NOVICE NURSING CLINICAL INSTRUCTORS: THE LIVED EXPERIENCE

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Dedication

To my husband, Jon,

for your incredible encouragement, support, and love.

Abstract

A constructivist philosophical paradigm and van Manen's phenomenological method were used to understand the lived experience of a purposeful sample of nine novice nursing clinical instructors in the Nursing Education in Southwestern Alberta program in Lethbridge, Alberta. Data were collected using in-depth, semi-structured, open-ended interview questions and were analyzed using van Manen's approach to thematic analysis. The findings revealed how novice nursing clinical nursing instructors experienced this new role; the meaning instructors ascribed to their experience; and how instructors learned about the clinical instructor role. The lived experience of novice nursing clinical instructors was likened to a journey. Three major themes emerged within *The Journey: Endeavoring Amid Strife, Enacting Understanding of the Clinical Instructor Role,* and *Evolving as a Clinical Instructor.* Implications included: valuing the lived experience, appreciating struggles, and improving supports and learning resources in the areas of orientation, mentorship, peer support, instructor inclusion in academia, and work-life balance.

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Chapter 1: Introduction

Nursing education and, in particular, clinical instruction are subject to significant challenges. The provincial and national nursing shortage has necessitated an influx of nursing students (Canadian Nurses Association (CNA) and Canadian Association of Schools of Nursing (CASN), 2008; CARNA *Issue briefing,* 2008), resulting in a strain on clinical site capacity (Nykiel, 2008) and increased nursing clinical instructor demand (Pringle, Green, & Johnson, 2004). In addition, universities on tight budgets, with an aging nursing workforce, struggle to hire qualified nursing clinical instructors (CNA, 2003; CNA & CASN, 2008). Registered Nurses who take on the role of nursing clinical instructor often experience a lack of role clarity (Clifford, 1999; Forrest, Brown, & Pollock, 1996; McArthur-Rouse, 2008), feel isolated, alienated, or excluded (Ferguson, 1996; MacNeil, 1997; Paterson, 1997), and face numerous other challenges in their transition to academia. Within the current climate of nursing education, there is both a justification for, and necessity of, exploring the lived experience of novice nursing clinical instructors.

Background Information: A History of Clinical Instruction

The concept of clinical instruction may be best understood with reference to the origins and evolution of nursing education in Canada. Hospital-based Schools of Nursing, the first in 1874, were established on the principles advocated by nursing legend Florence Nightingale (Pringle et al., p. 15). Given the need for service, hospitals delivered and maintained control over nursing education for 40 years. The issue of balancing both service and education, as opposed to strictly service, finally was settled in 1919 when the University of British Columbia opened its doors and developed the first Canadian university-based School of Nursing (p. 15). Towards the end of the 20th century, nursing education experienced a major change when, instead of a two-year

diploma, a four-year baccalaureate degree was beginning to be viewed as the minimum entry-to-practice requirement for new Registered Nurses. With this change, many colleges and universities collaborated to provide baccalaureate education programs (p. 17). As university programs instead of hospitals graduated nurses, the issue of practice-competency needed to be addressed; hence, the combination of both classroom and clinical instruction began. This led to the need for Registered Nurses to teach students in the clinical setting and, as a result, the role of clinical instructor was established.

Definitions

McCabe (1985) described clinical instruction as "the heart" of professional nursing education and, in the quest to understand the term clinical instruction, found that although the current literature had not defined this term, it was agreed that "clinical instruction is the process of providing students with the opportunity to put theory into practice" (p. 255). Emerson (2007) concurred that this is "where nursing knowledge is shaped into professional practice" (p. 6). For the purpose of this research, clinical instruction is defined as such, the practice component of nursing education. Novice nursing clinical instructors are defined as Registered Nurses who have taught nursing students in the clinical setting for three years or less. In this study, the time frame of three years was selected to model Schriners (2006) study of novice nurses transitioning to the faculty role. As well, the first three years in academia involve a fairly extensive learning curve for nursing clinical instructors. In addition, this time frame was intentionally determined in order to obtain an appropriate sample size within the Nursing Education in Southwestern Alberta (NESA) program, a collaborative Baccalaureate Nursing program between Lethbridge College (LC) and the University of Lethbridge (U of L), in Lethbridge, Alberta, Canada.

Problem

Today in Canada, the heart of nursing education is being threatened. First, the global nursing shortage is taking a toll on nursing education. CNA and CASN (2008) reported that 12,000 nursing graduates per year are required to meet the nursing shortage in Canada (p. 4). The College and Association of Registered Nurses of Alberta (CARNA), in a 2008 issue briefing, estimated that Alberta will need an additional 6000 Registered Nurses by 2016. In an attempt to address the nursing shortage, the provincial government has mandated that nursing schools in Alberta increase enrolments, so that a goal of 2000 graduates per year is achieved by 2012 (CARNA *Issue briefing,* 2008).

To meet this goal, the NESA program has been increasing enrolments at dramatic rates (Nykiel, 2008). The Nursing Education Program Approval Board (NEPAB) Report highlighted that during 2007-2008, clinical hours (including lab, tutorial, and clinical setting hours) within the eight NESA clinical courses totalled 1702 per student (NESA, 2008). These clinical hours combined with increasing student enrolment have placed a strain on clinical site capacity. Unsurprisingly, based on 2007 clinical site availability, it was suggested that in the Fall 2010, clinical site capacity within the NESA program would have been met or exceeded in acute care surgery, maternity/child, pediatrics, mental health, rural acute care, and SPHERE (Simulated Patient Health Environment for Research and Education) (Nykiel, 2008).

Nursing faculty at LC typically teach in both classroom and clinical settings. Their role includes: "instruction, teaching preparation, evaluation of students, program and course development, special projects, and committees" (NEPAB, p. 63). With respect to supports for novice nursing clinical instructors, within the NESA program, Clinical Teaching Development Coordinator and Theory and Practice Course Coordinator

positions have been developed at LC and U of L respectively for "orientation, mentoring, and support" (p. 62).

At the U of L, clinical instructors who hold a baccalaureate or Master's degree are ranked at the Academic Assistant level. Unlike other university faculty, they are not expected to do research (p. 62). At LC, the clinical instructor to student ratio is 1:6 or 1:7. This ratio is similar at the U of L for placements in institutional settings; however, the ratio is as high as 1:8 and 1:13 for community settings (pp. 50-51).

Currently, all nursing clinical instructors at LC and the U of L hold a baccalaureate degree, as the minimum education requirement, having been hired with the intention of continuing their education (p. 63). In the 2008 NEPAB report, of the 37 nursing clinical faculty at LC, 32 held only a baccalaureate degree (Appendix L5a). Of the 13 Academic Assistants at the U of L, 12 also held a baccalaureate degree as the highest degree earned (Appendix L5b). Of considerable importance, in an effort to increase the educational status of nursing faculty within the NESA program, financial support has been provided by both government and educational institutions.

A recent research report titled *Nursing Education in Canada: Historical Review and Current Capacity,* evaluating over half of Canadian schools offering Registered Nursing programs, concluded that six in 10 schools have an inadequate number of faculty (Pringle et al., 2004, p. 1). As well, two in 10 schools are unable to increase nursing seats, primarily because of the lack of clinical instructors (p. 2). In terms of credentials, CNA and CASN (2008) reported that nationally there is "a need for 3,673 nurses with Master's degrees and 650 nurses with doctoral degrees annually" although in 2007, only 603 Registered Nurses obtained a Master's degree and 44 earned a doctoral degree (p. 9). CNA and CASN (2008) reported in 2005, of the over 4000 nursing faculty in Canada, 1454 faculty held a Baccalaureate in Nursing (BN) as their highest degree earned (p.28).

CARNA reported, that as of 2008, over 50% of nurses in Alberta have a diploma of nursing as the highest education received, with less than four percent and one percent holding a Master's or doctoral degree respectively *(CARNA Annual Report 2007/08,* 2008).

Pringle et al. (2004) found that in regards to faculty recruitment, only 56% of Schools of Nursing hired candidates who possessed the credentials or experience that schools were looking for (p. 54), implying that a significant number of under-qualified faculty were being hired. The CNA Joint Position Statement on Doctoral Preparation in Nursing (2003) concluded that the significant barriers to having more doctorally-prepared faculty include: the nursing shortage, leading to fewer nurses with baccalaureate and Master's degrees searching for continuing studies; tight budgets that limit universities in the hiring of more faculty; and increasing retirement of aging faculty. CNA and CASN (2009) reported that in 2008, over 50% of nursing faculty were 50 years of age and over (p. 12). These statistics clearly illustrate that there is a shortage of Master's and doctorally prepared nurses available when universities search to hire nursing clinical instructors.

The literature highlights that there are many issues or challenges associated with clinical instruction. This transition from staff nursing to clinical instruction is difficult. Infante (1986) suggested:

> Becoming a nurse educator is not an additive process; that is, it is not a matter of adding the role of educator to that of nurse. It requires a change in knowledge, skills, behaviors, and values to prepare for newly assimilated roles, settings, and goals shared by new reference groups, (p. 94)

Current research demonstrates that a primary challenge within clinical instruction is role strain. The nurse educator or clinical teacher experiences multiple roles beyond that of an instructor alone (Choudhry, 1992; Pauling, 2006; Ping, 2008). Current literature documents both role ambiguity (Infante, 1986; MacNeil, 1997) and lack of role clarity (Clifford, 1999; Forrest et al., 1996; McArthur-Rouse, 2008) to be common experiences.

A second challenge faced by nurse educators or clinical teachers is not belonging or feeling isolation, alienation, and exclusion (Ferguson, 1996; MacNeil, 1997; Paterson, 1997). Third, nurses often lack support and mentorship when entering academia (Boyden, 2000; Nelson & McSherry, 2002). A fourth significant challenge that novice nursing faculty and nurse educators experience is heavy workload and, correspondingly, a lack of time (Boyden, 2000; Dempsey, 2007; Siler & Kleiner, 2001). It is evident that nursing education and, in particular, clinical instruction are facing their greatest challenges ever.

Research Question

Given the current nursing education environment, the main research question that guided this study was:

What is the lived experience of novice nursing clinical instructors?

Other sub-questions included:

- How do novice nursing clinical instructors experience their new role?
- What meaning(s) do novice nursing clinical instructors ascribe to their experiences?
- How do novice nursing clinical instructors learn about the clinical teaching role?

Significance

This study is especially important during this critical point in Canadian nursing education. Facing nursing shortages and an aging workforce, universities struggle to find qualified nursing clinical instructors. Often Registered Nurses, entering nursing education with a baccalaureate degree, are thrust into the teaching role with minimal education and preparation.

This study contributes to the existing knowledge of the lived experience (Dempsey, 2007; Ferguson, 1996; McDonald, 2004; Scanlan, 2001) and challenges

(Dempsey, 2007; Paterson, 1997) of nurse educators and clinical teachers. This sUidy is unique in that it addresses the meaning that nursing clinical instructors ascribe to their new role, and explains how the clinical teaching role is learned within the current nursing education climate. In addition, this study is unique as it seeks to understand the transition from practicing nurse to nursing clinical instructor specifically, versus the transition from nurse to academic, nurse to lecturer, or nurse to faculty member (Dempsey, 2007; Kenny, Pontin, & Moore, 2004; McArthur-Rouse, 2008; Schriner, 2006). This study is both timely and critical for nursing practice and nursing education.

As the literature regarding clinical instruction specifically was lacking, in the following chapter I intentionally examine current literature addressing the experiences and challenges of nurses as they entered academia. In Chapter Three, I discuss the methodology used in this study. Rich textual accounts addressing the description and meaning of the lived experience of novice nursing clinical instruction were captured using constructivism as the philosophical paradigm, Henderson's (1992) reflective teaching model as the theoretical framework, and van Manen's phenomenology as the method. In Chapter Four, I share the findings, revealed through the use of van Manen's thematic analysis, and finally, in Chapter Five, I discuss these findings as they relate to current literature.

Chapter 2: Literature Review

The purpose of this chapter is to highlight literature surrounding the lived experience of novice nursing clinical instructors. As there is a paucity of literature related to novice nursing clinical instruction specifically, this literature review intentionally includes relevant literature that addresses the lived experience of nurse teachers, nurse educators, novice nursing faculty, as well as nursing clinical instructors. This literature review begins with a review of Registered Nurses' transition to academia. This chapter includes a summary of what the nursing clinical instructor role entails, what challenges exist in academia, how novices both survive and thrive in academia, and how clinical teaching in nursing is learned.

Transition from Registered Nurse to Novice Educator

Literature is lacking on the transition process from Registered Nurse to clinical instructor specifically; however, there are many studies that address the transition process from expert nurse to novice faculty. Neese (2003) described this concept of the transition from clinical practice nurse to nurse educator as a "transformational journey" (p. 258). Emerson (2007) suggested that this transition is a process and, through reflection, one realizes that this transition involves continual learning about teaching (p. 14). As well, this concept of transition from practice to academia is also described as a socialization process (Kenny et a1, 2004; Mobily, 1991).

Several researchers have used qualitative research to understand the concept of transition (Anderson, 2008; Dempsey, 2007; McArthur-Rouse, 2008; Schriner, 2006), uncovering the experiences of nurse educators through in-depth interviews. McDonald's (2004) doctoral dissertation used a qualitative approach to study the transition from practice to teaching of eight novice nurse educators, seven of whom were part-time. The author explored how a background in nursing aided educators as they learned to teach.

Although this study did not focus on clinical instruction, it highlighted how novice educators used personal and professional life experiences, along with a knowledge of caring, as they transitioned from practice to teaching environments.

The literature suggests that educational, teaching, and practical experience prepare the nurse for academia. Dempsey's (2007) study of Master's prepared Irish nurse educators, emphasized that education is critical to teaching. One participant acknowledged, "without educational preparation I would be completely hopeless" (p. 5). Nugent, Bradshaw, and Kito (1999) found that nurse educators with both formal education and experience in teaching had higher levels of teacher self-efficacy or the notion that they could play a significant role in bringing together theory and practice. Landers (2000) added that nursing instructors must have nursing skills to help bridge the theory-practice gap.

Challenges to transition are presented in the literature. Dempsey's (2007) study of Irish nurses' transitions from clinicians to educators included a sample of six nurse lecturers, possessing Master's degrees, who had between six to 18 years of practical experience prior to university teaching. The study documented that the experience of entering academia was challenging and fear of the unknown, fear of failure, and anxiety were initially part of this transition. The findings revealed that nurse educators were feeling "stressed and experiencing a sense of loss for the clinical area" (p. 4). MacNeil (1997), using grounded theory data analysis, found that nurse teachers question their identity or experience a loss of identity as a result of this transition, leading to insecurity.

Schriner (2006) studied cultural influence, that is the beliefs and values, of seven novice faculty during this transition to academia. It was noted that although educators are expected to teach in the clinical setting, there was a lack of appreciation for well-developed clinical skills. This was a complete change from the value placed on clinical

skills in the hospital setting. The challenges were described as cultural dissonance (pp. 148-149). Schriner (2006) concluded, "the amount of stress related to transition varied among faculty members, with clinical faculty facing the greatest struggle for survival in their new role" (p. 147). It is important to understand what the clinical instructor role entails.

Clinical Instructor Role

The literature suggests that the roles of the clinical instructor are many and varied. Pauling's (2006) findings illustrated that nurse educators experienced "frustrations of multiple roles and juggling many responsibilities within complex environments" (p. 93); however, they also found their role very rewarding. Choudhry (1992) described the multitude of roles to include teaching, practice, and service, among others. Ping (2008) highlighted the roles of the clinical instructor, which included: manager, teacher, role model, counselor, provider of feedback, and evaluator/assessor. Current researchers have suggested that these many roles pose challenges for clinical educators.

Numerous studies have identified role ambiguity (Infante, 1986; MacNeil, 1997) or lacking role clarity (Clifford, 1999; Forrest et al., 1996; McArthur-Rouse, 2008; Rochester, Rogan, Waters, & Wylie, 2006) to be major concerns of nurse educators and novice faculty. Mobily's (1991) study found that 50% of the 102 nurse faculty participants, teaching in classroom and clinical settings, experienced moderate to high degrees of role strain caused, in large part, by a lack of time and attempting to meet the expectations of the job. Of interest, participants experienced significantly more role strain if they taught only clinical, or a combination of classroom and clinical, as opposed to all classroom instruction.

Forrest et al. (1996) recognized that there is a duality in terms of identifying oneself either as a practitioner or as a teacher. Clifford's (1999) research suggested that if

role clarity was lacking, nurse teachers reported dissatisfaction in the practice setting. Nurses are used to structure and having a clear idea about responsibilities and tasks (McArthur-Rouse, 2008). Likely, this fact contributes to the lack of role clarity. Clearly, uncertainty about the clinical instructor role is but one challenge that is common to novice nursing clinical instructors.

The Lived Experience: Challenges within Academia

Current literature addresses the lived experience of clinical instructors or teachers, nurse educators, and novice nursing faculty, especially in terms of the challenges they face. These challenges are revealed through research that employs the phenomenological hermeneutics method. In addition to role strain, current research indicates that nurses entering academia face challenges such as not belonging, maintaining credibility, creating learning opportunities, dealing with high expectations, and experiencing a lack of time.

One of the primary challenges faced by clinical teachers or nurse educators is the feeling of isolation, alienation, exclusion, or not belonging (Ferguson, 1996; MacNeil, 1997; Paterson, 1997). The ideal clinical teacher is a nurse who works in, and is familiar with, the clinical setting (Forrest et al., 1996) although often this is not the case as instructors can be new to the unit in which they are teaching. As a nurse teacher or novice nursing faculty member, there is the constant challenge of fitting in or being part of the team (Clifford, 1999; Siler & Kleiner, 2001), sometimes within an unwelcoming clinical environment (Rochester et al., 2006). Campbell, Larrivee, Field, Day, and Reutter (1994) found that if the clinical instructor did not establish rapport with the nursing staff on the floor, this would hinder student learning. This finding, illustrating the necessity of developing a solid professional relationship with nursing staff to create a positive learning environment, was echoed in Maslin-Prothero and Owen's (2001) research on enhancing clinical credibility and competence.

In a year-long exploratory study with six clinical teachers, Paterson (1997) found that it takes time to establish presence and be valued in the clinical setting. Instructors feel like guests or strangers, and this notion of being a visitor is enhanced when instructors spend their time with students as opposed to staff or patients. Territoriality was a major theme in Paterson's (2007) study. This research highlighted the importance of showing sensitivity and awareness of the routines and rules in the clinical area. Once the clinical teachers demonstrated credibility, they were able to gradually contribute thoughts and opinions and, in doing so, felt more connected.

The issue of credibility is discussed in current literature (Gillespie & McFetridge, 2005; Nelson & McSherry, 2002). In a study of 37 nurse teachers in London, Carr (2007) noted that it is "possible to be a nurse teacher in higher education and put your nursing practice on temporary or permanent hold" (p. 897). Although this study included interviews from novice and expert nurse teachers, the findings revealed that the strategies nurse educators use to be up-to-date and maintain credibility include: having discussions with nursing staff in the clinical area, continually learning about new medications or equipment, and having familiarity with new policies (p. 898).

Paton (2007) illustrated that within the practice setting, nurse educators face many challenges in teaching. The challenges center around providing students with learning opportunities when the clinical environment is less than ideal. It is challenging to instruct students when policies are not followed or when professionalism is not valued by staff in the clinical setting. It is a struggle learning how to teach students ethically and how to maintain a sense of personal and professional integrity in these circumstances. Ferguson (1996), in an in-depth phenomenological qualitative study, using non-structured open-ended questions with four registered nurses in Australia, looked at meanings of clinical instruction. In addition to "not belonging", other themes included "developing own

teaching style", 'iearn as you go", and "having standards" (p. 838). The study illustrated that clinical educators experienced a lack of confidence as they were new to the role and also that they had high expectations of themselves.

Current literature has revealed the high expectations that nursing faculty or clinical educators possess (Rochester et al., 2006; Schriner, 2006). Wong and Wong (1987) concluded that a lack of positive feedback or support leads to frustration and apathy. In a study examining the expectations of novice nursing faculty as they entered academia, Siler and Kleiner (2001) found that novice faculty did have performance concerns and noted that a lack of feedback prompted the novice instructors to rely on student evaluations as evidence that their performance was satisfactory. Hessler and Humphreys' (2008) literature review on student evaluations advised nursing faculty teaching in the clinical setting, however, that student evaluations should be perceived as a critique on teaching style and not as a criticism of clinical knowledge (p. 187).

Heavy workload and a lack of time were common experiences for novice nursing faculty and nurse educators (Boyden, 2000; Dempsey, 2007; Siler & Kleiner, 2001). Boyden's (2000) literature review regarding new faculty development added that "lack of peer support", "inadequate feedback", and "lack of balance between work and personal life" added to the stress of new faculty (p. 105). Schriner (2006) identified other major challenges such as the difficulty of adapting to student culture, as students perhaps have differing values or behaviours. As well, there seems to be a lack of reward or recognition when one is successful in the clinical setting. Unfortunately, Marriott (1991) concluded that because the nursing clinical teaching role is difficult, many do not stay in the role long. Clinical teachers often advance their education, thus moving on to classroom teaching and research.

Surviving the Transition to Academia

The reality of undertaking practice within academia is that it is a stressful experience (Boyden, 2000; Dempsey, 2007; Morin & Ashton, 2004; Schriner, 2006). There is often a lack of support when entering academia (Boyden, 2000; Nelson & McSherry, 2002). The literature illustrates that nursing faculty and clinical teachers have strong needs for support and development (Forrest et al., 1996; Riner & Billings, 1999). It has been suggested that mentorship or buddy programs be developed between novice and expert faculty (Boyden, 2000; Morin & Ashton, 2004; Pauling, 2006; Wong & Wong, 1987), as collegial support is most important and helpful during the transition (Dempsey, 2007; Morin & Ashton, 2004).

Siler and Kleiner (2001) conducted a phenomenological study to explore the meaning of the novice nursing faculty's experience. Using a hermeneutical approach to analyze the interviews of 12 participants, the authors found that this experience was overwhelming, as novice nursing faculty did not feel prepared for academia based on their previous experiences. This study emphasized the importance of mentoring, yet found that within these relationships, at times, novices felt they were at a loss to even articulate the right questions.

Kavoosi, Elman, and Mauch's (1995) study of nursing faculty mentoring revealed that mentorship has been maintained, for the most part, on an informal basis. It was suggested that this relationship should be fostered and rewarded so that it is a common practice within academia. In a literature review assessing 19 reports on nursing faculty orientation programs, Morin and Ashton (2004) found that orientation to academia usually lasts one to three days. Their recommendation is that orientation should last for months to a year. Mills' (1983) study on the orientation to academia concluded: "An orientation program must be seen as more than a mechanism to ensure the immediate

teaching effectiveness of a new faculty member. It is a logical first step in the ongoing process of socialization to academia" (p. 35).

Learning about Clinical Teaching

How nursing educators, nursing teachers, and/or clinical instructors learn the skills for their new role is not well understood. Ferguson (1996) briefly addressed how clinical educators learn to teach. Despite the small sample size, the four participants shared that developing a teaching style was "drawn from humanistic tradition, behavioural approaches, experiential learning and problem-based learning" (p. 838). Carr (2007) suggested that nurse teachers tend to "rely on adult learning theory, experiential learning and the teaching of skills as the educational theory base of nursing education" (p. 899).

Young's (1999) dissertation, sampling 17 novice teachers with less than two years of experience, used phenomenology to study the lived experience of new teachers in nursing education. One participant stated, "as a new 'clinical only' teacher she learns teaching strategies informally through seeking out and listening to experienced colleagues" (p. 135). The findings illustrated, not only a hunger for mentorship, but a need for community as new teachers enter academia.

A more recent dissertation on the phenomenon of clinical teaching looked at how Masters or doctorally prepared clinical nurse educators in Iowa understand and experience teaching and what clinical teaching means to them. Pauling (2006) found that nurse educators learned by trial and error, by reflection on past and current experience, and by mentorship and support from colleagues.

Scanlan (2001) explored the process of learning clinical teaching through a framework of social interactionism. The sample consisted of five novice clinical teachers with less than two years of experience, and five expert clinical teachers with five or more

years of experience. The research questions centered around what the concept of effective clinical teaching meant and what influenced the development of this concept. The interview questions focused on what influenced teaching style, how instructors learned and improved clinical teaching, and how instructors compared nursing practice and teaching nursing. Participants recorded their ideas about clinical teaching and they were interviewed.

The findings revealed that clinical teaching is learned through seven activities. The first activity involves processes of learning: "trial and error, cognitive processes: reflection, problem solving, hypothesizing, attending workshops/conferences, reading the literature, [and] intangible processes: intuition, magic, osmosis". Second, experiences as a student: "emulating positive role models [and] rejecting negative role models", experiences as a nurse: "insights gained interacting with/watching students and clinical teachers while a staff nurse", and experiences as a clinical instructor: "exemplar experiences [and] dealing with problem students", impacted learning of clinical teaching. Last, experience with other clinical teachers and feedback about clinical teaching allowed nursing clinical teachers to learn (p. 242).

Gaps in the Literature

Gaps in current literature do exist regarding the limitations of sample selection criteria, and in terms of the exploration of this transition from the viewpoint of the novice nursing clinical instructor. As the nursing shortage contributes to the limited availability of qualified nursing clinical instructors, more and more nurses are entering teaching with a baccalaureate as the highest degree earned. For this reason, many of the research studies are outdated because their samples include participants with Master's degrees as opposed to baccalaureate degrees (e.g. Dempsey's (2007) study or Pauling's (2006) dissertation). Often in studies concerning the lived experience of clinical instructors,

sample size is very small (e.g. Ferguson's (1996) study of four clinical educators) or perhaps have certain restrictions (e.g. McDonald's (2004) dissertation including all but one part-time, as opposed to full-time nursing educators).

The transition experience has almost completely been studied from the view of nurse to faculty, not nurse to clinical instructor. For example, Kenny et al. (2004) studied the transition from nurse to academic, both Dempsey (2007) and McArthur-Rouse (2008) studied the transition from nurse to lecturer, and Schriner (2006) studied the transition from nurse to faculty. Scanlan's (2001) study is one of the only relatively current studies that addresses the transition to clinical instruction specifically.

Conclusion

Within Canadian nursing education, the nursing shortage has contributed to an influx of inexperienced nursing instructors in the clinical setting. In this transition, nursing clinical instructors often experience a lack of role clarity. This is but one of the many challenges faced as they strive for success in academia. While research has explored the clinical instructor role, there are gaps in the existing literature. There is a need for further exploration into the lived experience of novice nursing clinical instructors as they enter teaching within the current climate in nursing education. Specifically, there is a need to reveal how novice nursing clinical instructors experience their new role, despite all of the challenges; the meaning they ascribe to their experience; and how they learn about the clinical teaching role.

Chapter 3: Methodology

This study focuses on how novice nursing clinical instructors experience their new role, what meaning they ascribe to their experiences, and how they learn about the clinical teaching role. The philosophical stance, theoretical framework, and method chosen to understand the lived experience of novice nursing clinical instructors were constructivism, Henderson's (1992) reflective teaching model, and van Manen's phenomenology, respectively.

Philosophical Stance

The philosophical paradigm in this research study was constructivism. In essence, the ontological position of constructivism is relativism, the epistemological stance is subjectivism, and the methodological position is hermeneutics.

In terms of ontology, relativism is defined as "the view that beliefs and principles.. .have no universal or timeless validity but are valid only for the age in which, or the social group or individual person by which they are held" (Appleton & King, 1997, p. 14). Relativism supports the idea that there are multiple interpretations or realities that exist and that these individual realities arise from certain contexts. Van Manen (1990) suggests that these interpretations are limitless, stating, "a phenomenological description is always one interpretation, and no single interpretation of human experience will ever exhaust the possibility of yet another complementary, or even potentially richer or deeper description" (p. 31).

The epistemology of constructivism is both subjectivist and transactional. It was imperative to understand the lived experience from the viewpoint of the novice nursing clinical instructors. As a researcher, it was essential for me to "interact with study participants throughout the research process to access the multiple views of reality that may exist" (Appleton & King, 1997, p. 14).

The methodological position of constructivism supported the use of phenomenological hermeneutics as well as a dialectic approach. Appleton and King (1997) suggest, "It is not just about gaining a superficial grasp at a purely descriptive level, but rather reaching an understanding of the essential meaning of the constructions'" (p. 15). Van Manen (1990) agrees that phenomenology attempts to "uncover and describe...the internal meaning structures, of lived experience" (p. 10).

Theoretical/Conceptual Framework

The theoretical framework that influenced this research was Henderson's reflective teaching model. I believe that novice nursing clinical instructors are reflective teachers. Henderson (1992) suggests that one of the three essential elements of reflective practice is "a constructivist approach to teaching" (p. 2). A reflective teacher would ask, "What is the relationship between what I am trying to learn and my own past experiences?" or applied to this research, what is the relationship between learning the role of nursing clinical instructor and previous nursing or educational experiences? (p. 30). Henderson suggests that remembering past experience and expressing personal metaphors that describe experience will allow nursing clinical instructors to assess their practice (pp. 30-31). This reflective teaching model served, in part, to inform both the interview questions and member check questions developed for this study. As well, the personal metaphors and reflections of the lived experience of novice nursing clinical instruction described by participants were imperative to answering the research question regarding the meaning of the lived experience. In particular, one specific personal metaphor became the central concept or essence of this lived experience.

Method and Rationale for Use

Edmund Husserl, a German philosopher, was the founder of phenomenology. Dowling (2007) notes that Husserl's view of phenomenology encourages the researcher

to understand the phenomenon, as it exists as an experience, prior to reflection or interpretation of that experience. Husserl believed in a "rigorous and unbiased study of things as they appear" (Dowling, 2007, p. 132). Husserl developed phenomenological reduction, which, as Kleiman (2004) describes, uses bracketing, that is the laying aside of biases and preconceptions, as well as the resisting of existential claims, that is the pronouncement of what is real or true.

Martin Heidegger, also a German philosopher, did "not agree with Husserl's view of the importance of description rather than understanding" (Dowling, 2007, p. 133). Heidegger added hermeneutics, the inteipretation of the lived experience. Heidegger was anti-reductionist, believing that researchers are in the world, and therefore cannot bracket their worldview.

Max van Manen (1990), a Canadian phenomenologist, states that phenomenology is about coming to "an understanding of the deeper meaning or significance of an aspect of human experience, in the context of the whole human experience" (p. 62). Van Manen (1990) describes phenomenological research as:

> .. .the study of lived experience.. .the explication of phenomena as they present themselves to consciousness.. .the sUidy of essences... the description of the experiential meanings we live as we live them.. .the human scientific sUidy of phenomena.. .the attentive practice of thoughtfulness.. .a search for what it means to be human... (pp. 9-13)

Dowling (2007) contends that van Manen recognizes both the pre-reflective description of the world as well as the necessity for interpretation. In this way, van Manen combines elements of both Husserl and Heidegger's phenomenology.

Current researchers have used phenomenology to sUidy the transition experience from nurse to faculty member (Schriner, 2006), but not practicing nurse to nursing clinical instructor specifically. Phenomenology has also been used to study the lived experience of novice nursing faculty or clinical teachers/educators (Ferguson, 1996;

Paton, 2007; Siler & Kleiner, 2001). Phenomenology, as a method, was both applicable and relevant to this study because I was interested in uncovering both the description of the lived experience of novice nursing clinical instructors, and the interpretation of what clinical instruction means to novice nursing clinical instructors teaching in a Baccalaureate Nursing program. I desired to look deeper at the phenomenon of novice nursing clinical instruction and reveal the essence of what this lived experience was truly like within this current climate of nursing education.

To perform this revelation, van Manen (2002) encourages the researcher to "understand phenomenological method not as a controlled set of procedures but more modestly as a 'way toward human understanding'" (p. 249). Van Manen (1990) describes the "Methodical Structure of Human Science Research" to include:

> turning to a phenomenon which seriously interests us and commits us to the world; investigating experience as we live it rather than as we conceptualize it; reflecting on the essential themes which characterize the phenomenon; describing the phenomenon through the art of writing and rewriting; maintaining a strong and oriented relation to the phenomenon; [and] balancing the research context by considering parts and whole, (pp. 30-31)

Setting.

The research was conducted within the Nursing Education in Southwestern Alberta (NESA) program, a collaborative Baccalaureate Nursing program involving both Lethbridge College and the University of Lethbridge, in Lethbridge, Alberta, Canada. Nursing clinical instructors in the NESA program taught in institutional settings and, at times, in project-based community settings. As I am currently an Academic Assistant/Instructor within the NESA program, I had knowledge of and access to this population.

Sample.

I accessed the sample from nursing clinical instructors employed within the NESA program. I asked for permission to recruit the sample from both the Dean of Health

Sciences at the University of Lethbridge (Appendix A), and the Dean of Health, Justice and Human Services at Lethbridge College (Appendix B). Following ethical approval from the Human Subject Research Committee at the University of Lethbridge (Appendix C), recruitment strategies included sending a hard copy of the Letter of Invitation (Appendix D), to all NESA instructors - whether or not they met the inclusion criteria, detailing the focus and purpose of the study, the type of participants sought, the desired type of information to be collected, the format for data collection, the time commitment, and the researcher's contact information. This letter was also sent to all NESA clinical instructors via email through the Administrative Assistant at the University of Lethbridge.

I accessed a purposeful sample of nine novice nursing clinical instructors, having three years of teaching experience or less. Van Manen (1990) states,

> the point of phenomenological research is to 'borrow* other people's experiences and their reflections of their experiences in order to better be able to come to an understanding of the deeper meaning or significance of an aspect of human experience, in the context of the whole human experience, (p. 62)

Lincoln and Guba (1985) explain that in purposeful sampling, adequate sample size is determined by whether or not new information is being presented.

A purposeful sample has been used in similar studies on the transition experience (Anderson, 2008; Dempsey, 2007) or lived experience of nurses in faculty and/or clinical teaching roles (Scanlan, 2001; Siler & Kleiner, 2001). This sample size of nine participants also models current studies on the transition to teaching (Dempsey, 2007; McArthur-Rouse, 2008; Schriner, 2006) or lived experience of clinical teaching (Paterson, 1997). While previous studies have included novice clinical teachers or new members of nursing academia having two or less years of experience (McArthur-Rouse, 2008; Scanlan, 2001), Schriner's (2006) study of nurses transitioning to the faculty role included participants with three or less years in academia. I intentionally expanded teaching experience to three years or less for this smdy in order to obtain an appropriate

sample size within the NESA program. In addition, as I am an implicated researcher and nursing clinical instructor, I acknowledged that the first three years involve a significant learning curve for nursing clinical instructors and it was this lived experience that I wanted to reveal.

My cell phone number was listed as a contact on the Letter of Invitation (Appendix D). Once interested clinical instructors responded to the Letter of Invitation, I read the Telephone Script for Interested Clinical Instructors (Appendix E) and determined if the interested clinical instructors met the inclusion criteria of the study. The inclusion criteria stipulated that the participant must be: a Registered Nurse, English-speaking, able to speak to the concept of clinical instructing, and a nursing clinical instructor having taught for three years or less. There were no exclusion criteria. If participants met the inclusion criteria, I mailed out or delivered a Participant Consent Form (Appendix F) for the participants to sign and return to my university mailbox.

All information collected was handled in a professional and confidential manner. The participants* names plus all identification information were removed from the transcripts. Anonymity was maintained as participants had an opportunity to select a pseudonym that was used in reporting the research findings.

Turning to a phenomenon which seriously interests us: Situating the researcher.

Van Manen (1990) suggests:

> From a phenomenological point of view, to do research is always to question the way we experience the world, to want to know the world in which we live as human beings. And since to *know* the world is profoundly to *be* in the world in a certain way, the act of researching-questioning-theorizing is the intentional act of attaching ourselves to the world, to become more fully part of it, or better, to *become* the world, (p. 5)

Van Manen (1990) adds, "The problem of phenomenological inquiry is not always that we know too little about the phenomenon we wish to investigate, but that we know too

much" (p. 46). I was an implicated researcher in this study as I am a nurse who has transitioned to the nursing clinical instructor role; however, I believe that because of this reality, I have a unique passion for this research. 'The researcher is an author who writes from the midst of life experience where meanings resonate with reflective being" (van Manen, 2002, p. 238). I am aware that I hold biases as to what clinical teaching means, yet I do not believe in bracketing my world view. Van Manen (1990) adds, "If we simply try to forget or ignore what we already "know," we may find that the presuppositions persistently creep back into our reflections. It is better to make explicit our understandings, beliefs, biases, assumptions, presuppositions, and theories" (p. 47).

I have been a nursing clinical instructor in the NESA program at the University of Lethbridge since September 2006. The experience of a novice nursing clinical instructor was challenging. I was hired at a time when there was no formal orientation or mentorship and it was really a leam-as-you-go experience. I lacked formal teaching preparation and initially taught how I was taught. As I did not have any teaching and learning theory to guide my teaching, I sought support and mentorship from other nursing clinical instructors; however, many of them were also new as the program was going through significant restructuring and expanding.

In terms of my philosophical paradigm, I have a constructivist worldview and do not believe in bracketing. I assume that truth is not static and also that **truth** is dependent on contexts. "All interpretive phenomenological inquiry is cognizant of the realization that no interpretation is ever complete, no explication of meaning ever final, no insight is beyond challenge" (van Manen, 2002, p. 7). I valued the subjective truth spoken by the participants and am aware that this truth, being the lived experience and meaning of clinical instructing, is an interpretation. I also acknowledged that the current climate of the NESA program, participants* previous nursing experience and teaching experiences

may have impacted their inteipretations of the lived experience of clinical instruction. I did not believe that all novice clinical instructors had an experience identical to mine; however, I anticipated that instructors would share stories of feeling challenged as they entered this role.

Investigating experience as we live it: Data collection.

The type of data sought were narrative descriptions of the experience of novice nursing clinical instruction. I collected data from the sample using individual, in-depth, semi-structured, open-ended question interviews. Van Manen (1990) suggests the purpose of the interview is that:

> (1) it may be used as a means for exploring and gathering experiential narrative material that may serve as a resource for developing a richer and deeper understanding of a human phenomenon, and (2) the interview may be used as a vehicle to develop a conversational relation with a partner (interviewee) about the meaning of an experience, (p. 66)

The interviews were conducted in-person, over a two-month period, at a time and place agreed upon by participants, such as in a participant's office. The interviews were between one to two hours in length. The interviews were audio-taped using a microcassette tape recorder, and a transcriptionist transcribed the interviews verbatim.

Potential interview questions (Appendix G) were provided to the participants prior to the interview so that they had the opportunity to prepare. At the interview, prior to recording, I gathered demographic information from the participants (Appendix H). I established rapport and trust with the participants to encourage an open dialogue. I was flexible during the interview and followed the leading of the participants in order to capture the fullness of the lived experience. At times I waited before asking a new question, as van Manen (1990) states, "often it is not necessary to ask so many questions", suggesting that the use of patience or silence may be used as an interview strategy (p. 68).

The interview sites were quiet, private places, free from distractions. Values of honesty, openness, and respect were maintained. I honored the subjective truth of the individuals and their realities of the experience of clinical instructing. There was no deception and questions were not leading in any way. I maintained a non-judgmental attitude with my words and body language. I wrote pre- and post-interview field notes and also kept a reflective journal throughout the data collection stage to record my own reflection and reflexion of the process. Dowling (2007) describes reflexivity as "the engagement by the qualitative researcher in continuous self-critique and self-appraisal and the provision of an explanation of how his/her own experiences did or did not influence the stages of the research process" (p. 136).

Data management.

The data were kept in a locked filing cabinet in my office, accessible only to my supervisor and myself. Data were organized in separate folders: transcripts, pre-interview field notes, post-interview field notes, signed consent forms, and list of participants" names and pseudonyms. The signed consent forms and list of participants* names and pseudonyms were stored in a separate location from the rest of the data. NVivo Version 8 qualitative data analysis software (2008), a computer software program for storing and organizing data, was used as a data management system for coding and thematic analysis. This data will be appropriately disposed of in five years following the thesis defense.

Reflecting on the essential themes: Data analysis.

Initially I cleaned the data by reviewing and editing the transcript while listening to the taped interviews to ensure accuracy of each written transcript. Thematic analysis has been used by current researchers studying the transition process or lived experience of nurse educators or novice faculty (Anderson, 2008; Dempsey, 2007; Ferguson, 1996; McArthur-Rouse, 2008; Schriner, 2006). Van Manen (1990) proposes three ways to

develop themes: "(1) the wholistic or sententious approach; (2) the selective or highlighting approach; [and] (3) the detailed or line-by-line approach'* (pp. 92-93). I read and reread the transcribed interviews to understand the transcripts as a whole. In terms of the wholistic approach, I recorded key ideas, taken from the transcript in its entirety, that seemed to capture the description and meaning of the lived experience of novice nursing clinical instructors. In terms of the selective and detailed approaches, I then asked, *"What statements), or phrase(s),* [or sentence, or word] *seem particularly essential or revealing about the phenomenon or experience being described* (van Manen, 1990, p. 93)? Henderson's (1992) reflective teaching model as a theoretical perspective served as a lens to analyze the data as the notion that novice nursing clinical instructors were reflective teachers was a key element to this research. Personal metaphors described through reflection were often essential and revealing about the meaning of the lived experience of novice nursing clinical instruction.

NVivo (2008) was used to store interview transcripts and allowed for organized and efficient data analysis. Initially, I coded ideas within the interview transcripts as NVivo free nodes. Through an inductive approach and using NVivo tree nodes, I made connections and developed categories. As I collapsed these major tree nodes/categories, I discovered nine subthemes within three major themes. Van Manen (1990) states, "a so-called thematic phrase does not do justice to the fullness of the life of a phenomenon. A thematic phrase only serves to point at, to allude to, or to hint at, an aspect of the phenomenon" (p. 92). It was this challenge to uncover a small part of the phenomenon that I tried to achieve.

Describing the phenomenon through the art of writing and rewriting.

Creating the thematic diagram was a very iterative process. As I reviewed the data, field notes, and journal entries, there appeared to be a connection among the themes.

Keeping the research questions in mind, I began by linking initial thematic phrases as illustrated in Figure 1. I intentionally chose to connect the major themes and subthemes with a dotted line in order to illustrate the fluidity and interconnection between themes. After a careful review of the data and with the research questions to guide me, I began to make slight revisions to the titles of the three major themes and nine corresponding subthemes in order to best capture the lived experience of novice nursing clinical instructors. Following the identification of a central concept that appeared to be the essence of the lived experience of novice nursing clinical instructors, I repeatedly went back to the data to assist in the creation of co-titles for each subtheme, fitting with the metaphor described by a particular participant.

Describing the lived experience of novice nursing clinical instructors was also a very iterative process. Van Manen (1990) states, "To be able to do justice to the fullness and ambiguity of the experience of the lifeworld, writing may turn into a complex process of rewriting (re-thinking, re-fleeting, re-cognizing)" (p. 131). I wrote about and then reflected on how each major theme and subtheme alluded to the essence of this phenomenon. Many drafts were involved in writing about the lived experience as I tried to capture the essence of what the novice nursing clinical instructors described.

Maintaining a strong and oriented relation to the phenomenon.

I attempted to be both objective and subjective to the lived experience of novice nursing clinical instructors. Van Manen (1990) states,

> "Objectivity" means that the researcher is *oriented* to the object, that which stands in front of him or her. Objectivity means that the researcher remains *true to the object..* ."Subjectivity" means that one needs to be as perceptive, insightful, and discerning as one can be in order to show or disclose the object in its full richness and in its greatest depth. Subjectivity means that we are *strong* in our orientation to the object of study *in a unique and personal way* — while avoiding the danger of becoming arbitrary, self-indulgent, or of getting captivated or carried away by our unreflected preconceptions, (p. 20)

As van Manen (1990) suggests, I tried to remain oriented in my research by having a clear purpose, that being focusing on revealing the essence of the lived experience of novice nursing clinical instruction through the entire research process, from the development of interview questions to the data analysis and writing. I tried to remain subjective in my research through the process of reflection and demonstrating discernment as I developed themes and came to understand the lived experience of novice nursing clinical instruction in a new way.

Balancing the research context by considering parts and whole.

I consistently made an effort to reflect on my writing to see that in fact the research questions were being addressed. I reflected on each individual theme and subtheme as well as on the cluster of themes as they spoke of the lived experience of novice nursing clinical instructors.

Scientific Rigor

Lincoln and Guba (1985) highlight credibility, transferability, dependability, and confirmability as essential components in establishing trustworthiness in a qualitative research study. Credibility, or ensuring that the findings and inteipretations are believable, was demonstrated through establishing trust, peer debriefing, and member checks. I held an advantage, by understanding the context of being a nurse and a clinical instructor. As well, as I was a colleague to the participants, I often had a level of trust already built up, that enhanced the openness and sharing of the lived experience. My thesis supervisor acted as a peer debriefer. Lincoln and Guba (1985) state that the peer debriefer "helps keep the inquirer "honest," exposing him or her to searching questions...The inquirers biases are probed, meanings explored, the basis for interpretations clarified"* (p. 308). I performed a member check (Appendix I) by sharing the initial thematic analysis with three participants and requesting input and feedback.

These chosen participants were those whom I recognized during the interview, as being best able to speak to the concept in terms of insight. I met these participants individually, at a time and place convenient to them, and provided the initial thematic analysis for review. The member check participants had the opportunity to highlight misunderstandings within the conceptualization as well as share any new metaphors that represented the lived experience of novice nursing clinical instruction. These dialogues/interviews were relayed in a safe and confidential environment. They were audio-taped, transcribed, and used as additional data sources. Again, NVivo (2008) data analysis software was used and van Manen's approach to thematic analysis was applied. Minor revisions were made to the conceptualization of the lived experience of novice nursing clinical instructors (e.g., titles of subthemes).

The philosophical stance of constructivism posits that there are multiple realities of the lived experience and these realities are ever changing as people have new experiences in their lives. In terms of transferability, which refers to whether the findings of the study can be transferred, this study was situated in a certain time and context; however, there are also universals that exist in terms of the essence of and meanings within the lived experience of novice nursing clinical instruction.

Lincoln and Guba (1985) conclude that both dependability and confirmability can be attained through an audit trail where all products of the research study, from raw data to reflexive notes to thematic phrases are preserved. I created an audit trail and plan to save all raw data for a period of five years following the thesis defense. The documents in my audit trail are saved to a hard drive and/or filed in my office filing cabinet. I have articulated how the themes were developed using van Manen's approach to thematic analysis and also have used reflexive journaling to maintain a sense of authenticity and transparency throughout this process.

Scientific rigor was also attained in the data collection process of utilizing three different approaches to isolate themes (van Manen, 1990, p. 92), and in the use of "free imaginative variation" or determining what makes "a phenomenon what it is and without which the phenomenon could not be what it is" (p. 107). Van Manen (1990) further suggests that there are four "evaluative criteria of any phenomenological human science text". These include: being "oriented, strong, rich, and deep" (p. 151). This study was oriented as it is focused on answering the research question regarding the lived experience of novice nursing clinical instructors. The text was strong as the final product was exclusive to this research. The findings were rich as they included thick descriptions in the form of anecdotes and musings of novice nursing clinical instructors. Finally, the text was deep as the findings go beyond the description and highlight the meaning of the lived experience of novice nursing clinical instruction.

Ethical Considerations

This study received ethical approval from the Human Subject Research Committee at the University of Lethbridge (Appendix C). In the initial telephone conversation with interested clinical instructors, I discussed the purpose, risks and rewards of participating in this study (Appendix E). No monetary compensation, incentives or consequences were provided as a result of participation. Nursing clinical instructors are a less vulnerable population and participation was voluntary. Participants were informed of the freedom to withdraw from the study at any time and that if they would like to withdraw, that there would be no negative consequences and that all data they contributed would be removed and destroyed.

Anonymity and confidentiality were discussed in the initial phone conversation (Appendix E). Only I knew the identity of the participants. Participants had an opportunity to select a pseudonym that was used in reporting the research findings.

Access to the audio-taped interviews and transcripts was limited to my supervisor, the transcriptionist, and I, who all signed an Oath of Confidentiality (Appendix J). The transcribed interviews were kept in a locked drawer in my office separate from the list of participant names and pseudonyms.

Participants had the freedom to ask questions and clarify any misconceptions about the study and informed consent forms were signed prior to conducting the study. Participants were informed that in the unlikely event that any distress or issues arose as a result of the interview, the interview would then cease and they would be given contact information specific to the University of Lethbridge Counseling Service. I allowed time following the interview where participants were offered a debriefing opportunity. I asked if during the interview, the participants believed that their opinions were adequately described and if there was anything else they would like to add.

Research Dissemination

The participants from the NESA program have the opportunity to access the research findings through the University of Lethbridge Institutional Repository of Theses. As well, all interested participants, from both the University of Lethbridge and Lethbridge College have had the opportunity to sign their names and add their mailing addresses to the bottom of the Participant Consent Form (Appendix E) indicating that they would like to receive a summary of the research findings. Other dissemination strategies include oral presentations at professional conferences and publications in scholarly Nursing-related journals.

Conclusion

To study the lived experience of novice nursing clinical instructors, the philosophy, theoretical framework, and method that I chose were constructivism, Henderson's (1992) reflective teaching model, and van Manen's phenomenology,

respectively. Following this method, involving in-depth interviews with nine novice nursing clinical instructors, a thematic analysis was generated capturing the description and meaning of this lived experience as well as how novice nursing clinical instructors learn about the clinical teaching role. These findings are provided in the following chapter.

Chapter 4: Findings

After reviewing the literature pertaining to the lived experience of novice nursing clinical instructors and following van Manen's phenomenology as a method, the research questions regarding the lived experience of novice nursing clinical instructors, the description and meaning of this experience and how the clinical teaching role is learned are addressed next. The overarching essence of the lived experience of novice nursing clinical instructors is likened to a journey. In this chapter, I include the demographic information pertaining to nine novice nursing clinical instructors who participated in this study and then delve into the three major themes and nine corresponding subthemes within this lived experience.

The Participants

Nine novice nursing clinical instructors within the NESA Program volunteered to participate and met the criteria to participate in this study. Each participant chose a pseudonym that is used in the presentation of the findings. One participant taught at Lethbridge College and the other eight taught at the University of Lethbridge in Lethbridge, Alberta, Canada. Eight of the nine participants were female. Ages ranged from 35 to 50 at the time of the interview. The mean age and median age were 46 and 41 respectively. Eight of the nine participants had a baccalaureate degree as the highest degree earned, three were working on their Master's degree, and one held a Master's degree as the highest degree earned. The number of years working as a Registered Nurse prior to clinical instructing ranged from two to 27 years with mean and median number of years nursing at 16 and 15 respectively. To meet participation criteria, each novice nursing clinical instructor had taught for three years or less. The median and mode for number of years clinical instructing were both one year. Participants* primary areas of clinical instruction included: maternal-child/labour and delivery, community health, and

mental health. Each of these participants contributed to revealing the essence of the lived experience of novice nursing clinical instructors within this current climate of nursing education.

The Journey - Steering Through Uncertain Waters

> *I see the experience of being a clinical instructor... it's like a ship steering through uncertain waters at midnight under heavy cloud. And then there's this sliver of moonlight in the distance and then there's this flash of oars. And it's some fear and trepidation and trust for this journey, this going through this. Being out on the waters at midnight, there's this trust that the journey is going to lead me where I need to go and that is, lead me and help me guide the students where they need to go and that journey is past the edge of what we know... The earth is not flat and we 're not going to fall off the end but we 're going to somehow travel around beyond where we know... That's where we set our compass bearing for - is beyond what we know about this...And so, there will be trepidation and uncertainty but we have to listen with our eyes and we have to watch with our ears. We have to use our senses in very different ways for that sliver of moonlight, for that, I guess even the trail of phosphorescence of someone that's gone way before us or the splash of oars in the distance of somebody else who's out there trying to find their way too.* (Michelle)

The lived experience of novice nursing clinical instructors is a journey. This is the essence of the lived experience. It is a voyage into the unknown - a venture marked with challenge and fear. *The Journey* is a process - there is learning and understanding along the way. It is an adventure - sailing is purposeful and filled with reward.

Three major themes make up this journey as illustrated in Figure 1: *Endeavoring Amid Strife, Enacting Understanding of the Clinical Instructor Role,* and *Evolving as a Clinical Instructor.* Given the nature of the journey, each subtheme has been co-titled to illustrate the lived experience as a part of this metaphor. Three subthemes comprise *Endeavoring Amid Strife:* 1) *Struggling with Self-doubt and Uncertainty — Feeling the Trepidation,* 2) *Venturing in Adversity - Drifting at Sea,* and 3) *Seeking Validation — Looking for Direction.* Three subthemes comprise *Enacting Understanding of the Clinical Instructor Role:* 1) *Learning from Past and Present Experiences - Creating a Map,* 2) *Learning from Others - Following a Trail of Phosphorescence,* and 3) *Learning*

through Self-reflection - Finding the Way. Finally, three themes comprise *Evolving as a Clinical Instructor.* 1) *Developing Clarity of the Clinical Instructor Role - Becoming a Mariner,* 2) *Adapting as a Clinical Instructor - Setting the Compass,* and 3) *Advancing as a Clinical Instructor - Navigating with Purpose.* In this chapter, I address each theme and affiliated subtheme in detail.

Figure 1. Thematic Diagram of Novice Nursing Clinical Instructors:

The Lived Experience

Endeavoring Amid Strife.

The first major theme within *The Journey* was *Endeavoring Amid Strife.* Novice nursing clinical instructors had a passion for this role and aspired to be successful although their role transition was marked by challenges and obstacles. The word endeavoring captures their desire and aim to enter the world of nursing clinical instruction and strife indicates the struggle within this role transition. Initially, novice nursing clinical instructors struggled with self-doubt and uncertainty as they embarked on this new journey. They felt fear and trepidation for the unknown. Second, their venture was often wrought with adversity as challenges unfolded. They felt lost and adrift at sea. Finally, with hope and aspiration, they responded by seeking validation. They looked for direction on their journey as they set sail in the wide ocean before them.

Struggling with Self-doubt and Uncertainty - Feeling the Trepidation.

And so, there will be trepidation and uncertainty... (Michelle)

The first subtheme within *Endeavoring Amid Strife* was *Struggling with Self-doubt and Uncertainty.* Novice nursing clinical instructors entered this journey with trepidation. Perhaps they felt comfortable as Registered Nurses but not as nursing clinical instructors. They questioned themselves and experienced self-doubt. They were uncertain that their knowledge, qualifications, and abilities were sufficient to effectively teach student nurses in the clinical setting. Overall, novice nursing clinical instructors experienced: 1) feeling inadequate, and 2) feeling insecure. There was fear and trepidation for the journey as they traveled under heavy cloud into the unknown.

Feeling inadequate.

Novice nursing clinical instructors described feeling inadequate as they stepped out of their comfort zone and transitioned from nursing to teaching. Betty shared, "initially I felt overwhelmed and challenged and unsure of myself in this new role." Erin

agreed, "I hadn't really thought about going formally into education probably because I didn't think I was qualified. I didn't think they'd take me. But they did." Erin described a hesitation in entering this role because of her perceived lack of qualifications, although she did have a baccalaureate degree and 18 years of varied nursing experience. Others also echoed this sentiment, feeling a lack of knowledge or qualifications as they entered this role. Barb reflected, "I'm not too sure why I'm teaching." Barb was also a well-seasoned nurse with 27 years of Registered Nursing experience; however, she doubted her abilities in this new role as her previous practice was not necessarily all acute care based. She believed that this hindered her teaching effectiveness with sUidents.

Betty reflected about the beginning of her journey as a clinical instructor:

> And so that was extremely intimidating, you know, and various questions ran through my mind. Do I know enough? Am I prepared enough? Am I the right person for this? Is this the right change for me? At this point in my career? And I've left my comfy little job where I'm very good at what I do. And feel very comfortable in that zone. And I've come to something completely new and how do I, in a 22-day period with students, teach them what I know? Or parts of what I know, or enough of what I know, to prepare them for life as a nurse?

This statement illustrated that novice nursing clinical instructors questioned both their competency as Registered Nurses and as clinical instructors. Betty was concerned that she did not have the knowledge base to take on this responsibility. She also worried that becoming a nursing clinical instructor might not be the right fit for her. She left something familiar for something unfamiliar. She concluded that it was up to her to "prepare [the student] for life as a nurse", an overwhelming burden for any novice to accept.

Novice nursing clinical instructors questioned themselves as to whether or not they belonged on this journey. Jane commented, "I've wondered okay, why did I want to do this? (laugh)" Many instructors wondered whether or not they had made the right decision in entering academia. Although Kathy had 13 years of nursing experience, she

shared her concern about teaching saying, "I don't think that I am the authority on any aspect of nursing that I should be saying well this is it. This is what it is and this is how you need to do it because I know, because I don't know." Other instructors with less practice experience voiced even more struggles. Kevin reminisced, "I felt unsure of myself in some of the knowledge that I needed to know.. .you get hired based on the fact that you should know those things, right?" He continued, "One of my biggest fears was being a fraud. You know, I felt like I was a fraud to some degree. I felt like, man.. .1 don't know that I deserve to be here. Like what I am doing here?" Clearly, feelings of inadequacy and self-doubt permeated the initial transition to this role. It was interesting that Kevin used the word "fraud" to describe how he was feeling. Because he had an awareness that his experiences and knowledge were lacking, Kevin felt that he was deceiving the students and was a "fake". Initially, he believed that he did not earn this authority to teach and that he wasn't worthy of being a nursing clinical instructor.

Feeling insecure.

Novice nursing clinical instructors described feeling insecure as they entered this role. Even with prior teaching experience, instructors would watch others and compare their teaching strategies. Erin stated, "If you start listening to how someone else does it, all you think is, oh my goodness, I should be doing it like that." Novice nursing clinical instructors felt unsure and doubted themselves. They did not necessarily trust their own judgments. Fay shared,

> It was stress that I created for myself. I mean I created it for myself with my own expectations and this is my first thing and if this doesn't work out really well, I'm going to be a lousy instructor. My own ego stuff got involved too. I mean it wasn't just about [the students].

Fay highlighted this longing almost for a sense of instant teaching effectiveness. Although she was new, she placed a lot of pressure on herself to be successful.

This introspection and focus on oneself was a dominant experience in many interviews. Betty reflected, "'You are insecure.. .1 was almost more nervous about myself and how [students] were perceiving me rather than focusing on evaluating them and so that was quite a distracter for me when I was first starting out." There was a strong desire to be liked and be appreciated. This did change for Betty as eventually her focus moved away from herself to whether or not she was an effective educator. She commented,

> I felt very comfortable and confident in my role as a nurse. Not in my role as an educator and so, yeah, there were several times that first semester I was really questioning myself. Is this the right thing for me? Am I doing well enough with my students? Am I meeting their needs?

Here, Betty shared that she did have confidence in her nursing knowledge but that did not stop her from feeling uncertain.

Fay described the intimidating nature of this journey:

> [Becoming a clinical instructor] can be something that, you know, people find, intimidating or challenging because you feel that you really need to exemplify what the ideal nurse would be because after 10 or 15 years you fall into habits yourself and you have to go through a process of self-examination and making sure that you're in the right place mentally and spiritually and emotionally to take that on.

Fay described wanting to be a perfect role model that students could mirror although this was a challenge as nurses with time often stray from the ideal and pick up some bad "habits". She shared that nursing clinical instructors must be very self-aware and ready to accept the responsibility that this role brings. Despite experiencing feelings of self-doubt, novice nursing clinical instructors had a drive to pursue this challenge. Kevin shared, "My aspirations were to just prove that I belonged, I guess."

Summary.

Novice nursing clinical instructors experienced feelings of self-doubt and uncertainty as they embarked on this new journey in academia. At times they felt both

inadequate and insecure. These struggles were minor in comparison to other waves they were about to encounter as novice nursing clinical instructors.

Venturing in Adversity - Drifting at Sea.

You don't know what rapids are coming ahead so you 're trying to steer the best you can but you just can't quite see over the horizon because you 're not sure what's going to be coming at you. (Erin)

The second subtheme within *Endeavoring Amid Strife* was *Venturing in Adversity.* Although there was trepidation for the journey, novice nursing clinical instructors learned that their fears were justified as they came across many challenges and obstacles along the way. The main challenges instructors encountered were: 1) lacking preparation and guidance for the teaching role, 2) feeling alone, 3) struggling with relationships, and 4) experiencing busyness. During this time, the clouds darkened the sky while wave after wave pounded the ship. With no bearings to guide them, novice nursing clinical instructors felt lost at sea and adrift in the midst of a storm.

Lacking preparation and guidance for the teaching role.

Novice nursing clinical instructors frequently described one of the greatest stresses being the discomfort they felt in this new role. Fay explained, "I had no idea what to do the first year, you know. I mean, voirre hired with the assumption that you just teach them what you know how to do and that is about as much direction as you get." Fay shared that there is a belief held that clinical instructors are competent nurses but her statement also highlighted that there is a lack of direction in academia with regards to learning teaching strategies or how to impart nursing knowledge. Erin concurred, "They don't hire us as teachers. They hire us for a skill set and then also we have to become teachers." Here, Erin recognized that entering academia is a complete role transition and often nurses enter this role with no formal educational preparation in regards to teaching

but are nonetheless thrust into this teaching role. Erin added, "(sigh) I wish there was better opportunity to learn more about how to teach and it wasn't so self-taught." She continued, "I do feel like I'm doing it by the seat of my pants". Clearly, novice nursing clinical instructors longed for guidance and desired direction. They felt a sense of discomfort in this new role because their role was not clearly defined or explained to them. Jane stressed,

> What exactly is my role? What forms do I need to fill out? If I had all that, how that would have helped me initially is it would have removed some stress cause I was finding things out as I went and sometimes after the fact. That created some unnecessary stress when I was trying to learn how to be a teacher in the first place and trying to get to know my students and get comfortable in a new job, let alone a new role.

Jane highlighted that tiying to figure out her role as a nursing clinical instructor and what was expected of her did cause stress. She also emphasized that in this initial role transition, the challenges rested beyond having to learn how to teach, but in other areas such as in building student relationships and becoming comfortable in a new setting. Clearly, lacking preparation and guidance for the teaching role was a significant challenge.

Feeling alone.

A second stressor that novice nursing clinical instructors commonly spoke of, which related closely to lacking preparation and guidance for the teaching role, was a feeling of aloneness or isolation. Not all instructors spoke of aloneness in this journey as many had the courage to seek out supports; however, it was still a common experience. Jane shared,

> Well I find that I pretty much work in isolation here. There wasn't really a formal avenue for seeking support although I did seek out a couple of my colleagues that work on the [same clinical] team, I guess, it wasn't really venting, just to share with them. Okay here's what's going on and, you know, what can I do? Just to kind of seek advice but the reassurance came in the fact that, oh, other people deal with these things too. Okay, it's not a personal failure (laugh). Because being new and not having a really strong point of reference, that makes you weak. That

> makes you vulnerable and insecure for sure. A point of reference would be an important thing to have. And you don't have that until you get experience, right?...I guess I didn't really have a good avenue for support (laugh). I love working with people. It's just the nature of this job...we work sometimes the same day, sometimes opposite each other so oftentimes you can go a long time between seeing your colleagues.

Jane explained that as a clinical instructor, she was very isolated not by choice but by the fact that as a clinical instructor, she was not often present at the academic institution and did not have frequent peer interaction and support. This, as Jane mentioned, cycles back to feeling insecure and uncertain in this new role. Jane also used the word "vulnerable'" which indicated that she was perhaps more prone to problems or additional challenges because that support system did not exist yet. She did, however, find channels of support.

Unfortunately, other instructors did not necessarily find their colleagues helpful and this led to further feelings of aloneness. Jill stated,

> As clinical instructors we come and we go and we kind of have this huge learning curve. I didn't find my own discipline very helpful because there's a lot of politics there going in and I found that it became very small groupings of groups, like it's very against one another.

Jill frequently shared about the personality conflicts and disagreements in regards to decision-making that took place on her clinical team. She commented that this really hindered the ability of the group to be cohesive and on the same page and thus led to the "small groupings of groups". After experiencing separation or aloneness, Jill's advice to nurses entering clinical instruction was:

> I would say that you need to be ready to work autonomously because I think that's the biggest thing and I notice that... you're going out there on your own...Realize the team's not there and you have to be self-directed.. .Know that you have to be able to work independently and reflect on where you want to go and where you think you should be because it really comes back to you.

Although Jill was experiencing difficulties with her clinical team, other novice nursing clinical instructors also spoke about valuing independence and autonomy within this position.

Struggling with relationships.

Many novice nursing clinical instructors, like Jill who struggled with relationships with peers or colleagues, experienced additional relationship difficulties with agencies, staff, or students. These relationship challenges, although not always present for each instructor, negatively impacted the novice nursing clinical instructors' experience.

Clinical instructors working in community projects were consistently involved with agencies as they developed and monitored the student practicum. Nursing clinical instructors were required to develop a project for their students within the community agency, one that would be a positive learning experience for students while at the same time a benefit to the agency or population in which the agency served. Matching university goals with agency goals, however, sometimes proved to be an issue and this was often the cause of strained relationships with agencies. Jane described,

> Part of my role is also to preserve that relationship, you know, keep the students feeling supported, keep the agency happy, keep them happy with the university. That's the biggest stress or hardest part of my job, without a doubt.

Erin concurred with the struggle to keep the agency satisfied,

> I'm caught a little bit between the pressures that I have from here to do a good job and to teach the students and all that kind of stuff and making sure that the agency wants to work with us again in the future. So, a lot of nurturing in that relationship, a lot of problem solving, you know, where you're looking at things could go sour, you want to make sure that things don't go sour.

Erin described the need to have an awareness of potential problems and to cultivate a positive relationship with the agency so that new sftident groups could work with that agency again in the future,

Novice nursing clinical instructors also shared that at times they experienced negative relationships with staff in the clinical setting. Kevin explained,

> I think the things that hinder your ability to teach can be the acceptance of the instructor down on the unit they're working on. If you're not accepted within those boundaries, that can really hinder your ability to instruct because you don't have those relationships. You may not get those experiences. They may not

> come up to you and say, hey, I've got this experience. Do you want your students to see that? They may just stay back because you don't have that positive relationship with them.

He highlighted that not only do instructors feel unsupported when they are not accepted by staff, but ultimately, the student experience is limited and thus negatively affected. Barb agreed and described how as a novice nursing clinical instructor, never having worked on a particular nursing unit before, she had a very different experience with her students than she observed other nursing clinical instructors having, as they were accepted on the unit. Barb described a situation where she had independently made a decision about a smdent experience that was unsupported by staff. This experience, she felt was completely safe and appropriate, however, she vented, "The staff flipped their lid...but not this nursing instructor who works on the team. So there's really a big difference about what I got to do with my students and what they got to do with their smdents." She added, "They didn't like me at all." As a result of this controversy, Barb vowed never to instruct on that unit again because of the severe oppression to which she felt that she and her smdents were exposed.

Novice nursing clinical instructors also struggled at times with relationships with smdents. Jane mentioned,

> I had five groups running simultaneously, okay? One group had internal conflict. They also were getting frustrated with their agency at this time. Another group was frustrated with their mentor and that mentor was also frustrated with them and was frustrated with NESA, our program...That student group felt that that mentor was rude to them and inconsiderate and unprofessional towards them. This was the same mentor as the first group I just mentioned. She had two groups where the internal conflict was brewing...then I had a group that hated their project. In all honesty, they just didn't like it... they didn't want to be here and they didn't see the validity in it at all.

Jane found it challenging to deal with all of the student issues while making clinical practicum a positive learning experience for the students. Here, the issues began with a strained agency relationship, but that ultimately contributed to a lack of motivation for the

students. As a result, an added stress that Jane experienced was having to fight to keep students satisfied and engaged in their learning.

Clearly, maintaining positive relationships was very challenging and exhausting. Kathy explained that this role was also draining as instructors were dealing with staff, smdents, patients, and families. She described,

> I get home at the end of the day and I can still do but I can't think. I don't want to talk to anybody... when you get to the end of the day, you're full of everybody else's lives, you're just done.

Experiencing busyness.

A fourth stressor that novice nursing clinical instructors frequently described was the busyness that this new role entailed. Instructors described that part of this busyness stemmed from the overwhelming responsibility of overseeing a large number of smdents and/or numerous project groups. Kevin instructed on a nursing unit in the hospital and explained,

> I've got 14 smdents first semester. Each student has two patients. So now I've got 28. In essence, have to know everything about 28 patients. So the care that they're providing, I'm providing to a degree as well because I've got to know all 28 patients' medications. Eve got to know all 28 patients" illnesses and be able to provide advice and some knowledge and guidance to these students in to how to work with these patients.

Typically, nurses care for no more than four to eight patients depending on their acuity, so for Kevin to feel somewhat responsible for 28 patients was a significant challenge. Erin shared about her experience with clinical projects, "We've got 12 smdents and we're managing so many projects and lots of times those projects aren't linked. We don't even have one topic that's similar. It's incredibly stressful." She added, ""I'm like a frantic person going from project to project trying to see how things go." She continued,

> I find that when I have more than two groups of smdents...you tend to have to trust one is doing okay because usually there's some kind of a crisis going on with the other two...I sometimes worry it's not sustainable. Either that or we need to have more people doing the projects so we divide it a little bit so it's not so killer because it really is killer to do it.

It's interesting that Erin described this as "killer," that in essence, the high student load and corresponding responsibilities took the life out of the instructor. Erin further mentioned that this role was utterly draining and that frequently, she would finish the semester physically sick. She stated that mentally and emotionally, she felt empty.

Beyond the challenging work conditions of teaching itself, instructors commented that there were a variety of other commitments that would steal time away. These commitments could be meetings, answering emails, committee work, marking, planning, and further education. Kevin explained, "I remember talking to some instructors and they said that, you know, you work at the site but your day's not done, you know.. .okay you're getting paid for an eight hour day but you're doing so much more."

Erin shared that sometimes it was just too difficult to keep up with the demands of being a nursing clinical instructor:

> Sometimes you let balls drop. You have to really be educated about or really make critical decisions about what balls you're going to let drop because ultimately, I'm here to teach students. It's all great to volunteer, all this other stuff, but I'm actually here to teach the students so I can't let that drop. That can't be something that drops. So I end up then dropping my own education, you know, going to different stuff, and even though it would make me a better teacher the problem is I'm so wrapped up in this. So I try and do stuff in the off semester, but you know what?...I'm just too frickin* pooped.

She commented that ultimately, instructors suffer because of all the demands and responsibilities placed on them. She shared a desire to improve her teaching but recognized that that fell to the wayside as just the simple requirement of teaching students was utterly consuming.

Summary.

There were many obstacles that nurses experienced as they entered the world of clinical instruction, such as lacking preparation or guidance for the teaching role, feeling alone, experiencing difficult relationships, or having time constraints. However

formidable these obstacles seemed, novice nursing clinical instructors chose to persevere by seeking aid and direction from others.

Seeking Validation - Looking for Direction.

That summer was very tough because I definitely felt like I needed validation from people that I deserved to be here, you know, to some degree. (Kevin)

The third subtheme within *Endeavoring Amid Strife* was *Seeking Validation.* As novice nursing clinical instructors often felt lost or adrift at sea, they responded by seeking support or feedback from others, primarily: 1) validation from smdents, 2) validation from peers, and 3) validation from staff. On this journey of sailing through uncertain waters, they hoped for the clouds or fog to clear so that they could see the horizon. They longed for direction after being tossed in the storm. Even though it was a solo journey, they hoped for someone to assist them in setting the compass and provide them with confidence that they were following the right path.

Validation from students.

As novice nursing clinical instructors often worked independently, feeling at times alienated from both the practice and university or college setting, the majority of validation ultimately came from those whom instructors interacted with the most. A typical source of validation was nursing students* feedback as a part of their semester-end online clinical course evaluation. In addition to the standard questions, instructors would often elaborate on the areas on which they desired feedback. Jill stated,

> I ask the smdents, okay, now I evaluated you, you need to tell me, could I have done something different? Could I have done it better? What were you happy with? What weren't you happy with? So I mean, we do it formally and not by talk, they do it online. It's very important to me to hear from them how could I have done better.

Some novice nursing clinical instructors decided that more frequent feedback from students, rather than one-time evaluations at the end of the semester, were of greater value. Erin described seeking validation verbally as she observed,

> I ask the students more than once in the semester how I'm doing. I actually have a format for that. I'm not actually just saying, how am I doing? You know, what's going well and what's not going well? How can I help your learning? That type of formatting. I also get them to do, at the end, a reflective piece individually and as a team.

Jane concurred with seeking validation on a continual basis. She shared, "Now I seek ongoing feedback from students which I didn't before. It was more interval-based - at the end (laugh). I mean I would've done that if I would" ve realized the value in that. But I didn't know that yet." Jane illustrated how the typical format for receiving feedback was a one-time event but that it was truly important and of "value" to receive "interval-based" validation so that it could help direct the journey within a clinical rotation. Jane added,

> As I already mentioned, the student feedback is huge. My very first semester I only got feedback that was offered at the end of the semester and from that I learned that having ongoing feedback is actually more important. Every group is unique, every group of students and the type of clinical placement they're in varies as well - the players, the people that they're dealing with, the agencies. So I find that it's very helpful to get ongoing feedback throughout the semester and navigate that way.

Michelle summarized these actions stating, "I do formative student feedback part way through the semester that's written and in groups and then I have the summative feedback through the course evaluations." Formative feedback allowed for changes to current teaching strategies throughout the semester and was relevant for the current students in a clinical setting. Summative feedback allowed the nursing clinical instructor to evaluate the entire semester and make changes for the next group.

Initially novice nursing clinical instructors voiced that being accepted by the students was important to them. Kathy spoke about the desire to be liked and feel

popular. She mentioned, "I think in my first year I was also a little concerned with well, are they going to like me as smdents.. .not necessarily are they going to like me but how am I going to make them like me." Kevin agreed that feeling "liked" was important. He stated,

> At the beginning of the semester these girls said, they were so excited to meet me and they had heard how I was the first semester with the group and they really were happy that they got me as an instructor and this and that.. .1 was glad that word of mouth was going that I was a nice instructor and they liked what I did.

As they evolved in their role and felt more comfortable, novice nursing clinical instructors seemed to come to the realization that being popular was not of utmost importance. They learned that receiving constructive feedback about their clinical teaching was more valuable than being told that they were liked. Kathy described her evolution in thinking as follows:

> I think that yes, the feedback from the smdents is important but I tend not to look terribly much at the whole, oh I really liked you as an instructor. That's fine but what did you like? Was it my approachability? Was it the fact that I invite you to come talk to me anytime you need something? Was it the fact that I didn't just throw questions back at you when you asked me something and say, you know, how do I do this? And I say, go look it up and come tell me, but I say, rather, what do you think you would do about this and why? Let's talk about it and let's walk through it. Even if it takes a little more time, let's walk through it together...just more feedback that I get from students on the way that I do things, not whether they like me or not but how I do things whether that was effective, whether it wasn't, those are the kinds of things that I find somewhat dictate how I do things the next time.

Some instructors thrived on positive feedback and therefore felt a sense of effectiveness when they were validated by smdents. Kevin stated, "I think at the end, I accomplished what I wanted to based on [the smdents'] comments that they've put forth." Betty agreed,

> I tended to evaluate my own effectiveness on my smdents' success and the more successful they were in meeting their objectives, the more comfortable and competent they felt in their nursing care throughout the semester and the feedback they would give me enabled me to feel that I was effective.

In addition, Betty voiced feeling validation not only if students were successful during their time in the clinical setting, but also if students were successful after they had completed their rotation and moved on. Betty shared:

> One of my students.. .was very, very anxious about coming to the unit and in fact she almost fainted when we did our initial tour. She was so anxious about being there.. .She worked very, very hard to overcome this but we did spend a lot of time on a daily basis when we were there, talking about how to deal with anxiety and that kind of thing and every now and again she would say, can I take a few minutes? And she'd just go outside and take a few deep breaths and get some fresh air and she'd come back in and feel a little more settled and she [is] actually working there on the unit now and takes great pride in showing my current students around and almost taking them under her wing and well this is how we do this, and this is how we do this and Betty was my instructor and she did this and that and the other. I just find that fascinating and it was so fantastic to be a part of that change for her to come from a point where I'm on the tour and I almost faint because I am so anxious about this to here I am working on the unit and now I'm taking part in learning of other students...So to see that change in her over the one-year period, that's so exciting to be a part of.

On the other hand, if positive feedback was not given, novice nursing clinical instructors seemed to struggle to know where else to turn and how to respond. Jill stated, "Here you might get [feedback] from the students. And if you get it, are you strong enough to deal with it and where do you go with it after?" In this situation, novice nursing clinical instructors would sometimes look for validation from others.

Validation from peers.

Novice nursing clinical instructors voiced a strong desire for support and validation from peers, especially when they first entered this new role. Kevin stated,

> When I got here the clinical coordinator was very instrumental in helping me understand what I needed to do while I was here but telling me that if I was hired, there was a reason why I was hired and the dean also, we're glad to have you...Everybody that I talked to said, they're so glad I'm here and previous instructors that I had, they were very excited that I was here...I did talk to the current clinical instructors that were on the unit and I did seek out words of wisdom and words of some encouragement that, you know, we saw you down there, we know you can do the job and things like that...I guess in some sense I was seeking it out so that I would feel more validated and feel more comfortable in coming and doing this job.

Clearly, validation came from more than one person and at more than one time; however, not all instructors shared that they had support people in place to turn to, especially when they were new. Jill commented,

> Have I done a good job? I guess I still use the students for that. I know I can have a peer and I probably will have somebody come out and do that whole peer thing but the problem is, I have to know kind of what they're like because then it becomes a judgment thing, and I'm not quite sure, is it an assessment for judgment or an assessment for learning? I'm not quite sure about that. I don't know the crowd here well enough to know that.

Some instructors felt the aloneness and separation from colleagues within the educational institution - whether that be the college or university. Jill worried that she would be judged and not validated in her role so she hesitated to seek support and feedback from peers.

Other instructors independently sought out mentors and felt that it was necessary and beneficial to use them for support and feedback. Jane stated that it was important for her to "show off my work'*. She reflected,

> I just made myself a few mentors and I had one particular one with me.. .and I wanted her to see the work these smdents did because that gives you such a gratification too because you work so much on your own. It's great to have that reward that you can just enjoy within your own mind but sometimes you want others to appreciate it too. It gives you that sense of accomplishment when somebody else can say, great job. And nobody sees your work.. .really. I think there needs to be a way for clinical groups to show their work to other clinical groups and from my point of view, I want the other instructors to see, look what my smdents did! Because it does kind of reflect on me. And I want to get the validation that I've done a good job if I have done one. And if I haven't, I guess I'd like to know (laugh) because what if I am off on the wrong direction? I think that we're doing these great things but it's veering off into no man's land, it's not really where I am supposed to be going. Having somebody else to give me that feedback is just really helpful. But, yeah, I like the pat on the back, (laugh) I was so proud of what these students had done and I really felt like they did that great work in part due to my influence and so I had her with me which was really good (laugh) because I wanted her to see this. This is so awesome!

Jane clearly emphasized that she did not want to remain adrift at sea, but desired to be purposeful in her venturing.

Validation from staff.

Third, novice nursing clinical instructors at times turned to staff within the institutional clinical settings or agencies within the project-based clinical settings in order to obtain validation in their roles. Kathy stated,

> Getting feedback from the staff at the sites is important to me because, you know, am I over involved with the smdents? Am I not involved? Do they feel that I'm - spending enough time making sure the students are doing what they're doing right?

Much of the feedback sought from staff centered on the student experience. Novice nursing clinical instructors desired to create the best possible environment and learning experience for their smdents. Kevin commented on his requests for feedback from nursing management:

> It's the whole validation thing I guess, but I did check in two or three times with the nursing manager and the assistant manager to find out how they thought my students were doing, if there were any complaints from anybody of how things were being handled. They said that everything was running smoothly and they were happy with the way things were going.

It was important for some clinical instructors to obtain validation from agencies and staff.

Summary.

Novice nursing clinical instructors shared that validation was important as they embarked on this journey, whether that came from smdents, from peers, or from staff. Kathy shared,

> What I'm doing I can't stay stagnant in and so seeking that feedback from how my smdents perceive my teaching experiences to be, how my peers are perceiving my interactions and my teaching, that's all become much more important to me.

Clearly, the feedback received was key to being validated, feeling effective, and evolving as a nursing clinical instructor.

Enacting Understanding of the Clinical Instructor Role.

The second major theme within *The Journey* was *Enacting Understanding of the Clinical Instructor Role.* 'Enacting understanding' reinforced the notion that novice

nursing clinical instructors came to realize and comprehend what their role entailed. This learning how to be a clinical instructor occurred in a variety of ways. First, past and present experiences (as students, Registered Nurses, and clinical instructors), provided novice nursing clinical instructors a better understanding of their journey and almost served as a map that they could follow. Second, others who had travelled this journey before or who had interacted with novice nursing clinical instructors often left a trail of phosphorescence in the water that illuminated the path. Third, novice nursing clinical instructors enacted understanding or learned through self-reflection, which assisted them in finding their way in the vast expanse of ocean before them.

*Learning **from** Past and Present Experiences — Creating a Map.*

I think I continue to learn with more experience, every semester, every group of students, eveiy mentor, every situation. (Jane)

The first subtheme within *Enacting Understanding of the Clinical Instructor Role* was *Learning from Past and Present Experiences.* Novice nursing clinical instructors learned and understood their role from both past and present experiences. They experienced: 1) learning from student experience, 2) learning from nursing experience, 3) learning from clinical instructor experience, and 4) learning from resources. Novice nursing clinical instructors initially relied on their understanding of what the clinical instructor role entailed based on observations from their experience as a nursing student. As well, they used previous nursing experience to help guide them. At the time, learning resulted from trial and error as they were thrust into the role of nursing clinical instructor. In addition, they relied on an assortment of resources, including orientation, courses, theory, and workshops, to aid them in their journey. Sailing into uncertain waters, these past and present experiences served as a starting point and provided perspective, similar to a map, which helped direct novice nursing clinical instructors along the way.

Learning from student experience.

Novice nursing clinical instructors commented that their experience as student nurses was an essential piece to understanding their new role. Michelle shared about her aspiration early on to enter academia and how she was always engaged and interested in how her nursing clinical instructors taught:

> I really enjoyed clinical as a student and when I was in clinical as a student I realized that I wanted to have that experience of instructing clinical at the same time. I knew that that would be in my future. So, when I was a student in clinical or whether I was on the unit watching clinical instructors or I was taking a course, I would always listen to learn but I would also listen to experience - what would that be like if I were the instructor in this situation and how would I do that? So I tried to do some self-discovery and self-coaching along the way.

Michelle discussed how she would watch to learn and then reflect on how she might teach differently. Although she had worked as a Registered Nurse for 23 years prior to teaching at the post-secondary level, she managed to carry those memories and reflections with her.

Many novice nursing clinical instructors voiced that it had been considerable time since they were students; however, this memory of being a student nurse often did serve as the best example to follow. Kathy explained,

> The first year was a little bit of a challenge because we were teaching I think, or thinking we were supposed to be teaching clinical in the way that we had been taught in our RN programs, which was not very different, but it was somewhat different because of the whole critical thinking aspect. It wasn't just here's the material, go do a task, I'll come check on you later. It was why are you doing that? Explain this to me and keeping one step ahead of the students and saying, but why? Tell me why.

Although she had completed her baccalaureate degree at the University of Lethbridge where she now instructs, Kathy recognized that her experience as a student came from a time where a different teaching philosophy was predominant in the program. In part, given the lack of guidance regarding teaching, Kathy was unsure of how she should teach, yet recognized that change needed to happen. She understood that she would have

to adapt her teaching and not necessarily teach they way that she had been taught. Betty echoed this insight stating,

> A lot of what I bring into my teaching is reflective of how I was taught as a nursing student and so I have modeled some of the things I do after my own personal clinical instructors. Although that's a really good way to do things, some things have been updated since then and so practices have changed and we've learned a lot more about theories of learning and theories of teaching and those kinds of things.

Overall, novice nursing clinical instructors shared that learning from student experience, primarily by observing their own nursing clinical instructors, contributed a small part to how they enacted understanding of their role.

Learning from nursing experience.

As staff nursing practice was more recent, learning from this domain also played a part in preparing novice nursing clinical instructors for their new role. Some instructors shared that they had teaching responsibilities in their previous staff nursing positions. Others had experience working as a preceptor for final practicum nursing students who were completing their last semester of a baccalaureate nursing degree. Many commented that teaching was just a part of eveiyday nursing regardless of what area or practice setting they were in. For example, Registered Nurses are often involved with educating patients, families, or communities about healthy living, disease processes, or ways to cope with or manage illness. Erin summarized, "Teaching is so inherent to nursing.'"

Novice nursing clinical instructors commented that being a nurse and having relationships with patients or clients often mirrored relationships with students and this also helped them adjust to the world of clinical instruction. Jane explained, "I am a nurse." She added,

> I actually view students very much like I view clients. Basically as a nurse, I was informed by the nursing process. Like a golf swing, I don't break it down and think about it piece by piece in each little section as I'm implementing it. I just do it. It's just the way I am. It's my way of being a nurse and so it's become the way I be in general. It's very natural for me, when I have a client to involve them in

> the entire process so they get to have a say in what they think their outcome should be.. .It's very easy to transfer that to my students. They need to have a say in what they want to learn...They're full participants in their learning just like clients are full participants in their health.

Jane shared that part of her teaching philosophy was based on her previous nursing experience, specifically her understanding of and interaction with clients. She believed that it was critical for students to be "full participants in their learning'" and in a sense be responsible in terms of how they would learn. She realized that as an instructor, she would lead the students and create objectives, but that in addition, together they would create mutual goals that would guide the practicum.

Some novice nursing clinical instructors shared that they obtained necessary skills while working in previous settings that directly transferred over and aided them as nursing clinical instructors. Betty stated,

> I had very strong organizational and time management skills...I use those skills when I am teaching my students.. .to balance my day so I can spend individual time with each of those seven students and discuss their patient care and how they're learning and applying their theory class to what they're doing in clinical.

As Betty revealed, previous nursing experience directly impacted the novice nursing clinical instructor's relationship with students. In addition to organization and time management, other skills that were mentioned as being previously learned and essential to this role transition included: coaching, leadership, supervision, boundary setting, and acting professionally in a nonjudgmental manner.

Learning from clinical instructor experience.

Unfortunately, novice nursing clinical instructors shared that most of their learning about this role did not come soon enough. Kathy commented, "In the way of getting any formal, okay this is what we need to do as instructors, these are our jobs, these are the things that we need to do - it was more of a leam as you go kind of a thing." She added, "In the first year of teaching, it was trial by fire as far as clinical went." Many

of the instructors felt completely unprepared and thrown into this role. As mentioned earlier, they based their teaching philosophy and teaching strategies on perhaps how they had been taught or what worked for them as nurses and they were not necessarily ready for this experience in academia; however, they mentioned that learning on-the-go may have been the best way to learn. Kathy explained,

> I find that for me just diving in works best. Not having a huge orientation and being handheld along the way suited me okay, but only because I had to jump in myself and that's the way I learn best.

Instructors voiced that in learning from their clinical instructor experience, they needed to take a proactive stance and make contacts, join committees, and volunteer for tasks at the institutional setting so that they felt more connected and comfortable in their role.

Learning from resources.

When time allowed, novice nursing clinical instructors accessed a variety of resources to provide guidance, reassurance and affirmation. Resources that instructors highly recommended were orientation, additional courses including Master's education, readings or theory, and workshops or conferences.

The initial resource utilized by novice nursing clinical instructors when they first arrived was orientation to academia. This orientation differed dramatically among instructors. For many, it was extremely lacking and not relevant to what they would actually be doing in the academic setting. Jill commented, "What was orientation like? A binder, I got a binder." Instructors shared that this binder mostly contained information regarding the teaching methodology of problem-based learning. Novice nursing clinical instructors commented that orientation should be more relevant and applicable. Each year, steps are being made to improve this process. Betty explained,

> We're now setting up more of an orientation for our new people that are coming along in order to facilitate this process a little bit better and so we've got a binder that we're working on that has essentially all the paperwork and tips and tricks for each site or facility that you're working at, just where basic things are like parking

> and those kinds of things and just to make things a little bit easier so nobody's re-inventing the wheel every semester just to gather all this information.

Erin supported the notion that a change to orientation would be beneficial. She suggested, "What would have been really handy is if they had actually provided a new instructor that comes here a one week orientation to teaching. I mean, it could have been a week, a year.'* Erin indicated that a course in teaching would be justified.

Second, additional courses or Master's education were resources desired by novice nursing clinical instructors. Although three of the nine participants were working on their Master's degree, all expressed interest or satisfaction in furthering their education by taking courses that would prepare them for this transition. Jill stated, "I'm taking extra classes because I really, really believe in self-directed education." Kathy shared,

> I think what helps my teaching is continuing my own education. I think that the more that I learn the better I am to expand the knowledge that my smdents have or the way that they acquire knowledge or different learning styles or adjusting to different teaching styles, that kind of thing. If I don't expand my own knowledge base or expand the ways that I do things then I can't possibly meet the needs of my smdents.

She shared that not all of her courses are within the nursing discipline but that she branches out to other areas, such as sociology for example, to get a broader knowledge base which she believes will only enhance her effectiveness as a nursing clinical instructor. As well, novice nursing clinical instructors who have taken courses in the field of education applaud their applicability and benefit to nursing clinical instruction. Jane described,

> I think it's easy to operate on gut instinct and I think there's stuff to be known. There's stuff to learn about teaching and learning...I'm finding some other things that can help enhance what I do or at least understand what I do. I think if you're purposeful in what you do, you're going to be more effective, rather than just flying by the seat of your pants and doing what you do because that's how you were taught.

Jane discussed that after taking a teaching and learning course, she was able to develop a working teaching philosophy and as a result, she could understand how to apply it and

adapt it to her group of students. This course gave her confidence and feelings of enhanced teaching effectiveness in her position.

A third resource that novice nursing clinical instructors used to understand their role was literature and theory. Michelle shared,

> I was influenced in terms of how clinical teaching is done by the writings of Patricia Bemier.. .as well the writings of Parker Palmer. Parker Palmer...he's quite inspirational in terms of how do we be when we're trying to transfer professional knowledge that is often practiced through our hands and through our bodies.. .How do we do this here in the universities by all means comes from your colleagues but how do you be while you're doing this is influenced by a philosophical approach too.

Michelle commented that clinical instruction is more than a set of actions that you can observe and learn from colleagues - it is much deeper. It is not just doing, it is being and being often requires a lot of introspection and reflection. She added,

> Reading outside of the subject area, like reading about education and areas outside of nursing.. .1 think that that is what helps me to teach differently and having the courage to try stuff and not be wedded to an outcome and not feel like I have to have validation from my colleagues before I go ahead and try.

Michelle shared that reading is how she learns best and her preference is to read before she acts. Kevin agreed that pre-loading with readings prior to his first semester teaching to understand not necessarily his role, but to understand more content was fundamental to his success. He explained,

> That first summer I read and read and read to gain as much knowledge that I could. I read drug guides. I read textbooks. I read everything I could to make sure that when I got to clinical orientation day I would know what I was talking about.

He was concerned that his lack of knowledge would make him look like a fraud so it was important to him to independently seek out as much information as possible both so that he had the resources to share with students and so that he would feel competent in his role.

Another resource that novice nursing clinical instructors frequently used and appreciated were workshops and conferences that related to teaching and learning. Many instructors at the university setting appreciated the Centre for the Advancement of Excellence in Teaching and Learning (CAETL), a university-wide resource that offers mentorship and support in regards to teaching and learning for new faculty entering academia. Although nursing clinical instructors often have very different experiences than other novice university faculty who teach primarily in classroom settings, this resource was still viewed very positively. Betty shared feeling privileged in that when she was hired, she had an opportunity to attend CAETL events. She explained,

> I became involved with a teaching and learning supportive unit within the facility in which I teach. They ran several workshops on teaching and learning and so I was able to gain some knowledge of various learning styles and various teaching strategies and they also ran a workshop where we could evaluate our own teaching style. We looked at about twenty-five or thirty different points such as: am I clear in my presentation of information? How is my rapport with the students? So that was instrumental for me in being able to break down what I was doing into smaller pieces and look at the various components rather than just, oh, I think my day went well, you know?

Betty stated that it was a priority for her to set aside time to attend CAETL workshops as it provided direction and allowed her to feel confident in her new role. Instructors discussed attending a variety of nursing education conferences and workshops but many stated finding the time to attend was the biggest challenge. Erin explained, "You could get involved with CAETL but you're doing that in conjunction with a full course load or you're just coming off a semester that was just so killer.'" As well, if the instructor did have the time to attend, the information often came later than what the instructor would have liked. At times, nursing clinical instructors had been teaching for an entire year before they had the opportunity to experience an 'aha' moment that transformed their approach. Instructors voiced a frustration with that delay in learning.

Summary.

Clearly, there is more than one experience that shaped the novice nursing clinical instructors' understanding of their role. Instructors came to understand what was expected of them from their student experience as they observed other nursing clinical instructors, from their own nursing experience, from current clinical instructor experience, and from a wide variety of resources such as orientation, courses, literature, and workshops.

Learning from Others - Following a Trail of Phosphorescence.

> *We have to listen with our eyes and we have to watch with our ears. We have to use our senses in very different ways for that sliver of moonlight, for that, I guess even the trail of phosphorescence of someone that's gone way before us or the splash of oars in the distance of somebody else who's out there trying to find their way too.* (Michelle)

The second subtheme within *Enacting Understanding of the Clinical Instructor Role* was *Learning from Others.* Novice nursing clinical instructors learned from others; primarily, they experienced: 1) learning from mentors, 2) learning from peers, and 3) learning from students. They sought out seasoned mariners to teach them how to navigate through both the calm and the storm. They held onto the hope that they were not alone on the journey but that there was someone sailing ahead of them who could shine a beacon of light to direct them through the darkness. Following a trail of phosphorescence illustrated that novice nursing clinical instructors longed for one to illuminate the path and help guide them through the uncertain waters.

Learning from mentors.

As novice nursing clinical instructors entered academia, most were assigned a formal mentor who helped guide them through the transition and supported them through initial trials. Michelle shared, "I had a faculty mentor that was assigned to me that had worked in the area and she gave me some tips and tricks and lots of materials and

ongoing mentoring and support at the beginning and throughout." Kevin discussed how having a support was encouraging and limited the feelings of aloneness.

This formal mentorship, however, appeared to be a rare experience because often the assigned mentor did not teach in the same clinical area as did the novice instructor. Jane explained,

> Apparently I had a mentor but it was not somebody from the [same] team. It was somebody who's an amazing person but I just absolutely never see and don't have any communication with. I think what would have really helped me would be to have a mentor on the [same] team. Now, I kind of found my own mentors - whether they know it or not, they've become that. I mean I'm soaking in everything I can from every one of them at every opportunity that I have. They are such a supportive team and they've got a wealth of knowledge and experience behind them. I can learn so much from them...A formal mentor though would have been very helpful because some things I found out the hard way along the way.

Jane shared that she sought out her own mentors for two reasons. For one, the formal mentor provided was not always available. In addition, the assigned mentor was teaching on a different team, in a different clinical area. Many other instructors also shared that they did not have a formal mentor so they, in a sense, muddled their way through, seeking advice and guidance from anyone who would offer it. Fay shared feeling a sense of guilt going to talk with her mentor because she knew how busy her mentor was and therefore did not want to seem like a pest or bother. Betty echoed this frustration of not having formal mentorship:

> I felt that I had kind of an informal mentor but it would have been nice to have that role more clearly defined and that relationship more clearly defined so I felt that I had a go-to person. My go-to person was actually somebody that was learning along with me and the person that I would talk to now and again about things wasn't teaching in that capacity anymore and so there was a little bit of a disconnect there.

Learning from peers.

As Betty admitted, it was a challenge not having a formal mentor; however, when sought out, there was support from colleagues and peers. Betty added,

> I did have an office mate that I was able to share quite a bit with and that was helpful.. .and so this person, although not maybe so much a mentor with other experience in teaching, was a huge support for me that year and we were able to brainstorm, problem solve, work together with various things and even just vent about our day and some of the struggles that we've had.. .That was a huge support to me in making that transition.

Even if instructors were not seeking advice, they wanted a shoulder to lean on or a lending ear so that they could vent about their struggles. Most instructors shared that their colleagues in academia were wonderful supports and were very welcoming. Kathy summarized, "It was really a good environment here in that there were a lot of the senior staff that kind of took us under their wings.'* Some novice nursing clinical instructors approached their peers to ask questions. Jane stated,

> Essentially I'm basing the way I do this on advice I've gotten from my colleagues, because I am new at this, right? And so I really paid attention, asked a lot of questions early on and I continue to. How do you do it? What do you do?

Jill shared that she also had many questions of her own. She asked her peers, "How many shifts should I do to orientate? What do I do with the students when I get there?...What are the expectations? What are the expectations of the school?" Again, although faculty members were supportive, often novice nursing clinical instructors had to seek them out. Kathy explained, "Not everybody offers. They're willing to do it but then not everybody either thinks to offer or has time to offer but are more than willing to be approached and sit down." Clearly, it required initiative on the part of the novice nursing clinical instructor to learn from peers.

Often, novice nursing clinical instructors discussed the benefit of peer observation in the clinical setting. Peer observation involved nursing clinical instructors inviting a colleague to come for a couple of hours during their day to observe their teaching strategies, teaching style, and interactions with smdents, and then provide either verbal and/or written feedback. Betty strongly supported this practice stating,

> I would recommend having a mentor come and observe your teaching and you observe another instructor in your area if you can just to get some sense of the area in which you're teaching to gain any tips or tricks about the structure of the day and organizing your time, that sort of thing but also having somebody come observe you with your students and observe your interactions, they can provide you with very valuable feedback on how you perform as an instructor.

Instructors shared how this allowed them to adapt their practice and become more effective in their teaching. Jane commented, "What has worked for me as a learner, what has not been so effective, learning from others, observing others, modeling others." Peer observation allowed novice nursing clinical instructors to learn from a colleague without feeling as if they were receiving a performance evaluation or being judged. Michelle also added that modeling others was essential to learning about this role:

> How did I learn clinical teaching.. .watching other clinical educators, searching out people that were admired and respected in this community but also provincially and nationally and spending time with them to see what is it that they do that is so magical in clinical that makes their clinical teaching really exciting.

Learning from students.

Novice nursing clinical instructors also learned from their students, whether it was about how to improve clinical teaching or merely about content. Erin described the learning as mutual: "I'm a co-learner with the students. I learn about as much from them as they do from me and I think I make it really clear to them that we're in this process together." In terms of learning content, Kevin explained,

> I have not seen everything out there. Eve not been through everything. I haven't had that many experiences with whatever it may be but we're going to learn this together. I'll be the guide, but we're going to learn this together.

Many novice nursing clinical instructors described their experience as co-learning with students, and that this desire to keep learning fueled their passion for teaching and remaining in this role. Barb shared, "That's why I guess I like teaching because I like what I learn and I like what they learn. I like teaching. Students teach me so students are inspiring."

Summary.

Learning about the clinical teaching role was assisted primarily by mentors, although this was often inconsistent. As a result, novice nursing clinical instructors turned to peers and to students both for validation and guidance in their new role.

Learning through Self-reflection — Finding the Way.

There's so many things that I reflect on and go, would have, could have, should have, eveiy single day. (Michelle)

The third subtheme within *Enacting Understanding of the Clinical Instructor Role* was *Learning through Self-reflection.* Self-reflection involves introspection and contemplation. Novice nursing clinical instructors learned through this process and shared that they were engaged in: 1) valuing self-reflection, and 2) performing self-reflection. They were constantly evaluating themselves and reflecting on their teaching and learning. As they sailed in the storm, they looked back on where they came from which helped them set the course for the journey ahead.

Valuing self reflection.

Many novice nursing clinical instructors commented that reflection was core to their practice. They shared that the practice of self-reflection greatly aided their learning and transition process as they entered the world of academia. Jane stated,

> I'm a very reflective person so I do a lot of thinking about what I do and why I do it and what the impact of it was. That's just something I always have done. A lot of my greatest epiphanies and (laugh) my greatest learning has come through self-reflection.

Jane suggested her "greatest learning" has come by being a reflective practitioner and not necessarily by being handheld and assisted through this transition. Betty commented that because she was new, there was a lot of advice and tips being thrown at her and circulating. It was essential for her to reflect on what pieces of information she could use

as well as what would work best for her, as every nursing clinical instructor uses different teaching strategies or techniques. Betty stated,

> During my first semester, there were a lot of outside influences especially when I was new here within the faculty because everybody wants to tell you the best way to do something. Not everybody's approach is going to fit with your individual style of teaching and so, I sometimes felt pulled in many directions where someone would say, well, this is the best way to do something, this is the best way to do something and then you'd hear sometimes opposite advice from somebody else and it was difficult to determine what advice I should take in terms of my own practice and which I should leave alone. I would try various things to see if it fit with my own views of teaching and learning and my own approach to working with students.

Novice nursing clinical instructors reflected that it was through trial and error and thinking about which teaching strategies matched their style, personality, and teaching philosophy, which allowed them to flourish in their role. Jane agreed, "I am a very reflective person by nature so I'm constantly thinking about how I might adapt or utilize some information or piece of knowledge that I've received from somebody else." She continued, "I'm involved in self-evaluation and reflection all the time and so then I adapt my teaching and my style and I think that I've found some strategies that work to help with the students' learning."

Performing self-reflection.

Novice nursing clinical instructors shared that they performed self-reflection in many ways. Some used journaling or self-questioning to evaluate if they felt they were effective in the clinical setting. Others reflected on student success and measured their effectiveness by student performance. Betty explained that it was essential for her to be self-aware and understand how her beliefs, thoughts, or experiences had an impact on her teaching. At first she despised journaling because she didn't see the purpose in it, but later learned that it was a helpful method in evaluating her practice. She added that repeatedly throughout her day, she reflected on her experiences and the way in which she interacted with students. She voiced,

> I found one of the most beneficial things for me as a novice clinical instructor was at the end of each day and periodically throughout the week, looking at what am I doing with my smdents. Am I meeting their needs and if not, how can I better meet their needs? And am I reading between the lines enough when they're talking to me?...I would reflect on my own practice and tiy and decide had I met that need for them? Am I really paying attention to the hidden meaning or am I answering just their face value question?

Instructors mentioned that it was important to make time for reflection and shared that sometimes the best opportunities for reflection were on the commute to and from the clinical setting. Others shared that at times they were reflecting too much and perhaps almost obsessing over their clinical teaching. Erin commented,

> I'm an extremely self-reflective person and actually almost to the point where it's unhealthy in that I'm sitting there losing sleep over stuff trying to work things out about how I could do things differently or what happened to create something or a problem or a situation or you know. Unfortunately I probably focus on the things that didn't go well when it comes to that and I probably should be looking at also spending more time on the things that went well, but I think that's human nature.

Erin highlighted that at times it was easier to dwell on the negative instead of what was going well. For the most part, novice nursing clinical instructors had high expectations of themselves and desired only the best when it came to their performance as educators.

Summary.

Novice nursing clinical instructors shared that they were very reflective both as nurses and as nursing clinical instructors. They first learned from experiences and from others, but then by taking that information and/or advice and going through a process of self-reflection to see what worked for them personally as an instructor. Being reflective allowed them to understand their role and responsibilities in more depth and to evolve into more confident and effective nursing clinical instructors.

Evolving as a Clinical Instructor.

The third major theme within *The Journey* was *Evolving as a Clinical Instructor.* The word evolving was significant in illustrating the progression and pronounced change that novice nursing clinical instructors experienced as they grew accustomed to their new

role. Novice nursing clinical instructors consolidated their understanding of what it meant to be a clinical instructor. First, they experienced clarity of the clinical instructor role and became true mariners. Second, they adapted as nursing clinical instructors and confidently set their compass for the journey. Finally, as they evolved in their role and began to thrive, they advanced as nursing clinical instructors and navigated with purpose.

Developing Clarity of the Clinical Instructor Role - Becoming a Mariner.

There's this trust that the journey is going to lead me where I need to go and that is lead me and help me guide the students where they need to go. (Michelle)

The first subtheme within *Evolving as a Clinical Instructor* was *Developing Clarity of the Clinical Instructor Role.* Novice nursing clinical instructors came to terms with who they were as clinical instructors, that is, they gained insight into what their role truly entailed. They defined their role most commonly as that of a: 1) guide, **2)** facilitator, 3) coach, and 4) role model. Clearly, this role was broad and beyond that of simply an instructor or educator. Developing clarity of this role provided the mariner with an understanding of what was to be accomplished along this journey. The goal or purpose of the journey was now clear.

Guide.

Six of the nine novice nursing clinical instructors defined their role to be that of a guide; someone who travels the journey with another and who may have more insight into the challenges of the journey. In essence, a guide helps to lead and to direct. Jane shared that she was a guide and, in working with students, she "can point them in the right direction if need be." Kathy agreed that the students "rely on us for our information and for our experience and those are things that we share along the way.*' It was the resources, content, and insight that nursing clinical instructors have gained through their nursing experience that allowed them to be effective guides. Kevin recognized that

although he had limited nursing experience, he still was a guide to students. He observed, "You are providing guidance.. .you need to have the skills to lead each person down the path that they need to go to and discover the appropriate things that they need to learn and to gain those experiences."

Facilitator.

Again, six of the nine novice nursing clinical instructors described their role as being a facilitator, as in one who can coordinate, plan, or assist. Jane shared,

> Sometimes I need to give [students] information, and I do but I see a lot of value in connecting the dots more, in here's the key documents. You might want to take a look at that and reflect for me, how this is applying to you at this point in this project - so that they are very active participants. My role then is to see where the holes are as well as the strengths so that I can steer them toward the direction that they can discover the pieces that are going to be helpful for them.

She added that as a nursing clinical instructor, considerable thought went into facilitating learning, versus handing over information in a didactic manner, as her responsibility was to prepare students to be professionals.

Kathy shared that it was easy for her to be very involved and almost lecture or tell students exactly what to do, especially when it came to hands-on skills. She commented,

> I'm still very much learning how to not give them information but let them discover information while I facilitate that and that is still a hindrance for me. I'm still learning how not to just do it or tell them how to do it but to give them the opportunity to discover it as I help them and guide them.

Michelle agreed that being a facilitator enabled nursing clinical instructors to "prod" the students or to "help them unpack" some of the disjointed information so that they could understand it and make connections. Erin summarized, "A clinical instructor is a facilitator and a coach, helps motivates students to learn their very best."

Coach.

A third way that novice nursing clinical instructors described their role was that they were a coach. A coach is often thought of as one who instructs, trains, or encourages

another to be successful. Jill shared that her role was to help coach and encourage students. She explained,

> I think you're a coach. They own it and you coach them to success. I believe that and that's their choice what kind of nurse they want to be, not my choice. I'm not going to own that, right? I'll give them everything they need but they have to decide.

She felt that her responsibility was to provide the resources and support that would lead students to success but that ultimately, students needed to be responsible for their own learning and performance. Fay discussed that being a coach was a difficult role. She shared,

> I think a clinical instructor is an educator, helping student nurses to learn the technical skills of whatever area they're nursing in but I also think, probably even one of the more important roles, and maybe it's the role that some people resist wanting to take on, and that is that you're a mentor and a coach to young nurses and that can be something that people find intimidating or challenging because you feel that you really need to exemplify what the ideal nurse would be.

Clearly, there was pressure to be the "ideal nurse" or role model.

Role model.

Five of the nine novice nursing clinical instructors described their experience as that of a role model. A role model is often someone that students would like to mirror or emulate. Fay commented, "For me, it was important to be a good role model, like everything I was expecting of them, to be that myself." Nursing clinical instructors voiced that it was important to maintain the code of ethics and standards of practice, to model professionalism, and to enact respect. At times, being a role model even meant that instructors had to be concerned with their appearance and adhere to the dress code if they wanted students to comply as well. Jill shared, "I role model what I believe. You know, like if the students can't wear open-toed shoes, neither will I even though I had to go out and buy like four pairs." She added, "I think that we need to take what we preach

and apply it to our own life." Fay stated that this was a challenge with some instructors. She shared,

> Lots of nurses just don't want to. You know, they don't want to preceptor students. They just want to do their own thing and they don't want to feel like they have to be self-monitoring. I think for them, they might feel phony or, you know, they want to just be themselves and they don't want the pressure of having to be the role model. I think that the role model part is big.

Unique roles.

Some of the more interesting descriptions of the nursing clinical instructor role were that of a cheerleader, monitor, as well as others. Often when faced with challenging situations, instructors stated that they had to do a lot of cheerleading to motivate the students. Betty shared,

> When you have a student who wants to learn and is receptive, that just makes your job so much easier. When you have a student who maybe doesn't want to be there or isn't interested in that particular area, that's more of a challenge because you have to come up with a way to hook them and draw them in and try and get them somewhat excited or to see the point of the learning to make it meaningful for them.

Often, the instructors* aspirations were not only to develop student competency, but to make clinical practice fun, a solid learning experience, and meaningful. Fay stated it was like being "a cheerleader for a football team that didn't care if they won." Jane agreed, "I spent a whole bunch of energy cheerleading, trying to convince them that the work they're doing is valuable." The instructors shared that they in a sense had to create enthusiasm and be really on fire for the learning in order for the students to fully engage. Fay commented, "It's keeping them challenged and not bored, you know. Probably like being a kindergarten teacher."

Some instructors shared that being a monitor was essential to their role. A monitor is one who oversees and supervises. They consistently felt that they needed to be present, or at least they desired to be present and aware of what the students were doing at all times. Fay explained,

> You watch them. I mean, you don't hang out and visit with the staff, you watch them and even when they don't think you're watching them, you watch them (laugh). It's always good if you can find a little something so that you can talk to them about it so they know. Oh actually, even when we didn't know she was checking, she's checking because it's just important for them to stay conscientious about that stuff.

Fay shared that it was an essential part of her role to develop the student's competency in the particular clinical area in which she was teaching. She added that this enormous responsibility always remained with her - she could not forget it. As a result, part of her role as a nursing clinical instructor was to be a monitor to ensure students were practicing in a safe manner. Kathy summarized, "My time is spent largely observational, making sure they're okay - planning, checking, chasing."

In addition, novice nursing clinical instructors perceived their role to be that of an advocate, cipher, educator, leader, mediator, mentor, project manager, and of course, teacher. Michelle even described her role as that of a parent. She explained,

> I was talking to one of my colleagues and I said, sometimes I feel a little bit like a parent because some life lessons are coming up. Clinical exposes some of those things and you have to process them through the context of clinical.

Michelle added that the clinical setting exposed students to ethical issues and that often students needed to assess their values.

Summary.

Michelle stated, "I believe that there's the teacher, the instructor, or the guide, or the facilitator, that transitions through all of those roles.'" Clearly, becoming a nursing clinical instructor was not merely instructing but required the novice to wear a variety of hats, often at the same time, so that students were receiving the best possible learning experience within the clinical setting.

Adapting as a Clinical Instructor — Setting the Compass.

*What **I**'ve tried to do is come up with a way of teaching that's comfortable for me, that fits with my approach and my values in teaching and learning.* (Betty)

The second subtheme within *Evolving as a Clinical Instructor* was *Adapting as a Clinical Instructor.* Novice nursing clinical instructors were in the process of evolving in their teaching and adapting to their roles. They were: 1) finding balance and coping, 2) figuring things out, and 3) refining teaching. They adjusted to this new environment and sought balance. They were in the process of understanding what the role of nursing clinical instructor entailed. They also improved their teaching as each semester progressed. After having clarity of their role, here the compass was set. They adapted to the changing environment by adjusting the sails and altering the route to follow the direction that would lead them where they needed to go.

Finding balance and coping.

Finding balance was a key piece to adapting as a novice nursing clinical instructor. Jill commented, "I think that a work-life balance is really, really important because at the end of the day, if you don't have it, number one I think you're a worse teacher.*" In order to find this balance, Betty shared,

> I feel like I've achieved much more balance in my life over the last little while. The first semester was very, very busy. The second semester was not so bad and third and fourth semesters were even less busy because I was able to develop time management skills and although I had developed those quite well when I was working in a hospital setting, when you transition to an instructor role, it's not just your time with the students. You've got your marking and your preparation and your extra research when you're looking up things in order to better prepare your students and all these other things that play into that, that you have to find time to do on top of just your teaching time with your students. It took me awhile to balance that but it does happen and there is hope that it will happen (laugh).

Erin stated, *At 50 I've had to learn to not bum out. In learning not to bum out, you need to kind of take those steps to self preserve.'" All of the challenges previously described led to stress and struggle as novice nursing clinical instructors felt adrift at sea. Kevin explained, "I need those things to balance the stressfulness of things. I need those other things to offset it, to counter balance or else it becomes too one-sided.'" The other things

that he referred to were time for friends, family, and hobbies. Barb shared other ways of coping:

> I speak on the phone to my support peers.. .1 have a huge wellness plan...I'm really into what I eat...I am very into communication. I have a physical activity plan and I have a spiritual practice and I'm working on my Master's too so mentally I've got that end pretty covered.

Instructors shared that nursing clinical instruction did notjust exhaust the novice physically, but mentally, emotionally, and at times, spiritually as well. Barb was aware that she needed to recharge in all of these areas so that she could not only cope but thrive as a nursing clinical instructor. Erin had additional coping strategies of her own:

> So personally, at the end of the semester, I might try and plan to get away for a day. I set Erin days in my calendar to say you know what? The first week after, or the first weekend after I finish my semester, I'm taking off and I don't really care who's got a meeting that they want to set up that day. I'm taking the day off. It might just be literally vegging and watching Star Trek all day or something or it could be going and getting a massage or whatever, but I need to take that day. So I have to set that time aside and I find what happens here is that you have to say no to stuff because usually if you say yes to eveiything, you'll just go insane. I've had to really slow that down so I'm ready for the Fall.

Other coping strategies that instructors mentioned were sleep, exercise, such as yoga, walking, or bike riding, television, music, hot baths, and coffee. Betty summarized, "Maintaining life balance, you need that time out with friends and family and whatever those activities are that you enjoy so you can come back refreshed and ready to take it on again because it is a challenging role."

Figuring things out.

Novice nursing clinical instructors shared that they were in the process of figuring things out with both time and experience. Kathy described,

> Learning how to clinically teach, I think it took into my second year of teaching before I actually went, okay, yeah, that first year was a write-off because I was largely doing what I'd been taught and how I'd been taught and then as I got more into the culUire of the university and realized what we were doing because of the NEPAB and the lovely matrix, then it was like, oh, okay, I got to change this because it's not working. This isn't what we're supposed to be doing.

Kathy began to recognize that the curriculum was based on approval by the Nursing Education Program Approval Board (NEPAB), a provincial board that approves nursing programs in Alberta and allowed NESA to graduate baccalaureate level nurses. As well, the leveling matrix defined the objectives and expectations of student nurses in each year of the program. Based on Kathy's knowledge of both NEPAB and the matrix, she was able to understand primarily what should be taught, and second, what should be expected from students. Once this information was understood, Kathy felt that her clinical teaching needed to be adapted.

Fay shared that Registered Nurses might come in with an agenda or idea on what to teach or how best to teach. She commented, "Maybe your way isn't the best way or the only way...1 think it's a nurse-y thing to think that, it has to go this way and this is how it has to be." She added,

> Fifteen years of gathering information and the hardest part is learning to deliver it to someone else. That's the teaching part I think. The having it all up here and not being able to share it and teach it, that's the hard part and I think that's why I'm glad that I'm coming on a second year because the first year was spent figuring out things and knowing things I wouldn't probably do again and handle things differently and having an opportunity to do that hoping that and there will be something new, for sure, that will come up.

Novice nursing clinical instructors shared that they borrowed information or advice from peers, readings, and workshops and adapted it to fit with their teaching. Betty explained, "I still had to take that information and make it my own somehow and make it fit what I saw myself doing with my students and in my clinical setting." Erin agreed that initially she sought wisdom and information from literature and from others to help guide her but ultimately she developed something that would be relevant and work well for her.

Refining teaching.

Novice nursing clinical instructors adjusted or refined their teaching on a continual basis as new learning occurred and, typically, before each semester. Kathy stated,

> I try to make, not major adjustments, but adjustments to the way I do things so that [the students'] learning needs are met. Might be totally different the next semester but if I don't do that then I don't feel like I've done my bit in evolving my practice to suit their needs.

How she did this, she added,

> As I've continued with my own education, I have discovered that I have different ways of learning myself and different ways of teaching things and I'm becoming more comfortable with trying different ways to get students to a point where they have the knowledge they're required without me taking the direct A plus B equals C route. You know, it's kind of like A all the way over to G and then over to P and then up to Z and okay back to J. I'm getting more comfortable with not doing that but it's still something that I struggle with because even in my past jobs where some of my stuff was training people or doing inservices, it was very didactic. It was very one-way and so I'm still trying to adapt to the fact that students are going to get there. It's not my job to put them there - to help them get there, yes, but not to pick them up and put them in place.

She commented that adjustments were made after she had sought feedback from students or peers. When her peers were trying something new or interesting, she liked to be informed so that she too could implement it with her own clinical group. She added,

> Every semester there's something different in the way I teach whether it's an approach I use, whether it's an activity I use to get these students stimulated to think, even whether it's the way that I interact with them in the clinical environment and some of the tools that I use to keep track of what they're learning and how I evaluate them. Every semester something's a little bit different and sometimes I go back after a semester and go whoa, that really didn't work, you know, but it has to. I think that when I stop changing (laugh) is when I start getting dissatisfied because I probably won't feel as effective.

Kathy further described, "But how I do things whether that was effective, whether it wasn't, those are the kinds of things that I find somewhat dictate how I do things the next time.'"

Michelle also discussed how she was refining or adapting her clinical teaching by looking at teaching and learning from the perspective of other disciplines. She shared,

> What are they doing in the clinical environment if you're in education? What are you doing in fine arts? I mean, you're teaching people about music and how they transmit knowledge from music or how to play musical instruments. It's very much like a clinical experience. So, that's been a real inspiration.

Summary.

Novice nursing clinical instructors eventually sought balance and learned to cope in their new roles. They began to figure things out, and later refined their teaching so that they became more effective educators in the clinical setting. In summary, Jill shared, "Mostly, what's helping me evolve is education and experience, which has helped me evolve as a nurse throughout my whole career."

Advancing as a Clinical Instructor - Navigating with Purpose.

> *It is a journey and I don't think that we could even put a timeline on how long that journey is. I think it's going to be different for eveiybody. In fact I think I'm still on my journey, you know? I'm still learning and I feel that I will continue to learn improved and better ways of teaching over the years.* (Betty)

The third subtheme within *Evolving as a Clinical Instructor* was *Advancing as a Clinical Instructor.* This involved: 1) becoming self-assured, 2) enjoying the adventure, and 3) realizing the never-ending journey. As novice nursing clinical instructors began to experience confidence and become self-assured with time and experience, they began to thrive in their new role. As they corrected their compass bearing, they began to enjoy their adventure. They experienced anticipation for what lay ahead and navigated with purpose, knowing that this journey was one that would last for years to come.

Becoming self-assured.

Ultimately, novice nursing clinical instructors shared feeling more confident and self-assured in their role. Kevin explained, "It was after those two semesters and working with the smdents and getting through some of those challenges, I felt like I belonged. I

really did. It was like, wow, this is interesting because I can do this." This self-assuredness came with both time and experience. Kevin, who initially felt like a "fraud", now felt like he "belonged". Betty shared how her focus seemed to shift throughout her first semester and first year from being quite self-focused to becoming more student-focused and concerned with her students' learning needs versus her own. She added that as she experimented with different teaching strategies, she felt a greater sense of teaching effectiveness as an instructor. She likened this to "developing a toolbelt of skills". She stated, "It took me probably until my second semester at the end of my first year to really feel comfortable and confident in that I was doing that and meeting their needs. It took some time." She continued,

> I've absolutely loved it and I think that, not only have I developed as a nursing instructor but I think it has changed the way I look at myself because I'm a reflective person. I feel much more comfortable with myself as a person and much more confident and self-assured and I don't know if that's just because of the role and the job I fill or if it's because of the people that I work with or what, but it's just been an amazing experience.

In terms of how novice nursing clinical instructors gained the self-assuredness and confidence, Kathy explained that it was from a variety of means: "Learning from peers, learning from students, evolving, figuring things out, making things improve, making sure that they don't stagnate - as you do that and you get favourable results, that's how you build up your self-confidence."

Enjoying the adventure.

As novice nursing clinical instructors gained confidence in their competence, they felt gratification from and passionate about their role. This led to feelings of fulfillment and joy. Kathy shared,

> I don't think I realized when I started that an aspiration of mine would be to do this long term. I thought, let's go try it out and see how it goes and once I got here and realized how much I love it, now my aspiration is not to let them let me go (laugh). I keep telling the boss I'm here for 20 years so don't worry about me. I think my aspirations now are just to keep expanding not only what I'm teaching

> but how I'm teaching and increasing my own education...The further my education goes, the more I'm able to teach different things in new ways, learn more for myself, that kind of thing.

Many novice nursing clinical instructors like Kathy were a bit hesitant about entering this new role but found that it was the perfect fit for them. Kathy added,

> The more I get into it, the more excited I am about it and the more I want to get deeper into it. There's always something new.. .It's an adventure because every semester I have different students and they're all different and I may be in a different clinical site and there's different clients there and so it's always an adventure. You never know what you're really going to get. Even though you're opening the same can of soup it tastes different tomorrow. It's been an adventure. I think it will be for a long time to come hopefully (laugh).

Others voiced great satisfaction as they witnessed smdents actively learning and gaining competency in the clinical area. Novice nursing clinical instructors found this especially rewarding and inspiring. Jane explained,

> Well I think this is the best job I've ever had. I absolutely love it. I love working with the smdents and it's extremely gratifying. It is hard work. I think some people think it's probably really easy but there's a lot of thought and thinking and processing and reflection that goes into every interaction that you have with these smdents. A natural tendency actually is to just say, okay here it all is. Here is what you need to know but you're trying to facilitate their learning and it acmally takes a lot of thought to do that. It's tiring. You are tired by the end of the semester but it's extremely gratifying.

She seemed to say that nothing worth doing comes easy. Jane recognized the challenge that this role was; however, the satisfaction that came at the end of each semester made all of the trials and tribulations only a memory. Betty shared that this role provided her with more job satisfaction than she ever received in previous positions, working as a Registered Nurse. She stated that she viewed her role as an important one that will be remembered. She reflected,

> It's been an amazing journey and I've really enjoyed it and I've learned so much along the way, not only, like I said, about becoming an instructor, but about myself as well and what my own capacity can be. It's been a phenomenal journey.

Kevin also reflected on this journey and how much he enjoyed it:

> It's been such an excellent experience. I love challenging myself with these things. I love learning the things that I don't know and being able to stand in front of the students on clinical orientation day and actually be able to talk to the things that need to be spoken to and actually be able to do it justice. It's enlightening. It's enlightening in that I'm sometimes surprised that I can meet those challenges and that I've actually done those challenges and that I'm here. Maybe surprising is a better word for it. Sometimes I'm just surprised that I'm here. It's been an interesting and a winding journey for me...it's been very interesting. This journey is going to be filled with many, many more challenges and enlightenments for sure.

Realizing the never-ending journey.

Novice nursing clinical instructors used a variety of metaphors and analogies that demonstrated their experience and growth. Kevin likened this experience of novice nursing clinical instruction to climbing a mountain. He reflected,

> It's been something like a mountainside or a mountain path. You know, where I'm here, I'm at the base of the mountain and I've got a lot of knowledge and experiences to scale yet. It's a challenge but when you get to the top, what a reward... At the top, would just be years and years of wonderful experience that you can look back on and say that you've trained a lot of good nurses.

Climbing a mountain is difficult work. At times it looks overwhelming and insurmountable but with one little step after another, by staying on course, one will see incredible progress and reach new heights.

Betty compared her experience of being a novice nursing clinical instructor to a tree growing. She shared,

> I view it almost like a plant or maybe even a tree. We start out small, thin, and somewhat flimsy and able to be manipulated by outside influences. As we grow, as we learn more about the role, as we learn more about ourselves and our teaching strategies, as we have that support from our peers and co-workers, I think we grow stronger, we grow bigger, we grow more able to provide the things that the students are needing. If we looked at a tree needing water and sunlight and those kinds of things, I think a novice clinical instructor also needs care and attention and those kinds of things to grow and develop. Once we have become stronger in our role we are less likely to be manipulated by environmental influences or things like that. We've got a better idea of who we are and we're able to provide more for the students such as a tree could provide shelter or support or shade for the things around them.

Kathy agreed with the metaphor of a tree as it symbolized unending growth. At first, she likened the experience to a caterpillar transforming into a butterfly but changed her mind because she strongly believed that there was no final destination to the learning or to the journey of nursing clinical instruction. She stated,

> There always is a beginning but I don't think that necessarily there's a first product, a period of transition and an end product as it would be in that scenario. When I think of a tree that's planted, when you first start, you sprout, you grow some leaves, you spread some branches and you kind of throw your feelers out there and see where do I fit? What's going on out there? And I think that connection with all the branches and where they're leading, all the, let's say, from a tree's point of view, you know, the sunlight and the nutrients and all the stuff that you're getting from each of those parts that you're branching out into are what actually feeds the trunk and that's where the experience lies. With each year that a tree grows it gets another ring, but if you cut a tree down after ten, fifteen years, you'll see in the tree rings, all of the things that have helped - like where did that scar come from? And all those things make up the tree. So, for me, until somebody actually chops down that tree, there is no stopping the growth. It keeps going and the tree can expand hundreds to two hundreds of years. I mean it's a constantly growing thing so I don't think that there's an end product necessarily.

Kathy shared that this advancement is ongoing and that clinical instruction involves life-long learning. She stated, "I don't think I'll ever stop learning." Jane agreed, "I mean definitely as a novice instmctor (laugh) I'm continually learning myself and I have had two semesters to look back on and I think that I've seen that I have grown from one semester to the next." Jill concurred and shared that if she were to draw what her experience looked like:

> I would draw it in this really straight line that goes up like this. Chush! Right? Because it's been a huge learning curve and it will continue to be. I mean, I've only been at it a year. I mean in ten years I'm probably still going be on a little bit of a curve. I hope I am. I hope I'm always learning because that is my goal.

Summary.

Novice nursing clinical instructors with time and experience, gained confidence and felt more self-assured. They felt inspired in their roles and experienced reward. They recognized the never-ending trajectory of learning on which they had embarked and

felt puipose and contentment as they advanced along on the journey. Kathy reflected, "My aspirations are just to keep going because this is where I want to be."

Conclusion

The lived experience of novice nursing clinical instructors is a journey through uncertain waters. Novice nursing clinical instructors endeavored amid strife, enacted understanding of the clinical instructor role, and evolved as nursing clinical instructors. As displayed in the thematic diagram, there is a fluidity and interconnection between these three themes.

Three subthemes make up *Endeavoring Amid Strife.* Novice nursing clinical instructors struggled with self-doubt and uncertainty as they entered this new role. They felt the trepidation of the journey. Next, they ventured in adversity or felt as though they were drifting at sea as they experienced struggles and tribulation. Following this, they sought validation or looked for direction and guidance as they desired to continue on in this venmre.

Enacting Understanding of the Clinical Instructor Role was obtained first by learning from past and present experiences, whether that be experiences as a student, Registered Nurse, clinical instructor, or otherwise. In this way, novice nursing clinical instructors created a map to help guide them. Second, instructors learned from others such as mentors, peers, and smdents, enabling them to follow a trail of phosphorescence. In addition, instructors learned through self-reflection and found their own way on this journey.

In the process of *Evolving as a Clinical Instructor,* novice nursing clinical instructors initially developed clarity of the clinical instructor role. It was at this time, they became true mariners. Next, instructors adapted and set their compass. Finally, they

advanced and began navigating with purpose in the wide ocean before them. The following chapter will involve further discussion of the findings.

Chapter 5: Discussion

In this chapter I include a discussion of the findings about the lived experience of novice nursing clinical instructors. The chapter begins with a summary of the research findings detailing how I answered the research questions with linkages to current scholarly literature. Next, based on the findings, implications for nursing education are addressed. In addition, limitations of this study and recommendations for further research are discussed.

Summary

The main research question that guided this study asked: What is the lived experience of novice nursing clinical instructors? The findings demonstrated that the lived experience of novice nursing clinical instruction was a journey. This journey was described by a novice nursing clinical instructor as sailing in the ocean and "steering through uncertain waters". *The Journey* comprised: **1)** *Endeavoring Amid Strife, 2) Enacting Understanding of the Clinical Instructor Role,* and 3) *Evolving as a Clinical Instructor.*

The first research sub-question regarding how novice nursing clinical instructors experience their new role was addressed in the three major themes surrounding the central concept of *The Journey.* The second research sub-question regarding the meanings that novice nursing clinical instructors ascribe to their experiences was interwoven throughout the findings, as novice nursing clinical instructors frequently used metaphors or analogies in both defining their role and describing the entire lived experience. Finally, the third research sub-question regarding how novice nursing clinical instructors learn about the clinical teaching role was answered in the second major theme, *Enacting Understanding of the Clinical Instructor Role.*

Theme 1: *Endeavoring Amid Strife*

This first theme, *Endeavoring Amid Strife,* occurred in the initial part of *The Journey.* Novice nursing clinical instructors desired this role transition although it was marked with challenges. They endeavored and aspired to enter the world of nursing clinical instruction but were often unaware of the many obstacles and struggles within this role transition. *Endeavoring Amid Strife* comprised three subthemes: 1) *Struggling with Self-doubt and Uncertainty — Feeling the Trepidation,* 2) *Venturing in Adversity - Drifting at Sea,* and 3) *Seeking Validation - Looking for Direction.*

Struggling with Self-doubt and Uncertainty - Feeling the Trepidation.

The first subtheme within *Endeavoring Amid Strife* addressed novice nursing clinical instructors' struggle with self-doubt and uncertainty. They felt trepidation for the journey as they experienced both feelings of inadequacy and feelings of insecurity in this new role.

Novice nursing clinical instructors frequently described feeling inadequate, unsure, overwhelmed, challenged, or intimidated as they transitioned from clinical practice to clinical instruction. Many felt as though they did not have either the knowledge base or the qualifications to teach despite often having greater than 10 years of previous nursing experience. They feared that this lack of competency likened them to being a fraud. They worried about their preparation, entering the unknown, and whether or not this was the right fit for them. Overall, novice nursing clinical instructors feared not belonging. This feeling of not belonging is echoed in current literature (Ferguson, 1996). Anderson's (2008) study of the transition from nursing expert to novice nurse educator also documented that novices "felt overwhelmed and struggled with feeling inadequate, overwhelmed, and emotionally and physically drained" (p. 81).

Continuing with feeling inadequate, novice nursing clinical instructors commented on feeling insecure and nervous in their new role. They lacked confidence, experienced self-doubt, and found the role transition to be stressful. In addition, because they were new, they felt that it was important to be liked or to be popular; however, comparing themselves to others only furthered their uncertainty. Dempsey's (2007) study regarding the transition from clinician to educator illustrated how fear and anxiety were commonplace within the role transition because of low self-confidence. Congruent with the findings of this study, Siler and Kleiner's (2001) study added that novice nursing faculty felt unprepared and overwhelmed in their new role and consequently expressed performance concerns.

Venturing in Adversity - Drifting at Sea.

The second subtheme within *Endeavoring Amid Strife* highlighted novice nursing clinical instructors* venturing in adversity. There were many challenges and obstacles that novice nursing clinical instructors faced that caused them to feel adrift at sea. Some of these challenges included lacking preparation and guidance for the teaching role, feeling alone, struggling with relationships, and experiencing busyness. Other researchers have established the stress inherent in entering academia (Morin & Ashton, 2004; Schriner, 2006).

Novice nursing clinical instructors felt a lack of guidance in regards to teaching and did not fully understand their role. They felt as though learning how to teach in the clinical setting was in a sense self-taught and this caused stress for them. They longed for a clear answer as to what their role entailed. Current literature echoes either this desire for or importance of support as nurses transition into academia (Boyden, 2000; Forrest et al., 1996; Nelson & McSherry, 2002; Riner & Billings, 1999; Wong & Wong, 1987).

Novice nursing clinical instructors stated that they often experienced feelings of aloneness or isolation, a lack of support, or vulnerability. This finding was congruent with other studies where clinical teachers and novice nursing faculty expressed feelings of alienation, exclusion, and isolation (MacNeil, 1997; McArthur-Rouse, 2008; Paterson, 1997; Siler & Kleiner, 2001).

Instructors explained that at times they struggled with relationships between agencies, staff, or students. They had a responsibility to cultivate positive agency relationships and fit in with the staff in order to provide an optimal learning environment for students. Trying to fit in was also documented in Clifford's (1999) and Siler and Kleiner's (2001) studies. Novice nursing clinical instructors felt as though their role was to be nurturing and to always be on the lookout for potential problems to arise. At times, it was a challenge to keep students both engaged in their learning and motivated.

Another challenge was busyness as novice nursing clinical instructors often had multiple patients, multiple students, and/or multiple projects. Dempsey's (2007) study of nursing educators revealed that "being burdened with a heavy workload, [and] inadequate amounts of time" hindered role transition and development (p. 7). As well, the findings of this study suggested that considerable time was needed outside of the clinical setting to engage in marking, planning, service responsibilities, and further education.

Seeking Validation - Looking for Direction.

The third subtheme within *Endeavoring Amid Strife* addressed how novice nursing clinical instructors sought validation, or in a sense, looked for direction regarding their role and responsibilities. Unique to this study, validation arose from students, from peers, and from staff.

Validation from students typically arrived in the form of verbal and/or written course evaluation feedback. Siler and Kleiner (2001) also found that "in the absence of

other sources of evaluation, novice faculty relied heavily on student comments to tell them how they were doing" (p. 401). Findings illustrated that novice nursing clinical instructors appreciated and began to seek out more frequent feedback than once per semester. Initially, feeling liked or popular with students was something that instructors desired. As well, instructors felt validated and effective when students were successful both in the current and future clinical settings.

Novice nursing clinical instructors also desired and sought feedback and validation from their colleagues. In seeking validation or approval, some instructors felt at a loss to know where to turn or feared that they would be judged negatively. In addition, validation from staff was important to novice nursing clinical instructors because they wanted to make sure that they were providing quality learning for the sUidents.

Theme 2: *Enacting Understanding of the Clinical Instructor Role.*

The second major theme within *The Journey, Enacting Understanding of the Clinical Instructor Role,* directly addressed the third research sub-question which was: How do novice nursing clinical instructors learn about the clinical teaching role? Learning about the clinical instructor role and understanding what this role means was an essential part of *The Journey* or lived experience of novice nursing clinical instructors. *Enacting Understanding of the Clinical Instructor Role* comprised three subthemes: 1) *Learning from Past and Present Experiences - Creating a Map,* 2) *Learning from Others - Following a Trail of Phosphorescence,* and 3) *Learning through Self reflection - Finding the Way.*

Learning from Past and Present Experiences - Creating a Map.

The first subtheme within *Enacting Understanding of the Clinical Instructor Role* identified how novice nursing clinical instructors learned about their role from both past

and present experiences. They learned from their personal experience as a nursing student, from previous nursing experience, from current experience as a nursing clinical instructor, or from other resources. These findings are validated in the study by Scanlan (2001), in which she established that clinical teaching is learned from past and present experiences.

Initially, novice nursing clinical instructors based their idea of what the clinical instructor role entailed from their own personal experiences as student nurses. Often, they came to recognize that the style of teaching had changed since they were students and that they should be enacting this role differently. Scanlan's (2001) study documented that nursing clinical instructors would both remember positive and negative role models they encountered as student nurses and either imitate or reject that behavior in order to learn how to teach.

Second, learning about the nursing clinical instructor role occurred from previous nursing experience. This learning from professional life experience has been validated by other researchers (Carr, 2007; McDonald, 2004; Scanlan, 2001). In this current study, novice nursing clinical instructors shared that teaching was often a part of their previous role as a Registered Nurse. Others shared that relationship building in their previous roles was beneficial to them as they learned to work with students. As well, many had developed certain skills such as time management or organizational skills that assisted them in the role transition.

Ultimately, much of the learning occurred on the job. This is echoed in Ferguson's (1996) study of the lived experience of clinical educators. One theme expressed was "learn as you go" where educators discussed "finding their feet in their role'" (p. 838). In this current research, novice nursing clinical instructors shared that basically it was 'sink or swim" as they figured out their role and what was expected of

them independently. They shared that just having to dive in enabled them to enact understanding of their role. Scanlan (2001) agreed that this process of learning how to teach was by trial and error and that instructors relied on both positive and negative nursing clinical instructor experiences to aid their learning.

Novice nursing clinical instructors shared that they learned about their role from a variety of resources including orientation, courses, literature, and workshops or conferences. Scanlan's (2001) study also found that nursing clinical instructors learned from workshops, conferences, and through reading literature. The findings from this study highlighted that novice nursing clinical instructors desired an improved orientation. Morin and Ashton (2004) agreed that faculty orientation should be extended from a few days to up to a year and include expectations of the institution and about teaching and service responsibility. Of course, participants suggested that finding time to engage these resources was a challenge.

Learning from Others - Following a Trail of Phosphorescence.

The second subtheme within *Enacting Understanding of the Clinical Instructor Role* highlighted that novice nursing clinical instructors learned about their role from others. They learned from mentors, peers, and students.

Novice nursing clinical instructors desired mentorship as they transitioned into this role. Many were offered a formal mentor; however, there were challenges as often the mentor did not teach in the same clinical team or, perhaps, was too busy. Siler and Kleiner's (2001) study on novice nursing faculty concurred that "the mentoring relationship did not always flourish because of scheduling conflicts, personality differences, or other reasons" (p. 400). Consequently, in this study, novice nursing clinical instructors sought out their own mentors for support and guidance. Kavoosi, Elman, and Mauch's (1995) study with nursing faculty also revealed that mentorship has

typically been developed on an informal basis. Many researchers highlight the extreme importance that this mentorship plays for new nursing faculty or nurse educators (Boyden, 2000; Morin & Ashton, 2004; Siler and Kleiner, 2001; Wong & Wong, 1987).

When mentorship lacked, novice nursing clinical instructors sought to learn about their role and about teaching from their peers and colleagues. Learning from peers is documented in the literature (Dempsey, 2007; Morin & Ashton, 2004; Scanlan, 2001; Siler & Kleiner, 2001; Young, 1999). Scanlan (2001) added that "interactions with experienced clinical teachers, validation of clinical teaching practices, [and] comparing/contrasting teaching practices of experienced teachers'" all assisted the nursing clinical instructor in learning clinical teaching (p. 242). In this research, novice nursing clinical instructors also appreciated peer observation as a mechanism to receive feedback on their teaching.

Lastly, novice nursing clinical instructors learned about their role from students. Students also taught them new content and novice nursing clinical instructors often described being co-learners with students.

Learning through Self-reflection - Finding the Way.

The third subtheme within *Enacting Understanding of the Clinical Instructor Role* identified how novice nursing clinical instructors were very reflective practitioners. They valued self-reflection and practiced it on a consistent basis.

Novice nursing clinical instructors in this study believed that they were reflective practitioners and this assisted them in their role transition. They took information from a variety of sources and were able to reflect on what would best work for them. They performed self-reflection by journaling, by asking questions, and by looking for student success. Scanlan's (2001) research added that one of the processes of learning clinical

teaching included cognitive processes such as "reflection, problem solving, [and] hypothesizing" (p. 242).

Theme 3: *Evolving* *as a Clinical* *Instructor.*

The third major theme within *The Journey, Evolving as a Clinical Instructor,* discussed the novice nursing clinical instructors* evolution in their role. They began to thrive in their journeying with both time and experience behind them. *Evolving as a Clinical Instructor* comprised three subthemes: 1) *Developing Clarity of the Clinical Instructor Role - Becoming a Mariner,* 2) *Adapting as a Clinical Instructor - Setting the Compass,* and 3) *Advancing as a Clinical Instructor - Navigating with Purpose.*

Developing Clarity of the Clinical Instructor Role - Becoming a Mariner.

The first subtheme within *Evolving as a Clinical Instructor* discussed how novice nursing clinical instructors developed clarity as they understood the diversity of their role. They defined their role most commonly as that of a guide, facilitator, coach, and role model. Many researchers have discussed the multitude of roles and corresponding role ambiguity to be a challenge for novice faculty, nurse teachers, and nurse educators (Clifford, 1999; Forrest, Brown, & Pollock, 1996; Infante, 1986; MacNeil, 1997; McArthur-Rouse, 2008; Rochester, Rogan, Waters, & Wylie, 2006; Wong and Wong, 1987). Ping (2008) described the many roles that the nursing clinical supervisor possessed, with role model also making the list. Unique to this study, some novice nursing clinical instructors also described their role as that of an advocate, cheerleader, cipher, educator, leader, mediator, mentor, monitor, parent, project manager, and of course, teacher.

Adapting as a Clinical Instructor - Setting the Compass.

The second subtheme within *Evolving as a Clinical Instructor* illustrated how novice nursing clinical instructors adapted or evolved in their new role. They were in the

process of finding balance and learning to cope, figuring things out, and refining their teaching.

As their role was both extremely busy and stressful, novice nursing clinical instructors emphasized the value of developing a work-life balance. Coping mechanisms utilized included spending time with family and friends and making time for hobbies. It took both time and experience for novice nursing clinical instructors to figure things out about their role. Often Registered Nurses entered this role with a preconceived idea about what they should be doing, but often this needed to be adapted. Novice nursing clinical instructors continually evaluated their teaching and refined it so that they were more effective in the clinical setting.

Advancing as a Clinical Instructor — Navigating with Purpose.

The third subtheme within *Evolving as a Clinical Instructor* identified that novice nursing clinical instructors moved forward in their journey. They became more self-assured with time and experience. They began to truly enjoy the adventure and also recognized that this would be a never-ending journey of learning.

Novice nursing clinical instructors described feeling more confident and self-assured with both time and experience. Going along with this new-found confidence, novice nursing clinical instructors valued their experience even more and became increasingly excited and passionate about their role. They found this adventure both rewarding and inspiring. Dempsey*s (2007) study of nurses transitioning to the educator role also established that although the transition experience was filled with challenges, it was a favorable one.

Novice nursing clinical instructors began to realize that this journey was never-ending. Neese (2003) also described this transition experience from nurse to educator as a transformational journey. In this current study, novice nursing clinical instructors

likened their journey to climbing a mountain or to a tree growing. They enjoyed learning and believed that their learning would never end. Emerson (2007) concurred that this transition to academia was a process and that the learning was continual.

Implications for Nursing Education

After I reviewed the findings of this phenomenological study regarding the lived experience of novice nursing clinical instructors, three major implications for nursing education emerged. First, it is imperative to value the lived experience of novice nursing clinical instructors. Second, in doing so, many struggles can be identified that are commonplace among novices. They include feeling inadequate or insecure, lacking preparation and guidance for the teaching role, feeling alone, struggling with relationships, and experiencing busyness. Third, novice nursing instructors commented that supports could be put in place to assist their transition and that these should be further developed or improved. These supports or learning resources include: increased or improved orientation, increased mentorship or peer support, inclusion within academia, and the encouragement of work-life balance.

Valuing the lived experience.

In this study, it was truly valuable to give voice to the lived experience of novice nursing clinical instructors. The type of data collected were descriptions of the lived experience of nursing clinical instructors as they were new to this role and the anecdotes and stories shared about the transition process and challenges within novice nursing clinical instruction were enlightening. All nursing faculty within academia can learn from novice nursing clinical instructors' experiences and recognize the value of their contributions to nursing education.

Appreciating struggles.

The findings support that novice nursing clinical instructors faced a variety of challenges and struggles as they embarked on this journey into the world of nursing clinical instruction. It is essential that nursing educators recognize and appreciate the challenges that exist within the lived experience of novice nursing clinical instruction. Some of these struggles, as previously described in Chapter Four include: feeling inadequate, feeling insecure, lacking preparation and guidance for the teaching role, feeling alone, struggling with relationships, and experiencing busyness. After identifying areas of struggle, it is critical to find and/or improve supports and learning resources and furthermore, assist novice nursing clinical instructors through this role transition.

Improving supports and learning resources.

Based on the challenges that novice nursing clinical instructors shared, there is justification for improving current support systems and learning resources for novices as they enter academia. Improvements can be made in the areas of orientation, mentorship or peer support, inclusion in academia, and work-life balance.

Consistently, novice nursing clinical instructors shared that orientation was too short or not as relevant as it could be. One instructor suggested that the orientation to teaching could be at least a week long and possibly up to a year in length. In terms of relevance, novice nursing clinical instructors wanted their orientation to provide clear expectations from the institutions' standpoint in terms of what their role would be, what the time commitment would be, how to address and overcome challenges, what theoretical framework should guide their teaching, and how to develop a working teaching philosophy. In terms of sharing of resources, novice nursing clinical instructors recommended that the basic orientation binder be improved so that all novice nursing

clinical instructors were aware of the proper forms and paperwork required at different times of the semester.

The findings indicated that novice nursing clinical instructors valued mentorship and peer support and felt as though this was critical to their success and teaching effectiveness. A recommendation is to consistently ensure that all novice nursing clinical instructors are paired with a mentor within the same clinical team, who has both seniority and experience at the academic institution. As well, this mentor ideally should be a full-time faculty member with regular office hours so that novices can seek out guidance and support and feel welcomed, instead of feeling as though they are an inconvenience.

In addition to formal mentorship, there perhaps could be more encouragement and validation from all members of academia. It was shared that often what happens in the clinical setting goes unseen or unnoticed. Three things are recommended to address this: first, primarily for project-based practicum, semester-end showcases could be re-introduced where instructors and clinical groups could display their work from the semester, show it off, and get ideas for future semesters. Second, all nursing clinical instructors could participate in an online forum, using email or a communal website, throughout the semester to ask questions and share their experiences. Third, formal peer observation in the clinical setting could be encouraged to a greater extent and emphasis could be made that this observation is not for evaluation or judgment, but provides an opportunity for learning and growth as an educator. Through improved mentor and peer relationships, novice nursing clinical instructors could obtain better feedback to decrease the sole reliance on student evaluations or student success for validation that they are meeting their responsibilities. Hopefully, these additions will contribute to novice nursing clinical instructors" increased self-confidence and self-assuredness in their role.

Novice nursing clinical instructors often experienced feelings of aloneness and isolation; it is vital that they feel part of the academic family. One recommendation is to involve novice nursing clinical instructors with committees, at the program, faculty, and college and/or university level, or service activities to a greater extent. This may mean that meetings and events would need to be scheduled on non-clinical days so that full-time nursing clinical instructors would have the opportunity to attend and participate. A second recommendation is to have more frequent clinical team meetings so that novice nursing clinical instructors feel more connected. Novice nursing clinical instructors shared that jumping in and getting involved within the faculty assisted their transition. They began to understand why things were done the way that they were done and experienced a clearer idea of what their role entailed. Making contacts within the faculty was an added bonus that again created a support system and an enhanced sense of belonging.

It is evident that novice nursing clinical instructors at times felt overwhelmed with this transition and with the busyness that their new role entailed. The recommendation for nursing education, in terms of dealing with this challenge, is to encourage novices in developing a work-life balance. Novice nursing clinical instructors commented that it would be beneficial to have a lighter teaching load the first year so that they could adjust to this new role. They suggested having time to begin a Master's Program, take a teaching and learning course, or perhaps other courses outside of the nursing discipline. They desired time to attend relevant conferences, workshops, or CAETL activities, as well as time for their own reading and understanding of current scholarly literature.

Limitations of the Study

Limitations to studying the lived experience of novice nursing clinical instructors did exist. As nursing clinical instructors continued on their journeys, their realities and

understanding of the lived experience were bound to change so this thesis is a "snapshot'* into the lived experience based on the novice nursing clinical instructors' current realities and understanding of their role at a particular time.

With regards to the demographic information of the participants, all nine participants who volunteered to participate in this study were nursing clinical instructors in the NESA Program between Lethbridge College and the University of Lethbridge. None of the novice nursing clinical instructors taught within medical, surgical, pediatric, or long-term care clinical settings. There was, however, a high proportion of mental health novice nursing clinical instructors (five of the nine), and community health novice nursing clinical instructors (three of nine), which may have influenced the data collected.

Recommendations for Further Research

Based on the above limitations to this study, recommendations for further research include exploring the lived experience of novice nursing clinical instructors at different institutions provincially or nationally, or perhaps exploring the lived experience of novice nursing clinical instructors who hold sessional status, or of those who instruct in different clinical areas. As mentioned, this research revealed the lived experience primarily of mental health and community health novice nursing clinical instructors. It would be of interest to discover if acute care medical/surgical or pediatric novice nursing clinical instructors shared this experience.

In addition, further research should be performed regarding supports and learning resources for novice nursing clinical instructors. Perhaps, an evaluation of current orientation offered to novices, or typical mentorship practices could be studied.

Conclusion

This study has addressed the lived experience of novice nursing clinical instructors, including the description and meaning of their experience, and how they learn

about the clinical teaching role. In Chapter One I discussed why this research was relevant and timely within the current climate of nursing education. In Chapter Two I highlighted current scholarly literature pertaining to the lived experience of novice nursing clinical instructors and nurses entering academia. In Chapter Three I identified the methodology, theoretical framework, and philosophical stance that guided this study. In Chapter Four I detailed the findings of the research. Finally, in Chapter Five I discussed the findings and their relationship to current literature, implications for nursing education, limitations of this study, and recommendations for further research.

The essence of the lived experience of novice nursing clinical instructors is that it is a journey through uncertain waters. This journey begins with endeavoring amid strife where novice nursing clinical instructors feel trepidation, adrift at sea, and long for direction. As novice nursing clinical instructors enact understanding of their role, they are able to create a map, follow a trail of phosphorescence ahead of them, and find their own way. Finally, on this journey, novice nursing clinical instructors evolve to become tme mariners of the ocean, set their compass, and begin to navigate with purpose as they educate the next generation of Registered Nurses.

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Appendix A. Letter of Access (University of Lethbridge)

Tara Vande Griend, RN, BScN
Faculty of Health Sciences
University of Lethbridge
4401 University Drive
Lethbridge, Alberta T1K 3M4
Email: tara.vandegriend@uleth.ca

May 1,2009

Dr. Chris Hosgood, Dean
Faculty of Health Sciences
University of Lethbridge
4401 University Drive
Lethbridge, Alberta T1K 3M4

Dear Dr. Chris Hosgood,

I am conducting a research study entitled, 'The lived experiences of novice nursing clinical instructors** as part of a Master of Science in Nursing degree from the University of Lethbridge under the supervision of Dr. Ruth Grant Kalischuk. I have recently received ethical approval from the Human Subject Research Committee at the University of Lethbridge, and would like permission to recruit a sample of nursing clinical instructors from the Nursing Education in Southwestern Alberta (NESA) program. Participation will involve a single, face-to-face interview, lasting approximately one to two hours.

I believe that this phenomenological study is not only justified but also truly valuable within the current climate of nursing education in Canada, where a present nursing shortage exists, resulting in an impact on the educational preparation of nursing clinical instructors. Current literature suggests that there are many challenges to clinical instruction; therefore, I hope to study how novice clinical instructors experience this new role, the meaning they ascribe to their experiences, and how they learn about the clinical teaching role. This study is both timely and critical for nursing education.

I hope that you will concur with the merits of this study and grant permission to recruit this sample. I look forward to hearing from you.

Sincerely,

Tara Vande Griend

Appendix B. Letter of Access (Lethbridge College)

Tara Vande Griend, RN, BScN
Faculty of Health Sciences
University of Lethbridge
4401 University Drive
Lethbridge, Alberta T1K 3M4
Email: tara.vandegriend@uleth.ca

May 1,2009

Jane Friesan, Dean
Health, Justice, and Human Services
Lethbridge College
3000 College Drive South
Lethbridge, Alberta T1K 1L6

Dear Ms. Jane Friesan,

I am conducting a research study entitled, "The lived experiences of novice nursing clinical instructors'" as part of a Master of Science in Nursing degree from the University of Lethbridge under the supervision of Dr. Ruth Grant Kalischuk. I have recently received ethical approval from the Human Subject Research Committee at the University of Lethbridge, and would like permission to recruit a sample of nursing clinical instructors from the Nursing Education in Southwestern Alberta (NESA) program. Participation will involve a single, face-to-face interview, lasting approximately one to two hours.

I believe that this phenomenological study is not only justified but also truly valuable within the current climate of nursing education in Canada, where a present nursing shortage exists, resulting in an impact on the educational preparation of nursing clinical instructors. Current literature suggests that there are many challenges to clinical instruction; therefore, I hope to study how novice clinical instructors experience this new role, the meaning they ascribe to their experiences, and how they learn about the clinical teaching role. This study is both timely and critical for nursing education.

I hope that you will concur with the merits of this study and grant permission to recruit this sample. I look forward to hearing from you.

Sincerely,

Tara Vande Griend

Appendix C. Ethics Certificate

University ^c f
Lethbridge

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C B R I V K A T B CNP HUMAN SUBJECT RJESEARC
Universe *ai* Ldbbridue
HI bjcc i Research **Committee**

PRINCIPAL INVESTIGATOR: i an **Vande** (blend
(Supervisor: Dr. Ruth Gran? Kalisditdc)

ADDRESS: Faculty trf Health Sciences
Uitivciviiy of Lethbridge
4401 University Drive
Lethbridge. ***AB***
T1K3M4

PROJECT TITLE: The Lived Experience ***ai*** Novice Nursine, Clink In ."iicd-rs

(Protocol #847}

FUNDING SOURCE: i **n** funded

The Human **Subject Research Committee, bsvlog reviewed date shove-mimed propose] on** matters relating to the ethics of human subject research, approves the **procures *pngmiA*** ami cerffJk • thai the treatment of human subjects will be ***in*** accordance with (he in-C'ou-.icil Polic) Statement, **end** University policy,

• 111 n: an i **SuojewRe«earch i 'on** un *mm* **Date**

Appendix D. Letter of Invitation

Tara Vande Griend, RN, BScN
Faculty of Health Sciences
University of Lethbridge
4401 University Drive
Lethbridge, Alberta T1K 3M4
Phone: 403-332-5256
Email: tara.vandegriend@uleth.ca

May 1,2009

Dear NESA Clinical Nursing Instructor,

I would like to offer an invitation to participate in a research study entitled, "The lived experiences of novice nursing clinical instructors". This study is conducted as part of a Master of Science in Nursing thesis.

The purpose of this study is to understand the experiences of nursing clinical instructors, in particular, what this role is like, what it means to you, and how you learn about clinical teaching. I believe that this study contributes to the existing knowledge on clinical instruction and has significance for nursing education at this time.

I am seeking participants who are Registered Nurses and have been a clinical instructor in the NESA program for **less than or equal to three years.** If you choose to participate, your participation is completely voluntary. Participation in this study involves a single, face-to-face interview, lasting approximately one to two hours. This interview will be performed at a time and place convenient for you. With your consent, I would like to ask questions that will allow you to tell stories about the experience of clinical instructing. You will be given sample interview questions prior to the interview so that you can reflect on which experiences you would like to share. As a participant, you may disclose as much information as you wish. You have the right to withdraw from this study at any time, without consequence. If you chose to withdraw, all data will be removed and destroyed. With your permission, this interview will be audio-taped.

There is no monetary compensation or direct benefit from participation in this study, although you may find a personal benefit in sharing your experiences. There is no harm or risk associated with participation. Anonymity and confidentiality will be maintained.

If you have any questions about this study and/or if you are interested in participating, you may contact me by phone or email, as listed above. Thank you for your consideration.

Sincerely,

Tara Vande Griend

**Flesch-Kincaid Grade Level: 10.6. Reading level is appropriate for nursing clinical instructors who have, as a minimum, a baccalaureate degree.

Appendix E. Telephone Script for Interested Clinical Instructors

Hello, thank you for calling. My name is Tara Vande Griend, and as mentioned in my letter/email, I am conducting a research study entitled, 'The lived experiences of novice nursing clinical instructors". This study is conducted as part of a Master of Science in Nursing thesis.

As mentioned, the purpose of this study is to understand the experiences of nursing clinical instructors, in particular, what this role is like, what it means to you, and how you learn about clinical teaching. I believe that this study contributes to the existing knowledge on clinical instruction and has significance for nursing education at this time.

I am seeking participants who are Registered Nurses and have been a clinical instructor in the NESA program for less than or equal to three years. May I ask how long you have been a nursing clinical instructor?

Your participation is completely voluntary and anonymous. Participation in this study involves a single, face-to-face interview, lasting approximately one to two hours. This interview will be performed at a time and place convenient for you. I will be asking questions that will allow you to tell stories about the experience of clinical instructing. You will be given sample interview questions prior to the interview so that you can reflect on which experiences you would like to share. As a participant, you may disclose as much information as you wish. You have the right to withdraw from this study at any time, without consequence. If you chose to withdraw, all data will be removed and destroyed. As well, with your permission, this interview will be audio-taped.

There is no monetary compensation or direct benefit from participation in this study, although you may find a personal benefit in sharing your experiences. There is no harm or risk associated with participation. I will be the only person who knows your identity. You will have an opportunity to select a pseudonym that will be used in reporting the research findings. Access to the audio-taped interviews and transcripts will be limited to the transcriptionist, my thesis supervisor, and I. The transcribed interviews will be kept in a locked drawer in my office. Your information will be kept confidential throughout the entire study.

Do you have any questions about this study? Could I have your mailing address so that I may send you a participant consent form?

Thank you for your interest in this research.

Appendix F. Participant Consent Form

Dear Participant,

I would like to offer you an invitation to participate in a research study entitled, "The lived experiences of novice nursing clinical instructors" conducted by myself, Tara Vande Griend, under the supervision of my thesis supervisor, Dr. Ruth Grant Kalischuk. This study is being conducted as part of a Master of Science in Nursing thesis.

The purpose of this study is to understand the experiences of novice nursing clinical instructors. In particular, I am interested in understanding what this role is like, what it means to you, and how you learn about clinical teaching. I believe that this study contributes to the existing knowledge on clinical instruction and has significance for nursing education at this time.

If you choose to participate, your participation is completely voluntary and anonymous. Participation in this study involves a single, face-to-face interview, lasting approximately one to two hours. This interview will be performed at a time and place convenient for you. With your permission, I would like to ask questions that will allow you to tell stories about your experience of clinical instructing. You will be given sample interview questions prior to the interview so that you can reflect on which experiences you would like to share. As a participant, you may disclose as much information as you wish. You have the right to withdraw from this study at any time, without consequence. If you chose to withdraw, all data will be removed and destroyed. With your consent, this interview will be audio-taped.

There is no monetary compensation or direct benefit from participation in this study, although you may find a personal benefit from sharing your experiences. There is no known harm or risk associated with participation. You may contact the University of Lethbridge Counseling Services if you have any concerns. Referral information will be available during the interview.

A summary of the findings may be obtained upon request and mailed to you. All information collected will be handled in a professional and confidential manner. Your name plus all identification information will be removed from the transcript. You will have an opportunity to select a pseudonym that will be used in reporting the research findings. Your name will not be disclosed at any time. The data will be kept in a locked filing cabinet in my office and accessible only to my supervisor and myself. This data will be appropriately disposed of in five years. If you have any concerns about your rights as a participant or your treatment in this study, please contact: The Office of Research Services, University of Lethbridge, 403-329-2747.

If you have any questions about this study, you may contact my supervisor or myself:

Researcher: Tara Vande Griend, RN, BScN, Master's Student
Faculty of Health Sciences
University of Lethbridge
Email: tara.vandegriend(ajulcth.ca
Phone: 403-332-5256

Supervisor: Dr. Ruth Grant Kalischuk, Associate Dean
Faculty of Health Sciences
University of Lethbridge
Email: kalischukfa),uleth.ca
Phone: 403-329-2724

Sincerely,

Tara Vande Griend

I freely consent to participate in the study entitled, 'The lived experiences of novice nursing clinical instructors". I have read this letter and have had the opportunity to ask questions to my satisfaction. I understand that I may withdraw from this study at any time without consequences. A copy of this consent form has been given to me.

Signature: ____
Printed Name: ____
Date: ____

I freely consent for the interview to be audio-taped.

Signature: ________________________________
Printed Name: ________________________________
Date:

I would like a summary of the research findings mailed to me.

Signature: ____
Printed Name: ____
Date: ____
Address:

**Flesch-Kincaid Grade Level: 10.5. Reading level is appropriate for nursing clinical instructors who have, as a minimum, a baccalaureate degree.

Appendix G. Interview Questions

- Describe your journey of becoming a clinical instmctor.
- What were your aspirations when you came into this position? Did you accomplish this?
- Coming into this position, is there anything you wish you knew before? What difference would that have made?
- How did you learn about clinical teaching?
- How have your experiences as a nurse contributed to your performance as a clinical instmctor? What previous experiences have not contributed to your performance as a clinical instmctor?
- What have you taken from your experience as a nurse that has influenced your teaching?
- How would you describe the nature of the clinical environment? What has been your relationship with staff and/or smdents?
- Tell me a story about a clinical experience that had an impact on the way you teach nursing.
- Tell me about a time where you struggled with clinical instruction.
- Have you ever cried in your experience as a clinical instmctor? Describe.
- Tell me a story of triumph?
- What is stressful / makes you feel unsafe / concerns you / threatens your ability to be a good instructor?
- What has been your most difficult / most satisfying / most frightening / most inspiring experience?
- How do you maintain balance with the demands of this role?
- What has made you teach differently?
- What helps or hinders teaching?
- In describing your experience as a novice clinical nursing instmctor, what visual images come to mind? Can you liken this experience to anything (song, poem, art)? How would you draw this experience?
- If you had to give one word or phrase that described your experience as a novice nursing clinical instmctor, what would that word or phrase be?
- What advice would you give to nurses who want to be clinical instructors?

Appendix H. Demographic Questions

Age:

Gender:

Education (baccalaureate / Master's Degree):

Number of years working as a Registered Nurse prior to clinical instructing:

Number of years of clinical instructing:

Area of clinical instruction (community, mental health, rural acute, etc.):

Appendix I. Member Check Questions

- Overall, does this representation reflect your experience as a novice nursing clinical instructor?
- What specifically resonates with you and why?
- Is there any discomiect with you?
- What is missing from this thematic diagram? How would you incorporate this?
- Does the language used in this thematic diagram fit with your experience?
- Does a metaphor come to mind that you would use to describe your lived experience of being a novice nursing clinical instructor?
- Is there anything else that you wish to add?

Appendix J. Oath of Confidentiality

I am assisting in the research study entitled, "The lived experience of novice nursing clinical instructors." I will honor and maintain confidentiality of all participant information. Following my work commitment, all participant information (e.g. transcripts, microcassettes, notes) will be returned to Tara Vande Griend.

Signature:____
Printed Name:_____________________________________
Date:

Witness:
Printed Name:
Date:

Appendix K. Thesis Committee

Supervisor:

Dr. Ruth Grant Kalischuk, Associate Dean
Faculty of Health Sciences
University of Lethbridge
Email: kalischuk@uleth.ca
Phone: 403-329-2724

Internal Supervisory Committee Member:

Dr. david Gregory
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External Supervisory Committee Member:

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