other identified pedagogical skills.

Of interest, the least experienced clinical instructor, Stephanie, described her belief on the need to learn the "educator language" and overall lack of knowledge on various pedagogical skills related to her roles and responsibilities as a clinical instructor. Stephanie commented,

> Well…I have a lack of knowledge in general related to my teaching role. I need to learn more about curriculum, operating the simulator, teaching methods, how to develop lesson plans, overall use of the technology. I am definitely wet behind the ears in what else I need to know as an instructor to help my students learn. One of the first things I still need to learn is all of this "educator language"….we have nursing language as nurses, but there is an "educator language"….I am not into that language yet…assessment, teaching methods, curriculum …What does it all mean?

Stephanie described a need to continue learning pedagogical skills, such as teaching methods, curriculum development, lesson plans, assessment, and technology as she continues her role transition to her clinical instructor identity. In addition, Stephanie used the term "educator language" meaning she recognized the need to learn knowledge about pedagogical skills that is different from the skills and knowledge she needs to know as a nurse in clinical practice.

Although participants expressed similar needs to learn common pedagogical skills, their progress in learning the knowledge about the skills seems to be an individual process. Participants varied in the length of time needed to feel comfortable with using these specific pedagogical skills. For example, Cathy expressed she was able to master use of the similar pedagogical skills in three years. After three years, Elizabeth

125

described her need to still learn more about assessment of student and program learning outcomes, however, felt comfortable with using the other skills.   Kim, who has taught for one year, described different teaching skills from Cathy and Elizabeth that she believes she has learned and still needs to learn.   Lastly, Stephanie further expressed the need to learn about different pedagogical skills than the other participants.   All participants expressed how learning pedagogical skills that promote effective student learning is critical to the development of their clinical instructor identity.   Those participants who perceived completion of their role transition process and instructor identity development, expressed the need for ongoing professional development on various pedagogical skills.

Assessment of student learning.   Assessment of student learning is another similar pedagogical skill that all participants expressed they have mastered or need to receive further education.   Participants shared how assessment of student learning is viewed as important by all faculty in their nursing program, and they receive regular professional development on how to assess their students' learning.   All participants discussed extensively the importance of assessing their students to determine whether or not their teaching methods and provided learning experiences actually facilitated effective student learning.   In addition, assessment for improvement in their students' skills and clinical performance was viewed as important.

     Use of constructive feedback and rubrics were valued by all participants as main assessment methods in determining whether or not their teaching promoted effective student learning.   Rubrics are the main assessment tool used by participants to assess their students' learning on nursing skills, clinical paperwork, clinical performance, and

126

other written assignments. In addition, rubrics are provided by participants to their students to increase the students' awareness of criteria used for assessments so that students can be a part of the assessment process. However, participants did not discuss the need to assess student learning based on goals, objectives, and outcomes or by the use of other methods such as tests, quizzes, papers, group assignments, etc. For example, although Stephanie is still learning how to assess her students' learning, she viewed rubrics as the main method to assess her students' learning. She stated,

> I have learned to use the rubrics and for the most part they do a good job in assessing whether the students are learning from how I teach the content and nursing skills. Sometimes repetition is needed. The students are given the rubrics so they know the items I assess them on. If the student does the skill as specified on the rubric, I know they have learned it correctly. As far as care plans, I use rubrics for grading those also…..if the students complete the care plans correctly based on the rubrics, I know they have learned how to create patient care plans…..Rubrics are used to assess their clinical performance. I am still learning more methods to evaluate their learning after I teach them….based on the assessment of their learning, I know whether or not I have to reteach them and repeat the assessment. Assessment of student learning is very important to my job as an instructor and is stressed in on our program. I am still learning.

Similar to Stephanie, Elizabeth also discussed the value of rubrics in assessing her students' learning and her responsibility as an instructor. In addition, providing constructive feedback to students is a helpful method for Elizabeth to assess student learning,

The rubrics are helpful to assess their clinical performance, clinical paperwork,

nursing skill demonstrations, because if you do not have a rubric as a guide, it is

hard to evaluate one person and the next.   It is my job as an instructor to assess

their learning and a skill I have learned to do while learning my role.   I need to

assess their learning after I teach them about something.   I can determine if they

are putting it all together.   I have learned how to use the rubrics since I started.

I've seen where the student does something and then I sit down with the student,

give them feedback on "these are the things I would like to see you change" and

then the student's next performance is so much better.   Just seeing that they are

taking your constructive feedback and utilizing it resulting in improvement in

their performance and learning.   They will tell me, "Your comments on my paper

really helped and I sit down and have that beside me while I work on next week's

paperwork and you know, it was really helpful when you give us feedback like

that".   I guess seeing them perform the skills correctly during clinical as they

learned from me in lab also helps me see that they are learning.   This is my job

as an instructor and a skill I have mastered.

As Elizabeth completed her role transition to her clinical instructor identity, she learned

methods to assess her students' learning in the clinical setting.   She discussed the

importance of being able to assess her students' learning with the use of rubrics and

feedback.

Sarah expressed how she sees "growth" and behavior changes in her students over

time in addition to using the rubrics as a tool for assessment of their learning and viewed

assessment of student learning as her responsibility.   Sarah stated,

I feel like you can see it in them.   We have started something a little bit different

this semester in which we try and have the same students in clinicals several days

in a row so we are able to assess how they are doing.   I think you are able to see

their growth from their questions, and how they are interacting with their patients.

From their paperwork, you can see a lot of growth as they demonstrate more

critical thinking and problem solving….I feel a lot of assessment can be

completed by just interacting and observing your students give patient care in the

clinical setting.   You can see their comfort level improve over time.   Over the

last year I have learned how to use these different types of assessments.   I am

comfortable with assessment and it is definitely part of my job.

Over the last year, Sarah learned how to use different methods to assess learning in her

students, such as observing her students in the clinical setting.   In addition, an important

part of her role as an instructor is to assess if students are improving in their skills,

comfort level, critical thinking, and problem-solving skills.

Similar to Sarah, Hannah commented on how she assesses student performance in

the clinical setting.   In addition, she discussed how providing verbal feedback to students

and including written feedback on the student's rubric is necessary to facilitate and assess

student learning.   Hannah explained,

I have learned how to assess and feel comfortable with that. It is every important.

It is important in clinicals to address any issues face to face and ways to improve

their performance. I use the rubrics for clinical paperwork and performance and I

will include written feedback on the rubrics that explains why they received a

lower score and what they need to do next time to improve their score.   So,

written and verbal feedback to students on what they did well and what

they can improve on and then see them improve in clinicals based on your

feedback and the rubrics…Several of them I have in clinicals over a period of

time so I can compare and assess for improvement in their clinical performance,

problem solving, and critical thinking over time to determine if they are learning

from the clinical experiences and teaching I provide.   I use verbal feedback to

help they learn communication skills with patients…I will talk to them and then

when I have them in future clinicals, I will determine if their communication

skills have improved based on my previous feedback….Yes the rubrics are

very helpful to me in assessing their learning and clinical performance.

Similar to other participants, during Hannah's role transition process to her instructor

identity, she learned various methods to assess learning and being able to assess student

learning is very critical to her role as a clinical instructor.   She uses such methods as

rubrics, student response to verbal and written feedback, and assessing student clinical

performance based on the learning experiences provided to students.

Handling student issues.   In addition to expressing the need to learn similar

pedagogical skills that facilitate effective student learning, all participants described the

need for more guidance on handling various student issues.   All discussed specific

examples of student issues they dealt with in the past and how they continue to feel

unknowledgeable and inexperienced in handling future student issues.   For example,

Elizabeth described her need to continue learning how to handle student issues.   She

considers this to be one of her most challenging issues related to her role as a clinical

instructor and appreciates the support available to her.   Having issues with a student,

impacts the student's learning.   Elizabeth commented,

> I have had one difficult student….this difficult student and her kind of outbursts
>
> happened to occur on the day my coordinator was down doing my evaluation.
>
> So, it was nice to have her here and to see what was going on.   I had told her
>
> about the issues I was having with this student and didn't know what to do next.
>
> It was not just me saying what happened.   She saw the whole thing.   So, that was
>
> very helpful.   She was very supportive.   She had dealt with difficult students in
>
> the past with similar issues.   It was a hard situation.   So we dealt with it,
>
> and the problem seemed to be solved.   I have not had any other problems with
>
> students.   But, I know it is going to happen again and I will not know what to do.
>
> My coordinator assured me she will be available to me again to help me with
>
> student issues…..I think with experience, I will start feeling more comfortable
>
> with how to deal with student issues as they come up.   I think having issues with
>
> a student impacts his or her learning.

Elizabeth values assistance from her nursing coordinator when dealing with student

issues.   Through her experiences and learning how to handle student issues from her

coordinator, she believed that she will eventually feel knowledgeable and comfortable

enough to deal with future student issues.

Similar to Elizabeth, the most challenging issue for Cathy related to her role is

how to deal with student issues.   However, similar to Elizabeth she also has support

available from her coordinator.   Cathy stated, "One of my most challenging issues is

how to handle student issues.   My coordinator has helped me in the past and is available

131

in the future. I think I need more experience before I can handle student issues on my own." Similar to Cathy and Elizabeth, Kim's most challenging issue she faces in her role as a clinical instructor is how to deal with student issues. Kim shared about several student issues she encountered in the past, but she described in particular how the following case was the most difficult one so far. In addition, she expressed that through learning and experience, she hopes to improve her ability on handling student issues as they arise. Kim shared,

> Last year I had a student who um…at the time she was having a lot of family
> issues with her dad being sick and everything…She never showed up for the first
> clinical with me. The second clinical I had with her, she was on time…ready to
> go and prepared. The next clinical she was 1 ½ hours late and wanted to do
> clinicals. I had to pull her aside in another room and told her, you were late
> and missed report so she could not do clinicals today…I felt bad for her because
> of all her family issues that may be contributing to this behavior, but yet she needs
> to complete the requirements of the program. Eventually she was dismissed from
> the program with the help of the coordinator. That was the most difficult student
> issue I have had to deal with so far. I hope with more experience, it will get
> easier. I hope to learn more about the right steps to take.

Handling student issues was the most challenging issue all participants faced as clinical instructors, and they believed it is a important skill for them to master. Having these issues with a student, impacts the student's learning. Most participants discussed how they have adequate support from their coordinators to assist them in handling student

issues as they arise, however, through additional learning and experiences, they believed that their ability and confidence levels will improve.

Identified lack of knowledge on different pedagogical skills. In addition to similarities, participants were found to have differences in their perceptions of their lack of knowledge on certain pedagogical skills used to promote student learning. Similar to other pedagogical skills, they also learned these skills while they transitioned to their instructor identities. Differences related to use of simulation, how to teach lab skills, and how to motivate student learning, and possibly could be related to their prior nursing experiences and the setting they teach in, lab and/or clinical setting.

First, Emily and Stephanie assist in operating the simulator during the nursing students' labs and verbalized the need to continue learning how to operate the simulator. Other participants denied a need to learn how to operate the simulators. Stephanie expressed, "I enjoy being the simulator technician during lab. I have become somewhat familiar with its operation, but need to continue learning so that I can help provide a good learning experience for the students." Emily discussed similar feelings related to operation of the simulator, "This semester I took on the role of the simulator technician. I am gradually learning how to operate it and need to get more comfortable with its operation. The other instructor has been great in helping me learn how to run the simulations." Stephanie and Emily described a need to learn how to operate the simulator since they teach in the lab setting where simulators are used for student learning experiences. Other participants do not use simulators in a lab setting, and therefore could be a possible reason they did not mention them.

133

Secondly, Emily, Sarah, and Stephanie, who teach in the lab and clinical setting, described a need to learn how to teach students nursing care skills in the lab, such as wound care, insertion of foley catheters, administering medications, etc. Emily stated, "One of my biggest hurdles was learning how to teach nursing skills while standing up in front of a bunch of students. Now I have a handle on that." Sarah described her experiences, "I am competent in how to do the skills, but needed to learn how to teach them to students. I am comfortable with that now." Lastly, Stephanie expressed, "I have been able to refine my skills on how to teach nursing skills to students. I still need to learn more." These three participants teach in the lab and clinical setting. As a result, this may be a reason that they share the need to learn how to teach nursing care skills. However, Cathy, Elizabeth, Hannah, Kim, and Ashley also teach in the lab, but expressed they did not need to learn how to teach nursing skills. A possible explanation for these differences could be that participants have different nursing practice experiences prior to starting as an instructor that impact their perceived needs to learn different pedagogical skills.

Finally, Elizabeth, Cathy, and Sarah described how they learned to motivate their students to want to learn. Other participants perceived themselves as knowledgeable from the beginning about methods to motivate their students and viewed motivating student learning as one of their responsibilities. For example, Elizabeth stated, "At first I had a hard time motivating students, but have learned throughout the years how to motivate them to want to learn. I try to visit with a student to find out why they do not seem to be motivated." Cathy described how she tries to motivate students, but she learned that the student must also find reasons to be motivated to learn. Cathy

commented, "I have learned ways to motivate students, but motivation must also come from within the student. I cannot make them want to learn to be an excellent nurse." Lastly, Sarah shared, "I have learned a good method in simply trying to convince them that certain knowledge and skills must be learned by them so they can give safe patient care and pass their RN exam." Elizabeth, Cathy, and Sarah described the importance of learning various methods to motivate student learning. Each participant learned to use different methods that she found to be effective and motivating students to want to learn is a very important responsibility as an instructor.

Summary of theme. Learning pedagogical skills that promote effective student learning was believed to be critical to participant's clinical instructor identity development and role transition process, and appears to be an individual process since participants varied in the length of time needed to learn certain pedagogical skills. In addition, participants described similar and different needs to learn pedagogical skills that promote effective student learning. Some of these differences could be related to the setting in which they teach and/or past nursing practice experiences. In addition, handling student issues was viewed by all participants as the most challenging issue they faced as clinical instructors. Overall, participants valued the support and assistance received from their coordinators when they deal with student issues.

Six participants expressed that they perceived their role transition process and instructor identity development to be complete while the remaining two participants with the least teaching experience continue in the process. In addition, all participants discussed the importance of ongoing professional development on pedagogical skills to

135

promote effective student learning even after they perceived completion of their transition to their instructor identities.

Theme 8: Need for Professional Development

Participants described how professional development is important to their role transition and development of their identity as part-time clinical instructors. In addition, they expressed several methods that are helpful in supporting their long-term professional development needs as instructors.

Professional development. Participants discussed how professional development initially provided a means for them to learn their roles and responsibilities, and pedagogical skills related to their professional identity as clinical instructors. They also described how ongoing professional development is necessary as clinical instructors. The importance of life-long learning based on new research and evidence-based practice related to their teaching role was expressed by every participant. Viewing webinars, reading professional education and nursing journals and books, and participating in faculty meetings which contain information on various pedagogical skills that facilitate student learning was expressed by participants as methods to assist with their professional development as clinical instructors. Elizabeth, for example, commented,

> We have monthly meetings on IVN and meetings twice a year in person to talk
> about changes in curriculum, paperwork, content, schedules and that type of
> thing. Some meetings we learn about new teaching methods and assessment.
> That is all very helpful. I have been watching a lot of Nurse Tim webinars on
> different skills to help students learn and assess their learning and those have been
> helpful. I also look at resources and books I have available to me here. I have to

search out and learn about new evidence-based practice for my job as a clinical

instructor.   I search for new information on how to teach and nursing practice.

Elizabeth expressed the importance of life-long learning and continuing her professional

development on use of pedagogical skills.   She uses a variety of resources, such as

webinars and books and attends faculty meetings to learn about new evidence-based

practice that involves teaching and clinical practice.

Sarah also participates in meetings as she is able to and uses resources for her

ongoing professional development as an instructor.   Sarah stated,

> Things are changing constantly.   I read a lot of nursing and other professional
>
> journals to stay current with evidence-based practice for teaching and nursing
>
> practice.   We have other resources here too to read.   Other faculty have showed
>
> me books to read about different things I need to know about teaching the
>
> students and that has been helpful.   I have been given a book on concept maps
>
> and how to instruct and teach students and those have been helpful and I really
>
> feel I have learned by reading those.   The meetings we have as a consortium are
>
> helpful to me to learn new things to try with my students.   I have always had
>
> resources available to me since the beginning to learn from. Sarah especially
>
> found reading nursing and professional journals extremely valuable for keeping
>
> informed about new evidence-based practice related to her teaching and clinical
>
> practice.

Similar to Elizabeth and Sarah, Cathy also uses various resources and meetings to

assist with her on-going professional development as an instructor.   In addition, Cathy

found that attending conferences very helpful to her.   Cathy commented,

137

The Nurse Tim webinars have been wonderful as resources to help me learn

more on how to teach my students and how to assess their learning….I have

viewed a lot of those webinars.   They have been helpful too in learning how

to structure clinical experiences and how to handle issues.   I also try to stay

current with new evidenced-based practice related to teaching and nursing

practice by reading journals and attending conferences so I teach my students the

most current information.

Cathy stressed that using various resources to stay current on evidence-based guidelines,

especially watching webinars, reading journals, and attending conferences assisted her in

learning how to use various pedagogical skills, such as assessment, designing clinical

experiences, and handling issues.

Master of science degree in nursing.   Several participants expressed the need to

obtain their Master of Science degree in Nursing as a means to acquire the necessary

knowledge and pedagogical skills to promote effective student learning as instructors and

as another method to assist them with their ongoing professional development.   Cathy is

the only participant to have earned a Master of Science degree in Nursing.   Cathy

discussed how obtaining her Master of Science degree in Nursing assisted her with her

role transition and acquiring the identity of a clinical instructor, and obtaining the

knowledge and skills necessary to be an instructor that promotes effective student

learning.   Cathy expressed,

Going back to school really, really helped me in developing my own perception

of myself as a professional educator. As I told you when I started…I felt I was

very competent as a manager and clinically as a nurse in what I did….then I was

138

thrown into the instructor role and I wasn't sure of what I was doing…Going back

to school and earning my MSN really helped me learn the necessary skills and

knowledge to teaching….How to use teaching techniques for different learning

style...Getting my master's degree gave me such a good grounding and I

understand why the curriculum reflects as it does…how to assess student

learning…I really developed a real view of what a nursing educator

should be in my role of shaping the future of nursing…going back to school was

the biggest help.

Cathy discussed how important completing a Master of Science in Nursing degree was

for learning her roles, responsibilities, and pedagogical skills to promote effective student

learning in her instructor identity.   In addition, this acquired knowledge built upon her

nursing knowledge and skills.

Sarah and Hannah are presently enrolled in Master of Science degree in Nursing

programs and described how the education thus far has assisted them in their role

transition process and development of their identity as instructors.   Sarah commented,

"Going back to get my master's degree has really helped me learn how to teach the

students…I do think from this I have grown in confidence in my instructor role based on

what I have learned." In addition, Hannah expressed, "Going to school and working on

my master's degree has helped me become a better teacher….I have learned so much and

feel more confident." Both Sarah and Hannah expressed the importance of continuing

with their present Master of Science degree in Nursing programs so they continue

learning valuable pedagogical skills to use while teaching their students.   Increased

confidence in being able to perform in their clinical instructor roles is another added benefit.

The need to continue learning, furthering their higher education, and obtaining a Master of Science degree in Nursing was seen as important to the other five participants, Kim, Ashley, Elizabeth, Stephanie, and Emily, in order to learn additional knowledge and skills necessary for their instructor identities. These five participants have not yet enrolled in a Master of Science in Nursing program, although have career goals to begin in a program soon. For example, Stephanie summarized,

> I would like to start my master's degree in the fall semester. I am confident in my nursing skills, nursing process, and best practices. It is important for me to get a master's degree so I can learn the knowledge and skills to become a better teacher for my students and help them learn….I am feeling as if I have a foundation on how to teach, but definitely need to define and build on it to be able to teach for the college level…it is different than teaching in nursing practice….so, one of my goals is to continue my education and hopefully that will help me with my teaching.

Obtaining a Master of Science degree in Nursing has become a major career goal for Stephanie and would assist her with on-going professional development in her instructor role. She expressed that she has excellent nursing knowledge and skills, and that the additional education would build on her current knowledge base and improve her teaching abilities.

Ashley also believed in the importance of obtaining a Master of Science degree in Nursing to obtain additional knowledge and skills necessary for teaching. Ashley stated,

"Well like I am very strong clinically, but someday I would like to get my master's degree when the timing is right.   The education will make me a better teacher to help my students learn." Likewise, Emily also mentioned the importance of additional higher education, "One day I need to go back and get my master's degree so I can learn more about how to be a better teacher…But for now, I will keep learning what I can." Overall, participants discussed that another method to obtain further professional development is to enroll in a Master of Science degree in Nursing program.   The additional pedagogical knowledge and skills that could be learned will assist them as clinical instructors to help their students' learn.   Those participants who have completed or are enrolled in a Master of Science degree in Nursing program discussed how the education has been beneficial to them.

   Need for remaining competent in nursing practice.   Emily and Hannah, who are not working in nursing practice, verbalized the importance of seeking out learning opportunities so that they remain competent in nursing practice at the bedside.   Both expressed that remaining competent in nursing practice is necessary for their clinicalinstructor roles of promoting effective student learning.   In addition, it assists them in professional development as clinical instructors.   Emily commented,

   I have been out of the nursing workforce for three years….I did my continuing

   education stuff, but that is peanuts compared to what you learn on the floor

   working with patients….I need to stay current with what is going on with nursing

   practice, my skills, and clinical areas.   Sometimes, maybe I feel I should get a

   casual position job so I would feel more comfortable working in the clinical areas.

   Since I teach clinicals, I may end up getting a casual position working as a nurse

141

to help me stay current in my skills to help my students learn.

Emily described some possible options to remain competent in her clinical practice nursing knowledge and skills.   Similar to Emily, Hannah discussed the importance of remaining competent in nursing practice at the bedside.   She does not work at the bedside and felt this may contribute to her lack of nursing skill levels needed for clinical practice.   Hannah stated,

> I no longer work as a nurse since starting my job as a clinical instructor.
>
> It will be important for me to keep competent in my nursing skills and current
>
> in nursing practice….I have a lot of expert knowledge as a clinician. The nurses
>
> at the clinical sites are good about showing me skills I need to know.   I
>
> will need to somehow keep current.   I may have to go back to working casual
>
> status.

Hannah expressed her need as a clinical instructor to stay competent in her nursing skills necessary to work in clinical practice.   One solution she discussed was to return to work in a casual status position to stay current in her nursing knowledge and skills.   This position would provide her vital learning experiences to maintain her competence.

Need for formal orientation process.   All participants expressed the need for a more formal orientation process to their roles, responsibilities, and how to teach in order to assist them in their role transition process and their clinical instructor identity development.   A formal orientation process is important to their initial professional development as clinical instructors.   For example, Elizabeth retrospectively reflected, "I could have used a more formal orientation.   I kind of just learned how to teach as I went along.   Having a formal orientation would have helped me learn my roles and

responsibilities faster for my clinical instructor role." Similar to Elizabeth, Kim expressed, "Yes I had somewhat of an orientation, but a more formal one would have been helpful on what my exact roles and responsibilities were as a clinical instructor and to help me learn how to teach." Participants believed that a formal orientation would have provided critical support to facilitate their role transition and the development of their part-time clinical instructor identities.

Summary of theme. All participants described the importance of being self-directed learners by seeking out professional development opportunities while they began learning their clinical instructor roles and responsibilities. These learning experiences, especially learning pedagogical skills was described by participants as critical for their successful role transition and instructor identity developments. However, once they perceived completion of their role transition and development of their instructor identities, life-long learning and ongoing professional development was viewed as important to participants. Learning is never completed. All believed they must continue to use various resources such as meetings, books, journals, and webinars to learn new evidence-based practice related to teaching and clinical practice.

Remaining competent in their clinical practice skills was also valued by participants. Continuing to work in clinical practice provided a means for six participants to maintain competence in clinical knowledge and skills. The other two participants who do not continue to work in clinical practice discussed the importance of finding learning opportunities so that they remain competent in nursing practice at the bedside.

Seven participants viewed obtaining a Master of Science degree in Nursing as another method to assist them with their ongoing professional development as an instructor. One participant has obtained her Master of Science degree in Nursing and discussed how the education helped her learn her roles, responsibilities, and how to use various pedagogical skills to help students learn. Two participants are currently enrolled in a Master of Science degree in Nursing, while five other participants discussed their goal to eventually start and complete a Master of Science degree in Nursing program.

Lastly, all participants retrospectively expressed the necessity for a more formal orientation process to their roles, responsibilities, and how to teach in order to assist them in their role transition process and development of their instructor identities. All participants described having some type of orientation, however, all lacked completion of a formal orientation to their clinical instructor roles and responsibilities.

Summary

Themes and findings of this study propose that participants experienced and are still experiencing a role transition process from working as nurses in clinical practice to working as part-time clinical instructors in the community college setting. An end result of their transitions and experiences was the development of their professional identity as part-time clinical instructors. The amount of time to complete the process appeared to vary between participants. Six of the most experienced participants perceived themselves as completing their role transition process and clinical instructor identity developments over a one to three year period of time, while two of the least experienced participants perceived that they are still undergoing their role transitions.

Participants were able to express similarities and differences between their professional identities as nurses in clinical practice versus part-time clinical instructors in academia including roles and responsibilities associated with each identity. In addition, they perceived their professional identity as part-time clinical instructors based on their self-perceptions and the perceptions of their students, other nursing faculty, and nursing staff they worked with at the clinical facilities. Despite expressing that communication was adequate between the participants and other faculty, participants discussed feelings of isolation and lack of communication with other faculty and main campuses due to their part-time status and/or being located at distant sites. A possible explanation could be that communication contributing to their self-perceptions as instructors was adequate, while lacking on other important topics related to their teaching role.

When they first began as instructors, all felt vulnerable due to a lack of self-confidence in their abilities to perform in their new clinical instructor roles. As a result, participants expressed a need to be self-directed active learners by seeking out learning opportunities. During their role transition process, participants experienced interactions with students, other faculty, and nursing staff at clinical facilities. A critical factor to developing their professional identity as part-time clinical instructors was learning pedagogical skills necessary to facilitate effective student learning during these interactions. However, they expressed an incentive to learn similar and different specific pedagogical skills. One possible explanation for differences could be that participants experienced prior learning from a variety of different life and nursing practice experiences. Another reason may be that participants teach in different settings, lab and/or clinical setting. Past nursing practice experiences were viewed as valuable to

participants as it provided a knowledge base for them to learn pedagogical skills and a

means for them to teach students critical thinking skills.   In addition, participants

believed in the need for life-long learning and discussed several methods to obtain

ongoing professional development and continued support for their instructor identities.

CHAPTER V

DISCUSSION

The purpose of this study was to use qualitative phenomenological methods to explore community college part-time nursing faculty's perceptions of their experiences during their role transition from nurses in clinical practice to clinical instructors in academia. In addition, this study explored if and how community college part-time nursing faculty developed a professional identity as clinical instructors through their experiences. The theoretical framework guiding this study was Illeris 'Transformative Learning and Identity theory (Illeris, 2014).

The research questions for this study included:

1. Through their experiences, how do community college part-time nursing faculty describe their role transition process and development of their professional identity as clinical instructors?

2. What are part-time nursing faculty's perceptions of the pedagogical skills and support needed in order to promote effective student learning in their role as clinical instructors in the community college setting?

3. What are the part-time nursing faculty's perceptions of the initial and long-term professional development and support they need to promote their professional

identity development and role transition from nurses in clinical practice to

instructors in the community college setting?

The eight themes that emerged from the data analysis represent key elements of

the participants' experiences as they progressed through the role transition process from

their identity as nurses in clinical practice to their identity as part-time clinical instructors

in the community college setting.   These eight themes were also clustered into three

groups or assertions as derived from an expanded data analysis and contextualization of

the themes (see Table 3).   Discussion of these three assertions occurs in this chapter as

related to this study's findings and relevant research and literature.

The first set of themes (assertion one) includes key elements of the role transition

process and clinical instructor professional identity development as experienced by

participants, such as their feelings of vulnerability resulting in their need to increase their

self-confidence through initial and ongoing support and professional development. The

second set of themes (assertion two) identifies a critical need for participants to become

self-directed active learners of their roles, responsibilities, and pedagogical skills as they

transitioned into their instructor identities.   Lastly, assertion three contains the third set

of themes that represent key elements that were similar and added to this study's

theoretical framework pertinent to this study's population.   Also included in assertion

three is a brief summary of Illeris' Transformative Learning and Identity theory used as

the theoretical framework for this study in order to assist the reader in reviewing the

theory's concepts. *The Process of Role Transition and Professional Identity Formation*

for Part-time Clinical Instructors at Two-Year Institutions Model (see Figure 3) is

presented as well as relevant research literature.   Finally, implications for nursing

practice and education, limitations, and recommendations for future research are

presented.

Table 3. Grouping of Themes with Associated Assertions.

Themes	Assertions
#3 Lack of Communication with main campus and full-time faculty #6 Role Transition Process and Professional Identity Formation #8 Need for Professional Development	Assertion One: For participants, the role transition process from their nurse identities to their part-time clinical instructor identities involved individual experiences as they perceived an increased level of confidence, however, they felt vulnerable.
#1 Identity as Nurses versus Identity as Part-time Clinical Instructors #2 Role of Others' Perceptions in Clinical Instructor Identity Development #4 Interactions with faculty, students, and nursing staff at Clinical Facilities #5 Past and Present Nursing Practice Experiences #6 Role Transition Process and Professional Identity Formation #7 Incentive to Learn Pedagogical Skills	Assertion Two: A critical element to the participants' successful role transition process was that they became self-directed active learners of the roles, responsibilities, and pedagogical skills they perceived as necessary for their clinical instructor identities.
Themes#1 - #8	Assertion Three: The key concepts of Illeris' Transformative Learning and Identity theory can be useful in describing the role transition process for nurses in clinical practice to their academic clinical instructor identities, however, key elements are missing when applied to this population.

149

Assertion One

Assertion one emerged from further analysis of themes three, six, and eight as follows: For participants, the role transition process from their nurse identities to their part-time clinical instructor identities involved individual experiences as they perceived an increased level of confidence, however, they felt vulnerable (see Table 3).   Therefore, having initial and ongoing support and professional development was critical to their successful role transitions and instructor identity developments.

Role Transition

As participants first began in their clinical instructor roles, they struggled with feelings of role ambiguity as indicated by their expressions of being overwhelmed, confused, and uncomfortable; and they described a lack of knowledge on their instructor roles, responsibilities, and use of pedagogical skills to facilitate effective student learning (Theme 6).   Some participants expressed feelings of role conflict and role strain (Theme 6).   In addition, all experienced a lack of communication with other faculty at the main college campus on information pertinent for teaching their students further contributing to their feelings of vulnerability (Theme 3).   Participants felt vulnerable and lacked self-confidence, and as a result they perceived a need to learn their clinical instructor roles and responsibilities and how to use various pedagogical skills.   Through their learning experiences and over time, their confidence levels improved in their ability to perform in their clinical instructor identities.   Six participants perceived that their role transitions and clinical instructor identity developments were completed, but varied from one to three years.   However, two participants who have worked less than 8 months, described how they are still learning while experiencing their role transitions and identity

developments. For participants, their role transition and professional identity development journeys involved a learning process, but that process remained a very individual one based on time and experience.

Benner (2001) concluded that as nurses moved from a known area of practice, where they have gained experience and expertise, to a new area of practice in which they have little or no experience or expertise, they become novices again. Nurses must progress through five levels of development that include: (a) Stage 1 Novice; (B) Stage 2 Advanced Beginner; (c) Stage 3: Competent; (d) Stage 4: Proficient; and finally (5) Stage 5: Expert (Benner, 2001). As nurses transition from being an expert clinician working in clinical practice to a new area of practice of being a teacher in nursing education, they become a novice again and must gain necessary experience and education to feel and be recognized as an expert. Progressing through these stages is an individual process with most nurses requiring two to three years of working in the same clinical practice area to reach Stage 3 and several more years to reach Stage 5 (Benner, 2001). In this current study, the six participants who perceived that they completed their role transitions and instructor identity developments in one to three years are in conflict with Benner's (2001) research. However, findings that indicated the other two participants who perceived they continue in the process are more congruent with Benner's (2001) work. However this study, unlike the work of Benner (2001), explored only the participants' perceptions of their experiences as they progressed through their role transition process and professional identity developments. Benner (2001) studied specific stages of nurses' development in their profession which are defined by different knowledge, experience, and application levels.

Adding to the research, Dempsey (2007) described the initial stage of nurses' role transitions to academia as a mostly negative experience in which they felt low self-confidence, frightened, daunted, and stressed about the ability to perform successfully in their new roles (Dempsey, 2007). Hessler and Ritchie (2006), MacNeil (1997), and Ramage (2004) had similar results as Dempsey (2007), but also found that nurses who work in nursing practice experienced a type of "role transition" process from working as nurses in clinical practice to part-time nursing faculty at four-year institutions that involved feelings of role ambiguity because they lacked knowledge and skills related to their teaching roles. Over time, the nurses learned their roles, responsibilities, and teaching skills necessary for their part-time faculty roles (Hessler & Ritchie, 2006; MacNeil, 1997; and Ramage, 2004). However, adding further to this research, Anderson (2009) concluded that the role transition process is an individual process with multiple patterns and potential paths for participants to complete. Participants of this current study were from two-year institutions rather than four-year institutions, and experienced individual pathways through their role transitions that involved feelings of role ambiguity and lacking self-confidence, and expressed the need to learn teaching skills, roles, and responsibilities specific to their role as clinical instructors as indicated in previous research (Theme 6).

In addition, because of their feelings of role ambiguity, several participants in this study discussed how at the beginning of their transitions they taught the same way their past nursing instructors taught them and used a trial and error approach (Theme 6). Participants viewed their past nursing instructors as role models and/or teachers to guide them on how to teach their own students (Theme 6). This approach was also evident in

152

Siler and Kleiner (2001) and Scalan's (2001) research on part-time and full-time nursing faculty at four-year institutions. Feelings of role ambiguity, prompted a trial and error teaching approach and the use of their past student learning experiences by participants to guide their practice as new instructors. However, results from this present study expand previous research by demonstrating the similarities between new part-time nursing faculty at four-year institutions and new part-time clinical instructors at two-year institutions in their initial approaches to teaching. In addition, part-time nursing faculty at two-year and four-year institutions had similar feelings of role ambiguity and lacked self-confidence. As a result, both groups used these methods to decrease and cope with feelings of vulnerability and perform in their new clinical instructors identities.

Six participants in this study discussed how they continued to work in both roles, a nurse in clinical practice and a clinical instructor in academia, and described difficulties with role conflict, role strain, and balancing the demands between the two roles as they transitioned (Theme 6). At times, they found it difficult to meet the workload demands of both roles and separate the roles, which resulted in their need to learn how to use adequate time management skills (Theme 6). Jones (1995) also discovered that a four-year institution's nursing faculty who continued to work as practicing nurses and instructors simultaneously experienced role conflict and role strain from the competing demands of both roles. Similar to Jones's (1995) findings, Locasto and Kochanek (1989) found that nurses who worked in clinical practice experienced role conflict in addition to a "reality shock" (p. 79) while transitioning from clinical practice to teaching at a four-year institution. Part-time nursing faculty at two-year institutions may have similar feelings as those that work in four-year institutions regarding role strain and

153

conflict when they work in both roles as a nurse and part-time clinical instructor based on the findings of the current study. To prevent feelings of role strain, shock, and conflict, instructors who also work as nurses in practice must learn how to use adequate time management skills to balance the demands of both roles.

Participants discussed other methods to support them in their role transitions that included the need for more communication about changes regarding the nursing program's curriculum, policies, clinical schedules, scheduled meetings, and other information pertinent to teaching their students (Theme 3). They believed this lack of communication they experienced was detrimental to their students' learning. In addition, those participants teaching at distant sites discussed feelings of isolation due to a lack of communication with faculty at the main college campuses, and they described being part-time and at a distant site as the main causes for these feelings. Other participants discussed their part-time status as the main reason for the lack of communication and their feelings of isolation.

Forbes et al. (2009) and Meixner et al. (2010) also found that part-time nursing faculty at four-year institutions experienced poor communication of important information related to teaching their students that contributed to their feelings of isolation. Adding further to the research, Levin and Hernandez (2014) completed a study that found part-time faculty at several two-year institutions had conflicting views on their professional identities due to a lack of communication with them. In the classroom, part-time faculty viewed themselves as experts who translated their discipline specific knowledge to knowledge students could learn (Levin & Hernandez, 2014). Out of the classroom, they felt undervalued due to a lack of communications and their limited or

154

nonexistent participation in departmental and institutional matters (Levin & Hernandez, 2014). The decreased communication with other faculty, departments, and the colleges experienced by this current study's participants also contributed to their feelings of isolation.

This study adds to the gaps in the literature suggesting that part-time nursing faculty at two-year institutions at times also experienced a lack of support and communication, and feelings of isolation similar to part-time faculty at four-year institutions and those working in other academic disciplines. Similarly, the participants of this present study located at distant sites from the main campus also experienced isolation due to their location and being part-time, while others contributed their part-time status as a main cause of feeling isolated and alone.

Professional Development

Participants also viewed professional development as another means of support for them to successfully transition into their instructor identities. When they first began as clinical instructors, participants discussed their need for initial professional development to learn their clinical instructor roles and responsibilities along with how to use various pedagogical skills to help students learn (Theme 8). All lacked a formal orientation program which they believed negatively impacted their transitions and identity developments (Theme 8). As they identified with their instructor identities, they described a continual need to pursue ongoing professional development opportunities, such as webinars, reading professional education and nursing journals, and books (Theme 8). In addition, participates attended faculty meetings to obtain additional learning on pedagogical skills and changes in clinical practice (Theme 8). Initial and ongoing

professional development provided another means of support that increased the participants' self-confidence in their instructor identities.

Literature contains recommendations on professional development programs for part-time nursing faculty at four-year institutions because they lack knowledge on the promotion of effective student learning and recognize their need for these programs (Bell-Scriber & Morton, 2009; Boyden, 2000; Hewitt & Lewallen, 2010: Morin & Ashton, 2004).   Forbes et al. (2009), Kelly (2006), and McDonald (2009) concluded that leaders at nursing programs must develop formal orientation programs for part-time nursing faculty to support them in the successful transition to their teaching roles. Recommendations for program content include such topics as the school of nursing's philosophy, mission, general orientation to benefits, curriculum, objectives, learning outcomes, assessment and evaluation, clinical policies and procedures, available resources, technology, effective teaching methods, nursing and learning theory, and roles and responsibilities (Bell-Scriber & Morton, 2009; Boyden, 2000; Hewitt & Lewallen, 2010; Kelly, 2006; McDonald, 2009; Morin & Ashton, 2004).   However, these programs have traditionally been based on best-practices, research, and the assumptions of administration or other nursing faculty on what pedagogical skills part-time nursing faculty need to learn to be successful (Bell-Scriber & Morton, 2009; Boyden, 2000; Hewitt & Lewallen, 2010: Morin & Ashton, 2004).   In addition, these programs in general are not based on individual self-assessments, but rather on overall group learning needs related to their roles, responsibilities, and pedagogical skills.   The current study adds to the gaps in previous research and suggests the need for similar programs for part-time nursing instructors at two-year institutions since they also lack knowledge on similar

content.   However, participants in this study identified the need to learn similar and different pedagogical skills supporting the need to use results of their self-assessments as an additional guide to develop individualized orientation and professional development programs.   These programs can provide another method to support nurses by increasing their knowledge, skills, and self-confidence as they transition to their instructor identities.

In addition, all participants, except for one who has earned her Master of Science degree in Nursing (MSN) - Nurse Educator, expressed the need to obtain their MSN-Nurse Educator as a means to improve their self-confidence, knowledge, and pedagogical skills necessary to promote effective student learning (Theme 8).   Cathy who has earned her MSN - Nurse Educator, and Sarah and Hannah who are currently enrolled in MSN-Nurse Educator programs perceived the education as helpful to their successful role transitions and acquiring their instructor identities (Theme 8).   In addition, all three participants expressed that their learning experiences increased their self-confidence levels vital to perform in their teaching roles (Theme 8).   Findings of this study are not consistent with research by Dempsey (2007) who found that participants believed their master's level education did not adequately prepare them for the skills and knowledge needed for their role as a part-time nursing faculty.   However, Dempsey (2007) did not include information for the study on whether or not the master's degree programs included content specific for a nurse educator in academia.

Recommendations for MSN programs have changed in recent years.   In this present study, participants were not asked information regarding the content covered in their MSN-Nurse Educator programs, however, Cathy completed her MSN-Nurse Educator program recently within the last two years, while Hannah and Sarah are

presently enrolled in a MSN-Nurse Educator program so their programs may have included the recommended curriculum. The American Association of Colleges of Nurses (AACN) (2011) recommends that nurse educators teaching in higher education should pursue master's degree programs that prepare individuals for a nurse educator role. Those individuals who choose nurse educator roles, should be enrolled in MSN-Nurse Educator programs that include preparation in nine Essential areas, including graduate-level clinical practice content and experiences in an area of nursing practice (American Association of Colleges of Nursing, 2011). The nine Essential areas include: (a) background for practice from sciences and humanities; (b) organizational and systems leadership; (c) quality improvement and safety; (d) translating and integrating scholarship into practice; (e) informatics and healthcare technology; (f) health policy and advocacy; (g) interprofessional collaboration for improving patient and population health outcomes; (h) clinical prevention and population health for improving health; and (i) master's level nursing practice areas (American Association of Colleges of Nursing, 2011). Additional content to include in program curriculums are course work in curriculum design and development, teaching methodologies, educational needs assessment, and learner-centered theories and methods (American Association of Colleges of Nursing, 2011).

In general, participants in their instructor roles experienced feeling vulnerable, isolated, and lacked self-confidence because of a lack of communication and knowledge related to their roles, responsibilities, and pedagogical skills necessary to promote effective student learning. They expressed that support, initial

and ongoing professional development increased their confidence levels and was critical to their successful role transition and instructor identity development journeys.

Recommendations

Administrators and faculty at two-year institution nursing programs should recognize that when part-time faculty begin working in higher education they experience feelings of role-ambiguity, role stress, role conflict, and vulnerability. Therefore, programs must provide support, initial and ongoing professional development to facilitate the part-time faculty's individual role transition process to their instructor identities and increase their self-confidence levels. First, individualized formal orientation and professional development programs should be developed by administrators and faculty based on the individual faculty's self-assessment needs in addition to best practices, research, and assumptions of administration and nursing faculty. Furthermore, evaluation must be done on these programs to ensure they meet the faculty member's individual needs. For example, nursing programs may provide and evaluate individualized orientation and professional development programs for new part-time faculty to assist and support them in learning their roles, responsibilities, and pedagogical skills to ease their feelings of role ambiguity and increase their confidence levels to meet new challenges so they successfully transition into their role as clinical instructors.

Second, two-year institution nursing program leaders must encourage part-time faculty to receive ongoing professional development by attending conferences, seminars, meetings, etc. and have other resources available to them such as online journals, webinars, etc. In addition, to further assist faculty in learning pedagogical skills that

promote student learning, administrators should encourage their part-time nursing faculty to obtain their Master of Science degree in Nursing specific for the nurse educator role that includes recommended AACN (2011) content.

Third, leaders at two-year institution nursing programs must support and assist their part-time clinical instructors in finding ways to deal with issues of time management, role conflict, and role strain they may experience in their two roles, as nurses in clinical practice and as part-time clinical instructors in academia. Two-year institutions rely heavily on part-time instructors who also continue to work in practice (Cohen, et al., 2014; Levin, et al., 2006). This is often a benefit to students who are there to learn trades, but means that the instructors are balancing multiple careers and work places (Levin, et al., 2006). These interventions could also support retention of part-time faculty at two-year institutions that is critical to the success of students and their institutions. For example, nursing program leaders could work with new part-time faculty in understanding their instructor workload. Information must be communicated to part-time instructors regarding expectations, roles, and responsibilities of their new roles so that faculty can arrange their time commitments necessary to work in both identities. Much of the role ambiguity and conflict experienced by new instructors is likely common across academic programs. As a result, efforts to provide support to transitioning nursing instructors could also have benefits and implications for supporting new part-time instructors across campus, providing the opportunity for the institution to provide maximum support with fewer resources.

Finally, similar to other academic disciplines, in order to decrease part-time nursing instructors' feelings of isolation caused by a lack of communication and

160

involvement in program decisions, administrators and other faculty at two-year institution nursing programs must strive to keep their part-time faculty involved and informed of changes related to teaching their students. Most two-year institutions involve only full-time faculty rather than include part-time faculty in curriculum design and assessment that include such activities as syllabi development, textbook selection, course construction, and development of student learning outcomes (Kezar & Maxey, 2014). This lack of involvement by part-time faculty has been found to affect their morale, status, involvement, and efficacy as professionals suggesting the need for their greater involvement (Kezar & Maxey, 2014). Part-time nursing faculty should be encouraged to participate in meetings, committees, etc. in order to give input on planning and changes to components of the nursing programs. Regular communication with part-time faculty through such methods as emails or phone calls must also occur. For example, programs could use various technology such as skype to improve access for part-time faculty located at distant sites away from the main college campuses to attend these meetings. These interventions would provide a means for part-time faculty to feel less isolated and more supported in their instructor identities, therefore decreasing their feelings of vulnerability.

Assertion Two

The second assertion that emerged from further data analysis and resulted from the grouping of themes one, two, four, five, six, and seven can be stated as follows: A critical element to the participants' successful role transition process was that they became self-directed active learners of the roles, responsibilities, and pedagogical skills they perceived necessary for their clinical instructor identities (see Table 3).

161

Professional Identity Nurse and Part-Time Clinical Instructor

Participants in this study perceived development of their professional identities as nurses and instructors as a result of their self-directed active learning experiences, their self-perceptions, and perceptions of others in society (Theme 1 and Theme 2). Through their learning experiences, they were able to differentiate and describe similarities and differences between these two professional identities (Theme 1). In addition, participants in the current study associated specific learned roles and responsibilities as an important part of either their professional identity as nurses in clinical practice or as part-time clinical instructors in academia (Theme 1). Identifying with the role and professional identity of a nurse versus a clinical instructor depends on which role participants are in at the time (Theme 1). Managing and giving safe quality patient care, while remaining competent in their knowledge and skills was perceived by participants as their main roles and responsibilities as nurses (Theme 1). Johnson et al. (2012) also concluded that nurses generally develop their professional identity as nurses as a consequence of their socialization, self-concept development, education, and skills that separate them from lay persons.

One similarity between the two identities described by participants was their ability to care for patients, however, participants expressed several differences between these two professional identities (Theme 1). All participants expressed that as clinical instructors they have more responsibility for teaching students as compared to their role as nurses. Instead, while working with students as nurses in clinical practice, participants believed that caring for their patients is the priority rather than teaching students. It is of great concern that participants believed that they are not responsible for

student learning while in their nurse roles because nurses in all areas of practice have a professional responsibility to help students learn. Based on the standards included in the American Nurses Association (ANA) Code of Ethics (Fowler, 2015), participants in their nurse roles have a professional obligation to provide effective student learning experiences. According to Provision 4 of the ANA Code of Ethics (Fowler, 2015), nurses in any setting should collaborate with their students to assess learning needs, develop learning outcomes, use learning resources, and evaluate teaching effectiveness.

As compared to their nurse identities, participants perceived other different roles and responsibilities for their clinical instructor identities. They learned that their main roles as instructors were to teach, plan, motivate, coach, lead, be a role model, and facilitate effective learning experiences for students in the lab and/or clinical setting while working in a community college environment (Theme 1). Participants defined other learned instructor roles such as teaching nursing students how to give safe, quality patient care by teaching problem solving, critical thinking skills, and basic nursing skills, such as wound care, giving medications, performing assessments, and completing patient care plans (Theme 1). In addition, participants' believed that students, other nursing faculty, and nurses at the clinical agencies perceived them as clinical instructors based on their communication by email, text messages, and verbally with these individuals further reinforcing their self-perceptions as clinical instructors (Theme 2). However, as previously discussed Theme 3 emerged suggested a lack of communication between participants and other faculty on important information necessary to teach their students. A possible explanation could be that the type of communication included in each theme involved different context and content.

Participants in this current study experienced feelings of professional identity similar to other nurses and professionals as defined in the literature. Jennings and Rogers (1988) and Johnson et al. (2012) concluded that the professional identities of nurses can vary based on their areas of practice. Professional identities of nurses change throughout their careers as they change their roles and areas of nursing practice (Fagerberg and Kihlgren 2011; Jennings & Rogers, 1988; Johnson et al., 2012; MacIntosh, 2003). Paterson et al. (2002) described professional identity of any professional as "the sense of being a professional" (p. 6) and a "self-image which permits feelings of personal adequacy, satisfaction, and performance of the expected role" (p, 6). In addition, Higgs (1993) concluded that professional identity occurs for an individual when he or she develops the attitudes, beliefs, knowledge, and skills that support the roles and responsibilities of being that profession. Likewise in this present study, participants experienced work satisfaction, increased confidence, and were self-directed active learners of the required roles, responsibilities, knowledge, and skills associated with their clinical instructor identities. Participants perceived that the formation of their instructor identities was an outcome of their role transition process and self-directed learning experiences.

In this study, six participants who continued to work as nurses and instructors verbalized having dual identities, a nurse in clinical practice and a part-time clinical instructor in academia once they perceived completion of their role transitions (Theme 6). Participants expressed their ability to associate having specific learned roles and responsibilities for each identity (Theme 6). Depending on which professional identity (nurse or clinical instructor) they were in at the time was the one they experienced and

identified with (Theme 6).   In addition, four of the participants who work as a clinical

instructor in the same clinical areas they work as a nurse, expressed that a period of time

passed before nursing staff and physicians viewed them as a clinical instructor, and one

participant shared how she also required time to separate the two identities (Theme 6).

Jennings and Rogers (1988), Johnson et al. (2012), and MacNeil (1997) also

discovered that nurses who work in both roles as a nurse in clinical practice and clinical

instructor in academia, have two identities as a nurse and clinical instructor with different

sets of learned roles and responsibilities.   Yet, their findings are inconsistent with a study

completed by Boyd and Lawley (2009) who concluded that nurses who continued to

work in clinical practice while working as clinical instructors in four-year institutions

tend to hold on to existing identities as nurses in clinical practice rather than embrace

new identities as clinical instructors.   Similar to findings by Jennings and Rogers (1988),

Johnson et al. (2012) and MacNeil (1997), participants in this present study perceived

themselves in two separate professional identities of a nurse and clinical instructor with

similar and different learned roles and responsibilities (Theme 6).   Community colleges

generally have a mission of providing certificates and associate degrees that are

associated with skilled professions such as nursing, so programs intentionally hire

individuals who remain working in practice (Cohen, et al., 2014; Levin, et al., 2006).

Therefore, a dual identity at two-year-institutions would be not only more common, but

potentially more acceptable than at four-year-institutions.

Pedagogical Skills, Roles, and Responsibilities; and Incentive to Learn

Participants perceived that learning their roles, responsibilities, and pedagogical

skills was crucial for completing their successful role transitions to their clinical

instructor identities (Theme 6).   Pedagogical skills refer to skills used in teaching students to facilitate student learning, such as teaching methods, assessment and evaluation, and lesson plans.   Participants expressed incentives to learn pedagogical skills, roles, and responsibilities they perceived critical for their role transitions and instructor identity developments further reinforcing their desire to be self-directed active learners (Theme 7).   Their beliefs on the need for ongoing professional development and life-long learning; and the feelings of work satisfaction they received from seeing their students learn how to give safe quality patient care, graduate, and work as nurses provided further incentives to be self-directed learners (Theme 7).

Knowles (1984) andragogy for adult learning suggests that adults are self-directed in their learning, internally motivated, and have an incentive to learn based on their need to know and/or change in their roles in society (Knowles, 1984).   Similar findings occurred in this present study as participants expressed incentive and were self-directed in their individual learning that occurred over time.   They also described with a present and retrospective view similar and different pedagogical skills they perceived critical to learn to promote effective student learning as they experienced role transition and identity development (Theme 7).   In addition, participants with fewer years of experience expressed a greater lack of knowledge than those with more years of experience (Theme 7).

Baker (2010) and Davidson and Rourke (2012) had similar findings on part-time nursing faculty at four-year institutions.   Part-time nursing faculty expressed the need to learn skills and abilities related to teaching (Baker, 2010; Davidson & Rourke, 2012).   In addition, this current study's results are consistent with findings by Anderson (2006),

166

Ramage (2004), and Schoening (2013) who found that as nurses who worked in clinical practice experienced the role transition process and formation of new identities as part-time faculty at four-year institutions, the nurses believed it was important to learn pedagogical skills they perceived vital to be instructors able to facilitate effective student learning. Higgs (1993) also discovered that when an individual learns the attitudes, skills, knowledge, and beliefs that support the roles and responsibilities of that profession, development of the professional identity occurs for the individual. Results of this current study expand previous research by suggesting that both groups, faculty at two- and four-year institutions, perceived that self-directed learning of their roles, responsibilities, and pedagogical skills that help students learn was vital to their role transitions and instructor identity developments.

Another similar pedagogical skill that all participants expressed an importance to learn was the assessment and evaluation of student learning (Theme 7). All participants extensively discussed how assessment and evaluation were necessary to determine if their teaching and provided learning experiences facilitated effective student learning (Theme 7). Training, such as webinars, journal articles, and meetings, are provided by the nursing program's administrators for participants to receive regular professional development on assessment and evaluation of student learning (Theme 7). As a result, all participants perceived that they have mastered this pedagogical skill (Theme 7). Allison-Jones (2004), Davidson and Rourke (2012), Kelly (2006), and McDonald (2009) also found that part-time nursing faculty at four-year institutions believed it was important for them to learn how to assess and evaluate student learning. In addition, nurses in previous research discussed similar methods to assess student learning as

participants in this study found useful, such as rubrics, feedback, and observation of students to determine students' progress on mastering theory content and skills (Allison-Jones & Hirt, 2004; Davidson & Rourke, 2012; Kelly, 2006; & McDonald, 2009). This recognition of the importance of assessment in nursing education reflects the increased attention on assessment throughout higher education (Cohen et al., 2014; Kezar & Maxey, 2014; Levin et al., 2006).

However, participants in the current study described use of only a few methods to assess and evaluate their students' learning. A variety of assessment and evaluation methods should be used by educators in evaluating student learning that are based on such factors as teaching methods, outcomes, objectives, etc. (Huba & Freed, 2000). Another concern is the confidence level expressed by participants who have only a few years of teaching experience on their ability to assess and evaluate student learning. Huba and Freed (2000) believe that learning how to assess and evaluate student learning is a process that takes multiple methods, time, education, and experience, unlike that used and experienced by participants in this study. However, this current study did not study the competency levels of participants and explored only the perceptions of participants on their abilities to use assessment and evaluation skills.

This study adds to research in that part-time nursing faculty at two-year institutions may also have similar incentives as faculty at four-year institutions to learn similar pedagogical skills that facilitate student learning. In addition, like other professionals, they must be self-directed active learners and have an incentive to learn the attitudes, skills, knowledge, beliefs, roles, and responsibilities specific to their instructor identities so that they successfully transition.

168

In addition to participants perceiving similar needs to learn certain pedagogical skills, they also expressed their differences (Theme 7). Some of these differences for example, included a need to learn use of simulation, how to teach lab skills, and how to motivate students. Davidson and Rourke (2012) and Meixner et al. (2010) also discovered that part-time faculty at four year institutions overall lacked knowledge on motivating students, technology, and teaching nursing skills, however, they did not explore differences in knowledge between faculty working at different settings or due to past experiences. Differences in this present study may be related to the settings in which faculty teach at since they may need to learn different required content and skills to teach at a specific setting. Some teach in the lab and clinical settings, while others teach only in the clinical setting. In the lab, instructors generally focus on teaching basic nursing skills and simulation, while in the clinical setting they focus on students administering nursing care, performing skills learned in the lab setting, and applying theory to practice. Another explanation could be that participants began as clinical instructors with different prior learning, life, and nursing practice experiences that could influence their present knowledge and skill levels, and self-assessments of their individual learning needs.

Nursing Practice and Teaching Experiences

The participants' past and present nursing and teaching experiences in clinical practice provided a foundation for their self-directed active learning of critical roles, responsibilities, and pedagogical skills vital for their successful role transitions. They believed that their learning builds on their knowledge bases, competencies, and skills as nurses and expert clinicians (Theme 5). In addition, these experiences provided a

method for participants to maintain clinical practice competencies and skills, and they shared their experiences with students to help facilitate students' critically thinking and problem-solving skills (Theme 5).

Other previous research has also demonstrated the importance of past and present nursing practice experiences to nursing instructors. Diekelmann (2004), Scalan (2001), and Siler and Kleiner (2001) found that new part-time nursing faculty at four-year institutions used their clinical expertise, clinical practice experiences, and past experiences from their practice while teaching their students. Extending previous research, this present study found that part-time nursing faculty at two-year institutions similar to those at four-year institutions found their past nursing practice experiences as a valuable resource to use while teaching their nursing students. In addition, Cohen et al. (2014) and Leven et al. (2006) discovered that most faculty at two-year institutions are generally more focused on effective student teaching and learning, considered experts in their fields, and shared past experiences with their students to facilitate learning. Also of interest, similar to faculty teaching in other disciplines at two-year institutions, participants in this study are considered experts. Participants believed in the importance of maintaining their clinical practice knowledge and skills since many continued to work in academia and practice or have recently left practice. In addition, they shared past experiences from their clinical practice as examples in order to teach their students how to critically think.

Interactions with Students, Faculty, and Nursing Staff at Clinical Facilities

Interactions with students, faculty, and nursing staff contained socialization experiences in which participants were self-directed active learners of their roles,

170

responsibilities, and teaching skills related to their professional identity as clinical

instructors (Theme 4). Participants learned through their experiences by observing,

working, and communicating with other faculty (Theme 4). In addition, teaching and

interacting with students in the community college and clinical settings, and working

with nursing staff at the clinical facilities further assisted participants with their

successful transitions and formation of their instructor identities (Theme 4).

Results of this study are also consistent with findings from several other studies.

Johnson et al. (2012), Kleinman (1981), and Pratt et al. (2006) found that construction of

professional identity in one's occupation is a socialization process in which individuals

learned knowledge and skills, and developed forms of self-perception, self-

understanding, and self-definition as members of an occupational or professional group.

Trede et al. (2012) concluded that professional identity was formed as a person identified

him or herself as a member of that category of people. This process of forming a

professional identity involved individual learning by developing the knowledge, skills,

and values held by the profession along with identifying oneself with one's profession

(Trede et al., 2012). In addition, Ramage (2004) discovered that the transition process

of nurses to clinical instructors at four-year institutions occurred through reciprocal

interpersonal activity with students, education on pedagogical skills, and interaction with

nursing colleagues, that resulted in part-time nursing faculty forming the new identity of

a teacher. Similar to part-time faculty at four-year institutions and other occupations,

this study proposes that part-time faculty at two-year institutions may have similar self-

directed active learning, socialization, and interaction experiences that help them be

successful in their transitions and identity developments.

In addition, several participants expressed the need for interactions with a mentor, "go to person", or an experienced nursing faculty member to answer their questions as a means to learn their roles, responsibilities, and pedagogical skills (Theme 4). Allison-Jones and Hirt (2004), Forbes et al. (2009), and McDonald (2009) also discovered that part-time nursing faculty at four-year institutions identified the need for a mentor or other experienced faculty to support them as they learned pedagogical skills and responsibilities necessary for their role transitions from nurses in practice to part-time nursing faculty at four-year institutions (Bell-Scriber & Morton, 2009; Cangelosi et al., 2009; Peters & Boylston, 2006; Robinson, 2009; Smith & Zsohar, 2007). Likewise in this present study, participants discussed how they would benefit or benefited from a mentor to facilitate their self-directed learning of teaching skills, roles, and responsibilities while transitioning to their instructor identities. Relationships with mentors provided participants additional socialization experiences necessary for the development of their teaching identities.

Adding to previous research, this study suggests that participants at the two-year institutions experienced a socialization process while they transitioned and developed their professional identities similar to other academic disciplines and part-time faculty at four-year institutions. Participants were self-directed and active in learning specific roles, responsibilities, and teaching skills critical to their instructor identities through their experiences, relationships, and interactions with students, nursing faculty, and nursing staff at clinical facilities and in the community college settings.

Recommendations

Leaders at two-year institution nursing programs must collaborate with part-time nursing instructors on self-assessments of their individual needs to learn roles, responsibilities, and pedagogical skills, and use as a guide when developing individualized part-time faculty orientation and professional development programs. Such programs would assist nurses in successful completion of their role transitions and instructor identity developments as it would involve faculty in self-directed active learning experiences. Principles of adult learning theory support that adults are self-directed learners and have incentive and motivation to learn based on their need to know and prefer to be involved in the process of determining their needs and planning their learning experiences (Knowles, 1984). In addition, adults may have similar and different individual learning needs based on past life experiences (Illeris, 2014).

For example, leaders of two-year institution nursing programs should conduct a learning needs assessment with each part-time clinical instructor to determine what his or her individual needs are. Faculty must be involved in the entire process to assist them in being self-directed active learners. Results of the needs assessment could be used as a guide on content to include in the clinical instructor's individualized orientation and professional development program. Programs can be designed to include information on common roles and responsibilities for clinical instructors along with content from the results of their needs assessments. Ongoing evaluation and self-assessments must be done by these instructors to be sure they are receiving the necessary education to perform in their instructor identities and promote student learning, and additional learning experiences should be planned based on the results. The end result would provide

support to part-time nursing faculty as they transition and to their instructor identity developments. An added benefit is that faculty will learn knowledge and skills necessary to facilitate effective student learning.

Second, leaders of two-year institution nursing programs should establish formal mentoring programs for part-time nursing faculty to assist them in their socialization process while they learn new roles and responsibilities, and pedagogical skills; and to support them during their role transitions and instructor identity developments. Similar to that expressed by participants in this study, as a nurse begins the role transition from an expert clinician in nursing practice to a new area of nursing practice, such as a part-time nursing instructor; he or she becomes a novice again (Benner, 2001). The mentor can be an experienced teacher who is assigned to a novice for the purpose of providing coaching, psychological support, and assisting with individualized scholarly and professional development of the part-time nursing faculty (Bell-Scriber & Morton, 2009; Cangelosi et al., 2009; Peters & Boylston, 2006; Robinson, 2009; Smith and Zsohar, 2007). Support from experienced faculty, such as with the use of formal mentoring programs, can include experiences and education on pedagogical skills, roles, and responsibilities to support instructors in transitioning to their instructor identities. In addition, mentors can encourage new faculty to be self-directed active learners.

Third, interactions with students, other faculty, and nursing staff at clinical agencies must be encouraged since it promotes the part-time instructor's socialization process. Leaders at health care facilities should support education of nursing students by providing education to nurses in clinical practice that conveys to them their ethical responsibility to assist with nursing student education as opportunity arises. Nurses in

all practice areas are to collaborate with nursing students and provide effective clinical learning experiences.   In addition, education must be given to nursing staff at clinical facilities on roles and responsibilities of clinical instructors and how to collaborate and plan learning experiences for students with the instructors.   As a result of this education, faculty may be more successful performing in either professional identity, a nurse in clinical practice versus a clinical instructor in academia, and provide effective student learning experiences.

Fourth, two-year institution nursing program leaders and other faculty need to value part-time nursing faculty for their past experiences and recognize them as experts in current clinical practice knowledge and skills, and allow them to assist with designing courses and curriculum to ensure it is applicable to current clinical practice.   Another added benefit is that involvement in development and revisions of curriculum content may also promote a feeling of work satisfaction among part-time faculty.   Faculty should be encouraged to share past and present clinical practice experiences to stimulate nursing students' critical thinking and problem-solving skills.   In addition, it must be recognized that part-time nursing faculty learn new pedagogy knowledge and skills by building on their already established clinical practice knowledge and skills.

Assertion Three

Emerging from extensive analysis of this study's findings and all eight themes was assertion three as follows: The key concepts of Illeris' Transformative Learning and Identity theory can be useful in describing the role transition process for nurses in clinical practice to their academic clinical instructor identities, however, key elements such as role transition, support and ongoing professional development, time variations, and the

nurses' abilities to have more than one identity are missing when applied to this

population (see Table 3).

Theoretical Framework Elements

Transformative Learning theory has been applied to several populations in the

community, workplace, and higher education, and reflects a particular concept and theory

on how adults learn in different circumstances (Dirkx, 1998; Illeris, 2014; Taylor, 2009).

Illeris (2014) defines Transformative Learning as learning that implies change in the

identity of the learner. Illeris (2014) defines the concept of identity as "...identity is

about being a person in the world, who one experiences being, and how one relates to and

wants to be experienced by others" (p. 1). Identity is created, developed, and changed

through learning (Illeris, 2014). Therefore, learning is an individual phenomenon

because the person learns based on the linkage between already developed and new

knowledge, skills, abilities, understandings, competencies, and attitudes; and present and

past experiences (Illeris, 2014). Identity in relation to learning is centered on the

connection between the individual and his or her surroundings (i.e., social and material

environment). In addition, identity development involves three dimensions of learning -

content, incentive, and interaction, and occurs in a specific situation (Illeris, 2014). First,

content includes what is learned. Second, incentive involves emotion and volition and is

important because when the individual is engaged and motivated to learn, effective

learning occurs for the individual. Third, interaction takes place between the individual

and his or her social and material environment. Lastly, learning is situated in that it

takes place in a specific situation (i.e., superior situatedness), as it is experienced and

interpreted by the individual, and it forms a part of what is learned and how the individual relates to what is learned (Illeris, 2014).

Illeris' Transformative Learning and Identity theory (Illeris, 2014) was used as the theoretical framework for this study and when utilized as a lens for understanding the experiences of part-time nursing instructors at community colleges, a complimentary model emerged specific to this population, *The Process of Role Transition and Professional Identity Formation for Part-time Clinical Instructors at Two-Year Institutions Model* (see Figure 3). Table 4 presents the relationships between this current study's eight themes and the model's concepts. This model depicts how participants perceived their experiences during their role transition process to their part-time clinical instructor identities. Central to the model is that participants were self-directed active learners of their roles, responsibilities, and pedagogical skills necessary to help their students learn as they transitioned from their nurse identities to their instructor identities.
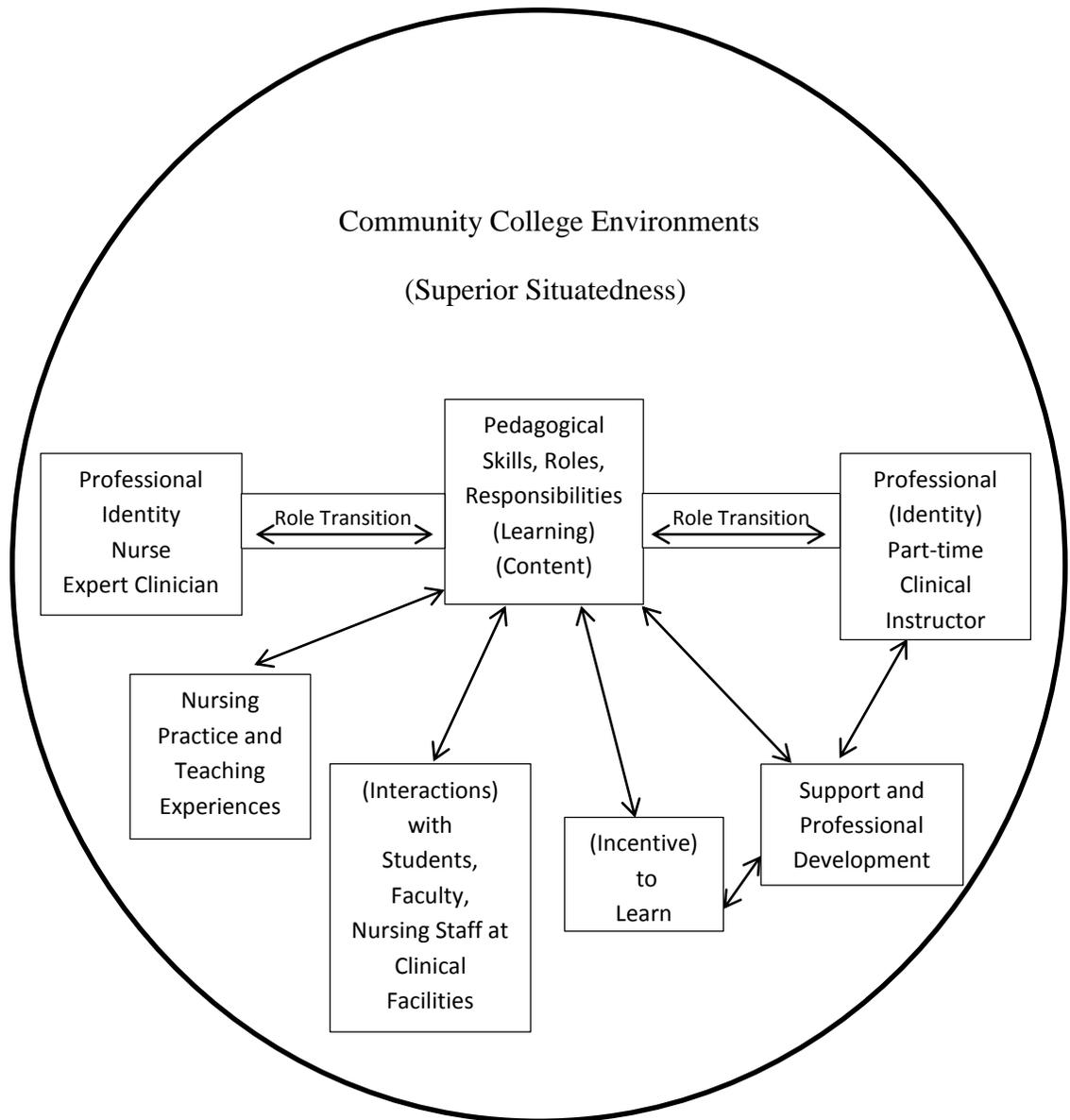
Figure 3. The Process of Role Transition and Professional Identity Formation for
Part-time Clinical Instructors at Two-Year Institutions Model.

Table 4. Relationship between the Process of Role Transition and Professional Identity
Formation for Part-time Clinical Instructors at Two-Year Institutions Model
and the Study's Themes.

Related Themes	Model Concepts
#3 Lack of Communication	Role Transition
#6 Role Transition Process and Professional Identity Formation	
#8 Need for Professional Development	Support and Professional Development
#1 Identity as Nurses versus Part-time Clinical Instructors	Professional Identity Nurse and Professional Identity Part-Time Clinical Instructor
#2 Role of Others' Perceptions in Clinical Instructor Identity Development	
#6 Role Transition Process and Professional Identity Formation	
#7 Incentive to Learn Pedagogical Skills	Pedagogical Skills, Roles, Responsibilities
#6 Role Transition Process and Professional Identity Formation	
#7 Incentive to Learn Pedagogical Skills	Incentive to Learn
#5 Past and Present Nursing Practice Experiences	Nursing Practice and Teaching Experiences
#4 Interactions with faculty, students, and Nursing Staff at Clinical Facilities	Interactions with Students, Faculty, Nursing Staff at Clinical Facilities
Themes #1 - #8	Community College Environments

Model as Compared to Illeris' Transformative Learning and Identity Theory

Based on the thematic analysis of this study's findings, this model (Figure 3) emerged and has similarities and differences as compared to Illeris' (2014) Transformative Learning and Identity Theory. In addition, several elements can be added to Illeris' (2014) theory specific to this study's population.

Professional identity as nurse and clinical instructor. Figure 3 illustrates how participants defined similarities and differences, such as different and similar roles and responsibilities, between their professional identities as nurses in clinical practice and as part-time clinical instructors in the community college setting. One box represents their *professional identity as a nurse (expert clinician)* in clinical practice and the other box represents their *professional identity as a part-time clinical instructor*. In Figure 3, the two directional arrows leading from the center box, *pedagogical skills, roles and responsibilities and each separate identity box,* also indicate that six participants perceived their ability to work in both these identities rather than only one identity. This section of the model coincides with Illeris' (2014) model and his concept of identity. Illeris (2014) defines the concept of identity as "...identity is about being a person in the world, who one experiences being, and how one relates to and wants to be experienced by others" (p. 1).

Pedagogical skills, roles, and responsibilities; and role transition. The central box in Figure 3 represents how participants perceived that learning their *pedagogical skills, roles, and responsibilities* was crucial to completing their successful role transitions to their clinical instructor identities. The two-way arrows leading from the central box *(pedagogical skills, roles, and responsibilities)* to the *professional identity as*

nurse (expert clinician) box and as *part-time clinical instructor* box represent the *role transition* process that occurs over time as participants experienced and learned their pedagogical skills, roles, and responsibilities necessary for development of their instructor identities, however, the process remains very individual based on context and time as an instructor.

This central box is considered similar to *content* (what is learned) in Illeris (2014) theory.   Illeris (2014) also concluded that identity is created, developed, and changed through learning (content) - which all takes place in the interplay with the individual's innate dispositions, such as the learner's characteristics, present and past experiences that are integrated into the learning processes and can influence the learning as well as the identity (Illeris, 2014).

Incentive to learn.   The box labeled *incentive to learn* with the two directional arrows to the center box (*pedagogical skills, roles, and responsibilities*) in Figure 3 illustrates how participants expressed incentive to learn pedagogical skills, roles, and responsibilities they perceived as critical for their role transitions and instructor professional identity developments further reinforcing their desires to be self-directed active learners.   Similar to Illeris' (2014) concept of *incentive* in his theory, participants in this study expressed an incentive to learn what they viewed as important to develop their instructor identities.

Support and professional development.   The *support and professional development* box in Figure 3 illustrates that participants believed in the importance of initial and continual support and professional development to facilitate their role transitions and instructor identity developments.   From this box there are two-way

arrows to the *incentive to learn, professional identity part-time clinical instructor,* and

pedagogical skills, roles and responsibilities boxes that illustrate the participants'

incentives for initial and continual professional development and life-long learning of

new evidence-based practice and research related to clinical practice and their teaching

roles.

Nursing practice and teaching experiences. The *nursing practice and teaching*

experiences box in Figure 3 represents how participants perceived that their past and

present nursing and teaching experiences in clinical practice facilitated their role

transition process, establishment of their clinical instructor professional identities, and

provided a basis for their self-directed individual learning. The two-directional arrow

between this box and the central box (*pedagogical skills, roles, and responsibilities*)

indicates that participants' experiences provided a foundation for them to add new

knowledge and skills, and another possible reason participants were similar and different

in their self-perceptions of learning needs since they had similar and different past

learning and life experiences.   Illeris (2014) also believes that present and past

experiences are integrated into the learning processes and can influence the learning as

well as the identity.   Learning is an individual phenomenon because the person learns

based on the linkage between already developed, and new knowledge, skills, abilities,

understandings, competencies, and attitudes (Illeris, 2014).

Interactions with students, faculty, and nursing staff at clinical facilities.

The *interactions with students, faculty, and nursing staff at clinical facilities* box in

Figure 3 represents participants' interactions with individuals in their social

environments, specifically with students, faculty, and nursing staff at the clinical facilities

and community college environment.   The two directional arrow between this box and the central box (*pedagogical skills, roles, and responsibilities*) demonstrates how these interactions with students, faculty, and nursing staff contained socialization experiences in which participants were self-directed in learning roles, responsibilities, and pedagogical skills related to their instructor identities.

The interactions experienced by participants with other faculty, students, and nursing staff at clinical facilities coincides with Illeris' (2014) concept of *interaction* in his theory.   Illeris (2014) concludes that interaction takes place between the individual and his or her social and material environment.   Identity in relation to learning is centered on the interaction and connection with the individual and the surroundings (social and material environment) (Illeris, 2014).

Community college environments.   Finally, this model in Figure 3 illustrates with a large outside circle how the participants experienced their entire role transition process and professional identity formation as part-time clinical instructors in the *community college environments (superior situatedness).*   For participants, this concept of superior situatedness occurred in the community college environments and is similar to the concept of *superior situatedness* in Illeris' (2014) theory.   Illeris (2014) believes that learning is situated in that it takes place in a specific situation (superior situatedness) as it is experienced and interpreted by the individual, and it forms a part of what is learned and how the individual relates to what is learned (Illeris, 2014).   In this present study, participants experienced a socialization process and role transition as they actively learned knowledge, pedagogical skills, roles, and responsibilities pertinent to their

183

instructor identities through interaction and collaboration experiences with other individuals in the community college and clinical settings.

Recommended Elements to be Added to Illeris' Theory

The Process of Role Transition and Professional Identity Formation for Part-time Clinical Instructors at Two-Year Institutions Model contains some differences as compared to Illeris' (2014) Transformative Learning and Identity Theory. Based on the extensive analysis of this current study's findings several elements could be added to Illeris' (2014) theory specific to this study's population.

The first element to be added to Illeris' theory (2014) is that participants in this study perceived an ability to have dual identities, a nurse in practice and a clinical instructor in academia, but which one depended on the role they were in at the time. Illeris' (2014) theory does not support that individuals can have dual identities. Participants were able to describe the similarities and differences between their learned knowledge, roles, responsibilities, and skills associated with each identity.

Role transition and time to complete the identity development are missing from Illeris' (2014) theory as compared to the model. Rather, Illeris (2014) believes that identity formation occurs for an individual through the three dimensions of learning (content, incentive, and interaction) while the individual is in his or her social environment (superior situatedness). Therefore, a second recommended element to be added to Illeris' (2014) theory for this study's population is that a change in an individual's identity may occur during a role transition process from one identity to another identity. A third component that could be added to Illeris' (2014) theory is that this process was an individual experience for participants with each requiring a different

184

period of time until they perceived development of their instructor identity. Two participants perceived they continued in their role transition process. The other six participants perceived their role transition process was successfully completed in one to three years.

Finally, participants also expressed incentive for ongoing support and professional development once they perceived they completed their role transitions or were still in the process of the role transition to their new instructor identities. As a result, a fourth element to be added to Illeris' (2014) theory is that participants had an incentive to continue ongoing professional development after they perceived formation of their instructor identities.

Recommendations

Illeris' Transformative Learning and Identity Theory (Illeris, 2014) could be used by leaders at community college nursing programs as part of a framework for developing and evaluating formal part-time nursing faculty orientation and professional development programs. More specifically, *The Process of Role Transition and Professional Identity Formation for Part-time Clinical Instructors at Two-year Institutions Model* (see Figure 3) that emerged specific to this population could be used. This model takes into account critical factors that together contribute to an individualized part-time instructor professional identity development, such as role transition, time, interaction, content, incentive, experiences, environment, socialization, and learning not previously considered together. Use of this model would allow administrators and faculty at two-year institution nursing programs to better support part-time faculty during their

transitions as they learn roles, responsibilities, and pedagogical skills vital to their

identity as clinical instructors who are able to facilitate effective student learning.

Implications for Nursing Education and Practice

Thus far several recommendations for nursing practice and education have been

included throughout this discussion.   Other recommendations can be suggested based on

the analysis of this study's findings.   First, by providing ongoing professional

development for faculty, leaders at two-year institution nursing programs can ensure that

their faculty are able to teach students how to provide safe quality patient care that result

in positive patient outcomes.   Benner, Sutphen, Leanord, and Day (2010) concluded that

part-time and full-time nursing faculty must be provided ongoing professional

development on pedagogical skills such as teaching methods, assessment and evaluation,

coaching students, use of simulation, how to facilitate clinical reasoning and judgement

in their students, preclinical and post clinical preparation, use of experiential learning in

the lab, classroom and clinical settings, and how to teach students the Institute of

Medicine Five Core Competencies.   As compared to recommendations of Benner et al.

(2010), in this present study several similar pedagogical skills, such as teaching methods,

assessment and evaluation, and facilitating clinical reasoning and judgment were also

perceived by participants as important for them to learn to be able to facilitate effective

student learning.   The end result for this professional development will be part-time

faculty knowledgeable on how to use these pedagogical skills to promote effective

student learning.   Nursing students will graduate who have the ability to practice safely,

compassionately, and that focus on achievement of positive patient outcomes in a variety

of patient settings (Benner et al., 2010).

Second, because of their lack of training and experience in use of various pedagogical skills to promote effective student learning, two-year institution nursing faculty will need education on various pedagogical skills necessary to facilitate and support students in reaching the American College Initiative's goals (Kotamraju & Blackman, 2011; Levin et al., 2006). These goals include students graduating from community colleges, earning their certificates and/or degrees, and /or transferring to four-year institutions (Kotamraju & Blackman, 2011; Levin et al., 2006). In addition, over the last several years, community colleges have been required by the U.S. Department of Education, various accrediting organizations, and state governments to become more accountable for their students' progress and achievement of outcomes to maintain their national accreditations and support their contributions to the community (Cohen, et al., 2014; Levin et al., 2006). Part-time nursing faculty will need professional development on how to assist administration and other faculty at community colleges in maintaining their national accreditations requirements, such as standards that must be met by two-year institutions. Standards include such factors as assessing students' progress and achievement of institutional and program outcomes (Cohen, et al., 2014; Levin et al., 2006). In addition, they should be involved in the process of maintaining or achieving national accreditations.

Limitations

There were four limitations for this study. Limitations of this study include a small sample size and a lack of male gender participants. Participants lacked racial and ethnic diversity with all participants being White. Lastly, participants were selected that

teach in nursing programs at community colleges in one state located in the Midwest

United States.

Recommendations for Future Research

Participants in this qualitative phenomenological study included part-time nursing

faculty at several community colleges and their distant sites in only one Midwestern state.

In addition, the sample size was relatively small and contained only White female

participants.   Future research could include part-time nursing faculty at community

colleges throughout the United States, a larger sample size can be used with an attempt to

include more diversity in the participants' demographics.   For example, a study on male

part-time nursing faculty as they completed their role transition process from nurses in

clinical practice to part-time clinical instructors in a community college setting could

determine if being male, a minority in the nursing profession, could influence their role

transition process and professional identity formation as part-time clinical instructors.   It

could be determined if male participants have similar experiences as the female

participants in this study.   Since research on part-time nursing faculty at two-year

institutions is lacking, future studies can be done involving quantitative methods,

qualitative methods, or mixed methods designs.

Since few research studies have used Illeris' Transformative Learning and

Identity theory as a theoretical framework, the theory could be used as a framework to

explore other populations of interest to determine if these populations have similar

experiences as participants in this study during their role transition process and

establishment of their professional identities.   For example, studies could explore the

role transition process and professional identity formation from individuals' roles in their

professional areas of expertise to their roles as faculty in academia.   These individuals should include full-time nursing faculty, part-time faculty, and/or full-time faculty working in other disciplines at two-year institutions and four-year institutions.   Future research could explore the role transition process and professional identity formation for all education levels of nursing students (e.g., Bachelor of Science in Nursing, Master of Science in Nursing, PhD in Nursing, Doctor of Nursing Practice) as they transitioned from their roles as nursing students to their roles as nurses in various areas of nursing practice.   In addition, studies can explore the experiences of nursing students to determine if they experience a role transition process from a general college student to a nursing student and obtain their identity as a nursing student.   These studies could be useful because based on research findings, additional support, professional development, etc. can be provided to these various other populations of interest to assist them in being successful in their role transition process and professional identity formations.

Finally, two-year institution nursing programs could implement use of Illeris' Transformative Learning and Identity Theory or The Process of Role Transition and Professional Identity Formation for Part-time Clinical Instructors at Two-year Institutions Model as a framework for individualized professional development programs to assist nurses in their role transition from working in clinical practice to working as part-time clinical instructors at the community college setting.   Studies can be completed to add to or support this theory or model and assess if these professional development programs are effective in supporting these individuals in their role transition process and professional identity developments.

Summary

This study's findings proposed that for participants their role transition process from nurses in practice to their professional identities as part-time clinical instructors in academia was an individual journey that varied in learning experiences and time for completion. They experienced a socialization process while learning the values, attitudes, knowledge, attributes, and skills pertinent for their instructor identities. Six participants perceived they have completed their role transition and clinical instructor identity developments, while two participants continue in the process. Their self-perceptions and perceptions of others, such as their students, other faculty, and nurses at clinical facilities also contributed to their instructor identity developments. Participants' experiences involved self-directed active learning of their roles and responsibilities necessary for their new roles. In addition, critical for their successful role transition was participants learning pedagogical skills that they perceived as important in promoting effective student learning, and they had similar and different perceptions of these necessary pedagogical skills. Participants expressed much incentive to learn these pedagogical skills, roles, and responsibilities important to their instructor identities. In addition, their learning occurred during interactions with students, other faculty, and nursing staff at the clinical facilities in the community college setting. They also identified additional support and ongoing professional development as vital to their successful role transition and instructor identity developments.

Based on the analysis of findings, *The Process of Role Transition and Professional Identity Formation of the Part-time Clinical Instructor at Two-year Institutions Model* (see Figure 3) was developed. This model relates findings as

compared to Illeris' Transformative Learning and Identity Theory (Illeris, 2014), and several additions were made to Illeris' theory specific for this study's population. Discussion was completed on three assertions and the eight themes developed through data analysis relating them to the study's theoretical framework, the model (see Figure 3) that emerged, and pertinent research literature.   Implications for nursing practice and education were presented including a recommendation for use of Illeris Transformative Learning and Identity Theory (Illeris, 2014) and the model (see Figure 3) that emerged as a theoretical framework for use by leaders of two-year institution nursing programs as a guide for developing individualized part-time faculty orientation and professional development programs.

APPENDICES

Appendix A
Consent Form
THE UNIVERSITY OF NORTH DAKOTA
CONSENT TO PARTICIPATE IN RESEARCH

TITLE: Community College Part-time Nursing Faculty's

Perceptions During Their Role Transition from

Expert Clinician to Clinical Instructor.

PROJECT DIRECTOR: Rhoda Owens

PHONE #   701-720-1588

DEPARTMENT: College of Education and Human Development;
Department of Teaching and Learning

STATEMENT OF RESEARCH

A person who is to participate in the research must give his or her informed consent to such participation. This consent must be based on an understanding of the nature and risks of the research. This document provides information that is important for this understanding. Research projects include only subjects who choose to take part. Please take your time in making your decision as to whether to participate. If you have questions at any time, please ask.

WHAT IS THE PURPOSE OF THIS STUDY?

You are invited to be in a research study about part-time nursing faculty's perceptions of their experiences as they transition from their role as a nurse in clinical practice to their role as a part-time clinical instructor in academia because you are presently working as a part-time nursing instructor for a community college nursing program.

The purpose of this study is to explore community college part-time nursing faculty's perceptions of their experiences during their role transition from a nurse in clinical practice to a clinical instructor in academia. In addition, this study will explore if and how community college part-time nursing faculty develop a professional identity as a clinical instructor through their experiences.

The investigator is obtaining this information to complete the dissertation requirement for her PhD program, give scholarly presentations, write scholarly articles, and use to guide professional development programs for part-time nursing instructors.

HOW MANY PEOPLE WILL PARTICIPATE?

Approximately 10 people will take part in this study at the University of North Dakota and four Midwest community colleges.

HOW LONG WILL I BE IN THIS STUDY?

Your participation in the study will last approximately 12 months. You will need to be interviewed two times by the investigator privately at a place and time convenient for you. Each interview will typically last 45 - 90 minutes.

WHAT WILL HAPPEN DURING THIS STUDY?

If you chose to participate in this study, you will be contacted to set up an interview at your convenience. In addition, a second follow-up interview will be scheduled with you at your convenience. Each interview will typically last 45 - 90 minutes and is digitally recorded. You will be asked if digital recordings can be made of your interviews. Such recordings will be used only for writing down exactly what you say. The digital recordings will be transcribed and returned to you to ensure accuracy of the written documents. Being recorded is voluntary. You may still participate without being recorded. You may refuse to answer any of the questions you are asked during the interview.

No personal identification is used on any written documents and all descriptions of persons and places are anonymous and pseudonyms (made up) used for your name. The recordings will be stored on a password protected computer after use.

WHAT ARE THE RISKS OF THE STUDY?

There are a few risks for being in this study. The risks involved in this study include the possibility of loss of confidentiality. Although steps are taken to ensure secrecy, the identity of participants might accidentally become known. This may cause embarrassment or discomfort. Some questions you are asked about your experiences or opinions might cause worry and discomfort. However, if you become upset by questions, you may stop at any time or choose not to answer a question. Financial, legal, or reputation risks could accrue to individuals or organizations if a participant (or

documentation) reveals a nonflattering or damaging information about their organization or its practices. Referrals to counseling will be available should you experience bad feelings, but no money is available from the study to pay for such services. Another drawback for you might include the amount of time spent in interviews. However, such risks are not viewed as being in excess of "minimal risk".

WHAT ARE THE BENEFITS OF THIS STUDY?

You may not benefit personally from being in this study. However, we hope that, in the future, other people might benefit from this study. Findings of this study have the potential to support the need for community college nursing programs to consider part-time nursing faculty's experiences and perceptions of the pedagogical skills they need to learn as a guide for the development of individualized orientation and professional development programs.

ALTERNATIVES TO PARTICIPATING IN THIS STUDY

Identity of the non-participants will be guarded. Confidentiality will be maintained.

WILL IT COST ME ANYTHING TO BE IN THIS STUDY?

You will not have any costs for being in this research study.

WILL I BE PAID FOR PARTICIPATING?

You will not be paid for being in this research study.

WHO IS FUNDING THE STUDY?

The University of North Dakota and the research team are receiving no payments from other agencies, organizations, or companies to conduct this research study.

CONFIDENTIALITY

The records of this study will be kept private to the extent permitted by law. In any report about this study that might be published, you will not be identified. Your study record may be reviewed by Government agencies, the UND Research Development and Compliance office, and the University of North Dakota Institutional Review Board.

Any information that is obtained in this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by

law. Confidentiality will be maintained by means of identifying you by a made up name. Transcriptions, notes, consent forms, and digital recordings will be stored on a password protected computer and in a locked cabinet when not in use. Any information from the data that could identify you will be removed. The recordings and records will be destroyed three years after completion of the study.

You have the right to review/edit your digitally recorded interviews and transcripts. Only individuals involved in the research team will have access to the recordings.

If we write a report or article about this study, we will describe the study results in a summarized manner so that you cannot be identified.

IS THIS STUDY VOLUNTARY?

Your participation is voluntary. You may choose not to participate or you may discontinue your participation at any time without penalty or loss of benefits to which you are otherwise entitled. Your decision whether or not to participate will not affect your current or future relations with the University of North Dakota.

If you decide to leave the study early, please contact Rhoda Owens, Principal Investigator per phone call. There will be no consequences for withdrawing early from the study.

You will be informed by the research investigator of this study of any significant new findings that develop during the study which may influence your willingness to continue to participate in the study.

CONTACTS AND QUESTIONS?

The researcher conducting this study is Rhoda Owens. You may ask any questions you have now. If you later have questions, concerns, or complaints about the research please contact Rhoda Owens at 701-720-1588 during the day and after hours. You may also contact the student's adviser, C. Casey Ozaki at 701-777-4256.

If you have questions regarding your rights as a research subject, you may contact The University of North Dakota Institutional Review Board at **(701) 777-4279**.

- You may also call this number about any problems, complaints, or concerns you have about this research study.
- You may also call this number if you cannot reach research staff, or you wish to talk with someone who is independent of the research team.
- General information about being a research subject can be found by clicking "Information for Research Participants" on the web site: http://und.edu/research/resources/human-subjects/research-participants.cfm

I give consent to be audiotaped during this study.

Please initial: _____ **Yes** _____ **No**

I give consent for my quotes to be used in the research; however I <u>will not</u> be identified.

Please initial: _____ **Yes** _____ **No**

Your signature indicates that this research study has been explained to you, that your questions have been answered, and that you agree to take part in this study. You will receive a copy of this form.

Subjects Name: _____

_____   _____

Signature of Subject   Date

I have discussed the above points with the subject or, where appropriate, with the subject's legally authorized representative.

_____   _____

Signature of Person Who Obtained Consent   Date

Appendix B
Protocol for Interview #1

Interview Code:_____

Pseudonym Name of Participant:_____

I. Digital recorder tested and spare batteries available

II. Verify informed consent was signed, answered questions, and copy given to participant

III. Review purpose of the interview:
The purpose of this study is to explore community college part-time nursing faculty's perceptions of their experiences during their role transition from a nurse in clinical practice to a clinical instructor in academia. In addition, this study will explore if and how community college part-time nursing faculty establish a professional identity as a clinical instructor when they learn pedagogical skills and receive support based on their perceptions.

It is estimated that this interview will last 45 to 90 minutes. If you are willing this interview will be digitally recorded (without your name and identification) for the purpose of review and transcription.

IV. About this interview:
Date:_____ Time:_____
Location:_____

V. First interview only:
Years as a part-time instructor: _____ Highest academic degree:_____
Age:_____ Gender:_____ Years in nursing practice:_____
Areas worked in nursing practice:_____

198

VI: Interview Questions:

Because of the diversity of respondents and the in-depth semi-structured nature of the interviews, it is impossible to outline all of the specific questions I will ask. Each participant will be asked questions pertinent to their experiences and perceptions on additional support and pedagogical skills they need to learn during their role transition from a nurse in clinical practice to a part-time nursing instructor. In addition, I will explore how and if they acquire their professional identity as a part-time nursing instructor through the role transition process. In addition participants will be asked to respond to the questions with a present and/or retrospective view. My questions will evolve as I learn more, themes emerge, and as I need to follow up on new directions. Two interviews will be done with participants to clarify a participant's perceptions or experiences as related to the study's purpose and research questions. Nevertheless, I have noted some questions below that demonstrate the kinds of questions to be asked of participants.

In addition, I will base my interview questions on the following research questions guiding this study:

1. Through their experiences, how do community college part-time nursing faculty describe their role transition process and development of their professional identity as clinical instructors?
2. What are part-time nursing faculty's perceptions of the pedagogical skills and support needed in order to promote effective student learning in their role as clinical instructors in the community college setting?
3. What are part-time nursing faculty's perceptions of the initial and long-term professional development and support they need to promote their professional identity development and role transition from nurses in clinical practice to instructors in the community college setting?

IDENTITY/ROLE TRANSITION/INTERACTION

1. Think back to when you first began as a clinical/ lab instructor up until now. Tell me about your journey in becoming a clinical and/or lab instructor. Were there any pivotal point experiences?
2. Can you describe your role as a clinical and lab instructor for me as you work with students, faculty, college, clinical agencies, etc.? Have your views changed since you began?
3. Do you see any differences between your role working in your area of nursing practice as compared to your role as a clinical instructor?
4. Have you sensed who you are as a professional change?

5. Do you feel that any of your past experiences in nursing practice, teaching patients and other nursing staff, and/or education (informal, conferences, or academia) have helped you prepare for your role as a clinical instructor? How? Examples?

CONTENT/INCENTIVE

6. Why did you decide to become a clinical and/or lab instructor?
7. What are your most challenging issues related to teaching? How have you dealt with these issues? Do you need any assistance with dealing with these issues?
8. What additional knowledge and skills would you like to acquire related to teaching nursing students in the lab and/or clinical setting?
9. Describe if and how you are included as a member of your department and college community.
10. Describe suggestions for how your department and/or college can include/involve part-time faculty.

Other possible topics:

- Nursing program's curriculum
- Assessment and evaluation of student learning
- Student learning outcomes, program outcomes
- Teaching methods and strategies
- Use of technology, LMS, email, etc.
- Clinical paperwork
- Handling student issues
- Support people and resources

VI: Close the interview:

- Thank participant
- Assure him/her confidentiality
- Remind about member checking
- Be sure has my contact information
- Ask if he/she has any questions
- Schedule second interview, or schedule at a later date that is convenient for the participant

Second Interview:

1. Questions will be determined based on the need to clarify the participant's experiences and perceptions during their transition from their role as a nurse in clinical practice to their role as a part-time instructor in academia. In addition, questions will be based on emerging themes from the data coding and analysis of the data and transcripts.

Appendix C
Protocol for Interview #2

Interview Code:_____

Pseudonym Name of Participant:_____

I.   **Digital Recorder tested and spare batteries available.**
II.   **Informed consent already signed, answer any other questions the participant may have**
III.   **About this interview:**
       Date:_____ Time:_____ Location_____

Interview Questions:

1. Describe for me how you perceive yourself in your role as a clinical and lab instructor?
    Can you share a story or example with me?

2. How do you feel other faculty perceive you as a clinical instructor? Can you share a story or example with me?

3. How do you feel students perceive you as a clinical instructor? Can you share a story or example with me?

4. How do you feel clinical agencies perceive you as a clinical instructor? Can you give an example or share a story?

5. How do you want to be perceived by other faculty, students, and clinical agencies as a clinical instructor?

6. Describe necessary teaching knowledge and skills you have learned that you feel are necessary to be a clinical or lab instructor and that help your students learn.

7. How did you learn the knowledge and teaching skills? Did you seek out resources, faculty, books, websites, conferences, etc.?

8. Can you give me examples of how you know that your teaching is effective in promoting the learning of your students? Facilitating the learning? Can you give me an example or share a story?

Other questions may be added to provide further clarification on the participant's responses.

Close the Interview:

- **Thank participant**
- **Assure her confidentiality**
- **Remind about member checking**
- **Be sure has my contact information**
- **As if she has any questions**

IRB NOTIFICATION

Today's Date: 12 December 2014
Research Project: Community College Part-Time Nursing Faculty's Perceptions
                      During Their Role Transition from Expert Clinician to Clinical
                      Instructor
Principal Investigator: Rhoda Owens, MS, RN

Dear Principal Investigator:

This letter is to inform you that the following action occurred regarding your request for research:

☑ Approved request. All items submitted.

☐ Approved request conditionally pending the submission of the following:

☐ Denied request for research for the following reason(s):

_____

☐ Tabled request for research pending the following:

      (1) _____
      (2) _____

If you have any questions regarding this information, please contact the IRB Chairperson at 701.224.5491.

Respectfully,

Stacie L. Iken

Dr. Stacie L. Iken
IRB Chairperson, Chief Institutional Effectiveness & Strategic Planning Officer

Appendix E
Letter of Support from Community College

November 24.2014

Dear University of North Dakota Institutional Review Board,

This letter is being sent in support of Rhoda Owens completing her research study as a requirement for her dissertation, "Community College Part-time Nursing Faculty's Perceptions of the Pedagogical Skills They Need to Learn During Their Transition from Expert Clinician to Clinical Instructor", using Williston State College campus facilities, lab, and part-time nursing faculty as need is determined. The purpose and methodology of the study has been fully explained to me. The Nursing Department is in full support of this study and agrees to participate.

Sincerely,

Robert Benson

1801 College Drive North, Devils Lake, ND 58301-1598
(701) 662-1600 • fax (701) 662-1570 • 1-800-443-1313
TDD (701) 662-1572 • www.lrsc.edu

November 24, 2014

Institutional Review Board
Twamley Hall Room 106
264 Centennial Drive Stop 7134
Grand Forks, ND 58202-7134

Dear University of North Dakota Institutional Review Board,

This letter is being sent in support of Rhoda Owens completing her research study as a requirement for her dissertation, "Community College Part-time Nursing Faculty's Perceptions of the Pedagogical Skills They Need to Learn During Their Transition from Expert Clinician to Clinical Instructor", using Lake Region State College campus facilities, lab, and part-time nursing faculty as need is determined. The purpose and methodology of the study has been fully explained to me. The Nursing Department is in full support of this study and agrees to participate.

Sincerely,

Doug Darling, Ph.D.
Lake Region State College President

Appendix G
Letter of Support from Community College

November 21, 2014

Institutional Review Board
University of North Dakota
Grand Forks, ND

Dear Institutional Review Board,

This letter is being sent in support of Rhoda Owens completing her research as a requirement for her dissertation, "Community College Part-time Nursing Faculty's Perception of the Pedagogical Skills They Need to Learn During Their Transition from Expert Clinician to Clinical Instructor," using Dakota College at Bottineau Campus facilities, lab, and part- time nursing faculty as need is determined. The purpose and methodology of the study has been fully explained to me. The Nursing Department is in full support of this study and agrees to participate. We anticipate that the results of this study will provide benefit to students enrolled in the Dakota Nursing Program.

Sincerely,

Ken Grosz
Campus Dean
Dakota College at Bottineau

Table 5. Sample of Data Analysis Process for Theme 2.

Participants' Transcript Quotes	Invariant Constituents	Theme (Cluster)		Composite Description
"I think overall based on their comments, the students are satisfied with the learning experiences I provide them. They liked how I teach them and available and how I am available."	Positive comments on teaching methods			*Participants described how perceptions of students, other nursing faculty, and nursing staff at the clinical agencies assisted in them in their professional identity development as part-time clinical instructors. Based on their conversations with these individuals, participants felt these individuals perceived them as clinical instructors.*
"The students thank me for the learning experiences I provide for them at clinicals."	Appreciate learning experiences			
"Many have told me I am a good instructor."	Perceive as a clinical instructor	**Roles of Others' Perceptions in Clinical Instructor Identity Development**	**Individual Textural Descriptions and Structural Descriptions**	
"I get along well with the other faculty….I believe they view me as a clinical instructor teaching our students. They communicate with me as if I was equal to them."	Based on communication perceived as instructor			
"The nursing staff assist me with patient selection. We communicate about student learning experiences."	Communicate and assist with finding learning experiences			

Appendix I

Table 6. Sample of Data Analysis Process for Theme 3.

Participants' Transcript Quotes	Invariant Constituents	Theme (Cluster)		Composite Description
"There is a lack of communication with me from the full-time course instructors on what I should be teaching in clinicals to assist students in applying the theory content from their classes."	On course content to use in helping students apply in clinicals			*Participants perceived the need for more support in the form of communication from other faculty about changes in the nursing program's curriculum, policies, clinical schedules, scheduled meetings, and other information that is pertinent to their students. All believed at the lack of communication is due to the fact they are part-time and/or work at distant sites. Feelings of isolation were expressed by several participants. Another concern expressed by participants is that the lack of communication impacts student learning.*
"The lack of communication at times impacts student learning."	Impacts student learning			
"Since I am part-time I do not always receive the updates I need. So, I miss out on important communication."	Do not always receive updates	**Lack of Communication with Main Campus and Full-time Faculty**	**Individual Textural Descriptions and Structural Descriptions**	
"I need more communication from the main campus on any changes….I am definitely out of the loop out here…I feel the students sense this also and it affects their learning."	Not informed of changes Feels out of the loop			
"I don't have a sense of belonging. I think it is because I am part-time and at a distant site…..I feel isolated."	Feels isolation at distant site			

Appendix J

Table 7. Sample of Data Analysis Process for Theme 4.

Participants' Transcript Quotes	Invariant Constituents	Theme (Cluster)	Composite Description
"In terms of lab and teaching skills, I learned a lot by watching other faculty and thinking about what would be helpful to use when I start teaching the nursing skills. They have helped me learn my responsibilities."	Learned pedagogical skills by observing other faculty Learned responsibilities		*Participant experiences included interactions with nursing faculty, staff at clinical facilities, Interactions assisted them in their role transition process facilitating their professional identity development as clinical instructors. Through these inter-actions, they learned roles and responsi-bilities, specifically the pedagogical skills to promote learning.*
"At the beginning, I actually spent a couple of clinicals with another clinical instructor while she taught her students. I was able to watch and learn from her. We have a great working relationship."	Learned pedagogical skills by working with other faculty	**Interactions with Faculty, Students, and Nursing Staff at Clinical Facilities**	
"Another thing that helped me was having a mentor or a go to person I selected my-self.. This person helped me learn the ropes."	Mentor assisted with learning responsibilities and pedagogical skills		
"While we are at clinicals, they ask me questions pertaining to their patient and skills. I have learned how to help them learn."	Interactions with students assisted them		
"The nursing staff have taught me."	Learned details on clinical facility		

(with middle column heading **Individual Textural Descriptions and Structural Descriptions**)

Appendix K

Table 8. Sample of Data Analysis Process for Theme 5.

Participants' Transcript Quotes	Invariant Constituents	Theme (Cluster)		Composite Description
"I don't know how any nurse can be a clinical instructor without past nursing practice experience."	Nursing experience necessary for teaching role.			*Participants believed that past and present nursing practice experiences helped facilitate their role transition process and professional identity development as clinical instructors. Learning pedagogical skills added to their nursing knowledge. Nursing practice experience Provides a means to remain competent in nursing knowledge and skills. In addition, sharing past nursing practice experience with students assists participants in critical thinking, problem-solving, and application theory to practice. Past teaching experience with students has also assisted with learning new role and instructor identity.*
"Because of my past nursing experience, I am competent in my nursing knowledge and skills."	Nursing experience provides a means to remain competent.			
"The teaching skills I have learned builds on my nursing knowledge and skills."	Learning pedagogical skills builds on knowledge and skills.		**Individual Textural Descriptions and Structural Descriptions**	
"The students enjoy hearing my past nursing practice experiences to help them learn critical thinking and application of their theory content to nursing practice."	Students learn critical thinking from hearing nursing practice experiences.	**Past and Present Nursing Practice Experiences**		
"Teaching staff and students as a nurse has been helpful to learning my instructor role."	Past experience valuable to learning clinical instructor role.			
"Past teaching of new graduates as a nurse has been helpful in earning my instructor role."	Past teaching experience as a nurse helpful.			

Table 9. Sample of Data Analysis Process for Theme 6.

Participants' Transcript Quotes	Invariant Constituents	Theme (Cluster)		Composite Description
"When I first started working as an instructor, I did not know what it was going to entail. What would be my roles and responsibilities?	Feelings of role ambiguity			*Participants perceived their role transition process as occurring over time. In the beginning all experienced feelings of role ambiguity, such as being over-whelmed, confused, and lacking of their roles and responsibilities, and use of pedagogical skills to promote student learning. Their role transition process facilitated their professional identity development as part-time clinical instructors. Participants believed their experiences, that included learning roles and responsibilities, especially learning pedagogical skills was necessary to transition into their clinical instructor role. In addition, several participants expressed that they began teaching similar to how they were taught as nursing students. Six participants continue to work in as having separate roles, respon-sibilities, and separate identities. Time was required for staff to view four participants as instructors.*
"Now after three years of being a clinical instructor, I feel different now about my role than when I first started. I am more comfortable and have learned how to teach so that my students learn in the clinical setting."	Learning pedagogical skills is important to role transition and identity development	**Role Transition Process and Professional Identity Formation**	**Individual Textural Descriptions and Structural Descriptions**	
"At first I did not know how to teach the students. I tried to teach how I was taught by my instructors while in nursing school. I thought about how my "best" nursing instructors taught me and I tried using similar methods."	Began teaching how taught by her past nursing instructors			
"To begin with physicians and nursing staff were really confused at what role I was in for the day. Sometimes I feel dually used in both roles. Now after a few months, they few me as an instructor when I am with students,	Physicians and nursing staff confused on role and professional identity			

Table 10. Sample of Data Analysis Process for Theme 7.

Participants' Transcript Quotes	Invariant Constituents	Theme (Cluster)		Composite Description
"Seeing them learn and working as nurses after graduation…I have to know how to teach so my students learn."	Motivated in seeing students learn and work in nursing			*All participants expressed an incentive to learn pedagogical skills they perceived as necessary to facilitate student learning. Several participants reflected on their feelings of satisfaction in knowing they had a part in producing a quality nursing graduate. Learning pedagogical skills was important to their role transition and professional identity development as clinical instructors. Participants desire to be life-long learners of pedagogical skills. Participants with a present and retrospective view expressed similar needs to learn various pedagogical skills such as use of lesson plans, curriculum, teaching methods, clinical paperwork and care plans, technology, how to assess and facilitate student learning; and handling student issues. Different needs were expressed.*
"I am always trying to learn something to use in teaching. I am not one to pass up a learning opportunity."	Belief in life-long learning	**Incentive to Learn Pedagogical Skills**	**Individual Textural Descriptions and Structural Descriptions**	
"I am competent in practice but need to learn how to teach my students."	Learning pedagogical skills is necessary to help students learn			
"Throughout the first year I learned I also learned curriculum, merhods to use in teaching, how to use the required technology. I now feel comfortable with how to assess student learning. Learned about program and student learning outcomes, but still need to learn more. Overall, I needed to learn how to help my students learn."	Perceived the need to learn similar pedagogical skills			
"One of my more challenging issues to learn is how to h andle student issues. My coordinator has been helpful."	How to handle student issues.			

Appendix N

Table 11. Sample of Data Analysis Process for Theme 8.

Participants' Transcript Quotes	Invariant Constituents	Theme (Cluster)		Composite Description
"Things are changing constantly. I read a lot of nursing and other professional journals to stay current with evidence-based practice for teaching and nursing practice."	Need to remain current with evidence-based practice with teaching and learning			*Participants discussed how professional development at first provided a means to learn their roles, responsibilities, and pedagogical skills related to their identity development.* Viewing webinars, reading journals, and books, attending meetings and *conferences are resources most used by participants. Several expressed the need to obtain a Master of Science degree in Nursing as a means to learn knowledge and skills to promote effective student learning. One participant has completed her Master's degree and perceived that education facilitated her role transition and professional identity development. Participants believed in the need for lifelong learning on new research and* evidence-based practice. All *expressed the need for a* formal *orientation program.*
"We have monthly meetings on IVN and meetings twice a year in person… some discuss new teaching methods and assessment."	Uses books and journals. Meetings are helpful in learning pedagogical skills	**Need for Professional Development**	**Individual Textural Descriptions and Structural Descriptions**	
"I attend conferences to learn new skills, evidence-based practice related to teaching and nursing. This way I can teach my students the most current information."	Conferences helpful to learn new skills and evidence-based practice			
"Going back to school really, really helped me in developing my own perception of myself as a professional educator….earning my MSN really helped me learn the necessary skills and knowledge to teach."	Obtaining a Master of Science degree in Nursing assisted in learning pedagogical skills, roles, and responsibilities			
"I would like to go back and get my Master's degree."				

REFERENCES

Allison-Jones, L. L., & Hirt, J. B. (2004). Comparing the teaching effectiveness of part-time and full-time clinical nursing faculty. *Nursing Education Perspectives, 25*(5), 238-245.

American Association of Community Colleges. (2014). American Graduation Initiative. Retrieved from

http://www.aacc.nche.edu/Advocacy/aginitiative/Pages/obamafactsheet.aspx

Anderson, J. K. (2009). The work-role transition of expert clinician to novice academic educator. *Journal of Nursing Education, 48*(4), pp. 203-208.

Baker, S. L. (2010). Nurse educator orientation: Professional development that promotes retention. *Journal of Continuing Education in Nursing, 41*(9), 413-417.

Bell-Scriber, M. J., & Morton, A. M. (2009). Clinical instruction: Train the trainer. *Nurse Educator, 34*(2), 84-87. doi: 10.1097/NNE.0b013e31819ae753

Benner, P. (2001). *From novice to expert: Excellence and power in clinical nursing practice, commemorative edition.* Upper Saddle River, NJ: Prentice Hall.

Benner, P., Sutphen, M., Leonard, V., & Day, L. (2010). *Educating nurses: A call for radical transformation.* San Francisco, CA: Jossey-Bass.

Boyd, P., & Lawley, L. (2009). Becoming an instructor in nursing education: The work-

    place learning of clinical experts as newcomers. *Learning in Health and Social*

    Care, 8(4), 292-300. doi: 10.1111/j.1473-6861.2009.00214

Boyden, K. M. (2000). Development of new faculty in higher education. *Journal of*

    Professional Nursing, 16(2), 104-111. Retrieved from: www.sciencedirect.com

Brock, S. E. (2010). Measuring the importance of precursor steps to transformative

    learning. *Adult Education Quarterly, 60*(2), 122-142.

    doi: 10.1177/074171360933084

Cangelosi, P. R., Crocker, S., & Sorrell, J. M. (2009). Expert to novice: Clinicians

    learning new role as clinical nurse educators. *Nursing Education Perspectives,*

    30(6), 367-371. doi: 10.1043/1536-5026-30.6.367

Cohen, A. M., Brawer, F. B., & Kisler, C. B. (2014). *The american community college.*

    (6th ed.). San Francisco, CA: Jossey-Bass.

Cragg, C. E., Plotnikoff, R. C., Hugo, K., & Casey, A. (2001). Perspective

    transformation in RN-to-BSN distance education. *Journal of Nursing Education,*

    40, 317-322.

Cranton, P. (2009). *From tradesperson to teacher.* In Mezirow, J., & Taylor, E. W.

    (Eds.). *Transformative learning in practice* (pp. 182 – 190). San Francisco, CA:

    Jossey-Bass.

Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five*

    approaches. (3rd ed.). Thousand Oaks, CA: Sage.

Dahlborg-Lyckhage E., & Pilhammar-Anderson, E. (2009). Predominant discourses in

    Nursing. *Policy, Politics and Nursing Practice,10*(2), 163-171.

Davidson, K. M., & Rourke, L. (2012). Surveying the orientation learning needs of

    clinical nursing instructors. *International Journal of Nursing Education*

    Scholarship. 9(1), 1-11. doi: 10.1515/1548-923X.2314

Dirkx, J. M. (1998). Transformative learning theory in the practice of adult education: An

    overview. *PAACE journal for lifelong learning,* 7, 1-14.

Dempsey, L. M. (2007). The experience of Irish nurse lecturers role transition from

    clinician to educator. *International Journal of Nursing Education Scholarship,*

    4(1), 1-12.

Diekelmann (2004). Experienced practitioners as new faculty: New pedagogies and new

    possibilities. *Journal of Nursing Education, 43*(3), 101-103.

Fagerberg I., & Kihlgren M. (2011). Experiencing a nurse identity: the meaning of

    identity to registered nurses 2 years after graduation. *Journal of Advanced*

    Nursing, 34(1), 137-145.

Fagermoen, M.S. (1997). Professional identity: values embedded in meaningful nursing

    Practice. *Journal of Advanced Nursing Nursing, 25*, 434-441.

Finkelman, A., & Kenner, C. (2012). *Teaching IOM: Implications of the institute of*

    medicine reports for nursing education. Springfield, MD: Nursing Books.Org.

Forbes, M. O., Hickey, M. T., & White, J. (2009). Adjunct faculty development:

    Reported needs and innovated solutions: *Journal of Professional Nursing, 26*(2),

    116-124. doi: 10.101./j.profnurse.2009.08.001

Glesne, C. (2011). Becoming qualitative researchers. (4th ed.). Boston, MA: Pearson.

Green, D. W. (2007). Adjunct faculty in the continuing quest for quality. *New Directions for Community Colleges, 140*, 29-39. doi: 10.1002/cc.302

Hessler, K., & Ritchie, H. (2006). Recruitment and retention of novice faculty. *Journal of Nursing Education, 45*(5), 150-154.

Hewitt, P., & Lewallen, L. P. (2010). Ready, set, teach! How to transform the clinical nurse expert into the part-time clinical nurse instructor. *The Journal of Continuing Education in Nursing, 41*(9), 403-407. doi: 10.3928/00220124-20100503-10

Higgs, J. (1993). Physiotherapy, professionalism, and self-directed learning. *Journal of Singapore Physiotherapy Association,* 14, 8-11.

Huffstutler, S.Y., Stevenson, S.S., Mullins, I.L., Hackert D.A., & Lambert, A.W. (1998). The public's image of nursing as described to baccalaureate prenursing students. *Journal of Professional Nursing, 14*(7), 7-13.

Illeris, K. (2014). *Transformative learning and identity.* New York, NY: Routledge.

Jennings, B. M., & Rogers, S. (1988). Merging nursing research and practice: A case of multiple identities. *Journal of Advanced Nursing, 13*, 752-758.

Johnson, M., Corwin, L. S., Wilson, I., & Young, H. (2012). Professional identity and nursing: Contemporary theoretical developments and future research challenges. *International Nursing Review, 59*, 562-569.

Jones, J. (1995). A study of nurse tutor's conceptualization of their teaching role. *Journal of Advanced Nursing, 10*, 349-360.

Kelly, R. E. (2006). Engaging baccalaureate clinical faculty. *International Journal of Nursing Education Scholarship, 3*(1), 1-16. Retrieved from http://wwww.bepress.com/ijens/vol3/iss1/art14

Kezar, A., & Maxey, D. (2014, July). Student outcomes assessment among the new non-tenure-track faculty majority. *National Institute for Learning Outcomes Assessment* (Occasional Paper #21). Urbana, IL: University of Illinois and Indiana University, National Institute for Learning Outcomes Assessment: Retrieved from: http://learningoutcomesassessment.org/occasionalpapertwentyone.html

King, K. P. (1997). Examining activities that promote perspective transformation among adult learners in adult education. *International Journal of University Adult Education, 36*(3), 23-27.

Kleinman, S. (1981). Making professionals into "persons": Discrepancies in traditional and humanistic expectations of professional identity. *Work and Occupations, 8*(1), 61-87.

Knowles, M. S. (1976). Separating the amateurs from the pros in training. *Training and Development Journal, 563*, 16 – 18. Retrieved from: www. ebsco.com

Knowles, M. S. (1984). *The adult learner: a neglected species.* (3rd ed.). Houston: Gulf.

Kotamraju, P., & Blackman, O. (2011). Meeting the 2020 American graduation (AGI) goal of increasing postsecondary graduation rates and completions: A macro perspective of community college student educational attainment. *Community College Journal of Research and Practice, 35*(3), 202-219. doi: 10.1080/10668926.2010.526045

Krautscheid, L., Kaakinen, J., & Warner, J. R. (2008). Clinical faculty development: Using simulation to demonstrate and practice clinical teaching. *Educational Innovations, 47*(9), 431-434. doi: 10.3928/01484834-20080901-05

Levin, J. S., Kater, S., & Wagoner, R. L. (2006). *Community college faculty: At work in the new economy.* New York, NY: Palgrave McMillian.

Levin, J. S., & Hernandez, V. M. (2014). Divided identity: Part-time faculty in public colleges and universities. *The Review of Higher Education, 37*(4), 531-577. doi: 10.1353/rhe.2014.0033

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic Inquiry.* Beverly Hills, CA: Sage Publications.

Locasto, L. W., & Kochanek, D. (1989). Reality shock in the nurse educator: *Journal of Nursing Research, 28*, 79-81.

MacIntosh, I. (2003). Reworking professional nursing identity. *Western Journal of Nursing Research, 256*, 724-741.

MacNeil, M. (1997). From nurse to teacher: Recognizing a status passage. *Journal of Advanced Nursing, 25*, 634-642.

Maxwell, J. A. (2013). *Qualitative research design: An interactive approach.* (3rd ed.). Thousand Oaks, CA: Sage.

McDonald, P. J. (2009). Transitioning from clinical practice to nursing faculty: Lessons learned. *Journal of Nursing Education, 49*(3), 126-131. doi: 10.3928/01484834-20091022-02

Meixner, C., Kruck, S. E., & Madden, L. T. (2010). Inclusion of part-time faculty for the benefit of faculty and students. *College Teaching, 58*, 141-147. doi: 10.1080/87567555.2010.484032

Mezirow, J. (2009). *Transformative learning theory.* In Mezirow, J., & Taylor, E. W. (Eds.). *Tranformative learning in practice* (pp. 18-31). San Francisco: CA: Jossey-Bass.

Morin, K. H., & Ashton, K. C. (2004). Research of faculty orientation programs: Guidelines and directions for nurse educators. *Journal of Professional Nursing, 20*(4), 239-250.doi: 10.1016/j.profnurs.2004.05.005

Morroco, G. F., Kazer, M. W., & Neal-Boyen, L. (2014). Transformational learning in graduate nurse education through podcasting. *Nursing Education Perspectives, 35*(1), 49-53.

Moustakas, C. (1994). *Phenomenological research methods.* Thousand Oakes, CA: Sage Publications.

National Center for Education Statistics (2012). *Digest of Education Statistics.* Retrieved from http://nces.ed.gov/programs/digest/2013menu_tables.asp

North Dakota Board of Nursing (2014). *Nursing Education Annual Report.*

Retrieved from http://www.ndbon.org

Notzer, N., & Abramovitz, R. (2008). Can brief workshops improve clinical instruction?

Medical Education, 42, 152-156. doi: 10.1111/j.1365-2923.2007.02947.x

O'Callaghan, N. (2007). Addressing clinical preceptor teaching development. *The

Journal of Physician Assistant Education, 18*(4), 31-39. Retrieved from

www.paeaonline.org/ht/d/sp/i/252/pid/252

Office of the Press Secretary (White House). (2009). The American graduation

Initiative: Stronger american kills through community colleges. Retrieved from

http://www.whitehouse.gov/the_press_office/Excerpts-of-the-Presidents-remarks-

in-Warren-Michigan-and-fact-sheet-on-the-American-Graduation-Initiative/

Onwuegbuzie, A. J., & Leech, N. L. (2007). Validity and qualitative research: An

oxymoron? *Quality and Quantity, 41*, 233-249.

doi: 10.1007/s11135-006-9000-3

Paterson, M., Higgs, J., Wilcox, S., and Villenuve, M. (2002). Clinical reasoning and

self-directed learning: Key dimensions in professional education and professional

socialization. *Focus on Health Professional Education, 4*(2), 5-21.

Peters, M. A., & Boylston, M. (2006). Mentoring adjunct faculty. *Nurse Educator, 31*(2),

61-64. Retrieved from www.ovidsp.tx.ovid.com

Pratt, M. G., Rockmann, K. W., & Kaugmann, J. B. (2006). Constructing professional

identity: The role of work and identity learning cycles in customization of identity

among medical residents. *Academy or Management Journal, 49*(2), 235-262.

Ramage, C. (2004). Negotiating multiple roles: Link teachers in clinical practice. *Journal of Advanced Nursing, 45*(3), 287-296.

Robinson, C. P. (2009). Teaching and clinical educator competency: Bringing two worlds together. *International Journal of Nursing Education Scholarship, 6*(1), 1-14. doi:10.2202/1548-923X.1793

Roulston, K. (2010). *Reflective interviewing: A guide to theory and practice.* Thousand Oaks, CA: Sage.

Scalan, J. M. (2001). Learning clinical teaching: Is it magic? *Nursing and Health Care Perspectives, 22*(5), 241-246.

Schoenig, A. M. (2013). From bedside to classroom: The nurse educator transition Model. *Nursing Education Perspectives, 34*(3), 167-172. Retrieved from http://www.nln.org/nlnjournal/index.htm

Siler, B. B., & Kleiner, C. (2001). Novice faculty: Encountering expectations in academia. *Journal of Nursing Education, 40*, 397-403.

Smith, J. A., & Zvsohar, H. (2007). Essentials of neophyte mentorship in relation to faculty shortage. *Journal of Nursing Education, 46*(4), 184-186.

Taylor, E. W. (2009). *Fostering transformative learning.* In Mezirow, J., & Taylor, E. W. (Eds.). *Transformative learning in practice* (pp. 3-17). San Francisco, CA: Jossey-Bass.

Trede, F., Macklin, R., & Bridges, D. (2012). Professional identity development: A Review of the higher education literature. *Studies in Higher Education, 37*(3), 365-384. doi: 10.1080/03075079.2010.521237

Wallin, D. L. (2007). Part-time faculty and professional development: Notes from the

Field. *New Directions for Community Colleges. 140*, 67-73.

doi: 10.1002/cc.306

West, M. M., Borden, C., Bemudez, M., Hanson-Zalot, M., Amorim, F., & Marmion, R.

(2009). Enhancing the clinical adjunct role to benefit students. *The Journal of

Continuing Education in Nursing, 40*(7), 305-310.

doi: 10.3928/00220124-20090623-0