2023-06-02

Beyond Role Transition: Specialty Nurses' Narratives of Learning to Teach

House-Kokan, Michelle Anne Marie

UNIVERSITY OF CALGARY

Beyond Role Transition: Specialty Nurses' Narratives of Learning to Teach

by

Michelle Anne Marie House-Kokan

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES

IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE

DEGREE OF DOCTOR OF EDUCATION

GRADUATE PROGRAM IN EDUCATIONAL RESEARCH

CALGARY, ALBERTA

JUNE, 2023

Abstract

In Canada, specialty nurse educators are typically hired for their clinical expertise and are not required to have training in pedagogical methodology or have past experience as educators (Bagley et al., 2018; Hoffman, 2019; Shapiro, 2018). Currently, little is known about how expert speciality nurses learn to teach post-licensure specialty education. Today, there is a critical shortfall of Registered Nurses in Canada (Ariste et al., 2019; Canadian Nurses Association, 2023). At the same time, an increase in patient acuity and complexity has highlighted the need for specialized nursing care and thus specialized post-licensure education (British Columbia Government, 2020; Lavoie-Tremblay et al., 2019). Despite the rising demand for specialty nurses, there is a parallel critical shortage of nurse educators at all levels of nursing education, including at the post-licensure specialty level (British Columbia Institute of Technology, 2021; Boamah, 2021). A deeper understanding of how post-licensure specialty nurse educators learn to teach is crucial to preparing and supporting both new and current specialty nurse educators.

This qualitative inquiry arises from my experience as a post-licensure specialty nurse educator and faculty development lead. With this inquiry, I expand the limited scholarship in this area. Employing a narrative inquiry methodology, and a conceptual framework derived from the nursing, teacher, and higher education literature and informed by adult learning theory, I explore and describe specialty nurse educators' process of learning to teach, along with factors that help or hinder this process. Key findings from this study include the holistic nature of the journey of learning to teach specialty nursing, learning to teach through caring, and learning to teach as a relational process.

Preface

This thesis is original, unpublished, independent work by the author, M.A. House-Kokan. The data collection reported in Chapters 3-4 were covered by Ethics Certificate number REB22-0329, issued by the University of Calgary Conjoint Faculties Research Ethics Board on June 21, 2022, and by Ethics Certificate number 2022-29, issued by the British Columbia Institute of Technology Research Ethics Board on June 16, 2022 for the project “Beyond Role Transition: Specialty Nurses’ Narratives of Learning to Teach”.

Acknowledgements

I would like to first respectfully acknowledge that the land on which I live, work, and play is the traditional and unceded Indigenous land of the Coast Salish peoples, including the shared territories of the Səl̓ílwətaʔ/Selilwitulh (Tsleil-Waututh), Sḵwx̱wú7mesh Úxwumixw (Squamish), and xʷməθkʷəy̓əm (Musqueam) First Nations. This acknowledgement compels me to advance Truth and Reconciliation in my work as nurse and as educator through honouring, respecting, and increasing awareness of Indigenous worldviews and priorities.

I would also like to acknowledge the many people who have helped and supported me throughout this doctoral quest. First, I would like to express my deepest thanks and gratitude to my supervisor, Dr. Janet Groen. Thank you for your unwavering support and encouragement, your kindness, and your apparently limitless patience! You have encouraged and challenged me to think deeply and critically, helped me negotiate obstacles and challenges, celebrated my successes, taught me to trust myself, and above all you believed in me.

My sincere gratitude to my committee members, Dr. Bernie Potvin and Dr. Kara Sealock, for kindly guiding, encouraging, supporting, and thoughtfully challenging me with feedback and questions throughout candidacy and dissertation preparation. It has been a distinct pleasure to work with such talented and experienced educators. I am also thankful to my examiner, Dr. Ian Winchester, and external examiner, Dr. Leona English, for agreeing to support me in this quest and for their invaluable expertise and insightful guidance.

Thank you to my co-learners and friends in my EdD cohort. Your company, encouragement, and peer mentorship were integral to my success in the journey. In particular, a very special and heartfelt thank you to Lili and Alisha. You reminded me that I was never alone,

helped me find my way when I was lost, listened to me when I needed, and made me laugh in spite of myself. I treasure our friendship.

Finally, I sincerely thank the participants who committed to sharing their stories with me. Without their honesty, candidness, and willing participation, this research would not have been possible.

Dedication

This dissertation is dedicated to my family, the greatest blessing in my life.

To my husband, Peter, for your unwavering commitment, unending encouragement, and ongoing kindness that has enabled me to pursue this quest and keep me moving forward.

To my children, Thomas, Faye, and Steven, for your unquestioning confidence in me and enthusiastic cheerleading that has inspired me and carried me to the finish line. I love you and adore you, and no, I don’t have a favourite!

To my mother, Irene House, for providing me with a roadmap for strength and resilience.

To my late father, Harvey House, for always pushing me to go further. Your legacy lives on.

Table of Contents

Chapter 1: Introduction to the Study

A pre-existing global nursing shortage in conjunction with the effects of the current COVID-19 pandemic has caused a dire shortfall of Registered Nurses in Canada (Ariste et al., 2019; Canadian Nurses Association [CNA], 2022; World Health Organization, 2020a). Concurrently, a rise in complex patient presentations combined with increasingly sophisticated working environments over the last three decades has drastically expanded the need for specialized nursing care and thus additional specialized post-licensure education (British Columbia Government, 2020; Lavoie-Tremblay et al., 2019; Turris et al., 2007). Unfortunately, there is a parallel critical shortage of nurse educators at all levels of nursing education, including at the post-licensure specialty level (Boamah et al., 2021; British Columbia Institute of Technology, 2023; Canadian Association of Schools of Nursing [CASN], 2016; Jennings, 2017; Jetha et al., 2016). Post-licensure specialty nursing education is a high level of advanced nursing education. To elaborate, the learners are already licensed practising nurses with established clinical skills, decision-making processes, and professional identities. Specialty nursing education is typically delivered in a compressed timeframe manner or via distance education, and faculty must teach in classroom, clinical, simulation, and distance modalities as well as participate in curriculum work. Specialty nursing faculty are typically clinically expert specialty nurses, but do not necessarily have training or experience in education. In British Columbia (BC), post-licensure specialty nursing education is centralized and provided at the British Columbia Institute of Technology (BCIT), where I am a specialty nurse educator and faculty development lead. Despite strong partnerships with provincial Health Authorities, due to the ongoing nursing shortage crisis, many specialty nurse educator positions are difficult to fill, and most new specialty nurse educators lack credentials or experience in education. As a result, there

is a lack of consistency in content delivery, evaluative processes, and knowledge of teaching and learning principles with adult learners. Furthermore, there is almost no research literature addressing specialty nursing education or specialty nurse educators specifically.

The purpose of this narrative inquiry was to explore stories of specialty nurse educators' process of learning to teach specialty nursing to post-licensure learners at a provincial specialty nursing education department located in British Columbia. In this chapter, I situate the study in the context of historical aspects of general and specialty nursing education, as well as the impact of regulation, global trends, and the influence of the historical COVID-19 pandemic. I then articulate the study's purpose, central questions, and significance. I conclude the chapter with a discussion of myself as researcher and the assumptions I that brought to the research.

Nursing Education Overview

Historically, nurses in Canada were "trained" in hospital-based apprenticeship-style programs that earned them a diploma in nursing (Fealy et al., 2015; Foth & Holmes, 2016). Today, the required educational standard for entry to practice as a Registered Nurse (RN) in most Canadian provinces, including the province of British Columbia (BC), is a baccalaureate degree in nursing. However, nurses who have completed a diploma in nursing rather than a degree are still eligible to be licensed to practise as RNs (CASN, 2022a; CNA, 2022). According to Canadian Institute for Health Information (CIHI), 44.7% of Canadian RNs are diploma-educated and do not hold a degree in nursing (CIHI, 2022). Since both degree and diploma-prepared nurses can be licensed to practice in full scope as Registered Nurses, I refer to nursing students who have not yet completed nursing credentials as *pre-licensure* students rather than *baccalaureate* or *undergraduate* students.

Accreditation and Regulation of Registered Nursing and Nursing Education

In Canada, nursing is a self-regulated profession, and all designations of nurses are regulated by their respective professional colleges under legislation found in provincial and territorial statutes (Almost, 2021). In terms of RNs specifically, pre-licensure nursing programs in Canada are primarily located in universities and/or colleges and must be reviewed and approved by their province's nursing regulatory body prior to implementation at educational institutions. Pre-licensure programs may choose to be accredited by the Canadian Association of Schools of Nursing (CASN), the representative of all colleges and universities that offer all or part of an undergraduate or graduate degree in nursing (CASN, 2023). A graduate degree is the preferred (and often required) credential to teach nursing in an undergraduate program, although expert clinical nurses with master's degrees or at minimum baccalaureate degrees are often hired to teach theory and clinical practice education (CASN, 2020). Notably, nurse educators are not required to have any pedagogical training or expertise (Bullin, 2018; Dunbar-Jacob & Hravnak, 2021; Jennings, 2017; Jetha et al., 2016).

Specialty Nursing Overview and History

In the late 1970s and early 1980s, as patient presentations became increasingly complex and work environments became progressively technologically sophisticated, the nursing profession directed attention toward specialization (Baumgart & Larsen, 1992; Turris et al., 2007; Varcoe & Cresswell, 1993); however, no consensus on what exactly constitutes a nursing specialty was ever developed. As far back as 1992, the International Council of Nurses (ICN, 2021) noted a lack of clarity and agreement on four main issues: the nature and definition of specialties; what drives the creation of a specialty, such as a patient population, an area of practice, or the basis of technology or disease; the appropriate degree of specialization to

maintain the integrity of nursing practice and avoid fragmentation of health care; and the qualification and regulation required for specialty practice (Affara & Styles, 1992, as cited in WHO, 2020b). According to the World Health Organization (WHO), the absence of a common understanding on what constitutes specialty nursing has resulted in an unresolved lack of consistency in titling, scope of practice, education standards, and regulatory control within and across countries (WHO, 2020b). Regardless, specialization as a response to progressively complex work environments has ensued, as particular patient populations and practice areas require extensive advanced knowledge beyond that obtained in a typical pre-licensure nursing program (Cosentino et al., 2020; Filkins, 2017; Finnell et al., 2015; McParland, 2021; Turris et al., 2007).

Historically in Canada, nurses typically graduated from a pre-licensure nursing program, worked for a short duration on a general medical or surgical unit, then transferred to a specialty area after a short orientation provided "in-house" by the hospital (BCIT, 1989; BC Ministry of Health, 2000; Kennedy, 2006; Turris et al., 2007). However, a nursing shortage in the mid-1980s necessitated the employment of new and novice nurses in specialty areas. Unfortunately, poorly prepared and under supported nurses led to high attrition rates, and retention in these positions became an ongoing issue that spurred interest in specialty education (O'Brien-Pallas et al., 2010; Turris et al., 2007; Varcoe & Cresswell, 1993). Currently in Canada, there are three "routes" for specialization in nursing (CNA, 2023b; Turris et al., 2007). These include in-house orientation programs as described earlier, completion of a certificate from a post-licensure specialty program, or completion of a master's degree with a clinical specialty focus. A fourth route, incorporation of specialty nursing into pre-licensure nursing programs, has been proposed by at least one province (Byres, 2018).

What Specialty Nursing is Not

In addition to the lack of consensus on what constitutes specialty nursing, there is also a lack of consensus on the terminology surrounding specialization in nursing practice, which makes it difficult to attain clarity and standardization on the educational preparation of specialty nurses. “Specialist”, “specialty nurse”, “expert”, “specialized practice”, and “specialization” are some of the terms found in the health care literature and are often used interchangeably. To add to the complexity, there are several nursing roles that involve advanced practice but are not the same as specialty nursing. Advanced practice nursing is an umbrella term for nurses “who integrate graduate nursing educational preparation with in-depth, specialized clinical nursing knowledge and expertise” (Almost, 2021, p. 16), such as a clinical nurse specialist (CNS). A CNS is a registered nurse who has a graduate degree in nursing, extensive nursing knowledge and skills, and clinical expertise in a specialty area whose advanced nursing practice role encompasses professional development, organizational leadership, research and education (CNA, 2009).

Accreditation of Specialty Nursing Practice and Education

The Canadian Nurses Association (CNA) represents the nursing voice at the national level. Its objectives are to advance the profession of nursing, promote professional-led regulation, and advocate in the public’s interest on healthcare (CNA, 2023a). The CNA’s definition of specialty nursing practice is “a branch of nursing that concentrates on a specific area of clinical nursing in which the focus of practice may be related to age (such as gerontology), an issue (such as infection control), a disease (such as cancer) or a practice setting (such as community health)” (CNA, 2018, p.1). The CNA has a national certification program in 22 nursing specialties, with credentialing offered when candidates meet the criteria outlined in

the competencies associated with that specialty and successfully write a credentialing exam (CNA, 2023b). However, becoming CNA-certified in a nursing specialty is completely voluntary and up to each individual specialty nurse.

The CNA has recently introduced an accreditation program for specialty nursing education programs as well as continuing education programs and courses. The intent of this accreditation program is to uphold standards of quality for professional development for nurses in Canada (CNA, 2023c), however accreditation is voluntary. To date, three of BCIT's 11 specialty programs have been accredited, but few programs in other provinces have undergone accreditation (CNA, 2023c).

Context of Study

Nursing Shortage

Severe nursing shortages are currently being experienced world-wide and are predicted to worsen in the future (Both-Nwabuwe et al., 2018; Sasso et al., 2019), and Canada is no exception (Ariste et al., 2019; CNA, 2023a; WHO, 2020a). In 2021, the average age of a regulated nurse in BC was 43.3 years, while 20.6% were aged 55 or older (CIHI, 2022). Adding to the shortage is the effect of the current ongoing global pandemic. While the actual short and long-term effects of the pandemic are yet to be realized, nurses, nursing unions, and nursing leaders as well as other healthcare professions who are close to the front lines of nursing care are predicting a mass exodus of nurses from the profession as one result (International Council of Nurses, 2021; Varnar, 2021). In BC alone, it is predicted that more than 23000 nurses are needed by 2029 to adequately staff the healthcare system (BC Nurses Union, 2022; WorkBC, 2022). This shortage of nurses translates directly into a concurrent shortage of specialty-prepared nurses. Even pre-pandemic, this shortage was recognized by the Government of BC, which responded by funding

the expansion of specialty nursing education seats at BCIT from 350 fulltime equivalents to 1000 fulltime equivalents during 2016-2020. In 2020, that funding and the expanded seats became permanent (BC Government, 2020).

Nursing Faculty Shortage

What is not as commonly discussed as the global shortage of nurses is a parallel shortage of nursing educators. In the United States, there has been some research focused on nurse faculty shortages, but little attention has been paid in the Canadian literature. Boamah et al. (2021) conducted a recent scoping review of contributing factors to the nursing faculty shortage in Canada and found that similar to the American experience, ageing academic nursing faculty and a rise in numbers of faculty retiring are a major contributor to the nursing faculty shortage. Further, nurses tend to pursue academic positions at older ages than in other academic fields, leading to shorter academic careers. Concurrently, there is an undersupply of new faculty and an inadequate number of nurses with master's and doctoral degrees world-wide (WHO, 2020a). In Canada, the enrollment of nurses in graduate programs is currently inadequate to provide enough qualified faculty to replace those retiring (CASN, 2016). Boamah et al. (2021) also point to job stress and challenges with transitioning from a clinical role to a faculty role as issues contributing to the shortage of Canadian nursing faculty. These authors suggested that the limited studies published in Canada indicate that this is a critical area for future research to lay the groundwork for the creation of context-specific solutions, so my study is timely in its completion.

Context of Specialty Nursing Education

Notably, there are very few studies in specialty nursing education in recent decades. Lacking standardization, the state of specialty nursing education and its educators is not well-

publicized and has not generated much education-related research. This lack of standardization of specialty nursing education has led to a patchwork of educational programs to prepare specialty nurses, and there is no minimum educational requirement to become a specialty nursing educator. In BC, the nursing shortage as well as the ongoing pandemic have also had an impact on specialty nursing education as there is greater demand. However, despite government funding, it is often difficult to fill specialty nursing faculty positions, and it is also difficult to hire clinical instructors to provide practice education in hospital units. Unfortunately, as Shanta et al. (2011) pointed out, in times of shortage, there is a tendency to place higher value on clinical expertise than on the significance of pedagogy and "the art of teaching" (p. 224).

Research Problem and Purpose

Nurses may be expert nursing practitioners, but they are often not prepared for nurse educator roles. Unlike educational preparation for nursing practice, the role of nurse educator usually has no systematic preparation (Cangelosi et al., 2009; Gunberg-Ross & Silver Dunker, 2019; Jetha et al., 2016). Nurse educators in North America are typically hired for their clinical expertise and are not required to have training in pedagogical methodology or have past experience as educators (Bagley et al., 2018; BCIT, 2023; Hoffman, 2019; Jetha et al., 2016; Reese & Ketner, 2017; Shapiro, 2018; Turris et al., 2007). The nursing education literature is replete with recent studies and commentary on new academic and clinical faculty orientation needs and role transition from expert clinical nurse to novice educator (McPherson & Candela, 2019; Rogers et al., 2020), but there are almost no studies that examine the actual *process* of learning to teach. There are even fewer studies that consider specialty nurse education, and to date, there are none that consider the process of learning to teach specialty nursing. From examining the nursing education literature and from my own experience, it seems most specialty

nurse educators learn to teach “on the job” (Jennings, 2017, p.25). Further, in my role in faculty development lead, both new and seasoned faculty approach me seeking support for an ongoing lack of pedagogical understanding of teaching and learning, a lack of confidence in their teaching knowledge and practice, or both.

The purpose of this research study was to explore the stories of specialty nurse educators’ process of learning to teach specialty nursing to post-licensure learners in the context of the British Columbia Institute of Technology (BCIT). Based on the findings, the ultimate goal of this study was to create a foundational understanding in order to guide development of strategies to assist both new and experienced specialty nurse educators to develop and refine a sound pedagogical basis to help assure quality education in specialty nursing.

Research Questions

Through personal work experiences and conversations as well as extensive research into the literature, it was clear to me that there is a lack of understanding of the process that clinically expert specialty nurses undergo when learning to teach specialty nursing. Further, it was also apparent to me that understanding this process would be a necessary first step to provide the evidence on which to build faculty education and supports. This information led to the development of the primary research question for this study:

> What are the stories of clinically expert specialty nurses regarding their process of learning to teach post-licensure specialty nursing?

Secondary research questions that supported the overall research problem, purpose, and question included:

- What knowledge or beliefs do clinically expert specialty nurses hold about teaching specialty nursing?

- How do clinically expert specialty nurses describe becoming a specialty nurse educator?
- What factors help or hinder clinically expert specialty nurses in the process of learning to teach specialty nursing?

Significance of Study

This study contributes to nursing education in a few important ways. First, this study describes the holistic process that specialty nurse educators undergo as they learn to teach, including both "what" they learn and "how" they learn. To date, there are few studies that describe this process in nursing education and there are no studies describing this process in the context of specialty nursing education. Second, this study provides the empirical basis for future development of specialty nurse educator development pathways in order to better support both novice and experienced specialty nurse educators as well as improve teaching, learning, and educational practices. Better support may improve recruitment and retention of specialty nurse educators. Third, the results of this study provide voice to these educators' experiences and will help raise the profile of their unique knowledge of specialty nursing education and contributions to nursing episteme. The results also provide insight into other important areas requiring further research in specialty nurse education. Finally, this study illuminates potential opportunities for similar research in other professions that rely on expertise rather than pedagogy to teach new practitioners of the discipline.

Situating the Researcher: Narrative Beginnings

In my own journey as a specialty nurse educator, I began as a clinically expert nurse specialized in critical care who had no experience teaching at all, and I clearly recall how overwhelmed and anxious I was. Nursing and teaching are two different disciplines, and I

struggled to find supports or resources that were a fit for the unique context of specialty nursing. While I was fortunate enough to have had the support of an informal mentor, I had no knowledge or experience upon which to draw, other than my own experience as a learner and how I had been taught myself. I sought out learning opportunities wherever I could find them, including workshops offered by my institute's learning and teaching centre and nurse educator courses provided by CASN. However, while interesting and useful to a degree, none of these courses felt like a fit with the unique context of specialty nursing. Additionally, any resources I could avail myself of were always completed on my own time and on my own initiative (and often at my own cost); few of my colleagues were willing or able to do the same.

Today I am the faculty development lead for our expanded specialty nursing department. Originally intended to create a faculty development pathway specifically to teach simulation pedagogy to support faculty to work in a new Health Sciences Simulation Centre, my position was expanded in scope to develop and support all faculty in the specialty nursing department. In this multi-faceted role, I work with both new and experienced specialty nurse educators. I support new faculty in their transition journey from expert clinician to novice educator, and I support experienced specialty nurse educators in their ongoing quest to improve and expand their knowledge and practice. I also find myself helping to resolve issues that are rooted in a lack of understanding of various aspects of educational practice amongst both new and experienced specialty nurse educators. It is my belief that specialty nurse educators could and should be better supported in their roles as educators, and that this support may lead to better student outcomes as well as improve recruitment and retention of specialty nursing faculty. The results of this study provide a better understanding of the process of learning to teach specialty

nursing, allowing the collaborative creation of appropriate faculty development pathways, resources, and supports for all stages of specialty nurse educators' careers.

Assumptions

Due to my many years of experience in specialty nursing, I held several tacit assumptions that influenced the development of my conceptual framework as well as my desire to undertake this study. I held the assumption that education in teaching and learning theory and practice is valuable for specialty nurse educators when learning to teach, and thus valuable for students too. I held the assumption that most specialty nurse educators experience challenges and difficulties in learning how to teach, and that these challenges might be offset with appropriate education and support. I also held the assumption that there might be some commonalities of experience for specialty nurse educators in the process of learning to teach, and that this process could be explored and described through their stories. Finally, I assumed that time spent as an educator in and of itself does not always result in effectively learning to teach.

Overview of Methodology

I took up Clandinin and Connelly's approach to narrative inquiry (Clandinin & Connelly, 2000; Connelly & Clandinin, 1990; 2006) to explore clinically expert specialty nurses' stories of learning to teach post-licensure specialty nursing. This methodology allowed me to take a holistic view to examine their knowledge and beliefs about teaching specialty nursing, the development of their teaching practice, and their development of identity as educator as situated in the context of time, place, and sociality. I also examined factors that supported or hindered this process. I chose a narrative inquiry approach for this study since the participants were the only ones who truly knew their perceptions, beliefs, and experiences. Since "the study of experience of story, is…a way of thinking about experience" (Connelly & Clandinin, 2006, p.

477), this study provided specialty nurse educators a medium through which they reflected on and co-constructed both their process and meaning of learning to teach.

Underpinning the research is a conceptual framework that I developed from themes and concepts emerging from an extensive literature review in the nursing education, teacher education, and higher education literature, as well as from my own tacit knowledge and experience as a specialty nurse educator and faculty development lead. I utilized the theories and concepts in the conceptual framework as a lens through which I approached and explored participants' stories. I present and examine this framework in Chapter Two and reflect further on its use in Chapter Five.

Summary of Chapter

Drawing on historical and current literature on nursing education, in this chapter I introduced the context for this study, highlighting the uniqueness of specialty nursing education and noting the nursing profession's overall lack of preparation for teaching. In addition to presenting the study's purpose, aims, research questions, and proposed methodology, I provided some insight into how my own experiences in specialty nurse education and faculty development has served as the initial impetus for my inquiry. I also specified how the current context of a global nursing shortage together with the ongoing COVID-19 pandemic make the significance of this study even more salient. In Chapter Two, I review the literature on learning to teach in nursing, teacher, and higher education in greater depth, ground the review within the adult education literature, and introduce the conceptual framework for the study.

Chapter 2: Literature Review

This chapter reviews current literature related to specialty nursing educators' process of learning how to teach in the unique context of specialty nursing, situating the study in both nursing and education literature, and identifying gaps in knowledge, current practices, assumptions, and criticisms. There is little available in the nursing education literature about the process of learning how to teach, and virtually nothing exploring this process in specialty nursing. Consequently, I broadened the scope of my review to encompass teacher education and higher education literature. I begin by describing aspects of general pre-licensure nursing education to set the stage for the particularities of specialty nursing education. Next, I examine specialty nursing as an entity, including who the specialty nursing educators and learners are in order to highlight unique aspects of this context. Drawing from nursing education, teacher education, and higher education literature as well as personal experience, I then present my conceptual framework for this study. The framework consists of four broad components: *Developing Knowledge, Developing Practice, Developing Identity, and Adapting and Transitioning.* Within these components, I identify and explore notable themes and concepts and situate them within adult learning theory and literature.

I conducted the literature search using online library databases CINAHL, ERIC, ProQuest, and PubMed. Search terms included novice nurse faculty, specialty nursing, specialized nursing education, specialty nurse educators, faculty development, nursing faculty shortage, teacher education, teacher learning, higher education, learning to teach, pedagogical development, pedagogical competence, and faculty role transition in various combinations. I also reviewed the grey literature for government and stakeholder reports and relevant dissertations.

Nursing Education in General

According to most nurse scholars, nursing consists of a theoretical aspect, or the science that guides the practitioner, and an art, or the actual embodied practice of nursing (Benner, 2001; Diekelmann & Lampe, 2004; Jennings, 2017). The purpose of pre-licensure nursing education is to prepare students to think critically as well as to act safely and independently through theoretical and practical applications of knowledge, judgement, and decision making in the provision of safe, ethical patient care (CASN, 2022a; Caputi & Ellyn, 2010). However, nursing education as a profession requires more than just expertise in the art and science of nursing. Nursing education comprises both the profession of nursing as well as that of education.

As a practice discipline, nursing education must provide both theoretical and clinical education to its students, and a far greater number of clinical instructors are required to teach small student clinical groups as compared to the numbers needed to teach large didactic courses (McPherson & Candela, 2019). As a result, it is common practice for expert clinical nurses to be contracted on a part time or short-term sessional basis as clinical instructors (Booth et al., 2016; Gunberg Ross & Silver Dunker 2019; Jarosinki et al., 2019; McDermid et al., 2016; Rogers et al., 2020; Summers, 2017). In Canada, clinical educators must have a minimum of a bachelor's degree as well as clinical expertise (CASN, 2020).

Lack of Education on Education

Both CASN (2021) and its American counterpart, the National League for Nursing (NLN, 2018), list several core competencies for nurse educators. Nurse scholars and researchers note that nurse educators require pedagogical knowledge and competence (Benner et al., 2010; Gardner, 2014; Testut, 2013). However, a lack of preparation in education is a recurrent theme in the nursing education literature over the last 30 years (Bagley et al., 2018; Boamah et al., 2021;

Bullin, 2018; Clochesy et al., 2019; Dunbar et al., 2019; Fanutti, 1993; Jennings, 2017; McDonald, 2004; Summers, 2017). An integrative review completed by Bullin (2018) revealed that doctoral education does not actually prepare nurse educators to teach, and many master's degree programs do not prepare nurse educators for the responsibilities of designing curricula, teaching strategies, and evaluation unless the program is specifically focused on education. There is little research on nurse educators' experiences in developing teaching knowledge and practice, and a paucity of research addressing the formal preparation needs of nursing educators. In discussing the scholarship of teaching, Bullin (2018) asks the question, "…how will academic nurse educators effectively convey knowledge to nursing students without having a solid pedagogical foundation themselves?" (p. 11).

Technology and Nursing Education

Exponential growth in technology has not only impacted nursing education, technology is also fully integrated in the healthcare environment today, particularly in highly-acute specialty areas (Huddle, 2019). As a result, nurse educators must include appropriate technologies in educational practice as well as train nurses to employ technology in clinical practice (Fawaz et al., 2018). In addition, simulation technologies are now commonly used to provide experiential learning opportunities in a safe, controlled environment (Ayed & Khalaf, 2018). While the literature on simulation supports its use in nursing education, it should be noted that simulation is a teaching pedagogy in and of itself that requires specialized knowledge and expertise (Cheng et al., 2020; Fey et al., 2020; Smart et al., 2020), and many institutions require extra certification in its use and inclusion in nursing curricula.

Besides the need for preparation in simulation pedagogy, it is expected that nurse educators have knowledge for operating educational technology, but many do not possess

technological expertise. Many educators identify technology as a source of hindrance and stress and simply lack time to learn how to properly utilize it to its full potential (Huddle, 2019; Oprescu et al., 2017). The rapid and unexpected pivot to online education because of the COVID-19 pandemic only exacerbated the situation. According to Smadi et al. (2021), this shift to online education requires a pedagogical transformation of its own.

In this section I have described general nursing education as it has taken place in North America and Canada in particular. A notable theme is a lack of theoretical preparation in education for nurse educators, regardless of their educational qualifications. The burgeoning of technology in the healthcare practice environment as well as in education, particularly simulation, has increased the need for specific educational preparation for nurse educators. Throughout this section I also drew readers' attention to gaps in nursing education research. In the next section, I further describe specialty nursing education particularly in British Columbia, to provide the reader contextual insight into the world in which the participants teach.

Specialty Nursing Education

Most specialty nursing education programs exist in North America, Great Britain, and Australia, and are delivered at pre-licensure, post-licensure, and graduate levels, with a variety of credit structures, program lengths, and delivery options (Ranchal et al., 2015; Turris et al., 2007). In Canada, there is no standardized educational process for speciality nursing. Indeed, a recent CNA pan-Canadian synthesis on the current state of nursing in Canada describes speciality practice as a "branch of nursing that requires specialty core competencies, knowledge and education" (Almost, 2021, p.22), but omits any discussion on actual specialty nursing *education*. CASN, the national accrediting body for nursing education in Canada, describes itself as speaking "for Canadian nursing education and scholarship" (CASN, 2023). Yet, CASN

represents baccalaureate and graduate education only, and has no mention of specialty nursing education on its website or in its publications.

Specialty Nursing Education in British Columbia

In 1981, BCIT was designated as the primary medical technology centre for the province (Gillespie, 1982), resulting in the centralization of most specialty nursing education. A partnership established between the BC Ministry of Health, the BC Ministry of Advanced Education, and the provincial Health Authorities together with BCIT has resulted in most of this education being offered by BCIT since the early 1990s (BC Ministry of Health, 2000; Gillespie, 1991; Varcoe & Cresswell, 1993). The BCIT Specialty Nursing Department exists within the School of Health Sciences and offers specialty nursing certificates to post-licensure nurses in 11 specialty areas: critical care, emergency, high acuity, neonatal, perioperative, perinatal, nephrology, digital health, pediatric, pediatric emergency, and pediatric critical care specialty nursing. All programs are based on a common integrative curriculum framework that serves as a unifying foundation by establishing shared conceptual boundaries and directing the curricula content and processes.

Specialty nursing programs at BCIT are offered in two formats: compressed time frame (CTF) or distance education. CTF programs are typically completed on a fulltime basis within six months, with a three-to-six-month preceding period of part time distance study and are reserved for employer-sponsored learners. Distance education students complete courses sequentially, and typically complete a specialty program certificate in two years. Most learners complete CTF programs as sponsored learners.

Who are the Specialty Nursing Educators?

Faculty are experienced clinical specialists (BCIT, 2021), and are expected to be involved with all components of their specialty program: classroom, clinical practice, distance, and simulation education, as well as curriculum development, and committees and special projects. Faculty are typically hired directly from practice areas after precepting or supervising specialty nursing students as specialty staff nurses, and often begin work with BCIT as temporary contract specialty *clinical* instructors. Specialty nursing faculty are hired for their clinical expertise and are not required to have training in pedagogical methods or have experience as educators. A doctoral degree is not required. A master's degree is preferred, however given the ongoing nursing shortage, this requirement is often waived. Clinical education is also supported by temporary clinical instructors who teach on a short-term contract basis in their area of clinical expertise. Like pre-licensure nursing educators described earlier, few specialty nursing educators have any preparation in education pedagogies or educational technologies.

Who are the Specialty Nursing Learners?

Specialty nursing learners are professional licensed practising nurses who are changing their practice focus from one clinical area to a different, specialized clinical area. Specialty nursing learners have well-established nursing skills, abilities, and clinical decision-making processes (BCIT, 2021), and are familiar with general nursing professional culture. Due to these unique characteristics, specialty nursing learners differ from pre-licensure nursing students who have not yet established these skills, abilities, and processes. Thus, specialty nursing learners come to specialty education with different approaches, needs, and strengths. Malcolm Knowles' (1984) assumptions about adult learners, termed andragogy, helps frame an understanding of these learners. According to Knowles, adult learners are self-directed and have accumulated

experience that acts as a resource for learning. Further, adult learners are driven by internal motivation rather than external motivators and are more problem-centred in learning than subject-centred; they need to understand the reason for learning something. Finally, the readiness of an adult learner to learn is oriented to the developmental tasks of their social roles (Knowles & Associates, 1984). According to Merriam and Bierema (2014), each of these assumptions has implications for program design and instruction. Notably, an andragogical model emphasizes process over content, drawing on the learners' previous experience. In the context of specialty nursing education at BCIT, I highlight Knowles' assumption that the social roles of adults create a need for learning (Knowles & Associates, 1984). It is important to note that as adults, not only do specialty nursing learners have multiple social roles with various and competing life demands, but most of these learners' specialty nursing education is financially funded by their employing health authority. Thus, they have the additional obligation (and pressure) to successfully complete specialty education in order to retain their new position.

Utilizing Benner's (1982) model of the "characteristics of nurse performance at different stages of skill acquisition" (p. 402), Daley (1999) compared how novice and expert nurses learn in studying continuing education. They found that novice nurses' learning process tended to be contingent on concept formation, memory, and information accumulation, whereas expert nurses' learning processes were more "constructivist" (p. 144), integrating with and differentiating from experience. Further, novice nurse learners tended to understand specific issues in relation to the context of practice, but expert nurse learners understood greater system implications. The author's conclusion that curricular and teaching approaches need to be tailored to the expertise level of nurses in continuing professional education highlights the unique needs of post-licensure specialty nursing learners.

It should be noted that unlike pre-licensure nursing students, who are learning how to be nurses, specialty nursing learners are already clinically experienced as RNs and have an established identity as proficient or expert nurses. However, specialty nurse learners must move back into the role of novice as they learn a new specialty area. The transition from expert clinician back to novice is highly stressful and requires time, patience, and support from mentors or instructors to successfully navigate (Dunbar et al., 2019).

Differences between Specialty Nursing and Pre-licensure Nursing Education

There are a few key distinctions between post-licensure specialty nursing education and pre-licensure nursing education in terms of learner, educator, and context. The differences between the learners and educators were discussed earlier, however there are contextual points that bear further emphasis. First, most specialty nursing programs at BCIT are run in a CTF format which does not allow for extended time with learners as in a pre-licensure program. In this format an entire course may be completed in a week or less and thus specialty nurse educators do not have the opportunity to practice teaching and learning strategies day to day over the course of a term. There is also a layer of contextual complexity in specialty nursing education at BCIT due to the nature of the partnership between provincial government, Health Authorities, and BCIT. The vast majority of specialty nursing learners at BCIT are fully-sponsored by their employing health authorities. Accordingly, these health authorities select the candidates for admission to the specialty nursing programs, influencing who the learners are that enter the programs. This partnership results in external pressure on the specialty nursing educators to meet the needs of the health authorities in educating these learners, especially during the current pandemic.

Another challenge that is relatively unique to specialty nursing educators is that they are called upon to teach their peers and colleagues as these nurses move into specialty positions. In one of the only studies looking at specialty nursing education, Jack et al.'s (2019) study on nurses learning to teach palliative care found that teaching peers is difficult at best, and even more challenging for specialty nurse educators who do not have educational preparation in learning to teach. Finally, while CASN provides courses for pre-licensure nurse educators, there are no resources contextualized for the uniqueness of specialty nursing education.

In this section, I described specialty nursing education in as it occurs in BC. I discussed the unique characteristics of specialty nursing learners and educators, situating both within the context of Knowles' assumptions about adult learning. I highlighted key attributes of specialty nursing education in terms of learner, educator, and context. I also noted the near-absence of scholarship considering the uniqueness of specialty nursing education, a gap which my study attempted to address. Turning to the literature from nursing education, teacher education, and higher education, I now present the conceptual framework for this study.

Learning to Teach: A Conceptual Framework

Current discourses in nursing education research focus on interventions and innovations in education, new nurse educator needs, and role transition. There is a growing body of literature describing new faculty's transition from expert clinically practising nurse to academic or clinical faculty and new nurse educator needs, along with the development of resources to support these transition needs. Yet, there is almost no research that describes the experience of the actual process of learning to teach. Further, the published work that exists is almost solely focused on faculty in pre-licensure nursing programs, not post-licensure specialty nursing education. Unsurprisingly, resources that have been developed to support new nurse educators are

principally aimed at pre-licensure nurse educators who teach new nurses. In my professional experience working with specialty nurse educators, these resources are not a fit with the unique ongoing development needs of specialty nurse education in terms of the previously-discussed differences in educators, learners, and the context.

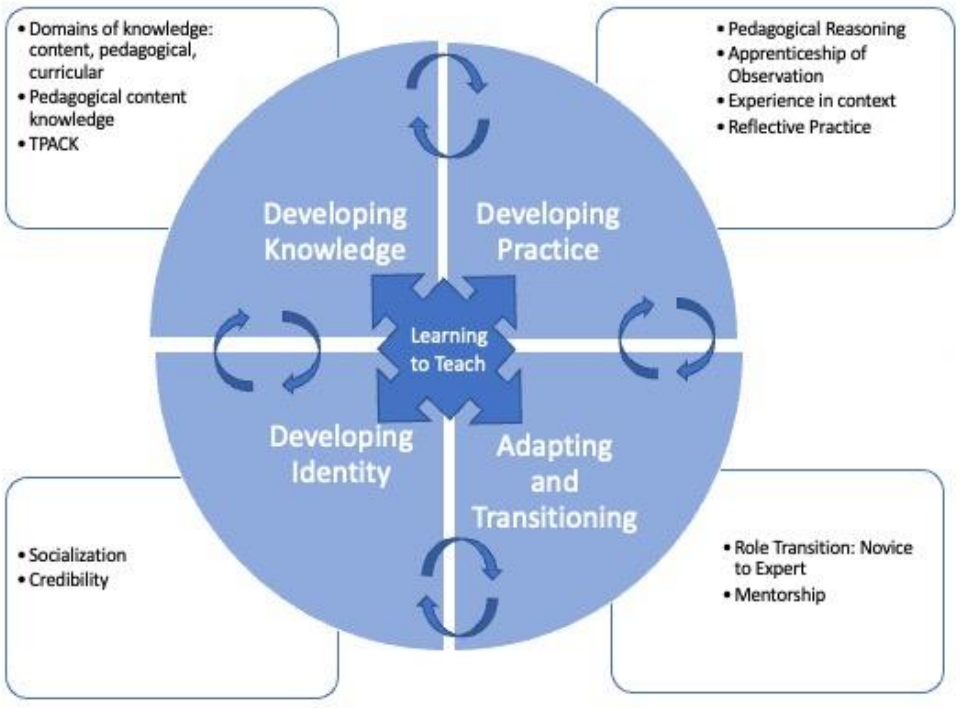
In one of the first and only studies in this area, Fanutti (1993) conducted a mixed-methods study to investigate how nurse educators in associate degree programs learned to teach. Their data revealed that nurse educators were largely self-directed in learning to teach, relying on trial and error, reflection, and socially-mediated ways such as observing role models, finding mentors, and feedback from students and colleagues. Few nurse educators had taken education courses as part of their graduate programs, but those that did found them helpful in acquiring teaching abilities. Further, this author found that the process of learning to teach was accompanied by a parallel process of adapting to a new role. Similarly, McDonald's (2004) qualitative study on the experiences of eight new nurse educators transitioning from clinical practice to pre-licensure teaching found that nurses relied on observation of other educators, trial and error, reflection, and student feedback to inform their process of learning to teach. In this study, all the participants continued to state that they did not know how to teach by the end of the semester, despite the researcher noticing significant differences in their stories of teaching from the beginning of the semester. McDonald suggested that the participants held "…a considerable amount of practical knowledge but were unable to identify that knowledge or use it in their teaching" (2004, p.282). The inability of nurse educators to convey their practical, or tacit, knowledge in a teaching/learning situation illuminates the importance of exploring their stories.

Since the process of learning to teach specialty nursing had not been examined or described, I chose to explore this process from a holistic perspective. Considering the findings

from Fanutti (1993) and McDonald (2004), and in examining the nursing education, higher education and teacher education literature as well as reflecting on my own experiences, there appeared to be several concepts and processes involved in learning how to teach for nurse educators. I developed my conceptual framework for this study (Figure 1) from these ideas, grounding them in adult learning theory. In the conceptual framework, there are four overlapping components: *Developing Knowledge*, *Developing Practice*, *Developing Identity*, and *Adapting and Transitioning.* These concepts provided a broad understanding of the process of learning to teach in specialty nursing and served as a structure and support for the study.

Figure 1

Conceptual Framework



The conceptual framework offers a graphic representation to illustrate the synchronicity of the components and processes in learning to teach specialty nursing. Although the framework separately and systematically addresses the issues related to developing knowledge, developing

practice, developing identity, and adapting and transitioning, it is important to understand that all these components overlap and influence each other in a dynamic and multidimensional way, and are thus an integrated and fluid "whole". Importantly, it must also be noted that although the conceptual framework guided and grounded the study, as the research progressed and new insights emerged, it continued to evolve. I discuss this in greater detail in Chapter Five. Beginning with *Developing Knowledge*, I will now examine each component in turn.

Developing Knowledge

Kreber and Cranton (2000) proposed that faculty in higher education construct knowledge about teaching in three domains: content knowledge (knowledge about the subject matter), pedagogical knowledge (knowledge about how people learn and how this can be facilitated), and curricular knowledge (knowledge about why one teaches in a particular way, the purposes of the course, program, and higher education). In terms of content knowledge, nursing education in general appears to make the assumption that being a clinically expert nurse not only directly translates into being able to teach nursing, but also that the nurse is a content matter expert as well (Toll, 2020). It is evident from the higher education and teacher education literature that adequate content knowledge is a necessary pre-requisite to being able to teach that content (Loughran, 2011; Sandoff et al., 2018, Sutherland et al., 2016). However, in a study of trainee teachers in a variety of disciplines (nursing, law, construction, etc.), Bostock (2019) found that the assumption that each discipline practitioner is a content matter expert is not always accurate, a finding that aligns with my experience with both new and seasoned specialty nurse educators.

In addition to content knowledge, pedagogical knowledge is an important component of learning to teach (Kreber & Cranton, 2000). As described earlier, the literature is rife with

evidence that nurse educators tend to lack pedagogical knowledge and experience to provide effective professional nursing education (Benner et al., 2010; Booth, 2016; Bullin, 2018; Cangelosi et al., 2009; Fanutti, 1993; Gardner, 2014; Goodrich, 2014; Horsfall et al., 2012; Jarosinki et al., 2019; Jennings, 2017; Rogers et al., 2020; Shanta et al., 2011; Weidmann, 2013), and specialty nursing is no exception. Studies have demonstrated the importance of pedagogical education for new educators in higher education in both supporting the new instructors and in supporting the learners (Kjellgren et al., 2008; Oleson & Hora, 2013; Sandoff et al., 2018; Van den Bos & Brouwer, 2014; Wells-Beede et al., 2023). To frame our understanding of the knowledge needed to develop as a teacher, it is helpful to consider a theoretical model of teacher knowledge.

Shulman's Teacher Knowledge Framework: Categories of Knowledge

In the 1980s, Shulman and colleague developed a theoretical framework that describes the knowledge that underpins teaching. They emphasized that teacher education should not make teachers "mere followers of textbooks" but instead prepare them to reason deeply about how they teach (de Almeida et al., 2019, p. 4; Shulman, 1987). Similarly to Kreber and Cranton (2000)'s framework, Shulman proposed three categories of knowledge present in a teacher's cognitive development: content knowledge, pedagogical content knowledge, and curricular knowledge (1986). Of these categories, Shulman highlighted the importance of pedagogical content knowledge (PCK). The concept of PCK exists at the intersection of content and pedagogy, and thus goes beyond a simple consideration of either concept in isolation from one another. PCK is a blending of content and pedagogy into a consideration of how particular aspects of subject matter are organized, adapted, and represented for teaching (Mishra & Koehler, 2006). Shulman's (1986) argument is that having knowledge of subject matter and knowledge of

general pedagogical strategies is necessary but not sufficient for good teaching; instead successful teachers deal with both content and pedagogy simultaneously in the way they transform subject matter for teaching. This occurs via the teacher's interpreting the subject matter and deploying different ways to represent it in order to make it comprehensible to others.

The notion of PCK has been extended as well as critiqued by scholars after Shulman. Shulman himself has proposed various differing lists of categories of teacher knowledge in different publications (de Almeida et al., 2019; Mishra & Koehler, 2006; Shulman, 1987). However, the emphasis is on PCK because it identifies the "distinctive bodies of knowledge for teaching" and thus refers to a unique form of professional comprehension that differentiates a subject matter expert's comprehension from that of a teacher (Shulman, 1986, p. 9). PCK has become widely utilized in education scholarship, particularly in science and mathematics, as a concept that "usefully blends the traditionally separated knowledge bases of content and pedagogy" (Mishra & Koehler, 2006, p. 1022).

Technological Pedagogical Content Knowledge

Since Shulman's concept of PCK was developed, technologies have come to the foreground of educational practice. Knowledge and use of technology is now an important aspect of overall teacher knowledge; a fact made clear with the recent massive shift to online learning in the context of the COVID-19 pandemic. In response to the burgeoning use of technology, Mishra and Koehler (2006) extended Shulman's (1986, 1987) original conception of PCK to include technological knowledge. Arguing that since technologies impact the content to be covered and the way it can be covered, knowledge of technology cannot be viewed in isolation from knowledge of pedagogy and content. In their framework, technological knowledge intersects and overlaps with content knowledge and pedagogical knowledge and emphasizes the complex

interrelationships between these three bodies of knowledge, resulting in four more types of teacher knowledge: Technological knowledge, (TK) technological pedagogical knowledge (TPK), technological content knowledge (TCK), and an overlap that results in technological pedagogical content knowledge (TPACK). TPACK represents a full understanding of how to teach with technology in a way that enhances student learning (Rodgers, 2018)..

The concepts of PCK and TPACK provide useful conceptual means for understanding teaching and learning practices in the process of learning to teach, because they link the content knowledge of specialty nursing to the understanding of the best practices for teaching that specific content to the specific learners (ie., post-licensure specialty nursing students). Bullin (2018) takes this idea up when they call for nurse educators to utilize pedagogical knowledge that "engages and informs" nursing content knowledge as discipline-specific knowledge and pedagogical knowledge are inextricably connected (p. 12). In my study, I found that the concept of PCK is key in specialty nursing educators' process of learning to teach, which I discuss in more detail in Chapter Five. Each nursing specialty is highly specific, with unique content to be learned within a unique context. In addition, as previously noted, specialty nursing learners are also unique themselves due to their pre-existing nursing knowledge, experience, and identity. Finally, specialty nursing education makes use of technologies that require particular pedagogical understanding, such as specialized simulation education and online learning. The incorporation of technology into PCK is yet another aspect of the complex and interwoven knowledge involved in learning to teach specialty nursing.

In this section, I explored the notion of *Developing Knowledge* as a component of learning to teach specialty nursing. This section of the literature review foregrounds theoretical perspectives from the disciplines of education and higher education and what it is that needs to

be “known” in order to teach specialty nursing. In particular, adequate pedagogical content knowledge (Shulman, 1986, 1987) and technological pedagogical content knowledge (Mishra & Koehler, 2006) are necessary in order to develop adequate knowledge in the process of learning to teach specialty nursing, but it cannot be assumed that specialty nursing educators are supported to develop either. In the next section, I explore the next component of the conceptual framework of learning to teach specialty nursing, *Developing Practice*.

Developing Practice

In this section I discuss the second component of the conceptual framework. This section of the literature review explores the notion of apprenticeship of observation and how it impacts learning to teach in the context of specialty nursing. The integral and intertwined roles of experience, reflection and reflective practice, pedagogical reasoning, and the influence of context on the process of learning to teach are explored via the lens of experiential learning theory.

Apprenticeship of Observation

Modern pre-licensure nursing education in Canada is innovative and student-centred (Oyelana et al., 2015). However, in years past, nursing curricula and education tended to rely on traditional pedagogies that were often teacher-centred and content-heavy (Allen, 2010; Benner et al., 2010; Giddens & Brady, 2007; Jennings, 2017). This is relevant to the context of specialty nursing education because it has long been acknowledged that new nurse educators often teach in the manner that they were taught (Boyd & Harris, 2010; Bullin, 2018; Diekelmann & Lampe, 2004; Fanutti, 1993; Gardner, 2014; Hoffman, 2019; Jennings, 2017; McDonald, 2004; Smith et al., 2023; Wells-Beede et al., 2023). Lacking formal preparation for education, nurse educators are strongly influenced by their own learning styles as well (Benner et al., 2010; Clochesy et al., 2019; Gardner, 2014; Ironside, 2004). The term *apprenticeship of observation*, originated by

Lortie in 1975, refers to the years that learners spend observing their teachers teach them and the ways that these observations then inform their views of what is good teaching (Conner & Vary, 2017). An apprenticeship of observation results in some challenges: first, any ideas about what effective teaching is will only be based on the individual learner's own preferences and experiences. Second, their teaching practices will be limited to only those that they have seen and experienced. Finally, learners do not see any of the background work involved in process of teaching, such as choosing materials, developing lessons, and evaluating students (Conner & Vary, 2017). Apprenticeship of observation adds support for providing specialty nurse educators with education on teaching and learning.

Experience and Context

According to Benner (2001), theoretical knowledge informs practice, and experience provides the context on which to build this knowledge. Cooley and De Gagne (2015) studied the perceptions of facilitators and barriers to the development of novice nurse educators' practice competence. These authors concluded that the best combination for development of practice competence is formal preparation in education together with guided on-the-job experiential learning directed by a dedicated mentor. These findings parallel those from higher education and teacher education literature (Amott, 2018; Bostock, 2019; La Velle & Flores, 2018; Van den Bos & Brouwer, 2014). For example, in a qualitative study with Swedish business academics, Sandoff et al. (2018) found that the participants' pedagogical skills, wisdom, and competence developed through experience-based learning, by interacting with students and colleagues and by self reflection. They concluded that pedagogical skills and reasoning need to be experienced, tested, and refined by practical use in order to develop pedagogical competence. Considering

experiential learning theories here helps to inform our understanding of developing practice in learning to teach the unique practice and context of specialty nursing.

Experiential learning (EL) is premised on the idea that learning occurs during and from life experience. In this view, learning is conceived as a process of knowledge creation through experience transformation, which in turn leads to new experiences (Morris, 2020). In this way, EL can be viewed as a cycle. Historically, EL can trace its roots as far back as Aristotle, but it is John Dewey who has had the most influence on current understandings of experiential learning (Merriam & Bierema, 2014). According to Fenwick (2000), Dewey believed that a learner must connect aspects of their experience to what they already know in a way that modifies that existing knowledge for learning to occur. The process of applying and adapting previous experience to new situations is the lifelong process of learning (Merriam & Bierema, 2014). It is reflected in what Dewey termed the *principle of continuity:* that a valuable experience is connected to and built upon previous experience, and also used in future experiences (Dewey, 1938/2015, p. 33; Illeris, 2007). Dewey further stressed the importance of a *principle of interaction:* a "transaction taking place between an individual and what…constitutes his environment" (Dewey, 1938/2015, p. 43). The quality of experience is important for learning: experiences can be positive and encouraging, or they can be negative and "mis-educative", thus discouraging further experience (Dewey, 1938/2015, p.43; Merriam & Bierema, 2014, p. 105).

Dewey's work on experience and education were built upon later by other theorists. For example, Kolb's experiential learning cycle is an influential model of learning grounded in the scholarly work of Dewey, Lewin, and Piaget that proposes learning occurs by the integration of concrete experience with reflection (Kolb, 1984; Morris, 2020). It is a four-stage cycle beginning with a concrete experience, then reflective observation whereby the learner reflects on the

experience. Abstract conceptualization then takes place, when the learner considers the significance of the experience and generates new understandings, followed by active experimentation when the learner applies what was learned to direct future practice, revising and reshaping based on what happens by experimenting (Fenwick, 2001; Merriam & Bierema, 2014; Morris, 2020; Murray, 2018). Experience is the driver of learning in this theory, but Kolb maintained that experience alone does not teach. Learning will only occur if the learner engages in reflective thought and processing of that experience, making sense of it and linking it with previous experience to transform their previous understanding (Fenwick, 2001). The second component of Shulman's (1987) Teacher Knowledge framework, Pedagogical Reasoning and Action, is conceptually aligned with Kolb's assertion. Pedagogic reasoning is the "thinking that underpins informed professional practice" in teaching (Loughran, 2019, p. 524) and reflects how competent teachers think about teaching (La Velle & Flores, 2018; Jennings, 2017; McKeon & Harrison, 2010). In Shulman's framework, pedagogical reasoning and action is an interactive cycle that includes comprehension, transformation, instruction, evaluation, reflection, and new comprehension (de Almeida et al., 2019; Loo, 2007; Shulman, 1987).

There are many criticisms of Kolb's experiential learning cycle. Notably, the cycle as described by Kolb appears to be essentially context-free, with no mention of social or other power relations (Merriam & Bierema, 2014; Seaman, 2008; Vince, 1998). Referring back to Benner (2001)'s assertion that experience in nursing practice provides the context on which to build knowledge, the importance of *where* learning occurs is evident in that "*the context itself shapes the learning"* (Merriam & Bierema, 2014, p. 118, italics in original). Moreover, the model focuses on individual experience and does not consider how one can learn from the experience of others, or from social processes or meanings (Fenwick, 2000; Fenwick, 2001;

Vince, 1998). Vince (1998) also notes that Kolb's model implies learning is from past experience only and does not consider learning in the present moment. In the meantime, Fenwick (2000) argued that all learning is essentially experiential, regardless of whether the context in which it occurs is educational. Fenwick further argued that experience must include both reflective and kinesthetic activity, and "embraces...conscious and unconscious dynamics, and all manner of interactions among subjects, texts, and contexts" (2000, pp. 244-245). The emphasis on conscious reflection essentially dismisses intuitive or bodily experience in favor of cognitive processes (Jordi, 2011).

From the frame of EL, taken together with the evidence from the literature from nursing, teacher, and higher education, it is apparent that the context in which learning takes place cannot be separated from the actual learning itself. From here I turn to the concept of reflection to further inform our understanding EL and the process of learning to teach in specialty nursing.

Reflection and Reflective Practice

Reflective practice is "learning that is acquired through reflection on or in practice" (Merriam & Bierema, 2014, p. 115). Reflective practice is based on the concept of reflection, which in turn is a premise of EL. We can again turn to Dewey to understand the original conceptualization of reflection as a major influence on the more contemporary theorizing of EL and reflective practice. According to Dewey, reflective thought is constituted by "Active, persistent, and careful consideration of any belief or supposed form of knowledge in the light of the grounds that support it, and the further conclusions to which it tends" (1910, p.6). Dewey's influence on more contemporary EL theory is noted in the prominent place reflection holds in Kolb's learning cycle, and also as a key component of Shulman's pedagogical reasoning cycle. However, it is Donald Schön who is largely credited with popularizing the idea of reflective

practice, particularly in education and other social science professions (Fook, 2015; Merriam & Bierema, 2014). Schön (1983) explains reflective practice as the method through which one becomes aware of one's implicit knowledge base and learns from one's experience. Two central concepts inherent in Schön's conception of reflective practice include reflection-on-action and reflection-in-action. Reflection-on-action is to reflect on, or think about, an experience after it has happened (Merriam & Bierema, 2014; Schön, 1983), which is clearly demonstrated in Kolb's (1984) learning cycle. Reflection-in-action, on the other hand, takes place as one is engaged in the experience and modifies one's behaviour in that moment (Fook, 2015; Merriam & Bierema, 2014; Schön, 1983). Reflection-in-action is what differentiates an expert practitioner from a novice (Fook, 2015; Merriam & Bierema, 2014,) and is aligned with "knowing-in-action or tacit knowing" (Merriam & Bierema, 2014, p. 116). Similarly, nursing theorist Patricia Benner discusses *intuitive* knowing and *thinking-in-action* as a defining characteristic of expert clinical nurses who can grasp a situation and understand what needs to be accomplished at that point in time (Benner, 1982; Benner et al., 2011).

Reflective practice is not a new concept in nursing education (Benner et al., 2010). It has been applied as a teaching and learning strategy used with pre-licensure students and also in the context of transition into clinical practice (Legare & Armstrong, 2017; Oermann et al., 2018). More recently, reflective practice has informed understanding the role transition of new nurse educators (Gardener, 2014; Summers, 2017). In a rapid evidence assessment of the professional needs of novice clinical educators, Jetha et al. (2016) highlighted self-reflection on one's teaching experiences and reflective practice in general as necessary to building teaching competency and confidence. More recently, Jarosinki et al. (2019) explored the experience of new nurse educators and found that successful transitioners used reflective practice to recognize

their own need to think and learn differently in order to develop competence as educators. However, Legare and Armstrong (2017) cautioned that although reflective practice is essential in nursing education, it should not be used as a substitute for pedagogic knowledge. The literature from higher education and teacher education is in alignment regarding reflective practice. In an essay on becoming a teacher educator, Loughran (2011) maintained that reflection is essential in explicating a teacher's tacit knowledge of practice. This knowledge is necessary in teachers' understanding of their fundamental pedagogic underpinnings so that their practice moves beyond a superficial understanding of teaching. In their exploration of academics' teaching experiences, Sandoff et al. (2018) emphasize the role of reflection in how academics develop pedagogical skills and hone their teaching practice in an ongoing cycle of reflection and action.

This section of the literature review explored apprenticeship of observation, the role of experience and context, and reflection and reflective practice as necessary components in *Developing Practice* in the process of learning to teach specialty nursing. Given that most specialty nurse educators learn to teach on the job, EL theory is foregrounded as a basis for the integral roles of experience, pedagogical reasoning, and influence of context on learning to teach and is extended to explore theory underpinning the role of reflection and reflective practice. Next, I explore the third component of the conceptual framework: *Developing Identity*.

Developing Identity

Fanutti (1993) and McDonald (2004) both found that new nurse educators underwent a significant role transition as they learned to teach and ultimately developed new identities as educators. This identity appeared to be informed by the process of learning to teach. These authors' findings are in keeping with more recent higher education and teacher education literature. For example, according to Van den Bos and Brouwer (2014), new educators must

enact a dual role: teaching in practice while simultaneously learning to teach, which then influences the formation of their educational identity as a necessary part in role transition. Similarly, Amott (2018) found that new teacher educators developed their professional identity through the development of their teacher educator practice. This complex process is noted by Loughran (2011) when they stated, "...identity is entwined with the how and the why of teaching" (pg. 290).

The notions of identity and learning have been theorized through many different lenses, but Wenger's (1998) work on "social participation as a process of learning and knowing" (pp. 4-5) helps to frame our understanding of this component of the process of learning to teach. Based on earlier work on situated learning and legitimate peripheral participation with Jean Lave (Lave & Wenger, 1991), Wenger conceptualized identity as one of four main components of their theory together with meaning, practice, and community. According to Wenger, identity is comprised of *negotiated experience,* whereby one defines who they are by the ways they experience their 'self' through participation; *community membership,* where one defines themselves by both the familiar and unfamiliar; as *learning trajectory,* where one defines who they are by where one has been as well as where one is going; as *nexus of multimembership,* where one defines who they are by the way one coalesces one's various memberships into one identity; and as a *relation between the local and the global,* where one defines who they are by "negotiating local ways of belonging to broader constellations and of manifesting broader styles and discourses" (Wenger, 1998, p. 149; see also Illeris, 2014). Illeris (2014), however, critiqued Wenger's work for focusing on the social aspect of developing identity and not explicating the individual's internal process. For Illeris, the relationship between identity and learning is centred around a connection between the individual and their surroundings. As such, it always involves

three components that Illeris claims are part of all learning: a cognitive dimension, an incentive dimension, and a social dimension, placing identity at the nexus of individual's internal psychological process and their external interactions process with their social, cultural or material environment (2014). The following sections explore both these individual and social processes in the context of nursing and higher education.

Socialization and Educational Identity

Socialization into the role of educator appears to be a key component of developing educational identity in higher education and teacher education. In an early work, Freeman (2002) conceptualized teacher learning as a socially developed and situated process, while McKeon and Harrison (2010) explored teacher development over time. These authors found that socialization into the role of teacher, supported preferably by a mentor as well as colleagues, directly shapes the construction of their educational identity. Expanding from teacher socialization, Oleson and Hora (2013) interviewed 53 STEM faculty and described the specific discipline as the primary cultural unit of the educator, thus identifying that there is a socialization process in developing an educational identity other than the original discipline. This concept of socialization as key to developing educational identity is apparent in the nursing literature as well. Wilson Cox (2021) et al. found that "orientation to the social milieu" (p. 275) is one of the top needs of new nurse educators, while Rogers et al. (2020) recommended networking and mentorship to support socialization of new nurse educators into the educator identity. Jetha et al. (2016) discussed the socialization needs to build relationships with colleagues and to belong as a part of the process of developing educational identity in new clinical nurse educators, findings that are similar to Gunberg Ross and Silver Dunker (2019), McDermid et al. (2016), McPherson and Candela (2019), Testut (2013), and Toll (2020).

Credibility and Educational Identity

Socialization into the educator role appears to be a process that happens over time, but the development of an educational identity does not necessarily follow (Amott, 2018). In a study on both new teacher educators and new nurse educators, Boyd (2010) found that new educators tend to hold on to existing identities as practitioners rather than as educators in order to seek credibility with students. In a similar study with new teacher educators, Boyd and Harris (2010) found that seeking credibility with students by identifying with their previous discipline as schoolteachers was a response to "feeling new" and not having formed an educational identity as a teacher educator (p.13). Bostock (2019) also argued that the development of an educational identity is impacted by the cultural dimension of a workforce identity, which leads to the new educator seeking credibility by identifying with their subject or occupational expertise. The idea of nursing professional identity intersecting with and mediating educational identity through seeking credibility appears in various forms in the nursing education literature as well. For example, both McDermid et al. (2016) and Schoening (2013) described the necessity of integrating both nurse and educator identities in order to successfully transition into the role of nurse educator. Yet both note that it can be challenging for the new nurse educator to lose identity as a clinical nurse in order to reconstruct a new identity as an educator. These new nurse educators often seek credibility by holding onto their clinical nurse identities. In my professional experience, the notion of seeking credibility also manifests in specialty nursing education with both new and experienced specialty nursing educators, wherein they not only identify themselves as a specialty nurse rather than a specialty nurse educator, but also describe the importance of having credibility with students via recent clinical experience.

This section explored the concept of *Developing Identity* as a component of learning to teach specialty nursing. Informed by educational theories of identity (Illeris, 2014; Wenger, 1998), and examining the literature from nursing, teacher, and higher education, this section explored socialization into the new role and credibility as components of *Developing Identity.* Next, I explore the final component of the conceptual framework: *Adapting and Transitioning.*

Adapting and Transitioning

There is a significant body of literature that identifies that the change from clinician to educator is problematic; a process described as tantamount to drowning (Anderson, 2009; Fritz, 2018; Grassley & Lambe, 2015; Hunter & Hayter, 2019). Benner's Novice to Expert theory (2001) helps frame the role transition that nurse educators undergo when moving from a clinical role to an educator role. Positing that skill development in nursing is fostered over time by appropriate education together with experience, Benner's theory is focused on how nurses acquire nursing knowledge: gaining both practical knowledge, or "knowing how", as well as learning theory, or "knowing that" (Benner, 2001, p.2). Benner utilized the experiential, situation-based Dreyfus model of skill acquisition (Dreyfus & Dreyfus, 1980) to formulate a model of skill development in clinical practice expertise in nursing. In Benner's model, nurses move through five stages of development in their professional journey as clinicians: novice, advanced beginner, competent, proficient, and expert. At each level, an individual is engaged in various experiences with actions, behaviour, viewpoints, and thinking patterns that develop their competencies as they move from one phase to another (Shajani, 2020). Beginner nurses focus on tasks and follow a "to do" list, while expert nurses focus on the whole clinical picture, even when performing tasks (Benner, 1982). The levels reflect a movement from past, abstract concepts to past concrete experiences; each step builds from the previous one as these abstract

principles are expanded by clinical experience (Benner, 2001). New nurse educators are typically expert nurses via years of professional nursing practice, yet when they transition to an educator role, they return to a novice stage of development because they lack knowledge, experience, and judgment in educational practice. According to Gunberg Ross and Silver Dunker (2019), novice nurse educators have unique needs in terms of education, experience, and identity that must be met to advance beyond the novice stage as an educator.

Studies looking at transition from clinical nurse expert to new nurse educator in pre-licensure programs highlight the shift from expert to back to novice and the difficulties this creates for them. Schoening's (2013) grounded theory describing the process that occurs during the transition from clinical nurse to nurse educator identified four phases integral to the transition to nurse educator. The first two phases, anticipation/expectation and disorientation, align with Benner's novice stage. The third phase, information seeking, aligns with Benner's advanced beginner stage, and the fourth phase, identity formation, aligns with Benner's later stages of development. In Schoening's model, successful transition is symbolized by the integration of the two identities of nurse and educator. These findings are consistent with findings from both older and newer studies (Anderson, 2009; Bagley et al., 2018; Cangelosi et al., 2009; Clochesy et al., 2019; Fritz; 2018; Goodrich, 2014; Grassley & Lambe, 2015; Hoffman, 2019; McDonald, 2004; Owens, 2017). In fact, some of the participants' phrases reported by authors in different studies are identical, such as feeling left to "sink or swim" (Anderson, 2009, p. 118; Shoening, 2013, p.169). Shapiro (2018)'s study of the experience of transition into the fulltime faculty role among nurse educators found both positive and negative themes that align with Shoening's (2013) model and Benner's (2001) theory. Notably, Shapiro focused on nurse educators in associate degree programs, and proposed that since the roles and responsibilities of a nurse educator in an

associate degree program are different than those in a baccalaureate program, orientation and mentorship programs also need to be specific to that group.

Most studies recommended similar actions to ease the role transition from clinical nurse to nurse educator based on three key components: formal preparation in teaching and learning pedagogy, guidance in navigating the academic culture, and mentorship (Bagley et al., 2018; Clochesy et al., 2019; Cooley & DeGagne, 2016; Fritz; 2018; Goodrich, 2014; Grassley & Lambe, 2015; Hoffman, 2019; Nowell, 2014; Owens, 2017; Shapiro, 2018; Weidmann, 2013). Interestingly, only one study (Clochesy et al., 2019) took a longer-range view of role transition in considering the pedagogical competence and educational identity of "seasoned" nurse educators as well as new faculty and urged opportunities for ongoing professional development in teaching. These authors agreed with earlier work by Weidmann (2013) that ineffective role transition due to inadequacies in any of the earlier-mentioned key components can ultimately result in burnout and problems with faculty retention.

Finally, it is notable that multiple studies describe "learning to teach" as crucial for effective role transition from clinical nurse to nurse educator (Bagley et al., 2018; Cangelosi et al., 2009; Clochesy et al., 2019; Cooley & DeGagne, 2016; Fritz; 2018; Grassley and Lambe, 2015; Hoffman, 2019; Owens, 2017; Shapiro, 2018; Schoening, 2013; Weidmann, 2013). In a seminal work on the transition from expert clinical nurse to novice clinical nurse educator, Cangelosi et al. (2009) identify learning to teach as the overarching pattern that encompasses all themes related to becoming a nurse educator, and the mechanism for bridging the divide between novice nurse educators' practice and theory. Over a decade ago, these authors identified the need for research on learning to teach in nursing education, yet this process remains unexamined.

In this section, the process of *Adapting and Transitioning* is explicated and grounded in Benner's *From Novice to Expert* nursing theory (1982, 2001). Formal preparation in teaching and learning as well as guidance in navigating the educational culture via orientation and mentorship emerge as important themes in learning to teach, although the literature suggests that each of these needs to be contextualized to the specific group in question. "Learning to teach" is identified as important in the adaptation to the new role, but despite this importance, this process has not been examined in specialty nursing education.

Summary of Chapter

This literature review covers the topics of pre-licensure nursing education and comparisons and contrasts with specialty nursing education. The articles and studies reviewed indicated a significant lack of understanding on the process of learning to teach in pre-licensure nursing education, and a near-complete absence of understanding of learning to teach in the specific context of post-licensure specialty nursing education. Despite attention to the role transition processes of nurses shifting from clinical practice to teaching and academic settings, the actual process of learning to teach has not been well-described. There is a well-established shortage of nursing faculty, which extends to specialty nursing education. Acknowledging the context of a pre-existing critical nursing shortage exacerbated by the COVID-19 pandemic, it was timely for this opportunity to explore the process of learning to teach in specialty nursing.

Given the paucity of literature directly available on this topic, I relied on my experience as a specialty nurse educator and in faculty development as well as a broad exploration of the nursing, teacher, and higher education literature to derive a conceptual framework to scaffold the literature review, which in turn, supported and framed the research study. There are four interacting concepts within this conceptual framework. *Developing Knowledge* addresses what

knowledge is needed for a specialty nurse to learn to teach. Shulman's Teacher Knowledge Framework (1986, 1987), extended by Mishra and Koehler (2006), provides insight into the specifics of knowledge required by a specialty nurse educator. *Developing Practice* describes how experience, context, and reflective practice all coalesce in the process of learning to teach. Experiential learning theories, broadened to include pedagogical reasoning and reflective practice, offer insights into understanding specialty nurses' process of learning to teach, and possibly what may help or hinder this process. Informed by aspects of education theories that consider both, *Developing Identity* addresses both the individual and social levels of developing an educational identity in specialty nursing. Finally, *Adapting and Transitioning*, informed by Benner's *From Novice to Expert* nursing theory (1982, 2001), considers the process of role transition into the role of specialty nursing educator as well as what may facilitate and what may impede this process. In the next chapter, I describe my chosen methodology for this study.

Chapter 3: Research Methodology

> Wherever a story comes from, whether it is a familiar myth or a private memory, the retelling exemplifies the making of a connection from one pattern to another: a potential translation in which narrative becomes parable and the once upon a time comes to stand for some renascent truth. This approach applies to all the incidents of everyday life: the phrase in the newspaper, the endearing or infuriating game of a toddler, the misunderstanding at the office. Our species thinks in metaphors and learns through stories.
>
> - Mary Catherine Bateson, *Peripheral Visions: Learning Along the Way*

The purpose of this study was to explore the stories of specialty nurse educators' process of learning to teach specialty nursing to post-licensure students through a holistic lens. Including "what" they learn as well as "how" they learn, the results of this study provide a deep understanding of how specialty nurses develop their knowledge, their practice, and their identity, as well as how they adapt to the new role of educator. In addition to contributing to the discipline of nursing education, this study also contributes to the fields of adult learning and higher education by providing insights relevant to those professions that rely on discipline expertise to teach new practitioners, rather than pedagogical understanding, as described in Chapter One.

In this chapter, I present an overview of the study's research methodology and include discussions and details about several relevant components and underpinnings of the study design. First, I describe my paradigmatic orientation and theoretical lens through which I approached this study. Next, I provide the rationale for qualitative research and a detailed discussion of narrative inquiry. In a subsequent section, I discuss participant selection and methods of data collection and analysis, then conclude the chapter with a discussion of trustworthiness and ethical considerations in the study.

Paradigmatic Orientation

Reflecting on my "self" as researcher, I needed to honor my nursing worldview and axiology, or the values I hold that fed into the inquiry process (Reid, Greaves, & Kirby, 2017).

As a nurse and specialty nurse educator, I practice in the context of an action-oriented, applied profession that is relational in nature, and where the work I do is dependent on my response to the reality of any given situation. I believe attempted objectivity in research is appropriate at times to solve particular problems, but I recognize also that decisions about what exactly is defined as a problem, and which outcomes actually matter, are subjective and socially constructed as well.

Pragmatism is a problem-oriented philosophy that "promotes the development of theory directly from practice (praxis)" (Christ, 2013, p. 111). Pragmatists focus not on "whether a proposition fits a particular ontology, but whether it suits a purpose and is capable of creating action" (Gray, 2014, p.28). Pragmatist philosophy accepts multiple forms of reality *(ontology)* and how they may be represented (Christ, 2013; Creswell & Creswell, 2018; Morgan, 2014). Knowledge claims (*epistemology*) arise from situations, actions, and consequences (Bloomberg & Volpe, 2019) and from both the understanding of the researcher and from the understanding of the participants (Christ, 2013). Similarly, pragmatism holds that there are multiple stances to values in research (*axiology*): values are brought to the forefront and recognized as influencing the research process because of the way that knowledge reflects both the researcher's and participants' views (Christ, 2013; Creswell & Poth, 2018). The philosophy of pragmatism holds that the research question itself should "drive the method(s) used" (Onwuegbuzie and Leech, 2005, p. 377), so "researchers are free to choose the methods, techniques, and procedures of research that best meet their needs and purposes" (Creswell & Creswell, 2018, p. 10). Accordingly, as a pragmatist, I selected the most appropriate methodology and methods for addressing my research questions (Bloomberg & Volpe, 2019; Creswell & Poth, 2019).

Actions are pivotal in pragmatism, but “actions cannot be separated from the situations and contexts in which they occur” (Morgan, 2014, p. 26). Thus, context is crucial in a pragmatist view. Pragmatists further believe that no two people can have identical experiences, so their worldviews can never be identical. However, there are always varying degrees of shared experiences between people that lead to different degrees of shared beliefs (Kaushik & Walsh, 2019), thus worldviews can be both individually unique, as well as socially constructed and shared. In a pragmatist perspective, all beliefs and actions are socially shaped, therefore all experiences are social in nature (Morgan, 2014).

Nursing is a relational profession. Relational nursing theory and practice recognizes and respects individuals’ and families’ divergent cultures, beliefs, practices, and worldviews (Doane & Varcoe, 2005; 2015). Steeped in the values and traditions of my chosen profession, I also view the world through a social constructivist lens. According to Young and Collin (2004), social constructivism focuses on an individual's learning that is derived from their social interactions, both past and present. As humans, we “construct knowledge through our lived experiences and through our interactions with other members of society” (Lincoln et al., 2018, p. 115). From this perspective, the researcher must examine a situation through the multiple lenses of the individuals involved to “see how they make sense of their situation and to focus on interactions, contexts, environments, and biographies” (Cohen et al., 2018, p.23). Within my selected methodology, narrative inquiry, individual meaning-making and the social elements within the individual’s context are equally attended to (Connelly & Clandinin, 1990; 2006). Approaching my inquiry through a social constructivist interpretive lens required me to participate in the process of the inquiry and get involved in the participants’ lived experiences to understand their world from their perspectives (Bloomberg & Volpe, 2019; Lincoln et al., 2018). Further, I

needed to recognize that the process of research could not help but be impacted by me as researcher, my perspectives, and the context under study (Creswell & Poth, 2018; Lincoln et al., 2018). In approaching this research within a pragmatic paradigm and through a social constructivist lens, I aimed to collaborate with participants to represent their individual stories of their holistic experiences in learning to teach specialty nursing.

Methodology

Qualitative research is used to describe research that interprets how people understand and describe their experiences which are embedded in particular social and cultural settings at particular points in time (Bloomberg & Volpe, 2019; Creswell & Poth, 2018; Merriam & Tisdell, 2016; Miles et al., 2020). Grounded in a philosophical perspective of constructivism, qualitative research assumes that there is no single, absolute truth and that instead there are multiple realities that are socially constructed (Creswell & Creswell, 2018; Merriam & Tisdell, 2016). Denzin and Lincoln (2011) describe qualitative research as a "situated activity that locates the observer in the world" (p.3). Within this situated activity, the goal of the researcher is to take an insider's (*emic*) stance in order to gain a holistic understanding of the phenomenon in a naturalistic setting from the perspectives of the participants (Bloomberg & Volpe, 2019; Creswell & Creswell, 2018; Creswell & Poth, 2018; Merriam & Tisdell, 2016). In qualitative research, the researcher is the primary instrument of data collection and analysis, and uses an inductive, emergent process that is influenced by the researcher's own perspectives (Creswell & Creswell, 2018; Creswell & Poth, 2018; Merriam & Tisdell, 2016). The product of qualitative research is highly descriptive and provides a holistic account of the issue under study (Creswell & Poth, 2018). As such, a qualitative research approach offered an appropriate methodology for inquiry into the "meaning the participants hold about the problem or issue" (Creswell & Poth, 2018, p. 44), such as a deep

understanding of how specialty nurse educators develop their practice, their knowledge, their identity and how they adapt to the role of educator.

Narrative Inquiry

In considering how to explore the holistic nature of the process of learning to teach specialty nursing, I selected narrative inquiry methodology. Narrative inquiry as a methodology is the "study of life experiences as a storied phenomenon" (Bloomberg & Volpe, 2019, p. 58). Narrative research focuses on how individuals assign meaning to their experiences through the stories that they live and tell (Bloomberg & Volpe, 2019; Creswell & Poth, 2018). Clandinin (2013) defined narrative inquiry as an "approach to the study of human lives conceived as a way of honoring lived experience as a source of important knowledge and understanding" (p. 17). According to Bloomberg & Volpe (2019), narratives are always "interlinked between an individual and [their] social and cultural context. As such, narratives cannot be isolated or looked at independent of context" (p. 58). Clandinin (2013) takes this idea further when they advised that the focus of narrative inquiry is not only the individuals' experience, but also "an exploration of the social, cultural, familial, linguistic, and institutional narratives within which individuals' experiences are constituted, shaped, expressed and enacted" (p. 18). In narrative inquiry, the relationship between the inquirer (researcher) and the participants is central. As Clandinin and Connelly (2000) described, narrative inquiry is

> a collaboration between researcher and participants, over time, in a place or series of places, and in social interaction with milieus. An inquirer enters this matrix in the midst and progresses in the same spirit, concluding the inquiry still in the midst of living and telling, reliving and retelling, the stories of the experiences that made up people's lives, both individual and social. (p.20)

Although there is prolific scholarly work on narrative inquiry, my study was guided by Clandinin and Connelly's (2000) approach. In these scholars' view, relationality between inquirer and participant is based on an ethical foundation that recognizes that the stories that participants share are sacred and "are not to be treated lightly.....[but] must be cared for" (Huber et al., 2013, p. 214). This relational and collaborative approach was well-aligned with my nursing worldview as well as my axiological stance. To Clandinin and Connelly, narrative inquiry engages in the study of individual experience in context via story as both "methodology and a phenomenon" (Clandinin, 2013, p.16). As methodology, narrative inquiry focuses on both the individual's experience as told through story, as well as experience as situated within societal context (Clandinin & Rosiek, 2007). In other words, inquirers do not analyze stories to generate a list of understandings, but rather think *with* the stories to understand the lives being lived (Clandinin, 2019). Entering research alongside participants, "...inquirers show that it is not the experience of the other that is being studied but their own experience as inquirers in relation with the experiences of participants" (Caine et al., 2019, p. 13).

Clandinin and Connelly's approach to narrative inquiry is deeply shaped by Dewey's (1938) education theory and philosophy. For Dewey (1938), experience was "the means and goal of education" (p. 113), and education, life and experience are one and the same (Wang & Geale, 2015). Dewey's conceptualization of "experience, interaction and continuity enacted in situations" (Caine et al., 2019, p. 577) provides the grounding for Clandinin and Connelly's "three commonplaces of narrative inquiry.... which specify dimensions of an inquiry space" (Clandinin et al., 2007, p. 23). These commonplaces are *temporality, sociality,* and *place* (Clandinin, 2006; Clandinin & Connelly, 2000; Clandinin & Rosiek, 2007; Connelly & Clandinin, 1990). Clandinin (2006) defines *temporality* as the continuous nature of experience,

which is influenced by the past and present, and informs the future. Thus, in narrative inquiry, researchers attempt to give a temporary account of the participants in transition, not independent of time (Wang & Geale, 2015). Thus, it was crucial for me to get to know my participants' history and past experiences. The second commonplace of narrative inquiry is *sociality*. Sociality places equal importance on the individual and their personal conditions such as feelings, hopes, desires, etc., and on social conditions, such as the environment, "surrounding factors and forces, people and otherwise, that form the individual's context" (Clandinin et al., 2007, p. 23). The commonplace of sociality also encompasses the relationship between the researcher and participants, recognizing that "inquirers are always in an inquiry relationship with participants' lives" (Connelly & Clandinin, 2006, p. 480) and that as narratives are co-constructed, the researcher also "bring[s] with them a history and worldview" (Pinnegar & Daynes, 2007, p. 14). The third commonplace of *place* refers to the specific physical locations where participants' experience occurs (Connelly & Clandinin, 2006). For example, inquirers must consider how a place or sequence of places affect participants' experience (Clandinin et al., 2007). Physical places within my inquiry included the institute, the clinical sites, the aspects of learning spaces that participants noted. All three commonplaces came into play in this study, since narrative inquiry cannot be conducted independent of time, context, or place (Clandinin, 2006).

Narrative inquiry provided a rich opportunity to explore the complexity and nuances of the holistic process of learning to teach specialty nursing through its process of "living and telling, reliving and retelling" (Clandinin & Connelly, 2000, p. 20). Unlike phenomenology, which seeks to understand the lived experiences of individuals from their perspective and assumes an *essence* to shared experience can be known (Creswell & Creswell, 2018), narrative inquiry is a collaborative and relational approach that positions the inquirer and participants

alongside each other as they co-construct stories of experience (Creswell & Poth, 2018). It was thus a natural fit with my nursing value on relational practice (Doane & Varcoe, 2015) as well as "pragmatic ontology of experience" (Clandinin & Rosiek, 2007, p. 42). Narrative inquiry as a methodology attends not only to the "individual's experience but also on the social, cultural, and institutional narratives within which individuals' experiences are constituted, shaped, expressed, and enacted" (Clandinin & Rosiek, 2007, p. 42). This allowed for deeper understanding of not only the participants' process of learning to teach, but also for those social, cultural, and institutional conditions that helped or hindered the process. A narrative inquiry approach to this study was important because it was through the stories of participants' experiences that there was space to holistically comprehend their past and present experiences as they influenced, and continue to influence, their future experience in the ongoing process of learning to teach. I now turn to a description of the methods I used to generate field texts during the narrative process.

Methods

Since I chose to adopt Clandinin and Connelly's (2000) approach to narrative inquiry, I acknowledge here that texts for narrative work are created through a collaborative, interpretive process among researcher, participants, and context, and are termed *field texts* (p. 92). To generate field texts for this inquiry, I interviewed participants and asked them to engage with reflective journal entries, as well as created reflexive journal entries of my own. Prior to discussing how I engaged with field texts, I first provide an overview of the research context and participant sampling and recruitment strategies.

Research Context

My research study was site-specific and delimited to the Specialty Nursing Department at British Columbia Institute of Technology (BCIT), a large polytechnic institution located in

British Columbia (BC). I chose BCIT as the research site because I intended to research the stories of specialty nursing educators as they learned to teach specialty nursing, and in BC, the majority of specialty nursing education is centralized and provided at this institute. At the time of the study, I was, and still am, employed as the faculty development lead in this department and was familiar with the instructors and institutional culture. However, it is important to note that I was not in a supervisory or managerial role and none of the specialty nursing faculty reported to me or were evaluated by me.

Participant Selection

In seeking to holistically understand specialty nurse educators' process of learning to teach specialty nursing, I used *purposeful sampling* (Bloomberg & Volpe, 2019; Cohen et al., 2018; Creswell & Poth, 2018) to select "information-rich cases" (Bloomberg & Volpe, 2019, p. 186) that would yield deep insight and rich understanding of the phenomenon, and that would best inform the research questions under exploration (Bloomberg & Volpe, 2019; Creswell & Poth, 2018). Specifically, I used *criterion sampling* to delimit participants to those who had a minimum of three years' experience as specialty nurse educators at BCIT (Bloomberg & Volpe, 2019; Cohen et al., 2018). Benner (2001) suggests that clinical nurses who have at least three years of experience enter the *proficient* stage of their career, when they have developed in-depth knowledge and experience. At five years and beyond, Benner (2001) suggests that nurses begin to become *expert* in their practice, and have developed deep, comprehensive knowledge, intuition, and practice. My particular sampling approach was in part to address the paucity of research involving specialty nurse educators. In addition, since the purpose of the research was to explore the stories of these educators' process of learning to teach, I believed that the participants

needed to have enough experience as specialty nurse educators to be able to share their story of their journeys over time.

In anticipation of this study, I met with the Associate Dean of Specialty Nursing to ascertain her level of support. She verbally agreed that I could move forward with this research. After receiving ethics approval from the University of Calgary Conjoint Faculties Research Ethics Board (CFREB) and from BCIT's Research Ethics Board in late June, a recruitment message with my contact information was distributed to all Specialty Nursing faculty through a department administrator by email, and interested faculty were invited to contact me directly. I provided each with an informed consent form via email and offered to have a discussion with each to review the informed consent form and address any questions. For those who agreed to take part, interview dates, times, and locations were negotiated based on participants' availability and preferences.

Due to the nature of narrative inquiry which typically generates in-depth, descriptive data, I aimed to select five to 10 faculty members for this study. A sample size of five would have been adequate to obtain participants' stories and experiences in rich detail and be manageable given my timelines (Clandinin, 2006). Ten was chosen as the maximum number of participants in case some withdrew partway through the study. Participants were selected across the range of specialty nursing programs in order to collect richer data from diverse program faculty's experiences. For the same reason, I included faculty who came from diverse educational and cultural backgrounds, as well as tried to include male, female, and non-binary faculty as well as other identified genders. These choices also reflect *maximal variation sampling* to generate findings that represent diverse perspectives (Cohen et al., 2018; Creswell & Poth, 2018). I had made the strategic preparation to place recruitment messages in upcoming Faculty

Forums in case not enough showed interest, but this was not necessary. I also prepared a maximum-variation decision matrix (Appendix A) for participant selection in case I received more responses than needed, with selection based first on maximizing program representation, then maximizing individual characteristics such as educational and cultural background, and then finally on time of inquiry. Within three days, a total of 22 faculty offered to participate in the study. From that group, I selected seven participants according to the above criteria, and with their agreement, I placed the rest on a waitlist in case of attrition. All seven participants stayed for the duration of the study, and it was not necessary to draw from the wait list.

Data Collection: Field Texts

As described, Clandinin and Connelly (2000) refer to data collected as *field texts.* I generated field texts for this study mainly by interviewing participants. Seeing myself as a researcher "in the midst" (Connelly & Clandinin, 2000, p. 63), I also completed reflexive journal entries. Additionally, I encouraged participants to share their written reflections with me.

Interviews

Since the aim of this study was to understand participants' holistic experiences in relation to their process of learning to teach, I elicited the participants' stories through one-on-one semi structured interviews (SSIs), because story-telling via qualitative interviews are "attempts to understand the world from the subjects' point of view, to unfold the meaning of their experience, to uncover their lived world" (Brinkmann & Kvale, 2015, p. 3), and "provide unique insights into the complex lives of individuals" (Kim, 2016, p. 157). The main purpose of interviews is to understand the *how*, rather than the *why* (Brinkmann, 2013; 2018), which aligned with my research questions. I intended to engage participants in three rounds of interviews occurring about four to six weeks apart, with each lasting about 60 to 90 minutes. There were a few reasons

for having multiple rounds of interviews. First, the time in between interviews would allow me time to generate interim texts from the first interviews, so I could share them with the participants to ensure their experiences were reflected accurately. This time between interviews would also allow me to "become fully involved in the experience studied" (Clandinin & Connolly, 2000, p.81) as part of the process of collaborative inquiry. Having more than one interview with each participant would also allow me to obtain richer, more in-depth field texts (Merriam & Tisdell, 2016). However, due to the participants' busy schedules, all opted to meet for two, longer interviews, with an option to keep in touch with me via email for further engagement. This arrangement worked well for all involved in terms of practicality and I was able to obtain rich, in-depth field texts. One particular benefit of conducting research with colleagues as participants is that it was easy and not time-intensive to establish rapport and trust due to our pre-existing relationships. I engaged participants in two rounds of interviews occurring about six to eight weeks apart, each lasting about one to two hours. The first interviews were conducted through summer and early fall to get the participants' backgrounds and their descriptions and perspectives about their process of learning to teach specialty nursing. The second interviews were conducted later in fall to find out how their told and retold experiences evolved after further reflection and understanding, to ask any clarification questions, and also to co-create their narrative portraits.

The interview questions were created from my research questions and informed by my conceptual framework for the study and were provided to the participants before the first interview. Please see Appendix B for sample interview questions and probes. In SSIs, topic areas are given, but questions are open-ended and the wording and sequence may be tailored to each interviewee (Cohen et al., 2018). I fine-tuned the interview questions and procedures (Creswell

& Poth, 2018) after the first participant interview. Bloomberg and Volpe (2019) reminded researchers to remain flexible in case new ideas emerge and require the possibility of design adjustment or arrangement modification. Since public health guidelines were in flux at the time of data collection, and since some participants were working remotely out of town, some interviews took place and were recorded via Zoom, while some took place in person in a quiet meeting room to avoid distractions and were audio-recorded (Creswell & Poth, 2018; Oliffe et al., 2021). All interviews were recorded with each participant's permission, transcribed by me, and securely stored with encryption and password protection. I also took notes (memos) both during and immediately after each interview regarding body language, tone, and any other cues I noticed and reflected upon (Miles et al., 2020).

Journal Entries

After each interview, I encouraged participants to share personal written reflections such as additional thoughts, insights or memories that may have emerged as they constructed further meaning of their experiences, which would allow richer description (Bloomberg & Volpe, 2019; Clandinin & Connelly, 2000). Journaling was voluntary and not required to participate in the study, and no participants opted to do so formally, although two participants reached out to me individually via email to add some thoughts and insights that had emerged for them in reflection. However, I engaged in regular, ongoing journaling of my own storied experiences, reflections, and assumptions as they influenced and were influenced by the relational nature of narrative inquiry, which contributed to the generation of field texts (Clandinin, 2013). My journal entries focused on critical reflection of my role as inquirer and allowed me a space to reflect and record my insights and thoughts (Annink, 2017). Since I have the same professional background as my participants and work in close proximity, journaling throughout the study was important to help

me identify how my own thoughts, beliefs, and interpretations may have shaped the inquiry (Clandinin, 2013), and helped ensure I did not make assumptions about the participants' experiences. This reflexive work supported the trustworthiness of the inquiry, as I discuss later. I now turn to a discussion on my analysis of field texts.

Data Analysis/Analysis of Field Texts

According to Bloomberg and Volpe (2019), data analysis is an ongoing, iterative process throughout the entirety of a qualitative research study. Researchers are advised to begin analyzing and writing as soon as the first data are collected to prevent rapid, overwhelming data accumulation (Cohen et al., 2018; Miles et al., 2020). Accordingly, I started the analysis of field texts from the beginning of data collection; specifically, when conducting the interviews. This analysis continued as I transcribed them and other field texts.

Kim (2016) described *narrative analysis* as the synthesizing of holistic narratives from research texts, and thus an essential feature inherent to narrative analysis is the focus on the wholeness of participants' stories of experiences (Ollerenshaw & Creswell, 2002). Narrative inquiry's analytic process of *restorying* is a holistic process that iteratively moves "from field, to field texts, to interim and final research texts" (Caine et al., 2019, p.9). After each interview, I transcribed and processed all the raw data and sorted field notes and memos. Though time-consuming, engaging with the raw data this way reminded me of details that took place during the interviews and so I was able to capture tone, hesitations, and other non-verbal communication. Once completed, I forwarded the verbatim transcripts to participants for their verification or further clarification. All the participants responded with either minor edits or confirmation. I then organized and analyzed field texts (SSIs, my journal entries, memos) into interim texts by first reconstructing each participant's story chronologically to make sense of the

stories the participants had intended to tell (Creswell & Poth, 2018), paying attention to Clandinin and Connelly's (2000) three commonplaces of temporality, sociality and place. The purpose in constructing these narrative portraits was to convey the most salient details about each participant and their story, while capturing the richness and complexity of human experience in context (Leavy, 2020). When this was completed, I forwarded the transcripts of the narrative portraits to the participants for their further verification or clarification, which we discussed, edited, and began to analyze together in the second interview.

In this study, I used Braun and Clark's (2006) thematic analysis method to analyze the data. According to these authors, there are six phases of thematic analysis: familiarizing oneself with the data such as that which occurs during transcription; generating initial codes from the data such as interesting features noted; searching for themes by assembling codes into potential themes; reviewing the themes to ascertain if they fit in relation to coded data (Level 1) and the entire data set (Level 2); naming and defining themes, refining the details of each; and creating a report with a selection of rich, descriptive examples that relate to and animate the research questions and literature. Transcribing and processing the raw data myself deeply immersed me in the participants' stories as I relived conversations between the participants and me. I became intimately familiar with the rhythms and cadences of their accounts of their experiences through listening to the audio recordings and then reading and re-reading the texts of our conversations. In doing so, I generated initial codes when I could hear broad similarities in statements, phrases, and even pauses from the participants. Using my conceptual framework and the semi-structured interview questions as guides, I initially organized and aligned these beginning codes, looking for similarities and differences. In repeatedly sorting through these codes, I began to construct themes and subthemes, and notice relationships amongst and between them. I kept detailed notes

as I went, moving from broad codes to themes, sub-themes and categories using colored sticky notes organized as a concept map. However, despite the clear representation of the conceptual framework throughout all levels of the data, the complex and holistic nature of the participants' experiences meant that each of the themes had intricate and multilayered overlap with and between each category. Consequently, I could not use it as an organizing scheme to house the constructed themes. Returning to the interviews and stories repeatedly, I re-organized the themes into categories that aligned with how participants shared their stories with me: as a chronology. This decision, together with my detailed notes of thematic identification, allowed me to reconsider, review, and refine themes in two ways: first in relation to the coded data (Level 1) and second in relation to the data set as a whole (Level 2) (Braun & Clark, 2006). This stage of analysis took several weeks as I needed to ensure I had not missed details within the data set, and to ensure that I had been rigorous in defining and refining the final themes and categories.

I relied on my conceptual framework throughout the thematic analysis as a lens to view and understand the participants' experiences in their process of learning to teach specialty nursing. Themes and patterns were identified from all the stories told by the participants, then analyzed to describe their process of becoming a specialty nurse educator, including the "what" and the "how" of how they learned to teach specialty nursing. The analysis included beliefs and values they held about teaching specialty nursing, and factors that helped or hindered the process of learning to teach speciality nursing. During this process, I constantly strove to authentically present the participants' voices and their stories, while remaining reflexive and aware.

Ethical Considerations

Ethical considerations are closely aligned to trustworthiness in qualitative research (Merriam & Tisdell, 2016) and were of uppermost importance in this study. For Clandinin and

Caine (2013), ethics imbues the whole process of narrative inquiry and is characteristic of relationality and care. Relational ethics shapes the researcher's ongoing engagement with and alongside participants, including the researcher's responsibilities and obligations. Similarly, the three core principles dictated in the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* (respect for persons, concern for welfare, and justice) balance respect for all participants' dignity together with responsibility to the research community and public as a whole (Canadian Institutes of Health Research [CIHR], Natural Sciences and Engineering Research Council of Canada [NSERC], & Social Sciences and Humanities Research Council of Canada [SSHRC], 2022). Prior to commencing this research, full ethics approval was obtained from University of Calgary's Conjoint Faculties Research Ethics Board and BCIT's Research Ethics Board. All participants signed informed consent forms prior to the initiation of the research and were provided a copy. Participants could withdraw at any time during the study, but after the second interview their data and narratives would be retained for use in the study since thematic analysis was well underway by that point. However, no participants withdrew.

Anonymity and confidentiality are vital in respecting and protecting participants' privacy (Allmark et al., 2009; Miles et al., 2020). This was especially critical in this study since all the participants were faculty in the same department. To this end, each participant was given the option of choosing their own pseudonym for the study. Most participants opted to have me use a random name generator to produce a pseudonym. Participants were made aware that their identity could not be kept confidential from me since data collection involved one-on-one interviews, but that I would maintain their privacy and confidentiality in this dissertation as well as identifiers in the experiences of learning to teach. I found that this was not as simple to do in the writing of this dissertation as I believed it would be. Since each participant's story was

unique and thus easy for other participants and other potential readers of this work to identify, I had to change some details, with the participants' permission, that would otherwise make their stories recognizable. I also had to write some excerpts with a deliberate lack of specificity in order to protect their anonymity. This was a challenge to do while still maintaining the authenticity of the participants' stories as well as providing vivid, rich descriptions. In writing this dissertation, I have been careful to balance these opposite responsibilities, remaining true to both my commitment to the participants as well as to the rigor expected in narrative inquiry.

Entering into a research relationship requires that the inquirer be aware of and reflexive to participants' emotional signals (Cohen et al., 2018), in case one may feel vulnerable or uncomfortable. In retrospect, I underestimated the depth of emotion that would be tapped when I entered into conversations with participants. My taken-for-granted assumption that my research topic and questions were not emotionally-laden was an oversight. I relied on my relational nursing skills in these moments to "walk alongside" participants as they lived these moments, and I offered debriefing with each as well as provided a list of accessible resources to those participants who wanted them. Researchers must take into consideration the possibility that participants may not be emotionally equipped in the moment to revisit personal experiences, regardless of whether or not these experiences appear to be sensitive on the surface.

It is important to recognize that I am not, and have not been, in a supervisory or other position of power over the participants. Our relationships are as colleagues and now as researcher/participant. There were no potential conflicts of interest.

To commit to reciprocity for participants, I negotiated ownership of data with the participants at the study outset by obtaining their permission to publish and otherwise

disseminate the results (Cohen et al., 2018; Miles et al., 2020). I will ensure they have access to the final research outcomes, and also provide access to the final dissertation to the participants.

Establishing Rigour: Trustworthiness

In qualitative research, the rigor of the work is established through trustworthiness. According to Lincoln et al. (2018), it is through trustworthiness that the researcher can persuade themself and readers that the research findings are applicable, valuable, and worthy of attention. Although the issue of rigor and validity in qualitative work is still argued amongst scholars, I took up the constructs of *credibility*, *dependability*, *confirmability*, and *transferability* (Bloomberg & Volpe, 2019; Cresswell & Poth, 2018; Merriam & Tisdell, 2016) as the criteria that provided the framework for trustworthiness of my study. I took measures throughout all stages of my research, including planning, data collection, and data analysis to attend to these criteria.

Credibility refers "to whether the participants' perceptions match up with the researcher's portrayal of them" (Bloomberg & Volpe, 2019, p. 202). Relatedly, the goal of *confirmability* is to acknowledge how "our biases and prejudices impact our interpretation of data, and to address those to the fullest extent possible through reflexivity, dialogic engagement, and reflective discourse" (Bloomberg & Volpe, 2019, p. 205). In this study I conducted multiple interviews and engaged deeply with field texts, which allowed me to provide thick, rich, description in the co-construction of stories of experience that attended to the commonplaces of narrative inquiry (Cohen et al., 2018; Connelly & Clandinin, 2006/.). I discussed interim texts with participants and together we collaborated to reformulate their stories of experience. I also engaged in constant reflexivity with the intention of understanding the way in which my "biases, dispositions, and assumptions" (Merriam & Tisdell, 2016, p.249) shaped the research through

ongoing reflective journaling and revisiting previous writing (memos) on my questions, insights, and assumptions throughout the entirety of the study.

Dependability "refers to the stability and consistency of data over time" (Bloomberg & Volpe, 2019. p. 204) and includes the tracking of all processes involved in both collecting and interpreting data, as well as a transparent rationale for choices regarding these methods and processes. In this study I tracked all details of any decisions I made in the process of data collection and analysis, including my use of coding schemes and categories of data. This documentation, together with the ongoing journaling and memoing described earlier, functioned as an audit trail (Bloomberg & Volpe, 2019; Cohen et al., 2018), helping to ensure trustworthiness.

Transferability refers to how well a study has made it possible for readers to make connections from the specific study to broader contexts, while still maintaining the richness of the study's original context (Bloomberg & Volpe, 2019). In this study, I used purposive sampling with maximum variability as well as thick description to provide the depth of detail that allows readers to obtain a holistic and understandable picture of the setting, participants, and their storied experiences (Bloomberg & Volpe, 2019; Creswell & Poth, 2018).

Finally, I paid special attention to the notion of researcher bias. Since I have the same professional background as the participants and work together with them, it is difficult for me not to have beliefs and presumptions. Clandinin and Connelly (2000) cautioned that in order not to lose objectivity, narrative inquirers "must also step back and see their own stories in the inquiry, the stories of the participants, as well as the larger landscape on which they all live" (p.81). Knowing that I cannot separate myself from my own story, I wanted to ensure that I could negotiate the tension between understanding the participants' stories without overwriting them

with my own. In addition to reflexive journaling, I took the additional step of writing my own narrative portrait. While I did not include my story in this study, writing it was one way of helping me to sort through some of my own feelings, beliefs, values, and assumptions so that I had a space in which to "hold" them. By doing so, I could still honour my own story while holding it at arm's length from the data collection and analysis.

Summary of Chapter

The initial impetus for this study emerged from my personal and professional experiences over time as a specialty nursing educator and faculty development lead. My personal philosophical paradigm of pragmatism problematizes the current lack of understanding of their experiences of the process of learning to teach. Through a lens of social constructivism, I adopted a narrative inquiry methodology, working collaboratively with participants to holistically examine this process in order to understand their stories of experience. Seven specialty nurse educators recruited as research participants shared their stories of learning to teach through semi structured interviews over the course of six to eight weeks. Following Clandinin and Connelly's (2000) approach to narrative inquiry allowed me to holistically examine their stories to arrive at a deep understanding of their experiences.

In the next chapter, I invite the reader to meet the participants and their stories. The narrative portraits presented offer an introduction to each participant and how they learned to teach specialty nursing. I then present the common themes developed from and across the interviews, framed as four phases of learning to teach, that were constructed during the thematic analysis. This dissertation is an inquiry-based way to honour the stories of the participants and it is my sincere hope that the reader finds the following chapters as meaningful as I have.

Chapter 4: Research Findings and Analysis

The email is written, copied directly from my approved ethics application. I press "send" and take a deep breath. My participant recruitment is underway. I am excited, nervous, maybe mildly terrified. The word my daughter used to say when she was small and about to go on a much-anticipated but scary ride at a theme park pops into my mind: Nervi-cited. Yes, I am nervi-cited. What if no one responds? What if no one is interested? What if this whole study just doesn't matter? I fret. As a critical care nurse, as a mother, I am good at fretting. I close my laptop and go for a walk in the sweltering July heat. I will check my email tomorrow, I decide. Once a day, no more. What will be, will be, I tell myself...but on my return, I open my email. There are five responses in the last two hours. By the end of the second day, the study is full and I have established a waitlist. Nervousness gives way to elation...it's really happening! But then, I am gripped by the overwhelming realization that, yes, it's really happening.

In this chapter, I present the findings and analysis of my study in two parts: a series of narrative portraits, and a reflective thematic analysis. I begin by introducing each of the seven individuals who volunteered to participate and share their stories of learning to teach specialty nursing with their narrative portraits. I then present common themes developed from and across the interviews of all the participants.

Narrative Portraits

The aim of this section is to provide a narrative interpretation of each participant as an entry point for the reader to situate themselves within the participants' experience and to build contextual understanding for the ensuing thematic analysis. Within each portrait, I attempted to capture not only the participants' told story of learning to teach, but also convey a rich sense of

who each participant is and their holistic experience. Accordingly, I have intentionally woven the participants' own words throughout the narratives.

Participants came from different nursing specialty programs within the Specialty Nursing Department and had a variety of educational and clinical backgrounds. With permission, I have removed or altered any identifying details in their stories to diminish the potential that they could be identified or recognize each other's stories. As a colleague of all the participants, I recognize that I hold my own perspectives and beliefs as well as have my own experiences that has influence on the construction of the portraits (Leavy, 2020; Smyth & McInerney, 2011). In these narratives, however, I have chosen to limit my written words to only the information that the participants shared with me during their study participation and that they have each individually approved. Nevertheless, I also recognize that my pre-existing relationships with the participants have allowed me to relationally engage with them in a way that has allowed for further depth and richness in each portrait. Here I invite the reader to meet the participants who generously shared their stories of learning to teach specialty nursing.

Clara

Clara and I met over Zoom on a warm summer evening as she was not in town when we were able to schedule a meeting. Clara chose not to use a generated Zoom background while we talked. I could see her casually seated in her impeccably organized and decorated, yet invitingly cozy den while we talked. Her home environment visible on the screen mirrored her persona: deliberate and precise, yet warm and open. We spent time chatting about some of our personal commonalities like children, travels, and homelife, and then we settled into the interview. Clara expressed that she was pleased to share her story, as "specialty nursing education doesn't really have a voice or any recognition at all in nursing academia".

Clara completed her general nursing education in a non-degree three-year “RN Diploma”, a credential that is no longer standardly offered in Canada. Her education was very traditional and deeply impacted her entry to specialty nursing education:

> We all had to wear the white dresses and you had to have clear nail polish, they (the instructors) were definitely the boss, they were definitely in charge. And it may have sort of planted this seed that that's who I had to be. And I knew inside I was nowhere near that. They were very traditional.... they were just way up there in my mind. And, you know, I would never be as good as them.

Clara enjoyed precepting students prior to starting in her specialty area, but it wasn’t until she undertook a specialty nursing program herself and had a clinical instructor with whom she connected that Clara seriously considered becoming a specialty nursing educator:

> I really liked the way she made us feel really comfortable...I would say that she was quite instrumental actually in how I kind of thought I could do this down the road too...I knew I needed to work for quite a while to become more comfortable in the (specialty area), but I remember looking at her and thinking you know what, if she can do this then maybe it’d be something I could do too.

Clara’s experience in nursing school led her to believe that she needed to be the “sage on the stage and know everything” in order to teach specialty nursing, and initially was quite resistant to taking on contract clinical teaching. “I didn’t want to look like an idiot or have people think ‘what is she doing there? She’s only been a nurse in here for five years, she doesn’t know what she’s doing.’ I think there’s a sense of imposter syndrome...” In the beginning, it was important to Clara that students liked her, and she relied on student feedback and evaluations to build her confidence. Teaching in the clinical arena was relatively comfortable for Clara, as she

felt at home in that arena. However, teaching simulations, or classroom, or by distance was much more challenging for her as she "was never given a model or a template to use in terms of how to teach. I was handed paper copies of the content, then I watched someone teach it, then I did it. It took me a long time....and it's still like a work in progress for me." Clara tried to gain knowledge of teaching and learning by taking an instructional skills workshop, which gave her a starting point. Over time, as her confidence built, Clara realized she was not worried about making mistakes anymore but was focused on trying to

> think of new and exciting ways to deliver content....and always making people actually feel relaxed. I think people learn better when they are relaxed and comfortable, like they actually matter. It's like, respecting who people are and that they are there to learn and that they come with experience....and we can have a class and environment where we talk and we learn together.

Yet despite her experience, it wasn't until Clara completed her master's degree that she felt she was able to articulate and fully enact her philosophies of teaching and learning. The resulting shifts in her expanded perspective allowed Clara to define and understand teaching specialty nursing in her own way:

> In the beginning, I thought that expert nurse equals expert educator...but it's really two very different worlds. Just because you're a great nurse doesn't mean you're going to be a great educator...learning how to be a specialty nursing educator; I see it as being a little bit aimless; like I didn't really know where I was going, right? But there was a lot of freedom in how we could do that, and it allowed us to try different pieces. There were no boundaries. But it's been a good experience in my life; it definitely changed who I am.

Francesca

Francesca and I met over Zoom in our respective homes. Sunshine flooded her organized and tidy home office, and I could not help noticing how her home work environment matched what I knew of her work persona. Dressed professionally in a blouse and jacket, Francesca considered each question carefully and thoughtfully before answering. However, her passion for the topics of conversation was evident in her animated and unfiltered responses, and our time together passed swiftly.

Francesca worked for a number of years in her specialty area and was considered an expert nurse in the unit. As such, she was frequently called upon to precept undergraduate nursing students and to orientate new nurses into the unit. Francesca considers these experiences as her initial introduction to teaching, and felt pleased and acknowledged that she was "trusted to know what I'm doing." After some health challenges made regular shift work difficult, Francesca decided to investigate clinical teaching. She was hired immediately in an undergraduate program; however, she was wholly unprepared for the experience:

> The questions for the interview were not related to my ability or even interest to teach. It was more, 'What is your availability like? Can you start on Monday?' I didn't know how many learners I would have. I didn't have learning outcomes...I didn't even know if there was an evaluation process.

Thrilled to be part of an academic institution, yet feeling completely overwhelmed, Francesca reached out to other clinical instructors for informal support and to deal with the "imposter syndrome [that] came through, I didn't want people to think I don't know what I'm doing. I'm supposed to be a clinical expert. So it was peer to peer support, because there was no person to go to with questions." Francesca did not receive any feedback from the institution

about her teaching, but consistently got very positive feedback from her learners. However, she has since reflected that:

> It wasn't feedback I was getting, it was accolades that I interpreted as positive feedback. Which is incorrect, now that I know what I know. I was working so hard to be liked by them, I don't know that I was necessarily teaching them...as long as I met your needs, whatever they are, if I've met them, I'm a good teacher.

Francesca's perspective on teaching transformed markedly when she completed her master's degree: "...it took away some of that 'imposter-ness', and made me not afraid to ask for what I needed. It gave me language to express what I know. My lens looking at teaching and learning was very different." Armed with a sense of clarity, Francesca made the switch to specialty nursing education. Unlike many specialty nursing faculty, Francesca arrived well-grounded in both formal and experiential knowledge of teaching and learning. Yet the transition was not smooth:

> ...the same as before, it was trial and error, no real pathway or process to follow. And the context...the profile of learners is different, the teaching-learning relationship is now with a peer; it's RN to RN teaching and what does that look like? I might work with them on the weekend and then have them in class on Monday. And then there is a huge other body of stakeholders we answer to, with the Health Authorities. It's operationally confusing...there's no time to sift through, without guidance, without a pathway.

Fortunately, Francesca's specialty program had strong trusting relationships within the team, and "that rich, robust, transparent dialogue where we could bring our thoughts out for evaluative, for teaching purposes. It really strengthened our program and our teaching." The lived experience of sociality helped Francesca hone her craft. At the same time, it has also helped

her understand her identity: “I am a nurse, it’s my passion and my love. But I’m a specialty educator....and [I’m] confident in my own philosophy of teaching, and I’m able to articulate it with a lot more concreteness than I ever was before.”

Aubrey

Aubrey and I met in person on campus at her request. Due to Covid restrictions coupled with conflicting work schedules, Aubrey and I had not seen each other in person in months, and both of us were glad to connect in person. Aubrey’s beautiful bright dress matched the sunshine streaming in through the department windows, but we settled ourselves in my office where we could close the door and speak privately.

Aubrey began her nursing career by completing a non-degree RN diploma, a credential not typically offered in Canada anymore. Moving into her specialty area of practice shortly afterward, Aubrey travelled extensively and worked in different countries and provinces. As a result, her expertise in her specialty area is expansive in both breadth and depth, and it came as no surprise when Aubrey revealed she began her journey into teaching specialty nursing ‘accidentally’ by filling in for a clinical nurse educator who did not show up one day. Despite receiving excellent feedback, Aubrey felt acutely uncomfortable in the role:

> But I wouldn’t want to do this again. Because for me, the way I learn, it’s not just by trial and error...I like to learn the correct way. I want somebody expert teaching me and I wouldn’t want me not being an expert teaching somebody, because I’m always worried about I don’t know them well enough or their learning style, and all these sorts of things start going in my head.

However, a clinical instructor cajoled Aubrey into teaching a short-term clinical group, promising Aubrey she would share resources with her. Alas, this meant that Aubrey only

received a few sheets of paper with some post-conference ideas, so Aubrey had no choice but to jump in: "...I [thought] to myself what I would need as a learner. I'm going to be working here, what are all the important things? I had to put myself in the learners' shoes and what would help them in their journey." Despite this bumpy start, Aubrey continued teaching clinical groups for several years, describing herself as "mother hen for those that needed it." This approach has much to do with Aubrey's relational and caring personality, but also is influenced by her own negative preceptorship experience: "...I think it's my personality, [but] I also didn't want anybody going through what I went through." Eventually a faculty position in her specialty came up, and she was encouraged to apply. However, Aubrey felt conflicted. She had not taught outside of the clinical setting and held a strong belief that faculty should be expert teachers who have a framework of knowledge and pedagogy, because to her, teaching in a classroom was "academically, a whole different level of teaching...I can't do this...I thought I don't have the right to do that, you know, I don't have the knowledge or skills to do it." Deeply spiritual, Aubrey prayed for guidance but was still surprised when she landed the position: "People knew me, what did they expect of me because they know who I am? I'm teaching this and I don't know it? There's a fear, right?" Determined to do well, Aubrey independently sought feedback on her classroom teaching, but was disappointed to find there was no formal guidance to help her learn to teach: "I think because there's no framework and I'm always wondering, could I be doing better? I don't know what I don't know... it was just like, 'Here are the PowerPoints, do what you want with them'."

A turning point came for Aubrey when she was doing her master's degree. Not only did this degree help her to feel she had a greater understanding of educational pedagogy, it helped her to begin to construct her identity as educator: "Is that what a teacher is? I think it's a

balance...that self awareness is huge; you're not the only one when you show up in class...How do you show up as a teacher, even to your learners?" Now Aubrey feels more confident but still recognizes that she can continue to grow: "I just want to be better...Now where do I feel? I'm in the middle. I haven't left nursing all together, but I'm an educator now...But I can give myself some grace, transition doesn't end."

Arya

Arya and I had not seen each other for a few months because of differing schedules and locations when we finally met over Zoom in the early fall, both of us at our homes. After spending some time chatting and catching up with each other's lives, we settled into the interview. Arya was excited to be able to tell her story, and our conversation flowed easily.

Arya traces the beginning of her journey of learning to teach all the way back to childhood when she used to play 'teacher' with her toy dolls. She seriously considered becoming a teacher when she finished high school but ended up following her interest in health care and became a nurse instead. Arya enjoyed variety in her nursing practice and amassed a great deal of experience in a range of practice areas. Because she "liked to dabble in different things", Arya did not stay in one position for any length of time and did not precept students. However, she discovered early on that she enjoyed mentoring people, noticing that nursing students would "kind of gravitate towards me...they would kind of follow me around and I was just happy to explain things to them and things like that." Arya completed her certificate in her specialty area at BCIT, and "it wasn't long into it that I'm like, 'That's the job I want!' I knew instantly. I loved the [specialty], and it's the two things together, the teaching and the nursing." One particular faculty member particularly inspired Arya:

> That was the moment, because he was the kind of teacher I wanted to be...I was like, I'm going to learn how to teach these complicated things, and not act like it's a big deal...I knew I had the right bones for it. I knew I was a teacher, but I needed to learn the specialty better.

With the goal of coming back to teach specialty nursing at BCIT, Arya then set about acquiring the necessary specialty expertise as well as a certification in an American specialty education course. However, the certification did not help Arya learn to teach: "It was too prescriptive, there was no creativity in it. Just turnkey slides." Arya then decided to complete a master's degree in nursing with a focus in education. Near the end of her program, Arya connected with a faculty member from BCIT and was invited to teach a memorable half day:

> I was absolutely terrified. I rode the bus, and I was just like, vibrating. But it went really well. My slides were too busy and stuff, but the students really liked it and I guess I seemed very comfortable, even though on the inside, I was dying.

Buoyed by that experience, Arya applied for a faculty position and was stunned to find out she was hired: "I'm like, this is it! I got my dream job!" However, the initial excitement gave way to overwhelm when she discovered there was no formal guidance in her new role: "We'd get old versions of PowerPoints and things like that but otherwise it was the Wild West. We were just kind of thrown out there and told, 'Go do it. You're on your own. Good luck!'." Arya initially assumed that she should just follow what was laid out in these presentations because they came from faculty so much more experienced than her, but

> ...they always felt boring to me. It wasn't dynamic. It didn't resonate and of course it didn't fit with stuff I'd learned in my master's degree. So just very quickly, I would take what I was given and adapt it. Like I'd literally throw dolls at them in the class...Trial and

> error but make it hands-on...So that gave me my own buy-in for simulation teaching and clinical too.

Arya reflected both in and on her teaching and strived to improve and grow on her own, but she recognized that she needed input and mentorship. When some experienced but new educators joined the faculty, Arya was excited: “It shook things up. New ideas floating around, people not scared of new things. I got really excited because I really started learning. There were group discussions then and feedback. That mentorship and support was huge.”. Over time Arya has grown as both an educator and a specialty nurse, but today strongly identifies as an educator:

> the [specialty] is a part of it, but it’s not who I am; I’m just in a different sphere now. My brain is all about development of learning things for people, and it doesn’t matter what you’re trying to learn or what the specialty is anymore. So am I even a specialty nurse educator anymore? Does that even matter? It’s just about education.

Javeena

Javeena was one of the first to respond to the recruitment email for this research, but it took some time for us to find a time to meet as summer holidays got in the way. Finally in early September we met over Zoom, comfortable in our respective homes. I could see Javeena’s cheery workspace clearly behind her. Her jolly demeanour belies her scholarly and intellectual nature, but it set us both at ease immediately and our conversation flowed naturally.

Javeena earned a diploma in her specialty area many years ago while she was practising in the specialty. During that time, she completed a teaching and learning course that she describes as:

> ...very poorly done. The main thing I remember is the instructor saying that first you tell them what you're going to tell them, then you tell them, and then you tell them what you told them. It wasn't useful at all.

However, client teaching was a significant part of her specialty practice. She recalls a situation where she was teaching clients how a vaccine would prevent risk of contracting a particular illness, but people still refused it: "I thought, [Javeena], you're a poor teacher. It's me, it's got to be me; you're just not teaching properly. You're not an effective teacher." As a result, Javeena decided to complete a master's degree focused on adult education, hoping that it would make her a more capable teacher. Alas, she found that

> Graduate studies are usually more theoretical 'stuff'. You don't really learn any of the 'how-to's', not really. So what I found was I know a lot of theory, but they really didn't tell you how to teach...the theory and practice, the praxis.

It was at this time that Javeena started tutoring part time in her specialty at BCIT. Here Javeena found that despite her education and her experience teaching clients, she had to completely revise her approach: "Teaching stuff like CPR is boring, rote stuff. Teaching the specialty to nurses who wanted to be there is totally different...But I had to learn so much, too, facilitating and especially giving feedback." Javeena's degree in adult education did help her, however: "I talked to the students a lot, that's only good adult ed practice. People bring a perspective with them and you need to work with that." Yet as her specialty program was very small, Javeena felt isolated in her teaching practice: "I had people in practice that I could contact, but that was outside of teaching. It's a constraint, not having a big team who have knowledge of your specialty area. I envy the bigger programs." Without the support of a team or strong mentorship, Javeena relied on reading various authors and reflecting on her own experiences as a

learner to guide herself in teaching. Recalling a research course she took with an instructor who inspired her to continue on with graduate work, Javeena wants to do the same for her learners too: “I often think about that, and I want that for these students; I want to inspire them to go on with their studies and take the anxiety away.”

Javeena’s approach to teaching has evolved over time. In the past, she had a hands-off approach where learners were responsible for reaching out with questions or for guidance, but now her teaching has become much more relational. She spends time building teaching/learning relationships and interacting and coaching with individual students. Her confidence in herself as a teacher has grown, and she credits growing older with her “more mellow” approach:

> I’m just very confident in what I know and what I don’t, so I don’t have that horrible feeling in the pit of my stomach like [oh no] someone’s gonna ask me a question! I know there’s lots of resources out there, and I can keep learning too.

Although Javeena continues to adapt and grow, she views her evolution from specialty nurse to educator not as a transition, but rather as a natural progression. And now, she is very clear: “I’m an educator. An educator and academic. Yeah.”

Jessie

After many attempts to get together that were thwarted by ongoing work demands and challenges, Jessie and I decided to meet over Zoom. Comfortable in our own settings, our conversations were easy and effortless as we explored thoughts and ideas around specialty nursing practice and education. Jessie chose a tropical beach background for their Zoom screen, a detail that emulated their warm and breezy conversational style. We found many points of shared understanding as we discussed our personal, clinical, and teaching/learning experiences.

Jessie grew up outside of Canada and attended Catholic school throughout their elementary and high school years. The strict and regimented education offered by the nuns left deep impressions on Jessie that impacted their journey in learning to teach: "...I realized I have trauma from that, and I didn't want to pass it on to my students." Jessie began their nursing career as a licensed practical nurse, then later completed a traditional 'RN Diploma', a two-to-three-year non-degree credential no longer standardly offered in Canada. Eventually, Jessie completed a baccalaureate degree in nursing, even though they had been working as a Registered Nurse in their specialty for years. It was in the baccalaureate program that Jessie was exposed to philosophies and ways of teaching that contrasted sharply with their lived experience of the rigid, patriarchal approach used by the nuns in their younger years and the traditional 'sage on the stage' approach of their early nursing schools:

> They talked about phenomenology and about feminist ways of being. I remember learning about Peggy Chinn, and all that revolutionized the way I thought about (education) because it was always 'top down' for me....my learning was very regimented, it was: 'So you WILL learn, you will be effective' and then regurgitate all that after.

Jessie's long nursing career spans across Canada, and has encompassed a mix of clinical, educational, and administrative roles. They started teaching many years ago when they taught patients in their nursing specialty in a community setting, then branched out into teaching colleagues when they became a clinical nurse leader and then clinical nurse educator. Wanting to expand their professional experience, Jessie moved into administrative leadership, but decided that education was their true passion and became a clinical nurse specialist. This professional journey took place throughout several provinces, ultimately landing in Vancouver where Jessie took a position with the Specialty Nursing Department at BCIT. Jessie's breadth of experience in

various places lends them an air of comfort and ease when speaking, and their natural warmth and authenticity immediately created a sense of connection while we talked. Unsurprisingly, Jessie, who describes themselves as “very touchy-feely and connected”, identified relationality as a key value in their teaching and learning:

> ...so finding out the best way to teach, to me, it’s a relational piece because you really need to know your learners and spend time. You have to build rapport and confidence with the learner, and you also remember that they’re not just adult learners, that’s a very critical piece. They are people, but they’re also your peers. How you teach patients and even students is very different than how you teach your peers.... there are similarities, but your focus is different.

Jessie describes the first several months as a nurse educator at BCIT as stressful because they had to focus primarily on the operations and delivery of the specialty program; Jessie had no orientation and no guidance in preparing themselves to teach their specialty. However, Jessie’s high value on quality and professionalism prompted them to seek learning opportunities with the Learning and Teaching Centre. Here, Jessie learned some approaches, but lacking a formal background in pedagogy, felt compelled to apply what they were learning very rigidly despite their experience in teaching and learning. However, working with another colleague, Jessie received some advice that allowed them to explore and expand their understanding of teaching:

> She told me, ‘You don’t have to be so structured with the learning plan, just do what you really do’. So I did. And I was like, almost free, because I thought I’d have to stick to this always because, you know, these are experts here and I’ve only been teaching for two years...and all of a sudden I went from being really structured. I didn’t have to fit. I don’t have to squeeze myself into this box all the time, it’s the other way around.

Today, Jessie is very comfortable with their role as a specialty nursing educator, and distinctly identifies as a "specialty nursing faculty educator." This self-description took time to develop, as earlier on Jessie solely identified themselves as a Registered Nurse. However, as Jessie got more comfortable in the role of specialty nursing educator,

> I realized that maintaining (clinical) currency may be value-added, but at the end of the day, that doesn't necessarily make you a good educator... My identity, all the eggs are not in the clinical basket because I realized that's not really what makes me a specialty nursing faculty educator. The more and more I come to this role, I look at that circle of teaching and learning and all the things that make it up.

Jesu

Jesu and I met in my office, a familiar space for us both, at the campus on a spectacular autumn day. Bubbly, enthusiastic, and caring, Jesu's warmth immediately set the tone for our conversation. We made ourselves comfortable with the beverages she had thoughtfully brought along, then circuitously chatted our way into the interview, connecting through shared tidbits of personal life. Our non-linear experience of conversation reflected Jesu's story of learning to teach, which she aptly described as a "journey.... with shifts in different directions."

Jesu's family immigrated to Canada, and she is rooted in her family's culture and beliefs. Her experience of education in her country of origin was traditional and high-pressure:

> I was educated there. It's a very draconian education system you know, not a step out of place. So, coming here, I had to change how I thought of education and shift and pivot away from blah-blah lecture and if you fail, you're done, to a more supportive and collaborative way and really wrap my head around it.

Jesu adapted to a more learner-centred teaching and learning approach in her undergraduate nursing program, although she found the program content-heavy and skills-focused. Jesu specialized soon after finishing nursing school in an area she remains passionate about today, and her enthusiasm and expertise in the unit did not go unnoticed:

> I ended up doing a lot of...mentorship. I did that, and the clinical nurse educator always encouraged me...she said, 'you know there's a reason why you get most of these (new orientees and students). You're good at teaching and mentoring, and you know [teaching specialty nursing] might be a good place for you'.

This support added to Jesu's confidence in her knowledge and expertise, and she moved directly into a faculty position in specialty nursing thereafter, bypassing the typical first step of teaching specialty nursing clinical courses. The transition was not smooth:

> I felt like whatever was I even doing here? I don't know who I am as educator....it was really scary. Probably because there was no script for how to be an educator... I hated it...it was like being the shark in a small pond to a tiny little fish in the ocean. It was such a big shock from the unit...my ego took a huge hit.

However, Jesu sought out informal mentors within the faculty and kept herself open to learning, taking advantage of any faculty development opportunities she could and taking on new and challenging work within the department, recognizing that her discomfort was necessary for growth: "I can either run away from it and not do this, or I can stay in discomfort and figure out how to grow from it."

While Jesu completed her master's degree in nursing, she chose to take an elective course in curriculum and pedagogy in science education for the pragmatic reason that it fit into her

schedule the best. However, this course ended up being a pivotal catalyst in her development as specialty nursing educator:

> It blew my mind! It was really powerful to help me see the difference between education and pedagogy, and then politics and how it changes what you think you know, your inquiry base and how things like that really influence how you set up a curriculum. Just, wow; I did not know. That's not something that is covered at all in nursing education.

Jesu reflectively credits this experience with helping her shift her view of education from the acquisition of content to "a process rather than an end-product; meaningful content but learners need to manipulate it and apply it and reflect." Yet, Jesu notes several challenges she continues to face in her ongoing journey, including her fear of losing her clinical currency and "street cred as a clinician". She also laments a lack of time for professional development, but especially time for reflection. However, for Jesu, our time together served as a reflective space for her to grapple with thoughts, feelings, and beliefs, providing a moment in time to discover some clarity:

> It was so helpful to really sit and think...and actually say it to somebody who's responding. And suddenly it's like, yeah, wow. I see that; like realizing that yes, I put clinician and educator on a continuum but holy, you know, really...I think for myself that was actually a revelation. I thought I was in the middle...but I'm not.

Jesu is a specialty nurse educator.

Summary of Narrative Portraits

In this section, I presented portraits of the seven participants who volunteered to participate in this study. Each participant had unique experiences, perspectives, and narratives, but all reflected on the power of sharing their story. Through our conversations during the data collection period, I was able to bear witness to each participant either continue to construct

meaning, or discover new meaning, in their individual stories of learning to teach specialty nursing. This was a humbling and powerful experience for me, both as a novice researcher and as a colleague. In the next section of this chapter, I present a reflective analysis of these stories and the themes throughout and between them.

Thematic Analysis

A Reflection: Lost in Stories

ꙮꙮ

I sit, the office table in front of me covered with papers and colored sticky notes, highlighters scattered carelessly about. Yesterday's tea is cold and stale, long forgotten in a cracked and stained but favorite blue mug. My cat stretches languidly in the sunbeam filtering through the window blind, completely unconcerned about the carefully sorted notes he has just dislodged. I ignore him, barely aware of his presence. The computer screen blinks blankly in front of me. I am lost in data. Data? Stories. I can hear, I can feel a rhythm in these stories, in these printed words that only crudely represent lived experiences. Sense-making. I am close to the stories, I can feel them, but I cannot untangle what they are telling me. The words shift and slide. Images they represent and evoke are vague and out of focus. I try to concentrate, but what the data is telling me is just beyond reach, slipping away like a dream one tries to recount upon wakening. Blank pages stare at me. Blank pages for days.

ꙮꙮ

The process of data analysis was complicated and messy, and took several weeks. When I listened to the audio recordings of my conversations with the participants to ensure accurate transcriptions, I recognized that I could feel a familiarity in the cadences of the expressed experiences, much like the rhythmic refrain of a song. I originally planned to begin coding data

using qualitative software, but I found I could not "see" the refrain that I could feel in listening to the audio recordings. So instead, I used highlighters and sticky notes in various colors to code the data and laid them out, first across a white board and then eventually cloaking my office walls, hoping to visualize this rhythm. The physical organizing and re-organizing the sticky notes of coded data all over my office provided both a visual and tactile way for me to work with the participants' data. Eventually a room-sized concept map evolved, displaying relationships between and among codes, themes, and sub-themes, or sometimes showing no relationship at all. I had a conversation with my supervisor about my approach, fearing it unorthodox at best, but was encouraged to trust myself in the process. As messy and unconventional as it was, this process allowed me to move through and with the narratives, both individually and collectively.

When approaching the data analysis, I initially read, considered, and "coded" the interview data using my conceptual framework as a lens. My primary research purpose was to explore the stories of specialty nurse educators' process of learning to teach, to get a broader and more holistic understanding of this process. Learning to teach is a process that happens over time, yet I wanted to find out not just what these specialty nurses' transition process from clinical practice to education was like; I wanted to understand their stories from a broader, more holistic stance to include the "how" and the "what" they learned. Consequently, I could not simply use a transition theory as a theoretical lens to analyze the data. As a reminder, my conceptual framework has four main components: *Developing Knowledge*, *Developing Practice*, *Developing Identity*, and *Adapting and Transitioning* as four central elements of learning how to teach specialty nursing. The conceptual framework, together with the research questions, had guided the development of my interview guide, so I was hopeful that it would be represented throughout the data. Indeed, I was pleased to see it present itself throughout the entirety of the stories told,

data collected, and narratives written. Encouraged by this discovery, I assumed that I would then be able to utilize the conceptual framework as an organizing scheme to analyze, understand, and house the major themes that had been constructed between the participants and me. However, despite my best efforts, this approach simply did not work. Trying to "fit" the constructed themes into the conceptual framework's four components meant that the nuanced complexity and interconnectedness of each participant's story was minimized or lost.

I sat with the stories and the data, both figuratively and literally, trying to make sense of this. After returning back to the narratives repeatedly, I realized that stories have an inherent chronology to them: they have a beginning, a middle, and an ending. My participants' shared stories unfold in the same way. With this understanding, I chose to organize and analyze the major themes as my participants had done with me: allowing them to unfold from the stories told. Consequently, I will return to my conceptual framework and my thoughts on its use in Chapter Five of this thesis.

Returning to the thematic analysis process, after careful examination, consideration, reflection, and many re-readings of transcripts, narratives, memos and field notes, I constructed my thematic analysis based upon four phases of learning to teach specialty nursing. I have deliberately chosen to describe this analysis as a 'construction', as these phases and themes did not magically 'emerge' from the data. Rather, with input from the study participants, I actively and inductively derived them. As such, they are creations representing co-constructed understanding particularly since I am a specialty nursing educator myself, and I hear and feel my own story reflected and echoed within the words and stories of the participants. With reference to the participants' told stories, I arranged my thematic analysis based upon these four phases of learning to teach specialty nursing: Becoming Novice, Building on Their Roots, Teaching as

Nursing, and A New Narrative. The findings of this study are relative to each participant's experiences as they navigated the uncharted process of learning to teach specialty nursing in the contexts of time, self, and their social and physical environments. These stories overlap and spill from one phase into another, and the boundaries can blur. Accordingly, in this study I in no way attempt to offer a singular, linear "process" that can be applied to all specialty nurse educators' experiences. Instead, I try to provide a sense of understanding and offer new knowledge about the experiences of specialty nurse educators as they learn to teach in this unique context, set in the fluid construct of time, recognizing that "...stories told are like dipping a toe into a moving river, life and experiences keep flowing before and beyond" (J. Clandinin, personal communication, March 8, 2022).

In the following pages, I describe the four phases that I constructed from this analysis. The first phase, Becoming Novice, establishes the starting place of the participants' venture, conveying the shift in their professional role from expert clinical specialty nurse to novice specialty nurse educator and the multiple contextual and personal challenges the participants experienced. The second phase, Building on Their Roots, outlines the help and resources the participants sought out as they recognized their unsure footing and noticed various contextual tensions as specialty nurse educators, and roughly corresponds to the "what" they learned in the process of learning to teach. The third phase, Teaching as Nursing, outlines shifts in their practices and approaches as they developed both confidence and competence, and is akin to the "how" they learned in the process of learning to teach. Finally, the last phase, A New Narrative, views the participants' stories from their current stance, conveying who they are now and how they intend to be seen and heard by self and others.

I have introduced the reader to the participants through their narratives at the beginning of this chapter, but here I provide more detail to set the stage for the description of the phases of learning to teach that I co-constructed with them. Then I turn directly to the first phase of learning to teach specialty nursing. The participants in this study were all seasoned specialty nurses who had at least six years' experience as specialty nursing educators, and who had acquired the values, knowledge, and skills required for them to become educators of nurses who are already established practitioners. Participants spoke passionately about nursing as a profession and each felt deeply connected to their specialty in particular. Interestingly however, while Javeena felt connected to her actual nursing specialty, she felt less connected to the profession of nursing, a view she attributes to the nature of her specific specialty: "My particular specialty is not terribly nurse-y...But I've been a [particular specialty] nurse for pretty much my whole career, so I'm very connected to that."

Participants saw teaching specialty nursing as an opportunity for growth and as an expansion of their work. Opportunity and challenge were mentioned frequently by participants as they began teaching specialty nursing. Jesu aptly framed teaching as an opportunity to learn and to advance professionally: "It's a challenge. I was at the point in [particular specialty] where I was precepting and mentoring all the students and new staff. I was the expert there but then what? I needed the next challenge." Yet personal and professional growth aside, as expert practitioners of various specialties, participants viewed teaching specialty nursing as a means of caring for their profession by way of giving back or paying it forward. Teaching specialty nursing manifested as care for the profession in other ways, too. Jessie, for example, viewed teaching specialty nursing as an opportunity to advance their specialty as a profession:

> ...some of the in-house programs just weren't working because they're not standardized or rigorous, and just really focus on the skills. And I thought as a [specialty nursing] educator I could help nurses reach set outcomes and competencies instead of these loosey-goosey approaches. [Particular specialty] needs these nurses to be competent and confident so that they can function well but also so that they will stay...I feel like it's our responsibility to the future of the profession.

Phase 1: Becoming Novice

> Everything must have a beginning, to speak in Sanchean phrase, and that beginning must be linked to something that went before.
>
> — Mary Shelley, *Frankenstein*

How and why participants came to teaching specialty nursing reflect a commitment to their profession, yet embarking on this journey did not unfold smoothly for most. In this first phase of learning to teach, I explore the overwhelming and disorienting move from specialty clinical practice to specialty nursing education. Here I consider both internal and external aspects of this transition and the complex interplay of these factors as participants began their journeys.

Internal Elements

The process of transitioning from expert practitioner in one capacity to a novice practitioner in another role is a distinctive and challenging experience (Dunbar et al., 2019), and this was no exception for the study participants. The words "overwhelmed", "confusion" and "fear" were used by almost all the participants in describing their transition. Francesca clearly described this sense of disorientation: "It's just very, very discombobulating to going from 'this is my turf' to 'oh, now I have to build this turf again and I don't even know what the soil is'."

Almost all the participants clearly expressed that they felt completely unprepared when they started teaching specialty nursing. In fact, the phrase, "I don't know what I am doing" was

common to most participants' interviews. Jessie spoke of their transition time as overwhelming because "you don't really know what you're getting yourself into...but you don't even know what you don't know." Arya and Aubrey both echoed similar sentiments; Aubrey even choking up slightly at times when she described her nervousness and anxiety in wanting to do "right by the students" but doubting herself and not knowing "where to even start or what questions to ask." In addition, Clara and Jesu both spoke of their fear of potentially having to teach a content area they felt they lacked adequate knowledge in as adding to their disconcertment. Interestingly, many participants also described physical experiences of this overwhelming disorientation. For example, Arya described feeling terrified when she first began:

> It was overwhelming...My socks would be soaking wet. That's what I remember, my hands and my armpits and my socks, and I'm not a big sweater. So why are all these parts of my body sweating? It's just the adrenaline and my heart rate was probably 150 the whole time. I'm able to do it, but that moment, my brain is just spinning a mile a minute.

This sense of being overwhelmed and disoriented in the role, whether physical or affective, deeply rocked participants' sense of equilibrium and most questioned their competence as professional educators. Almost all the participants talked about feeling like an imposter in this new role, and the term "imposter syndrome" peppered the interview transcripts. Javeena, however, did not feel the same way. Having studied a master's degree in adult education because of her frustrations in teaching clients as part of her specialty practice, Javeena came to specialty nursing education feeling better prepared than other participants. In fact, she found that teaching her actual specialty to practising nurses was a much better fit for her because the specialty nursing learners were more invested in the education: "A lot of teaching I did in the past, like

CPR, it was just rote learning and no one really wanted to be there. Whereas teaching in [specialty nursing]...it's a much better, more satisfying experience as an educator."

External Elements

Participants' stories of becoming novice specialty nursing educators reflected challenges beyond the emotions and internal sensations of the personal element. These outside conditions, characterized by a general lack of guidance as well as unique contextual factors, amplified the overwhelming sense of disorientation and disequilibrium most participants experienced.

Lack of Guidance. One part of the process of transitioning from a clinical practice role to an education role is acquiring the skills and an understanding of the institutional culture that individuals need to participate effectively (Dahlke et al., 2021). For example, typical concerns in adapting to a workplace may include learning everything from the practicalities of where the printer is located and where to buy coffee, to institutional policies and expectations. The transition from expert back to novice was further disorienting for all the participants as none received a formal orientation to their new position in the Specialty Nursing Department. Orientation to their role was handled informally within their designated specialty program, depending on the route in which they were hired. For Clara and Aubrey, who started by teaching clinical groups on short term contracts, orientation consisted of a program faculty member verbally telling them about the clinical course expectations and evaluation paperwork. After several rounds of teaching clinical rotations, much was assumed about their knowledge of their respective specialty programs and their teaching abilities when they joined the department as faculty members. Aubrey distinctly and emotionally recalls:

> I feel a bit robbed...When I started, it was 'Oh, you've taken courses here before...you'll be fine.' And I wasn't fine. My first day was, 'Here's your desk, just read through the courses.'...No one told me really anything.

The other study participants had some time dedicated to them as an informal orientation within their respective programs when they began as faculty in Specialty Nursing, although the primary focus was on the operations of the programs. These participants had the opportunity to meet directly with either senior faculty or administration to help them navigate these operations, yet none received any orientation to the actual teaching aspect of their new role beyond associated paperwork. The lack of orientation caused further trepidation and dismay amongst participants when they learned there was no formal process or framework in place for them to learn how to teach as beginning specialty educators. For Clara, the lack of guidance and process conflicted with her sense of professionalism and desire to do things well: "What are the standards then? You wouldn't let a nurse loose in a unit without establishing that she's safe in her area of practice. What are the learning outcomes for educators?" Not having guidance in how to approach this multi-faceted new role further fueled the overwhelm and disorientation for many participants. Aubrey, for example, did not want to teach outside her "comfort zone" of the clinical environment because she felt bewildered and lost with classroom teaching or curriculum work: "You know, when you start, you need guidelines. You need something to hang onto. So there's no guidelines, no policies, it's confusing. Like, what's the turnaround time for marking?"

As much as participants were disappointed that some sort of learning plan for them as new specialty nurse educators was not forthcoming, they were even more dismayed to discover that there was no one assigned to them to help them navigate their learning and transition needs. Even Francesca, who had taught pre-licensure nursing for several years, lamented: "You know,

there might be a website that has all the different things offered at your institution, but without guidance, without a pathway laid out, no building blocks, it's just a big mess of stuff to sift through. Where is my go-to person who will lay it out for me?" Aubrey's distress with the lack of guidance was clear: "I'm new, I know nothing. Isn't anyone going to check my work?"

Dynamics of Adapting to Unique Contexts. Other challenges that participants faced were related to the particular context of teaching specialty nursing to post-licensure nurses in an institute where most learners are fully sponsored by their employers, the provincial government's Health Authorities. As described in Chapter One, students in Specialty Nursing are practicing licensed nurses, with established professional identities and practices that are grounded in a foundation of both theoretical and experiential knowledge. Just as the transition from expert back to novice is uncomfortable and disorienting for expert clinical nurses moving into education, so too is the students' transition from being an expert clinical nurse in one area to being novice again in a new and unfamiliar specialty area. Clara, in discussing her thoughts about some of the differences she had encountered after having an opportunity to teach an undergraduate nursing course outside of Specialty Nursing, reflected on her observations:

> My experience with both has been so different...nursing school is hard but specialty education here is intense and hard in a whole different way. The learners bring so much with them, they have a foundation, and experience and a lot of times that's really great. You build on what they bring but sometimes what they bring from practice isn't, uh, great. And sometimes, they're really afraid to be back in school you know, like their nursing school experience was really brutal to them.

All the participants talked about the need to build on the learners' existing foundations of knowledge and practice, and "respect what they bring to the table" (Jessie). However, as the

excerpt above from Clara indicates, what these experienced nurses bring forward is not always positive. There can be poor practice habits that have been developed over time, for example. Additionally, both Jessie and Jesu spoke of "BSN trauma", or negative experiences in the learners' pre-licensure education, as "baggage" (Jessie) that impacts the learners' transition from practice back to education. Jesu, Aubrey and Arya all spoke of the challenge of "unpacking what they [students] brought" (Aubrey) into specialty education and navigating those needs while simultaneously attempting to learn the ropes themselves as new specialty educators. According to Jesu, "It's exhausting, absolutely exhausting. How can I help them figure out what's what when I don't know it myself?"

Additionally, the dynamic dance of the teaching-learning relationship can become knotty and awkward when the learners may be the educators' peers. Issues of hierarchy and power rise to the fore at times when learners and instructors may have worked together in the past in other units, or may possibly work together on a weekend while in the programs. Some participants talked about maintaining student confidentiality while navigating a colleague relationship as a tricky issue when clinical peers inquired regarding learners' progress in the specialty programs. For new specialty nurse educators, maneuvering these potentially fraught circumstances adds to their general sense of discombobulation. Francesca elaborated on this dance:

> So what is my teaching-learning relationship supposed to look like with a peer? If I'm working a weekend in the hospital and I see that [learner] is working somewhere at the same time, how is that going to influence our relationship come Monday? How do you manage these entangled relationships? How does that influence the way you teach and assess somebody? How do you maintain boundaries? It's all very confusing.

Compounding the challenges that come with the uniqueness of the learners and complexity of relationships is the influence of politics and subsequent operations on the context of specialty nursing education. Since most learners in the Specialty Nursing education programs are completely funded by their employing Health Authority as a government mandate, there are external pressures to successfully move learners through the certificate programs as fast as possible. As a result, most participants felt they had even less time or space to focus on finding their footing in specialty nursing education. Jesu pointed out: "That's the struggle, trying find time to figure it out but also to make sure the program is delivered. There's no space for both." Francesca and Jessie's beginning journeys were complicated by the spectre of the Health Authorities and trying to comprehend their relationship with the specialty programs. Jessie spent the first several months focused on the operations of their program, with almost no time spent on teaching and learning since their specialty area was designated to expand just before their arrival: "It was hard to really get situated with having to get these nurses ready. These people have to get to their lines, they're short staffed and this is just what we have to do." Francesca struggled to conceive of how the Health Authorities and government fit in as partners:

> ...I didn't fully understand that there's a huge other body of stakeholders we team up with, and that's the Health Authorities. I didn't understand that we were actually partnering with them, because some of the way the program was conducted felt like we were answering to them. I didn't really 'get' how this all worked. It was operationally confusing for a long, long time.

All That's In Between: Interplay Between Internal and External Elements

In this initial phase of Becoming Novice, most participants were overwhelmed, disoriented, and insecure about their competence as specialty nursing educators as they

transitioned into this new role. In addition, the added pressures rendered by external contextual factors, in combination with a near-complete lack of guidance, acted in concert to heighten participants' uncertainty in navigating this transition. For all except Javeena, these outside factors reinforced their internal perspective of being inadequate; "imposters" in the role.

With no guidance as they began their faculty roles, participants described "jumping in" (Javeena) and "just doing it" (Arya). Yet in our conversations as we explored what "jumping in" looked like for the participants, it became apparent that this characterization was overly simplistic. Participants recounted a complex interplay between their own past experiences as learners and the beliefs about specialty nursing education that they held at the time. Even so, completely overwhelmed and holding a sense of inadequacy as educators, it is perhaps no surprise that participants leaned on the comfort of the familiar as they began teaching, as I describe next.

Participants universally characterized trial and error as their main strategy at this time, as Javeena laughingly recalled: "Well, basically it was, you know, trial and error. You know, seeing what worked and what didn't and just hope for the best!" Despite Javeena's apparent good humor and acceptance of this approach, most participants were very uncomfortable with it. Clara bluntly pointed out that: "...trial and error, yeah, but how does that even work? You just throw stuff at people and hope something sticks? That's more like trial by fire." Like much experiential learning involving trial and error, this approach was influenced by what the participants had experienced themselves as learners. Arya had a very positive experience with an instructor in her specialty education, and she based her initial approaches on that experience: "I'd had such a great instructor when I was in specialty [education program]. So I would think about what he would do, and I would try that." On the other hand, some participants did not have positive experiences in their previous education and deliberately sought to try alternative

approaches. Jessie described the care they took to listen to their learners respectfully: something they themself did not experience as a student. For Francesca, this became a primary element underpinning her selected actions. Referencing a negative experience as a new [specialty] nurse, Francesca's voice wobbled slightly when she shared "...I was taught in a way that I thought, 'Oh God, I would never do this if I'm a teacher, ever.' So my own experience totally influenced me, but only in what not to do."

In addition, for some participants, previous educational experiences led them to some black and white thinking regarding students. Jesu noted that: "...it was based on what I knew from learning in my time, but I thought, 'pass or fail', that's it. No other options." Clara used the similar language when she talked about her early beliefs about learners in her specialty: "Either they can cut it or they can't. There's no room for 'close enough' in [particular specialty]." Yet these black and white beliefs did not always play out in these educators' initial teaching practices. Aubrey illustrated the paradox between these beliefs and her actual teaching approach, reflecting: "I really thought about what they needed, would actually need, in practice. What would I have liked to know? Maybe they needed more care and less stress from me."

For the study participants, both inside and outside elements interacted synergistically to produce a tremendous sense of both disorientation and inadequacy that was further exacerbated by the complex interplay between their beliefs about specialty nursing and their own historical experiences with education. It is unsurprising then, that most of the participants' initial forays in teaching specialty nursing were shaped in reaction to this complicated and redoubtable state. As Francesca stated: "I didn't know what else to do, just to be a good teacher."

In summary, the starting place of the participants' venture into learning to teach specialty nursing was fraught with uncertainty and complexity. The overwhelming disorientation

experienced by most of the participants in the beginning set the initial tone as they essentially plunged into their new roles, transitioning from a place of relative safety and comfort as expert practitioners, into a place of uncertainty and discomfit as novice educators, all while experiencing challenges unique to the particular context of specialty nursing education. I now turn to a description of the next phase of their stories, Building on Their Roots.

Phase 2: Building on Their Roots

> It is in the roots, not the branches, that a tree's greatest strength lies.
>
> —Matshona Dhliwayo

Despite the early disequilibrium most participants felt when they first transitioned into teaching specialty nursing, or maybe because of it, they went through a period of taking stock of their situation and regrouping while simultaneously seeking a path forward. During this time, they seemed to individually return to and take up their specialty nursing knowledge and practice as both a lens to illuminate a way forward as well as a foundation upon which to build. As Jesu explained, "I was so unsure, so I just decided I'm gonna do what I know, and I know how to be a [particular specialty] nurse. So I'll start with that." I discuss this phase in the following pages in terms of two subthemes: Noticing, and Creating a Path Through Connection.

Noticing

In each of the participants' told stories, it became apparent that once the participants had muddled through the initial stage of their journey as specialty nursing educators, they underwent a process of *noticing.* Participants seemed to absorb more nuances of the context of teaching specialty nursing as well as become cognizant of gaps in their teaching knowledge and practice. The process of noticing marked a shift from the first phase of learning to teach, where contending with the sense of being overwhelmed, disoriented, and inadequate demanded so much of the participants' attention. This process of noticing was not defined in a moment in time

but seemed to be perceived by participants through conscious reflection on their experiences, feelings, and interactions.

Noticing: Minding the Gap. In Chapter Two, I discussed the pervasiveness of a lack of education on education for nurse educators in general and more specifically for specialty nurse educators (Clochesy et al., 2019; Dunbar et al., 2019). The study participants' narratives were in agreement with this issue, with almost all the participants expressing a lack of pedagogical knowledge and understanding. In this phase, participants each began to notice specific gaps. While most participants felt reasonably comfortable teaching in a clinical setting, knowledge of classroom teaching was a particular point of concern for most. Even Arya, who had previously completed a master's degree in nursing with a focus on education, felt she had a significant gap in her understanding of classroom pedagogical practices:

> I had these creative ideas and thought they might be cool, but they really weren't founded in much because, really, I was new and didn't really know how to pull that, you know, vague kind of theory in properly. So I used my clinical experience.

Assessment and evaluation was another area of concern for participants as they realized the limitations of their pedagogical knowledge. The enormity of the responsibility of judging someone's work or performance as "worthy of passing, worthy of being good enough to be in this specialty" (Clara) weighed heavily on participants who often felt like they weren't knowledgeable enough to make those judgements. Aubrey shared that in the past she'd lost sleep over evaluating students. Francesca felt similarly, although she also specifically referenced the subjectivity of assessing students clinically:

> The whole premise was, you know, as long as I met your needs, then I'm a good teacher. And I care about my learners. But then that made it difficult to go into clinical and then what if things didn't go well and I didn't meet your needs? You fail? Who really failed?

Other participants noted gaps in knowledge of simulation pedagogy. As I discussed in Chapter Two, teaching and learning with simulation is a specialized process that requires knowledge and expertise (Fey et al., 2020) However, in the Specialty Nursing Department, all faculty are expected to teach simulation if their programs use it. Interestingly, while most participants noted a lack of theoretical understanding of simulation pedagogy, many were relatively comfortable using it in practice. Clara ascribes this to the technological complexity found in most specialty nursing practice areas: "I don't think it matters which program, specialty nursing deals with technology all the time. Sim isn't much of a stretch." Simulation was not used in Javeena's specialty program at all. However, she was clear that she would embrace it if she could, despite noting that she does not have the requisite knowledge: "You know, I feel pretty comfortable with using technology, it isn't a big deal for me. I'd like to just get my hands into some simulation."

All participants spoke of a gap in knowledge regarding curriculum. Aubrey was very clear: "Curriculum is super scary in so many ways, unless you understand the pedagogical piece. Who am I to say if this content works for this learning outcome? I didn't even understand what a learning outcome was." Although the participants in this study all clearly identified that they were aware they were uninformed regarding curriculum and curricular matters in this first phase of learning to teach, Clara observed that:

> New faculty often don't understand how important it is, they don't value it as being a big piece in its own right...so they think 'curriculum' is just a big list of content. They don't know what they don't know. Almost everyone has a gap here, but do you know that?

Noticing: Tensions At Play. Except for Janeeva, whose specialty nursing program was structured somewhat differently and who also seemed to have an overall different experience in learning to teach, all the participants seemed to perceive various tensions involving expectations of self and expectations of others, as well as the realities of the actual practice of teaching specialty nursing.

Aubrey spoke of the tensions between her expectations of herself as a novice instructor and her expectations of her learners as novice specialty nurses. Wanting to support and care for the learners in this process, she encouraged learners to be patient with themselves. Yet she did not afford herself that same acceptance: "I always tell them you were probably expert, now you've come to this [specialty] and you need to give yourself some grace...but in the same breath I'm telling learners this, I need to do that for myself. But I don't."

The participants' expectations of self were sometimes held in tension with others' expectations of them. Coming from another academic institution, Francesca talked about the discomfort she felt when she realized she was perceived as an expert educator by some colleagues when she came to teach specialty nursing:"...that was very, very hard because there was already a bar set...and then to go, wait a minute, I actually don't know this part. Can you help me understand it, without feeling like I was letting anybody down?"

The participants' expectations of what teaching specialty nursing would be like frequently bumped up against reality, with little guidance provided and little or no time to adjust, adapt, and learn. This was an uncomfortable space for most, as tensions surfaced between

wanting to learn and provide excellence in education yet beginning to understand that the needs of the Health Authorities drove the department and thus its educators to focus on operations. This struck a familiar chord; most participants described the parallel between these tensions and those they experienced in practice between wanting to provide excellent individual patient care and meeting the needs of an overburdened specialty unit. Reconciling these tensions was a consistent and ongoing issue for most participants throughout all phases, as I discuss further later. However, narrowing the focus to this second phase, participants described leaning on their specialty nursing knowledge and practice to illuminate a way through. Clara framed her desire to learn and to ensure adequate education for her learners while simultaneously trying to meet the pressing operative needs of her specialty area as "important to my sense of professionalism". To do so, Clara tapped into her specialty nursing knowledge: "I decided to think about it like I was starting in a new [particular specialty] unit. What would I do there to find my way? To deal with all the competing needs?"

Creating a Path Through Connection

The theme of *noticing* in the participants' told stories, described above, illuminated their unfolding awareness of themselves and their environment, and the influences at play during the phase of returning to and building upon their roots. As this awareness evolved, participants individually sought a way forward for themselves as specialty nurse educators through two different but intertwined ways: seeking knowledge and seeking connection. The term "connection" here is important: in this exploration, connection is both a goal and an approach. Given the English language's limit of words to express certain nuances of meaning, I was unable to find another word that could express this duality and still convey the essence of what I wished to articulate. Thus, I choose to refer to the meaning of connection in the words of American

therapist and motivational speaker Sean Stephenson: “Connection is an exchange of humanity.” (Stephenson, in Lakhiani, 2018). With this definition in mind, participants both relied on connection as a means to create a path forward, and also sought out connection as a purpose in and of itself. I explore these two intertwined subthemes, noting how in both its presence and absence, connection mediated participants’ experiences. However, I first turn to seeking knowledge as a way forward.

Seeking Knowledge. In noticing and recognizing significant gaps in their knowledge and skills related to education, all participants described seeking knowledge through both formal and informal routes. Participants sought out and availed themselves of a variety of resources, such as instructional skills workshops (ISWs), searching websites, and reading literature. Jessie completed a teaching and learning certification course offered by CASN. All participants noted difficulty in finding time to access resources yet still ensure the operations of their program. Moreover, time constraints aside, for the most part participants were disappointed in what they were able to access on their own, discovering that the workshops, courses, and even literature did not really prepare them in the way they hoped. In referencing the ISW, Clara pointed out “...it’s helpful for some basics, but it’s not contextualized. I mean, it was helpful to find out I should take pauses when speaking, but it was just so general.” Jessie felt similarly, noting:

> The CASN course was good for getting at some of the underpinnings of education, but not for the practice of it in specialty nursing. It’s too general. And you know, there isn’t tons of literature out there, either. None that’s really relevant to specialty [education]. Some of it is BSN, masters, PhD, but at the end of the day, it doesn’t...well, fit.

Both Javeena and Arya had completed Master’s degrees prior to beginning teaching specialty nursing, and while both appreciated learning theoretical underpinnings of education, neither one

found that these formal degrees helped them in the practice of specialty nursing education in this phase. In Javeena's opinion, "...graduate degrees are for thinking, which is great. But not so much for practice." For Clara, Jessie, Jesu and Aubrey, the lack of fit of the resources they were able to access was an influencing factor in their decisions to begin graduate studies. For these participants, graduate study greatly influenced their thinking and beliefs about themselves as specialty nursing educators, but not until a later phase. This will be explored in a later portion of this analysis, but at this point in their stories, they indicated that graduate study was either incomplete or not very influential in helping them access the practical knowledge they sought. Arya described what she envisioned as a gap between what these resources offered and what she needed:

> These resources, these solutions that are meant for all instructors don't necessarily work in specialty nursing. Maybe they are a good starting point, but then where's the bridge?... It doesn't prepare you. It would be like just doing a tiny simulation and then going and running a whole trauma on your own. There's a big, vast space in between those two things that needs input and mentorship.

The key element here that Arya noted would have made these resources more meaningful and useful to her was missing, and is evident in her words "input" and "mentorship". Just as participants lamented not having someone to guide them in the first phase of their journey of learning to teach, they continued to miss having guidance and connection in this phase as well. Even Javeena, who had a different experience in learning to teach than most of the other participants, noted that while she would read on her own to help her revise her courses and her approaches, she still desired connection with others to help her make sense of this knowledge.

Seeking Connection. The desire for that exchange of humanity, connection, is evident in participants' told stories as they describe creating a path forward for themselves. Their approach in seeking connection was rooted in their backgrounds as specialty nurses and their value on relationality and caring (Cook & Peden, 2017; Doane & Varcoe, 2015). Through dialogue and observation, participants connected with and learned from other specialty nurse educators. Unfortunately, without an organized orientation process or mentorship, receiving feedback from their peers did not happen regularly, although participants describe receiving student feedback regularly. Arya talked about missing feedback from colleagues "so I just made assumptions based on how I thought the students were doing and what they had to say about me." Initially, concerns about their initial performance prompted participants to reach out to others they saw as expert, or at least more experienced than they, seeking validation and feedback. Aubrey, for example, describes reaching out "to the experts, people who know. I wanted to know if I was doing things right." While most participants did not receive peer feedback regularly, initiating dialogue with specialty nursing education peers helped establish and develop relationships that allowed for connection and helped them to illuminate a path forward. For example, connecting through dialogue helped Clara to expand her understanding of teaching and learning in specialty nursing, as she would discover other perspectives and ways of dealing with various situations. For Francesca, connection through dialogue not only helped her understand the uniqueness of specialty nursing education, but also helped her reconceptualize her understanding and beliefs about teaching and learning in this particular context: "It allowed me to understand why we came into being the way we did and made me really reflect on who I was as an educator, and what I believed, and what I needed to grow."

Connection through dialogue allowed for relationships to grow and build, and in some instances, participants noted informal mentorships were established, at least for particular aspects of teaching in specialty nursing. Clara recalls having conversations with a senior faculty member about the curriculum and how that led to an informal mentorship for a period of time: “I was interested, I found it fascinating and I would just talk to her about it...She was an enormous influence on me, I actually chose a [particular master’s degree program] because of her.” Even Javeena, who seemed to have a smoother time of learning to teach specialty nursing than other participants, noted the impact of connection and informal mentorship on creating a path for herself: “She may not have been a formal mentor but she kind of acted like a bit of one...it kind of inspired me to try and be as reflective and thoughtful [as her].”

Yet at other times, connection was not possible for contextual reasons, notably physical isolation or a lack of time. When connection was not possible, participants felt its absence acutely. For example, Aubrey spoke rather sadly of how assigned office space impacted her: “I remember where my desk was, way off by itself. So I didn’t get those little conversations, those sidebar conversations where you can ask things and it’s no big deal. It’s hard. And really lonely.” Even now, connection is still important to participants in continuing forward with their path, as Francesca makes clear: “I care about my team. The pandemic has made things so hard. I can’t just walk up to [faculty member] and say ‘Hey! Have you seen anything like this before?’”

Creating a path through connection with others was also mediated through observation and reflection as well as dialogue. Some participants, such as Jesu, described at times learning by simply observing other faculty members teach. That being said, most participants in some way interlinked their observation of others with reflection to establish connection in a less direct but still relevant way. For example, Aubrey explained that:

> I sat in on one of [specialty nursing faculty member]'s classes and she was co-teaching with someone else. So I watched that, the different styles and the students and how they're responding. And I learned a lot by doing that, because I could really think about it later. But I also realized that I could relate to both these two really different styles, and it made me think a lot about what that meant for me as a teacher. It's like, something I took forward when I did my master's [degree].

Similar to observation, participants also used role modelling as a connection point to others in creating a path for themselves as educators. Recalling her admiration for a particular former specialty nursing faculty member's classroom teaching approaches, Arya commented, "I would just think, 'What would [particular specialty nursing faculty] do?' And I then I would try it."

Creating a path through connection also includes cultivating a sense of belonging for participants. While an exploration of the concept of belonging and how it influences one's experience and identity as a specialty nursing educator is beyond the scope of this research, the need to belong is generally accepted as a core, innate motivational drive to form and maintain interpersonal bonds with other people (Allen et al., 2022). Aubrey was very clear about this:

> It's kind of like being in high school in a way, I really need to feel like I belong and where's my gang? And talking to my team helped with that but I still needed to feel like I belonged in a bigger way. So finding my people, those connections, is really important.

Connection as a means of promoting a sense of belonging allowed participants to create a path for themselves as specialty nursing educators since they could feel safe to ask questions. The sense of trust and comfort inherent in a sense of belonging promoted "the trust we have in one another, and then the ability to really hear other's opinions." (Francesca). Perhaps Jessie said it best when they joked, "I feel it's almost a family, right? A bit dysfunctional, but it worked."

In essence, in seeking a path forward into specialty nursing education, participants began to build on their roots in specialty nursing knowledge by the dual processes of reflection and connection. Through reflection, participants moved through an ongoing process of noticing where they began to not only become aware of gaps in their knowledge and practice and understanding of teaching and learning, they also became aware of various tensions that impacted this understanding. Leaning on their specialty nursing knowledge, practice, and values, they connected with others through dialogue and observation, cultivating relationship and a sense of belonging, and to learn, grow, and find a path forward. I now turn to an exploration of the next phase of their stories, Teaching as Nursing.

Phase 3: Teaching as Nursing

> Learning is finding out what you already know. Doing is demonstrating that you know it. Teaching is reminding others that they know just as well as you.
>
> —Bach, *Illusions: The Adventures of a Reluctant Messiah*

As the participants' journeys as educators unfolded and they moved beyond survival, they seemed to enter a new phase where they developed both confidence and competence in learning to teach specialty nursing. During this time, participants appeared to construct their teaching knowledge and practice by anchoring themselves in what they know and who they are as specialty nurses. As their practice developed, they navigated tensions between values they held and the realities in which they taught. Here I explore this third phase, Teaching as Nursing, using the following subthemes to guide the exploration: The Nursing Lens, Feeling Confident, and Navigating Tensions.

The Nursing Lens

For the study participants, the process of learning to teach appeared to be built on an existing framework of being a specialty nurse. This constructivist approach to learning to teach

specialty nursing makes sense as it coheres with their existing identities as specialty nurses as well as their existing frames of reference. Clara's comment patently illustrates this lens: "I'm a [particular specialty] nurse first. So I'm now an educator. But I teach like I'm nursing, because I think like a [particular specialty] nurse, right?"

Teaching as the Nursing Process. A well-known stepped approach, the nursing process is a tool for both students and nurses to assess and care for patients systematically and strategically (CNA, 2019; Kozier et al., 2018). The steps of the nursing process are used cyclically and repeatedly during patient care, and include assessment and diagnosis, planning, intervention, and evaluation. In this phase of their storied experiences, the participants in the study appeared to approach teaching in specialty nursing as the nursing process, therefore I will note the stages of this process by highlighting key words in bold. In beginning with the **assessment and diagnosis** component of the nursing process, participants spoke of gathering and analyzing information about learners, including their preferences, abilities, and areas for growth. Aubrey noted the short time she had with students in the clinical arena as an area of importance:

> You need to know your students, even though it's not that many days you have in clinical. You don't have much time, but you've got to get to know them and what they can do and how they think so you can work with them to get them where they need to be.

The participants noted that not only was it important to assess the learners accurately to help support them as learners, but also because they would be required to formally evaluate them. Further, there was always the underlying greater concern for patient safety. For example, Jesu stressed the importance of quickly and accurately assessing learners "because these patients are sick. You can't really mess around, if they [students] aren't meeting objectives, if they aren't

going to be safe, there's not a lot of time to deal with it." Most of the participants described talking to learners, using questions, and observing them as ways to inform their initial assessments, but Jessie also stressed the importance of not intimidating learners: "You need to know what they know, or what they think they know, and also how they think. But you can't interrogate them all the time. You've got to find that balance."

Participants all linked the assessment of their learners and getting to know them to implications for **planning** their teaching, although not always directly. Clara was the only participant who directly referenced creating lesson plans as an organizational tool, but she did note that she altered these plans based on her assessment of the learners. Jesu described changing her plan because her learner's anxiety was so severe: "The poor thing was shaking, just shaking. There was no point going over this [advanced concept] I was gonna do, it was just time to go back and review basics."

In this third phase of learning to teach, participants approached the actual **implementation** of learning experiences based on their learner assessments and plans, a change from earlier phases when their focus tended to be content-heavy and based on trial and error or their own previous learning experiences. Clara explained shifting her emphasis in classroom teaching from earlier phases when she was most concerned about delivering content, regardless of the learners: "I used to go into a class and deliver the content. Everything that was on those PowerPoints, I delivered that class. Now it depends on the learners. I focus on concepts instead. So there's a lot more applying ideas, problem solving, collaboration." What is interesting to note is that in implementing learning experiences in this phase, participants primarily chose to utilize active learning strategies as a link between theory and practice, whether they were actually aware of these pedagogical techniques or not. The use of active learning strategies marks a move away

from early phases in learning to teach, when participants often relied on didactic techniques they were familiar with from their own experiences as students. Arya explained her thoughts underlying her use of various active learning strategies: "...you can talk about something as long as you want but until they get into it and have to work through a problem, like a real logistical problem, it doesn't really stick."

Night Shift Stories. All of the participants spoke of having learners apply content to case studies they had created based on clinical problems from their own specialty nursing experiences or "things I've seen", as Jessie put it. Arya expanded on this pedagogical approach: "Case studies, sims...like the complex unfolding ones, they're really just stories. Some of the theory is kind of boring and complex, but you tell a story and then they're [the students] coming back." In fact, the use of story as a pedagogical strategy was universally lauded by the participants. Explaining the use of story as a teaching strategy, Jessie observed: "Night shift stories is how we've all learned from others. You know, those stories nurses tell each other in the dead of night? Those ones...it's learning by experience, just not your own experience." Intriguingly, *night shift stories* were not only used by the participants to teach specialty nursing, they were also a medium through which the study participants learned how to teach. The stories they referred to here were not clinical practice stories, but instead teaching and learning stories shared by other specialty nurse educators. Learning to teach through listening to others' stories was not the same as problem-solving dialogue or discussion, where tips and techniques could be shared or a situation dissected and discussed. Instead, learning through other's stories seemed to be a form of vicarious experiential learning, as Jessie described earlier with students. Clara shared, "So I learned a lot from those stories of other people, mostly on what didn't go so well (laughs). But it was really informative and really struck a chord."

Just as the nursing process of assessment, planning, implementation and evaluation is ongoing throughout their nursing practice, participants also **evaluated** their students' learning in the ways described under **assessment**. Here, however, I refer to evaluation as an appraisal of students' progress in meeting learning outcomes and the provision of feedback. Additionally, participants continuously evaluated their own performance, too. Providing the learners with feedback on their performance in clinical and simulations as well as in theory classes was important for the participants both to support them and also to boost their confidence as a way to help them learn. Jessie described giving feedback to some of their students in the clinical setting: "Sometimes you need to give some positive feedback because that little pep talk can make all the difference. But you also need to share what they should improve on. They need to know that so they can learn and grow." Even so, participants found giving appropriate feedback on written work and in written evaluations challenging given some of the pressure and influence from the institution and Health Authorities on the formal evaluation processes. While Javeena did not experience the same external pressures, she did express that even at this later phase, she found providing written feedback challenging: "That's an area I can definitely improve on, providing written feedback. How to make it relevant and really useful." Other participants noted that the difficulty of balancing the depth and breadth of learning that students were expected to master as novices in their new specialty versus what would be expected of them in the actual reality of their practice contexts: "It's hard because specialty nursing education isn't standardized or regulated, so there's no agreed-on bar. We can get them only so far and but do evaluations really say that? They are job-ready, but maybe not practice-ready." (Francesca).

In this phase, as participants evaluate learners, they also engaged in self-evaluation in terms of their teaching. Similar to earlier phases, participants relied on student feedback as well

as their own intuition and "reading the room" (Aubrey) to gauge their successes and improve their practices. Each participant expressed that they wanted to continue to improve, concerned that they provide "good learning experiences" (Clara) for their students. Yet despite the lack of a formal method of obtaining feedback from peers, mentors, or others, all participants noted that they continued to learn and improve.

Teaching as Relationship. In this phase, study participants unanimously talked about the importance of relationality and relationships in teaching specialty nursing. Yet, this appeared different from seeking connection that participants engaged in earlier. In Phase 2, participants looked to engage in an exchange of humanity to help them find a way forward in learning to teach; the cultivation of relationship was a happy consequence of some connections. In comparison, in this phase participants positioned relationship as the modus by which teaching actually occurred. Relationality and relational practice are foundational to professional nursing, so it is not surprising that participants drew upon and built on their relational selves and practice to anchor their teaching in this phase as they found their footing.

In different ways, all the study participants spoke of undergoing a reflective process or time when they considered what they wanted their teaching to look like in the context of a teacher-learner dyad in this phase of learning to teach. For some participants, this was an intentional and explicit process. Javeena's desire to inspire students the way a former instructor had inspired her prompted the self-reflection process: "I often think, what was it about that instructor? And yes, it was that relationship. She seemed to care about people individually and have that relationship." Some other participants did not necessarily intentionally engage in the reflection, but a reflective process occurred for them regardless. Clara acknowledged that:

> I don't think I ever sat and thought about, oh, I want to relate to students in this particular way. But at some point I kind of just realized that what really matters is that I'm patient and that I listen to them [students] and I connect with them. That's how it will work.

As participants explicitly or implicitly considered teaching and learning and relationality, their teaching practices and beliefs shifted as well. Participants described their teaching practices as grounded in the types of relationships they wanted to establish with learners. Explaining the importance of rapport, trust, mutual respect, safety, and listening, participants noted that demonstrating caring with and for learners was crucial to their teaching as relationship approach. Aubrey shared a powerful example of teaching as relationship:

> This learner, she was tough, just really tough. She was offending all the staff and almost abusive to some of the others, and there was a [cultural] piece to it. She said that where she's from, you don't ever show weakness. But I brought her to tears because I was inquisitive and I was intentional. I wanted to know her and nobody had taken the time to actually really understand her...there was damage from the past and to scrub it away is hard, but now she was seen...and we could move forward together and learn that way.

Participants talked about being learner-centered in this phase. The term "partnership" was frequently used to describe the teaching-learning relationship they tried to establish, as Francesca earnestly explained: "It's a partnership. I care very much for my learners. Their success matters to me, it's not just about marks, it's about: have I helped them help themselves to get to where they are wanting to go?" However, within the context of this partnership, participants were clear about their beliefs about responsibility for learning, seeing it firmly as a shared responsibility between them and their learners. This was a significant shift from earlier phases of learning to teach, when some participants, like Francesca, were focused solely on meeting learners' needs,

whatever those may be. Interestingly, in this phase, as participants shared their stories of learning to teach specialty nursing, their choice of specific language further highlighted their approach to teaching as relationship. Participants very rarely used the word “teaching” to describe their efforts with learners, in contrast to their stories of earlier points in their journeys. Instead, they chose to use verbs like “showing”, “guiding”, “coaching”, “facilitating”, or “sharing”. Arya described “helping them learn”. As the primary tool of expression and communication, language is powerful, and the nature of the terminology participants chose to use in this phase both augments and highlights their approach to teaching as relationship.

Feeling Confident

In this phase of learning to teach specialty nursing, study participants expressed feelings of competence and confidence in teaching, although to differing degrees. However, all participants appeared to feel more comfortable in their roles as specialty nursing educators overall. The feeling of confidence and comfort that participants began to experience seemed to be promoted by approaching teaching as nursing, and tethering it to their existing knowledge, experience, and identities as specialty nurses. As Jesu pointed out: “I think like a [particular specialty] nurse all the time, so I default to that in teaching. It’s what I know.” Jessie realized that getting comfortable in the role was necessary to move their teaching practice forward, and that meant “just being me as a [specialty] nurse. That part of teaching isn’t that different from practising [specialty nursing], especially the caring aspect of it”.

Reflection and Praxis. Participants spoke of reflection as the primary means by which they began to feel confident as specialty nursing educators, with most engaging in conscious reflection after engaging with learners in any context. Francesca however, noted that as she grew more confident and presumably more competent, she also found herself reflecting in real time:

"There'd be a dialogue or clinical discussion, and I'd suddenly think 'Wait, wait, wait!' I was noticing something that's maybe being done too quickly or it's not being considered from all angles." Jesu spoke to how reflection helped her start to identify the tacit pedagogical knowledge she held and how that increased her confidence in her teaching:

> You know what to do at the bedside if a patient crashes, but to articulate and teach somebody why you did what you did? That's what a lot of nurses can't say: how do you know? Well, I just do. Having to explain that, it takes a lot of reflection. It's not enough to just say 'I just know'. So now I can explain not just what I know but how I know.

By this phase, all participants were completing or had finished graduate degrees that involved at least some study of adult education. Many also acknowledged that it was at this phase they reflected on any theoretical pedagogical knowledge they had obtained and how it influenced their own teaching and learning practices, an intriguing change from earlier phases when most participants wanted clear direction and explicit frameworks. Javeena found that reflection assisted in increasing her "awareness....and my teaching became more based in adult learning principles." while Jesu noted that "I realized the knowledge I had in simulation [pedagogy] could be scaffolded with clinical teaching. You know, your knowledge in one area supports your experience in another." Francesca and Clara both spoke to how the idea of praxis, or "practicalizing theory" (Clara) added to their confidence as specialty nursing educators. Francesca explained: "It's the ongoing reflection on how your theoretical knowledge influences your own knowledge about teaching and learning, which then is played out in practice. And as that gets better and better, it's like a positive feedback loop."

Challenge and Growth. In this phase, most of the participants spoke of having the confidence to challenge themselves and sometimes others. Feeling confident allowed the

participants to find the space to take risks in their teaching and learning practices, even if the process was uncomfortable. Interestingly, participants seemed to gain confidence as educators not just through the experience of teaching, but more specifically through approaching teaching as nursing. Jesu provided an example of how her increasing confidence as an educator allowed her to make a decision to give a passing grade to a student's borderline exam and defend the decision to the rest of the faculty. In this story, Jesu rooted her decision in her specialty nursing knowledge as well as the relationship she had established with the learner. Her confidence allowed her the ability to make the decision and shift her beliefs and practice moving forward:

> Exams were hard for her, she was so stressed out. But she was solid in clinical. I took a second look at the exam, and I looked for the good, not the mistakes. You know, did her answers show she understood the concepts and could apply them, even if some of the details weren't right? And it was all there. I knew she'd be safe. I passed her, I had to fight for it, but in the end she did the whole program and she's amazing in practice. So now I look for the good rather than the mistakes or criticisms in students' work. You know, what can we build on, instead of tearing down?

Still Navigating Tensions

As I write the title of this subtheme, the familiarity of the word "tensions" in this dissertation stands out to me. A constant touchstone across and between all participants' told stories is noticing, holding, navigating, or moving through tensions. In this phase, the subtheme that I held space for here is the participants' navigation of tensions in teaching specialty nursing. As each of the participants gained confidence in approaching teaching as nursing, they became more aware of the tensions between their professional and relational values and the reality of the context in which they taught. With the exception of Javeena, the tension between wanting to

provide excellence in education with the departmental focus on operations to meet the needs of the Health Authorities was already familiar to the participants. However, in this phase this tension moved beyond merely being an uncomfortable space for the participants and into an experience of moral distress as they felt unable to enact what they felt were best teaching and learning practices within the constraints of the system needs and limitations. Jesu described feeling dismayed and discouraged when faced with this tension: "...it's a conflict between the Health Authority needs and how I want to teach. It's upsetting...those students who just need a bit more time but they're in CTF [compressed timeframe program] and it's sink or swim. I want to cultivate the individual." Arya was blunt in her assessment of these tensions:

> They [Health Authorities] might have 20 empty lines [jobs] to fill. They don't care, they just need the people. So there's no time to really work with them [students] to get them to where they need to be. So sometimes we make a decision [about a learner] before we probably should, and that is going to be their outcome. So whether it's someone that [you feel] 'oh, they'll probably be ok' because they are kind of close but not quite there, it's like the decision has already been made. It sucks for everyone.

The experience of feeling unable to take what they felt was the right course of action with learners within the constraints of the system felt markedly similar to situations of moral distress participants had experienced in clinical practice. However, for Francesca, the difference resided in the lack of acknowledgement of the experience within specialty nursing education: "We're not regulated by an external body. And there's no recognition of that. So how do we find ways to negotiate, to collectively understand some of these unstated things that we're all experiencing?"

In summary, constructing their specialty nursing teaching and learning knowledge and practice on their existing foundations of knowledge, practice, and identity as specialty nurses

allowed the participants to develop both confidence and competence in learning to teach specialty nursing. Participants tethered their pedagogical practices to what they held as expert specialty nurses and used the nursing process and relationality in order to teach. In building their confidence, participants found the reflective space to begin to take risks and seek challenges in order to grow. However, as their confidence in their teaching practice grew, so did their discomfort and distress with navigating tensions between the education they wanted to provide and the reality in which they taught. I now turn to an exploration of the final phase of the participants' told stories: A New Narrative.

Phase 4: A New Narrative

> It's like everyone tells a story about themselves inside their own head. Always. All the time. That story makes you what you are. We build ourselves out of that story.
>
> —Patrick Rothfuss, *The Name of the Wind*

The final phase of the participants' told stories focuses on the creation and crystallization of who they are now as specialty nurse educators. Their stories, lived and told, convey a challenging journey as they learned to teach in specialty nursing, and this last phase reflects a place of growth from which they reflect on issues related not only to self and profession, but also related to larger systems. I have titled this phase "A New Narrative" because almost all the participants have created a new story in some way over the course of learning to teach in specialty nursing. Through the telling of these stories, the written narratives, and the shared conversations, participants reflected, debriefed, and in some cases, transformed their understanding of themselves as specialty nurses and specialty nurse educators. Here I explore this final phase through the subthemes of Embracing Who They Are and Telling Their Story.

Embracing Who They Are

As I discussed in Chapter Two, shifting from a career as a specialty nursing clinician to specialty nursing educator is a significant transition that involves an alteration in one's views of their role and identity (Bostock, 2019; Gunberg Ross & Silver Dunker, 2019). Unsurprisingly, the participants, to varying degrees, all noted that their conception of who they are as specialty nurses and as specialty nursing educators morphed over time. For many participants, this conception of self continues to shift and reshape, despite their years of experience.

Articulating Their Philosophy. All the participants were clear that many of their beliefs about teaching and learning had changed over time in their journeys in learning to teach specialty nursing. As discussed earlier, as participants gained confidence and reached to their specialty nursing roots to enact their teaching, relationality became a prominent component to their teaching practices. In this phase of learning to teach, participants all noted their willingness, comfort, and ability to put words to their beliefs about teaching and learning specialty nursing. Participants readily articulated their philosophies of teaching and learning in specialty nursing, and most identified that being comfortable doing so facilitated their comfort and confidence in both understanding and embracing their notion of self as specialty nursing educator. Moreover, understanding themselves as specialty nursing educators in turn assisted participants to clarify and articulate their philosophies and beliefs about teaching and learning in specialty nursing. In describing how she arrived at her teaching and learning philosophy, Francesca shared:

> I really needed to understand who I was an as educator...the individuality of you as teacher, and what has sort of made you who you are, what has informed you or influenced you. I became very clear about my intent for what I do and became more

> confident...and when I could say out loud, say the words, what my philosophy is, that's how I realized I could understand who I was as teacher.

For Jessie, articulating their philosophy was not possible until they felt they had accepted and acknowledged who they were as a specialty nursing educator, even if they felt like they did not fit a particular set image of what a specialty nursing educator should be: "I have my own way, but I had to work with what I thought I should be first. I guess I needed to learn to be an educator in my own image and not what others think I should be." Clara credits the particular master's degree program she undertook as both helping her develop her teaching learning philosophy as well as articulate it, both of which were instrumental in supporting her to embrace her notion of self as specialty nursing educator:

> There was a big shift for me, when I did it [master's degree], actually, in terms of my philosophy of teaching. I had a huge, just, shift, in the way I thought of things...But also, really, in how I thought about myself as an educator.

Street Cred or Ed Cred? In Chapter Two, I explored the idea of developing an educational identity as part of my conceptual framework. To recall, literature revealed that in response to not yet having formed an educational identity, new educators tend to seek credibility with students by holding on to existing identities as practitioners rather than as educators (Bostock, 2019; Boyd & Harris, 2010). In this study, this was a common subtheme with all the participants in terms of embracing their conception of themselves as specialty nurses and as specialty nurse educators. Yet how this was, and continues to be, experienced by each participant varied substantially. All the participants, except for Janeeva, still clearly identified themselves as specialty nurses, and held their nursing identity close. Jesu even went so far to explain that: "My nursing identity is my safety blanket; it's who I am. I'm a [particular specialty] nurse." Clara

explained that: “I introduce myself as a [particular specialty] nurse...It’s a huge part of my identity still, and I feel like I belong to that group. Like, those are my peeps.” However, perhaps not surprisingly, study participants described also feeling very connected to an educator identity in addition to their specialty nursing identity. In fact, as described earlier, Janeeva feels she is an educator much more than she feels she is a nurse, overall. Arya also feels closer to her educator identity now: “I really identify as an educator now, that [particular specialty] was just a part of it, but it’s not who I am. It was kind of the catalyst that propelled me into education, so I’m just kind of in a different sphere now.” For the rest of the participants, Jesu, Clara, Francesca, Aubrey, and Jessie, these two professional identities feel integrated into a cohesive whole and are not so easy to separate. Exploring this integration was very emotionally laden for many of these participants. Aubrey choked up slightly when she shared:

> Oh, this hits some kind of soft spots on me! It’s hard to describe. I feel I’m in the middle, one foot in two lands. I haven’t left [particular specialty] nursing all together, that’s not it. I’m an educator now. I guess I feel I integrate them together, they’re not separate, but right now it’s more education because that’s what I’m actually doing, day to day.

Jessie summarized how, for them, their professional identities as specialty nurse clinician and specialty nurse educator have been holistically integrated into a synthesized ‘whole’:

> But what is a [particular specialty] nurse, you know? We need to shift our focus away from just this, you know, we’re not just a product, right? We’re a whole being. It’s like, we’re full-embodied. We have different aspects of being a [particular specialty] nurse and being an educator and they all intertwine together. I think it’s very reductionist to separate it out. I’m comfortable with it now.

Yet despite describing an integration of professional identities, many participants described tensions between wanting to stay close to clinical practice in their specialty areas and wanting to continue to develop as educators. The tension between maintaining “street cred” (Jesu), or “bona fides” (Jessie) as currently practising specialty nurses and both the reality of the demands of their roles as specialty nursing educators, as well as the desire to achieve “ed cred” (Aubrey), or educational credibility, was described by most participants. In terms of “street cred”, Clara was clear that while she no longer personally believed it necessary to be an expert clinician to be an expert educator, she worried that students would not feel the same: “...it’s always the first thing I tell students is that I am a [particular specialty] nurse. And I guess it’s because of credibility. I don’t want them to think that I don’t know what I’m doing.” For Francesca, the tension between “street cred” and “ed cred” was a particular challenge because she had come to teaching specialty nursing with significant teaching experience in a pre-licensure program:

> It was really hard to make the transition and be ok with it, because of the whole credibility piece. It’s different than a [pre-licensure] program. How can I be faculty of a practice profession like [particular specialty] and not be a current practitioner myself? It took a lot of soul searching to be able to go ‘Do I have it? Am I still authentic in my work, to still hold this title as educator here?

Jesu especially struggled with this tension and was looking into picking up clinical shifts on the weekends to “get back into clinical practice more". Often shifting uncomfortably while we spoke, her voice breaking occasionally, Jesu explained her conflicted beliefs and feelings: “That part worries me, because how am I showing up to my learners? I feel like a fraud. But then I think, ‘Well, that’s just a skill, anyone can do that. But I can teach you how to think’.”

On the other hand, in grappling with the tension between clinical and educational credibility, some participants focused on trying to achieve educational credibility rather than maintain their "street cred". Aubrey expressed her discomfort: "I've been here [teaching particular specialty] awhile, I suppose I'm experienced as an educator, but I'm still identifying gaps. I have a foundation, but is it solid? What is qualified?" The tension between "street cred" and "ed cred" continues to distress, or at least trouble, many participants in their ongoing stories as specialty nursing educators with no simple resolution apparent. As Jesu remarked: "We need credibility in something, either street cred with students or ed cred with peers and leadership."

Reflecting: A Place of Growth. As the study participants embraced their understanding of self as specialty nursing educator in the creation of their new narratives, reflection once again played a key role in allowing the participants a space for insight, awareness, and growth. In this phase, participants took up broader contextual issues in their reflections as well, noting larger systems issues and challenges as well as potential solutions or adaptations.

As discussed in earlier chapters and in this analysis, the current shortage of specialty-prepared nurses has intensified the need for specialty nursing education (Ariste et al., 2019; CNA, 2023a). Participants feel a greater sociopolitical responsibility to the nursing profession "because it's really the future of nursing. The crisis we are in, in specialty [nursing], you are part of the solution, and that's a huge responsibility to carry." (Jessie). For Francesca, the lack of regulation or standardization of specialty nursing education in this milieu amplified her sense of responsibility: "...there's no regulatory body, and it makes me so nervous. We're just this island that's sitting in the ocean, and we are the ones that have to protect what is on it." Describing the current context as "these perilous times", Aubrey noted the cumulative impact of heightened responsibilities for educating specialty nurses as well as having no regulation or standardization:

"It's really bad now, and as faculty, do we have the tools? Are our educators prepared? What scale is there?" Even more pointed was Arya's candid yet plaintive reflection:

> I sometimes feel there's no value placed on what we do. It's all about churning out those nurses, there's no thought about what those nurses need educationally and no thought at all about what we as educators need. For sure the pandemic has totally made this worse, but the issue was there before. It's just the pandemic has really shined a light on it.

Unsurprisingly, the sense of constant external pressure and responsibilities coupled with a lack of attention and time dedicated to their growth and development, meant that participants' own needs often went unmet as they strove to meet the needs of a struggling healthcare system. Despite all participants having multiple years of experience as specialty nursing faculty, most expressed a longing for ongoing mentorship. Both Aubrey and Arya recognized their own potential for expanding their practice, knowledge, and scholarship but deeply desired for someone who would be interested and willing to help them realize this potential. Aubrey yearned for a mentor who would "move me forward. I know it's up to me but it would really help to have someone guide me and push me a little, too." Similarly, Arya reflected that "Mentorship at this phase is probably as important as it would have been 10 years ago. I think I could really do some things, you know? But I really, really would still like to have a mentor, to help me get to that next level, whatever it is." In the same vein, participants lamented the lack of time and resources to partake in or produce scholarship such as conference presentations and publications, believing this held them back both individually and collectively as an academic community. Noting these frustrations, Jessie felt a sense of "moral friction, because there's pressure to continue to be what specialty nursing needs to represent, but without support or time, it's so hard."

Yet despite their dismay with systemic issues, challenges, and limitations, all participants reflected that they saw themselves in a place of growth as they created a new narrative for themselves. Noting that they need to continuously adapt in their knowledge and practice, Jesu reflected on the balance required to strive for growth without overdoing it: "...there's really no endpoint in developing your pedagogical practices, just like there shouldn't be an endpoint in developing your nursing practice. Possibilities are endless. You just need to be careful not to flame out along the way." Aubrey concurs: "I have to remind myself that I need to start taking care of me, too. I think we all need to. I give a lot and I'm gonna continue because I do love doing this. I just have to care as much about me."

Telling Their Story

In this last phase of learning to teach, the final subtheme directly relates to the living and re-telling of the participants' stories. Throughout all my interviews and conversations with the participants, I was consistently surprised and humbled by the how meaningful the act of sharing their stories appeared to be. There is meaning and power in the sharing of a story, both for those who hear it and for those who tell it. Here I explore the issues of voice and the claiming of space inherent in the telling of the participants' stories.

All participants, to varying degrees, identified feeling a lack of acknowledgement or recognition as educators in general, and an accompanying sense of lack of voice. The origins of this perception varied but were consistently identified by all participants. Even Javeena, whose story of learning to teach unfolded differently than most participants', felt that "there's a bit of a lack of recognition about specialty nursing education. We don't have much of a voice because we're not a presence at some tables." However, both Jesu and Francesca noted that they felt their

knowledge and skills in education were not valued, because their worth is tied to their knowledge and skills as specialty clinicians. Francesca eloquently summarized:

> As a specialty nurse educator, my value is in my competencies and capacities as a nurse in my specialty. It doesn't seem to evolve past that in building a portfolio as an educator. So how I am viewed is practice-bound, not pedagogy-bound.

Clara felt similarly, but she connected a perceived lack of recognition to specialty nursing education not having a distinct academic identity: "I don't know that my knowledge as an educator is really valued...specialty nursing isn't really recognized as a 'thing', so the education isn't either. It's a kind of limbo environment with a limbo identity." Feeling a lack of acknowledgment, recognition, or voice is not a validating or empowering experience for anyone. Indeed, these feelings are frequently associated with moral distress and/or burnout in various professions, including nursing and nursing education (Edú-Valsania, 2022; Fernandez-Basanta et al., 2022). In sharing their stories of learning to teach specialty nursing with me, most study participants seemed to find a sense of validation and even purpose as their voices were heard. Even Javeena, who requested that I not share some aspects of her story, found "confessing" some of these specifics "very enjoyable". Jessie shared that they felt they had undergone a reflective debrief, whereas Francesca felt that telling her story was "therapeutic, it feels like someone cares". Arya teared up and simply thanked me for actively inquiring and listening to her story.

Story appeared to be the starting place for issues of voice and recognition to be acknowledged for participants. As Francesca shared, "I made the choice to leave practice and move further into specialty education and embrace that, and I'm very proud of it. My story establishes why I am proud." For both Aubrey and Jesu, story was also a starting place to not

only feel validated and acknowledged, but also promoted a sense of belonging and excitement for possibilities for specialty nursing education in a greater sense:

> Oh, it's good you're having me talk about this, it's good because it's helping me do some reflection and recognize the growth. I feel like I've been taking that ownership and doing the footwork on my own, and this is validating; I can see I really do belong...(Aubrey)

Jesu, who had been conflicted about her identity as specialty nursing educator, not only spoke of feeling acknowledged and excited for future possibilities through the sharing of her story, she reframed her understanding of her 'self' in the process:

> I have a story, it's been a journey. And you know, we [specialty nursing education] don't even really have a voice, right? So undergraduates, they're represented by CASN, they're very strong...they [CASN] don't even recognize us. And I can see that's really bothered me. What I've been thinking and what I've been saying, they're not congruent. When I tell my story here I have to think, and I'm so glad I did this. I really am a specialty nursing educator, I'm trying to move to excellence in education now.

Telling their stories also provided a means for the study participants to begin to claim a space for themselves and for specialty nursing education in both the immediate landscape and in the greater world of education and healthcare. While Jesu acknowledged the importance of advocating on an individual level, she also expanded on the idea of story and voice to include advocating for specialty nursing education in the greater academic world, too: "We advocate for others, but not for ourselves as SN [specialty nursing] educators or as an academic community. Do we lack a voice, or do we lack emphasis on using our voice? Can our stories now help us use our voices?" Perhaps Jessie articulated it best when they concluded:

> We try so hard to be seen as evidence-based, based on science, that we forget we need to be comfortable with the art of nursing too. Stories are how our students will learn that art. Our stories are how we can celebrate us as specialty nursing educators.

In looking back, this final phase of the participants' told stories conveys the new understandings of self and who they are now as specialty nurse educators in their ongoing stories of learning to teach specialty nursing. In embracing who they are now, participants reflected on and grappled with issues of credibility, identity, beliefs and values, as well as greater systems issues. The telling of their stories assisted participants to claim space for themselves individually and as an academic community in its own right, and in some cases transformed their understanding of themselves as specialty nursing educators.

A Final Observation: The Thread Throughout

As I stand back and consider the words that I have written describing the four phases constructed from the participants' stories, I am struck by the presence of a 'meta-theme' entwined throughout their entirety. This meta-theme, the concept of caring, presents itself as a constant through-line in all four phases. Arising from the beliefs, values, and actions of the participants, caring is infused throughout their stories, although it shows up in different ways.

Conceptions and definitions of caring are multitudinous and diverse and there is no accepted academic consensus on what exactly constitutes the construct of caring. While I take up the meta-theme in Chapter Five, here I will refer to the notion of caring as a feeling, a motivation, and/or a behaviour, that reflects concern about another person's or entity's feelings or needs (Revietch & Schatte, 2002; Soriano, n.d.).

Throughout all the phases of learning to teach specialty nursing, participants described caring for their profession. Indeed, caring for the future of each specialty was often the impetus

for participants to move into teaching specialty nursing from clinical practice. Jessie specifically described concern for the future of their specialty as a reason for moving into specialty nursing education, while Jesu was clear about this aspect of her motivation to transition into teaching: "[Particular specialty] has been good to me. I see it [teaching] as a way of paying it forward." Caring for their profession manifested in other ways too, notably through participants' expressed concern over a lack of standardization for specialty nursing education. Francesca and Aubrey were both clear about their concern regarding educational "quality control" and "standards for specialty educators" (Aubrey) while other participants also expressed their concern for practice colleagues. Arya for example described her clinical specialty as "it's a nightmare out there; we've got to support them [clinical colleagues]."

At the same time, participants also described caring for their students throughout all the phases of learning to teach specialty nursing. Their stories of their interactions with their learners illustrated the ways participants cared for them both as individuals, and as future specialty nurses. This is particularly evident in the way that the participants approached teaching as relationship, with all the participants describing caring practices with their learners such as listening, respecting them as individuals, unpacking previous 'trauma', and wanting to provide them with excellent education to adequately prepare them for their specialty practice. In fact, the word "care" or "caring" was used in describing working with learners by all the participants at different times during our conversations.

What is more, caring was manifested throughout the participants' journeys through their concern for competence. For example, some participants expressed concern about maintaining clinical currency, while others expressed concerns about the education knowledge and practice. This concern for competence demonstrates caring for themselves as educators, for their

profession, and for their learners. As Clara explained: “It’s important for me to be good at this for my sense of professionalism and for the learners’ sake too.” Finally, participants’ responses to their lived experiences of noticing, and then navigating various tensions and gaps throughout all the phases represent their collective need to be cared *for* as they learned to teach specialty nursing, whether or not this need was actually met.

I did not anticipate the discovery of caring as a meta-theme in learning to teach specialty nursing when I undertook this narrative inquiry. Its presence, however, aligns with the holistic nature of learning to teach that I understood from developing my conceptual framework. To this end, I will take up and explore this meta-theme in more detail in Chapter Five.

Chapter Summary

> There is no real ending, it’s just the place where you stop the story.
> Frank Herbert, *Fullerton Interview*

This chapter presents the research findings from the study of seven specialty nurse educator participants along with an analysis of their lived and told stories. The presentation of their narrative portraits as well as the thematic analysis move through Clandinin and Connelly’s (2000) three commonplaces of temporality, sociality and place, from past to present to possible futures, and explores relationship processes both external and internal to the participants. In my analysis, I have set out four phases of Learning to Teach in Specialty Nursing: Becoming Novice, Building on Their Roots, Teaching as Nursing, and A New Narrative. The data and analysis reveal a complex, multi-layered and holistic process that unfolds over time. Based on the data, learning to teach in specialty nursing is rife with challenge and uncertainty, but also offers an opportunity to move participants to create, embrace and voice a new story for themselves individually and for their profession. In the following chapter, I will discuss my findings and provide recommendations for practice and future research.

Chapter 5: Discussion

When I began this study, I was curious to understand how specialty nursing educators learned to teach with little or no preparation in educational pedagogies. My own experience of learning to teach as a post-licensure specialty nursing educator was challenging, and in a new role responsible for faculty development, I was interested to understand others' experiences of this process. When I began to collect data, the COVID-19 pandemic was in its third year and had ravaged the nursing profession, particularly nursing specialities (Statistics Canada, 2022), and the heightened need for specialty nurses had placed unprecedented demands for specialty nursing education. With no literature examining the process of learning to teach in specialty nursing education, coupled with an existing shortage of specialty nursing educators (Boamah et al., 2021; BCIT, 2023), this study was both unique and timely.

The purpose of this research was to explore the stories of specialty nurse educators' process of learning to teach specialty nursing to post-licensure learners in the context of BCIT, with the ultimate goal of creating a foundational understanding to guide the development of strategies to assist both new and experienced specialty nurse educators to develop and refine a sound pedagogical basis to assure quality education in specialty nursing. The primary research question guiding the study was: What are the stories of clinically expert specialty nurses regarding their process of learning to teach post-licensure specialty nursing? To support the primary research question, I asked the following secondary research questions:

- What knowledge or beliefs do clinically expert specialty nurses hold about teaching specialty nursing?
- How do clinically expert specialty nurses describe becoming a specialty nurse educator?

- What factors help or hinder clinically expert specialty nurses in the process of learning to teach specialty nursing?

In this chapter, I discuss the findings of this study and present implications for specialty nursing education, nursing education more broadly, and other professions that rely on professional expertise rather than educational pedagogy to educate their practitioners. I also address study limitations and present recommendations for future research and scholarship.

Discussion of Findings

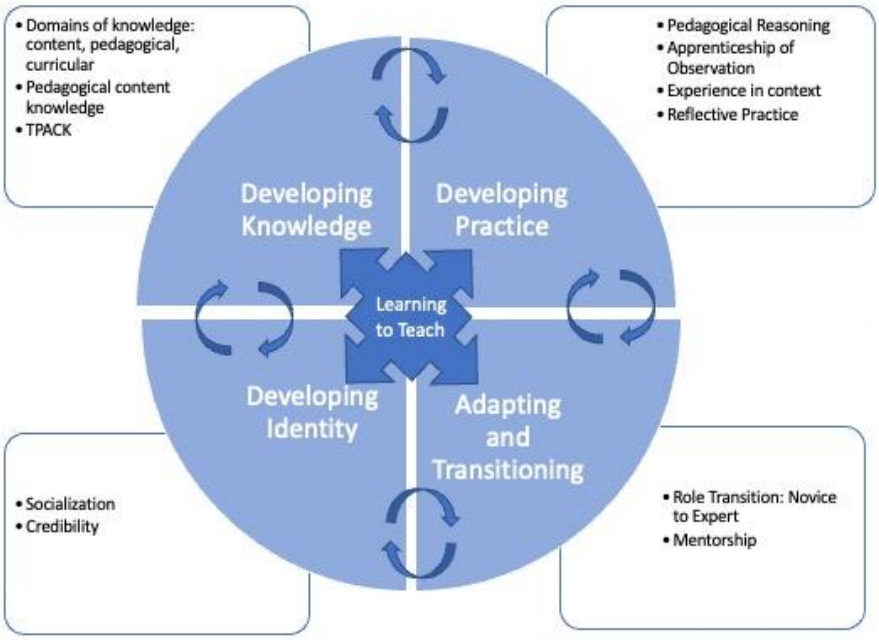
At the beginning of this study, I set out to find out how clinically expert specialty nurses learned to teach with little or no preparation in education. To answer the research questions, I gathered stories and experiences of the participants, but the process of data collection and analysis unfolded in ways that surprised me. I was both excited and humbled by the overwhelming response to my recruitment email. It is of course possible that my personal connection to the participants as their colleague influenced their interest in participating in the first place, but on reflection, I can see that this response was also manifested by the relevancy of my research topic. Participants were eager to share their stories, and more than one expressed that they felt ‘validated’ by someone who cared to listen. In Chapter Four, I presented the phases of their journeys learning to teach and the themes I co-constructed with the participants from the data and stories shared. Here in this section, I discuss what I learned about the process of learning to teach specialty nursing by connecting key findings from the study with the conceptual framework and weaving themes from the analysis with the reviewed literature described in Chapter Two. I then offer an expanded understanding of the participants’ holistic experiences in learning to teach specialty nursing.

Links and Insights: Connecting to Literature and Conceptual Framework

The process of learning to teach specialty nursing had not yet been examined or described when I undertook this study. Consequently, I developed my conceptual framework, described in Chapter Two, from a broad examination of nursing education, higher education, and teacher education literature, that was grounded in adult learning theory. To recall, my conceptual framework for this study has four overlapping components: *Developing Knowledge, Developing Practice, Developing Identity,* and *Adapting and Transitioning.* These components are an integrated and fluid "whole" that overlap and influence each other in a dynamic and multidimensional way. This conceptual framework provided me tools for the examination of all the phases of learning to teach in specialty nursing, informing my interview guide, and providing a lens through which I could analyze and understand the findings. However, some findings that emerged from the interviews were new to me and transcended the conceptual framework. I note and examine these as they arise in the following discussion, beginning with the first key finding of this study: the holistic nature of the journey of learning to teach specialty nursing. First, to remind the reader, I offer the following graphic representation of the conceptual framework as depicted in Chapter Two:

Figure 1

Conceptual Framework



Holistic Journey

At the beginning of this study, I found little in the nursing education literature about the process of learning how to teach, and virtually nothing specific to the context of specialty nursing education. As I broadened my search into other disciplines and explored various theories, it quickly became clear to me that learning to teach was a complex, multifaceted process that could not be reduced to a simple or linear path. As a result, the conceptual framework I developed incorporated multiple aspects involved in this process. As a specialty nurse educator who learned to teach on the job myself, I knew my own personal experience involved mind, body, and spirit. I am therefore not altogether surprised that a key finding from the participants' stories was the **holistic nature of the journey of learning to teach specialty nursing**. For all participants, learning to teach encompassed ongoing challenges and shifts in perspectives, identity, and beliefs as well as cognition. In a kaleidoscopic fashion, their journeys in learning to teach encompassed many intertwined dimensions that shaped and were shaped by one another and shifted over time. There are limits to the written word in describing the

dynamism, synchronicity, and wholeness that is the nature of human experience, so while acknowledging the inadequacy of a compartmentalized approach, here I parse and examine this key finding in a categorized way. I discuss the various components of the conceptual framework within two general frames, highlighting the interplay between each: Mind and Body, roughly encapsulating *Developing Knowledge* and *Developing Practice,* and Self and Soul, encompassing *Developing Identity* and *Adapting and Transitioning.* Finally, I touch on the context in which the participants learned and continue to learn to teach specialty nursing.

Mind and Body: Knowing and Doing. In my conceptual framework, I discussed *Developing Knowledge,* or what it is that needs to be known in learning to teach specialty nursing, and *Developing Practice*, or the "doing" aspect of teaching specialty nursing. The theoretical works of Kreber and Cranton (2000), Shulman's Teacher Knowledge Framework (1986, 1987), and Mishra and Koehler's (2006) extension of Shulman's work established the grounding for this component, and provided tools for the exploration of aspects of cognitive knowledge that are developed as specialty nurse clinicians learned to teach. In *Developing Practic*e, experiential learning theory was foregrounded as a basis for the integral roles of experience, pedagogical reasoning, and influence of context on learning to teach, based on the work of various scholars such as Lortie (Conner & Vary, 2017), Kolb (1984), Shulman (1986; 1987), and Dewey (1938/2015), and was extended to consider theory underpinning the role of reflection and reflective practice (Schön, 1983).

Kreber and Cranton (2000) and Shulman (1986;1987) both proposed that adequate content knowledge is necessary to an educator's cognitive development and ability to teach that content. While this assertion may seem self-evident, Bostock (2019)'s study of trainee teachers in a variety of disciplines demonstrated that expert practitioners cannot be assumed to be content

matter experts and may need support in particular areas as a result, a finding that aligned with my study as well. Although all the participants in my study were expert clinicians in their respective specialties, not all felt secure about their content knowledge. Clara for example, was so uneasy about her specialty knowledge and experience, she avoided even starting as a clinical educator. The consistent concern participants held about maintaining clinical currency, while related to their professional identity as educators and specialty nurses as I discuss later, also reflects some insecurity in their subject matter expertise. In fact, despite years of experience as a specialty-nursing educator, Jesu was planning to pick up clinical shifts on weekends partly in order to address this worry.

Curricular knowledge is another category of knowledge that underpins the cognitive development of teachers that both Kreber and Cranton (2000) as well as Shulman (1986; 1987) described. In a scoping review of nurse educator competencies, Wells-Beede et al. (2023) noted that knowledge of curriculum matters remains a definite need amongst pre-licensure nurse educators. Given that most of the participants in this came to teaching specialty nursing with no preparation in education, it is not surprising that they all acknowledged a gap in their curricular knowledge. Yet this gap was not often even identified until much later in their journeys when participants, either through further education or guidance, developed an understanding of what curriculum actually entails beyond content. Even then, participants who had completed a master's degree that did not focus on education (e.g., Master of Science in Nursing) still professed concern about their curricular knowledge. In contrast, those participants who did complete graduate study in education, such as Clara, Arya, and Javeena, felt more confident.

Another aspect of *Developing Knowledge* that underpins learning to teach is pedagogical knowledge. Kreber and Cranton (2000) described this as knowledge about how people learn and

how this can be facilitated, and as I described in Chapter Two, nursing education literature is rife with evidence that nurse educators tend to lack the necessary pedagogical knowledge and experience needed to provide effective education (Benner et al., 2010; Jarosinki et al., 2019; Rogers et al., 2020). I discuss the role of emotion in the holistic journey of learning to teach in the next section, but recent literature links a lack of pedagogical knowledge to anxiety and a lack of confidence amongst pre-licensure nurse educators (Smith et al., 2023: Wells-Beede, 2023). This was certainly the case with most of the participants in this study. Aubrey for example, initially felt so unprepared for the educator role that she decided against pursuing it further until convinced to try again by a colleague. Participants did try to bridge this gap, undertaking instructional skills workshops and nurse educator courses offered by CASN, amongst other development opportunities. However, interestingly, participants tended to be disappointed in these options, citing a lack of contextual specificity to specialty nursing education. This dissatisfaction may be explained by considering Shulman's notion of pedagogical content knowledge, or PCK (1986;1987). A blending of both discipline-specific content together with an understanding of the best pedagogical practices to transform it for teaching, PCK seemed to be not only missing in the participants' initial phases of learning to teach, but external supports to develop it were not available either. For example, even though Javeena came to specialty nursing education better prepared than other participants, in her story she described the need for both initial and ongoing adaptation to teaching specialty nursing students rather than clients. Even Arya, who had completed graduate study in nursing education, noted that the general pedagogical knowledge she had acquired in the degree program did not assist her to any large degree when she began teaching specialty nursing.

In the holistic journey of learning to teach specialty nursing, PCK appears to have been a bridging link through which the development of participants' knowledge influenced *Developing Practice,* and vice versa. Initially, with no real preparation for their teaching role, participants relied on what Lortie (1975, in Conner & Vary, 2017) termed an *apprenticeship of observation* on which to base their pedagogical practices. While some participants' initial teaching attempts were modeled on how they themselves were taught, especially in the first phase of learning to teach when they were most overwhelmed and disoriented and did not know what else to do, other participants' previous learning experiences prompted them to take a completely different approach to teaching. This was especially true for Jessie and Francesca, who both had traumatic experiences as learners themselves. However, with no templates, rules, frameworks, or guidelines to follow despite the strong desire for such support, these novice educators leaned on their specialty nursing experience as well as their own previous educational experiences to teach specialty nursing students, mostly through trial and error. Arya's and Jessie's use of clinical case studies and night shift stories in their teaching illustrates this, as does Clara's experience of using other specialty nursing educators' teaching stories to inform her own teaching practices. A similar phenomenon occurred in Jenning's study (2017), where the author noted that new clinical instructors grounded their teaching approach in their nursing experience. In my study, participants tended to approach teaching as the nursing process, an approach that they were intimately familiar with from their nursing practice. For example, Clara described assessing her students, planning learning activities based on this assessment, implementing the activities, and then evaluating their use based on the learners' responses. In so doing, participants developed their PCK. In turn, the development of their PCK assisted the participants to establish connections between their knowledge and practice. Aligned with Dewey's constructivist ideas

that (experiential) learning occurs when experience builds on previous experience, which then informs future experiences (1938/2015), participants initially constructed their teaching knowledge and practice on the foundations of their previous specialty nursing experiences, afterward continuing to build both through the development of their PCK in an ongoing process.

In consideration of the constructivist nature of the development of the participants' teaching knowledge and practice in their holistic journey of learning to teach, reflection and reflective practice appeared to be another modus through which participants' knowledge and practice were interactively constructed and mediated. Schön (1983) explained that reflective practice is the means through which one becomes conscious of their implicit knowledge base, learning from their experience. Coady (2015), in a critical state-of-the-field review of continuing professional education, noted the importance of incorporating reflective skills as a critical learning dimension into professional education efforts. Further, reflection and reflective practice is an inherent component of professional nursing practise and is an expectation to maintain licensure in British Columbia (BCCNM, 2023). In my study, participants actively and consciously reflected on their teaching in order to grow and improve, especially after the fact. These instances were defined by phrases such as "I hadn't thought of that. I'll try that next time" (Jesu) or "It was too much in hindsight, but we all learned" (Jessie). These examples highlight Schön's notion of reflection-on-action (1983) or thinking about an experience after it has happened (Merriam & Bierema, 2014). While reflection-on-action occurred throughout all phases of learning to teach, what seemed to be missing, or infrequent, in the beginning phases were instances of reflection-in-action, or that reflection that takes place while one is engaged in the experience and allows the individual to modify their behaviour in the moment (Merriam & Bierema, 2014; Schön, 1983). However, as practitioners' journeys of learning to teach moved

forward, reflection-in-action became much more apparent. For example, Clara would assess how well her students responded to her teaching by monitoring group activities, asking for feedback, thinking about learning activities and her own experiences in the clinical setting as well as her own experiences as a learner, and take into account what she knew of her students. In doing so, she came to new understandings concerning such things as the appropriateness of the teaching activities, her students' abilities to learn under stress, and her own role as educator. Conscious examination of their teaching situations in light of their beliefs, assumptions, and knowledge not only helped participants clarify their teaching philosophies, but also helped them understand and value their practical, or tacit knowledge, or their "repertoire of examples, images, understandings, and actions" (Schön, 1983, p.66). Given that nursing theorist Benner considered intuitive knowing and thinking-in-action as defining characteristics of expert clinical nurses (1982; Benner et al., 2011) it makes sense that reflection-in-action became progressively more prevalent in the later phases of learning to teach.

In their journeys of learning to teach specialty nursing, most participants missed having an initial base of educational knowledge and experience, but without a foundation, they constructed their knowledge and practice based on their specialty nursing knowledge and practice, unafraid to use trial and error to learn and grow. As they engaged in more teaching and learning experiences, they developed their teaching knowledge and practice in an intertwined way, through constructing their pedagogical content knowledge and reflection in and on action. As this process unfolded, participants began to clarify their teaching philosophies and understand their being as an educator, as I will discuss next.

Feeling and Being: Self and Soul. As implied by the beginning adjective, the holistic journey of learning to teach encompasses the whole self, and not just the intertwined

development of knowledge and practice. In this section I describe the aspects of this holistic journey that involve the components of my conceptual framework, *Developing Identity* and *Adapting and Transitioning.*

In my study, the participants' holistic journeys of learning to teach clearly reflected *Adapting and Transitioning* through movement along Benner's (1982; 2001) *From Novice to Expert* model, which in turn influenced, and was influenced by, their development of knowledge, practice, and identity. In the earliest phase of their journey, participants described trial and error and an apprenticeship of observation as their primary means of teaching, but all described wanting some sort of framework or guidance to base their teaching activities and decisions upon, whether they were referring to clinical teaching, classroom teaching, simulation teaching or distance tutoring. In the early phase of learning to teach, those participants who did not have the benefit of prior preparation in education missed having the guidance of abstract principles on which they could anchor their teaching. Even for those participants with some educational preparation, the transition to novice specialty nursing educator moved them back to a reliance on abstract principles to guide them, similar to Daley's (1999) findings in exploring how professional nurses learned in clinical practice. For example, Javeena described relying on what she had learned about adult learning principles and then "feeling [her] way along" when she began teaching her specialty. As participants moved into the later phases of their journeys learning to teach, in general they advanced along the Novice to Expert model. With a minimum of six years' experience as specialty nursing educators, participants fit in the "expert" category of Benner's model, which was evident in how they constructed their teaching practices, decisions, and judgements on past concrete teaching experiences rather than on abstract principles. This was illustrated in Clara's case when she relied on her teaching experience with learners who had

difficulty with theoretical concepts to then facilitate her approach with learners having difficulty in the clinical environment. However, most of the participants held multiple roles as specialty nursing educators, with teaching responsibilities in many different contexts: clinical, classroom, simulation, distance learning, curriculum development. Referring to Benner's five stages, most participants advanced more quickly in some areas than others, but this depended on whether they had previous knowledge or practice experience to build upon. For example, Francesca considered herself at the advanced beginner, or second stage of Benner's model, in simulation education as she had little experience or knowledge to build upon. As a result, she planned to undertake education in simulation pedagogy despite being an expert in classroom and clinical teaching, adapting in her knowledge and practice. Given that different settings have different contextual factors and pedagogical perspectives that need to be considered (Oermann, 2017), it makes sense that participants did not advance from novice to expert in a consistent fashion in their knowledge and practice of teaching specialty nursing. In continually adapting, they influenced and advanced the development of their knowledge and practise.

Benner's model is a useful framework for understanding the participants' development of teaching competencies and the thinking processes underpinning these during the phases of learning to teach specialty nursing. However, it did not provide insight into the participants' actual transition *experience*s, which were unequivocally described as initially overwhelming and disorienting. Multiple studies have described the initial transition from clinical nurse to nurse educator outside the context of specialty nursing as disorienting, isolating, and stressful (Jarosinki et al., 2019; Schoening, 2013; Shajani, 2020; Shapiro, 2018). The holistic experience of transition is an important component of learning to teach that carried through all the phases in the participants' journeys, not just the initial time, although the first phase was most chaotic.

Duchscher's concept of transition shock (2008), developed in the context of new graduate nurse transition to practice, provides some descriptive insight into this first intense and highly-charged phase. The underlying premise of this model is the contrast between the roles, responsibilities, relationships, knowledge and performance expectations required within teaching environments versus those required in the clinical setting result in a "thrust of personal and professional adjustments" (Duchscher & Windey, 2018, p. 228). Transition shock ensues, resulting in intense and fluctuating states of emotional, intellectual, sociocultural and physical well-being that can lead to isolation and exhaustion (Murray et al., 2019). This is clearly exemplified in Arya's case, where her intense physical reactions during her early transition mirrored her overwhelming disorientation and fears of "imposter syndrome".

Transition shock is useful to describe the participants' first phase of learning to teach and highlights the important role emotions played in these early experiences. Yet, learning in and learning from our everyday life experiences involves our physical body and our emotional responses to those experiences (Merriam & Bierema, 2014). As such, the experience of embodied learning carried throughout all phases of the participants' journeys, influencing and being influenced by all other aspects of learning to teach. This was particularly evident in the participants' ongoing experiences in *Developing Identity.* In my conceptual framework, the works of Illeris (2014; 2016) and Wenger (1998) informed my understanding of this aspect of learning to teach in specialty nursing. In my participants' stories, socialization into the education role was a key component in developing their identities as specialty nursing educators, a finding that is found throughout the nursing education literature (Jetha et al., 2016; Rogers, 2020; Wilson Cox, 2021). This is exemplified in Aubrey's and Francesca's cases when they talked about "finding my people" (Aubrey) and "connecting with my team" (Francesca). Wenger explained

this development of identity as occurring through social participation in communities of practice, and in this way, the participants' development of educator identity was very intertwined with their development of both knowledge and practice. Illeris (2014; 2016) however, while acknowledging the social aspect of identity development, also highlighted the individual's internal process, positioning identity in relation to learning as an intersection between a social dimension as well as an individual's content (or cognitive) dimension and their incentive (or emotional) dimension. Illeris's perspective allows room to explore the role of emotion in developing identity and the holistic journey of learning to teach overall. In looking back, the degree to which the story-sharing was emotionally-laden for participants surprised me. I did not expect such strong emotional responses to what I believed was not a particularly sensitive research topic, and the role of emotion did not originally figure in my conceptual framework. Many of these emotions were manifested in response to the exploration of educational identity, although they came up in other places too. I explore those in later sections. The conversations around the notion of "street cred" and "ed cred" and maintaining clinical currency in relation to professional identity were the most fraught, with at least two participants breaking into tears during the discussion. The nursing education and higher education literature largely do not explore the emotionality of developing an identity as a nurse educator, although Woods et al. (2022) and Shoening (2013) both noted that it can be challenging for new nurse educators to lose identity as a clinical nurse in order to reconstruct a new identity as an educator. In a recent exploration of the social construction of nurse educator professional identities, Woods et al. (2022) noted many participants felt a sense of nostalgia and even loss for their former roles as clinical nurses, a finding that aligns with the findings of this study, particularly in the cases of Aubrey and Jesu. According to Dirkx (2001; 2008), emotions and feelings are deeply intertwined

with adult learning via neurophysiological functions of perceiving, processing, storing and retrieval of information, memory, reasoning, and the embodiment of learning. Further, emotions play a central part in the dynamics of transformative learning. Taking the stance that meaningful learning is "fundamentally grounded in and is derived from the adult's emotional, imaginative connection with the self" (Dirkx, 2001,p. 64), Dirkx argued that the process of meaning-making is essentially imaginative and grounded in emotion rather than merely reflective and rational. In the meantime, in the teacher education literature, Loughran purported that cognitive self reflection is essential to the construction of one's identity as educator. Taking Dirkx's and Loughran's views together, it may be that the space created during our conversational interviews allowed participants to simultaneously engage with both their emotions and deep self reflection as a means furthering and potentially even transforming their understanding of their professional identities. This was most evident in Jesu's story, when during our time together she came to the profound and emotional realization that she was, indeed, a specialty nurse educator.

In-Between and All-Around. It was apparent in my study that learning to teach specialty nursing was undeniably influenced and mediated by the context in which it occurred. According to Dewey's conceptualization of "experience, interaction and continuity enacted in situations" (Caine et al., 2013, p. 577), context is inseparable from the learning experience. The context in which the participants learned to teach impacted and continues to impact every aspect of their holistic journey learning to teach specialty nursing, influencing what and how they learn, their identity, their emotions and embodied experiences of learning, and how they make sense of and adapt within their ongoing journey.

Notably, throughout all phases of learning to teach specialty nursing, participants directly referred to the sociopolitical context and various related pressures they endured. These included

the pressure to move learners through the programs as fast as possible, regardless of what may be considered best teaching/learning practice. In responding to the ongoing needs of the Health Authorities for more specialty-prepared nurses, participants felt constant pressure to quickly assess learners to move them through the programs, whether or not they felt this was reasonable or fair to the learners or their future patients. Further, participants felt that the operations of the programs were prioritized over both the education the programs were meant to provide, as well as the development needs of the faculty, and this was a constant source of frustration and even emotion. All participants, except Javeena, whose program was structured entirely differently, were vocal about these challenges and frustrations and indicated that they impeded not only all aspects of their process of learning to teach, but even their desire to continue to teach. Although most of these challenges and frustrations can be ascribed to the emergence of neoliberalism as a dominant government paradigm in healthcare and healthcare education (Church et al., 2018; Foth & Homes, 2017), it is beyond the scope of this study to critically examine the influence of this construct in this context. However, we can view it through the lens of experiential learning, specifically in terms of the importance that Dewey placed on the quality of experience for learning. In his view, experiences occur in a context, and these experiences can be positive and encouraging, or they can be negative and "mis-educative", therefore discouraging further experience (Dewey, 1938/2015, p. 52). For some participants, the context as described influenced their holistic experience of learning to teach in a less-than-ideal way, impacting not only what and how they learned to teach, but how they felt about it as well.

To summarize this key finding, learning to teach in specialty nursing is a holistic experience that is multifaceted and dynamic. Various dimensions rooted in *Developing Knowledge*, *Developing Experience*, *Developing Identity*, and *Adapting and Transitioning*

interact together in a complex interplay in the journey of learning to teach specialty nursing. I have discussed the findings of this study against this backdrop. I will now further respond to my research questions by addressing new ideas and related key findings from the experiences shared by participants. The following discussion of these findings will both broaden and deepen our understanding of expert specialty nurse clinicians' process of learning to teach specialty nursing.

Expanded Understanding of Learning to Teach Specialty Nursing

In this section, I continue to respond to my research questions by discussing two key findings that were not comprehensively captured within the conceptual framework, but were significant features evident in the participants' shared stories and experiences. First, I relate the concept of **caring** in its vital role in the ongoing process of learning to teach specialty nursing. Next, I examine learning to teach specialty nursing as a **relational process.** These key findings further expand our understanding of the process of learning to teach specialty nursing**.**

Learning to Teach in Specialty Nursing Through Caring

In Chapter Four, I identified and discussed the presence of caring as a meta-theme that was a constant throughline threaded throughout all four phases of learning to teach specialty nursing, notable for its presence, or sometimes absence, in every aspect of the participants' experience. For instance, Jessie and Aubrey both commented that the way in which a clinical teacher practices caring within their speciality is passed along to their students. Jesu in the meantime noted the importance of specialty nursing educators also being caring specialty nurses, given that nurses are taught to be caregivers and that they would be likely to pass on something they themselves felt and enacted. In this observation, Jesu alludes to the significance of caring in the curriculum and pedagogy of specialty nursing education. In Chapter Four, I referred to the notion of caring as a feeling, motivation, or behaviour that reflects concern about another

person's or entity's feelings or needs (Revietch & Schatte, 2002; Soriano, n.d.). Here I consider caring more broadly in nursing and education literature and how it came to light in this study.

The notion of caring in nursing is not new. It has been described as the very "essence of nursing" (Leininger, 1988, p.152), but despite much deliberation in nursing literature, there is no universally accepted definition of caring in nursing or nursing education (Gillson, 2021; Morse et al., 1991; Paterson & Crawford, 1994). Prominent nursing scholar Sister M. Simone Roach posited that "caring is the human mode of being...the most common, authentic criterion of humanness" (2002, p.28). Within this broad interpretation, there is space to encompass Revietch and Schatte's (2002) more narrow, behavioural definition, and it is useful to use both as a lens. In Roach's (2002) conceptualization of caring, there are six attributes of caring, known as the "Six Cs" (p. 43). These include *compassion*, or the empathy and sensitivity to human pain and joy that allows one to enter into the experience of another. *Competence* is the acquisition and use of scientific and humanistic knowledge and skill in the practice of nursing. *Conscience* is the sense of accountability, responsibility, and leadership for patient care and directs moral, ethical and legal decision-making and practice. Relatedly, *commitment* refers to the maintenance of and elevation of the standards and obligations of the nursing profession, assuring the delivery of excellence in patient care. *Confidence* is the trust and understanding of one's own competence, built through experience, practice, and knowledge, and allows one to recognize one's strengths and limitations. Finally, the last attribute is *comportment*. This is the professional presentation of self as nurse to others in behaviour, attitude, appearance, dress, and language that communicates a caring presence. This attribute includes the need for self-awareness, awareness of impact of self on others, and accepting responsibility for actions, and extends to responsibility for the healthcare environment.

Caring is of course not a topic unique to nursing education. Caring in the general field of education has largely been based upon the work of Noddings' ethic of care (Noddings, 2013), and disciplines such as medical education and teacher education have applied this theory to help define caring in these environments (Balmer et al., 2016; Owens & Ennis, 2005). According to Noddings (2013), caring is viewed as a universal human need that originates from birth through the original condition of a mother caring for her child. Caring is described as a relational and reciprocal event that involves the "one-caring" and the "one cared-for" (pp. 9, 19). In order for caring to take place, the one-caring must be attentive to the needs of the one cared-for and be able to both sympathize and act on behalf of them. In return, the one cared-for must recognize this action and respond in order to reinforce the motivation of the one-caring. In a teacher-student context, this relationship is echoed: the teacher cares for both the expressed as well as assumed needs of the student (Gillson, 2021; Noddings, 2013). Caring may benefit both the care receiver as well as the care giver, since it promotes the care giver's happiness, health, social connections, and bonds between the one-caring and the one cared-for. These bonds are important not only for the care receiver, but also for the caregiver, providing and validating their sense of meaning (Lavy & Bocker, 2020; Martela & Pessi, 2018; Noddings, 2013).

It was not the purpose of this study to determine whether the participants were caring specialty nurses or teachers. However, the stories shared by the participants and the phases and themes constructed show numerous examples of how the participants experienced caring, both in giving and receiving, throughout their journeys. This highlights the next key finding of this study: **learning to teach in specialty nursing through a frame of caring**. Here I discuss four specific frames of learning to teach in specialty nursing through caring: caring for the profession, caring for the students, caring as competence, and caring for self.

Caring for the profession. In this study, participants indicated their caring for the profession of nursing and even more specifically for their particular specialty both directly and through descriptions of their actions. Each of the participants spoke of being both committed to, and passionate about, their specialty. They were clear that moving into teaching was not a move away from their specialty, but rather an opportunity to influence its future, reflecting the conscience and commitment attributes of caring described by Roach (2002). In Jesu's case, her commitment to the profession extended beyond a desire to impact its trajectory, and she felt the need to "give back" to her specialty as it had "been so good" to her (Jesu). Although a nursing specialty is not a being, Jesu's perception was that her specialty had cared *for* her, and her desire to give back in return reflects the reciprocity Noddings claims is inherent to caring (2013).

Included in this frame of caring for the profession is the concern participants had for patient safety. Participants talked about wanting to ensure their learners were safe, skilled practitioners in their specialties and that they were offered opportunities to learn what they would need to be successful in practice. This was exemplified in Clara's case when she noted the importance of providing "good learning experiences" to ensure learners would have the skills, knowledge, abilities, and values that they would need in her specialty. However, the sense of responsibility for patient safety that participants felt was evident not only in their statements but in their need to quickly and accurately assess their learners. This was illustrated in Jesu's case when she talked about not having much time to remediate learners if they were not meeting learning outcomes as a particular issue due to the acuity of the patients in that specialty area.

Roach's caring attribute of competence is evident in these concerns for patient safety, but it also comes up in the participants' frustration and even anxiety about specialty nursing education not being standardized. Francesca in particular expressed many times that it was the

specialty nursing educators' responsibility to ensure their learners were competent. Participants were proud of being specialty nurse educators, particularly in the face of a global shortage of nurses, and wanted to uphold high standards.

Caring for students. Framing learning to teach in specialty nursing through caring was most evident in the participants' caring for students. Tapping into Roach's (2002) caring attributes of compassion, conscience, and comportment, participants engaged in "caring-for" (Noddings, 2013) in their interactions with learners. Like their specialty nursing practice, caring was embedded in their teaching practices. McDonald (2004) and Gillman (2021) agree that in practical terms, a demonstration of caring includes being available to students, taking time to get to know them, conveying a genuine interest in individuals and their learning needs, and providing ongoing support and feedback. As I described in Chapter Four, the participants were very concerned with their relationships with students and actively worked to get to know them. This was not always an easy task, given the limited amount of time participants have with their learners in the compressed timeframe format of the specialty programs, but each worked hard to connect with the students regardless, actively and respectfully listening and communicating. This was powerfully illustrated in Aubrey's story when she took the time to inquire into her challenging student's lived experience and get to know and understand her. Caring-for students was also demonstrated by each of the participants in the way they tried to assist them in their transition from practicing nurse back to student. For example, Clara, Jessie, and Aubrey all described the importance of encouraging learners to be patient with themselves.

Participants also brought their caring for students in their teaching practices by setting high standards for students and requiring that they be accountable for them. In Gillman's (2021) study, caring teachers promoted student growth and self-worth, both of which, according to

Paterson and Crawford (1994) and McDonald (2004), require that the teacher set clear expectations and support the student to meet them. Francesca's description of the teaching/learning relationship as a "partnership" where both learner and teacher share responsibility for learning echoed her colleagues and embodies Roach's six Cs of caring (2002). Yet all the participants talked about facilitating and coaching in order to support students' success in different ways, such as extending deadlines, helping learners who were struggling, boosting learners' confidence through levelled and scaffolded assignments, and even providing "pep talks" as Jessie called them.

The participants' value on relationality and caring for their students was rooted in their backgrounds as specialty nurses (Cook & Peden, 2017; Doane & Varcoe, 2015), and was threaded throughout all the phases of learning to teach. Even so, as participants progressed through the phases of learning to teach and teaching as relationship became more prominent, "caring-for" (Noddings, 2002) learners began to show up in their teaching philosophies in a more learner-centred way. A clear example is provided in Jesu's story when she shared that she now looks "for the good, rather than the mistakes" in students' work, preferring instead to build rather than tear down.

In this study, caring-for students helped to determine the context in which the participants learned and enacted their teaching. Caring shaped the nature of decisions that they made about their learners and about their teaching behaviours. In doing so, participants fostered learners' growth and worked with students to achieve levels of competence they felt were required for their nursing specialties. In this way, their caring for students also demonstrated their caring for the profession. It was also important for the participants that they cared for their profession through their own professional competence, which I discuss next.

Caring as competence. Over 25 years ago, a study by Paterson and Crawford (1994) revealed that nursing students perceived their teachers' competence as an essential component of teachers' caring, a finding that has also been demonstrated in more recent nursing education literature (Gillson, 2021; Jennings, 2017; McDonald, 2004). Lending support to Roach's (2002) conceptualization of the attributes of caring, professional competence arose as another frame for learning to teach specialty nursing through caring. The idea of caring as competence is intertwined with caring for the profession, and it was the desire to grow professionally that prompted the participants to transition to teaching specialty nursing regardless of their background and experience. Once in the job, participants expressed ongoing worry over doing the job "right" (Arya) in their desire to be a "good teacher" (Francesca), reflecting their ongoing commitment and conscience as caring attributes. Participants' dedication to their professional competence as specialty nursing educators was challenged by the lack of guidance and structured processes in specialty nursing education both when they first transitioned into the role and later as they continued teaching. Adding to this ongoing frustration was the negligible amount of feedback they received from leadership or peers concerning their performance.

Participants worried about their competence in terms of their knowledge and judgement in assessing learners formally. The ramifications of being inaccurate in their formal assessments were severe enough that participants struggled with the weight of this responsibility. There was a tension experienced between caring for the learner who was undergoing a difficult, time-pressured and high-stakes program, and caring for the profession, both in terms of accurately assessing learners' competence regarding patient safety, but also in terms of participants' sense of professionalism. Clara and Aubrey had even lost sleep over evaluating students.

Clinical competence in each specialty, or "street cred" was frequently cited by the participants as something that they considered a necessary component of their teaching role and the difficulty some experienced in maintaining this competence was often a source of anxiety. Although some participants felt that their previous clinical experience was enough to provide them not only "street cred" but also enough practical experience and *night shift stories* to draw upon as a foundation to teach, others felt differently. Aubrey, for example, was more concerned about her competence as a teacher than as a clinician, while Clara felt that her teaching abilities had been honed to a point that the actual currency of her clinical competence was not relevant. However, regardless of the currency of clinical expertise, their grounding and competence in clinical practice allowed the participants to demonstrate their knowledge and their love of their profession, as well as to role model professional behaviour. Competence as caring was thus woven into the care faculty demonstrated for both their profession and for their students.

Caring for self. Evident throughout the participants' stories was the stressful nature of the process of learning to teach, beginning in the first phase when most felt overwhelmed and lost, and continuing throughout all the remaining phases, particularly in dealing with ongoing external sociopolitical pressures, of which the COVID-19 pandemic has only exacerbated. Another aspect of framing learning to teach specialty nursing through caring was the participants' experience of care for themselves. In this frame, many participants spoke of the duality of being both the one-caring and the one cared-for (Noddings, 2013). To this end, participants spoke of needing to be patient with themselves, and allow themselves the space to learn and grow, even as their expertise has grown. Given perceived limitations in their knowledge for some, and definite limitations in time and resources for others, participants spoke of the need to keep their expectations of themselves reasonable and show compassion for

themselves in the process. This was clearly exemplified in Aubrey's case, with her articulation that she needs to care for herself as much as she does for her learners. Caring for self as part of learning to teach was also reflected in participants' ongoing commitment and conscience as professionals, with all participants expressing their desires to continue to expand their knowledge, practice and scholarship despite little opportunity or support to do so.

The notion of caring for self as a frame in learning to teach is particularly interesting because it seems to appear as a response to an *absence* of feeling cared-for. In other words, the participants felt that they cared for their learners but did not consistently feel cared-for themselves. In their analysis of caring in nursing education, Paterson and Crawford (1994) noted that in order for faculty to care for students, they must feel cared for and valued by their colleagues, students and administrators. Other studies have had findings that are congruent with Paterson and Crawford's claim, noting that whether faculty felt cared-for influenced their satisfaction and even intent to stay in their teaching roles (Bittner and O'Conner, 2012; Boamah et al., 2021; McDonald, 2004; Weidmann, 2013). An absence of feeling cared-for was clearly apparent in participants' stories in this study, with participants noting the perception of the primacy of operations vis-a-vis the constant pressure of meeting Health Authorities' needs, as well as the lack of time, resources, guidance, feedback, and mentorship to help them in their journeys, not only to learn the ropes but to grow and thrive. A lack of caring was also felt by some participants in a lack of recognition and voice within the greater academic community. None of the participants indicated a decrease in their desire to care for students, unlike Paterson and Crawford's (1994) contention, but the perceived lack of caring challenged their continued growth in their journeys. In fact, not feeling cared-for is reflected in the overwhelming response to my recruitment email inviting these specialty nurse educators to share their story.

In summary, framing learning to teach in specialty nursing through caring is a key finding of this study. Caring shaped the participants' interactions with students, their views of specialty nursing as a profession, and their own desires to be competent specialty nursing educators. Further, framing learning to teach through caring provides insight into the participants' experience of needing to feel cared-for. I now turn to the final key finding of this study, Learning to Teach as a Relational Process.

Learning to Teach Specialty Nursing as a Relational Process

This study has illuminated learning to teach specialty nursing as an undeniably complex and even messy process. However, regardless of this complexity, a significant feature of the participants' stories of learning to teach is that this learning primarily occurred through relationality; within the context of relationships. The connections and relationships participants held and enacted with clinical and teaching colleagues, with students, and even with me as researcher reflect what Thayer-Bacon (2004) referred to as a relational epistemology, or an approach to knowing that highlights that knowledge is socially constructed by embodied people as they have experiences with each other and the world around them. The notion of relationality refers to connectedness; a view of the world that underlines how no person or thing exists in isolation because existence itself necessarily means being in relationship (Wijngaarden, 2022). In Indigenous epistemologies and worldviews, interconnectivity, relationality and holism are fundamental principles (Antoine et al., 2018; First Nations Education Steering Committee, n.d.), and although this study does not focus on Indigenous matters, I feel it is absolutely essential that I acknowledge this important point. From this frame, a focus on relationality fosters an understanding of oneself as "existing within a broad web of entangled actors, reliant, interdependent and interconnected to one another" (Gravett, 2023, p.32).

A relational epistemology naturally underpins relational learning and pedagogy. Relational learning views learning as a social and interactive process that occurs in the context of relationships. Groen and Kawalilak (2020) noted that elements of relational learning can be found in many traditional, foundational, and contemporary adult learning theories, recognizing that relationality encompasses all aspects of learning and is deeply interconnected with how adults learn. Similarly, relational pedagogy is also rooted in relational epistemology. Bovill (2020) wrote that relationships are "at the heart of teaching" (p. 3) and highlighted that a meaningful connection must be established between teachers and learners as well as between learners and peers for effective learning to take place. In this study, it was clear that there was a strong connection between learning to teach and relationality. The relationships the participants engaged in were crucial in all phases of learning to teach.

Learning Through Relationships With Peers. Throughout all the interviews and conversations with the participants, the words "relational" and "relationship" came up repeatedly in different contexts. As I discussed in Chapter Four, in later phases of learning to teach, the participants approached and anchored their teaching through building on their relational selves and relational practice as nurses. Relationship was the context and modality through which teaching occurred. Yet all participants not only approached actual teaching through relationship, but it was evident through our conversations that they learned to teach through relationship as well. Although no participants received a formal orientation nor had a formal mentor, relationships that they developed with peers deeply impacted their learning. Beginning in the first phase, participants reached out to peers for support whenever they could, particularly as none received formal feedback from peers or leadership. For those participants who started by teaching clinically, such as Clara and Aubrey, reaching out to other clinical instructors was

imperative to stay afloat. Through dialogue with other clinical instructors, Clara and Aubrey were able to build an understanding of what they should expect of students at various levels in their programs, and how to handle various student issues that arose. Other participants who started in faculty roles reached out to peers to help them with day-to-day questions, or to validate their decisions and ideas, which in turn increased their confidence as they learned to teach. As participants progressed through the phases of learning to teach, each still relied on relationships they established with colleagues to inform and grow their teaching expertise. Javeena, whose specialty program was very small, often relied on establishing relationships with colleagues in other programs and in practice areas to help her continue to build her teaching. The importance of these relationships was highlighted particularly for Francesca and Aubrey during the isolation of the early days of the COVID-19 pandemic, when it became more challenging to have informal, spontaneous dialogue. These smaller moments of relationality were particularly valued by participants as way of learning to teach in all phases. This is highlighted in Aubrey's case when she described the isolated physical location of her office as preventing her from having those spontaneous informal learning conversations.

According to Gravett et al. (2021), relational learning and relational pedagogy is foregrounded in scholarship exploring ethics of care in learning and teaching. Given that a key finding of this study is learning to teach through caring, it makes sense that participants themselves learned to teach through relationship. It also highlights the importance of connections and relationships that occur at the micro level. These micro-moments of connection and relationship are a powerful opportunity to make someone feel valued (Schwarz, 2019) or in other words, cared-for (Noddings, 2013).

Learning Through Relationships With Students. All the participants considered relationality and relationships with learners as key to their teaching approaches, although this tended to become evident to the participants in the later phases of learning to teach. However, participants also learned how to teach through these relationships as well. If we consider relational learning as a social and interactive process that occurs in the context of relationships, the very nature of the connection between the teacher and learner will result in socially-constructed knowledge (Thayer-Bacon, 2004). In this study, participants frequently talked about "learning together" with students through various shared experiences. This experiential learning grounded in and experienced through relationship, was evident in the cases of Jessie and Aubrey, who both detailed some challenging experiences with some individual learners. Although the examples were very different, both participants relationally engaged with the students in a way that both the students and the teachers came away from the experiences feeling they had learned.

Receiving student feedback, whether formal or informal, was another way that participants learned to teach through relationship with students. While formal student feedback was relatively rare unless participants sought it out, there were several instances of receiving informal, often unsolicited, feedback. For some participants, such as Arya and Javeena, student feedback served as a micro-moment of relationship (Schwarz, 2019) that served to prompt them to reflect on their teaching practices and what they could change or improve.

Learning Through Relationship with Researcher. Narrative learning theory purports that the process of narrating an experience is how learners make meaning of it. The construction of the narrative, or the "languaging" of the story is necessary to make the experience accessible to the learning (Clark & Rossiter, 2008). In this study participants developed insights and made deep connections not only through the telling and re-telling of their stories, but also through the

co-construction of this understanding in the context of relationship with me as inquirer. Gravett (2023) notes that developing meaningful connections and relationships with colleagues is typically difficult in contemporary post-secondary institutions where the influence of neoliberalism and the marketization of higher education has become entrenched, but that relational pedagogies are even more important in such unsettled times. In this study, all participants were very clear that the interview processes provided them a welcomed opportunity to share their stories with someone interested to hear them. Arya even thanked me for the opportunity to share her story. Yet they were also clear that the interviews also gave them the space to reflect on learning to teach, pushing them to deeply consider the meaning this ongoing experience held for them. For Aubrey, Jesu, and Francesca, this re-storying was deeply transformative. In this way, they learned through our inquiry relationship, as I did too.

Summary of Discussion

I have discussed the findings of this research in light of the conceptual framework and highlighted key findings that further extend our understanding of learning to teach in specialty nursing. This research demonstrated that learning to teach in specialty nursing is a complex, multi-dimensional, holistic experience that dynamically unfolds in series of phases not bounded by specific timeframes. Anchoring in both their specialty nursing practice and their own educational experiences, specialty nurse educators constructed their learning through relationships and through the frame of caring. The transition from expert clinician to novice specialty nurse educator was difficult for most in the early phase. Without a framework or set of abstract principles to reference, most relied on their own educational experiences through an apprenticeship of observation or trial and error to teach. Yet, participants also drew on their specialty nursing knowledge and practice to help them construct their knowledge, practice, and

experience in learning to teach. As participants progressed through the phases of learning to teach, they also moved toward competent, proficient, and finally expert teaching practice, basing their teaching practices and decisions on past, concrete teaching examples of their own as well as their specialty nursing practice and knowledge. However, this progression was not consistent between participants, nor was it consistent across the multiple teaching roles and contexts within which the participants learned to teach. Even so, participants engaged conscious reflection in each phase, which helped them come to understand and value their practical, tacit, embodied knowledge. It also helped them clarify their teaching philosophies, beliefs, and values. The value participants placed on relationality and caring were threaded throughout each phase, and as these phases unfolded, the participants became progressively more learner-centred.

Becoming a specialty nursing educator was described in various ways and to differing degrees by the participants. Some embraced an educator identity wholly, some integrated their specialty nursing identity together with an educator identity, and some struggled to accept an educator identity, feeling a loss of their specialty nursing identity. Here, it was evident that emotion played a very important role in developing an educator identity as well as influencing the development of their teaching knowledge and practice. The other key component in developing a specialty nursing educator identity was socialization into the role, which highlights the important influence of relationship in learning to teach in this context.

There were both internal and external factors that could act alone or together to either help or hinder participants' process of learning to teach specialty nursing. Participants described a lack of curricular, pedagogical, and sometimes even content knowledge. Unfortunately, available resources to address these gaps were not contextualized to specialty nursing, challenging the development of their pedagogical content knowledge. There was a lack of

guidance throughout all phases of learning to teach. In the earliest phases, when participants felt most lost and overwhelmed, a lack of a framework or even guidelines hindered their process of learning to teach. In later phases, participants leaned on concrete examples from their teaching experiences to guide their practice and also integrated knowledge they had gained through graduate study into their practice, but did not receive guidance or support from anyone to help them advance their teaching practice or scholarship. A further drawback was not having formal feedback from peers or leadership at any phase. Having access to a mentor may have helped mitigate some of these impediments to learning to teach, but no participants had access to a formal mentorship. However, those who did find some informal mentorship with more experienced faculty found the guidance, feedback, dialogue, and role modelling within these relationships significantly helped their process of learning to teach. In fact, relationships with students and peers were pivotal in helping participants learn to teach in specialty nursing. These relationships were not always long-term or even particularly close; at times relationship with colleagues was experienced within micro-moments of connection. These moments translated into a sense of feeling cared-for, supporting their learning.

Finally, the sociopolitical context in which the participants learned to teach specialty nursing shaped and hindered their process of learning to teach in all four phases. The constant pressures created by trying to meet the needs of the Health Authorities coupled with few and non-contextualized resources or support challenged the participants. This was further exacerbated by the experience of not feeling supported or cared-for by leadership, the healthcare system, and the greater academic community.

In view of these findings, it is apparent to me that there is considerable meaning for specialty nursing education and beyond. To that end, I will discuss relevant implications and

recommendations for future practice, education, and research. But first, I note the limitations of the study.

Limitations

There are limitations to this study. First, as a feature of qualitative research and particularly narrative inquiry, as well as the delimited context that focused only on the Specialty Nursing Department at BCIT, the findings are not generalizable to specialty nurse educators in other settings. Narrative inquiry is focused on the understandings gleaned from the participants' personal storied experiences and reflections, and does not imply causation or generalizability (Cohen et al., 2018; Creswell & Poth, 2018). However, the intent of the study was to explore the experiences and stories of specialty nurse educators as they learned to teach. Those experiences are highly personal and value-laden. It was through the richness of the participants' stories that I was able to gain a foundational understanding and appreciation of these experiences. Similarly, it is difficult to provide empirical truth or validity, but in a study of human experiences there is no single absolute truth (Creswell & Creswell, 2018; Merriam & Tisdell, 2016). Instead, multiple realities that are socially constructed and individually understood exist (Young & Collin, 2004).

The sample size of this study was small, with only seven participants. However, this was appropriate for narrative inquiry methodology (Clandinin, 2006) and also manageable for the time I had to complete this dissertation. Even so, I am curious if experiences would be similar and if I would co-construct the same interpretations if the sample size were larger. The study sample was limited to participants who were specialty nursing educators, but there are other professions that rely on practitioner expertise rather than pedagogical knowledge to teach new practitioners of the discipline. I am curious if similar service professions, such as social work or medicine, would find the same results. Finally, the fact that all the participants came from the

same Specialty Nursing Department is a limitation. While this was an intentional choice as they were the population of interest, this could account for specific social construction of values, ethics, or beliefs at play in the stories. I now wonder if the results would be similar or different if the participant group was extended to specialty nursing educators outside this context.

In qualitative research, the researcher brings themself to the process as primary instrument. Narrative inquiry is a relational process that is a collaboration between the researcher and participants (Clandinin & Connelly, 2000), and involves stories from the participants woven with my own. The reality of qualitative research is that researcher biases and prejudices impact interpretation of data (Bloomberg & Volpe, 2019). As researcher, I cannot disentangle myself from the storytelling process, however I recognize and acknowledge that my interpretations involve my own biases.

In narrative inquiry, there are different analytic approaches that may be used by researchers. For example, Clandinin and Connelly (2000) describe their three dimensions of space analysis, including inward/outward, backwards/forwards, and situated in space. In this study, I chose to use thematic analysis as the analytical approach. While thematic analysis may have illuminated new understandings of learning to teach in specialty nursing, it may have done so in a way that is specific and unique to that particular analytic approach. My choice to use this approach instead of another may have allowed me a lens that illuminated certain aspects of the data while dimming the focus on other aspects.

Finally, there is a unique limitation associated with conducting research with colleagues and the potential ethical complexity this may create. Although I was not in a position of power over the participants, I did have a pre-existing relationship with each. This relationship allowed for trust and rapport as well as deep engagement in the storying and re-storying of their

experiences. However, in sharing these deeply meaningful personal experiences with me, participants allowed themselves to become vulnerable in the process. Being entrusted with these personal stories is a weighty responsibility and has required great care on my part as researcher to ensure their confidentiality while still writing authentically.

Implications and Recommendations

There is significant importance in understanding the process of learning to teach as a specialty nursing educator, particularly in the face of the severity of the ongoing global nursing shortage and parallel nurse educator shortage. Given the paucity of studies that consider the process of learning to teach in nursing education beyond initial transition, and the absence of studies exploring this process in specialty nursing education, I believe that we are just at the beginning of stages of understanding this holistic process. While completing this study has begun to inform me, it has also raised further questions. Here I discuss the implications of this study's findings in relation to specialty nursing education, professional bodies for nursing and nursing education, and specialty nursing administration and leadership. I then offer recommendations for scholarship and future research.

Specialty Nursing Education

Findings from this study clearly indicate that learning to teach specialty nursing is a complex, holistic process that unfolds over time and involves the whole person. The process of learning to teach specialty nursing is not reducible to the simple acquisition of pedagogical competencies, nor is it limited to new role transition. As such, learning to teach in the specialty nursing context should not be left up to chance. There is a clear need for ongoing faculty supports.

None of the participants in this study received a formal orientation. A one-day department-level orientation has since been developed for new faculty members at BCIT. While this is commendable, orientation to this new role requires a greater scope to help ease the stress and uncertainty of the early phase of learning to teach specialty nursing. Specialty nurse educators would benefit from the implementation of a structured faculty development pathway to intentionally provide support, along with an allowance of time for learning and a lighter workload. For specialty nurse educators in these overwhelming early phases of learning to teach, this pathway should be structured and guided in collaboration with a senior faculty or faculty development support person. Since novice practitioners lean on abstract principles to make decisions and take action (Benner, 2001), they should be provided formal education such as teaching strategies, assessment of learning, managing contextual dynamics, all contextualized to the specifics of specialty nursing education as well as program and department policies. Being explicit with understanding the transitional process involved in moving from expert clinician to novice educator would also support new specialty nurse educators as they build the foundations of their knowledge and practice and navigate transition and socialization into their new role (Murray et al., 2019). However, a faculty development pathway must be sustained to continue to support specialty nurse educators throughout all phases of learning to teach, assisting them to meet their ongoing development needs and challenges. While some progress in this regard has been made at BCIT with the development of a professional development assessment planning tool and various workshops, specific structured faculty development options and resources should be developed for specialty nurse educators in later phases of learning to teach. These could be designed as microcredentials targeted to the self-identified needs of these more-experienced educators. For example, since the findings of this study indicate that in later phases

of learning to teach, participants became more reflective about theoretical pedagogical knowledge they had obtained and its influence on their own teaching and learning practices, a microcredential could be offered in more advanced adult education theory with application to practice. Again, it is important that both space in workload and appropriate time is dedicated for this type of ongoing development work.

Regardless of where faculty are in their learning to teach journeys, they should be provided with regular feedback on their teaching and other work. This feedback should come from structured student, peer, and faculty development support evaluations. Again, it is important that faculty be provided adequate time both to give and receive feedback. This feedback could serve to provide faculty a point of entry to self reflection, potentially enhancing not only their practice but possibly the development of their educator identity as well (Loughran, 2011).

A structured mentorship program would help nurture and support novice specialty nurse educators. There is ample literature that endorses the use of mentorship to support and develop new nurse educators during transition from clinical practice to education (Dahlke et al., 2021; Nowell, 2017; Smith et al., 2023). However, given that one of the findings in this study is that experienced educators also greatly desired mentorship, a mentorship program grounded in adult education principles should be created for these educators as well. While mentorship is commonly associated with junior or new faculty, there are mentorship models that are suitable for those with more experience, such as peer mentorship, group mentorship or even constellation mentorship models (Nowell, 2017). Providing mentorship education and programming using an adult education approach would “emphasize that education does not end” with the initial orientation (English,1999, p.199). Faculty in the later phase of learning to teach specialty nursing

may also be interested in serving as mentors to newer faculty, allowing them to engage in ongoing care for their profession.

Many participants in this study regarded clinical competence as a crucial element of their teaching role, and the challenges some faced in upholding this competence were frequently a source of concern. Although there is professional development time available to specialty nursing educators that can be used to maintain clinical competency, typically workload does not allow for clinical shifts to be completed unless educators use their own personal time. Further, it is up to individual specialty nursing educators to negotiate and organize with various health agencies, and in many cases, overburdened units cannot accommodate these needs unless the educators are willing to take second jobs in these units to fill staffing needs. Partnerships with health care agencies should be established to allow specialty nursing educators to practice clinically in a structured, regular schedule to maintain clinical competence without the requirement of committing to employment with them.

Given that two key findings of this study include learning to teach through caring and learning to teach through relationship, communities of practice need to be created that welcome new specialty nurse educators as well as support experienced specialty nurse educators. These communities of practice would foster a sense of being cared-for as well as a sense of belonging. Further, they would create possibilities for establishing connection within which the opportunity for learning through relationship can occur. Brookfield (2012) suggested that the creation of a peer learning community allows both experienced and newer participants to learn from each other through sharing of experiences, dialogue, and modeling team learning, as well as being emotionally sustaining. The creation of these supportive community environments would assist

both new and experienced specialty nurse educators in reaching their full potential as specialty nursing educators.

Finally, specialty nursing educators need to produce scholarship, such as research, publications, and conference presentations based in their specialty education knowledge and practice. Such scholarship must be distributed broadly in nursing education and higher education, not only to raise the profile and contribute unique knowledge of specialty nursing education, but also to advance specialty nursing educators' own development.

Specialty Nursing Administration and Leadership

The findings of this research have implications for specialty nursing administrators and leadership. While there has been a recognition that there is a need for faculty development support, as evidenced by the creation of the position I currently hold as faculty development lead for the Specialty Nursing Department, and the recent creation of a simulation education position, efforts have been not been comprehensive or holistic. The findings of this study clearly indicate that learning to teach specialty nursing is a holistic process that involves many different intertwined dimensions, each requiring support. The creation of a comprehensive faculty development pathway, as previously discussed, needs to be supported by specialty nursing administration and leadership by providing the necessary funding and staffing. Further, considering that faculty in later phases of learning to teach have expressed ongoing support needs, administration and leadership need to consider ways to allow for these educators to expand their knowledge, practice, and scholarship, by including dedicated time and space in their workloads to do so.

Participants in this study did not consistently feel cared-for in their faculty roles, and this challenged their ongoing journeys of learning to teach. In discussing relational pedagogy and

faculty experiences, Gravett (2023) states that "...individuals matter: their voices, experiences, preferences, thoughts, actions, connections and relationships – despite the prevalence of dominant discourses that might fail to listen" (p.27). Academic leaders and administration should prioritize values such as connectedness, relationality, community and mattering. Beyond providing funding and protected time for such activities, administration and leadership should actively promote a culture that fosters ongoing development. An involved administration and leadership team that provides regular feedback and input into faculty development and advocates for the recognition and advancement of specialty nursing education, demonstrates caring-for their staff.

Professional Bodies for Nursing and Nursing Education

In this study, participants identified feeling a lack of acknowledgement or recognition as educators in general, with an accompanying sense of lack of voice. Specialty nursing education is not standardized in Canada. CASN, the national accrediting body for nursing education in Canada, does not recognize post-licensure specialty nursing education. Professional bodies should fully recognize specialty nursing education outside the traditional settings of undergraduate and university programs. Participants described having unique needs for learning to teach in their specialized areas of knowledge that should be acknowledged and supported. Further, specialty nursing educators serve in the role of teachers, and what they know about teaching and learning in the context of specialty nursing is an untapped resource from which all nursing education can benefit.

Recommendations for Scholarship and Future Research

Specialty nursing education is an understudied area, and more research is needed to understand specialty nurse educators' experience as this study was only preliminary, although

foundational, work. Here I propose potential future studies and areas for study based upon the work I have presented throughout this dissertation.

This study was conducted amongst seven specialty nurse educators from different specialty programs from the Specialty Nursing Department at BCIT over the course of a few months. It would be interesting to complete a study with a broader scope and larger sample involving specialty nurse educators from other contexts such as other colleges, and hospital-based specialty nurse educators to generate richer findings and further inform practice. For instance, how does the context of teaching practice influence the process of learning to teach specialty nursing? Future studies might focus on what is the experience of hospital-based nurse educators and other healthcare professions such as social work or medicine in learning to teach. Results from this type of study, along with the results discussed in this dissertation, could inform the training and preparation of future health care education providers, perhaps even in an interdisciplinary fashion.

Learning to teach through relationships was a key finding in this study. Future research should explore the nature of these relationships and how they impact specialty nurse educators' teaching. For example, learning through "night shift stories", as the participants did in this study would be an interesting and worthwhile inquiry. It would also be interesting to explore the specialty nursing students' experiences of learning through relationships. Similarly, although there is an established body of research on mentorship in nursing academia, much relates to new nurse educators. Given that the results of this study showed experienced specialty nurse educators still desired mentorship relationships, it would be interesting to explore mentorship with this population. Results could inform faculty development strategies in specialty nursing education and may stimulate related research in pre-licensure nursing education as well. Study

participants also identified that connections with others promoted a sense of belonging, which afforded them the feelings of safety and trust necessary to ask questions and begin to forge a path as a specialty nurse educator. It would be worthwhile to explore the concept of belonging and how it influences one's experience and formation of identity as a specialty nursing educator. Many participants had strong emotional responses talking about the integration or non-integration of their specialty nursing identity and their educator identity. It would be very interesting to study the role emotions play in developing an educator identity.

Specialty nurse education is not well-recognized or well-understood. It would be worthwhile for future studies to explore the pedagogical content knowledge of specialty nursing educators in different teaching and learning contexts. Results could inform specialty nursing education approaches, practice and policy. However, even as I consider this possibility, I am reminded that although my conceptual framework was very valuable as a lens that allowed examination of the process of learning to teach from a holistic perspective, it had some deficiencies. It would be very beneficial for future studies to further explore this process in both general and specialty nursing in order to lay the groundwork for further scholarship in theorizing learning to teach in nursing and specialty nursing education.

It is clear through the stories and findings of this study that a longitudinal faculty development pathway in specialty nursing education is needed. The results of this study have led me to conclude that such a pathway needs to be developed, but that it needs to be responsive to the changing needs and learning approaches of specialty nurse educators as they progress in the journeys of learning to teach. I further suggest that this could be done as a participatory action research project. Involving participants in the design of the research and the pathway as well as its future iterations would not only meet that goal, but it would also do so via one of the key

findings of this study: learning through relationship. This type of research project would further tap into the wealth of unique knowledge specialty nursing educators possess and add to the greater body of knowledge and scholarship in nursing and adult education

Finally, it is important for me to acknowledge at this point that I entered this research with a particular ontological and epistemological perspective. As a pragmatist with a social constructivist lens, I designed and approached this study in a particular way. Future research studies could approach the original research problem using a different ontological and epistemological paradigm and a different commensurable methodology. For example, issues of power and voice came to the fore in the stories of the participants, which leads me to think that it would be worthwhile to approach a similar study with a critical or feminist lens. It would be very interesting to consider what such research may find.

Conclusion

For me, the original impetus to study how specialty nursing educators learned to teach was rooted in my own experience and story as a specialty nurse educator. As a pragmatist, unsurprisingly my intent in undertaking this study was practical: I wanted to create a foundational understanding of specialty nurse educators' process of learning to teach in order to facilitate approaches to faculty development that would assist both new and experienced specialty nurse educators to develop and refine a sound pedagogical basis to assure quality education in specialty nursing. However, the underrepresentation of specialty nursing education in the existing literature also spurred me to explore their stories in a way that provided voice to their experiences. This is where my inquiry into their stories of learning to teach began.

In this narrative study, I have explored and presented the co-constructed storied experiences of seven experienced specialty nursing educators as they learned to teach in a

specialty nursing department. Through the process of thematic analysis, I interpreted patterns of thinking, knowing, being, and doing in the participants' journeys learning to teach. These patterns unfolded over a series of non-time bounded phases, much like chapters of a novel.

The results of this study illuminate for specialty nursing education, leadership, and professional bodies in nursing, the holistic process specialty nursing educators undergo in learning to teach. A structured faculty development pathway designed specifically for those who teach in the context of specialty nursing education, as well as supports for teaching practice and the specialty nursing educators who engage in that practice, have been proposed. These are based on the central findings that learning to teach specialty nursing is a holistic process and occurs both through relationship and through caring. The results of this study contribute to a broader understanding of teaching and learning as a practitioner of a discipline outside education and may inform both higher education and nursing education knowledge. Further research can inquire into the process of learning to teach specialty nursing in other contexts, the nature of learning through relationship, the role of emotion on developing an educator identity, and the concept of belonging in learning to teach and the formation of educational identity. Other research endeavours with other health care professions, such as social work or medicine, may be informed by the approach and results of this study.

The Specialty Nursing Department at BCIT provides specialty nursing education in 11 specialty programs to almost 1000 students annually in British Columbia. Post-licensure specialty nursing education is also provided in other institutions and agencies in all other provinces. Collectively, specialty nursing educators likely teach thousands of nurses across the nation. Their impact on the profession is presumably extensive, yet their experiences are underrepresented in the literature. My hope is that this study offers insights for our praxis in

specialty nursing education to support specialty nursing educators in their journeys of learning to teach, and starts a dialogue in nursing and nursing education that recognizes the value of these educators' unique knowledge, experiences, and stories.

A Final Reflective Space

We all ache for stories because we ache for connection. We all crave community, and it is stories, once shared, that bond us.
— Robert Van Camp, *Gather: On the joy of storytelling.*

∞∞∞∞∞∞∞∞∞∞∞∞∞∞∞∞∞∞∞∞∞∞∞∞∞∞∞∞∞∞

As this study and the writing of this dissertation comes to an end, I find myself reflecting on the entirety of the journey. I am struck by parallels between the process of learning as novice researcher with the process of learning to teach specialty nursing. The depth to which my participants helped me to answer the research questions was both amazing and deeply gratifying. Like learning to teach, it was through caring and through relationship that the research journey unfolded. The narrative inquiry, and the writing of this dissertation, has unfolded holistically, from the middle-of –the night thunderbolt realizations, the tears of frustration, to the giddy joy of seeing connections. All told, this journey has involved my mind, my body, and my spirit.

I have been privy to the deeply personal lived experiences of the participants through conducting this study, and I hope that honouring the narratives of these specialty nurse educators can lead to deeper inquiry in this under-represented field. A professor once said to me that the biggest change that writing a dissertation will bring about is a lasting change in the researcher. As an educator, I bring my relational self to my work, and I engage in relationship to help both myself and others to learn and grow. I am mindful of the entirety of the persons with whom I learn, aware of that they are holistic beings in the teaching learning relationship, as am

I. I am cognizant of others' trajectory of learning to teach, not only in terms of knowledge and skills that may be acquired, but also of the holistic nature of the experience. As a researcher, I have become a reflective observer and a questioner, thinking and inquiring as to the stories lived around me. I am now in a new place, left with new questions, with new pursuits to follow, and I am changed as a person. I leave with an experience that will stay with me forever and become a part of my story.

ꙮꙮꙮ

References

Allen, K., Gray, D. L., Baumeister, R. & Leary, M. R. (2022). The need to belong: A deep dive into the origins, implications, and future of a foundational construct. *Educational Psychology Review*, *34*(2):1133-1156. https://link.springer.com/article/10.1007/s10648-021-09633-6

Allen, S. (2010). The revolution of nursing pedagogy: A transformational process. *Teaching and Learning in Nursing*, *5*, 33-38. https://doi.org/10.1016/j.teln.2009.07.001

Allmark, P., Boote, J., Chambers, E., Clarke, A., McDonnell, A., Thompson, A. & Tod, A. M. (2009). Ethical issues in the use of in-depth interviews: Literature review and discussion. *Research in Ethics Review*, *5*(2), 48-54. https://journals.sagepub.com/doi/pdf/10.1177/174701610900500203

Almost, J. (2021). *Regulated nursing in Canada: The landscape in 2021*. Canadian Nurses Association. https://www.cna-aiic.ca/en/nursing/regulated-nursing-in-canada

Amott, P. (2018). Identification: A process of self-knowing realised within narrative practices for teacher educators during times of transition. *Professional Development in Education*, *44*(4), 476-491. https://doi.org/10.1080/19415257.2017.1381638

Anderson, J. K. (2009). The work-role transition of expert clinician to novice academic educator. *Journal of Nursing Education*, *48*(4), 203-208. https://doi.org/10.3928/01484834-20090401-02

Annink, A. (2017). Using the research journal during qualitative data collection in a cross-cultural context. *Entrepreneurship Research Journal*, *7*(1). https://www.degruyter.com/document/doi/10.1515/erj-2015-0063/html?lang=de

Ariste, R., Béjaoui, A. & Dauphin, A. (2019). Critical analysis of nurses' labour market effectiveness in Canada: The hidden aspects of the shortage. *International Journal of Health Planning Management, 34*, 1144-1154. https://doi.org/10.1002/hpm.2772

Ayed, A. & Khalaf, I. (2018). The outcomes of integrating high fidelity simulation in nursing education: An integrative review. *Open Journal of Nursing, 8*, 292-302. https://www.scirp.org

Bagley, K., Hoppe, L., Brenner, G. H., Crawford, M. & Weir, M. (2018). Transition to nursing faculty: Exploring the barriers. *Teaching and Learning in Nursing, 13*(4), 263–267. https://www.sciencedirect.com

Balmer, D., Hirsh, D., Monie, D., Weil, H. & Richards, B. (2016). Caring to care: Applying Noddings' philosophy to medical education. *Academic Medicine, 91*(12),1618-1621. https://www.ingentaconnect.com

Baumgart, A.J. & Larsen, J. (1992). *Canadian nursing faces the future.* (2nd ed.). Mosby.

Benner, P. (1982). From novice to expert. *American Journal of Nursing, 82*(3), 402-407.

Benner, P. (2001). *From novice to expert: Excellence and power in clinical nursing practice.* (Commemorative Edition). Prentice-Hall.

Benner, P., Sutphen, M., Victoria, L., & Day, L. (2010). *Educating nurses: A call for radical transformation.* Jossey-Bass.

Benner, P., Hooper-Kyriakidis, P. L., & Stannard, D. (2011). *Clinical wisdom and interventions in acute and critical care: A thinking-in-action approach*. (2nd ed.). Springer.

Bittner, & O'Connor, M. (2012). Focus on retention: Identifying barriers to nurse faculty satisfaction. *Nursing Education Perspectives, 33*(4), 251–254. https://journals.lww.com

Bloomberg, L. D. & Volpe, M. (2019). *Completing your qualitative dissertation: A road map from beginning to end.* (4th ed.). Sage.

Boamah, S., Callen, M. & Cruz, E. (2021). Nursing faculty shortage in Canada: A scoping review of contributing factors. *Nursing Outlook, 69*(4), 574-588. https://doi.org/10.1016/j.outlook.2021.01.018

Bohlender, D. J. (2014). Nurse faculty mentoring: Job satisfaction and mentoring of nurse educators in a baccalaureate nursing program [Doctoral Dissertation. Capella University].

Booth, T. L., Emerson, C. J., Hackney, M. G. & Souter, S. (2016). Preparation of academic nurse educators. *Nurse Education in Practice, 19*, 54-57. https://www.sciencedirect.com

Bostock, J. (2019). Exploring in-service trainee teacher expertise and practice: Developing pedagogical content knowledge. *Innovations in Education and Teaching International, 56*(5), 605-616. https://www.tandfonline.com

Both-Nwabuwe, J., Dijkstra, M., Klink, A., & Beersma, B. (2018). Maldistribution or scarcity of nursers? The devil is in the detail. *Journal of Nursing Management, 26*(2), 86-93. https://doi.org/10.1111/jonm.12531

Bovill. C. (2020). *Co-creating learning and teaching: Towards relational pedagogy in higher education.* Critical Publishing.

Boyd, P. & Harris, K. (2010). Becoming a university lecturer in teacher education: Expert school teachers reconstructing their pedagogy and identity. *Professional Development in Education, 36*(1-2), 9-24. https://www.tandfonline.com

Boyd, P. (2010). Academic induction for professional educators: Supporting the workplace learning of newly appointed lecturers in teacher and nurse education. *International Journal for Academic Development, 15*(2), 155-165. https://www.tandfonline.com

Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77-101. https://www.tandfonline.com

Brinkmann, S. (2013). Introduction to qualitative interviewing. In S. Brinkman, (Ed.), *Qualitative interviewing* (pp. 3-45). Oxford University Press.

Brinkmann, S. (2018). The interview. In N. K. Denzin &, Y.S. Lincoln (Eds.), *The Sage handbook of qualitative research* (5th ed.) (pp.576-599). Sage.

Brinkmann, S. & Kvale, S. (2015). *InterViews: Learning the craft of qualitative research interviewing* (3rd ed.). Sage.

British Columbia College of Nurses and Midwives. (2023, February 13). *Quality Assurance.* https://www.bccnm.ca/RN/QA/annual/Pages/selfassessment.aspx

British Columbia Government. (2020, January 13). *Province more than doubles seats in specialty nursing.* [Press release]. https://news.gov.bc.ca/releases.

British Columbia Institute of Technology. (1989). [Annual Report]. *Post-basic critical care specialty education*. (Critical Care Shared Drive: Curriculum). BCIT.

British Columbia Institute of Technology. (2021). *Specialty Nursing curriculum framework.* British Columbia Institute of Technology.

British Columbia Institute of Technology. (2023, March 8). *Careers at BCIT*. BCIT. https://www.bcit.ca/about/careers/

British Columbia Ministry of Health. (2000). *Assess and intervene: A report to the Minister of Health on the recruitment and retention of registered nurses and registered psychiatric nurses in British Columbia.* https://www.crownpub.bc.ca

British Columbia Nurses Union. (2022). *Campaigns and initiatives: Speak up and speak out.* https://www.bcnu.org

Brookfield, S. (2012). Teaching for the health professions. In L. English (Ed.), *Adult education and health* (pp. 143-159). University of Toronto Press.

Bullin, C. (2018). To what extent has doctoral (PhD) education supported academic nurse educators in their teaching roles: An integrative review. *Biomedical Central Nursing, 17(*6). https://doi.org/10.1186/s12912-018-0273-3

Byres, D. W. (2018). *Nursing policy secretariat priority recommendations*. Ministry of Health Province of British Columbia. https://www.deslibris.ca/ID/10095472.

Caine, V., Estefan, A. & Clandinin, D. J. (2019). Narrative inquiry. In P. Atkinson, S. Delamont, A. Cernat, J. W. Sakshaug, & R. A. Williams (Eds.), *Sage Research Methods Foundations*. Sage.

Canadian Association of Schools of Nursing. (2012). *Ties that bind: Evolution of education for professional nursing in Canada from the 17th to the 21st century.* https://www.casn.ca/wp-content/uploads/2016/12/History.pdf

Canadian Association of Schools of Nursing. (2016). *CASN Council report.* https://www.casn.ca

Canadian Association of Schools of Nursing. (2020). *CASN accreditation standards and framework.* http://accred.casn.ca/our-programs/bscn-program/standards/

Canadian Association of Schools of Nursing. (2022a). *National nursing education framework: Final report.* https://www.casn.ca

Canadian Association of Schools of Nursing. (2022b). *Registered nurses education in Canada statistics*. https://www.casn.ca

Canadian Association of Schools of Nursing. (2023). *CASN/ACESI Mission.* Retrieved March 31, 2023, from https://www.casn.ca/about-casn/casnacesi-mission/

Canadian Institute for Health Information. (2022). *Registered nurses: 2021 data tables.* https://www.cihi.ca/en/registered-nurses

Canadian Institutes of Health Research (CIHR), Natural Sciences and Engineering Research Council of Canada (NSERC), & Social Sciences and Humanities Research Council of Canada (SSHRC). (2022). *Tri-Council policy statement: Ethical conduct for research involving humans – TCPS 2.* https://ethics.gc.ca/eng

Canadian Nurses Association. (2009). *Clinical nurse specialist position statement.* Clinical_Nurse_Specialist_Position_Statement_2016.pdf

Canadian Nurses Association. (2018). CNA Network Advisory Committee's definition of specialty nursing practice. https://www.cna-aiic.ca

Canadian Nurses Association. (2019). *Application of the nursing process in a complex health environment*. https://community.cna-aiic.ca/blogs.

Canadian Nurses Association. (2022, October 3). *RN and baccalaureate education.* https://www.cna-aiic.ca/en/nursing-practice/the-practice-of-nursing/education/rn-baccalaureate-education

Canadian Nurses Association (2023a, February 18). *Regulated nursing in Canada.* https://www.cna-aiic.ca/en/nursing/regulated-nursing-in-canada

Canadian Nurses Association. (2023b, March 8). *CNA certification program.* https://www.cna-aiic.ca/en/certification/about-certification

Canadian Nurses Association. (2023c, April 2). *CNA Accreditation program.* https://www.cna-aiic.ca/en/accreditation/accreditation-eligibility

Cangelosi, P. R., Crocker, S. & Sorrell, J. (2009). Expert to novice: Clinicians learning new roles as clinical nurse educators. *Nursing Education Research,30*(6), 367-371. https://journals.lww.com/neponline

Caputi, L. & Ellyn, G. (2010). *Teaching nursing: The art and science.* (2nd ed.). College of DuPage Press.

Cheng, A., Eppich, W., Kolbe, M., Meguerdichian, M., Bajaj, K., & Grant, V. (2020). A conceptual framework for the development of debriefing skills: A journey of discovery, growth and maturity. *Simulation in Healthcare,* 15(1), 55–60. https://pubmed.ncbi.nlm.nih.gov/31743312/

Christ, T.W. (2013). The worldview matrix as a strategy when designing mixed methods research. *International Journal of Multiple Research Approaches, 7*(1), 110-118. https://www.tandfonline.com

Church, J., Gerlock, A., & Smith, D. L. (2018). Neoliberalism and accountability failure in the delivery of services affecting the health of the public. *International Journal of Health Services*, *48*(4), 641–662. https://journals.sagepub.com

Clandinin, D. J. (2006). *Handbook of Narrative Inquiry: Mapping a Methodology.* Sage.

Clandinin, D. J. (2013). *Engaging in narrative inquiry*. Left Coast Press.

Clandinin, D.J. (2019). *Journeys in narrative inquiry: The selected works of D. Jean Clandinin* (1st ed.). Routledge.

Clandinin, D. J. & Connelly, F. M. (2000). *Narrative inquiry: Experience and story in qualitative research.* Jossey-Bass.

Clandinin, D.J., Pushor, D., & Orr, A.M. (2007). Navigating sites for narrative inquiry. *Journal of Teacher Education, 58*(1), 21-35. https://doi.org/10.1177/0022487106296218

Clandinin, D. J. & Rosiek, J. (2007). Mapping a landscape of narrative inquiry: Borderland spaces and tensions. In D. J. Clandinin (Ed.), *Handbook of narrative inquiry: Mapping a methodology* (pp. 35-76). Sage.

Clark, M. C. & Rossiter, M. (2008). Narrative learning in adulthood. *New Directions for Adult and Continuing Education*, (119), 61-70. https://doi.org/10.1002/ace.306

Clochesy, J. M., Visovsky, C. & Munro, C. L. (2019). Preparing nurses for faculty roles: The institute for faculty recruitment, retention, and mentoring (INFORM). *Nurse Education Today*, *79*, 63-66. https://doi.org/10.1016/j.nedt.2019.05.018

Coady, M. J. (2015). From Houle to Dirkx: Continuing professional education (CPE), a critical state-of-the-field review. *Canadian Journal for the Study of Adult Education*, *27*(3), 27–41. https://cjsae.library.dal.ca

Cohen, L., Marion, L., & Morrison, K. (2018). *Research methods in education* (8th ed.). Routledge.

Connelly, F. M., & Clandinin, D. J. (1990). Stories of experience and narrative inquiry. *Educational Researcher*, *19*(5), 2-14. https://journals.sagepub.com/doi/abs

Connelly, F. M. & Clandinin, D. J. (2006). Narrative inquiry. In J. Green, G. Camilli, & P. Elmore (Eds.), *Handbook of complementary methods in education research* (3rd ed.) (pp. 477-487). Lawrence Erlbaum.

Conner, J. & Vary, G. (2017). Confronting apprenticeships of observation: How student-faculty pedagogical partnership complicates conceptualization, understanding, and practice of effective pedagogy. *International Journal for Students as Partners*, *1*(1), https://mulpress.mcmaster.ca/ijsap/article/view/3179/2740

Cook, L. & Peden, A. (2017). Finding a focus for nursing: The caring concept. *Advances in Nursing Science, 40*(1), 12-23. https://journals.lww.com/advancesinnursingscience

Cooley, S. S. & De Gagne, J. C. (2016). Transformative Experience. *Journal of Nursing Education, 55* (2), 96-100. https://oce.ovid.com

Cosentino, C., Artioli, G., Cervantes Camacho, V., Pedroni, E., D'Apice, C., & Sarli, L. (2020). The VaRP project: Qualitative evaluation of the training effectiveness of post graduate specializations for health professionals. *Acta Bio-Medica:Atenei Parmensis*, *91*(6 Suppl.), S106–S117. doi: 10.23750/abm.v91i6-S.10027

Creswell, J. W., & Creswell, J.D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches.* (5th ed.). Sage.

Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry & research design: Choosing among five approaches*. Sage.

Crotty, M. (1998). *The foundations of social research: Meaning and perspective in the research process.* Sage.

Dahlke, S., Raymond, C., Penconek, T., & Swaboda, N. (2021). An integrative review of mentoring novice faculty to teach. *The Journal of Nursing Education*, *60*(4), 203–208. https://doi.org/10.3928/01484834-20210322-04

Daley, B. (1999). Novice to expert: An exploration of how professionals learn. *Adult Education Quarterly (American Association for Adult and Continuing Education)*, *49*(4), 133–147. https://doi.org/10.1177/074171369904900401

de Almeida, P. C., Davis, C., Calil, A., & Vilalva, A. M. (2019). Shulman's theoretical categories: An integrative review in the field of teacher education. *Cadernos de Pesquisa*, *49*(174),130–149. http://educa.fcc.org.br

Denzin, N. & Lincoln, Y. (2011). Introduction: The discipline and practice of qualitative research. In N. Denzin & Y. Lincoln, (Eds.), *The Sage Handbook of Qualitative Research,* (4th ed., pp. 1-19). Sage.

Dewey, J. (1910). *How we think.* D.C. Heath & Co. Available: https://bef632.files.wordpress.com/2015/09/dewey-how-we-think.pdf

Dewey, J. (1938/2015). *Experience and education*. Simon & Shuster: Free Press.

Diekelmann, N. & Lampe, S. (2004). Student-centered pedagogies: Co-creating compelling experiences using the new pedagogies. *Teacher Talk: New Pedagogies for Nursing, 43*(6), 245-247. https://journals.healio.com/doi/abs/10.3928/01484834-20040601-02

Dirkx, J. (2001). The power of feelings: Emotion, imagination, and the construction of meaning in adult learning. *New Directions for Adult and Continuing Education, 89*, 63-72. http://ocu.course.documentation.s3.amazonaws.com

Dirkx, J. (2008). The meaning and role of emotions in adult learning. *New Directions for Adult and Continuing Education, 120,* 77-18. https://onlinelibrary.wiley.com

Doane, G. & Varcoe, C. (2005). Toward compassionate action: Pragmatism and the inseparability of theory/practice. *Advances in Nursing Science, 28*(1), 81-90. https://journals.lww.com/advancesinnursingscience

Doane, G. & Varcoe, C. (2015). *How to nurse: Relational inquiry with individuals and families in changing health and health care contexts*. Wolters Kluwer Health/Lippincott Williams & Wilkins.

Dreyfus, S. E. & Dreyfus, H. L. (1980). *A five-stage model of the mental activities involved in directed skill acquisition.* California University Berkeley Operations Research Center. https://apps.dtic.mil/sti/pdfs/ADA084551.pdf

Duchscher, J. (2008). A process of becoming: The stages of new nursing graduate professional role transition. *The Journal of Continuing Education in Nursing*, *39*(10), 451–452. https://doi.org/10.3928/00220124-20081001-04

Duchscher, J. & Windey, M. (2018). Stages of transition and transition shock. *Journal for Nurses in Professional Development*, *34* (4), 228-232. https://journals.lww.com/jnsdonline

Dunbar, G., Kawar, L.N., & Scruth, E.A. (2019). The transition from expert to novice and back to expert. *Clinical Nurse Specialist: Journal for Advanced Nursing Practice, 33*(3), 106-109. https://journals.lww.com/cns-journal

Dunbar-Jacob, J., & Hravnak, M. (2021). Educating PhD students in research-intensive nursing doctorate programs regarding teaching competencies. *Journal of Professional Nursing, 37*, 241-243. https://doi.org/10.1016/j.profnurs.2020.12.010

Edú-Valsania, S., Laguía, A., Moriano, J.A.(2022). Burnout: A review of theory and measurement. *International Journal of Environmental Research and Public Health,19*(3):1780. https://doi.org/10.3390/ijerph19031780

English, L. M. (1999). An adult learning approach to preparing mentors and mentees. *Mentoring & Tutoring: Partnership in Learning, 7*(3), 195-202. https://www.tandfonline.com/doi/abs/10.1080/1361126990070302

Fanutti, B. (1993). *How nurse educators in associate degree programs learn to teach*. [Doctoral dissertation, Syracuse University]. ProQuest Dissertation and Theses Global.

Fawaz, M.A., Hamdan-Mansour, A.M., & Tassi, A. (2018). Challenges facing nursing education in the advanced healthcare environment. *International Journal of Africa Nursing Sciences, 9*, 105-110. https://doi.org/10.1016/j.ijans.2018.10.005

Fealy, G. Hallet, C., & Dietz, S. (2015). *Histories of nursing practice.* Manchester University Press.

Fenwick, T. (2000). Expanding conceptions of experiential learning: A review of the five contemporary perspectives on cognition. *Adult Education Quarterly*, *50*(4), 243-272. https://doi.org/10.1177/07417130022087035

Fenwick, T. (2001). Experiential learning: A theoretical critique from five perspectives. *Information Series No. 385.* 1-69. Educational Resources Information Center. https://eric.ed.gov/?id=ED454418

Fernández-Basanta, S., Castro-Rodríguez, M., & Movilla-Fernández, M. J. (2022). Walking a tightrope: A meta-synthesis from frontline nurses during the COVID-19 pandemic. *Nursing Inquiry*, *29*, e12492. https://doi.org/10.1111/nin.12492

Fey, M. K., Auerbach, M., & Szyld, D. (2020). Implementing faculty development programs: Moving from theory to practice. *Simulation in Healthcare, 15*(1), 5-6. https://journals.lww.com/simulationinhealthcare

Filkins, J. (2017). A new system for nursing specialisation: The thoughts and opinions of nurses. *Journal of Research in Nursing, 22*(5), 370-371. https://doi.org/10.1177/1744987117707286

Finnell, D. S., Thomas, E. L., Nehring, W. M., McLoughlin, K. A., & Bickford, C. J. (2015). Best practices for developing specialty nursing scope and standards of practice. *Online Journal of Issues in Nursing, 20*(2), 1-6. https://doi.org/10.3912/OJIN.Vol20No02Man01

Fook, J. (2015). Reflective practice and critical reflection. In J. Lishman (Ed.), *Handbook for practice learning in social work and social care: Knowledge and theory* (3rd ed., pp. 440-454). Jessica Kingsley Publishers.

Foth, T & Homes, D. (2017). Neoliberalism and the government of nursing through competency-based education. *Nursing Inquiry,* 24(e12154). https://doi.org/10.1111/nin.12154

Freeman, D. (2002). The hidden side of the work: Teacher knowledge and learning to teach. *Language Teaching, 35*(1), 1-13. https://doi.org/10.1017/S0261444801001720

Fritz, E. (2018). Transition from clinical to educator roles in nursing: An integrative review. *Journal for Nurses in Professional Development, 34*(2), 67-77. https://journals.lww.com/jnsdonline

Gardner, S. S. (2014). From learning to teach to teaching effectiveness: Nurse educators describe their experiences. *Nursing Education Perspectives, 35*(2), 106-111. https://journals.lww.com/neponline

Giddens, J. F. & Brady, D. P. (2007). Rescuing nursing curriculum from content saturation: The case for a concept-based curriculum. *Journal of Nursing Education, 46*(2), 65-69. https://www.harapnuik.org

Gillespie, B. (1982). *BCIT as the primary medical technology training center for British Columbia.* [Position paper]. F1-s2-ss13-f7-1, School of Health Sciences Archives, British Columbia Institute of Technology, Burnaby, British Columbia.

Gillespie, M. (1991). *Notes for a presentation on the history of the BCIT Critical Care Specialty Nursing program.* Critical Care Archive, British Columbia Institute of Technology, Burnaby, British Columbia.

Gillson, S. (2021). *Caring in nursing education: The role of the educator.* [Doctoral dissertation, Texas Women's University]. ProQuest Dissertations and Theses Global.

Goodrich, R. S. (2014). Transition to academic nurse educator: A survey exploring readiness, confidence, and locus of control. *Journal of Professional Nursing*, *30*(3), 203-212. https://doi.org/10.1016/j.profnurs.2013.10.004

Grassley, J. S. & Lambe, A. (2015). Easing the transition from clinician to nurse education. *Journal of Nursing Education*, *54*(7), 361-366. https://doi.org/10.3928/01484834-20150617-01

Gravett, K., Taylor, C., & Fairchild, N. (2021). Pedagogies of mattering: Re-conceptualising relational pedagogies in higher education. *Teaching in Higher Education*,1-16. https://www.tandfonline.com/doi/full/10.1080/13562517.2021.1989580

Gravett, K. (2023). *Relational pedagogies: Connections and mattering in higher education.* Bloomsbury Academic.

Gray, D.E. (2014). *Doing research in the real world*. (3rd ed.). Sage.

Groen, J. & Kawalilak, C. (2020). Relational learning. In T. Rocco, M. C. Smith, R. C. Mizzi, L. R. Merriweather, & J. D. Hawley (Eds.), *The handbook of adult and continuing education* (pp.73-80). Stylus Publishing, LLC.

Gunberg Ross, J., & Silver Dunker, K. (2019). New clinical nurse faculty orientation: A review of the literature. *Nursing Education Perspectives*, *40*(4), 210–215. https://journals.lww.com/neponline

Hoffman, D. M. E. (2019). Transitional experiences: From clinical nurse to nurse faculty. *Journal of Nursing Education*, *58*(5), 260. https://journals.healio.com/doi/abs/10.3928/01484834-20190422-03

Horsfall, J., Cleary, M., Hunt, G.E. (2012). Developing a pedagogy for nursing teaching-learning. *Nurse Education Today, 32,* 930-933. https://doi.org/10.1016/j.nedt.2011.10.022

Huddle, C. (2019). Benefits, concerns and prospective use of technology within nursing education. *Canadian Journal of Nursing Informatics*, *14*(3), https://cjni.net/journal/?p=6340

Hunter, J. & Hayter, M. (2019). A neglected transition in nursing: The need to support the move from clinician to academic properly. [Editorial]. *Journal of Advanced Nursing, 75,* 1820-1822. https://doi.org/10.1111/jan.14075

Illeris, K. (2007). *Learning and non-learning in school and beyond.* Taylor & Francis.

Illeris, K. (2014). *Transformative learning and identity*. Routledge.

Illeris, K. (2016). *Learning, development, and education: From learning theory to education and practice*. Routledge.

International Council of Nurses (July 2021). *International Council of Nurses policy brief: The global nursing shortage and nurse retention.* https://www.icn.ch

Ironside, P. (2004). Covering content and teaching thinking: Deconstructing the additive curriculum. *Journal of Nursing Education, 43*(1), 5-12. https://journals.healio.com

Jack, B. A., Kinloch, K., O'Brien, M. R. (2019). Teaching nurses to teach: A qualitative study of nurses' perceptions of the impact of education and skills training to prepare them to teach end of life care. *Journal of Clinical Nursing*, *28*, 1819-1828. https://doi.org/10.1111/jocn.14786

Jarosinki, J. M., Seldomridge, L. A., Reid, T. P., & Hinderer, K. A. (2019). "Learning how to teach" in nursing: Perspectives of clinicians after a formal academy. *Nurse Educator, 45*(1), 51-55. https://journals.lww.com/nurseeducatoronline

Jennings, A. (2017). *The pedagogical practices of clinical nurse educators.* [Doctoral dissertation, University of Toronto]. Proquest Dissertations and Theses Global.

Jetha, F., Boschma, G., & Clauson, M. (2016). Professional development needs of novice nursing clinical teachers: A rapid evidence assessment. *International Journal of Nursing Education Scholarship,13*(1), 1–10. https://www.degruyter.com

Jordi, R. (2011). Reframing the concept of reflection: Consciousness, experiential learning, and reflective learning practices. *Adult Education Quarterly, 61*(2), 181-197. https://doi.org/10.1177/0741713610380439

Kaushik, V., & Walsh, C. (2019). Pragmatism as a research paradigm and its implications for social work research. *Social Sciences, 8,* 255. https://www.mdpi.com/2076-0760/8/9/255

Kennedy, K. (2006). *Attraction and retention in the context of emergency nurses: How to create a magnet culture within the emergency department.* [Master's Thesis, University of British Columbia].

Kim, J.H. (2016). *Understanding narrative inquiry: the crafting and analysis of stories as research*. Sage.

Kjellgren, K. I., Hendry, G., Hultberg, J., Plos, K., Rydmark, M., Tobin, G., & Saljo, R. (2008). Learning to learn and learning to teach: Introduction to studies in higher education. *Medical Teacher, 30*(8), e239–e245. https://doi.org/10.1080/01421590802258896

Knowles, M. S. & Associates. (1984). *The adult learner: A neglected species.* (3rd ed.). Gulf.

Kolb, D. A. (1984). *Experiential learning: Experience as the source of learning and development* (Vol. 1). Prentice-Hall.

Kozier, B., Erb, G., Berman, A., Snyder, S., Frandsen, G., Buck, M., Ferguson, L., Yiu, L., & Stamler, L. (2018). *Fundamentals of Canadian nursing: Concepts, process, and practice.* (4th ed.). Pearson.

Kreber, C. & Cranton, P. (2000). Exploring the scholarship of teaching. *The Journal of Higher Education, 71*(4), 476-495. https://doi.org/10.1080/00221546.2000.11778846

La Velle, L. & Flores, M. (2018). Perspectives on evidence- based knowledge for teachers: Acquisition, mobilisation and utilisation. *Journal of Education for Teaching, 44(*5), 524-538. https://doi.org/10.1080/02607476.2018.1516345

Lave, J. & Wenger, E. (1991). *Situated learning: Legitimate peripheral participation.* Cambridge University Press.

Lavoie-Tremblay, M., Chevrier, A., Emed, J., Clausen, C., Biron, A., & Oliver, C. (2019). *Global shortage of nurses.* The McGill Nursing Collaborative for Education and Innovation in Patient- and Family-Centered Care. https://www.mcgill.ca/nursing/files/nursing/nurse_shortages.pdf

Lavy, S. & Naama-Ghanayim, E. (2020). Why care about caring? Linking teachers' caring and sense of meaning at work with students' self-esteem, well-being, and school engagement. *Teaching and Teacher Education, 91*. https://doi.org/10.1016/j.tate.2020.103046

Leavy, P. (2020). *Method meets art: Arts-based research practice.* (3rd ed.). Guilford Press.

Legare, T. L. & Armstrong, D. K. (2017). Critical reflective teaching practice for novice nurse educators. *Teaching and Learning in Nursing.12*(4), 312-315. https://doi.org/10.1016/j.teln.2017.05.004

Leininger, M. (1988). Leininger's theory of nursing: Cultural care diversity and universality. *Nursing Science Quarterly, 1*(4), 152-160. https://journals.sagepub.com

Lincoln, Y. S., Lynham, S. A. & Guba, E. G. (2018). Paradigmatic controversies, contradictions, and emerging confluences, revisited. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (5th ed., pp. 108-150). Sage.

Loo, S. (2007). Theories of Bernstein and Shulman: Their relevance to teacher training courses in England using adult numeracy courses as an example. *Journal of Further and Higher Education, 31*(3), 203-214. https://doi.org/10.1080/03098770701424900

Loughran, J. (2011). On becoming a teacher educator. *Journal of Education for Teaching, 37*(3), 279-291. https://doi.org/10.1080/02607476.2011.588016

Loughran, J. (2019). Pedagogical reasoning: The foundation of the professional knowledge of teaching. *Teachers and Teaching, 25*(5), 523-535. https://www.tandfonline.com

Martela, F. & Pessi, A. B. (2018). Significant work is about self-realization and broader purpose: Defining the key dimensions of meaningful work. *Frontiers in Psychology, 9(*363), 1-15. https://doi.org/10.3389/fpsyg.2018.00363

McDermid, F., Peters, K., Daly, J., & Jackson, D. (2016). Developing resilience: Stories from novice nurse educators. *Nurse Education Today, 38*, 29-35. https://doi.org/10.1016/j.nedt.2016.01.002

McDonald, J.C. (2004). *From practice to teaching: The experiences of new nurse educators.* [Doctoral dissertation, University of Toronto]. ProQuest Dissertations and Theses Global.

McKeon, F., & Harrison, J. (2010). Developing pedagogical practice and professional identities of beginning teacher educators. *Professional Development in Education, 36*(1-2), 25-44. https://www.tandfonline.com

McParland, T. R. (2021). Credentialing in nursing. In L. McCleary & T. McParland (Eds.), *Ross-Kerr and Wood's Canadian nursing issues & perspectives*. (6th ed.). Elsevier.

McPherson, S. & Candela, L. (2019). A Delphi study to understand clinical nursing faculty preparation and support needs. *Journal of Nursing Education, 58*(10), 583-590. https://doi.org/10.3928/01484834-20190923-05

Merriam, S. B. & Bierema, L. L. (2014). *Adult learning: Linking theory and practice.* Jossey-Bass.

Merriam, S. B., & Tisdell, E. J. (2016). *Qualitative research: A guide to design and implementation.* (4th ed.). Jossey Bass.

Miles, M., Huberman, A., & Saldaña, J. (2020). *Qualitative data analysis: A methods sourcebook.* (4th ed.). Sage.

Mishra, P., & Koehler, M. J. (2006). Technological pedagogical content knowledge: A framework for teacher knowledge. *Teachers College Record, 108*(6), 1017-1054. https://doi.org/10.1111/j.1467-9620.2006.00684.x

Morgan, D. (2014). Pragmatism as a paradigm for social research. *Qualitative Inquiry, 20*(8), 1045-1053. https://journals.sagepub.com

Morris, T. H. (2020). Experiential learning: A systematic review and revision of Kolb's model. *Interactive Learning Environments, 28*(8), 1064-1077. https://doi.org/10.1080/10494820.2019.1570279

Morse, J. M., Bottorff, J., Neander, W. & Solberg, S. (1991). Comparative analysis of conceptualizations and theories of caring. *Image: the Journal of Nursing Scholarship, 23*(2), 119-126. https://sigmapubs.onlinelibrary.wiley.com

Murray, M., Sundin, D. & Cope, V. (2019). Benner's model and Duchscher's theory: Providing the framework for understanding new graduate nurses' transition to practice. *Nurse Education in Practice, 3*4, 199-203. https://www.sciencedirect.com

Murray, R. (2018). An overview of experiential learning in nursing education. *Advances in Social Science Research, 5*(1), 1-6. https://journals.scholarpublishing.org

National League for Nursing. (2018). *Nurse educator core competencies.* https://www.nln.org

Noddings, N. (2013). *Caring: A relational approach to ethics and moral education*. (2nd ed.). University of California Press.

Nowell, L. (2014). The lived experience of neophyte nursing instructors: Mentorship and its role in their development. *Nursing: Research and Reviews, 4*(4), 117-127. https://www.proquest.com

Nowell, L. (2017). *Mentorship in Nursing Academia: A Mixed Methods Study.* [Doctoral Dissertation, University of Calgary]. ProQuest Dissertations and Theses Global.

O'Brien-Pallas, L., Murphy, G. T., Shamian, J., Li, X. & Hayes, L. J. (2010). Impact and determinants of nurse turnover: A pan-Canadian study. *Journal of Nursing Management, 18*(8), 1073–1086. https://doi.org/10.1111/j.1365-2834.2010.01167.x

Oermann, M. (2017). Preparing nurse faculty: It's for everyone. *Nurse Educator, 42*(1), 1-2. https://journals.lww.com/nurseeducatoronline

Oermann, M., De Gagne, J. C., & Cusatis Phillips, B. (2018). *Teaching in nursing and the role of the educator.* (2nd ed.). Springer.

Oleson, A. & Hora, M. T. (2013). Teaching the way they were taught? Revisiting the sources of teaching knowledge and the role of prior experience in shaping faculty teaching practices. *Higher Education, 68,* 29-45. https://doi.org/10.1007/s10734-013-9678-9

Oliffe, J. L., Kelly, M. T., Gonzalez Montaner, G. & Yu Ko, W. F. (2021). Zoom interviews: Benefits and concessions. *International Journal of Qualitative Methods*, *20*. https://doi.org/10.1177/16094069211053522

Ollerenshaw, J. & Creswell, J. W. (2002). Narrative research: A comparison of two restorying data analysis approaches. *Qualitative Inquiry, 8*(3), 329–347. https://journals.sagepub.com

Onwuegbuzie, A. & Leech, N. (2005). On becoming a pragmatic researcher: The importance of combining quantitative and qualitative research methodologies. *International Journal of Social Research Methodology*, *8*(5), 375-387. https://www.tandfonline.com

Oprescu, F., McAllister, M., Duncan, D. & Jones, C. (2017). Professional development needs of nurse educators. An Australian case study. *Nurse Education in Practice*, *27*, 165–168. https://www.sciencedirect.com

Owens, L. & Ennis, C. D. (2005). The ethic of care in teaching: An overview of supportive literature. *Quest, 57*(4), 392-425. https://www.tandfonline.com

Owens, R. A. (2017). Part-time nursing faculty perceptions of their learning needs during their role transition experiences. *Teaching and Learning in Nursing*, *12*, 12-16. http://dx.doi.org/10.1016/j.teln.2016.10.002

Oyelana, O., Martin, D., Scanlan, J. & Temple, B. (2018). Learner-centred teaching in a non-learner-centred world. *Nurse Education Today, 67, 118-123.* https://doi.org/10.1016/j.nedt.2018.05.012

Paterson, B. & Crawford, M. (1994), Caring in nursing education: An analysis. *Journal of Advanced Nursing*, *19*(1), 164-173. https://onlinelibrary.wiley.com

Pinnegar, S. & Daynes, G. J. (2007). Locating narrative inquiry historically: Thematics in the turn to narrative In D. J. Clandinin (Ed.), *Handbook of narrative inquiry: Mapping a methodology* (pp. 3-34). Sage. https://books.google.ca

Ranchal., A., Jolley, M. J., Keogh, J., Lepiesova, M., Rasku, T., & Zeller, S. (2015). The challenge of the standardization of nursing specializations in Europe. *International Nursing Review*, *62*, 445-452. https://doi.org/10.1111/inr.12204

Reese, C. N. & Ketner, M. B. (2017). The Nurse Educator Institute: An innovative strategy to develop nursing faculty. *Nurse Educator*, *42*(5), 224–225. https://journals.lww.com/nurseeducatoronline

Reid, C., Greaves, L. & Kirby, S. (2017). *Experience, research, social change* (3rd ed.). University of Toronto Press.

Reivich, K. & Shatte, A. (2002). *The resilience factor: 7 keys to finding your inner strength and overcoming life's hurdles.* Broadway Books.

Roach, M. S. (2002). *Caring, the human mode of being: A blueprint for the health professions.* (2nd rev. ed.). Canadian Healthcare Association Press. Copy from Archives of Caring in Nursing, Christine E. Lynn College of Nursing, Florida Atlantic University, ARC-005 Sister M. Simone Roach Papers, 1958-2005. Used by permission.

Rodgers, D. (2018, January 19). The TPACK Framework explained. *Schoology Exchange.* https://www.powerschool.com

Rogers, J., Ludwig-Beymer, P. & Baker, M. (2020). Nursing faculty orientation: An integrative review. *Nurse Educator*. *45*(6), 343-346. https://journals.lww.com/nurseeducatoronline

Sandoff, M., Nilsson, K., Apelgren, B., Frisk, S., & Booth, S. (2018). Reflecting on and articulating teaching experiences: Academics learning to teach in practice. *International Journal of Higher Education, 7*(6), 139-149. https://files.eric.ed.gov/fulltext/EJ1201253.pdf

Sasso, L., Bagnasco, A., Catania, G., Zanini, M., Aleo, G., Watson, R., & RN4CAST@IT Working Group. (2019). Push and pull factors of nurses' intention to leave. Journal of Nursing Management, 27(5), 946-954. https://doi.org/10.1111/jonm.12745

Schoening, A.M. (2013). From bedside to classroom: The Nurse Educator Transition Model. *Nursing Education Perspectives, 34*(3), 167-172. https://journals.lww.com/neponline

Schön, D.A. (1983). *The reflective practitioner: How professionals think in action.* Basic Books, Inc.

Schwarz, H. (2019). *Connected teaching: Relationship, power, and mattering in higher education.* Stylus.

Seaman, J. (2008). Experience, reflect, critique: The end of the "learning cycle era". *Journal of Experiential Education, 31*(1), 3-18. https://doi.org/10.1177/105382590803100103

Shajani, Z. (2020). *The lived experiences of expert nurse clinicians' role transition process into academia as a novice nurse educator.* [Doctoral Dissertation, University of Liverpool]. https://livrepository.liverpool.ac.uk

Shanta, L. L., Kalanek, C. B., Moulton, P. & Lang, T. (2011). Evidence for policy and regulation: A model to address development of unqualified faculty. *Policy, Politics, & Nursing Practice, 12*(4), 224-235. https://journals.sagepub.com

Shapiro, S. S. (2018). An exploration of the transition to the full-time faculty role among associate degree nurse educators. *Nursing Education Perspectives, 39*(4), 215–220. https://pubmed.ncbi.nlm.nih.gov/29924749/

Shulman, L. S. (1986). Those who understand: Knowledge growth in teaching. *Educational Researcher, 15*(2), 4-14. https://doi.org/10.3102/0013189X015002004

Shulman, L. S. (1987). Knowledge and teaching: Foundations of the new reform. *Harvard Educational Review, 57*(1), 1-23. https://doi.org/10.17763/haer.57.1.j463w79r56455411

Smadi, O., Chamberlain, D., Shifaza, F. & Hamiduzzaman, M. (2021). Fast and furious shift to online education requires pedagogy transformation. *Australian Nursing and Midwifery Journal, 27*(5), 47. https://search.informit.org

Smart, D., Ross, K., Carollo, S. &Williams-Gilbert, W. (2020). Contextualizing instructional technology to the demands of nursing education. *Computers, Informatics, Nursing, 38*(1),18-27. https://journals.lww.com

Smith, J., Kean, S., Vauhkonen, A., Elonen, I., Campos Silva, S., Pajari, J., Cassar, M., Martín-Delgado, L., Zrubcova, D. & Salminen, L. (2023). An integrative review of the continuing professional development needs for nurse educators. *Nurse Education Today, 121*, 1-10. https://doi.org/10.1016/j.nedt.2022.105695.

Smyth, J. & McInerney, P. (2011). Whose side are you on? Advocacy ethnography: Some methodological aspects of narrative portraits of disadvantaged young people in socially critical research. *International Journal of Qualitative Studies in Education, 26*(1), 1-20. https://www.tandfonline.com

Soriano, J. (n.d.). *Most authentic criterion of humanness*. [PowerPoint slides]. https://jaimesorianorn.files.wordpress.com

Statistics Canada (2022). Experiences of health care workers during the Covid-19 pandemic. https://www150.statcan.gc.ca

Stephenson, S. (2018, August 22). *How to create powerful connections with anyone*. [Audio podcast]. In V. Lakhiani (Host),Mindvalley Podcasts. https://podcast.mindvalley.com/sean-stephenson-create-powerful-connections/

Summers, J. A. (2017). Developing competencies in the novice nurse educator: An integrative review. *Teaching and Learning in Nursing*, *12*(4), 263-276. https://www.sciencedirect.com

Sutherland, S., Stuhr, P. & Ayvazo, S. (2016). Learning to teach: Pedagogical content knowledge in adventure-based learning. *Physical Education and Sport Pedagogy*, *21*(3), 233-248. https://doi.org/10.1080/17408989.2014.931365

Testut, T. (2013). *Practice to pedagogy: A study of the lived experiences of part-time nursing faculty transitioning from expert nurse to novice educator.* [Doctoral dissertation, Capella University]. ProQuest Dissertations and Theses Global.

Thayer-Bacon, B. J. (2004). Personal and social relations in education. *Counterpoints*, *259*, 165–179. http://www.jstor.org/stable/42978500

Toll, C. (2020). *Clinical nurse experts' experience of transitioning to the novice nurse educator role.* [Doctoral dissertation, Walden University]. ProQuest Dissertations and Theses Global.

Turris, S. A., Binns, D., Kennedy, K. J., Finamore, S. & Gillrie, C. (2007). Specialty nursing – The past, the present, and the future. *Journal of Emergency Nursing*, *33*(5), 499-504. https://www.intljourtranur.com

Van den Bos, P. & Brouwer, J. (2014). Learning to teach in higher education: How to link theory and practice. *Teaching in Higher Education, 19*(7), 772-786. https://doi.org/10.1080/13562517.2014.901952

Varcoe, C. & Cresswell, S. (1993). Hospitals and the educational institution: An innovative partnership for specialty nursing education. *Journal of Continuing Education in Nursing, 24*(3), 131-134. https://journals.healio.com

Varnar, C. (2021). Hospitals grappling with nurse exodus. *Canadian Medical Association Journal, 193*(16), E569-570. https://doi.org/10.1503/cmaj.1095934

Vince, R. (1998). Behind and beyond Kolb's learning cycle. *Journal of Management Education, 22*(3), 304-319. https://doi.org/10.1177/105256299802200304

Wang, C. C., & Geale, S. K. (2015). The power of story: Narrative inquiry as a methodology in nursing research. *International Journal of Nursing Sciences, 2*(2), 195-198. https://www.sciencedirect.com

Weidmann, N. A. (2013). The lived experience of the transition of the clinical nurse expert to the novice nurse educator. *Teaching and Learning in Nursing, 8*, 102-109. https://doi.org/10.1016/j.teln.2013.04.006

Wells-Beede E., Sharpnack, P., Gruben, D., Klenke-Borgmann, L., Goliat, L., & Yeager, C. (2023). A scoping review of nurse educator competencies: Mind the gap. *Nurse Educator.* EPub ahead of print., 1-7. https://journals.lww.com/nurseeducatoronline

Wenger, E. (1998). *Communities of practice: Learning, meaning and identity.* Cambridge University Press.

Wijngaarden, V. (2022). Relationality. In P. Ballamingie & D. Szanto (Eds.), *Showing theory to know theory* (Chapter 52). Showing Theory Press. https://doi.org/10.22215/stkt/wv19

Wilson Cox, C., Jordan, E. T., Valiga, T. M. & Zhou, Q. (2021). New faculty orientation for nurse educators: Offerings and needs. *Journal of Nursing Education, 60*(5), 273-276. https://doi.org/10.3928/01484834-20210420-06

Woods, A., Cashin, A. & Horstmanshof, L. (2022). The social construction of nurse educator professional identities: Exploring the impact of a community of practice through participatory action research. *Journal of Advanced Nursing*, *78*(8), 2522–2536. https://doi.org/10.1111/jan.15200

WorkBC. (2022). *British Columbia labour market outlook 2022*. https://www.workbc.ca/research-labour-market.

World Health Organization. (2020a). *State of the world's nursing report.* https://www.who.int/publications/i/item/9789240003279

World Health Organization. (2020b). A regional guide to the development of nursing specialist practice. https://apps.who.int/iris/handle/10665/348128.

Young, R. A. & Collin, A. (2004). Introduction: Constructivism and social constructionism in the career field. *Journal of Vocational Behavior*, *64*(3), 373–388. https://www.sciencedirect.com

Appendix A: Participant Selection Matrix

	July 4	July 5	July 6	July 7	July 8	July 9	July 10
Program/ Initials	**Time (h)**	**Time (h)**	**Time (h)**	**Time (h)**	**Time (h)**	**Time (h)**	**Time (h)**
Critical Care							
XA	**0846**						
XB	1412						
XC		1255					
XD		0900					
Emergency							
XE	**0915**						
XF		1113					
XG		0832					
XH				2230			
Perinatal							
XI	**1132**						
XJ		1340					
XK	0812 (declined)						
Occupational Health							
XL		**1019**					
Perioperative							
XM			1026				
XN		1744					
Pediatrics							
XO				1420			
High Acuity							
XP		**0930**					
XQ					1630		
Nephrology							
XR		**1230**					
Neonatal							
XS	**1517**						
XT			0830				
Pediatric ER							
XU				1415			
Pediatric CC							
XV						0830	

Appendix B: Interview Guide

Beyond Role Transition: Specialty Nurses' Narratives of Learning to Teach

Sample Interview Guide

The following topics and sample questions serve as entry points for each interview. The goal is not to "cover" the following topics in order, but to allow you to enter into the interview where you choose and to move through the topics in any order you choose.

Your background, how you started teaching in any capacity (undergraduate teaching, clinical), how you came to teaching specialty nursing

- Your examples and stories.

Your reflections on your experience of learning to teach in specialty nursing (what the process has been like, if it's been what you thought or believed it would be like).

- Your examples and stories.

Your thoughts and reflections on how you've come to learn what you know about teaching specialty nursing (how you developed knowledge about the content area, how you developed knowledge about the best way to teach this content, how you learned to use technology in teaching/learning).

- Your examples and stories

Your beliefs about teaching and learning in specialty nursing (how did you develop these beliefs, who/what influenced you, how they influence your teaching practices)

- Your examples and stories.

Your thoughts and reflections on how and/or why your teaching has changed over time (what has helped you learn to teach; what has hindered you).

- Your examples and stories.

Your experience of transition from expert specialty nurse to new specialty nurse educator

- Your examples and stories.

Your reflections on how you identify professionally (thoughts on how you identify as specialty nurse and/or educator, when and how you felt like you had become a specialty nurse educator).

- Your examples and stories