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How Novice Nurse Educators Develop Understanding of Teaching and Learning

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How Novice Nurse Educators Develop Understanding of Teaching and Learning

by

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A THESIS
SUBMITTED TO THE FACULTY OF GRADUATE STUDIES
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Abstract

The purpose of this study was to explore how novice nurse educators working at a transnational nursing campus in Qatar grow and develop in the nurse educator role. This study used a qualitative case study research approach. The theoretical frameworks that guide this study include situation cognition and the work of Lee Shulman and Geert Hofstede. Seven participants volunteered for this study. Data collection methods included guided reflective questions, sharing of teaching artifacts, one-to-one interviews, observational notes, and a researcher's journal. Data analysis identified six themes, some of which are further divided into sub-themes. The six themes are: (1) emotions and feelings, with sub-themes of positive or negative emotions; (2) preparation; (3) professional learning; (4) professional learning support, with sub-themes of facilitators and barriers; (5) cultural context; and (6) teaching and learning. Several key findings address the research questions. First, novice nurse educators have diverse career experiences and learning needs and thus draw upon diverse professional and personal resources to succeed in their new educator roles. Providing protected time for professional learning is an investment that promotes novice nurse educators’ accelerated growth and development. Second, novice nurse educators bring a general understanding of teaching roles; however, they benefit from early onboarding, induction, and mentoring, along with critical reflection on practice over time. Third, novice
nurse educators take the initiative to access institutional resources, professional development sessions, peer mentors, and external courses in developing their teaching practice. Finally, novice nurse educators benefit from linguistic, cultural, and professional guidance when making transitions to transnational teaching and learning contexts. Several recommendations are provided for future research, teaching and learning workplaces and contexts, and policy.
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Lastly, I would like to thank the participants of this study. Your generosity in sharing your time and experiences has made this possible.
Dedication

I dedicate this dissertation to my husband, Brent Foreman and my kids, Roan and Ella Foreman. I could not have done it without your love and support.
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Chapter One: Introduction

In my study, I explored how novice nurse educators develop in their roles as educators, namely, how they understand teaching and learning, educational pedagogy, and the skills needed as nurse educators in a transnational nursing faculty. The results of my study can support novice nurse educators in their new roles by offering insights from other nursing educators’ experiences and recommendations on how best to support the development of new nursing educators in their professional roles. I employed a qualitative case study methodology to explore and address the research questions. Participants were recruited to take part in the study using purposeful sampling. Seven participants who met the criteria of having less than three years of academic nurse educator experience volunteered for and engaged in this case study research.

In this chapter, I provide the background and context surrounding this case study research. The problem statement follows the background and overview, the statement of purpose, and the research questions guiding the study. Next, I include an overview of the case study research approach, my role as the researcher, the assumptions, the rationale, and the anticipated significance of the study. Finally, I concluded the chapter with key definitions for terminology used in this study.
Background

Effective teaching pedagogy in higher education is crucial, not only to the learner’s current academic progress, but also to future learning that needs to occur throughout a nursing career. This is particularly important when considering undergraduate nursing education as students’ progress requires a deep and enduring understanding of nursing content to move forward. In addition, the nursing profession has evolved and drastically changed its scope over the last several decades. With these ongoing changes, new graduate nurses require a solid foundation of nursing knowledge, the ability to perform skills, and the attitude necessary to continue learning in nursing (Bartels, 2005; Benner et al., 2009; Charette et al., 2019). Yet, despite the major educational needs of the undergraduate nursing student, the professional teaching practices and academic understanding of nurse educators are frequently neglected and overlooked.

Novice nurse educators often assume an educator position in the academic setting without the formal education needed to teach effectively or the understanding of the pedagogical practices associated with effective teaching practices (Booth et al., 2016; Crider, 2022; Fritz, 2018; Rich & Nugent, 2010; Stamps et al., 2020). However, nursing education is on the verge of a major curricular shift (Rich & Nugent, 2010). Traditional content-heavy curricula and the learning silos between courses and academic years are being reimagined. In addition, a contemporary approach to teaching and
learning in nursing that focuses on concepts and competencies is being explored and implemented (Charette et al., 2019; Rich & Nugent, 2010). As awareness of the need for curriculum changes and as nursing education continues to evolve, the need for skilled nurses and knowledgeable nurse educators is more critical than ever to meet the educational needs of nursing students (Salminen et al., 2013).

International researchers (Christiansen et al., 2018; Harrison et al., 2020; Rich & Nugent, 2010) have found that new graduate nurses may experience many challenges when entering the nursing workforce. The experiences of newly graduated nurses have been studied globally, and reports have consistently shown that a lack of preparation for new graduate nurses contributes to their experiences as they move into new nursing roles (Brown & Crookes, 2016; Hickerson et al., 2016; Missen et al., 2016; Whitehead et al., 2013). Studies, including a systematic review involving 24 studies from Canada, the United States, and the United Kingdom, noted significant challenges for the new graduate nurse entering the nursing workforce. Specifically, the adjustment from the safety of the educational environment to that of total independence as well as a lack of confidence, combine to create challenges between the expectations of managers and peers and the new nurse. These challenges are often exacerbated by insufficient support from co-workers in terms of orientation (Whitehead et al., 2013). The difficulties encountered by new graduate nurses were also
found in an integrative literature review involving 50 studies from Australia, Canada, Sweden, and the United States (Hickerson et al., 2016). Other researchers highlight a lack of preparation for the new graduate nurse. In particular, new graduate nurses can lack the real-world skills and knowledge needed to practice effectively and independently in the clinical setting as a nurse (Hickerson et al., 2016). New nurse graduates’ perceived lack of abilities when they first begin working as registered nurses have been identified as the preparation-practice gap (Hickerson et al., 2016).

A long-standing history and issue within the nursing profession exists between the preparation of undergraduate nursing students and the actual work of nursing in the practice setting. For the most recent graduate nurses, the preparation-practice gap has become even more apparent and glaring as workplace demands have increased (Armstrong, 1974; Greenway et al., 2019; Hickerson et al., 2016; Huston et al., 2018). Patients and families require increasingly complex nursing care, which requires advanced critical thinking (Hickerson et al., 2016). Changes to workforce patterns and quality health care are measured as outcomes most often linked to appropriate nursing care (Allen-Duck et al., 2017; Burhans & Alligood, 2010; Hickerson et al., 2016). The most recent change and disruption to workforce patterns has been introduced by the Covid-19 pandemic which began in 2020 and has drastically impacted the traditional modes of teaching and learning in nursing education. Due to the various domestic and international responses
to the pandemic, already stressed healthcare systems are being exposed. In nursing education, the full extent of this disruption is only beginning to be explored or understood (Agu et al., 2021; Gaffney et al., 2021).

Nursing practice is a highly complex endeavour that requires the undergraduate nurse to develop knowledge and skills across multiple areas, including theory, the laboratory, and clinical settings (Murry, 2016). In addition, the student nurse must apply all their learning when providing patient care (Brown & Crookes, 2016). Teaching nursing requires skilled educators to support learners as nursing education continues to address ongoing challenges related to theory practice gaps. One means of supporting nursing education is investing in novice nurse educators. To strengthen nursing education overall, it is vital to understand how novice nurse educators address opportunities and challenges in their new post-secondary teaching positions. Further, it is also necessary to understand how those novice nurse educators who lack formal education and preparation to teach develop educational understanding in their new roles.

A plethora of published nursing research has shown the need for fully prepared nursing educators in higher education in order to adequately meet the educational needs of undergraduate nursing students (Christensen & Simmons, 2019; Halstead, 2008; Poindexter, 2013). To be fully prepared as nurse educators, understanding educational practices in nursing education is essential (Breytenbach et al., 2017; Gibbs & Coffey, 2004; Valiga, 2012).
Multiple national and international healthcare agencies and nursing governing bodies have echoed the nursing research and have included nursing educator competencies as a priority for nursing education and healthcare (Australian Nursing and Midwifery Accreditation Council, 2016; College of Registered Nurses of Alberta, 2021; International Council of Midwives, 2021; International Council of Nurses, 2021; World Health Organization [WHO], 2016, 2020, 2021). Despite the research supporting the call for fully prepared nurse educators with the required education and knowledge to teach in post-secondary academic settings, it is common for nurses to move into educator roles with minimal or little preparation for the roles of academic educators (Booth et al., 2016; Brown & Sorrell, 2017; Weidman, 2013). While novice nurse educators often bring a wealth of practical clinical skills, experience, and nursing expertise to support undergraduate nurses in their learning, only some have educational development for their teaching roles. Novice nurse educators may lack the academic knowledge necessary to ground teaching practices as well as the practical professional skills, such as lesson planning, classroom management, monitoring students, and providing appropriate feedback, which are necessary to promote student learning (Boyd & Lawley, 2009; Collier, 2018; Fitzgerald et al., 2020; Kalb et al., 2015; Smith & Boyd, 2012; Swart & Hall, 2020).
Context

This case study research was designed to explore how novice nurse educators develop as educators by emphasising how they understand teaching and learning, how they grow their educational pedagogical understanding, and how they understand and develop the professional teaching and learning practices needed for teaching. Research for this case study was conducted at a transnational nursing campus in Doha, Qatar. Motivated by the broader goal of enhancing nursing students’ learning, my study is aimed at understanding the needs of novice educators in terms of professional teaching practices and knowledge gaps related to how to perform specific aspects of their teaching roles. Specific aspects of these roles include using evidence-informed teaching practices, designing, and using appropriate assessment strategies, providing relevant feedback, and how to evaluate nursing students accordingly. An assumption guiding my study is that an improved understanding of teaching and learning, along with developed professional teaching and learning practices for effective teaching, will support novice nurse educators to perform better and expand their knowledge of their educator roles. This improved understanding will thereby also better support the educational needs of nursing students. My study is informed by studies that have explored the transition of novice nurse educators as they begin new roles as educators (Annon et al., 2013; Drummond-Young et al., 2010; Oprescu et al., 2017; Poindexter, 2013;
Weidman, 2013). It is anticipated that a greater understanding of how novice nurse educators come to understand teaching and learning will support undergraduate nursing education in various ways. By identifying effective and appropriate teaching practices, the findings of my study can support novice nurse educators who, in turn, can support student learning by using effective educational pedagogies. Further, in my study, I aimed to identify and inform the nature and type of support and educational approaches that aid novice nurse educators in learning their new academic roles.

The location chosen for this case study research is the University of Calgary in Qatar (UCQ), a transnational campus in Doha, Qatar. The Qatar campus nursing faculty instructors were invited to participate in my study. The UCQ nursing program was inaugurated in 2007 and offers undergraduate, graduate, and post-diploma nursing degrees (UCQ, 2020). UCQ brings a Canadian nursing curriculum and, until December 2020, an all-Canadian nursing faculty to provide a nursing program for local students. Current hiring practices at UCQ now include local contracts and recruitment from other countries if the candidate has the qualifying skill set and is successful in the interview process. Thus, the need to be Canadian and possess a Canadian nursing permit is no longer a requirement. The study included participants with a range of formal backgrounds in education. It is important to note that when drafting this thesis, UCQ was approaching its
end in Doha and beginning the teach-out process. As a result, nursing students were no longer accepted into any of its nursing programs.

**Problem Statement**

Research indicates that many novice nurse educators experience challenges when moving to academic educator roles (Bagley et al., 2018; Gardner, 2014; Jetha et al., 2016; Kalb et al., 2015). Despite the transitional experiences of novice nurse educators being well explored in other research, there is little exploration regarding how novice nurse educators evolve as educators, specifically in how novices come to understand evidence-based teaching and learning (Ebert et al., 2020; Ferguson & Day, 2005; Kalb et al., 2015; Patterson & Klein, 2012; Smith & Boyd, 2012; Swart & Hall, 2021). Research indicates that challenges faced by novice nurse educators can include role confusion, lack of training in educational pedagogy, lack of confidence within the new position, and perceived deficiency in teaching skills, among other challenges (Bullin, 2018; Fritz, 2018; Gardner, 2014; Jetha et al., 2016). In my case study research, I explored how novice nurse educators grow and come to understand teaching and learning with an emphasis on professional teaching practices and educational pedagogy. Regardless of educational level, professional roles, or academic rank, nursing educators were invited to participate and subsequently included in this study. I focused on novice nurse educators
who lacked formal education or teaching preparation when they started as academic nurse educators.

A rapid evidence assessment conducted by Jetha et al. (2016) that included 29 studies found that addressing the professional development needs of novice nurse educators was crucial in supporting their transition into new educator roles. The professional development needs they identified included support for novice nurse educators to understand current and appropriate teaching strategies and how to assess students, along with intentional socialisation in educator roles (Jetha et al., 2016). The lack of formal educational preparation for many nurses who move into nurse educator roles is identified in the literature from across multiple countries and nursing educational institutions (Bagley et al., 2018; Bullin, 2018; Gardner, 2014; Grassley & Lambe, 2015; Jetha et al., 2016).

The problem addressed, in particular, in my study is the need for more understanding of how novice nurse educators evolve as educators. The transition into new academic roles has previously been studied in many ways (Anderson, 2009; Brown & Sorrell, 2017; Cangelosi et al., 2009; Cleary et al., 2010; Goodrich, 2014). In contrast, few studies have exclusively examined or explored what novice nurse educators do to develop effective teaching practice or how they address the foundational knowledge related to teaching and learning, the skills needed to be educators, or the internal processes that occur as they begin in the roles of novice educators. At the
time of writing, no published studies included novice nurse educators from a university in Qatar. My study addressed this gap.

**Overview of Study**

This qualitative case study research was designed to explore how novice nurse educators understand teaching and learning and develop the skills and knowledge needed to be effective nursing educators.

Novice nurse educators from the University of Calgary in Qatar were asked to volunteer as research participants. Using semi-structured interviews, data were collected, and a thematic analysis was done. In addition, participants were invited to submit teaching artifacts that captured or demonstrated aspects of teaching and learning that were important to them. Finally, participants were asked to respond to three guided questions before interviews. Observational notes were collected and used to support the identified interview themes, and journal entries and personal reflective notes were kept during the entire research process.

**Statement of Purpose**

The overall purpose of my study was to explore how novice nurse educators develop effective teaching pedagogy and professional teaching practices and how they come to understand teaching and learning despite their initial lack of formal educational preparation. The exploration and study of the challenges faced by novice nurse educators have been examined for some time in the nursing literature (Anderson, 2009; Cangelosi et al., 2009;
Cleary et al., 2010; Goodrich, 2014). There is little research that examines how novice nurse educators develop in educator roles and how they specifically address issues of teaching and learning (Annon et al., 2013: Drummond-Young et al., 2010; Oprescu et al., 2017; Poindexter, 2013; Weidman, 2013). Research exploring the development of novice nurse educators can be found globally in Australia and New Zealand (Ebert et al., 2020; Manning & Neville, 2009; Oprescu et al., 2017), the United States (Cranford, 2013; Cangelosi et al., 2009; Phillips et al., 2019; Poindexter, 2013; Weidman, 2013), and Europe (Salminen et al., 2013; Smith & Boyd, 2012). Only one published study addressed the needs of Middle Eastern novice nurse educators (Alnasseri & Muniswamy, 2015). Two Canadian studies were found: one explored the clinical instructors' experiences at a single university (Swart & Hall, 2020), and the other explored clinical instructors' competency (Bownes & Freeman, 2020). No identified research included nurse educators in Qatar.

Research Questions

In what ways are novice nurse educators supported in cultivating an understanding of teaching and learning as they become educators in higher education? Sub-questions that will be explored include the following:

a. How do novice nursing educators understand their roles in teaching and sponsoring learning in nursing?
b. How do novice nurse educators working in academia develop effective teaching pedagogy?

c. What are some of the opportunities and challenges in culture, communication, and pedagogy experienced by novice nurse educators at the University of Calgary in Qatar?

**Research Approach**

**Role as the Researcher**

For over 25 years, I have been a registered nurse, and as a registered nurse, I have held various nursing positions. For the last ten years, I have worked as a nurse instructor in the faculty of nursing at the University of Calgary in Qatar, located in Doha, Qatar. I began my role as a novice educator equipped with my almost completed graduate degree, a variety of experiences in clinical nursing to offer undergraduate students, and a desire to support and prepare the next generation of nurses. When I began as an educator, I had been away from the academic setting for some time. I distinctly recall realizing within my first week that I was unprepared for my new position and felt I had no idea what to do in the classroom. Frankly, I did not even understand what I lacked as an educator, but I knew I would have to work hard to develop myself and my teaching practices to promote learning. At that time, my organisation had only loose support systems for someone like me who needed a basic understanding of how to teach. Due to the international relocation for myself and my cohort of nurse educators,
most organisational support focused on navigating the challenges of an international move to the Middle East rather than aspects of the teaching role.

Over time, I took workshops and seminars and navigated the many challenges and unknowns to better inform my understanding of teaching and learning and strengthen my teaching practice. During my time at UCQ, I became more attentive to the needs of novice nurse educators. This propelled me to understand how the development process occurs for other novice nurse educators and how these insights can inform intentional professional learning opportunities and support for novice nurse educators.

**Rationale and Significance**

Nursing researchers Benner et al. (2010) wrote of the need to change the sometimes profoundly rooted approach to nursing education and move to evidence-informed teaching practices. They urged for the improvement of nurse education by, among other things, improving the teaching practices of nurse educators. Further to the work of Benner et al. (2010) to transform nursing education, an Institute of Medicine (IOM, 2011) report detailing the educational needs of the new graduate nurse supported even more demanding nursing roles than Benner et al. had initially articulated. While the IOM (2011) presents a viewpoint specific to the United States, the overarching message of improved nursing education by supporting and developing nurse educators can be applied globally.
In Canada, the Canadian Association of Schools of Nursing (CASN, 2022) has outlined a framework to guide nurse education across Canada within specific learning domains and guiding principles to be addressed in the nursing curriculum. In addition to this framework for nursing students, CASN has added a position statement indicating that qualified educators should teach nursing using various teaching and learning strategies that promote highly knowledgeable graduates who are academically prepared to work in challenging environments (n.d.). It is essential to note that this is an international call to have nurse educators who are ready to teach. However, multiple researchers note that the lack of formal educational preparation for transitioning from clinical nurses to educators is a common theme in higher nursing education (Hoffman, 2019; Poindexter, 2013; Summers, 2017; Weidman, 2013). Further, multiple researchers have noted that more than clinical experience is needed to teach competently in nursing education (Billings & Kowalski, 2008; McAllister & Flynn, 2016; Summers, 2017; Weidman, 2013). While novice nurse educators may be prepared with expert clinical knowledge, experience, and even an advanced degree, they may need more skills and expertise to perform as effective educators, which may negatively impact student learning. In addition, the World Health Organization (2016) notes that effectiveness as nurse educators requires competency in nursing practice, communication and collaboration skills, pedagogical understanding, and the ability to assess and evaluate our key
competencies. A deeper and contemporary knowledge of how novice nurse educators develop an understanding of teaching and learning can allow for informed support and more structured professional development that appropriately addresses novice nurse educators' learning needs at various educational practice stages.

The stakeholders for my study include undergraduate nursing students, novice nurse educators, experienced nurse educators, and nursing educational leaders. My study can benefit undergraduate nursing students by contributing to the development of those who are directly responsible for delivering the nursing curriculum. This is achieved by understanding how novice nurse educators understand teaching and learning and the support they need to transition readily into academic positions and fully develop as effective educators. The findings and outcomes of this case study research are of interest to novice nurse educators to raise awareness of their potential professional development and learning needs as educators. Results are also of interest to nursing academic leaders who are concerned with promoting student learning by supporting novice nurse educators in their new roles and responsibilities as educators.

**Assumptions**

I have made several key assumptions within my study based on my literature review and my experience as a novice nurse educator.
1. It is assumed that all stakeholders involved with nursing education, including nursing students, nursing faculty, and healthcare organisations that employ new graduate nurses are interested in supporting novice nurse educators to develop effective teaching practices and an in-depth understanding of educational pedagogy.

2. When novice nurse educators lack an understanding of educational pedagogy and current teaching and learning practices, they will likely model strategies witnessed when they were nursing students. These modelled practices may need to be more evidence-informed to promote deep student learning (Kalb et al., 2015).

3. Additional variables beyond the classroom likely impact the transitional experiences of novice nurse educators in Doha, Qatar. Namely, making the international move to Qatar is a major life change. It is frequently the first-time novice nursing faculty have lived away from family and friend support systems in their country of origin or other countries.

Understanding how novice nurse educators evolve as educators is essential for several reasons. Most notable is avoiding or minimizing negative consequences for stakeholders such as students, novice nursing educators, nursing programs and community partners and practicum settings. Undergraduate nursing students may be negatively impacted as novice nurse educators struggle or are delayed in realising their full potential.
as nursing educators (Smith & Boyd, 2012). Dissatisfaction with their roles may cause novice nurse educators to leave their academic roles. This attrition may create a cycle of nurse educators who are not in their academic positions long enough to overcome the barriers that hinder their professional development as nurse educators (Fritz, 2018; Jetha et al., 2016). Other stakeholders include the nursing faculty that employ nurse educators and organizations, such as clinical or hospital settings, that are frequently in contact with nurse educators. The patients receiving nursing care provided by the nursing students and the future nurses are of primary importance.

In this case study research, the investigation explored the experiences of one group of novice nurse educators, with the intention of generating a deeper understanding of those experiences and informing plans and strategies for professional learning. Given the complexity of different nursing education contexts, the goal of the study does not include producing generalizable findings. However, case study findings are often transferable and can be tailored and valuable in other contexts. The findings of my study may influence and support the need for further research. Hopefully, my study can inform the onboarding process for novice nurse educators.
Definitions of Key Terminology

**Clinical Practice.** Nursing practice refers to “activities related to a broad range of nursing roles” (CASN, 2022, p. 7). The term clinical practice for this study refers to any setting in which nursing care is provided.

**Evidence-Based Teaching.** Evidence-based teaching in nursing education involves using the best evidence to justify instruction or curricular interventions, and it considers the needs of individual learners, the professional judgment of nurse educators, and the resource costs of the interventions (Ferguson & Day, 2005, p. 109).

**Nurse Educator.** The nurse educator's academic title, rank, and roles vary widely within countries and internationally. The title, nurse educator, is not a globally consistent term. Various other words such as clinical educator, clinical instructor, lecturer, instructor, and academic are used to describe the title of the nurse educator. For my study, nurse educator, is an overarching term that includes nurses teaching in nursing programs.

**Novice Nurse Educator.** For my study, a novice nurse educator has less than three years of teaching experience regardless of recorded time in the nursing profession (Brown & Sorrell, 2017; Davis & Cearley-Key, 2016). During these three years, the novice approach to “teaching tends to focus on survival and establishing basic classroom routines” (Huberman, 1993, as cited by Kumi-Yeboah & James, 2012, p. 170).
**Teaching Competency.** According to the National League for Nurses (NLN, 2022), teaching competency includes the following criteria. The academic nurse educator will “facilitate learning,” “learner development and socialization,” “use effective assessment and evaluation strategies,” “participate in curricular design,” “function as a change agent and leader,” “pursue continuous quality improvements,” “engage in scholarship,” and function within the educational environment” (para. 1).

**Transition.** Merriam-Webster (n.d.) defines *transition* as “a movement, development or evolution from one form to another.”

**Transnational Education.** The term transnational education refers to varied types of “international education opportunities that includes foreign students relocating to attend main campuses in the original home location, and home campuses going to the students by creating branch campus near students” (Lemke-Westcott & Johnson, 2013, p. 66). In addition, transnational institutions often grant university degrees from the affiliated main campus (Miller-Idriss & Hanauer, 2011).
Chapter Two: Literature Review

This qualitative case study research explored how novice nurse educators develop, understand their roles as educators, and grow as professionals in their new positions. To prepare for my study, the following literature review was completed to understand the experience of novice nurse educators and to explore the current research regarding the knowledge and understanding of teaching and learning for novice nurse educators, most specifically concerning those who have moved into academic educator roles without formal education in the field of education.

Through this literature review, I sought to examine the experiences of novice nurse educators, specifically how they understand teaching and learning and how they develop in the nurse educator role. The electronic databases CINAHL Plus, ERIC, Medline, and PUBMED were searched to locate relevant literature. The search strategy included combinations of keywords and appropriate descriptors. The following key words were used in the search: “Nurse,” “nurse educator,” “novice nurse educator,” and “undergraduate nurse education.” Various Boolean operators were used to ensure relevant literature was obtained. Because initial searches did not produce literature related to Qatar, specific searches were done using combinations of “nurse,” “nurse educator,” “novice nurse education,” and “undergraduate nurse education’ AND, OR “Bahrain,” “Oman,” “Qatar,” “Saudi Arabia,” and “the United Arab Emirates” to ensure that regional
literature was not missed. Limitations for each search included English language and published after 2005. Citation mining was used to ensure that all literature was reviewed. Initial literature was scanned to remove non-relevant literature, for example, literature that did not relate to full-time academic staff or to undergraduate nursing education. The initial literature review was done in 2019 and was revisited in 2022 as I became aware of more recently published literature. The review focused on published literature that specifically addressed undergraduate nursing programs and nursing faculty employed in a full-time capacity. A thorough search of the same databases was done using the search terms “situated cognition,” “Lee Shulman,” “TPACK frameworks,” “Geert Hofstede,” and “transnational campuses.” No limitations of date were applied for this search. This literature review will present the key themes found.

The foundation for my study was built using three theories. First, through my study, I aimed to understand the learning of novice nurse educators as they grow and evolve in educator roles. Therefore, the learning theory of situated cognition (Brown et al., 1989; Brown & Duguid, 1991) grounded my study, as well as Shulman’s (1986, 1987) work on pedagogical content knowledge, which was later added to and expanded by several researchers (Gess-Newsom et al., 2019; Kind & Chan, 2019; Koehler et al., 2013) who identified teaching skills and knowledge needed by educators. Finally, because of the study context and location at a transnational campus,
the cultural work of Hofstede (1986), Dimmock and Walker (2000), and Prowse and Goddard (2010) were used to provide a lens through which to consider aspects of culture related to teaching and learning, which are intrinsically embedded in the focus of my study. These theories have informed the development of a conceptual framework to guide my study.

The literature review begins with the theoretical frames that informed my study, followed by a section that explores what various nursing organizations agree upon regarding the competency and education required of nurse educators. Following this section, I expand on relevant literature related to culture, teaching, and learning. Lastly, the overarching theme of transitions, subsequent role changes, and organizational issues in nursing education as they link to the novice nurse educator are presented as key themes found in the literature review.

**Theoretical Frames**

**Situated Cognition**

*Situated cognition* is a learning theory where it is posited that learning is context-bound and that “conceptual knowledge” (Brown et al., 1989, p. 33) is a tool. This means that learning is not fully achieved by knowing ideas or facts; there are nuances within these tools that contribute to the overall learning. As learners learn to use these “tools,” authentic engagement and deeper learning occur. Notably, Brown et al. (1989) highlighted that learners who may have the tools appear to have a breadth of knowledge. Yet, these
learners do not, in fact, know what to do with these tools or how to use them. Brown et al. (1989) stated that “learning and acting are interestingly indistinct, learning being a continuous, life-long process resulting from acting in situations” (p. 33). Considering the merging of learning and doing that are connected in situated cognition, we can understand how important it is for knowledge to be deeply understood. Deep understanding occurs when the learners can use and understand the knowledge. This is further explained as engagement in “authentic activity” (Brown et al., 1989, p. 34), and additional learning will occur in each situation in which the learners can use the learning. Brown et al. (1989) indicated that “learning methods that are embedded in authentic situations are not merely useful; they are essential” (p. 45). Although learning may occur, it is not deeply understood until the learner uses the knowledge and works with it in practice.

Situated cognition is further understood when considering the need for the learner not only to have access to ideas and facts but also to be able to use these ideas and facts as well as to understand how cultures or communities use them (Brown et al., 1989). Additionally, working and acting with knowledge occurs when the learner becomes a member of the workplace community. Further clarity is offered when considering the community in that “learning is becoming a practitioner, not learning about practice” (Brown & Duguid, 1991, p. 48).
Of particular note is that the literature review did not reveal nursing education research that included situated cognition and the novice nurse educator.

**Lee Shulman Knowledge Base**

Shulman (1986, 1987) found that teaching requires its own skills and knowledge, and these views have provided the framework for the present study. Most notably, Shulman (1987) determined that a teacher’s knowledge should include, at a minimum, “content knowledge, general pedagogical knowledge, curriculum knowledge, pedagogical content knowledge, knowledge of learners and their characteristics, educational contexts, and educational ends” (p. 8). Shulman (1986, 1987) noted and emphasised the need for teachers to understand pedagogical content knowledge. The concept of pedagogical content knowledge is the overlap of subject matter and how a teacher understands pedagogy in that subject (Brant, 2006). When Shulman (1986, 1987) developed the original works, he was responding to the teaching practices of the era and the professional standards of that time. Despite this, Shulman’s (1986, 1987) work has offered a solid theoretical argument to support inquiry into how novice educators grow in their understanding of teaching and learning. Shulman’s (1986, 1987) work has continued to be further adapted, most noticeably by Koehler et al. (2013), Mishra & Koehler (2006), and others (Gess-Newsom et al., 2019; Kind & Chan, 2019). This study has used the work of Lee
Shulman (1986, 1987) as a foundation to inform this study. It is important to note that some researchers identify a lack of consensus regarding the definite categories of Shulman's original works (1986, 1987) (Gess-Newsom et al., 2019; Kind & Chan, 2019). Therefore, concepts, as they are applied in this study, have been defined below.

**General Pedagogical Knowledge (GenPK).** This domain examines the practical skills educators need to function in the day-to-day aspects of teaching. Professional teaching practices are required to manage aspects of education and instruction such as lesson planning, classroom activities, grading, developing assessments, developing fair and accurate rubrics, test development, addressing student issues, and classroom management, among others. For this study, general pedagogical knowledge (GenPK) refers to the general and routine aspects of teaching exclusively. This domain is drawn from educational research by several scholars (Gess-Newsome et al., 2019; Koehler & Mishra, 2009; Shulman, 1986, 1987).

**Pedagogical Content Knowledge (PCK).** This domain examines how novice nurse educators develop or engage with educational pedagogy and develop an “understanding of cognitive, social, and developmental theories of learning and how they apply to students in the classroom” (Koehler & Mishra, 2009, p. 5). This domain includes understanding how students learn and the factors that may impact student learning and is
adapted from educational research (Gess-Newsome et al., 2019; Koehler & Mishra, 2009; Shulman, 1986, 1987).

**Academic Content Knowledge (ACK).** This domain relates to the nursing content that educators must know and teach within the academy. More specifically, it refers to “the general factual knowledge that a teacher possesses about a specific topic” (Gess-Newsome et al., 2019, p. 945). This domain is based on the educational research of several scholars (Gess-Newsome et al., 2019; Koehler & Mishra, 2009; Shulman, 1986, 1987).

**Cultural Dimensions**

*Teaching, Learning, and Culture*

Hofstede (1986) noted that the relationship between students and teachers is so profoundly ingrained between culture and the learning system in which the teaching occurs, such that teaching within and between cultures can be challenging. Adding to this challenge, Dimmock and Walker (2000) noted that several considerations must be emphasised when teaching within and across cultures. These considerations are differences between teaching and learning for students and teachers; teaching methods; the relationships between teachers, students, and their parents; what it means to understand; and their roles (Dimmock & Walker, 2000). Given the context of this case study research, it was essential to listen for and be attentive to the impact of culture on teaching.
Conceptual Framework

The fundamental concepts of my study have been placed in the conceptual framework in Figure 1. I have developed the conceptual framework drawing from the literature and the insights provided by the theoretical frames and concepts. I have positioned novice nurse educators at the centre of the conceptual framework. The novice nurse educators are the unit of analysis, and all other elements are anticipated to surround and support them in their roles as educators.
Figure 1

*Conceptual Framework*

—Culture of Teaching and Learning—

*Note:* Figure 1 represents the four major elements of my study with novice nurse educators at the centre. The “culture of teaching and learning” aspect is an element that exists outside of all the other features informing my study.

**Transition**

The experience of novice nurse educators has been explored in several ways. First, much of the literature has examined the experiences of novice
nurse educators from the lens of transition, which is represented in the sub-themes below.

**Role Change**

For many novice nurse educators, moving from careers as experienced clinical nurses to novice undergraduate nurse educators could be challenging and unsettling. Goodrich (2014) noted that “when nurses become academic nurse educators, they are entering a new chapter in their professional career” (p. 204), and this transition requires that novice nurse educators be highly motivated and ready for a substantial role change. In the case of novice nurse educators, the difference in employment is a major one and can cause considerable stress as it involves moving from roles in which they are comfortable and experienced to roles that are unfamiliar and for which they are inexperienced (Cangelosi et al., 2009; Fritz, 2018; Grassley et al., 2020; Smith & Boyd, 2012; Weidman, 2013).

Moving from expert clinical nurses to novice nursing educators is disorienting and can significantly impact the overall experience of moving from one position to another (Cangelosi et al., 2009; Grassley et al., 2020). It is essential to understand that novice nurse educators are starting new roles. Although eager to share their clinical knowledge and expertise, it is a time of personal change and uncertainty (Fritz, 2018; Goodrich, 2014). In much of the literature, challenges for novice nurse educators are discussed. These challenges include identifying the shift in personal understanding,
internal uncertainty, challenges to self-confidence, and failure as educators, which all add additional layers and complexities to the new roles and the new experiences (Boyd & Lawley, 2009; Smith & Boyd, 2012; Summers, 2017). Nursing researcher Hoffman (2019) reported characteristic findings that indicated that novice nurse educators tend to struggle in moving onward within nurse educator roles because there is a constant state of learning something new related to their new positions as educators. In addition to the unique experience, novice nurse educators may not fully understand the scope of what nursing educators are expected to do and the many teaching, supervision, research, and service tasks required to be effective in their roles. This limited understanding and breadth of new learning challenges are most notable when novice nurse educators lack the professional and educational skills or the pedagogical knowledge typically needed in education, such as developing class content or managing challenging encounters with students (Boyd & Lawley, 2009; Smith & Boyd, 2011).

Academic nurse researchers have found that role changes are so confusing that novice nurse educators will often hold onto the “clinical expert” familiarity while struggling to move into the role of nurse educators (Boyd & Lawley, 2009). This finding is concerning as it adds other challenges for novice nurse educators as they try to fully understand the new aspects of the position, such as scholarship and research activities, which are beyond
teaching undergraduate nursing students. This finding aligns with Cangelosi et al. (2009), who reported that novice nurse educators clearly understand they are new to education and that many novice educators profoundly misunderstand the full scale of these new positions and what their new education roles will entail. Not only are the novice nurse educators "new" to the specific functions in part related to teaching, but the other aspects of typical academic expectations such as research, scholarship, and service are often reported as an overlooked aspect of educators' roles (Schoening, 2013; Smith & Boyd, 2011). More clarity is needed even within the education role itself. There are different expectations within academic institutions, most often related to tenure and non-tenure-track positions, and education positions further defined by clinical and non-clinical faculty streams (Poindexter, 2013) further adds to the challenges.

Research has demonstrated that the change in workload from clinical to nurse educators is drastic. It has been established that novice educators often struggle to grapple with their new roles, given aspects of the academic roles that extend beyond teaching, such as research and scholarship (Bagley et al., 2018; Schoening, 2013; Smith & Boyd, 2011). In addition to a perception of a heavier workload, novice nurse educators have reported a lack of understanding of the educators' roles, which can result in hours of unproductive time and wasted efforts attempting to discern the details of their new roles in addition to the struggle of managing nursing content that
is new and unfamiliar (Hoffman, 2019; Smith et al., 2012; Weidman, 2013). For example, one researcher noted and reported that one novice nurse educator, due to a lack of understanding of her role, spent hours over-preparing for fear of failing the students when they needed her (Schoening, 2013). Other research has noted that the lack of direction for novice nurse educators when assuming positions contributed to their overall stress; new educators did not seem to understand that developing teaching skills and greater ease in the new roles would take time, maybe even years (Jarosinski et al., 2020).

In my review of the literature, little research was found on the personal attributes of novice nurse educators that may support these role changes. One study was found that explored the concept of career transition and personal attributes using a reliable and validated tool with findings that indicated that nurse educators with “less than or equal to 5 years in the role scored higher in readiness. They were willing to do things they needed to do to achieve career goals” (Goodrich, 2014, p. 209). This finding may signal that the ideal timeframe to provide novice nurse educators with opportunities for academic development, particularly the skills and knowledge needed for teaching, must be arranged early in the novice nurse educators’ career change. The change in roles and the personal upheaval accompanying this transition from clinical to academic practice cannot be overlooked or minimized. Consideration must be given to understanding the
challenges nurse educators encounter and how they develop as educators so that the means to support them best can be designed.

**Organization**

For this literature review, the term *organization* refers to any aspect novice nurse educators might encounter related to teaching and learning as situated with respect to institutional issues or organizational factors.

The move from expert clinicians to novice teachers may be disorienting enough for novice nurse educators. Still, it appears that the lack of support systems in places, such as a structured orientation, formal mentorship from peers, and sustained means for professional development as educators, combine to impact the experiences of the novice profoundly (Goodrich, 2014; Poindexter, 2013). Cooley and De Gagne (2016) found that novice nurse educators reported “a notable discrepancy in what they expected to learn as new teachers and what they actually received in the way of guidance and instruction” (p. 98). In their review, they noted multiple inconsistencies in how novice nurse educators are brought into the academic system. Further, there is a lack of research to guide the optimal onboarding of novice nurse educators.

There are notable reported findings on nurse educators' orientation and the impact that orientation can have on the overall experience and the feelings of novice nurse educators (Summers, 2017). First, there is the time needed to adapt to the academic setting, and this period often seems to be
overlooked. Boyd and Lawley (2009) have noted that there is often “a rapid immersion into teaching” (p. 298) and that although academic institutions may indicate that they support novice nurse educators, they do not put these statements into practice because there is little attention given to the orientation period (Boyd & Lawley, 2009). Researchers have also noted that novice nurse educators are expected to “dive in,” which results in "creating additional uncertainty” (Cangelosi et al., 2009, p. 369). Orientation periods must be long enough to support the novice with integration into their new roles and allow the novice to appropriately learn the procedures and processes required to succeed in new positions (Fritz, 2018; Schoening, 2013). Fritz (2018) noted that orientation should be individualized and allow time to address each novice nurse educator’s specific identified learning needs. Having a solid orientation for novices that are both formal and adequate in length may avert some of the challenges with the role changes and support the novices in developing the needed education and skills that support teaching and learning.

While some published research has reported that peer supports, such as formal mentorship programs, are in place for novice nurse educators, the roles and purposes of the mentorship can range from informal and ad hoc to formal and structured (Grassley & Lambe, 2015; Schoening, 2013; Weidman, 2013). Some mentorship programs are purposefully designed to guide novice nurse educators to achieve success as educators and to aid in
the navigation of new academic positions with expectations of research and scholarship (Schoening, 2013). Other research has suggested the opposite with informal mentorship and found no designed structures to support novice nurse educators in any capacity (Alnasseri & Munisami, 2015; Hoffman, 2019). The support needed by novice nurse educators must go beyond the basics of teaching and assisting them in understanding their new roles. This support includes socialization and integration into the academic community, the community with students, and other education stakeholders (Jetha et al., 2016). Formal mentorship has been found to be helpful to novice nurse educators regarding aspects of the new roles beyond teaching, specifically in research and scholarship (Smith & Boyd, 2012). Lack of formal mentoring was identified as a barrier to success for novice nurse educators (Grassley & Lambe, 2015). A supportive mentor aided novice nurse educators in adapting to new roles (Fritz, 2018; Hoffman, 2019; Weidman, 2013). Other researchers have found that longer rather than short-term mentorship is better and that it may be formal or informal as it allows for the growth and success of novice nurse educators in their educator roles (Schoening, 2013; Summer, 2017).

Few published reports have addressed the orientation and mentorship needs of novice nurse educators. Researchers have developed nurse educators' transition models, yet these have yet to be extensively studied or tested (Schoening, 2013). A much more structured and detailed orientation
that allows for the professional development of novice nurse educators has been supported in the research (Booth et al., 2016; Stamps et al., 2020).

**Lack of Preparation**

Novice nurse educators bring clinical expertise, practical experience, and a strong desire to give back to nursing. Changing roles from clinical experts to nursing educators requires new skills and knowledge to survive and thrive. Novice nurse educators frequently reported a lack of preparation when beginning new educator positions. The lack of preparation is most often linked to understanding general pedagogical knowledge (GenPK), practical skills associated with teaching, and the pedagogical content knowledge (PCK) representing the formal instructional methods needed to support student learning and academic content knowledge (ACK), which includes the knowledge related to nursing and nursing practice.

**General Pedagogical Knowledge (GenPK)**

For this literature review, general pedagogical knowledge (GenPK) will refer to all the aspects of teaching that aid in the role, such as understanding assessments and evaluations, providing students feedback, lesson planning, classroom activities, and management of student concerns (Gess-Newsome et al., 2019; Koehler & Mishra, 2009; Shulman, 1986, 1987).

Multiple researchers have reported that the lack of formal education or understanding of the practical skills needed to be educators is a barrier to
success and may further impact student learning. Researchers have noted that despite advanced degrees, there need to be educational courses or training provided during graduate degrees, which also include pedagogical strategies (Booth et al., 2016; Jetha et al., 2016; Salminen et al., 2013). Booth et al. (2016) stated that “advanced academic preparation often relates to a clinical area of practice rather than pedagogical practice for many nurse educators. Graduate-level knowledge of evidence-based research and practice, teaching methods, and curriculum design and development form the foundation for academic practice” and further stressed that “education and nursing are two distinctive disciplines, clinical expertise does not naturally result in teaching expertise” (p. 54). Therefore, it is assumed that a lack of education and preparation for the role of nurse educator may encumber the transition to new roles by adding stress and other negative feelings, such as a lack of confidence in personal skills and abilities (Jetha et al., 2016).

Researchers have noted that a lack of professional teaching practices contributes negatively to the experiences of novice nurse educators (Bagley et al., 2018; Bodak et al., 2019; Brown & Sorrell, 2017; Hoffman, 2019; Oprescu et al., 2017). Although teaching is a vital skill for all nurses from a clinical nurse perspective, it does not translate directly to the roles of teaching nursing students on campus (Boyd & Lawley, 2009). This distinction between clinical and academic roles may contribute to novice
nurse educators’ challenges. This is a notable finding if we consider that several prominent organizations have developed working documents that support competence and preparedness for nurse educators (NLN, 2017; WHO, 2016). The NLN (2017) has specifically outlined a skill set that supports the practical teaching skills that novice nurse educators need. These include facilitating learning and development, using appropriate assessment, and participating in curriculum and program evaluation. In addition, the NLN (2017) supports the preparation of educators in a manner linked to general pedagogical knowledge (GenPK) and pedagogical content knowledge (PCK). It is clear from the literature that there are identified skills needed to teach nursing and that novice nurse educators can struggle in new roles without them. Nevertheless, many graduate nursing education programs do not support the roles of nurse educators by offering formal preparation in this regard.

Cooley and De Gagne (2016) report that novice nurse educators need more skills in the classroom and clinical courses. They stated that this is a substantial barrier to their development as educators. The barriers are described as challenges with assessment and marking, lesson planning, content delivery, exam writing, and motivating students to learn (Smith & Boyd, 2012; Weidman, 2013). Poindexter (2013) states that there are “clear administrative expectations that novice nurse educators are to assume the educator role being prepared and competent” (p. 561). In addition, those
novice nurse educators must have “a working knowledge of educational theories, teaching strategies, and evidence-based teaching practices and the ability to teach diverse learners” (p. 563). Poindexter (2013) suggests the development of frameworks by educational institutions to support novice nurse educators to develop skills for teaching and learning and that novice nurse educators be aware of the needs of the position. In the literature, it is noted time and again that expert clinical nurses are ill-prepared to move directly into academic educator roles despite having advanced degrees (Summers, 2017). Further, there is agreement among nursing educator researchers that unless there is academic preparation that includes teaching practice and the foundation of education, then it is not enough to move into nursing educator roles.

Summers (2017) also noted that “graduate coursework preparation for teaching practice should include information on different learning styles, curriculum design, teaching skills, assessment, evaluation, and classroom management” (p. 265).

While many novice nurse educators may begin to know the skills and competencies they need early on in their new teaching roles, they may struggle to develop these when the demands of their work overtake personal learning needs. A lack of support or mentorship accompanies this. Research has identified what novice educators need to begin in new roles. Yet, there is
confusion about what novice educators need to succeed, how their roles are perceived, what is provided regarding support, and how it is delivered.

**Pedagogical Content Knowledge (PCK)**

Pedagogical content knowledge (PCK) is defined as “the formal theories of learning and how they apply to students in the classroom” (Koehler & Mishra, 2009, p. 5). Therefore, understanding and insight into this critical foundation are vital to the learning of all students.

Major competencies are required to facilitate learning in undergraduate nursing programs (Poindexter, 2013). Novice nurse educators need “a working knowledge of educational theories, teaching strategies, evidence-based teaching practices and the ability to teach diverse learners” (p. 563). A lack of educational pedagogy knowledge significantly impacts novice nurse educators’ effectiveness. The novice nurse educators’ lack of understanding of education in the practical teaching aspects was addressed in the reviewed literature, but teaching and educational understanding as one overarching theme rather than two separate components of teaching and learning was often reported. This consolidation of the two different components of teaching and learning may highlight the need to address the foundational educational needs of novice nurse educators. Researchers Boyd and Lawley (2009) reported that novice nurse educators described a lack of awareness of theories of learning and lacked deeper insight into educational pedagogy. Jarosinski et al. (2019) suggest that novice nurse educators often look for
clear-cut directions and strategies to use when teaching, which is linked to their own learning experiences in nursing. This expectation highlights a lack of awareness of the various educational pedagogies that can support educators, which can then add barriers for novice nurse educators. Boyd and Lawley (2009) reported that organizations create more challenges for novice nurse educators when they do not encourage and provide a means for a deeper theoretical and applied understanding of the teaching and learning process. This is evident when considering how challenging novice educators have described the role changes. It is essential to revisit the clear publications of these international organizations that support the investments in nurse educators to be educators (NLN, 2017; WHO, 2016). The WHO (2016) has documented the need for nurse educators to be competent in current learning principles across education and those most closely linked to health education, among other competencies.

It has been suggested by the research that academic institutions must be equipped to better prepare novices for educator roles in order to ease their transition. To fully support their learning needs, academic institutions must provide a means for novice nurse educators to attend courses on educational theories, as completing studies in education assisted novice nurse educators in feeling successful in their new roles (Goodrich, 2013; Grassley & Lambe, 2015).
**Academic Content Knowledge (ACK)**

In my study, academic content knowledge (ACK) is defined as “the general factual knowledge that a teacher possesses about a specific topic” (Gess-Newsome et al., 2019, p. 945). Understanding the ACK of nurse educators is critical to understanding how novice nurse educators teach. The literature reviewed revealed that although novice nurse educators bring extensive clinical knowledge to their new roles, they may have gaps in knowledge or a lack the depth of understanding needed to teach nursing students (Anderson, 2009; Cangelosi et al., 2009; Hoffman, 2018; Schoening, 2013).

Several studies found that novice nurse educators struggle with teaching nursing content at the undergraduate level (Boyd & Lawley, 2009; Brown & Sorrell, 2017; Smith & Boyd, 2012). Researchers have noted that novice nurse educators had to step back and away from the comfort of knowledge in their specialized nursing areas and relearn nursing from a generalized perspective (Anderson, 2009; Boyd & Lawley, 2009; Brown & Sorrell, 2017). In addition, they were relearning content or learning content outside of expertise areas, which added to the additional burden of learning and more effort on the part of the novice (Brown & Sorell, 2017). Further to relearning nursing content, researchers found that novice nurse educators self-reported a total lack of knowledge related to teaching assignments (Anderson, 2009). Additionally, it was noted that the pressure to feel
credible as a nurse resulted in considerable effort on the part of novice educators to be up to date on all the nursing material related to their teaching assignment in order to compensate for their perceived lack of teaching ability (Boyd & Lawley, 2009).

The constantly changing teaching assignments results in the novice nursing educator's inability to build confidence or familiarity with the course and material (Hoffman, 2018). In addition, the changing course load meant additional work for nursing faculty, who always had to learn/relearn new content (Hoffman, 2018). This resulted in nurse faculty feeling the heaviness of the workload combined with the impact of a constant learning curve (Dempsey, 2007; Hoffman, 2018). Thus, organizations challenge and perhaps overgeneralize the novice nurse's nursing expertise.

Overwhelmingly, it has been noted in the literature that many novice nurse educators are challenged in new roles, often due to a lack of opportunities to develop a deeper understanding of teaching and learning, absence of support, and inadequate or lack of formal mentoring (Schoening, 2013; Stamps et al., 2020). Nursing education is unique because an educator's solid clinical background is ideal. However, more educational support must be provided for novice nurse educators to move into educator roles and thrive.
Culture Related to Teaching and Learning

Awareness of the possible impact of culture on teaching and learning is essential for this research study. Hofstede (1983) first explored culture as having four dimensions, which have been labelled as “power distance, uncertainty avoidance, individualism versus collectivism, and masculinity versus feminism” (p. 46). Later, Hofstede (1986) further examined these four dimensions of teaching and learning. Hofstede (1986) noted significant and deeply rooted cultural challenges between teachers and students, namely as follows:

1. differences in the social positions of teachers and students in the two societies.
2. differences in the relevance of the curriculum (training content) for the two societies.
3. differences in profiles of cognitive abilities between the populations from which teachers and students are drawn.
4. differences in expected teachers/students and student/student interaction patterns. (Hofstede, 1986, p. 303)

Hofstede further expanded on the above differences to convey that social status and how students and educators perceive these may impact the teacher-learner relationship. For example, curriculum challenges are linked to relevancy for the learner, which can significantly impact the teaching and learning experience. He also noted that differences in cognitive abilities are
explained as having different learning experiences and understanding how and what to learn. Lastly, incongruent role expectations between the teacher and the learner can significantly impact learning (Hofstede, 1986). One can see that culture can affect students' learning experience and how educators can and likely should prepare to teach in a specific context.

While the work of Hofstede (1983) has been the subject of criticism in many areas, including poor methodology, bias, and the application of results to different groups (organizations and nations; Prowse & Goddard, 2010), his work offers some merit as a conceptual lens for analysis and interpretation. Hofstede’s cultural dimensions are frequently used as a framework for diverse research across disciplines. Hofstede has further revised his original dimensions, expanding them to be inclusive, addressing concerns related to the framework's validity, and the use of what is most appropriate to the unit of study (Dimmock & Walker, 2000; Hofstede, 1983; Minkov & Hofstede, 2011; Prowse & Goddard, 2010). In my study, given the study context and location from which participants were recruited, Hofstede’s work inspires awareness and attentiveness to culture as a factor in how novice nurse educators understand their role as educators.

**Transnational Campus**

Transnational campuses and transnational education are not new phenomena; these educational exchanges have been explored in several ways. Research has noted that the cultural aspects that may influence
teaching and learning are major for both the students and the educators (Miller-Idriss & Hanauer, 2011). Researchers have noted that there are unique challenges for educators in the transnational context, and a deep understanding of teaching and learning is critical to the quality of the students’ learning (Debowski, 2008; Hoare, 2013; Leask, 2008). Although transnational education has been studied in various countries, there needs to be more educational research linked with transnational education in the Middle East or Qatar specifically (Lemke-Westcott & Johnson, 2013; Miller-Idriss & Hanauer, 2011). Understanding culture as it relates to teaching and learning is vital for all educators teaching in a transnational capacity.

The challenges of teaching in the transnational context are even more pronounced for nursing education when instruction includes classroom learning and then application in the clinical setting where understanding local nursing care, health systems norms, and a shared understanding of healthcare meet.

**Chapter Summary**

Nurse educators note in their motivation to return to campus and teach new nurses that they want to support the nursing profession by giving back, supporting students, and gaining opportunities such as flexibility and a better work-life balance (Evans, 2018; Laurencelle et al., 2016). Ready to guide undergraduate nurses to success in the nursing profession, the clinical experts move into the novice nurse educator roles. The new positions can be
challenging for the novices as they attempt to navigate new organizational obligations (Boyd & Lawley, 2009; Summers, 2017). It has also been demonstrated in the literature that novice nurse educators who typically do not have any formal educational background in their graduate coursework in either educational pedagogy or practical teaching skills experience challenges and struggles when they change roles (Phillips et al., 2019). Combined with this general finding, researchers have also noted that insufficient orientation to the position or mentorship in the roles is provided for most novice nurse educators (Fritz, 2018). This preparation-practice gap in orientation, mentoring, and professional education adds additional stressors and challenges for novice nurse educators. Research that explores how novice nursing educators develop an understanding of teaching and learning in their new roles in nursing education and the transnational campus is needed.
Chapter Three: Methodology and Research Approach

This chapter includes a description of the research design and case study research approach used in my study, including (a) the rationale for the qualitative design, (b) a rationale for case study methodology, (c) research participants, (d) the research sampling technique, (e) research setting, (f) overview of research design, (g) data collection methods, (h) methods for data analysis and synthesis, (i) ethical considerations, (j) issues of trustworthiness including credibility, dependability, confirmability, and transferability, and (k) limitations of the study. Finally, a chapter summary concludes the research design.

Study Purpose and Research Questions

In my study, I aimed to explore how novice nurse educators understand teaching and learning and how they develop effective teaching practices when they need more formal training or education in teaching. Research indicates that nurse educators in academia hold the requisite nursing experience and expertise to offer their nursing students (Fitzgerald et al., 2019; Salminen et al., 2012). However, what nursing educators need and often lack is formal training or educational experiences related to teaching and learning practice (Bownes & Freeman, 2020; Brown & Sorrell, 2017; Bullin, 2018; Mikkonen et al., 2019; Numminen et al., 2014). This problem of practice, the preparation-practice gap in novice nurse educators becoming
educators, is the foundation of my research project. One primary research question and three sub-questions guided my study:

1. How are novice nurse educators supported in cultivating an understanding of teaching and learning as they become educators in higher education? The sub-questions that have been explored include the following:
   a. How do novice nursing educators understand their roles in teaching and sponsoring learning in nursing?
   b. How do novice nurse educators working in academia develop effective teaching pedagogy?
   c. What are some of the opportunities and challenges in culture, communication, and pedagogy experienced by novice nurse educators at the University of Calgary in Qatar?

I have used a qualitative case study research design. Case study research is used to explore the uniqueness of a case. Simon (2009) indicated that “the primary purpose for undertaking a case study is to explore the particularity, the uniqueness, of the single case” (p. 2). A case study approach to research offers “a unique example of real people in real situations” and “case studies investigate and report the real-life, complex dynamic and unfolding interactions of events, human relationships, and other factors in a unique instance” (Cohen et al., 2011, p. 28). Following this
definition, a case study research approach offers the appropriate methodology to explore the research question and three sub-questions.

**Rationale for Qualitative Research Design**

This research is situated within the qualitative paradigm. Qualitative research is usually associated with the constructivist paradigm in that multiple realities exist. The research aims to understand a phenomenon (Moser & Korstijen, 2017) in contrast to predicting or controlling variables. Denzin and Lincoln (2018) note that qualitative research does not have prescribed methods to conduct research, and it is used in many fields and with many techniques and approaches. Erickson (2018) describes qualitative research as an “inquiry to discover and to explain narratively what particular people do in their everyday lives and what their actions mean to them” (p. 37). Given the objective of this research, to explore and understand the experiences of novice nurse educators, the best fit was to use a qualitative approach and its methods.

Ontology is concerned with the nature of reality (Crotty, 1998). In qualitative research, “the ontological assumption is that there is no single truth or reality” (Ravitch & Carl, 2016, p. 86). Other researchers note that qualitative research is aligned with the belief that reality is “constructed by the individual and their interaction with their social worlds” (Merriam, 1998, Chapter 1, Section 1, para. 12). Using a qualitative research approach, the
researcher participates *with* the participants to ensure that research results genuinely reflect the participants’ lived experiences (Lincoln et al., 2018).

Epistemology concerns the nature of knowledge, how we know it, and what knowledge is (Crotty, 1998; Muis, 2004)—in research, clarifying epistemology aids in guiding the study and, as I consider, how the participants understand the nature of knowledge and how it is developed. Personal epistemologies refer to “an individuals’ ways of knowing and acting arising from their capacities, earlier experiences, and ongoing negotiations with the social and brute world, that shape how they engage with and learn through work activities and interactions” (Billet, 2009, p. 211). In my case study research, one aim is to consider the personal epistemology of the research participants, given the nature of the research question. Personal epistemology often considers how people learn and how they experience and describe their learning. This project considered how novice nursing educators understand teaching and learning and what they described as helpful or not to their learning as they become educators (Brownlee et al., 2009). Within my research study, and from a constructivist lens, there is no means to precisely separate what I, as the researcher or the participants, understand to be accurate, which is an aspect of the research (Lincoln et al., 2018). Attempting to understand and report on the personal epistemologies of the participants as they relate to learning and teaching was anticipated as a way to add value and depth to the findings of this case study research.
The nature of the research question warrants a qualitative inquiry. A qualitative research approach allows for “understanding and description...uses the participants’ categories of meaning...can describe in rich detail the phenomena” (Johnson & Onwuegbuzie, 2004, p. 146). A qualitative research approach is most suited for my study when the overall research question is considered, and it aligns with a constructivist paradigm in seeking multiple nurse educator perspectives on teaching and learning.

**Rationale for Case Study Research Methodology**

Multiple authors advise that clarity and a deep understanding of case studies as a research approach are essential for designing the research (Creswell & Creswell, 2018; Merriam & Tisdell, 2016). For example, Yin (2014) offers this explanation of the case study:

As the first part of a two-fold definition, a case study investigates a contemporary phenomenon (the “case”) in its real-world context, especially when the boundaries between phenomenon and context may not be evident. The second part of the definition points to case study design and data collection features, such as how data triangulation helps to address the distinctive technical condition whereby a case study will have more variables of interest than data points (p. 56). Context is vital, as “case study research allows the researcher to look at the phenomenon in context” (Farquhar, 2012, p. 6). When considering the different researchers' perspectives on case study research, it became clear
that a case study design offered an appropriate approach for exploring the research question and sub-questions within the environment the participants were in and that the environment itself was also a consideration in the research. In my study, I explored how novice nurse educators cultivate an understanding of teaching and learning as they become educators in higher education. I also examined the nature of support for their pedagogical journey at the University of Calgary in Qatar.

Historically, researchers have generally agreed that there are three major influencers in case study research: Robert Yin, Sharan Merriam, and Robert Stake (Creswell & Creswell, 2018; Hamilton & Corbett-Whittier, 2013; Yazan, 2015). These scholars have contributed significantly to the understanding and development of case study research (Hamilton & Corbett-Whittier, 2013). Robert Yin is most often associated with a post-positivist, quantitative or mixed methods research approach due to the great importance placed on a study's design and extensive data collection methods (Hamilton & Corbett-Whittier, 2013; Yazan, 2015). Robert Stake is associated with both interpretivism and constructivism and, therefore, a qualitative research approach and how the case is defined as the specific system (Yazan, 2015). Sharan Merriam is associated with constructivism and, thus, a qualitative research approach (Merriam & Tisdell, 2016). A noteworthy point distinguishing Merriam from Yin and Stake is how critical the literature review is to the research process (Hamilton & Corbett-Whittier,
Thus, I developed a conceptual framework based on my literature review. While both Yin and Stake offer essential insight and direction on case study research, I have grounded my inquiry within Merriam and Tisdell's (2015) qualitative approach for this case study research.

Merriam (1998) specifies that “a case study design is employed to gain an in-depth understanding of the situation and meaning for those involved. The interest is in the process rather than outcomes” (Chapter 1, Section 3, para. 2). Merriam further notes that “the case as a thing, a single entity, a unit around which there are boundaries” (Chapter 2, Section 2, para. 1), and she notes that the case is “intrinsically bound” (Chapter 2, Section 2, para. 2). Therefore, I used this definition and term to guide this research project.

The boundaries Merriam describes are clear and naturally occurring for this project, namely, a purposeful sample of academics from one institution in one field of study. Merriam (1998) further notes that “by concentrating on a single phenomenon or entity (the case), the researcher aims to uncover the interaction of the significant factors’ characteristic of this phenomenon” (Chapter 2, Section 2, para. 6). The approach is further clarified by Merriam and Tisdell (2016) who define the case study as “an in-depth description and analysis of a bounded system” (p. 37), which, in the case of my study, is clearly defined. Merriam and Tisdell (2016) make clear that “the unit of analysis, not the topic under investigation, characterises the case study” (p. 39). During my study, the unit under investigation was novice nurse
educators working full-time at the University of Calgary in Qatar. Keeping the unit of analysis at the forefront of the study helped me stay on track and avoid getting lost in the data or other aspects of the study.

My research aimed to explore the understanding of novice nurse educators who lacked formal credentialled educational preparation (as part of their nursing undergraduate or graduate degree or a degree in education) and who have worked full-time in the nursing faculty for less than three years at any academic rank. Additional insight and support for the case study design were provided by Merriam and Tisdell (2016) when considering the research goal. In my case, “qualitative case studies share with other forms of qualitative research the search for meaning and understanding, the researcher as the primary instrument of data collection and analysis, an inductive investigative strategy, and the end product being richly descriptive” (p. 37). For my research, a qualitative case study was used to describe the novice nurse educators’ experience as they grow and come to understand teaching and learning.

**Challenges with Case Study Methodology**

Researchers note some challenges when using the case study research approach, including that findings may not be readily generalizable (Cohen et al., 2011); however, Yin (2013) argues that although case studies are not generalizable per se, the case study results can inform and contribute to future research and understanding. Manion and Morrison (2011) also state
that “case studies can help to generalise [sic] to broader theory” (p. 294), which may influence additional research and interest in the phenomena being investigated. Some researchers believe concerns about generalizability are distorted and misleading despite the stated concerns regarding case study research. Most notably, Flyvberg (2006) addresses the problems and challenges the concerns regarding case study research. Firstly, Flyvberg notes that practical knowledge is essential to learning and that disregarding this outcome of case study research is a disservice to the individual experience and learning process. Secondly, Flyvberg argues that case studies can provide generalizable knowledge by examining phenomena explicitly, and “the strategic choice of a case may greatly add to the generalizability of the case study” (p. 9) by looking in detail at a particular phenomenon and generating insights not otherwise noted by other research approaches (Flyvberg, 2006). Next, Flyvberg argues that the case study can be bias-free due to its detailed methods and analytical rigour and that reframing how the case study is conducted by researchers embedded in the field adds credibility to accounts of human learning in context. Finally, Flyvberg notes that the draw of the case study is the richness and depth it provides and that rather than minimizing results, researchers should include other specializations to offer an even broader understanding of the phenomena of the specific case.
The findings from this case study research will provide insight and guidance for other nursing faculty in international contexts should similar situations be presented. The unique context of my study has provided a rich perspective from novice nurse educators. It can inform others in many ways, including reflections on individual and group development program design and strategies for professional learning. Additionally, the strength of this case study is the collection the rich qualitative data using multiple means of data collection for triangulation to assess the trustworthiness of interpretations (Onwuegbuzie & Leech, 2005).

**Research Participants**

My study defines a novice nurse educator as one with less than three years of teaching experience in post-secondary education. A timeframe of fewer than three years is used in the literature to describe novice educators (Brown & Sorrell, 2017; Davis & Cearley-Key, 2016). Nurse educators from all academic ranks and new faculty who fit the inclusion criteria, which included any experience at other post-secondary institutions, were invited to participate in my study. I did not have the nurse educators' post-secondary nursing preparation parameters for my study. However, educational information was collected as part of biographical information to confirm fit with the study parameters. Thus, it was not possible to ensure participants' education credentials and competencies. In addition, the nursing faculty may be educated in many different countries which limited means to verify or
compare nursing educational backgrounds or curricula. Because my study explored how novice educators explore and develop in their professional teaching roles and how they understand teaching and learning, all faculty were encouraged to participate if they had less than three years of experience.

Due to the nature of my study, purposeful sampling was used to invite participants to volunteer. Purposeful sampling is used by researchers to “intentionally select “individuals and sites to learn or understand the central phenomenon” (Creswell & Guetterman, 2021, p. 240). Purposeful sampling is defined as when individuals are purposefully chosen to participate in the research for specific reasons, including that they have had a particular experience, know a specific phenomenon, reside in an exact location, or some other reason” (Ravitch & Carl, 2016, p. 391). In this case study research, the target participants were novice nurse educators who did not have formal education or teaching education and were currently in a teaching role in the Faculty of Nursing at the University of Calgary in Qatar.

A recruitment email was sent to all nursing faculty using the UCQ in-house list server, inviting their volunteer participation if they met the inclusion criteria. As a colleague, I was unfamiliar with all my faculty colleagues’ professional teaching experiences or current workload assignments. However, being on faculty, I knew which nurse educators were new to UCQ. In that context and with that knowledge, I was hopeful I would
recruit at least six participants. I aimed to include as many participants as possible for data richness and saturation. Participants self-identified their willingness to participate; further clarity about how many years they had worked in nursing education was done by email. When participation eligibility was confirmed, two consent forms were sent to the faculty to read, electronically sign, and return to me by email.

Volunteers who agreed to participate were informed of the following requests associated with participation in my study: (a) they were asked to submit a teaching artifact related to their teaching and learning; (b) respond to three reflective questions, comprised of one question per week for three weeks; and (c) complete an interview with me via Zoom.

**Participant Sample**

Seven participants volunteered and gave consent to be part of my study. All the study participants were registered nurses and were employed full-time at UCQ. The employment at UCQ had ranged from one academic term to three years. The participants were practising nurses and brought experience working with patients in various contexts and settings for seven to over 20 years. All but two participants reported they had completed graduate education in nursing. One participant said they had almost finished their master’s degree in nursing with a teaching focus. Two participants reported having worked as teaching assistants when they were an undergraduate. No participant held a credential in education specifically.
Research Setting

My study was conducted at the University of Calgary in Qatar nursing campus in Doha, Qatar. The University of Calgary in Qatar began operations in 2007 as a transnational campus offering only post-secondary nursing educational programs. In 2022, the university was implementing the end of its operations phase and had not taken new students since the Fall 2021 term.

Transnational campuses operate independently from their home campus with various degrees of connectedness to such campuses. For example, Firoz et al. (2013) describe a branch campus as “an educational institution of higher studies from the offering country (source country) [that] establishes a fully-fledged branch campus in the host country to deliver courses and programs to students in that country” (p. 871). The University of Calgary in Qatar operates this way. The state of Qatar is one of several countries in the Gulf Cooperation Council (GCC), which includes the countries of Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and the United Arab Emirates, that have significant transnational campuses and transnational education relationships (Bannier, 2016; Lamers-Reeuwijk et al., 2020).

The choice of this research location was directly related to its familiarity and proximity as my work location. It was the context in which I was most familiar with nursing education and teaching and learning in higher
education. At the time of my research, I had been working as a faculty member in the Faculty of Nursing at the University of Calgary in Qatar (UCQ) for ten years. This Faculty of Nursing and this university were where I had become and grown as a nursing educator, which made it the best-fit context for this research project. In addition, my review of the research literature made it clear that there needed to be more exploration of nursing educators' research in the GCC region. No other study had explored novice nurse educators’ experiences working in Qatar at a transnational campus. This research begins to address this gap in understanding.

**Data Collection Methods**

Data collection for my study used four methods: (a) participant responses to guided reflective questions, (b) interviews, (c) teaching artifact collection (evidence of teaching), and (d) observational notes. In addition, a researcher's journal in which I recorded insights and ideas as the study progressed was kept.

**Guided Reflective Questions**

Guided reflective questions were used as the first data collection method (see Appendix A for these questions). Guided questions were provided to research participants in an anonymous online format. An open-ended reflective question was presented weekly, and each participant responded using a short-written journal response format. Three reflective questions were asked over three weeks. This graduated timeframe provided
participants the time to contemplate each question. It may have allowed for more profound and in-depth reflective responses that may not have occurred in a real-time interview. In addition, the reflective questions were completely anonymous and thus provided participants with another means to be forthcoming and frank in their responses.

Because the reflective questions were completed after the research project began and were conducted at my request, the responses provided by participants were treated as research-generated documents. Research-generated documents are “prepared for the specific purpose of learning more about the situation, person, or event being investigated” (Merriam & Tisdell, 2016, p. 174).

**Teaching Artifacts**

Research participants were invited to submit a personal teaching artifact that they determined demonstrated teaching and learning and showed their journey as an educator. The potential limitations of this data collection method were considered; for example, a participant may be unwilling to share, the artifacts may need to be more accurate or complete, or the artifacts may misrepresent teaching and learning. However, using artifacts as a data collection method adds a means to explore and further understand the research participants' experiences through their selections and reflections on teaching artifacts. In addition, documents can provide a readily available data collection method, representing something that
participants have been attentive to at some point as a teacher (Creswell & Creswell, 2018).

Six of seven participants shared an artifact with me. For example, one participant shared their teaching philosophy statement, one shared their final assignment for their master’s in a nursing course, two shared teaching and learning tools they developed, and two shared their entire teaching dossiers.

Yin (2018) notes that one of the risks of collecting artifacts is establishing and interpreting their relevance. In this case study research, the shared artifacts were appropriate to the purpose of the study. The artifacts provided a reference point from which the participant could directly speak to me about their teaching and learning. The question was asked, why is this important to you, and how does it represent teaching and learning?

**Interviews**

A 16-question interview protocol was developed and used to frame each interview (see Appendix B). The interview questions invited basic demographic information such as how long the participant had been a nurse, what degrees they held, positions held in nursing, and how long they had been in their current role. Other interview questions explored how each participant had prepared for their current nursing educator roles, what had been challenging or accessible in the position, and if cultural-related areas impacted their teaching or experiences as educators in Qatar. Although there
were several questions, the interview itself was semi-structured and allowed for follow-up questions if needed and for further expansion for each participant if they wanted to. Each interview was completed remotely and recorded using Zoom. Each interview lasted approximately 60 minutes.

Each interview was recorded and stored per the requirements of both research ethics boards. Each of the interview recordings was manually transcribed by the researcher. After completing each transcription, I returned it by email to the participant for verification. A message indicated that a lack of a response would be considered as verification of what was included in the transcript. Only three participants changed the transcript and returned them to me by email. Participants changed word choice and expanded their responses to some questions for context and clarity. Two participants declined to have the transcript shared with them and indicated that they were content with the interview and their answers. One participant did not reply to the original email.

The development of interview questions was informed by the research questions and the literature review conducted for my study.

**Observations Notes**

Observations noted during interviews were recorded as journal notes both during the sessions and in a more purposeful manner when the interviews were completed. Merriam and Tisdell (2016) state that “observation is a research tool when it is systematic, when it addresses a
specific research question, and when it is subject to the checks and balances in producing trustworthy results” (p. 138). Merriam and Tisdell (2016) clarify that observation is an additional means to gather data about the research participant; it adds credibility to the interview. Observational notes require attention as a data collection method. They offer an additional data point to compare and support other findings. However, they do not need interpretation, and they allow for inferences, which maintains objectivity as much as possible (Ravitch & Carl, 2016). I was attentive to the participants’ non-verbal communication and other behaviours during the interviews. The observational notes offered context for the sessions and helped me in tracking any keywords or personal reflections and were a fourth means of data collection.

**Researcher’s Journal**

During the research process, I kept a researcher’s journal. This journal provided a means of research-generated data. In addition, my researcher's journal provided a place to collect my thoughts and ideas about the research process, any links I considered related to the research questions, any links to the literature, ideas arising through data analysis for future follow-up, or any other considerations I should explore at some point in further research.

**Data Analysis**

Transcript data were transferred to an Excel document for sorting. Data was consolidated in a matrix for ease of viewing, as Miles et al. (2020)
suggest. Columns and rows were aligned with the interview questions and participants' responses. Letters were used to manage participant interview responses (see Figure 2). Teaching artifacts were included in the analysis as each participant was asked to speak to the teaching artifact they provided during the interview.

**Figure 2**

*Sample from the Data Matrix*

<table>
<thead>
<tr>
<th>Participant A Question</th>
<th>Participant A Response</th>
<th>Participant B Question</th>
<th>Participant B Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>How long have you been in your current position?</td>
<td>It'll be one-year next month.</td>
<td>How long have you been in your current position?</td>
<td>One year</td>
</tr>
<tr>
<td>Can you tell me what your education level is?</td>
<td>I have my highest is a Master of Science in Nursing</td>
<td>And what is your education level, and what degrees do you hold?</td>
<td>Bachelors in N and a Masters</td>
</tr>
</tbody>
</table>

Responses to each guided reflection question were organised and merged into a spreadsheet before beginning coding. Responses to the guided reflection questions were not included in the data analysis. This data collection method was used to inform the participant interview to ensure that I asked follow-up questions. The reflection question data provided a means to begin using a priori coding and was used as an additional data source to triangulate findings. The three guiding questions can be found in Appendix A. Observational notes were not part of the data analysis. The observational
notes provided input for a priori coding. Priori coding is considered a starting place or “starting list” using vital elements of the research study, such as the literature review and conceptual framework (Miles et al., 2020, p. 74). Priori coding may also be referred to as deductive coding, and in this study, I drew heavily from the work of Lee Shulman (1986, 1987) to deductively code. An inductive approach was also used to develop the priori coding. Inductive coding was used during the data analysis phase of this study and informed the generation of emergent themes (Miles et al., 2020).

My research journal was not included in the data analysis. In part, my researcher's journal was a project management record for the study and a place to keep track of ideas and insights. In addition, the journal provided another means to develop a priori coding and further the corroboration/triangulation of findings.

Initial first-cycle coding began by using a priori coding from the conceptual framework, literature review, reflective questions, and observational notes. Other approaches to coding included descriptive, in vivo, and emotional coding. Descriptive coding is used when labels are assigned to data to summarize the basic tenets of the data; in vivo coding uses participant language to identify critical ideas and emotional coding is used because of the emotions that participants identified in the interviews (Miles et al., 2020). Further, Miles et al. (2020) state that “emotion coding is particularly appropriate for studies that explore intrapersonal and
interpersonal participants' experiences and actions. It also provides insight into the participant's perspectives, worldviews, and life conditions” (p. 67). When the first-coding cycle was completed, I moved to the second coding cycle. The second cycle of coding occurs for patterns most often linked by the following: “1) Categories or themes, 2) Causes or explanations, 3) Relationships among people, and 4) Theoretical constructs” (Miles et al., 2020, p. 91). These patterns were then displayed in a matrix for easy viewing, as suggested by Miles et al. (2020, see Figure 3). Miles et al. indicate that data collection and analysis occur in tandem, which I attempted to do as I worked with my data sources.
Figure 3

Sample from the Second Cycle Coding Matrix

<table>
<thead>
<tr>
<th>Concept Theme Pattern</th>
<th>Action</th>
<th>Narration Participant A</th>
<th>Narration Participant E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge review (in preparation for teaching)</td>
<td>Emotion</td>
<td>I just grabbed some textbooks and just started, just to start jogging my memory.</td>
<td>I was able to get to know the unit well and the kind of things that I would give a new staff, I gave those assignments to myself. All the standard medications, all the different types of patient demographics that we're dealing with, what kind of resources are available, what are the discharge procedures, what are the resources that are given to patients when they're being discharged. Because I can't teach my students if I don't know, and I can't assess them.</td>
</tr>
<tr>
<td></td>
<td>Behaviour</td>
<td>We were introduced to the other hires. We would kind of talk amongst ourselves. How are you getting prepared? What are you doing? Did you find anything here anything is there anything we can do? But everybody was kind of, everybody's in the dark if there's something we should be focusing on. I did not; it's one of the things I wish we would have had.</td>
<td></td>
</tr>
</tbody>
</table>

**Triangulation**

Data triangulation was carried out by examining the interactions of the four data collection methods, including the guided reflection questions and responses at the start of the study and the research journal developed during the research process. Triangulation in qualitative research is achieved when multiple data sources are compared and used to support the findings, thus enhancing the trustworthiness of the analysis (Miles et al., 2020). In
case study research, Yin (2018) puts forth the idea of *converging evidence* in which “multiple sources of evidence provide multiple measures of the same phenomenon” (p. 128). For my study, I have developed an illustration to represent the analysis and contribution of each data collection method (see Figure 4). Multiple times during the analysis process, which focused on the interview data and teaching artifacts, and as I considered the themes being developed, I referred to my other data sources to identify or confirm similarities or differences in my understanding of what I was identifying and interpreting from the data.

**Figure 4**

*Convergence of Evidence*
Role as the Researcher

My background, practice, and nurse experience have firmly rooted my preference for scientific knowledge. However, the holistic and relational nature of nursing, and nursing education, has allowed me to acknowledge and understand that the individual’s experience is much more complex than what can be studied in the lab or clinic. Nursing is the core of who I am. Because of my commitment to healthcare practice and nursing education, I will often consider the whole rather than the parts to increase my understanding and awareness that there is no one-size-fits-all in any situation or experience. Therefore, when considering the purpose of this case study research, I only envisioned using a qualitative approach. My background as a nurse has dramatically influenced how I understand the world as a unique and subjective experience for everyone. Since working in the Middle East, first as a staff nurse and now as a nurse educator, I have come to understand the rich diversity of perspectives and approaches in nursing education. I sincerely appreciate how much one’s personal experience and growth are shaped by the sociocultural perspectives, interactions, and experiences in which we are immersed and to which we are exposed in our professional, academic, and personal lives. Thus, a qualitative research approach was chosen as the best fit to tap into this complexity of human experiences.
From study design to ethical approval to the conduct of each data collection and analysis phase, I have become even more aware of how I situate myself in this case study research. First, I have intentionally and thoughtfully journaled my ideas, insights, and observations during all phases of my study. Second, I have been deliberate in the data collection and data analysis. Thirdly, I have been faithful to the participants’ perspectives, narratives, and experiences by carefully considering their words, the concepts and themes from the literature review, and the conceptual framework of my study. Finally, I have been attentive to bias in this research by being transparent and reflective during each phase.

**Ethical Considerations**

Due to the location of my study, two ethics approval processes were required with total submissions, internal review, and support needed. First, an ethics application was submitted and approved by the University of Calgary’s Conjoint Health Research Ethics Board (CHREB). Once ethics approval was obtained from CHREB at the University of Calgary, I submitted an ethics application to the local internal review board, the Primary Health Care Corporation (PHCC): Clinical Research Department, Doha, Qatar. The PHCC reviewed and approved the ethics application for my study.

Due to the nature of this case study research, the most important ethical concern is the confidentiality and anonymity of the research participants. Confidentiality protects the participants from violation of their
privacy by disclosing information that might identify them or put them or their reputation at risk (Cohen et al., 2011). All data has been anonymised for my study, and efforts have been made to report disclosures in general terms. However, it is noted within the consent form that complete anonymity may not be possible due to the sample size and the naming of the institution in which the study takes place. Therefore, contact information storage with participant names has been kept separately in secured cabinets.

**Issues of Trustworthiness**

Issues of legitimation in qualitative research are related to the processes and concepts such as validity, reliability, credibility, and trustworthiness but in terms that align with qualitative research approaches rather than quantitative approaches (Ravitch & Carl, 2016). Ravitch and Carl (2016) explain that “validity is an active methodological process, a central value of qualitative research, and a research goal. Validity must be attended to from the research design phase through data collection to analysis and write up [of] your findings.” (p. 541). Thus, validity is a vital component of the research process in addition to being a means to ensure that the research is attentive to all aspects of the data collection process, from sound design and preparation to protocol development to recruitment and consent processes and methods for data organisation, analysis, and storage.
**Credibility.** Credibility in qualitative research represents “whether the participant's perceptions match up with their research portrayal” (Bloomberg & Volpe, 2016, p. 162). I addressed credibility in my qualitative research in the following ways: I have been clear and forthcoming about any bias I may bring to my study and kept a research journal during this research study to ensure my reflexivity during my study; I have used multiple sources of data to inform my study, and these findings have been triangulated; I have offered member check of interview transcripts to all participants; I have spent a considerable amount of time studying my findings and ideas with my supervisor to ensure I am examining findings from multiple perspectives. I used these strategies to ensure credibility during the research project after data collection was complete and as I analysed study findings and reported results.

**Dependability.** Dependability in qualitative research refers to how stable the data is and how data collection methods align with the research questions (Ravitch & Carl, 2016). Guba (1981) recommends keeping an audit trail documenting the procedures used during the research project. This was done for this project by keeping a detailed research log and audit trail in my researcher’s notes and observations and ongoing discussions about the research process and methods with my supervisor.

**Transferability.** Transferability describes “how qualitative studies can be applicable, or transferable, to broader contexts while maintaining their
context-specific richness” (Ravitch & Carl, 2016, p. 528). To address issues of transferability in qualitative research, Guba (1981) recommends using “purposeful sampling, collecting and reporting thick descriptive data” (p. 86). For this project, an approved research design, ethics protocol, and purposeful sampling were employed. In addition, various data collection methods were used to gather detailed and diverse descriptions and perspectives on experiences.

In this research study, issues of trustworthiness were explicitly addressed by a detailed and descriptive audit trail of notes and critical research points, using peer debriefing with my supervisor to guide and support the project, using self-reflection and journaling to manage my subjective biases, and completing member-checks with each of research participants about their interviews (which included discussion of teaching artifacts).

**Limitations and Delimitations**

**Limitations**

Limitations are defined as any aspect of the research design that may impact the findings of the research related explicitly to “transferability, applications to practice, and utility of findings that are the results of how you chose to design the study” (Bloomberg & Volpe, 2015, p. 164). Firstly, the limitations of my study include the subjective influences on the data collection methods of guided reflective questions, interviews, and
observations to thematic analysis. To address study limitations, Patton (2015) suggests that using multiple data collection methods can limit bias and researcher influences—secondly, purposeful sampling. For example, a select number of participants provided data for analysis; thus, that participant group only represented the data at that time. Finally, it is suggested by Patton (2015) to indicate the specific context for each decision at any point, as this will support credibility.

The final limitation includes the Covid-19 pandemic and the impact this may have had on participants' experiences and willingness to engage in the research. Although this was not a research question, the data collection began in Qatar when universities had been on campus and back to face-to-face learning for a semester. In addition, the country had mandated Covid-19 vaccines, and other safety protections were continued in place at the time of writing. Nevertheless, it is worth noting that participants expressed some teaching and learning issues related to Covid-19 because their first term or terms of working as nurse educators were impacted by Covid-19 and some of the restrictions imposed on them, the students, and the university. Therefore, I have made this connection for the reader when reporting the findings.

**Delimitations**

Delimitations are defined as the conceptual boundaries of a research study. They are helpful in explaining how the researcher arrived at the
research study, questions, and methodological and method choices (Bloomberg & Volpe, 2015). Delimitations specific to my study include the particular purpose of the case study research, the unit of analysis, and the location and context of the study. My case study research aimed to explore how novice nurse educators are supported in cultivating an understanding of teaching and learning in higher education with recruitment from one Faculty of Nursing in Qatar. It is noted in the literature that a multitude of research is specific to the role transition of the novice nurse educator moving into the academic role. This is not the intent of the research; the research questions reflect this as do the study delimitations.

**Chapter Summary**

In this chapter, I outlined the qualitative case study research design to examine how novice nurse educators understand teaching and learning in higher education and how they develop effective teaching pedagogy and professional teaching practices, often despite the lack of formal educational preparation. First, I have provided an in-depth presentation of the case study methodology, including the rationale and challenges associated with this research design. Then I have provided the participant sample and the context for this sample. Third, I have discussed the data collection methods and how data analysis was completed. The next chapter discusses the research findings.
Chapter Four: Analysis and Findings

In my study, I aimed to identify how novice nurse educators develop an understanding of teaching and learning in higher education. In this chapter, I provide an overview of the participant sample, the participant responses to the guided reflective questions as descriptive summaries, and the participant interviews, which included a discussion of the teaching artifacts. In addition, I have provided evidence from the participants to support and align with the identified themes.

Participant Sample

Due to the small sample size, the participant sample will be described in an overview and in general terms to protect the confidentiality of the participants.

The participant sample included male and female participants. Each participant was a Registered Nurse (RN), and the time as an RN ranged from eight to over 20 years. The participants described being in various roles before employment at the University of Calgary in Qatar (UCQ). These roles included staff nurses in frontline nursing caring for critically ill adults or paediatric patient populations to acute medical surgical nursing and even Covid-19 nursing care. Some participants described having various RN responsibilities, including staff educator or resource nurse. The participants had worked for different lengths of time at UCQ, ranging from four months to three years. All participants had undergraduate degrees in nursing. Most
participants held a master’s degree or were close to completing graduate studies. Only one participant had a master’s degree in nursing with some focus on education. One participant explained that they had taken an external course to prepare for an educator role, which was done well before working at UCQ but had been part of an overall plan to be a nurse educator.

**Guided Reflective Questions**

Upon receiving signed consent forms from each participant, an email was sent with a link to Qualtrics, the online secure survey platform used for my study. The reflective questions as a data collection method served several purposes in this research. Firstly, these questions set the stage for the study and encouraged the participants to consider some of the questions I would ask during the interview. Secondly, the reflective questions also served to build a connection between myself and the participants in general before the interview and consider follow-up questions.

The responses to each reflective question are summarized and presented as a descriptive aggregate below. In addition, guided reflective questions are found in Appendix A.

**Reflective Question One**

All seven participants responded to the first reflective question:

*Describe how you came to your current teaching role. Describe what you do in your role and what is your teaching role title.*
Each participant identified themselves as having practised as a bedside nurse. Some participants identified that becoming a nurse educator was a natural progression in their nursing career and described an interest in education. Some participants also indicated they were interested in supporting the next generation of nurses. Participants identified themselves as clinical nurse instructors or as an instructor. At the time of data collection, the academic titles at UCQ overlapped significantly. For clarity, all nursing faculty at UCQ had teaching assignments that included clinical practice, laboratory, or psychomotor skills courses, as well as theoretical courses. The title of clinical nurse instructor was used for nursing faculty that were expected to have a more clinical or laboratory-focused workload. Meaning that they had a larger teaching assignment taking nursing students to work in the clinical setting. The role of the instructor and the senior instructor was also expected to have workloads with clinical or laboratory practice. All participants described their current positions as having aspects of theory, lab, or clinical teaching. Three participants described having other aspects of their current role, including course or lab leads or operational oversight of a department. Responses show some similarities among participants and reflect the group's diversity. To ensure confidentiality, participant quotes are not provided for this first reflective question.
**Reflective Question Two**

Five participants responded to reflective question two: *Describe your personal philosophy of teaching. How do you describe the process of teaching and learning? How did you develop this belief? Has this philosophy changed over time? What has influenced this change? Why or why not?*

All five participants described a relationship with students as the foundation of their teaching. Some participants used the terms partnership and collaboration to describe this relationship. All participants described aspects of student-centred teaching such as meeting each learner where they are, supporting the learner to be responsible for their learning, and adjusting teaching style to support individual learning needs. For example, one participant wrote, “I believe, to become an effective teacher; one should be able to uncover the potential of each student and to motivate them to make the most of themselves to become a better person in [the] community.”

Four participants identified learning theories that influenced their thinking about teaching and learning: constructive learning theory, social constructivism, social cognitive theory, and Kolb's learning theory. Four participants identified their experiences as nursing students as influencing how they teach nursing. For example, one participant explained their teaching and learning influences as having “elements of transformational learning, experiential learning, reflective practice, and situated learning; I
believe clinical and lab teaching have a close connection with these learning theories.”

One participant identified that their beliefs about teaching had changed over time, which was related to their growth as an educator. Giving feedback and asking questions were terms used to describe the process of teaching and learning by participants.

**Reflective Question Three**

Six participants responded to reflective question three: *What are your beliefs about knowledge and knowing?*

All participants identified knowledge and knowing as interrelated concepts. Five participants described knowing as being internal and a way of being. Five participants identified knowledge as what is learned, and this may include facts tested during exams or the foundation of knowledge. Finally, five participants identified knowing as what drives the decision-making process.

Interestingly three participants used “how nurses learn to provide nursing care” as exemplars of learning and knowing. For example, one participant wrote, “I relate knowledge and knowing in nursing such that a student may sit, absorb, and expel the ‘knowledge’ in a theory exam; however, the knowing is in the application (lab/clinical). Nursing needs both important aspects to ensure safe patient care.” Again, similar to the first two
questions, there were alignments and diverse ways participants responded to the third reflective question.

**Guide Reflective Question Summary**

Given these responses, it was determined that the reflective questions were of value in inviting participants to consider and report on various aspects of teaching and learning before the interview. The questions also gave me overarching insight into the participants as nursing educators in general regarding their teaching roles and how they described aspects of teaching and learning.

**Teaching Artifacts**

Participants were invited to share a teaching artifact they had developed or worked on. The parameters for sharing were wide open in that participants were asked to share an artifact meaningful to them in their teaching roles or professional journey as educators. A copy of the artifact was collected when the consent forms were submitted. Questions related to the teaching artifact provided a means to begin the interview. Participant responses to each artifact are described below. Of the six artifacts shared, one participant shared a teaching philosophy statement, one shared their final assignment for their master’s in a nursing course, two shared teaching and learning tools developed by them, and two shared teaching dossiers. The themes from this data are captured in the thematic analysis.
Participant A explained that the teaching philosophy statement was written before completing their interview for their current position at UCQ. The university asked them to submit a teaching philosophy statement for the application process. When asked about why this was the artifact they chose to share, Participant A expressed their uneasiness in completing the teaching philosophy statement. They indicated that they had no exposure to this writing in their nursing education, nor had they seen a teaching statement previously. Participant A noted that they did not know how to do this kind of writing and wondered how well they had done compared to others and if they were even compared and further noted that writing the teaching philosophy itself was a new beginning.

Upon reflection, Participant A also shared that it was helpful to reread their statement sometime later because they could see their changes and growth in teaching and learning. Nevertheless, they still doubted the teaching philosophy statement and what they were doing now as educators. Participant A describes their teaching philosophy in the following way:

The [philosophy statement was the] start of something new that I had to come up with that I had not done before because I had not been an actual teacher in an academic setting. It was kind of already that first step into new water in which I had to think about things that I had not thought about before; maybe I was a preceptor or
mentoring [on] a unit, and that is teaching, but this was different in that it is a different type of setting, a different type of student, different type of expectation. It got me thinking about what it is teaching to me because I had not thought about it before in this setting. What would my goals be for students, what would a classroom look like, and what would it be starting to think about how I would teach? It was overall, and I remember writing it and thinking, I am not a teacher. Already have that sense of, do I belong in this position because it is not something I have done before, and it is not something I am trained for. It was already the start of some uneasiness to think, Do I belong here?

For Participant A, sharing the teaching philosophy statement in this circumstance and the conversation during the interview highlights how confusing it can be to ask novice educators to create a document they may need to prepare to write. Moreover, it goes against teaching principles in general, namely, assessing someone on work for which they may have yet to be provided with any fulsome instruction or direction.

Participant B

When asked why this teaching dossier was shared with me, Participant B described how it explains who they are. This statement is interesting and powerful as it illustrates how much of themselves and their identity the participant reflected upon in completing the teaching dossier. Participant B
also noted that it had been some time since they had read the dossier and had had several other teaching experiences since it was first developed. The current and newer teaching experiences have focused on clinical instruction, and they indicated they wanted to add this latest experience to the dossier. Interestingly, Participant B also noted that they had changed since the first iteration of this dossier. They had now gained more experience in the educator role.

Participant B developed the teaching dossier before beginning in the nurse educator role while taking a course for inexperienced university educators. The dossier was not fully developed or as complete as an educator who may have years of experience to draw from or to add to the dossier, artifacts such as students' feedback or reflections on their teaching. The participant explained that the course they took was taken for their learning, and the subsequent certificate was a means for gaining employment as a nurse educator at UCQ. This revelation illustrates how this participant recognised the need for professional education as they entered or, in this case, intended to move into the nurse educator role. When Participant B reflected upon why this dossier was shared, they replied, “I think it just explained who I am ... in teaching and in general, what will show my philosophy of teaching, what courses I teach till now and what leadership skills I have. It shows who I am.”
Twice during this exchange, this participant expressed how much of themselves they had placed in the teaching dossier. This participant’s responses highlight the effort and personal and professional reflection on identity that can be achieved when one develops a teaching dossier.

Participant B presents the dossier and its development as a positive experience and views its development in a growth-orientated way.

**Participant C**

Like Participant B, Participant C shared a teaching dossier as their teaching artifact. Participant C explained that there had been another version of the dossier and that they had grown as an educator since first developing it. Participant C explained they had developed aspects of the teaching dossier during a course they had taken to develop as an educator several years ago — they spent time explaining the hand-drawn cover art and how it related to nursing during the interview. Of interest is that although the teaching dossier is meant to capture the many aspects of teaching and learning, this participant had hand-drawn cover art related to nursing, illustrating their connection to nursing and nursing education. Participant C identified and spoke about their own experiences as a nursing student and how that experience had shaped them to become a lifelong learner. Further, the participant described how these experiences and overall views of teaching continue to impact their teaching philosophy.
The dossier submitted by this participant was full of their experiences. The teaching dossier reflected a portfolio built and developed over time. It also reflected the ongoing teaching assignments and immersion in the academic setting. In this case, Participant C had been working toward becoming a nurse educator for some time. This was done in tandem with completing their master’s in nursing, working full-time in a nursing role, expanding their clinical nurse experiences by adding part-time positions, and eventually beginning in some sessional educator roles when the Covid-19 pandemic shut down all face-to-face learning in their home province.

Participant C explained the teaching dossier in the following way:

I did develop my teaching philosophy as part of the continuing education course, but I have honed it even more since 2017. I feel like I've grown so much. There's more that I can add, and a transformation has occurred. It's not the exact same version; it is probably more current with my style and values now, but the core values are the same. My growth and development were pivotal in nursing school, professionally and personally.

During the interviews, it became clear that Participant C had thought deeply about their learning. Participants C's educational needs as a nursing student had significantly impacted how they understand teaching and learning. The reflection this participant experienced was noted as they discussed their teaching artifact.
Participant C noted, similarly to Participant B, the positivity of the dossier and seemed to be proud of this accomplishment.

**Participant D**

Participant D shared a teaching tool they had developed to support their assessment of students in the clinical setting. The participant explained that the teaching tool was linked to entry-to-practice competencies for new graduate nurses and further linked to the midterm and final clinical evaluation tools used at the university. The artifact provided a visual aid for logically and systematically assessing nursing students in clinical practice. Participant D explained that evaluating students in the clinical setting is like nursing care. They explained that evaluation is better in a systematic and transparent format. Although this tool was initially meant to support the instructor, it was shared with students in clinical settings. The participant noted that it was helpful to share with students; it provided a visual means to understand how clinical instructors assess nursing students in the clinical setting and how the entry-to-practice competencies can be understood. Students were provided with a tool that supported their learning and self-reflection.

The participant further explained that part of the teaching tool they developed resulted from their attempt to understand some of the formal assessments used by the university during clinical placement. Participant D described their need to feel grounded and confident with the tools in order to
be effective in their teaching role. The participant expressed concisely, “A lost clinical instructor is a lost student”. For Participant D, knowing that they were well prepared to assess the learner in the clinical setting with this tool provided some comfort and confidence going into the clinical setting. Moreover, the sharing of the tool with students provided a student-focused means of assessment.

**Participant E**

Participant E shared a teaching tool they developed to use with students in the clinical setting. The teaching tool was an example of drawing used by the instructor to illustrate some of the course content for students in a visual way. The participant discussed using this teaching strategy in university to support their learning and that they had used it when working as a teaching assistant during their undergraduate education. They reported that students had positively received this.

The participant explained the need for nursing students to have a deep understanding of many concepts and that failing to understand these concepts would impact the students’ abilities to perform as nurses. The participant was deliberate when they spoke of some of the challenges learners may have due to learning in another language when English is not their primary language. Participant E spoke of their own experiences of learning in multiple languages and how difficult it can be to accomplish this goal. Further, they mentioned there could sometimes be added judgment
about second language speakers. Although Participant E did not explain what they were doing by creating this tool the way faculty with formal education might, what they did describe is student-centred teaching. They described pivoting their teaching to meet the learner's needs, supporting the learner where they are, providing direction, changing the mode of instruction, and assessing the individual learner.

Participant E spoke to creating this teaching tool to support the learner and demonstrated the deep content knowledge they have as a nurse expert. Participant E described their teaching tool in the following way:

Regardless of their English is their first language or not. It really helped solidify the concept .... My students ... might not understand a particular medication or mechanism of action because they are there. They do not have that basic foundational knowledge, and they are unable to visualise where the problem is. Or, if we are talking about kidney function, they are just so lost. Bringing it back on paper and drawing it out for them .... It makes it a lot easier. Yes, there is still a lot of information for them to learn. Of course, they still need to learn that language and understand it, but I believe it helps them bring it down to basics and not make it into something they can explain to their patients or me. And if they can do that in two different ways, that's all we're looking for.
Participant E described creating these visual aids in real-time for students. This challenging feat shows how much effort they had put into their teaching practice to sponsor learning. In addition, the participant described being placed in an unfamiliar clinical setting as their first teaching experience and having to revisit the foundations of this type of nursing to prepare to work on the unit with students.

**Participant F**

Participant F shared an assignment completed for a course they were taking. Participant F explained that the project title was “Professional Development Workshop: Road to Resilience” and shared a PowerPoint that was the outcome of the learning task to develop a professional learning opportunity. The PowerPoint was the final product of a semester-term-long capstone project and addressed some of the potential mental health and wellness needs of novice nurse educators during Covid-19.

Participant F shared that the start of their nursing educator role at UCQ was a tough time for them. They had begun in their role while still taking the last course of their master's in nursing program and also while local Covid-19 restrictions were heavily impacting how nurse educators could interact with nursing students in the clinical setting. The participant explained that Covid-19 regulations did impact their start at UCQ. However, it also allowed them to face challenging circumstances early in their nurse educator career, thus becoming resilient. The participant described some of
the challenges they experienced beginning as an educator in the following way:

when I started teaching, that was the time Covid-19 hit. I was trying
to learn to become a teacher, plus learning how to do it in those
difficult situations .... When I brought my students to be [in] clinical, I
couldn’t really meet them as a group for debriefing.

Participant F stated that developing as an educator made them stronger
because they could overcome any obstacles during clinical teaching. This
speaks to Participant F's resilience and insight into a challenging time for all
educators.

Participant F’s sharing of the PowerPoint speaks to the many ways
novice nurse educators must address professional development to be
effective in all the areas they may teach, such as in the clinical or classroom.

**Teaching Artifact Summary**

The sharing of artifacts and participant reflections during interviews
allowed me to better understand my participants’ thoughts and ideas about
teaching and learning in ways I did not anticipate I could. For example, two
participants shared completed teaching dossiers. The vulnerability and trust
displayed by each participant in sharing these artifacts are immense. Having
had the experience of creating a teaching dossier for submission, I am fully
aware of the effort involved in creating such a representational product and
the feeling of being utterly vulnerable as an educator when sharing it with
others. While I did not ask the participants questions about vulnerability and effort specifically, I can understand and relate to the action and the sheer volume of hours needed to develop a dossier, the self-reflection, introspection, and thoughts about teaching and learning that go into creating such an artifact. From my experience, developing a teaching dossier is such a personal experience because personal beliefs and identity as an educator have been solidly explored when the task is finished. The dossier describes in words one’s personal identity as a teacher. Through the participants’ teaching philosophy statements, I better understood the positive relationships and learning environments these novice nursing educators wanted to create for and with students.

It is important to note that both Participants B and C explained that a teaching dossier was introduced when taking a non-credit course to develop their teaching skills and knowledge. This speaks to the self-evaluation of their perceived professional needs and the willingness to commit time and resources to complete additional professional learning classes to become a nurse educator.

Participant A shared a teaching philosophy statement. Although this participant expressed some self-doubt related to the teaching philosophy statement they wrote, it is worth noting that it contains the elements expected to be in a teaching statement; Participant A reflected on using different teaching strategies, working holistically with each learner, and
personal reflection on their prior learning. By reading this participant's teaching statement, I could infer they were already considering student-centred learning and ways to create a thoughtful learning space before being in the educator role.

Participants D and E shared teaching and learning tools they had developed in response to their experiences teaching as clinical instructors at UCQ. Considering how challenging it can be to create supportive student resources, I was impressed with the evaluation and visualisation tools these educators developed. It spoke to the real-time teaching and materials creation that clinical instructors must do in the clinical setting. Developing teaching and learning tools that were both student centred and thoughtful about clinical practice demonstrates how fully invested these novice nurse educators were in developing effective teaching and learning practices.

Participant F shared a teaching artifact related to their professional growth. The artifact showed what was important to them as a new nursing educator at a particularly challenging time as they spoke to understand their own learning needs as well as the mental fortitude needed at such times to be a positive educator. This presentation was different from the other teaching artifacts participants chose to share. However, Participant F’s choice highlighted a topic in teaching and learning along with professional development considerations that must be part of professional learning, such as taking care of wellness and professional education.
Collectively, the shared teaching artifacts demonstrated how the participants in my study expressed themselves in terms of what was meaningful to them to show their teaching and learning. Participants B and C both shared teaching dossiers that demonstrated growth as educators. Participant A, however, used this requirement to share their teaching philosophy statement, which presented an opportunity to discuss some of the challenges they experienced and even to speak to some of the early challenges they had as a novice nurse educator. They had even noted that there was a difference between what education students learn and what nursing students learn. Participants D and E both shared tools they had developed. While Participant D shared a tool used for student assessment, Participant E shared a tool used in real-time in the clinical setting. Participant F shared an assignment developed for school, yet this represented professional development and elements of teaching and learning.

A challenge with using the teaching artifacts as a data collection method was not including the artifacts further as a data collection source. In other words, I did not analyse the artifact that was submitted, but rather each participant’s responses evoked by the artifact. I asked each participant to share what was meaningful to them as an educator. In hindsight, I would have asked more questions about the content of the shared artifact followed by a comparison of that data as well. In the future, I would make room for this or a more in-depth explanation of the content for more understanding.
Inviting participants to select and share a teaching artifact and asking them about it during the early part of the interview built some trust and connection with participants about the topic of interest. I was surprised by the breadth and depth of information about teaching and learning in higher education and becoming a teacher that the teaching artifacts produced. I was also impressed by the teaching artifacts and the descriptions provided by the participants about their teaching and learning practices concerning the artifacts. Having each participant speak to the shared teaching artifact, I was able to generate deeper insights and understanding in response to one of the sub-questions: (a) How do novice nurse educators understand their roles in teaching and sponsoring learning in nursing?

Themes

Several themes were identified during data analysis of the interviews, and these overarching themes are reported below from the most frequent to the least frequently found. Six themes emerged from the analysis of interview data and include the following:

1. Emotions and Feelings: All participants describe some emotion or feeling related to their new position. This theme is further divided into sub-themes of positive or negative emotions.

2. Preparation: All participants identified having had some previous exposure to aspects of the nurse educator roles. However, this does not translate to feeling prepared for the nurse educator positions.
3. Professional Learning: All participants identified having exposure to professional learning either before or immediately after beginning in the nurse educator role.

4. Professional Learning Support: All participants identified having had access to professional learning support as they began in the nurse educator role. This theme is further divided into sub-themes of facilitators and barriers. Facilitators are divided into peers, educational resources, and academic coordination/leadership subcategories. Barriers are further divided into needing to learn how to begin, teaching courses outside of expertise, and unit orientation.

5. Cultural Context: The theme of cultural context is further separated into sub-themes. The sub-themes include gender, language, Islamic culture, regional customs, and neutrality.

6. Teaching and Learning: The theme of teaching and learning is linked with general pedagogical knowledge (GenPK) and pedagogical content knowledge (PCK) as described in the conceptual framework in Chapter One (Gess-Newsome et al., 2019; Shulman, 1986, 1987; Koehler & Mishra, 2009).

**Emotions and Feelings**

All seven participants expressed their experience of emotions and feelings as they began in nurse educator roles. Each participant indicated they were impacted by some emotions and feelings at some point since
starting at UCQ, making this the most meaningful theme described during the interviews. As participants described how they prepared for their new roles, terms that described emotions were frequently used to convey the experience. Emotions and feelings have been further divided into sub-themes of positive emotions and feelings and negative emotions and feelings. Key participant descriptors are expanded in the below text.

**Positive.** Positive emotions and feelings are defined as any emotion impacting the participant positively. They include emotions and feelings expressed during interviews, such as confidence, self-awareness, desire, enthusiasm, excitement, preparedness, and gratitude. Participants shared positive emotions or feelings about their earliest experiences with teaching in the following ways. Participant G described not feeling lost when they began their new role as an educator: “I did not feel completely lost or anything; it was good.” Participant F described personal happiness and joy in being able to support nursing students as they began as nurse educators. Participant F explained, “I feel like this has been such a great opportunity. I feel like I am so happy in this role because I am doing more.”

Participant E noted their excitement about their learning and the further sharing of this new knowledge to support the nursing students’ learning with their new knowledge. Then, without explicit reference, Participant E described the need for academic content knowledge (ACK) to help nursing students in this teaching assignment. Participant E further
described their self-awareness and critical reflection on their knowledge gaps when preparing for their new courses. Finally, Participant E described their emotions in their new role in the following way:

I was not afraid. I was looking forward to it, so learning new things excites me.... If I am gathering that knowledge to teach ... the sense of responsibility drives me.... It is fascinating. I knew I was unprepared, but it did not scare me. I was excited to learn.

Participant E explained their motivation to learn and their understanding of how they need to teach. Explaining their learning and knowledge of content is part of how Participant E understands teaching and learning. Participant E described an awareness of their responsibility to show up to the clinical setting and teach in real-time. They explained that they did not initially understand teaching in the clinical setting as an autonomous act and that there would not be a guide to support them. This may have been a barrier to understanding what to do in the clinical setting with students. The lack of understanding may have hindered them at first. However, Participant E noted that they could move forward independently once they understood the level of autonomy involved. For clarity, clinical teaching in the healthcare setting is done in real-time. It involves multiple variables incompatible with lesson planning and tightly structured teaching, relying instead on the educators’ abilities to promote learning based on the situation. Participant E
summarized their feelings and discovery of their role in teaching and learning as follows:

I will use the word overwhelming for the first semester just because there was so much, and I did not know how much autonomy there is, especially regarding clinical placements. Clinical placements for students are what the instructor makes an impact on ... I was looking for a structure I could follow, but once I figured out there was not one, I developed my own from my rules with specific[s] [to] work well.

Participants E, F, and G offered a multitude of positive emotions and feelings to describe their beginning time as nurse educators. Participant G described what they did not think by indicating they were not lost; they also expressed surprise that they did not feel lost. This reflection suggests that Participant G may have anticipated a rough start in the novice nurse educator role. However, it is noted later in this section that Participant G felt they could draw from all their work history to function in the nurse educator role. While Participant E described their positive feelings, they also provided insight into what they know and do not know about teaching and learning. Further to this, Participant E explained a circle of naturally feeling overwhelmed by a new role but easing into some of the expectations of that role once a better understanding emerged of what it is they must do and how they must rely on themselves as an educator.
Participant F explained their happiness in their new educator role and their deep satisfaction with realising how much impact they have as a nurse educator. Interestingly, Participant F stated that they have a lot to share as a nurse educator; this is the first identification of a novice nurse educator referring to their nursing knowledge and wanting to share this with students. This is an example of academic content knowledge (ACK) for the nurse educator relating to “the general factual knowledge that a teacher possesses about a specific topic” (Gess-Newsome et al., 2019, p. 945). This realization is similar to Participant E’s insight where they described how much impact they make as an educator in the clinical setting.

**Negative.** Negative emotions and feelings are defined as negatively impacting the participant and include stress, insecurity, doubt, frustration, anxiety, loss, unease, and unpreparedness. Participants expressed negative emotions about their teaching roles in the following ways.

Participants G and A describe very high-stress levels at the start of their novice nurse educator roles. Unfortunately, Participant G indicated that their entire experience during their first year as a nurse educator was full of anxiety. Participant G described their self-doubt about their place as a nurse educator: “Let's start with my first year as a nurse educator. My anxiety levels were high” I interpret this disclosure about whether they belong in the role as another contributor to their anxiety levels.
Participant A described a stressful time when they accepted the position and started in the nurse educator role. Participant A elaborated on self-doubt and questioned their abilities as an educator by stressing that they had no educational background. Participant A explained their emotions in the following ways: “That was a high-stress time between the time that I was offered a position and accepted the job.” They elaborated on the unease:

I already have that sense of do I belong in this position because it is not something I have done before, and it is not something I am trained for. It was already the start of some uneasiness to think, “Do I belong here?”

Participant A noted several negative emotions and described the impact on their physical state while teaching that persisted for several weeks into the term. This participant described these highly negative emotions and illustrated not knowing what to do while teaching. Participant A elaborated that although their feelings had improved, and they seemed to have settled into the term, their educator role appeared to be a constant stressor in their work life. Participant A shared their uncertainty about teaching in the lab and struggled with not knowing what to do until they discovered that there was autonomy when teaching and that they could adjust the class as needed. It is inferred from the passage below that not understanding the basics of teaching and learning impacts the learner and novice nurse educators. In the
quote provided below, Participant A described many emotions when describing their experiences related to teaching in the laboratory setting:

I remember shaking, and in my first lab, I was shaking. I felt like I could not even speak .... It probably took me about three to four labs before I said, okay, that is not working, and I found something different to do. And it was like everything there was a light bulb that went on; there was something that worked that day that I was, oh, I can do this. It is going to be okay ... I think it took me three to four labs before I noticed I started having any confidence in myself at all....

Participant A further described the discomfort of teaching in the clinical setting and explained that the initial sense of not understanding what to teach or how to teach significantly impacted their beginning experiences as a novice nurse educator. Next, Participant A offered insight into the settings where the nurse educators may work, namely, the clinical, laboratory, or classroom setting. Each of these settings requires a unique teaching knowledge and skill set. Next, Participant A described the barriers and the negative emotions that occur when there is a lack of understanding regarding teaching as well as the long-term burden of not knowing how to teach. This was clarified by Participant A as the emotional drain they felt because of this lack of understanding. Finally, Participant A offered insight into how Covid-19 impacted their ability to teach and support students in the clinical setting. Covid-19 restrictions would challenge most seasoned clinical
educators. It is no wonder that Covid-19 created additional student teaching needs and burdens for novice nurse educators. Participant A explained the turmoil they felt in their new educator role.

Clinical was a whole different issue, just because I felt as though I did not know my place .... What am I allowed to do? What am I not allowed to do? It was pretty cloudy for a while ... how to feel comfortable teaching at the bedside with them [students], and then with Covid-19, it was a whole new dynamic of how to think about congregating with students ... It became pretty exhausting. I felt like I was repeating myself too many times ... I just felt scattered. I was spending a lot of my energy on educating people here and there, and it did not have a good flow as I had envisioned.... By fall, I am feeling more confident. But still very overwhelmed, and it has just been a heavy course load this semester. Part of the problem is that I still do not have enough of the basics.

Participant A noted that the negative emotions and feelings they experienced were difficult to overcome due to the workload. What I infer as a sense of helplessness and overload was further compounded by needing to be ahead of their identified learning needs. The current and ongoing job demands on Participant A, their lack of understanding of their role, and the self-awareness of needing to learn the basics of teaching and learning appeared to create a challenging first year. Participant A described a cycle
of negative emotions, a few moments of insight, and moving forward, accompanied by feeling overwhelmed by a demanding workload and an inability to manage. It is important to note that Participant A, as time moved on, explained that they had more clarity, comfort, and confidence in themselves and a better understanding of how to perform in the role of a nursing educator. Yet, Participant A expressed feeling continually burdened by workload and teaching obligations making it difficult to get on their feet as a nursing educator. Over time, the negative beginning described by Participant A did calm down, and the transitional experience of being completely new did dissipate. Participant A described their emotions after completing a few terms as an educator.

I have yet to have any information about education and how to do it right, so there was nothing in the winter and spring terms. When you are in touch with other instructors and have these, whatever it is, the book clubs, the meetings, the [named] events. You feel you get a touch of what I want to do and any insight on improving what you are doing. Although I feel more confident going into the fall term and more relaxed, the workload is so heavy that I do not have time for those other things .... There was one event I went to ... I was already so overwhelmed. I thought this was what I needed; I needed to be at these events, whether for an hour or to get that structure. It will save me a lot of time and hassle in the long run, trying to figure it out on
my own. But my schedule does not allow for anything else. That has been frustrating. This semester I still do not have that foundation of teaching that I need to improve what I am doing; that has been my beginning. I hope that the winter term ... is looking better. I am hoping that I can tap into these books. I have other books I started reading, which I put entirely on hold.

While some participants described and linked negative emotions as having negative impacts, others described negative emotions in terms not linked to negativity. Participants B and E said that the consequences of the negative emotions did not impact them negatively but served as a motivator to keep going in their new educator roles. Participants B and E described having confidence in themselves and their abilities, self-awareness, and belief that their strengths would get them through the challenges and uncertainty of a new role. Thus, while acknowledging challenges in their new roles as nurse educators, it was a role that Participants B and E initially felt or believed at which they would eventually succeed. Therefore, they did not describe the same struggle experience as others.

Participant B noted a belief that their abilities would support them to be successful as a new educator and further offered the additional preparation they did by reading to keep themselves in the nurse educator role. Participant B explained in the following way: “When I think about it ... I like challenges in difficult situations because I believe. I am a good problem
solver. In the beginning, I read a lot to prove myself. I can do this. And I did it." Participant B identified self-awareness as a contributor to their comfort in a new role.

Participant E explained their awareness of the challenges they may face as a new nurse educator yet drew from their experiences as a nurse working in the clinical setting. Participant E described their constant awareness of the need to learn as a nurse. Participant E described their experiences as a learner and understanding themselves, which may be interpreted as impacting how they perceive themselves moving into the nurse educator role. Thus, some of the self-doubt described by other participants is experienced differently by Participant E because they described and demonstrated an understanding of their learning approach. Participant E explained in the following way:

I knew it was going to be a challenge for sure. There is no way that I came in thinking I knew it all ... I would not say that I was prepared; I am aware of my strengths; I will say that ... I did not think I was ready.

For Participant E, their confidence in themselves as a learner and as a nurse, their understanding that learning may take time and is ongoing, and their ease of taking on the challenge of a new educator role did not appear to be impacted negatively by negative emotions.
Participant C described variables other than teaching and learning that may have affected how they felt or were experiencing their new educator role. They described moving to a new country, experiencing a new culture, and not knowing the nursing program as other factors that might have impacted them. However, these factors were expected by the participant. Participant C described the end of their first term in the following way:

In the beginning, the move to Qatar had different elements .... there are other factors impacting the experience, which are that I just moved to a new place, I am getting my bearings, dealing with jet lag, trying to understand the content, and delivering effective care plans, plus a little bit of anxiety just in the beginning that anyone might feel at the start of the semester and getting to know students.

Whether the participants described positive or negative emotions, it can be understood that the feelings of novice nurse educators can significantly impact the participants’ experience and progress during the beginning of their nurse educator careers. While positive emotions did not seem to create cycles of stressors, some negative emotions pushed novice educators to expand and explore their learning needs. Conversely, some participants reported experiencing more extreme negative emotions and seemed to struggle through vicious cycles of doubt and anxiety, realizing how much there was to learn to be successful in the nursing educator roles, such as content preparation, classroom management, and assessment.
Additionally, it can be inferred that novice nurse educators know there is a need for professional growth yet still experience stress when they cannot move forward because they are restricted by workload.

Interestingly, none of the participants outright described or explicitly stated that their emotions hindered their performance or their experiences as novice nurse educators, just that they had these emotions or feelings. However, later in this section, participants’ behaviours that impacted their first terms as novice nurse educators will be described.

**Preparation**

While none of the participants held a formal credential in education, all seven participants described some previous experience as educators. For example, participants described working as educators with patients in the clinical setting or holding a formal role as a bedside nurse, such as onboarding new staff nurses, working as teaching assistants at universities, or working with students as a preceptor at previous employers. However, almost half of the participants reported feeling unprepared for nurse educator roles.

Participant A described feeling unprepared for their new role as a nurse educator in the following way:

I did not feel prepared. And I felt as much as I wanted to, I did not even know where to start. I have never been, and I know I have never, taught in a classroom before students.... Then you hear about
all these different strategies and how to prepare and plan on how to teach. That is wonderful.... I feel teaching is just a whole other discipline; we are there educating teachers for years, six years to do this job, and I am supposed to feel prepared within one month.

Participant A noted the belief that educators are intentionally educated to be educators over years of formal secondary preparation. This Participant indicated that not having this foundation added to the confusion and stressors they experienced in their role transition. However, Participant A indicated the expectation when they began at UCQ was that they would perform as a fully equipped nurse educator. Participant A explained feeling overwhelmed because they were left to fend for themselves regarding professional learning.

Participant E described the challenge of needing to figure out what to do as a nurse educator. They explained their feelings about being prepared: “I knew it was going to be a challenge for sure. There is no way that I came in thinking I knew it all. I would not say that I was prepared.... I am still learning, and I am not familiar.” Although Participant A is clear about their lack of preparation and struggles, Participant E described their lack of preparation as a healthy challenge. In both cases, I was left wondering about the impact on students’ learning when the nurse educator lacks the foundational knowledge and preparation needed to teach well in higher education.
Two Participants, G and F, identified that they were prepared to work in the educator roles. This feeling of preparedness was present despite not having a formal background in education. Participant G described a natural progression in their over 20-year nursing career. Participant G further explained having had various nursing roles, each involving some teaching aspect. However, the teaching involved teaching nursing colleagues or patients. Regardless, Participant G credited these experiences as giving them a strong foundation in the basics of teaching and learning and, therefore, the ability to move into this new position. During the interview, Participant G described their feelings about being prepared for the educator role in the following ways:

I was all along in my career because I did so much educating ... as part of my career. When I was in the ICU, I was a patient care coordinator, so part of my role, 75%, was educating.... I did [so] much educating at different levels; I was aware of the other learners and their capacities.... It was almost as if I was finally meant to enter this role. I did not feel utterly lost or anything.

Of all the participants, Participant G was the only one who described their experience in the clinical setting as preparing them to be effective in the nurse educator role.

Participant F explicitly credited their orientation at the university as helpful to their initial feelings of preparedness and described that time as
beneficial to their overall preparedness. Additionally, Participant F drew from their own previous local work experiences as applicable to feeling prepared and described that working at local hospitals contributed to their success and confidence at UCQ. This is an important consideration as most new faculty at UCQ do not have local or regional experience as healthcare providers. Therefore, this knowledge and experience with local and regional healthcare providers is something to consider when recruiting and orienting new nurse educators to UCQ and Qatar.

Participant F described having the opportunity to observe many nurse educators and that this also allowed them to witness nurse education in action and contributed to their early feelings of being prepared. This insight speaks to the value of intentional role modelling by more senior educators whenever possible. Participant F described their thoughts about being ready for the nurse educator role: “Yes. We were given much orientation. I feel fortunate because I worked in that situation and in that clinical setting, you know, [name of institution]. I am lucky that way. Yes. I am prepared. I am ready for this role.” Other participants were neutral in how prepared they believed they were for the nurse educator role. This theme is consistent with the professional learning theme described in the next section.

Participant B described their growth as a nurse educator and recognized that they had developed and evolved since they had begun in the educator role.
I am way better. I think because when I started, that was my first official instructor role.... I will say that my way of handling clinical now differs from when I began.... What helped me was to understand that quickly. I have had four clinical courses in the last three semesters. Participant B explained that they had had more experience as an educator but also brought the benefits of having similar or identical teaching assignments to the forefront. Time affordances from the heavy cycle of new courses and new material to learn, which can add substantial workload to any educator’s busy term, allows the novice educator to gain experience and build on consistency hopefully along with the opportunity to self-reflect and gain meaningful insight into their teaching.

One participant, Participant C, explained that, in general terms, they still needed to feel prepared for the context of working at a transnational campus and never thought to investigate some of the nuances of working internationally. Participant C explained that although they felt prepared for the educator role, they needed to prepare for some challenges when working at a transnational campus and described needing to fit in due to the context of Qatar. Using the phrase of being a square trying to fit in a round hole immediately suggests how Participant C may have been considering how challenging it is to work on a transnational campus alongside the variables of it being a Canadian curriculum and a Canadian university. Although the Canadian aspect of the educator role was an initial draw for this participant,
being at a Canadian university significantly impacted Participant C’s novice nurse educator role, and not positively.

Participant C further explained that they felt prepared for the educator role; they recognised that they had initially been unaware of how working at a transnational campus may impact them. Participant C also described that they were excited by the "Canadian-ness" of working at UCQ but still needed to recognize that a transnational campus would have some unique challenges. This will be further developed and explored in the theme of culture but is presented here as well due to the overlap. Finally, Participant C responded to being asked if they felt prepared to work in the educational setting in the following way:

In my heart and my enthusiasm, yes, and the goals I had identified for myself that I wanted. I was ready, enthusiastic, and looking forward to learning…. The other thing I am learning now is that one of the things that appealed to me for this role is that it is a Canadian university with a Canadian curriculum. But since the first month of clinical, I realized that [in] the first month of the semester [to] think of the university as a square, but there are a lot of contextual factors; it is like trying to fit a square into a circle.

All seven participants expressed mixed experiences of feeling prepared or unprepared for the new educator roles. Some participants said that they were prepared enough to handle their new roles and that they had seemed
to understand themselves and how they learned at some point in their academic journey. The move to a new and unknown experience is met with a straightforward attitude and realistic expectations for themselves as a novice. Other participants explained that the many years of nursing experience and nursing experiences had prepared them to move into nurse educator roles, which supported them in feeling prepared. On the other hand, some participants explained that they were unprepared, and for some, this was a barrier to comfort and early success in their nurse educator roles.

**Professional Learning**

All participants described partaking in some professional learning related to the nurse educator roles either before beginning as educators or shortly after. Professional learning refers to any courses, workshops, or other educational sessions the participants took to support themselves in their roles as nurse educators or in the understanding of teaching and learning. While professional learning may seem to overlap with feeling prepared, in this case, it does not. Therefore, there is a separation in this context between feeling prepared to work in nurse educator roles and that of the professional learning completed or uncompleted before beginning in nurse educator roles.

The variety of professional learning ranges from formal year-long courses before beginning as an educator to accredited courses offered and taken after accepting new positions. In addition, other participants noted
that UCQ offered learning modules and various internal professional
development opportunities during the term.

Three Participants, B, C, and F, described taking a specific educational
course designed for nurse educators. The three participants explained that
they took classes before starting in educator roles. This investment in one’s
professional learning speaks to the commitment of the nurse educators, as
this is not usually a role requirement. Completing a course for nursing
educators also suggests that nurse educators identify their own learning
needs and recognise that they must seek professional learning to support
them as they move into nurse educator roles. Participant F explains some of
the courses they completed before being in the nurse educator role:

I took this course from [named institution] to become a clinical
instructor. It was helpful. [I learned] How to give feedback to
students. We discussed issues that everyone in the class had, and
those courses and discussions prepared me mentally for any problems
I may encounter in clinical.

Participant F explained the details of the course they took in preparation for
moving into a nurse educator role. Both Participants B and C explained the
details of professional teaching practices they learned before moving into
educator roles, such as reflection and developing teaching philosophy
statements. Participant F explained learning how to give feedback and
mentally prepare for some of the challenges they may experience in the
nurse educator role, as a nurse educator in the clinical setting. Participant C explained:

In that educator course were lesson planning, teaching philosophies, and active teaching strategies ... in terms of preparing for the educator role. I reflected a lot and took away that I have so many experiences from my undergraduate with that I can connect or draw from.

While many participants identified taking a formal course related to nursing education, some participants described their self-directed learning initiatives as they prepared for the new role of novice nurse educators. Participant G identified the strategies, which were entirely self-directed, such as reading and learning about the educational pedagogies and theories related to teaching and learning before beginning in the educator role. Participant G also explained that once they had some of their own teaching experiences, they had a means to learn and draw from their knowledge of teaching and learning.

I read up a lot on different educational philosophies [to get] ideas of how to teach because I have been on the other end of the spectrum. Still, I have to go back and look at the theoretical basis of education, the pedagogy; I like learning things by asking a lot of my friends and colleagues in the academic world and learning from them.

Participant E described their unique preparation steps to work in an unfamiliar clinical setting. These activities demonstrate that preparation, be
it formal or informal, is influenced by the effort put forth by novice educators. Participant E drew from their nurse experiences and nursing knowledge about tackling a new role and explained:

The only problem I faced was that I had never worked in [named]. I reached out to [named], who was my mentor at that time. She shared quite a few resources with me before going into clinical .... I got to know the unit well and the kind of things I would give a new staff member; I gave those assignments to myself. All the standard medications, all the different types of patient demographics that we are dealing with, what kind of resources are available, what are the discharge procedures, what are the resources that are given to patients when they are being discharged .... As I would tell new staff that helped me the first semester.

As this statement demonstrates, Participant E drew from their clinical experiences to guide their preparation as a nurse educator. This is important in that Participant E recognized their knowledge deficits in the clinical setting with which they were unfamiliar. Moreover, they took charge of what they needed to learn as an educator to support their learners.

The data shows that participants described a broad spectrum of professional learning as part of their self-directed or scheduled preparation for their novice nursing educator roles. Several participants identified their needs and were able to immerse themselves in available courses that
examined the foundation and fundamentals of teaching. Others drew from their experiences and took a more self-directed approach to address their perceived learning needs as educators. From these descriptions, professional learning for novice nurse educator roles can occur in various ways.

**Professional Learning Support**

Many participants spoke about the support they received from the university as they began their new roles as nurse educators. The majority of six of the seven participants identified that they had received multiple means of support from the university when starting their new position. The participants identified that they may have had a positive experience with one aspect of the support offered but not with another. For example, Participant E remembered having a supportive preceptor but being assigned as a clinical instructor to a unit and nursing specialty with which they had no prior nursing experience. Thus, the theme of professional learning support is further divided into sub-themes of facilitators and barriers.

**Facilitators.** *Facilitators* of professional learning support are any variable that supports novice nurse educators in their professional learning.

**Peers.** Four Participants identified working with supportive and helpful colleagues as the most substantial support of their professional learning (Participants A, E, F, and G). For example, Participant G described how supportive their teaching peers were when they began in their educator role
and explained,” the fantastic, excellent colleagues that I had around me. They taught me about the structure of academia.”

**Educational Resources.** Participant G further described precisely what they learned from their peers: “forming the exam questions, teaching the material, and the resources. I did not know that they were instructor resources that we had. Because I was still doing my slides ... those things were beneficial to learn from experience.” By simply learning from peers about readily available help, this participant was able to free up valuable time for other teaching responsibilities, or their workload may have seemed more manageable, thus decreasing the heaviness of the work.

**Academic Coordination/Leadership.** Participant B described the powerful learning from peers obtained by working with others on the teaching team. Participant B described their experience working with a seasoned instructor, who as a course lead, role-modelled how to navigate a large group, how to collaborate with others, how to incorporate reflective teaching practices, and how to keep the student learners at the forefront of the course. Participant B explained their learning in the following way:

I have been so lucky for labs that I had [named] as my team lead. She was excellent at delegating ... her time management, and how she involved all her team members in the course and made sure to double-check everything, and she was always there for us. She had students at the forefront and ensured we provided the best education for the
students. She always thought about whether we were being fair to the
students .... I just followed everything she was doing, and I would do
precisely how she prepared for her lab. Not that it was always perfect,
and I believe she knew that because after our labs, we would get
together and write down things that we could do better for our next
lab and the next term, so that made it not a dictatorship. It worked
because we were trying something that had worked in the past, but
still, there was room for improvement, and we were all encouraged to
voice our opinions, and we all felt respected. It was open
communication between all the course members, which led to open
communication between the instructors and the students because we
were taking their feedback to our meetings.

From the above description, I understand that key learning beyond
teaching, such as collaboration, team sharing, and democratic and open
conversations about practice with and from peers, needs to occur as novice
nurse educators transition into teaching. Being surrounded by nurse
educators who understand their roles not just as educators, but as
outstanding educators who can genuinely be role models is helpful for new
educators to see. This peer learning and modelling and leadership supports
novice educators not only with aspects of teaching, but also with the other
skills needed to be successful nurse educators, such as how to work in a
team and collaborate, how to collect feedback, how to make improvements
to teaching plans, and how to include the learners in this process. In addition, a range of professional skills are vital in educator roles and need to be explicitly and implicitly taught by peers.

**Barriers.** Barriers to professional learning support are defined as any variable that interferes with novice nurse educators' professional learning. Key barriers to the novice nurse educator's success in their new role included learning how to begin as an educator, teaching courses outside of expertise, and having no orientation to hospital units.

*I Need to Learn How to Begin.* Participant A described starting at the university and recognising they needed to address some of their knowledge gaps, but they needed help knowing how or where to begin. They implied feeling lost and uncertain about preparing for their new role and further described wanting clear direction and guidance about preparing for it. Participant A highlighted a real challenge for novice nurse educators and explained that not knowing where or how to start to prepare for their new role in the following way: “I would be more than happy if someone just showed me a bunch of books and said, focus on these things .... This will get you a good start ....” Not having had any nurse educator experience or formal professional learning, they described needing help to move forward in educator roles.

**Teaching Courses Outside of Expertise.** Participant E noted that a barrier to their professional learning was being placed in a clinical unit where
they had no prior experience as a staff nurse. Although the participant did not explicitly identify this teaching assignment as a barrier, it does create an additional learning need for the nurse educator. Participant E demonstrated insight into their abilities and nursing experiences and was able to overcome this on their own; this outcome may be different for other instructors.

Participant E explained:

I was assigned a clinical to take my students to a five-day clinical. It came pretty naturally because it was just that it was not on campus; it was not in the lab. The only problem I faced was that I had never worked in a [named unit] or had never worked in [named] unit.

This insight from Participant E provides an example of needing more academic context knowledge (ACK) to teach specialized nursing courses. ACK is defined in Chapter One as the nursing content required to prepare a nursing course (Gess-Newsome et al., 2019; Koehler & Mishra, 2009; Shulman, 1986, 1987).

Unit Orientation. Participant E explained the lack of exposure to the hospital unit. Participant E stated, “There was no orientation for the unit. We just went with the flow; even though I am not a go-with-the-flow type, I like to be prepared before I go in.” This is an additional challenge to overcome for anyone, and even more so if one lacks familiarity with nurse educator roles. The lack of understanding of the hospital unit, combined with a lack of
familiarity with the educator role, may have impacted the potential for success of Participant E’s first nurse educator experience.

A wide breadth of facilitators and barriers impact novice nurse educators learning about what it means to be in their new role. Several participants identified facilitators that supported their learning, such as having supportive and knowledgeable peers or educational leaders who can guide them as novice educators. Although it was not expressed outright, we can assume that not having supportive peers or working with unknowledgeable peers would also impact their novice nurse educators' growth. Other participants noted that barriers do directly impact their development as educators. Each identified barrier speaks to the need for thoughtful and organised onboarding and ongoing support with professional learning. Not having direct guidance can have a negative impact on novice educators and, by extension, nursing students.

**Cultural Contexts**

All seven participants described how the cultural context of Doha, Qatar, had affected their teaching or communication with students. Interestingly, there was no agreement between participants about the impact culture may have had on teaching and learning. This pattern is essential as this likely reflects the diverse life experiences of the nurse educators involved as participants in the study. The description of the cultural context theme is separated into subcategories. The subcategories...
include gender, language, Islamic culture, regional customs, and neutral. Participant descriptors will be provided in the following sections.

**Gender.** The most common theme about the cultural context noted by participants is related to gender. Gender refers to males and females. It is not uncommon in Qatar for schools to be separated by gender. Other gender separations and rules are common, such as genders would not mix in public unless they are married, or some siblings and females may have chaperones outside the home.

Teaching in the nursing faculty at UCQ presents challenges that need to be understood and addressed because the UCQ campus has mixed classes of male and female students. Blending males and females on campus and in the classroom may take some time for Qatari students to become accustomed to. In addition, in Qatar, there are expectations for nursing care to be provided in ways consistent with the policies of its large healthcare systems. Namely, male nurses will not care for female patients, and female nurses are expected to provide nursing care to both genders.

Three participants referenced gender as a barrier to teaching as they must navigate when teaching both genders in their classes of mixed genders. Being acutely attentive to gender may not be at the forefront of the novice nurse educator's mind. Gender may be a consideration when working with the opposite sex. However, it can be managed as Participant C explained:
Students have opportunities to practice [skills] on each other, so modesty may be one of the values for some of the students, or comfort with practising on each other is one element. An example would be I had one male student in my lab for one of my courses. The thought came to me of, you know, if we do assessments like that require physical touch, for the male student to have a meaningful experience if they do not have another male, if they are not able to practice on someone appropriately because no other female student is comfortable with that, that can that impact learning.

Other participants present the matter of fact as a way of addressing any issues with gender that may come up. As well, from Participant F, when potentially sensitive or uncomfortable nursing skills and topics of anatomy are addressed medically and clinically, the students are the ones who explain that this is simply a part of healthcare. Therefore, it may be that the issue of gender is more of a concern for educators than students.

When having male and female students, I learned that some students want to avoid practising skills with boys.... I asked them, do you mind doing that? I will be very transparent with them. Students usually verbalize that this is normal in nursing, and they must do that in clinical settings.

One participant indicated that culture is always on their mind when teaching and impacts how material related to anatomy is presented, this is
mainly when dealing with teaching and nursing skills related to the basics of nursing care. Participant G explained how they support nursing students in developing and practising nursing skills: “It has to be in a very clinical way .... I tried to do that in labs [for] bathing or catheterizations.” Expressly, gender is a challenge that may impact teaching and learning for some faculty and students. Novice nurse educators note various adaptations made to respectfully accommodate students, taking cues and guidance from the nursing students themselves. Despite attempting to meet learning outcomes, issues related to gender may be out of the novice nurse educators' control when navigating organisational norms and policies related to gender.

**Language.** Only one participant explicitly identified challenges with language impacting students’ learning. Interestingly, Participant E noted that the responsibility for learning how to support students who may have a barrier to education due to being a second or third-language learner falls squarely on the shoulders of nurse educators. Participant E elaborated on the need for faculty to develop better insight and empathy for some learners who may be experiencing challenges in their learning because of language. Finally, Participant E described some of the difficulties and judgments that second language learners may have, and this is eye-opening:

And the stigma that comes with it. And sadly, people are quick to judge if you cannot be articulate and they are in their first language. I
am aware of that being here. [I] Suppose students need help articulating their thoughts or understanding the content in English. In that case, I incorporate different Arabic resources, especially during clinical when I can teach them one-on-one because it is their right. It is their first language, and if they are comfortable learning in their first language, they should have the resources for teachers to understand that and then cater to the student’s needs. Instead of just being like this is an English Institute, and everyone should be excellent at it. ....

The last question that you asked was how culture impacts my teaching; I guess bringing it back to my drawings and my visuals also helps so that they get rid of the barrier.

Despite being an English language university, challenges for students learning nursing in the English language do arise. Navigating second language learners requires a strong understanding of course material and the ability to use language pedagogy as well as the insight needed to support the learner in various ways, such as using visual cues, being clear when providing directions, and giving additional time to respond to questions among other teaching methods. This may be challenging if novice nurse educators lack this foundational teaching knowledge and practices.

**Muslim Culture.** Several participants reference Islamic culture and the need for nurse educators to recognise some of the differences that may impact students’ learning. Muslim culture refers to any aspect of the culture
related to the Islamic religion. Three participants raised the issue of differences related to what may be described as the priority and the expectations for students within their own families. Participant E noted that many aspects of day-to-day life are different and carry different expectations for those who are part of those activities. For example, Participant E noted that some elements of Islam are essential, and faculty need to be deeply aware and accommodating of these things as they described:

The Islamic culture affects thinking here in the Middle East. Just respecting people's boundaries and understanding how they, with a child being born to them, to the funeral proceedings; everything is different, and everything is so necessary.

Another participant identified obligations students may have outside of university due to religion and family traditions. Participant C offered that they had adapted some of their expectations and understanding to support the learner. They describe their experience in the following way:

It is very family oriented with some examples or reasons why students cannot complete work or are unable to attend clinical or things like that. Maybe I was not used to it in the beginning, but now I just realized I must be more mindful of what is culturally sensitive about things like family-related emergencies.
All nurse educators must understand the major religion of the country they work in. Working knowledge of the possible impact this may have on teaching and learning is vital, and accommodations need to be made.

**Regional Customs.** Regional customs are aspects of the local customs identified by the participants. Participant D described the awareness of some local influences in Qatar. Participant D explained that the conservative nature of Qatari families was noticeable in the hospital setting, making it difficult to understand the local population. Participant D further explained how they became aware of the local Qatari family names and strong family ties because of these names. Participant D presents related insights in the following ways:

As I get to know the culture and getting to know the culture is already tricky.... the Qatari people are very private; they are very conservative.... I found out that your name is so significant here. There is this sense almost like you are not defined as an individual; you are defined as a family. That is a significant shift for me from the Western perspective.

Participant D offered a glimpse of how they see culture in Qatar. At the same time, Participant D needed to detail the culture impacting teaching and learning. It can be assumed that the conservative local culture may affect the teaching of education of students simply because of the nature of nursing and nursing care. Nursing students need to be able to provide
nursing care with the support of other nurses. It will be challenging to learn if they cannot fully work at the bedside if the local population does not let them due to their conservativeness. This will impede nursing students' practice, whether they are Qatari nursing students or others.

Participate G further shared the adaptations of teaching done to accommodate the culture. Some words they teach are adjusted for culture. Participant G noted that being aware of the culture in Qatar and at UCQ is something they think about a lot. Participant G described how that changes their teaching approach to accommodate the culture: “Culture is a big part, and you must; you have to change and accommodate what you are teaching, how you are leading it, what you are saying, the words you are teaching”. The nuances of regional customs and their impact on teaching and learning may take time to identify. This may be due to the individual experiences of novice nurse educators professionally and in the educational context.

Neutral. Two participants identified that they were not impacted by culture. One participant identified their background and familiarity with the region's culture, making it challenging to consider cultural differences. Another participant noted their diverse experience and that they had lived and worked in many countries. Having various experiences may make recognizing difficulties encountered with teaching and learning challenges. Participant B explained that because of being from a similar region and
having an Arabic background, they could not see challenges for themselves as educators. Participant B noted that the students may feel there are challenges in the culture at a transnational campus. Participant B explained this insight in the following way:

Maybe I cannot see that because I am almost from the same culture as most of these students are Arabic, so I cannot see them doing something different because of the culture …. I cannot see it from the outside, different cultures.

Interestingly, Participant F did not identify as Arabic but did explain that they also did not feel affected by culture. However, Participant F explained that in their personal history of living and working in many cultures and being in other roles in Qatar, they did not see the impact of culture on teaching and learning. Participant F explained their familiarity with Qatar in the following way:

I did not think that different backgrounds affected me that much because I am used to being in a mixed multi-culture…. When I came here, there was no difference that I saw…. Being in Qatar for many years has prepared me for this environment.

Due to the location of the transnational campus, culture was a consideration that needed to be explored in interviews and analysis. Although several participants identified culture as a factor that impacts their teaching, others did not observe or experience cultural differences. I
expected this to be an important theme related to teaching and learning for all participants. However, as noted above, it was either not a considerable factor affecting teaching and learning or was identified superficially, such as gender. Interestingly, only one participant connected the impact of regional customs on how they teach.

**Teaching and Learning**

The theme of teaching and learning coincides with general pedagogical knowledge (GenPK) and pedagogical content knowledge (PCK) as described in the initial conceptual framework in Chapter One (Gess-Newsome et al., 2019; Koehler & Mishra, 2009; Shulman, 1986, 1987). Using the same definitions previously described, general pedagogical knowledge (GenPK) is associated with the skills needed to succeed in teaching, and pedagogical content knowledge (PCK) corresponds to the educational pedagogy that supports students’ learning (Gess-Newsome et al., 2019; Koehler & Mishra, 2009; Shulman, 1986, 1987). In addition, many participants identified aspects of their new roles that impacted their ease and abilities as educators.

Participant G explained that a lack of awareness of the available resources created an unnecessary burden that impacted their workload and perhaps their teaching skills as they learned more about teaching strategies after they had begun in the nurse educator role. Participant G explicitly identified the development of teaching content and assessments as areas
where they needed to build skills and awareness. This participant explained that they realized only after they had spent many hours developing PowerPoints from scratch that there was access to instructor resources. In the following example, Participant G, on their discovery of general pedagogical knowledge (GenPK) and pedagogical content knowledge (PCK) respectively explained their experience and discovery in the following way:

They taught me about the structure of academia, for example, the exams forming the exam questions, teaching the material, and the resources. I did not realize that they were instructor resources that we had. And I joined up with the workshops .... It was about ... teaching strategies. I did that as well, so I was doing every single opportunity I had in the lunch and learns and the evenings, whatever programs we had.

Two participants identified challenges related to academic assessments and their growing understanding of differences between students in each academic year. Most notably, Participant A pointed out the flaws of evaluation in the clinical setting and using a subjective assessment tool. This is an important aspect to note as assessment in the clinical setting is subjective. The challenges are more appreciated when the nurse educator is new and unfamiliar with the nuances between students' learner outcomes and their abilities to support learners in the clinical setting.
Although not explicitly stated, Participant A noted the complex skill set needed to provide clinical teaching and learning. Participant A, in their newness, spoke to specific guidelines to support them in assessment in the clinical setting. They were bringing to light a well-entrenched way of assessing students in the clinical setting as inadequate or that novice nurse educators need appropriate and ongoing support to learn how to teach and build confidence and understand about assessment and evaluation, build confidence and understanding about assessment and evaluation. Participant A explained:

I need more of the foundation to teach or have the confidence to lead. So, the challenges are that we need more resources before we begin, whatever form that is. As I mentioned, we must know the expectations of each year level. Evaluating students, especially in clinical, is super complex and vague.... I think it is so broad that it is hard to evaluate the students; it is hard to just come down to something and say, pass or fail. It is much more complicated than just getting out a scantron, and your answers are a b c d. It is much more stressful because it is not a scantron; it is my view of you and the student.

One participant noticed and described how they didn’t understand the learner as a student and a beginning student in their first academic year.
Participant G explained their lack of knowledge that student nurses are indeed students and need to be educated:

I desired to teach the students at a very high level .... that took me, I would say, at least a year to two or three .... I realised that I was expecting too much from the first year; they were brand new that were learning about nursing programs so that kind of helped me. My goal was, will teach them everything .... that was where I was coming from, but I realised that that was not the right way to do it.

Another participant, Participant A, brings to light some of the challenges faced in the clinical setting when students are not performing as expected and need help understanding the appeals processes or other student policies. Participant A described their concerns and awareness of their knowledge gap in the following way:

It is what I see. It can be quickly challenged by the students ... you did not do this or just try to get the student to be self-aware and mindful that they are not who they are supposed to be. The challenge is evaluating our students and clinical; it is so stressful. Where is the line between pass and fail? What are those things we can have in writing somewhere that if you do this, you do not go forward? I had my first term with students, [I had a student] that failed. It was hard because still to this day, I still wonder, [would] I have done the same thing .... It was frustrating for me.
Another participant noted the need for firm and clear direction as an immediate need for novice nurse educators. Participant G spoke of needing policies for educators. Participant G described their observation and experience as, “Sometimes it needs guidelines in place. It becomes challenging if you do not have policies and procedures to support you as an instructor. Sometimes we do not have that to fall back on.” This may be evidence of this participant or others needing to understand the full scale of available policies supporting both nurse educators and students. There may be a need to know where to find the guidelines or how the policies are applied at UCQ.

Participants have described some of the difficulties they experienced in teaching and learning. In particular, needing more understanding and awareness of formal policies to support the learner, the educators may speak to needing better explanation during the orientation period and, alternatively, need a formal workbook with details of these required policies. Additionally, insight into other challenges when we learn how difficult and stressful it can be to fail students. This can be challenging for an educator at any level; however, multiple resources are available to educators working in the clinical setting when faced with failing a nursing student. Finally, it is concerning that even sometime after this incident, the participant still doubted their assessments. This indicates that additional
guidance is needed when navigating the negative feelings associated with failing a student and others such as guilt and sadness.

As in the above instance, knowing how to access instructor resources can save time for educators. However, insight into how to use resources such as premade PowerPoints and others, such as prewritten exam questions or materials, should be explicitly stated for novice nurse educators who may not be able to judge content independently because they have yet to develop GenPK. For example, the integrity of test bank questions could be compromised, and these materials are often found freely and efficiently on the internet. However, this may not be a factor with which novice nurse educators are aware.

Chapter Summary

In this chapter, I presented descriptive summaries of responses participants submitted to guided reflective questions and a detailed analysis of participant explanations of teaching artifacts as well as the six themes that emerged from a qualitative thematic analysis of interviews conducted during my study. I chose to incorporate longer quotes from several of the participants as an approach to honouring their detailed and unique descriptions and also to respect the gift of their contribution of data to the process of generating broader understanding through this case study research. The six themes include (a) Emotions and feelings, (b) Preparation, (c) Professional learning, (d) Professional learning support, (e) Cultural
contexts, and (f) Teaching and learning. In this chapter, I provided explicit participant descriptions and quotes from the interviews supporting these themes and sub-themes within each of the six themes. The final chapter is a synthesis and further evaluation of the themes, the literature review, and the conceptual framework in response to the research question and sub-questions.
Chapter Five: Discussion, Conclusions, and Recommendations

In my study, I explored how novice nurse educators develop in their roles as educators, develop effective teaching pedagogy and professional teaching skills and practices, and understand teaching and learning in a transnational nursing faculty. Research-informed insights into how novice nurse educators develop in the educator role can inform educational institutions place them in better positions to foster the novice nurse educator's professional learning and teaching practices. Moreover, novice educators can benefit from proper induction and support from the start of their post-secondary teaching careers. Thus, they will be better prepared to support nursing students' learning.

I have provided in this chapter a detailed synthesis and interpretation of the study findings. For this doctoral study, I used a qualitative case study research methodology. Data collection methods included guided reflective questions, teaching artifacts, one-to-one interviews, a researcher's journal, and observational notes. Seven participants volunteered for my study. The participants included novice nurse educators employed full-time at the University of Calgary in Qatar. Participants were included who had up to three years of nurse educator experience. In this chapter, I present a synthesis of the research findings and interpretation using the current literature on the experiences of novice nurse educators, educational pedagogy and situated cognition. Each research question is addressed in the
first section using the questions to structure this overview section. A second section using analytical categories follows as these relate to the research questions and include an in-depth synthesis using the related literature and the conceptual framework. A review of the conceptual framework is then followed by a revised conceptual framework. Recommendations for future practice and future research follow this. Lastly, a review of the assumptions made about my study in Chapter One are described.

**Overview of Answers to the Research Questions**

The primary research question is the following How are novice nurse educators supported in cultivating an understanding of teaching and learning as they become educators in higher education? Study findings suggest several ways that novice nurse educators are supported to succeed in their new roles, including personal and individually directed preparation, professional learning, and professional learning support. However, findings also suggest that the needs of novice nurse educators are diverse and vary according to individual profiles and personal experiences. Regardless of the type of support and preparation, these supports for novice nurse educators to develop in their professional educator roles should be considered part of their workload rather than an additional task they undertake over and above assigned teaching, professional learning supports must fit into already full workloads. Providing protected time to the novice nurse educator can help to ensure that the novice can take advantage of professional development.
opportunities without additional burden. In addition, setting aside intentional
time that acknowledges the value of professional learning can cultivate a
working environment dedicated to continuous professional growth.

Findings from my study suggest that novice nurse educators are, at
times, significantly impacted by their emotions or feelings as they begin in
their new teaching roles. Emotions and feelings can be viewed positively as
supporting the novice nurse educator’s success or as barriers that can
negatively impact the progress of novice nurse educators.

The first research sub-question asked the following: How do novice
nursing educators understand their roles in teaching and sponsoring learning
in nursing? This question sought to explore how novice nurse educators
understand their roles and how they carry out aspects related to students’
learning. Study findings suggest that novice nurse educators may have a
general understanding that their role is to teach nursing. Yet, the more
detailed aspect of their roles still needs to be fully understood when they
begin, even as it is acknowledged that this deepening awareness and
knowledge develops as time goes on and as they gain more teaching and
learning experiences. This tension between knowing enough to get started
and the breadth of knowledge needed to be successful for their teaching
roles, is noted when participants described challenges with assessment,
students’ failure, and the need to understand the broad context of the
university, such as the curriculum and policies that guide the university for teaching roles.

The second sub-question asked, How do novice nurse educators working in academia develop effective teaching pedagogy? Findings in my study suggest that novice nurse educators take the initiative to access many resources as they work toward understanding teaching and learning. For example, formal institutional resources, professional development sessions, utilising peers as resources, undertaking self-directed learning, and external courses are some ways that novice nurse educators seek to develop effective teaching pedagogy.

The final sub-question was, What are some of the opportunities and challenges in culture, communication, and pedagogy experienced by novice nurse educators at the University of Calgary in Qatar? The findings of my study indicate some of the challenges for educators working at a transnational campus. Namely, novice nurse educators suggest that they need to fully understand the experience of the second language learner and how vital it is to understand student-centred practices in the context of different countries. In addition, novice nurse educators should understand accommodations for regional customs, which may not align with a Canadian context or the instructors’ expectations and experience. Finally, knowing how to adapt teaching for the second language learner is critical when
supporting the learning of nursing students who may have additional needs and challenges with curriculum content due to language.

**Analytical Category Development and Research Findings**

Analytical categories have been developed by examining each theme related to the research questions. Subsequent to this, I have drawn from the relevant literature, the conceptual framework, and my interpretations of this research to present synthesised and meaningful answers to each research question.

**Putting the Study Findings All Together**

The primary research question explored how novice nurse educators are supported in cultivating an understanding of teaching and learning as they become an educator in higher education. The following section will address the primary research question while linking the study findings in an overarching and broad way. The sub-questions and additional results will be addressed and expanded in subsequent sections.

Participants indicated they were supported in several ways as they developed as educators. For example, participants explained that they could develop their professional learning by accessing internal resources, having supportive peers, and relying on themselves and their abilities. However, novice nurse educators can be significantly impacted by their emotions and feelings as they begin their new roles as all seven participants described during their interviews and noted in theme one.
Three participants identified positive emotions such as happiness and excitement to begin their new roles. Although one of the participants who described a positive emotion also described feeling unprepared for their new role. One participant expressed gratitude for this new opportunity. One participant identified feeling motivated and ready to learn to meet the challenge of the new position and develop an understanding of teaching and learning. These expressions of positive emotions and feelings are similar to findings found in other research that explored novice nurse educators, which notes that overall satisfaction among new nurse educators as they begin in new educator positions is a common finding in the literature (Anderson, 2008; Cangelosi et al., 2009; Cayir & Ulupinar, 2021; Grassley et al., 2020; Miner, 2019; Weidman, 2013; Wongpimoln et al., 2021). In addition, researchers have found that many novice nurse educators have a strong personal aspiration to teach and give back to the next generation of nurses and that stressors such as anxiety were an expected experience in their new educator roles (Anderson, 2008; Weidman, 2013; Wongpimoln et al., 2021). At the same time, other researchers have found that insight and the acceptance of being a novice were helpful when navigating the newness of the position (Cangelosi et al., 2009). My study echoed this finding even though four novice nurse educator participants identified as needing more preparation for their new roles. Three participants were not negatively impacted by feeling like a novice; in some ways, this beginner status
inspired some participants to take the initiative to learn about their new roles.

Conversely, having positive and aspirational emotions toward a new role does not negate the difficulty of the change. The challenges experienced by novice nurse educators in their new roles are described in multiple research studies of novice nurse educators (Chargualaf et al., 2017; Gardner, 2014; Hoffman, 2019; McDermid et al., 2013). Researchers have identified that novice nurse educators may experience challenges related to orientation, understanding of educator roles, heavy workloads, and the need for more educational preparation for the educator role, among others (Fritz, 2018; Garner & Bedford, 2021). However, as some participants in my study noted genuine excitement as they began as novice nurse educators, other participants described negative emotions and feelings that may have created barriers to how they progressed in their new roles.

In direct contrast to the above, one participant described feeling overwhelmed and was so impacted by their fear and discomfort that they reported physically shaking when they began their first day of teaching. Additional negative emotions expressed by the participant included feeling scattered and confused. These negative emotions seemed to impact not only the novice nurse educator's comfort in their new roles but may have affected their progress toward understanding how to perform in their new roles.

While disclosing these negative experiences may seem extreme, it was also
not unusual in this group of novice nurse educators or the nurse educator research.

Researchers have found that stress, confusion, and decreased self-confidence can affect the progress of novice nurse educators (Chargualaf et al., 2017; Dempsey, 2007; Duffey, 2017; Logan et al., 2015; Mann & De Gange, 2017; Owens, 2017). Heydari et al. (2015) used the word bewildered to describe the overarching feelings experienced by novice nurse educators as they begin in their new roles. This term is fitting when considering the magnitude of the change experienced by novice nurse educators. In fact, Hunter and Hayter (2019) have identified the transition to nurse educator as a forgotten aspect for educators. These researchers (Hunter & Hayter, 2019) further stress that meaningful, focused research should be done to develop robust processes that support novice nurse educators. Research of this type is essential to consider as novice nurse educators may already be experiencing negativity as they start in new roles; this emotion combines with a problematic experience creating a cycle that does not help the novice nurse educator or that can delay their professional development.

Negative emotions probably impact one’s ability to process further information and contributes to a negative beginning experience. As the participant who had become overwhelmed by fear described, the novice may also feel more settled in their new roles as they understand how to approach teaching and some of the autonomy associated with education.
Unfortunately, the improved feelings for the participant did not occur until almost halfway through the term. The delay and struggle to adapt to the novice nurse educator roles are well documented in the literature (Grassley et al., 2020; Lee et al., 2022; Logan et al., 2016). The delay in settling into nurse educator roles can be additionally stressful for novice nurse educators. It also highlights the struggle some novice nurse educators may have on a personal level and in their professional development as educators. Several authors have identified a lack of preparation in educational pedagogy and how this directly impacts the experiences of novice nurse educators (Boamah et al., 2021; Boyd & Lawley, 2009; Mann & De Gagne, 2017; Schriner, 2007). Herman et al. (2021) described the shift from practising health professionals to educators as even more upsetting due to inadequate preparation and skill.

The emotions and experiences of novice nurse educators may take some time to settle until the educators are more comfortable in their roles. Notably, the participant described feeling better in their new role as time progressed. Other research concerning novice nurse educators also describes settling into new roles as time progresses (Anderson, 2009; Logan et al., 2016). Additional nurse educator researchers (Cayir & Ulupinar, 2021) found that the ongoing teaching experience affects not only the improved instructional skills of the educators but the perception of self-efficacy and performance.
Other research with novice nurse educators found that the negative emotions experienced by some are directly related to confidence in their abilities and the expectations to perform well in their new roles (Dempsey, 2007). Regardless of the type of emotions experienced by novice nurse educators, these can significantly impact their professional growth. The range of emotions experienced by novice nurse educators can serve as a foundation to develop in their role or may be obstructive and impede novice educators. In this case study research, the feelings experienced and how they impacted novice nurse educators varied from person to person.

While it may be challenging to account for all novice nurse educators' emotions and feelings as they begin a new role, the program, faculty, and institution have roles in supporting the novice by creating a safe and comfortable work environment. Having academic leadership attentive to workloads and ensuring a balance with a realistic assessment of the time needed to perform well could decrease any additional burdens on novice nurse educators. Additionally, congruence between the types of courses assigned to novice nurse educators and their specialty areas is critical to reducing stressors and promoting teaching confidence while providing the space and time needed to learn how to begin. In contrast, assigning novice nursing educators to teach courses outside of their expertise as well as a lack of hospital unit orientation are barriers that often affect confidence and limit learning and growth.
Four participants identified their peers as facilitators of their professional learning. Support from peers in the nursing education setting is critical for novice nurse educators to develop an understanding of the role and how to perform effectively as educators. Multiple researchers describe support from peers and other faculty members as a key to the success of the novice nurse educator (Hoffman, 2019; Wenner & Hakim, 2019). However, while participants described the support they received from their peers, only one specifically mentioned support from a mentor. This is important as it may speak to the various interpersonal resources the novice nurse educators sought from peers to assigned mentors.

As well as describing the overall support received from peers, one participant explained that directions from their peers made them aware of educational resources to which access and awareness was beneficial. Another participant described how much they learned from the unit leader although this person was not identified as a formal mentor by this participant. It can be surmised that informal mentors can have a major impact on novice nurse educators. Thus, additional guidance for all faculty in formal and informal mentorship roles would also benefit novice nurse educators. It is worth noting that creating a positive work environment that has a culture of professional growth and development will benefit not only novice nurse educators but all nurse educators. Accessing a variety of colleagues, both formally and informally, is an essential factor in
understanding what the novice nurse educator may need in terms of support. Novice nurse educators who utilize peers to help navigate their new roles is a commonly described finding in reports from other studies that explored novice nurse educators’ barriers and challenges (Hoffman, 2019; Logan et al., 2015; Wenner & Hakim, 2019).

In contrast, two participants described barriers to accessing professional learning support, thus how this negatively impacted their professional growth and development. These gaps include learning how to begin as an educator, teaching courses outside of expertise, and needing more orientation to hospital units. In addition, one participant identified needing to learn how to start in their new roles. This feedback on early experiences indicates that some participants were so new to educator roles that they had difficulties stepping into and even starting in the new positions. This feedback signals various degrees of newness and that the type of appropriate guidance must vary to address the novice nurse educator's unique needs and comfort levels.

Taking these experiences and feedback from novice nurse educators together, it is clear that considerations that may support novice nurse educators include formal and timely onboarding processes, appropriate mentorship and peer support, ready access to resources and materials, a range of internal professional development opportunities, and ongoing
academic leadership support and acknowledgement of the value of continuous professional learning.

It is worth noting that some participants in my study had to complete an international move, which may have impacted the early start of these novice nurse educators. Specifically, external stressors include moving, changing time zones, and navigating the challenges of establishing a home in a foreign country. In addition, the international move can create additional burdens and demands on novice nurse educators’ time and focus on their new teaching roles. Therefore, other variables associated with such a significant move may impact novice nurse educators as they navigate their new teaching roles.

The academic organization must recognise and be fully prepared to onboard novice nurse educators and have formal structures in place, such as a dedicated orientation that includes the foundations of educational theory and pedagogy. Greater attention to novice nurse educators' anticipated challenges would likely have contributed to a more positive and growth-oriented faculty environment from the start. An environment dedicated to supporting novice nurse educators and recognizing that novices are also learning can proactively address challenges and barriers. In addition, organizations must acknowledge the knowledge gaps that many novice nurse educators may have about teaching and learning and that there may be substantial diversity in learning needs.
**Recognizing the Gap**

The first sub-question of my study sought to determine how novice nursing educators understand their roles in teaching and sponsoring learning in nursing. The findings of my study indicate that all seven participants recognized that they did not know the full scope of their roles and either took action to address this before beginning at UCQ or immediately after starting in their new positions. In addition, three participants noted this knowledge of what they did not know. They indicated they took courses to prepare for the nurse educator roles before employment at UCQ. This finding with three participants suggests an awareness of a lack of knowledge related to teaching and supporting learning. This awareness of a gap in knowledge by novice nurse educators of teaching and learning is consistent with the literature (Cooley & De Gagne, 2016; Goodrich, 2014; Smith & Boyd, 2012; Weidman, 2013).

It can be assumed that the novice nurse educators in my study recognized a knowledge gap that warranted self-registration in structured courses designed for novice educators. This assumption is supported by current research on novice nurse educators and the need for educational development across several core competency domains, including teaching strategies, lesson planning and providing feedback, among other aspects of teaching (Wanchai et al., 2022). By committing to professional development courses focused on beginner teachers, these novice nurse educators were
placed in positions to begin to develop a working knowledge of not only the pedagogical content knowledge (PCK) needed as nurse educators, but also learned to reflect on their understanding of teaching and learning. This working knowledge of how to sponsor learning is taken even further by the development of teaching dossiers. Teaching dossiers are structured portfolios with a genuine representation of one’s teaching and is a narrative of how one understands the role of an educator.

Each participant described being introduced to the standard structure of the teaching dossier, which includes developing a teaching philosophy statement and the notion of reflective teaching practice. Regardless of whether they were able to fully complete various aspects and requirements of the teaching dossier, including teaching course records, select feedback from peers and students, teaching and learning innovations, and other completed professional development (Kenny & Berenson, 2014), participants described these courses as very helpful. Most teaching philosophy statements address aspects related to one’s own teaching beliefs, how a class is managed, how the students will learn, and what goals the educator has for the future (Kenny & Berenson, 2014; Kenny et al., 2017). The participants in these teaching courses would likely have been exposed to the foundational teaching and learning concepts and the competencies associated with teaching in nursing education. For example, exposure to learning theories, core aspects of adult learning, and, in general, a guide to

While two participants felt the need to commit to a foundation course for teaching and learning, another focused solely on a course about clinical instruction. The clinical instruction course provided a strong foundation for functioning in the clinical setting with nursing students by providing enough information about the basics of teaching and learning. It did this while addressing some of the most critical aspects needed in clinical education, such as giving feedback and what this feedback entails. As the participant indicated, the course provided them with practical, easy-to-apply strategies for clinical instruction, such as giving feedback to the learner in the clinical setting. Providing feedback is a vital skill for nurse educators and even more so in the clinical setting when instructor feedback guides each learner, and there is no set lesson plan. In this case study, Participant F indicated that learning to provide feedback was an important takeaway message from this course. Because Participant F highlighted feedback in clinical instruction, it is presumable that the participant also learned about learner outcomes and learning assessment in the clinical setting. In essence, the participants likely covered the overarching teaching and learning aspects. The courses taken
by the participants provided enough of a foundation of general pedagogical knowledge (GenPK) and pedagogical content knowledge (PCK) to increase the novice nurse educators’ level of understanding. This gave them a place to start in their new roles and made them aware of what the new position would entail.

Based on my analysis of participant feedback on their course-based learning experiences, I suggest combining the content of the introductory education courses for novice educators with instruction that describes becoming an effective teacher as an ongoing learning process that requires time, experience, and critical reflection. These courses and context-specific education can set the participants up to begin new roles with a foundation of teaching and learning and the knowledge and confidence they will need to develop as nurse educators. Unfortunately, it was not possible to audit the course syllabus of the courses taken by the participants of my study. Still, in hindsight, I wish I had asked in more detail about what content was covered in these courses and precisely how it may relate to related general pedagogical knowledge (GenPK), pedagogical content knowledge (PCK), and academic content knowledge (ACK).

One participant described taking a singular course in their graduate education that supported them as a new nurse educator. Notably, despite having taken courses to prepare for their new roles, all three participants indicated that they needed to understand their roles and how to execute the
various tasks. Interestingly, three participants indicated taking courses before employment as nurse educators. However, none of these participants disclosed feeling prepared for their new roles.

I consider this data about situated cognition, a learning theory underpinning my study. The key elements of situated cognition are “that learning is context-bound, tool dependent, and socially interactive” (Merriam, 2001, p. 32) and that learning is achieved in an authentic environment (Brown et al., 1989). I considered how novice nurse educators in my study describe feeling unprepared despite three of them taking a course to prepare themselves. One participant explained that their comfort increased as they gained more experience teaching and understanding the role. It appears that novice nurse educators need to experience the authentic context of teaching to apply the content and teaching tools from courses and to develop a deeper understanding of how to progress and grow in nurse educator roles.

In comparison, four participants did not take a formal preparatory course, and three described drawing heavily from either their personal experiences as learners or their experiences with teaching while working as nurses. Relying heavily on previous work experiences to support them in the new educator roles is a common finding in the nurse education literature (Mann & De Gagne, 2017; Wenner & Hakim, 2019). This is understandable as five participants described having some exposure to teaching, such as
onboarding new staff to clinical units, acting as the resources nurse, or supporting students in the clinical setting.

One participant described how they translated a learning strategy that worked for them as an undergraduate into a teaching strategy in their practice. This participant explained how they drew visual aids to better understand health-related concepts as a nursing student. This personal learning strategy then parleyed into a peer teaching strategy that this participant used when working as a peer tutor in their undergraduate nursing degree. Later, this same participant developed and used similar visual tools in the clinical setting to help solidify or illustrate concepts for students. This participant described adjusting their teaching style to provide a student-centred approach to teaching. Notably, this participant described that some students need support with the basics of some nursing content to advance their learning. Although the participant did not describe learning preference per se, they seemed to understand the need to accommodate all learning preferences and needs, particularly for second language learners, demonstrating their pedagogical content knowledge (PCK). Supporting the learner when guidance or clarity is needed is a characteristic of responsive educators, which indicates an awareness of the teacher’s primary role in supporting students learning.

While two other participants explained some teaching aspects related to their previous clinical roles, both gave contrary explanations of whether
this experience was transferable to their new roles. For example, one participant described patient education and some aspects of peer teaching as providing some foundation for understanding their new nurse educator role at UCQ. In contrast, the other participant explained having had a similar experience but that the teaching was different and not a helpful experience for their new role as a nurse educator. Participants drawing from their clinical experiences is aligned with some of the literature reviewed for my study. This literature indicated novice nurse educators will most likely bring strong nursing backgrounds to their new positions but not academic content knowledge (ACK), which is needed to foster learning in nursing education (Cangelosi et al., 2009; Hoffman, 2018; Schoening, 2013).

Participants, in general, indicated that they, for the most part, were aware of a gap in their knowledge regarding teaching and learning; one participant seemed unaware of the scope of the educator role. This observation was noted when the participant described the ups and downs of the first year of their new role, the heavy workload, and not feeling like they could get a handle on the new position. This is a notable finding as this participant further described their frustration with not being able to attend professional learning offered by the university due to a lack of time and feeling overwhelmed by their new role most of the time. In addition, this participant described knowing they needed a stronger understanding of teaching and learning or what was expected of them in their teaching role.
Considering the above statements, I understand this feedback on the participants’ experiences to indicate that they were reflective and aware of their weaknesses. Yet, given other factors, some are too busy to direct energy or time to their professional development in the beginning. This is noted when the same participant explained the desire to pursue professional development as they approached a new term and had intentionally planned to attend in-house professional learning sessions at UCQ.

Additional insights on developing practice were gleaned from the participants when they described assignments to teach clinical courses outside their expertise. This is a key study finding related to academic content knowledge (ACK). Nursing can be highly specialised; some expertise will not translate to other environments. Having novice nurse educators who need more general pedagogical knowledge (GenPK), pedagogical content knowledge (PCK), and academic content knowledge (ACK) creates an additional stressful environment for nurse educators. In addition, it may negatively impact students’ learning because novice nurse educators may be unable to promote real-time learning associated with clinical learning experiences. Research indicates that understanding nursing content but not having effective teaching practices can be detrimental to students’ learning and may impact the learner negatively, for example, by not passing high-stakes exams or impeding students’ learning (Crider, 2022).
Additionally, a participant described teaching their first clinical course on a hospital unit in a specialised nursing area with which they had no work experience. Additionally, the participant described not receiving an orientation to the hospital unit where teaching would occur. This misalignment of nursing expertise and teaching assignment speaks to the lack of academic content knowledge (ACK) created by organisations and the stresses that can be placed on novice nurse educators. Researchers (Brown & Sorrell, 2017) found that for novice nurse educators, being assigned to teach course content outside of their expertise adds additional time spent preparing to teach and increases the workload while affecting their confidence. Attention to teaching assignments, workload, and ensuring orientation for all novice nurse educators on clinical units is essential to the comfort of novice nurse educators and the quality of conditions for students learning.

With all that has been said, it must be emphasised that novice nurse educators in my study reported that they were prepared to do what was necessary to succeed and excel in their new roles. The findings above speak to the necessity of ongoing availability of resources such as multiple offerings of professional development and experienced and well-informed peers that can support the novice during their time of need should they be the only means of getting support in their new roles. It cannot be stressed enough that novice nurse educators are unique, and the needs variability
between each novice may be significant. Therefore, having a multi-pronged approach to support the novice is critical to their professional development. Further, thoughtful consideration of teaching assignments and clinical orientation is necessary.

**Using All the Resources.**

The second sub-question explored how novice nurse educators working in academia develop effective teaching pedagogy. Another factor of interest was how novice nurse educators seek professional learning within the university to prepare for their new teaching roles. All study participants noted using various resources from UCQ to develop effective teaching pedagogy and advance their understanding of teaching and learning. Actions taken to access internal resources indicate the many ways novice nurse educators can develop an understanding of educational pedagogy. Participants described various degrees of success in accessing professional learning support within UCQ. Consequently, participants related facilitators and barriers to professional learning support within the university and the impact these factors may have had on developing an understanding of educational pedagogy.

Four participants identified that peers impacted how and what they learned about educational pedagogy. One participant explained that, overall, their peers guided them to understand the nature of academia. This in turn led to the same participant discovering access to educator resources that
could be helpful in managing available time. Educational resources supplied by publishers can be excellent resources and can help navigate time-consuming tasks such as developing lesson plans, lecture slides, and in-class activities. However, as noted in Chapter Three, the integrity of exam questions or assignments found in these educator resources may be compromised. As helpful as it may be to access these resources, it is also vital that novice nurse educators develop the skills needed to create class materials and critically assess the quality of the free educator resources. Free educators' resources are often not linked to specific course outcomes or explicitly levelled for all students’ learning. Developing the skill to create class resources is integral to teaching practice related to general pedagogical knowledge (GenPK). Novice nurse educators may not develop GenPK if there is an overreliance on free resources or if one does not fully understand the linking of course and class objectives. Developing additional general pedagogical knowledge (GenPK) related to the academic integrity of these materials and the related policies that guide the university is needed by novice nurse educators.

Another participant, when working as a member of a large teaching team, spoke highly of how much they learned from a course leader, a role model who demonstrated academic leadership. This novice nurse educator described exposure to team collaboration, lesson planning, reflective teaching, and student-centred teaching practices. These skills are all aspects
of general pedagogical knowledge (GenPK) and pedagogical content knowledge (PCK). This insight on academic leadership suggests the importance of having the right mentors and peer support available to offer novice nurse educators guidance as much as possible. This seems like a solid learning experience for this participant and set the stage for them to carry on the same practices. Seeking peer support is a common strategy novice nurse educators use to develop an understanding of the educator's role and how to foster students learning (Laari et al., 2021). Other research has identified positive links between peer support and positive professional development (Miner, 2019). Unfortunately, unknowledgeable faculty may be placed in positions to support novice nurse educators when they do not yet hold a deep understanding of general pedagogical knowledge (Gen PK) or pedagogical content knowledge (PCK) themselves. This practice, therefore, creates a cycle where faculty do not work collaboratively, do not foster student-centred teaching, or do not promote reflective teaching practices. Academic leaders must consider the knowledge and skills of those who may be placed in informal or even formal mentorship roles to ensure that novice nurse educators model and develop evidence-informed teaching practices.

One study participant described the challenges of experiencing a student failing a clinical course. Notably, the participant shed light on the challenges of using a problematic clinical assessment tool and the insecurities of being a novice educator. Understanding clinical assessment
tools can be particularly challenging for novice nurse educators (Immonen et al., 2019). Research indicates that not all clinical assessment tools are reliable or valid and can be significantly influenced by the subjectivity of the assessor (Immonen et al., 2019). This is notable and speaks to the broad skills needed as educators in the clinical setting to promote and assess learning and is directly related to general pedagogical knowledge (GenPK). Understanding learner outcomes, familiarity with the levelling of students, and working with tools that may not reliably combine for a challenging experience for novice nurse educators. Other research indicates that regardless of the experience as clinical nurse educators, there are commonly inconsistent understandings of assessment in clinical practice, including expectations for students, unclear standards, and knowledge of the assessment tools (Finstad et al., 2022). The experiences outlined above highlight an ongoing challenge in nursing education. The novice nurse educator, who needed more knowledge and understanding of teaching and learning, was placed in an untenable position of assessing students and immediately noted the difficulty in understanding and applying a clinical tool. It is not difficult to imagine the distress this complex situation caused for the novice nurse educator. Support from academic leadership and knowledgeable peers is needed to provide targeted guidance in these circumstances. Still, attention must be given to assessments, particularly if they have not been formally validated.
In contrast to the above positive experiences with professional learning, some participants described barriers to using professional learning supports. Participants indicated that these barriers hindered either their new educator roles or their progression towards developing and understanding educational pedagogy. Namely, the various opportunities offered by the university were not accessible to some participants. The struggle for some participants was real; they had already found themselves experiencing negative emotions while attempting to balance heavy workloads and navigating uncertainty about their roles and how to perform. Added to the burden these novice nurse educators faced, was the awareness that they needed professional learning but lacked time to attend internal professional development, which is a genuine concern.

**Impact on Teaching Nursing in the Transnational Context.**

At the start of the study, I anticipated that during the interviews, participants would describe substantial challenges or experiences related to culture, gender, language, and learning at a transnational campus. Therefore, in the following sections, I organize study findings by category and link these findings to the literature reviewed in Chapter Two.

**Gender.** Two participants explained everyday situations and experiences related to gender that they encountered as novice nurse educators. Teaching and working with mixed classes of males and females on the main campus or in Canada may not be an issue, or if it is, students
must navigate challenges themselves. In Qatar, novice nurse educators were left to manage the unique challenges related to gender on their own. For clarity, local high schools in Qatar and even some universities in Qatar do not mix genders in the classroom or on campuses. This is different at the University of Calgary in Qatar where classes are scheduled that combine male and female learners.

Two participants described working around issues such as students who may have a same-sex lab partner to practise lab skills and heightened awareness of students’ discomfort related to gender. One participant described not having mixed gender practice skills with each other, while another explained their attention to language when explaining anatomy-related health issues. On the surface, this is a non-issue that is easy to navigate. However, the ability to avoid interacting with learners from the opposite sex in the clinical setting is not as straightforward. Hospital policies dictate the mixing of genders where nursing care is concerned; female nurses must provide nursing care for male patients in most settings. The expectation is that students will perform skills well, regardless of gender, which adds a unique factor to consider when teaching. It may be that necessary steps to accommodate some of these gender issues interferes with students’ learning. This may create other challenges in the clinical setting when female students provide nursing care for male patients. For example, they have yet to practise a skill on a male or there are added
stressors in because they are not comfortable in the situation. Other concerns related to anatomy, physiology, or gender-health-related problems may arise if this content is not delivered in its entirety or as intended. Novice nurse educators must navigate additional considerations of the overarching learning outcomes, and whether they can be met while purposefully limiting practice or information if gender is a limitation to practice or content. This provides an example of how a lack of overarching understanding of general pedagogical knowledge (GenPK), academic content knowledge (ACK), and pedagogical content knowledge (PCK) may be detrimental to meeting course and curriculum objectives if orientation, professional learning, or targeted content are not provided.

The gender issue described above provides an example of a challenge that may present itself when there are differences between teachers’ and the learners’ cultures, which in this case is the appropriateness of the curriculum. As Hofstede (1986) describes, the curriculum often includes inappropriate and irrelevant content. The finding above highlights the need for alignment of content and the cultural context in which the teaching occurs. Including relevant stakeholders who possess an in-depth understanding of the nuances, in this case, gender rules, to develop a curriculum and course content acceptable for students, healthcare organizations, nursing faculty, and the university is imperative to ensure accurate students learning and course delivery. Researchers of transnational
nursing education reported the need to adjust course content to reflect the relevant social and cultural reality, and this further supported students’ learning (MacKay et al., 2016).

**Language.** One participant identified that some students have language-related challenges due to being second-language learners. The same participant described the possible stigma associated with English as a second language (ESL) learners and explained the role of novice nurse educators: to support student learning, including those with challenges due to language. A literature review of ESL learners and nursing students found that despite meeting the university's English language requirements, many nursing students struggle with language and faculty bias (Sailsman, 2021). The same literature review (Sailsman, 2021) describes the skills that nurse educators need to facilitate learning for some ESL students, including understanding teaching pedagogy and instructional strategies for diverse learners. This is directly linked to the general pedagogical knowledge (GenPK), academic content knowledge (ACK), and pedagogical content knowledge (PCK) concepts that underpin my study.

I was surprised that only one faculty member discussed language as a challenge for the students and novice nurse educators. It may be that some novice nurse educators have yet to develop an awareness of some of the challenges for second language learners. It could also be that there are changing demographics of students at UCQ that reflect fewer second-
language learners. Naturally, second language learners may experience different challenges in nursing education. It is the role of nurse educators to navigate that challenge. However, lacking a proper understanding of pedagogy and student-focused teaching practices may impact this.

**Muslim Culture.** Given the importance of the role of culture within nursing, it was surprising that some participants described challenges in navigating this learner characteristic. For example, one participant described dealing with students as they navigated the priorities of their religion and the expectations of a transnational campus. Interestingly, some participants expressed that concerns, such as family obligations, may need to be managed in any context and with any religion. This may speak to the newness of the educators and the need for more experience navigating these learner characteristics overall.

**Regional Customs.** This is one of the most interesting findings of my study. One participant described the difficulties navigating the clinical experiences for nursing students when caring for the national population. The participant implied that this was a complex challenge, that nursing care and the healthcare system differed, and that sometimes it is better to work around issues. While regional customs may be understood broadly, it is possible that due to the educator's uniqueness of nursing education experiences, fully describing all the possible scenarios they may encounter is not possible.
This example relates to Hofstede's (1986) findings that student and faculty differences impact the education process. In particular, the participant described needing help to address some of the experiences some students faced in clinical practice and the cultural norms of Qatar and the healthcare system while recognizing that imposing a Westernized healthcare perspective may not be in students’ best interests. They described the connection and applicability of certain aspects of the curriculum, which must be relevant (MacKay et al., 2016). This speaks to the need for a robust onboarding process that encompasses how vast the experiences of living and working in Qatar may be.

Neutral. Interestingly, two participants noted that working at a transnational campus in Qatar did not impact them as educators. Again, this may speak to the experiences of novice nurse educators, or it may speak to a need for insight regarding the complexities of education and culture at a transnational campus.

Revisiting the Conceptual Framework

The original conceptual framework described in Chapter Two and presented in Figure 1 helped keep the study focused and the overarching ideas at the forefront of my study.

The Revised Conceptual Framework

During the data collection phase of my study, I realized the initial conceptual framework needed to be revised to capture the nuanced
educational development of the novice nurse educator. However, the major concepts of the framework have remained the same, namely, general pedagogical knowledge (GenPK), academic content knowledge (ACK), pedagogical content knowledge (PCK), situated cognition, and the culture of teaching and learning. As shown in the original conceptual framework Figure 1, novice nurse educators are at the centre of the framework with the central theories that guided my study surrounding them. The culture of teaching and learning are at the bottom.

A revised conceptual framework shown in Figure 5 represents the more complicated ways novice nurse educators develop in their roles as educators and how they grow to understand teaching and learning. Each section of the revised framework is now represented as a puzzle piece. At the centre of the revised framework in the novice nurse educator, this puzzle shape can easily rotate to connect to one of the other four puzzle pieces, which represent the culture of teaching and learning, general pedagogical knowledge (GenPK), pedagogical content knowledge (PCK), and academic content knowledge (ACK). In the revised conceptual framework, situated cognition surrounds all the puzzle pieces. The overarching framework illustrates that novice nurse educators will, as they develop authentic teaching experiences, continually connect with what they need at that time.
Figure 5

Revised Conceptual Framework

Note: This figure represents the four major elements of my study with novice nurse educators at the centre. The “culture of teaching and learning” aspect is an element that exists outside of all the other features informing my study.

Recommendations

Recommendations for Practice

Drawing upon the findings of my study, I suggest greater attention and action in early and ongoing supports, peer mentoring, communities of practice, and workload adjustments. Attention to these areas may change or improve the onboarding practice and support novice nurse educators in developing educational roles and enhance their teaching practices to support learners.
Early and Ongoing Supports. The findings from my study indicate that novice nurse educators need early and ongoing support in developing their teaching practice and pedagogical understanding, curriculum and overall nursing program knowledge, assessment, and evaluation, as well as awareness and understanding of the university and nursing program policies and procedures that support the university.

Beginning early in the novice nurse educator's new career, offering a wide breadth of professional development opportunities, including teaching, curriculum design and assessment strategies that support learning is prudent. For example, supporting all nurse educators with cases of student failures to ensure that all educators know the processes guiding the university, such as student appeals and best practices when using educator resources. Offering these sessions early will support novice nurse educators. At the same time, offering these sessions may provide insight for all educators to meet various learning needs.

Peer Mentoring. In my study, participants did not differentiate between formal and informal peer mentors. However, it is clear from my study that formal mentors are needed to meet novice nurse educators' needs. Ensuring a structured mentorship program with experienced and knowledgeable faculty is imperative to the novice nurse educator's immediate and ongoing professional, social, and emotional needs.
Clear expectations for mentorship roles should be explored to ensure that the needs of both mentees and mentors are met. For example, while it is impossible to mandate the roles of informal mentoring found in peer relationships, providing clear, documented, and quickly retrieved resources can aid novice nurse educators and others in navigating their own and peers’ learning needs. In addition, offering a wide breadth of professional development sessions that meet the educational needs of nursing educators at novice, developing, and professional career stages can allow educators to navigate work schedules and attend sessions that support their development as educators.

**Communities of Practice.** Providing support and leadership for communities of practice (COPs, Lave & Wenger, 1991) dedicated to teaching and learning can support all nurse educators. In addition, having COPs devoted to teaching and learning will foster educational development for novice nurse educators and other educators as well as promote a culture of ongoing education for nurse educators. COPs are communities of practitioners who share a common interest and, through their interactions, are committed to improvement (Wenger, 2011).

**Workload Adjustments.** Beginning new teaching roles in higher education is challenging. As novice nurse educators, navigating new roles, new professional learning, and the balance of the nursing and educator professions is particularly difficult. Novice nurse educators are typically
expected to carry the same workload as faculty members. In addition, they must develop a professional understanding of education. Expecting novice nurse educators to perform at a different level and with the same teaching workload and responsibilities as seasoned educators is unrealistic. Nor is it realistic to expect the novice to have the time or abilities to commit to learning about education off their desk.

Adjusting the workload for novice nurse educators to provide time in the workweek to achieve professional development intentionally is critical to their early learning and ongoing professional learning. In addition, allowing time for novice nurse educators to develop supports student learning as novice nurse educators develop a more fulsome understanding of teaching and learning.

Ensuring alignment of teaching assignments and the novice nurse educators' expertise is essential to avoid adding additional burden to the novice nurse educator's workload and ensure that nursing students receive the most appropriate educator.

**Recommendations for Future Research**

**Revision of Study**

My study focused on novice nurse educators and how they developed in their roles as nurse educators. There are many ways this research can guide future studies. Using a case study research design was an appropriate choice for this research, specifically, the naturally occurring boundaries of the unit
of analysis and my desire to deeply understand the case. I suggest three modifications to this original research as described in the following sections.

**Alternative Research Questions and Study Design.** When developing the proposal for my study, a qualitative case study methodology was appropriate for several reasons. Namely, as previously described in Chapter Three, the unique location of my study creates a clear boundary, the unit of analysis. Additionally, I wanted to explore the experiences of novice nurse educators in my workplace, which had its unique context in terms of organization, internal operations, location, and faculty. However, I recommend several changes to the overall design of my study.

The planning of a mixed method design should be considered to develop robust research that informs nursing education and education institutions more widely. Specifically, a convergent mixed methods research design would provide complementary data that aligns with the research questions noted below.

Beginning with adjustment to reflect a change in design, overall research questions may be reconsidered as follows: (a) What are the experiences of teaching and learning in a transnational context? (b) What are the challenges related to curriculum design for nursing education in the transnational context? and exploring (c) What are the cultural experiences of nurse educators working in these settings? Further questions could be asked
related such as (d) When did the nurse educators feel more comfortable or experienced in this role? and (e) What helped develop teaching pedagogy?

**Participant Sample.** The inclusion criteria for my study were participants with less than three years of full-time employment. At different points in my study, I regretted the limitations of this sampling procedure. When I developed my study, the three-year limitation had been used in other studies (Brown & Sorrell, 2017; Davis & Cearley-Key, 2016). I assumed that using the same restrictions in my research would provide a means to link findings and provide additional insight into this topic. However, I also wondered how long it takes for nurse educators to fully understand their role as educators and when novice nurse educators advance to proficient or even expert educators.

It has become clear that each nurse educator’s professional development occurs over a different timeframe. Therefore, insight into the professional development process for nurse educators and identification of some key milestones in their careers may be helpful to better manage the mentorship, role expectations, and professional development needs of nurse educators.

**TPACK Framework.** During the development stage of my study, I wanted to focus on what Lee Shulman (1986, 1987) described as general pedagogical knowledge (GenPK), pedagogical content knowledge (PCK), and academic content knowledge (ACK) of teaching development, which is what I
have done. In the time since my research began, due to the Covid-19 global pandemic, much in higher education has changed how we teach, and nursing education is no exception. My experiences of moving my teaching online were challenging for various reasons. At the time, I was not comfortable using educational technologies, and my use was based on survival rather than sound evidence-informed teaching practices.

For this reason, I suggest using the TPACK framework (Mishra & Koehler, 2006; Koehler & Mishra, 2009) as a foundation for future research. Using the TPACK framework to understand how novice nurse educators develop the educational pedagogical understanding to use educational technologies without additional professional learning and support would add significantly to the nursing educational research. Therefore, I suggest using the TPACK framework in its complete form. The overarching research questions could explore the following question: How do novice nurse educators develop technical, content, and pedagogical knowledge as nurse educators? This research would add value to nursing education knowledge by supporting novice nurse educators and nursing education institutions.

**Future Research Study**

*Transnational Nursing Education*

Transnational nursing education was not the primary focus of my study or research questions. However, through the process of writing this thesis, it has become evident that my study could guide future research on the
experiences of working and delivering an undergraduate nursing degree in a transnational context. Specifically, I would recommend a qualitative systematic review of transnational nursing education that explored any of the following questions. A robust systematic review will allow for a solid understanding of the nursing literature and the areas with limited research in transnational nursing education. Additionally, a fulsome review may provide insight into what countries have transnational nursing campuses guiding the study context, research participants, and sample. It would also enlighten the multiple ways that countries import nursing education. For example, as found in my study, the transnational campus included faculty, support staff, and strong links to the main campus and a Canadian nursing curriculum. However, this is not always the case with transnational campuses which may be structured in various ways. Awareness of this may impact possible research questions. Research questions to be explored could include the following:

1. What are the experiences of teaching and learning in a transnational context?
2. What are the challenges related to curriculum design for nursing education in the transnational context?
3. What are the cultural experiences of nurse educators working in these settings?
These are some possible research questions that may address the identified research gaps in this niche area, and they will add to an under-researched area in nursing education and the transitional educational context.

**Recommendations for Policy**

**Educational Options or Streams**

This study's findings revealed how unprepared novice nurse educators may be for the role of a nurse educator as well as how difficult it may be to develop the skills and knowledge needed to teach effectively in nursing education with a full-time workload. Participants in this study shared that most did not have formal education in the profession of education, and those that did had taken the initiative to complete focused courses in addition to their master’s degrees. It is surmised by what the participants disclosed and from my own knowledge of nursing education that options for master's degrees that focus on education should be made more readily available. Graduate degrees that support nursing or health professional education should be robust in the educational pedagogies that ground nursing or other health professions, as well as the practicalities of teaching across several areas found in nursing education, namely the laboratory, clinical and theory. Master's degrees in nursing that provide a teaching focus should become more widely available. Having these educational pathways for nursing education will address some of the immediate challenges novice nurse educators face when they are in new and unfamiliar roles. For clarity, I do
not suggest that only those who have such graduate degrees should be employed in the nurse educator role. Simply, having more graduate degree streams addressing education may address some of the immediate concerns related to a lack of preparation and the knowledge needed for the nurse educator role.

**Shifting Away from the Old**

In conjunction with graduate degrees in education for nurses, I recommend that nursing faculties and colleges address some barriers found in traditional research-focused universities. Often, the focus is on research outputs rather than teaching excellence and educational development. Post-secondary institutions must address this bygone thinking and place value and esteem across both research and teaching to ensure retention and recruitment of faculty. Prioritizing teaching will ensure that those who wish to pursue roles in nursing education will feel supported and valued.

**Workload and Attention to Expertise**

It has been suggested that unwieldy workloads and being assigned to teach outside of one's expertise, especially in clinical practice, causes additional burdens and anxiety for the novice nurse educator. I suggest that those who manage teaching assignments and workloads of nursing faculty must have policies that guide them in ensuring that the novice has sufficient time to attend to their professional development needs. Most importantly, teaching assignments must reflect the expertise of the novice nurse
educator, especially when assigning novice nurse educators to clinical practice areas. Attention to the work history of the novice nurse educator, including the time frames of how much time was spent working in the area, employment hours and recency of this experience, is imperative to ensure patient safety and the best fit for effective teaching. Employment hours are important to consider due to the complex nurse staffing of clinical areas. Additionally, ensuring that novice nurse educators have recent experience in the assigned areas will support student learning.

**Revisiting Assumptions**

In Chapter One, I identified three assumptions I believed to be accurate and anticipated that this might be confirmed throughout my study. I initially based these assumptions on my experiences as a novice nurse educator, my background in academic educational leadership, and the research I have critically reviewed. However, to conclude my study, I have revisited and reflected on my three assumptions to find a partial truth and many new insights.

With my first assumption, I anticipated that all stakeholders involved with nursing education, including nursing students, nursing faculty, and healthcare organizations that employ new graduate nurses, would be interested in supporting novice nurse educators to develop effective teaching practices and an in-depth understanding of educational pedagogy. This assumption is partially true based on finding number four. Participants in my
study described facilitators such as peers, educational resources, and academic coordination or leadership as supportive of their professional development. However, it is unknown if other stakeholders, such as nursing students and healthcare organizations, have yet to be presented with the findings of my study. It is still my belief that all stakeholders would be vested in the skills of nursing educators.

The second assumption of my study was that novice nurse educators would likely model strategies witnessed when they were nursing students and that these modelled practices may need to be revised or based on contemporary teaching practices. This assumption is neither supported nor disproved in my study. The research question that explored specific teaching practices used by the nurse educators may have been better aligned to investigate this assumption. Although some participants described the teaching strategies they used as evidenced-based and student-centred, the understanding of these novice nurse educators regarding their understanding of their strategies needed to be better explored in my study. Further, teaching techniques were not represented among all the participants.

The final assumption of my study included other variables beyond the classroom that were likely to impact the transitional experiences of novice nurse educators in Doha, Qatar. Namely, making the international move to Qatar is a major life change. It is frequently the first-time novice nursing
faculty have lived away from family and friend support systems in their country of origin or other countries. This assumption is partially true and was described as a factor by one participant. Likely, the international move was a factor only for some participants and likely represented differences among participant demographics as noted when two participants described having lived in Qatar for some time. Exploration of this variable was not explicitly or meaningfully addressed in my study.

**Chapter Summary**

This chapter began by answering the research questions, followed by presentations of analytical categories drawn from the findings, relevant literature, and the conceptual framework underpinning my study. This was followed by revisiting the conceptual framework and the revised conceptual framework. Finally, recommendations for future research and implications for future practice were explored. The chapter was completed by reviewing the assumptions from Chapter One.
Chapter Six: Research Summary and Conclusions

Summary

This thesis presents and summarizes the results from a qualitative case study in which I sought to explore how novice nurse educators understand teaching and learning and how they develop the skills and knowledge needed to be effective nursing educators. The study was framed by three theoretical frameworks: situated cognition, the work of Lee Shulman (1986, 1987), and of Geert Hofstede (1986). The setting was a transnational nursing campus in the Middle East region. The population sample was novice nurse educators with less than three years of full-time teaching experience. Data collection methods included replies to three guided reflective questions, sharing a teaching artifact, a one-on-one interview, observational notes, and a researcher journal. In addition, analysis of the data collected during the participant interviews yielded focused themes.

Findings indicated that although I had identified sound theories to guide the study, understanding how novice nurse educators develop in their role and how they gain the knowledge and insight to become a nurse educator is much more complicated than I had initially understood. The choice of grounding this study in the learning theory of situated cognition speaks to the volume of authentic learning that must occur for the novice to add to their understanding of teaching and learning. Using the foundations of Lee
Shulman (1986, 1987), namely academic content knowledge (ACK), general pedagogical knowledge (GenPK), and pedagogical content knowledge (PCK), provided a framework and a lens for me to make meaning of what participants described in their interviews. Including a framework (Hofstede, 1986) to explore some of the cultural aspects I thought might be identified as themes were important in this study due to the setting of the study.

This framework may inform future studies. It will support other researchers in recognizing the importance of understanding how novice nurse educators learn as they take on new educator roles. Grounding nurse educator research in theories typically associated with educational research or the profession of education will aid in understanding novice nurse educators from a lens that is supportive of some of the difficulties they may face when pivoting into a different professional role.

**Conclusions**

This study presented the multiple ways in which novice nurse educators gain understanding as they develop in nurse educators' roles, such as accessing professional learning, having professional learning supports such as peers, educational resources, and academic coordination/leadership. The novice nurse educator's ability to access professional learning supports may be impacted by barriers such as not knowing how to begin their new role, teaching courses outside of their expertise, and not having a formal orientation to clinical units. This study also showed that novice nurse
educators might be greatly impacted by emotions and feelings in these new roles. These emotions and feelings may support or hinder novice nurse educators in their new positions. The cultural aspects of teaching and learning at a transnational campus are also impacted by learners, the novice faculty, and some situations they may experience in the healthcare setting.

This study also showed that developing an educator is not a straight line but an evolving process requiring time and experience. Each nurse educator is unique and brings their needs and strengths to the nurse educator role. University organizations must recognize that supporting novice nurse educators must begin early in their careers. Professional development should be considered part of the role to provide the novice protected time to attend to their professional development needs. This professional development may be in the form of formal courses or informal professional development sessions that promote continued learning.

Linking the professional development of nurse educators, especially novice nurse educators, to the Canadian Association of the Schools of Nursing (CASN, 2022) National Nursing Education Framework may provide guidance and clarity for both the educator and those in professional developmental roles. The CASN (2022) national education framework identifies the learning domains and expectations for new graduate nurses in Canada and, in this case, the transnational campus, which is the context of this study. It is clear when examining this detailed framework that the skills
and knowledge needed by educators to support nursing students' learning are extensive. Linking professional development to this framework will provide a targeted means to develop teaching practice and the novice nurse educator’s understanding of nursing education.

This study provides insight into future research to expand the understanding of novice nurse educators and the development of all nurse educators in the academic setting. Nurse educator development is one strategy that will support nursing students and nursing education. By fully supporting and attending to the professional development needs of novice nurse educators, they will be better able to provide student-centred teaching practices.
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Appendix A

Guided Reflective Questions with Research Questions and Alignments

In what ways are novice nurse educators supported in cultivating an understanding of teaching and learning as they become educators in higher education?

Sub-questions that will be explored include:
   a. How do novice nursing educators understand their roles in teaching and in sponsoring learning in nursing?
   b. How do novice nurse educators, working in academia, develop effective teaching pedagogy?
   c. What are some of the opportunities and challenges that culture, communication, and pedagogy experienced by novice nurse educators at the University of Calgary in Qatar?

<table>
<thead>
<tr>
<th>Guided reflection questions</th>
<th>Research question alignment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Week 1</strong></td>
<td>1</td>
</tr>
<tr>
<td>1. Describe how you came to your current role?</td>
<td></td>
</tr>
<tr>
<td><em>Prompts: What is this role? Title? What do you do in your role?</em></td>
<td></td>
</tr>
<tr>
<td><strong>Week 2</strong></td>
<td>1 a, b, c</td>
</tr>
<tr>
<td>2. Describe your personal philosophy of teaching?</td>
<td></td>
</tr>
<tr>
<td><em>Prompts: How do you describe the process of teaching and learning? How did you develop this belief? Has this changed over time and if so why or why not?</em></td>
<td></td>
</tr>
<tr>
<td><strong>Week 3</strong></td>
<td>1 a, b, c</td>
</tr>
<tr>
<td>3. Describe your first year of teaching?</td>
<td></td>
</tr>
<tr>
<td><em>Prompts: Did you feel prepared and in what way? What strategies did you use to prepared for this new position?</em></td>
<td></td>
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</tbody>
</table>
Appendix B

Interview Questions with Research Questions and Alignments

In what ways are novice nurse educators supported in cultivating an understanding of teaching and learning as they become educators in higher education?
Sub-questions that will be explored include:
   a. How do novice nursing educators understand their roles in teaching and in sponsoring learning in nursing?
   b. How do novice nurse educators, working in academia, develop effective teaching pedagogy?
   c. What are some of the opportunities and challenges that culture, communication, and pedagogy experienced by novice nurse educators at the University of Calgary in Qatar?

<table>
<thead>
<tr>
<th>Interview questions</th>
<th>Research question alignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How long have you been in your current position?</td>
<td>Demographics</td>
</tr>
<tr>
<td>2. How many academic terms have you taught?</td>
<td>Demographics</td>
</tr>
<tr>
<td>3. What is your education level, and what are the degrees you hold?</td>
<td>Demographics</td>
</tr>
<tr>
<td>4. How long were you a practicing nurse before you moved into the academic role?</td>
<td>Demographics</td>
</tr>
<tr>
<td>5. What positions have held?</td>
<td>Demographics</td>
</tr>
<tr>
<td>6. Did you work in any educational role prior to moving into the academic role? If so, can you describe this role?</td>
<td>1. a</td>
</tr>
<tr>
<td>7. Can you describe how you prepared to move into the nursing educator role?</td>
<td>1. b</td>
</tr>
<tr>
<td>8. Do you feel that you were prepared to work in this setting?</td>
<td>1. a, b, c</td>
</tr>
<tr>
<td>9. Looking back on how you prepared yourself for your new position would you do anything differently if you could?</td>
<td>1. a, b, c</td>
</tr>
<tr>
<td></td>
<td>Question</td>
</tr>
<tr>
<td>---</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>10</td>
<td>What has been challenging in this role?</td>
</tr>
<tr>
<td>11</td>
<td>What have you found to be the easiest in this role?</td>
</tr>
<tr>
<td>12</td>
<td>Did you move into this position knowing and understanding how to teach a class? How to teach a lab? How to teach clinical?</td>
</tr>
<tr>
<td>13</td>
<td>Is there anything that you think might have been helpful for you to learn before you moved into this position?</td>
</tr>
<tr>
<td>14</td>
<td>What would you suggest to new educators to do in preparation before they move into the teaching role?</td>
</tr>
<tr>
<td>15</td>
<td>Can you tell me about the artifact you shared with me? What does it represent about you learning about teaching and learning?</td>
</tr>
<tr>
<td>16</td>
<td>Can you tell me if you feel that teaching in Qatar has added challenges? Opportunities? Are these influenced by culture? Communication?</td>
</tr>
</tbody>
</table>