

Jumping Off the Cliff: An Exploratory Descriptive Study Examining the Development of Self-Efficacy in New Academic Nurse Faculty Transitioning to Classroom Teaching.

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Abstract

The purpose of this exploratory descriptive study was to examine the development of self-efficacy in novice nursing faculty members' transitioning to classroom teaching. Bandura's (1997) Self-Efficacy Theory was the theoretical basis for this study. Through a series of interviews, two themes and four subthemes were identified: i) "Transitioning to the Classroom" and ii) "Nursing is Not Teaching". These themes highlighted factors that fostered and hindered the development of self-efficacy through the participants' transition to the classroom. Factors that influenced successful transition and development of self-efficacy included providing an orientation, mentorship, team teaching, and experience teaching in the classroom. Factors that hindered self-efficacy development included anxiety and the professional gap between nursing and teaching roles. Recommendations for nursing education and for future research were suggested. These findings provide further support to the literature on professional role transition to the educator role and Bandura's (1997) Self-Efficacy Theory.

Dedication

I dedicate my thesis to Heather Armstrong, my wife for patiently supporting me through this
amazing journey

I also dedicate my thesis to my mother for always believing in me

Heather Gordon

1954-2020

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What a journey it has been in the development of my thesis. I cannot quantify the amount of growth and learning I have had throughout this experience. The successes, the challenges, the sense of accomplishment, the sleepless nights and tiring weekends have all been worth it.

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Chapter I: Introduction

The nature of post secondary education is evolving. It is no longer enough for a nurse educator working in the post-secondary setting to be only an expert nurse, but also requires expertise in education. In today's universities, there is an increasing demand for the use of technology in the classroom, in addition to online, and blended styles of delivery (Holly, Legg, Mueller & Adelman, 2008). The demand for the use of simulation, to enhance student learning and confidence are becoming expectations of nursing education (Cummings & Connelly, 2015; Hayden, Smiley, Alexander, Kardong-Edgran & Jeffries, 2014). Understanding of how people learn continues to evolve. Studies conducted on educational methods support that adults learn in an active, student-centered environment as opposed to the traditional lecture based forums (Pugsley & Clayton, 2003; Hwang & Kim, 2005; Harper & Ross, 2011; Benner, 2011; Carter, Creedy & Sidebotham, 2016). Nursing programs have always had a strong experiential component through laboratory and clinical practice. However, the need for active learning techniques go far beyond the lab and clinical environments, requiring active learning techniques integrated into the classroom setting (Michel, Carter III, & Varela, 2009; Ghilay & Ghilay, 2015).

Many nursing programs are changing the design of their curriculum. New nurses are expected to graduate from programs with strong critical thinking skills and faculty members are tasked with providing students the opportunity to grow in this cognitive skill. Nursing programs have suffered from content saturation for years and a need for reform has been suggested by many. This has led many schools to move away from traditional specialty-based programming (Giddens & Brady, 2007; Benner, 2012). Many nursing programs are beginning to implement newer curriculum models that foster critical thinking. These designs include concept based,

problem based, and competency-based curricula (Choi, Lindquist & Song, 2014; Kong, Qin, Zhou, Mou, & Gao, 2014; Nielsen, 2016). The traditional method of lecture, laboratory, and practicum in nursing specialty areas are no longer seen to be the most efficient method of teaching, nor does it support current evidence of adult learning theory (Harper & Ross, 2011; Carter, et al., 2016).

Due to the need of nursing faculty with both expertise in nursing and education, there is a high demand for expert nurse educators worldwide. This demand is currently being faced with an international shortage of nurses entering formal teaching positions. The lack of nursing faculty entering formal teaching positions is adding to the clinical nursing shortage seen across the globe. In 2016-2017 academic year, the American Association of College's of Nurses (2017) indicated that 64,067 qualified applicants were turned away from baccalaureate and graduate nursing programs due to the 1,567 faculty vacancies across the country. Furthermore, schools across the United States indicated that an additional 133 faculty positions, in addition to those faculty vacancies were required to meet the current demand of potential students. Canada is no exception to this shortage. Many schools across Canada are already impacted by a faculty shortage requiring programs to over assign teaching workloads on a regular basis. There is continuing fear that the shortage will only get worse with time as large numbers of nursing faculty members approach retirement (Vandyk, Chartrand, Beke, Burlock & Baker, 2017).

Younger nurse faculty members also have the highest intent to leave academic teaching positions. In examining professional work life of academic nursing faculty members, 808 nurse faculty members were surveyed across the United States on their intent to stay or leave the faculty role (Candela, Gutierrez & Keating, 2013). Of those faculty members rating their intentions to stay or leave, members belonging to the Baby Boomer Generation indicated the

highest desire to stay, while Millennial's had the highest intention to leave the academic role.

The authors indicated that this was highly related to the pressure of teaching unfamiliar courses, conducting research, and the continuing demand for publication (Candela, et al., 2013).

The majority (92.8%) of the 1,567 faculty vacancies identified across the United States in the 2016-2017 academic year required, or strongly preferred, applicants to hold a doctoral degree, indicating a strong need for high level academic expertise in nursing. However, nursing and teaching are two separate professions, both with their own principles, practices, and expertise. Having strong clinical expertise does not prepare an individual for the pedagogical requirements of teaching in an undergraduate nursing program. Unfortunately, many individuals who are new to teaching in nursing programs do not start in these roles with formal preparation in education. Due to a lack of nurses with academic preparation in education, many universities recruit graduate prepared clinical experts to fill faculty vacancies (Anderson, 2009). Many universities emphasize clinical expertise as a requirement for their new faculty members. Although having instruction in education is generally seen as an asset, it may not necessarily be a requirement. For many new nursing faculty members, their graduate education is generally focused in their area of clinical expertise, rather than in the theoretical understanding of education. Even though clinical expertise is emphasized, nursing faculty members are expected to fill triple roles of nurse, educator and researcher (Booth, Emerson, Hackney, & Souter, 2016). Many lack experience developing curriculum and are unaware of many pedagogical approaches to learning that are expected in the modern nursing classroom (Booth et al., 2016). This lack of educational expertise can cause feelings of stress as nurse's transition into their new role as educator (Weidman, 2013). With the increasing expectations placed on post secondary educators

to use evidence-based approaches to teaching and learning, many new educators are at a loss when teaching in the classroom setting.

In recognizing the high levels of clinical, academic, and pedagogical expertise required to be qualified as a nurse educator in an academic setting, the National League for Nursing (2017) identified that teaching in undergraduate nursing programs is a nursing specialty. Academic nurse educators are identified as an advanced nursing practice by the National League for Nursing in the United States (2017). This designation of advanced practice is not the case in Canada however, as the Canadian Nurses Association (2008) only recognizes two advanced practice roles; the Nurse Practitioner and the Clinical Nurse Specialist. In Canada, advanced practice roles clearly emphasize the need for a nurse's practice to have a clinical focus. This does not recognize the high demand for expertise required of an academic nurse educator, which also does not provide guidance for those hiring nurses to teach in the post secondary setting.

Many new nursing faculty members experience major challenges as they begin teaching in undergraduate nursing programs. Many leave the profession in their first few years of teaching, further adding to the overall shortage of nursing faculty members across the world. Anderson (2009) examined the experiences of new nursing faculty with no academic preparation as educators entering academia within their first 2 years of teaching. In her study, she identified several patterns that new educators experience in their transition to academic nurse educator. Many new educators interviewed used terms such as "drowning" as one of these patterns (p. 205). Specifically, many new educators identified that, at the start of their academic career, they felt overwhelmed, as though they were being "thrown in the deep end of the pool" and they were left to "sink or swim" as a result (p. 205). In addition to these findings, the study also identified that many new educators felt as though they had left the comfort of their clinical practice, that

they were unprepared or unqualified for the teaching position and questioned their decision to leave clinical practice. The participants identified that there was a lack of support and mentorship for them early in their career. Unfortunately, these feelings impact new faculty at one of the most vulnerable times in their career, as many new nurse educators have an increased intent to leave the profession within their first and third years of teaching (Garbee & Killacky, 2008).

Nurse educators face role strain, role ambiguity and lack of confidence in their qualifications when transitioning from clinical expert to nurse educator. These feelings can lead to increased thoughts of leaving the profession. Feelings of exhaustion, being overworked and overburdened are common concerns faced by nurse educators leading to role-strain and difficulty transitioning to academia (Cranford, 2013). Heavy workloads increase the feelings of job dissatisfaction in nursing faculty (Bittner & O'Connor, 2012). Role strain and role ambiguity also lead to feelings of incompetence, decreased performance levels and dissatisfaction with the educator role, and many new educators experience these feelings at the beginning of their academic career (Anderson, 2009).

One area recommended to facilitate the transition of and retain new nurse educators' in the academic environment is through mentorship (White, Brannan & Wilson 2010; Wilson, Brannan & White, 2010; Gilbert & Womack, 2012; Candela, et. al, 2013; Wiedman, 2013). However, the teaching environment itself is not always welcoming to new educators. Several articles have been written about incivility in nursing education, not only from the students but also the faculty. In one study, the author examined the lived experience of new nursing faculty members with less than 5 years experience (Peters, 2014). The author identified that the participants consistently felt rejected by their colleagues. Five themes and seven sub-themes

emerged related to faculty-to-faculty incivility including; sensing rejection, possessiveness, territorialism, and wanting the novice faculty members to fail (Peters, 2014).

The theme of being unprepared or unqualified for the role of academic educator is common in many studies conducted on the transition from clinical expert to nurse educator. Many new nurse educators indicate that there is a perceived lack of mentorship or professional development for new faculty members indicating a need for clearer guidelines, orientation and mentorship programs (Cranford, 2013). Feeling unprepared or unqualified to work in a specific position is characteristic of impostor phenomena. It is estimated that 70% of people will experience 'impostor phenomena' at some point in their careers and is commonly seen in people who have high achievement in almost any profession (Sakulku & Alexander, 2011). Nursing and education are no exception. This unfounded fear that one is not qualified to be in a role and likely to be exposed as a fraud, can lead to feelings of fear, stress, self-doubt, and burnout (Sakulku & Alexander, 2011). For individuals working in education, the impostor phenomenon is related to an individual's perceptions of self and construction of a new professional identity as a teacher, including their self-efficacy (Bernat, 2008). Self-efficacy is the belief in one's ability to perform a behaviour successfully, therefore achieving a specific goal or performance outcome (Bandura, 1997). Lacking self-efficacy leads to thoughts of being an impostor and can directly impact an individual's ability to be successful (Bandura, 1997). Lack of self-efficacy can also lead to professional identity crisis in individuals who are transitioning from their professional expertise, into the new role of professional educator. Self-efficacy is considered essential in the development of professional identity (Canrinus, Helms-Lorenz, Beijaard, Buitink & Hofman, 2011). The development of a new professional identity when an individual moves from an expert nurse in clinical practice to an educator is challenging for many novice faculty members.

Purpose of the Study

The purpose of this study is to examine the development of self-efficacy in novice nursing faculty members teaching in the classroom setting in an undergraduate nursing degree program. The study will examine the experience of new nurse faculty members and identify what fosters and hinders their self-efficacy development.

Research Question

This study aims to answer the following research questions;

1. What impact does transitioning from clinical nursing practice to teaching in the classroom setting in an undergraduate nursing program have on self-efficacy?
2. How do nursing faculty members gain self-efficacy in their ability to teach in the classroom environment?
3. What factors foster the development of self-efficacy in novice faculty members?
4. What factors hinder the development of self-efficacy in novice faculty members?
5. What can novice faculty members do to increase their self-efficacy when transitioning to the classroom?

Significance of the Study

With the increasing demand for expertise in nursing and education and difficulty transitioning to the role of educator, there is an increasing need to examine the experience of individuals who are transitioning to the academic environment and how they build self-efficacy in their abilities in their first few years of teaching. Self-efficacy theory is directly relevant to new faculty members teaching in an undergraduate nursing program. Self-efficacy can lead to

displaying higher levels of performance, increased performance outcomes, and feelings of success (Peterson-Graoise, Bryer & Nikolaidou, 2013). It is essential that an individual's self-efficacy continue to build through the development of a new professional identity. Self-efficacy has been widely studied in nursing and education. Studies have included examining self-efficacy development in patients (Korpershoek, van der Bijl & Hafsteindottir, 2011), nursing students (Livsey, 2009; Peterson-Graiose, et al., 2013; Orgun & Karaoz, 2014), novice nurses (Jewell, 2013; Franklin, Gubrud-Howe, Sideras & Lee, 2015), graduate nursing students (Lev, Kolassa, & Bakken, 2010), practicum instructors (Crocetti, 2014; Girija, 2012; Hunt, Curtis, & Gore, 2015; Kim & Shin, 2017; Nguyen, Forbes, Mohebbi, & Duke, 2017), clinical nurses (Gilmartin, 2014; Corl, McCliment, Thompson, Suhr & Wisse, 2014) and nurse managers (Van Dyk, Siedlecki & Fitzpatrick, 2016). In nurse faculty members, there have also been several studies conducted related to their confidence in using technology such as simulation (Dowie & Phillips, 2011; Coleman, Dufrene, Bonner, Martinez, Dawkins, Schumann & Norman, 2011), reflection for student learning (Braine, 2009), and online teaching and learning (Robina & Anderson, 2010).

However, even with the difficulty in recruiting and retaining new faculty members for teaching in undergraduate nursing programs, there is a lack of research examining self-efficacy development in new undergraduate nursing faculty members teaching in the classroom setting. This study aims to address a gap in the current literature related to self-efficacy development in novice faculty members, through their transition to the classroom and through their initial years of teaching. An understanding of the development of self-efficacy in novice nurse educators will shed light on an underexplored issue and contribute to the nursing education literature. In searching through several databases, only one article was discovered that directly examined teaching self-efficacy in new nurse educators. In this article, the authors discovered that new

nurse educators became more confident in their ability to execute effective teaching behaviours when they received instruction or experience in teaching (Nugent, Bradshaw & Kito, 1999). The authors were concerned for the future of nursing education as they predicted a faculty shortage due to an aging population of instructors and fewer nurses preparing to enter formal teaching positions. This fear was compounded by the increasing emphasis on technology in teaching, the emphasis on critical thinking in students and the need for increased use of active learning strategies in the classroom (Nugent et al., 1999). What the authors predicted 20 years ago is true, as there is now a higher emphasis on each of those domains of teaching in nursing education. Exploring the development of self-efficacy in novice faculty members through exploratory descriptive investigation can assist in examining the experience of new faculty members from their perspective. This study can provide significant value for new faculty members by identifying factors that can help in the development of self-efficacy in their teaching abilities. Additionally, there is significant value for nursing programs and post secondary institutions from both a recruitment and retention perspective and impact on student satisfaction and learning. This study can also develop an avenue for future research to improve faculty retention and student performance.

Theoretical Foundation: Self-Efficacy

The theoretical foundation for this study is Albert Bandura's Self-Efficacy Theory. Bandura describes self-efficacy as a person's ability to influence events that affect one's life and control over the way these events are experienced. Bandura (1997) outlines two important related concepts within the Self-Efficacy theory. Self-efficacy is defined as a judgement of one's ability to organize and execute a desired behaviour. The belief in one's ability to perform a behaviour successfully will impact the amount of effort put forth in performing that behaviour and their

likelihood of having successful outcomes. In addition to self-efficacy, Bandura also identifies outcome expectancies as an important concept in self-efficacy theory. An outcome expectancy is a prediction on what the outcome will be if he/she performs the behavior to their expected level. Specifically, that if one expects that he/she can perform a behaviour and that behaviour will lead to a successful outcome, then you are more likely to perform that behaviour (Bandura, 1997). Bandura (1997) suggests that an individual's perceived self-efficacy directly impacts outcome expectancies. If an individual is confident in his/her ability to perform a specific behaviour and predict that the outcome will be beneficial, then he/she will be more likely to perform the behaviour to the best of his/her ability. Bandura (1997) also indicates that an individual's self-efficacy can be enhanced or diminished dependent on four sources: enactive mastery experience, vicarious experience, verbal persuasion, and physiological and affective states. Enactive mastery experiences consist of an individual's experience with the behaviour. Successes in implementing a specific behaviour increase while, failures decrease an individual's self-efficacy (Bandura, 1997). Vicarious experiences include witnessing another person's success at attempting a similar behaviour. If a behaviour is modelled successfully, then the observer will have increased self-efficacy, if the modelled behaviour is unsuccessful, then the observer will have decreased self-efficacy (Bandura, 1997). Social persuasion includes the encouragement and discouragement from others that either increase or decrease an individual's self-efficacy (Bandura, 1997). Physiological and affective states include an individuals' psychological and physical responses to performing the behaviour including the bodies response to stressful or new and unfamiliar situations (Bandura, 1997). Self-efficacy is directly relevant to new faculty members teaching in an undergraduate nursing program. Bandura (1997) examined the impact of self-efficacy on a teacher's general orientation to the educational process. Bandura (1997) identified that a

teacher's perceived self-efficacy has a direct impact on the structure of the classroom, academic activities and student evaluations. If a faculty member has a high self-efficacy in his/her ability to effectively teach undergraduate nursing students, then they are more likely to expect their teaching will provide learners with the competencies required to be successful as nurses. With high self-efficacy, a faculty member is more likely to be motivated, implement new teaching modalities and demonstrate behaviours that can lead to success in teaching and learning.

(Bandura, 1997; Caparea, Barbaranelli, Steca, & Malone, 2006; Ahmad, 2011). Nursing faculty members who demonstrate a high level of self-efficacy are associated with high levels of student satisfaction and success (Nugent, et al., 1999).

Summary of Introduction

This introductory chapter discussed the changing landscape of undergraduate nursing education and the need to not only prepare novice nurse faculty members for success, but also the need to initiate strategies for retention of new faculty. The importance of examining self-efficacy development in novice nurse faculty members teaching in the classroom was also examined. The significance of this study to the growing body of nursing research was also discussed. Bandura's (1997) Self-Efficacy theory was also briefly described including how it may impact new faculty members behaviours and confidence in their ability to teach.

Chapter II: Literature Review

Introduction

Self-efficacy theory attempts to explain humans' control over their behaviour. It examines a person's perceived belief in their capabilities to organize and execute behaviours and courses of action to produce desired results (Bandura, 1997). A person's self-efficacy directly influences how she/he approaches specific situations, the amount of effort they use, how long she/he attempts a behaviour when faced with adversity, obstacles and failures, the ability to cope with the stresses and demands of the environment and their sense of accomplishment (Bandura, 1997). Although the theory itself is focused, self-efficacy can be broadly used to examine human behaviour in a variety of environments and circumstances. Self-efficacy is widely used by the nursing profession to examine both patient and nurse's development of confidence in the clinical setting. It has also widely been used in nursing education to examine student, clinical instructor, and specific areas of faculty development.

A review of the literature was performed to investigate self-efficacy development in novice faculty members teaching in the classroom setting in undergraduate nursing programs. CINAHL, PUBMED, ERIC, MEDLINE, SCOPUS, PsychINFO, and books were used. References and suggested article lists were reviewed to identify relevant articles not found in previous searches. Articles were eliminated if they were repeated, did not address the concept and were not obtainable in a timely manner. Articles that focused on self-efficacy development in areas outside of nursing education in a post-secondary setting were not considered. Initially search results were limited to articles within the last 5 years. Only nine articles were deemed to be directly related to nursing faculty teaching in the classroom environment. When a lack of articles were discovered this search was expanded to 10 years where an additional two articles

were discovered. Further, the date parameters were removed for an additional one article. A total of 14 articles examined either self-efficacy or confidence in nursing faculty members in academic settings. The articles explored self-efficacy development in faculty members related to technology (4), teaching specific subject matter (4), role transition (4), alternative professionals teaching in nursing programs (1), and teaching-efficacy of novice nursing faculty members (1). The articles examining role transition were the most relevant to this study as each of them discussed the development of confidence in new nursing faculty members over time. However, each of these articles only examined self-efficacy indirectly, through identifying confidence while examining factors that improve effectiveness of teaching in an academic role. Only one article directly examined the development of self-efficacy in new nursing faculty members. Several studies were also examined that indirectly related to the study. An additional 30 articles were examined to support the effectiveness of self-efficacy in measuring behaviour and performance outcomes in other areas of nursing education. These articles were reviewed to support the need for the examination of self-efficacy development in novice nurse faculty members teaching in the classroom setting. The subject matter examined includes self-efficacy development in nursing faculty members, clinical instructors and nursing students. Finally, an additional article was reviewed related to self-efficacy development in related areas outside of nursing education. This area included one article focusing on self-efficacy development in award winning professors in the academic setting.

Table 2.1: Literature search strategy

| | | | | | |
|--|------------------|---------------|------------------|-----------------|-------------------|
| Search Teams: (teaching-efficacy OR self-efficacy OR self-confidence OR confidence or efficacy) And (Registered Nurse or Nurse or RN) And (faculty OR Professor OR educator OR Instructor OR Teacher or Lecturer) | | | | | |
| Records identified through databased searching n=574 | | | | | |
| CINAHL n= 53 | Pubmed n= 189 | ERIC n= 20 | Medline n=242 | Scopus n= 52 | PsychINFO n=22 |
| Preliminary Screening, Removed: Non-peer reviewed articles Repeated Articles Articles examining self-efficacy in teachers outside of nursing and/or postsecondary education, self-efficacy in practicing nurses, nurse researchers, new graduate nurses, nurse specialists, nurse administrators, nurse educators in the hospital environment, nurse practitioners, patients. Articles examining the transition to clinical instructor, nurse practitioner, student to RN, graduate to RN, RN to administration, RN to advanced practice nurse, RN to researcher, RN's assisting the transition of patients. | | | | | |
| CINAHL n= 49 | Pubmed n= 56 | ERIC n= 6 | Medline n= 7 | Scopus n= 4 | PsychINFO n=22 |
| Articles Reviewed, secondary screening through abstracts n= 140 | | | | | |
| CINAHL n = 29 | Pubmed n= 11 | ERIC n=2 | Medline n=0 | Scopus n=0 | PsychINFO n=2 |
| Final Review of full text articles | | | | | |
| Final articles reviewed n=40 | | | | | |
| Articles Directly Related to Topic n=14 Initial Search Limited to 5 years: n= 11 Secondary Search Limited to 10 years: n=13 Tertiary search no limit on article age: n=14 Articles Indirectly Related to Topic: n=30 | | | | | |

Self-Efficacy Theory

Albert Bandura is a psychologist who developed the theory of self-efficacy. Bandura (1997) defines self-efficacy as “the belief in one’s capabilities to organize and execute the courses of action required to produce given attainments” (p. 3). Self-efficacy theory suggests that an individual’s perception of his/her ability to perform a task and the strength of that belief, directly impacts his/her ability to successfully perform that behaviour. Self-efficacy regulates a

person's motivation, thought processes, affective states, actions and how well they respond to environmental conditions (Bandura, 1997). Specifically, Bandura (1997) states that "unless people believe they can produce desired effects by their actions, they have little incentive to act" (p. 3). Self-efficacy's impact on an individual's intent to persevere in the face of obstacles is also important. In the Goodrich (2014) study on role transition, the majority of academic nurse educators sampled had high rates of self-efficacy and also indicated that they intended to stay in the role, despite the difficulties and obstacles they faced.

Self-efficacy is a holistic synergy of several human subsystems working together to serve a specific purpose. An individual's cognitive, social, emotional, and behavioural skills work together to determine whether a person will choose to act, how much effort she/he put forth, how she/he respond to challenges, and how she/he perceives success in performing an action. As a multifaceted phenomenon, self-efficacy must also be considered in concert with the context of external factors within the environment (Bandura, 1997). Self-efficacy has been used extensively in psychology, healthcare and education.

Related Terms

Self-efficacy is also commonly referred to in the academic literature as personal-efficacy or self-confidence. These terms are regularly used interchangeably by Bandura in his book *Self-efficacy: The exercise of control* (1997) and by authors of various articles examining the development of self-efficacy. Although these terms are regularly used interchangeably in the body of evidence examining the theory, it is important to note that there are key distinctions between confidence and self-efficacy. Bandura (1997) describes confidence as a general feeling of certainty about an individual's ability but does not necessarily specify what behaviours the

feeling is associated with, nor the strength of those feelings. Where confidence is general, self-efficacy is specific. It is a strong belief of certainty in one's ability to perform a specific behaviour successfully (Bandura, 1997). Additionally, the term teacher-efficacy is also used in several articles examining the self-efficacy of educators. Teacher-efficacy examines both an educator's self-efficacy and her/his instructional-efficacy (Bandura, 1997). Teacher-efficacy is the teacher's belief in his/her personal ability to produce behaviours that will allow him/her to be successful as a teacher (Bandura, 1997). Instructional efficacy is a teacher's belief in his/her ability to motivate and educate students through counteracting any adverse influences in the students' personal lives on their academic developments (Bandura, 1997). Although teacher-efficacy is related to self-efficacy, it examines concepts beyond self-efficacy alone. The focus of this study will remain on self-efficacy in novice nursing faculty members teaching in the classroom setting as this is a concept that has not been thoroughly investigated.

Sources of Self-Efficacy

Bandura (1997) identified four sources that directly impact a person's self-efficacy. These sources of self-efficacy include enactive mastery experiences, vicarious experiences, verbal persuasion, and psychological and affective states.

Enactive Mastery Experiences

Enactive mastery experiences are those where the individual is actively participating in the behaviour being examined. Mastery experiences are a direct indicator of an individual's capability to perform the behaviour in which she/he is actively engaged. Bandura (1997) identifies mastery experiences as the most influential source of self-efficacy formation as they provide the most authentic evidence that a person can do what is necessary to be successful.

Mastery experiences are the most effective way of developing self-efficacy as success builds a robust belief in one's abilities (Bandura, 1997). Bandura suggests that mastery experiences go beyond just adopting and implementing pre-established behaviors, by requiring the individual to develop and use cognitive, behavioral, and self-regulatory tools required for the expected outcome of the activity (Bandura, 1997). The power of mastery experience for new nurse educators was reinforced by Nugent et al. (1999) in their study. The authors identified that nurse educators became more confident in his/her ability to execute effective teaching behaviors when he/she received direct experience in classroom teaching. This relationship is also seen in studies examining the self-efficacy of clinical instructors, where previous experience teaching in clinical practice was positively related to self-efficacy (Kim & Shin, 2017). Additionally, the impact of negative experiences on self-efficacy was discussed in a recent study on the experience of new nursing faculty members. The consensus of the participants in this study was that it took 2 to 3 years to feel confident and 3 or more years before feeling competent in their role as a nursing faculty member. This timeline for development of self-efficacy was extended if they had trouble within their first years of teaching (Gardner, 2014).

Vicarious Experiences

The second source of self-efficacy is through vicarious experiences of others. Seeing others in a similar role to the observer succeed through perseverant effort prompts the belief that it is possible for them to succeed at the activity as well (Bandura, 1997). The impact of vicarious experiences on the observer directly relates to how similar the model is to the observer. Although generally, not as impactful as mastery experiences, there are several situations where vicarious experiences are more impactful on the development or hinderance of self-efficacy (Bandura, 1997). If an individual is uncertain about their own capabilities or have high levels of self doubt

from mixed experiences of success and failure, she/he often relies heavily on modeled behaviour to improve self-efficacy. Additionally, vicarious experiences can decrease the impact of a failure experience on the observer when the behaviours are displayed through modelling (Bandura, 1997). Mentorship plays an important role in vicarious experiences by either increasing or decreasing self-efficacy. In a recent phenomenological study examining the transition of new nurse educators into the academic role, all participants identified the importance of either formal or informal mentorship (Gardner, 2014). Mentorship was also identified as a major contributor to retaining new nursing faculty members (Goodrich, 2014; Huybrecht, Loeckx, Quaeyhaegens, Tobel, & Mistiaen, 2011). Care must be taken when a mentor presumes the mentee's self-efficacy appraisal. When a mentor and a mentee have different interpretations of the mentee's self-efficacy level, the relationship can have a negative effect on the mentee's self-efficacy. The impact of misaligned appraisals of self-efficacy was supported in a study examining undergraduate and graduate nursing students. The authors identified that the faculty mentors and the students perceived the student's self-efficacy differently, where the students rated their level of self-efficacy lower than their mentors. The authors assert that misaligned expectations can lead to negative mentoring relationships (Lev, et al., 2010).

Verbal Persuasion

The third source of self-efficacy is through verbal or social persuasion. Verbal persuasion includes encouragement that the individual has the capabilities to successfully implement a specific behaviour from a family member, friend, peer, mentor, or supervisor. Bandura (1997) suggests that if a person is verbally persuaded that they possess the capabilities to succeed at a task, they are more likely to put in the effort to succeed. Verbal persuasion alone may be limited in increasing an individual's self-efficacy; however, if an individual is struggling and

experiencing self-doubt, verbal persuasion can increase that person's belief in their ability to perform a behaviour successfully. Conversely, if an individual persuades someone that they can be successful and raises their self-efficacy to unrealistic beliefs in one's ability, she/he may attempt that behaviour when she/he does not have the ability to be successful. Failures in this circumstance can discredit a mentor-mentee relationship and decrease an individual's self-efficacy (Bandura, 1997). In addition to vicarious experiences, mentorship plays an important role in verbal persuasion. Bandura suggests the impact of verbal persuasion is also influenced by the knowledge and credibility of the person providing it, demonstrating a need for mentorship and peer support groups. Goodrich (2014) indicated that confidence was positively correlated with support in the form of mentorship to those transitioning to the academic nurse faculty role. The importance of verbal persuasion in development of self-efficacy was also examined in clinical instructors, where the importance of continuous mentorship and peer support groups for novice clinical instructors was suggested (Kim & Shin, 2017).

Physiological and Affective States

The fourth source of self-efficacy is physiological and emotional state of the individual. This includes a person's physical, emotional, and mental health, overall health functioning, and the ability to cope with physical and psychological stressors. An individual's physical ability to perform a behavior impacts their self-efficacy. If an individual believes she/he has the physical capability to perform an activity then she/he is more likely to apply the required effort to be successful (Bandura, 1997). Emotional states also impact a person's ability to accurately assess her/his ability to perform a specific task and further impacts a person's self-efficacy. A person relies on her/his physiological and emotional states to judge her/his capabilities accurately and can misinterpret lack of stamina, stress or anxiety as poor performance instead of an altered

physiological or emotional state (Bandura, 1997). To successfully enhance an individual's self-efficacy a person is required to enhance their physical status, decrease negative emotions, and have an accurate assessment of their personal bodily states (Bandura, 1997). Many studies in nursing education that focus on physiological and affective states, focus on anxiety. The relationship between anxiety and its impact on self-efficacy was examined in nursing students participating in simulation-based learning exercises. Holland, Gosselin and Mulcahy (2017) argue learning is negatively impacted by the high levels of anxiety some students experience during simulated experiences, ultimately decreasing their self-efficacy and overall performance in the activity. This anxiety was reduced using relaxation techniques leading to increased self-efficacy scores. The results of this study demonstrate a reciprocal relationship between physiological and affective states and self-efficacy. Physiological and affective states can have a negative impact on an individual's self-efficacy, which ultimately leads to poor behavioural performances and outcomes. As previously indicated, many new nursing faculty members experience high levels of anxiety and emotional exhaustion increasing their likelihood to leave academia (Yedidia, Chou, Brownlee, Flynn, & Tanner, 2014). High levels of emotional exhaustion and anxiety are common in nursing faculty members. Regardless of years of experience as many as 40% of faculty members indicate high levels of emotional exhaustion and one third of nursing faculty members indicated their intent to leave the academic setting within 5 years (Yedidia et al., 2014). However, the population with the highest intent to leave is the faculty with the fewest years of experience teaching in the academic setting (Garbee & Killacky, 2008).

Self-Efficacy in Nursing Education

There have been several studies conducted in nursing education that have focused on the development of self-efficacy in specific populations. Most commonly, self-efficacy development is examined in nursing students in several academic and clinical behaviours. Additionally, several studies have been conducted on clinical instructors. One area that has not been investigated is the examination of self-efficacy in novice nursing faculty members teaching in the classroom in undergraduate nursing programs. Only one article was found that addressed self-efficacy development in new nurse educators directly, while a further three discussed confidence in the transition from clinical practice to the role of academic nurse educator. The remainder of the articles examined self-efficacy development in undergraduate nursing faculty members focused on specific roles, areas of teaching, technology, or research and scholarship.

Self-Efficacy Development in New Nurse Faculty Member

Nugent, et al., (1999) examined the development of teacher-efficacy in 346 new nurse educators using surveys. The authors discovered that new nurse educators became more confident in their ability to execute effective teaching behaviors when they received instruction or experience in classroom teaching, highlighting the importance of mastery experience in the development of self-efficacy (Nugent et al., 1999). The authors were concerned for the future of nursing education as they predicted a faculty shortage due to an aging population of instructors and fewer nurses preparing to enter formal teaching positions. This concern was compounded by the increasing emphasis on technology in teaching, the emphasis on critical thinking in students, and the need for increased use of active learning strategies in the classroom setting (Nugent et al., 1999). The use of technology in education has exploded. Nursing instructors are expected to

implement educational methods and design that revolve around technology, such as high-fidelity simulation, hybrid and online learning. Additionally, there is a major shortage of nursing faculty adding to the nursing shortage seen the world over (American Association of Colleges of Nursing, 2017). Apart from this single article, there were no further articles discovered that examined the development of self-efficacy in novice nurse faculty members working in undergraduate nursing programs.

Self-Efficacy in Transitioning to the Educator Role

Self-efficacy plays an important role for nurses transitioning to an academic teaching position. Due to the global shortage of nurse educators, many practicing nurses are being appointed or expected to take positions as educators without sufficient preparation or education (McAllister, Williams, Gamble, Malko-Nyhan, & Jones, 2011). In examining role transition of nurses to academic positions, Goodrich (2014) examined readiness, confidence, and locus of control as factors that influence the transition. The study examined confidence based on a nurse's belief in his/her ability to transition into the educator role. The study did not look specifically at novice nurse faculty members, however most of the participants had fewer than 10 years experience teaching. The author identified that confidence played a major role in effective transition for new nursing faculty members (Goodrich, 2014). Although confidence was only one factor examined in this study, many of the nurses who were surveyed rated their confidence as high which facilitated a successful transition to the role of nurse educator. It is important to note that the Goodrich's focus on locus of control should be taken with caution when considering an individual's self-efficacy. Bandura (1997) identified conflict between examining locus of control and self-efficacy as many researchers incorrectly identify these two concepts as the same thing. Bandura (1997) argues that locus of control and self-efficacy have no relationship to one another,

and that locus of control is an inconsistent predictor of human behaviour. This argument indicates the need for further studies directly examining self-efficacy development in novice nurse faculty members.

A further study identified lack of confidence as a barrier to role transition and examined the transition of sessional nursing instructors to fulltime academic faculty. The participants in this study indicated confidence in their ability to teach when they were sessional instructors, however their confidence decreased significantly when they took on a permanent academic position (McDermid, Peters, Daly, & Jackson, 2013). The faculty members decrease in confidence was attributed to lack of understanding of the role and responsibility of an academic faculty member when compared to that of a sessional instructor. This led the new faculty members to over work, have increased feelings of burnout, and excessive workload leading to further decline in confidence. Anxiety was also felt over their colleague's perceptions of them as an assessor as many felt unprepared for accurately evaluating nursing students (McDermid, et al. 2013). Anxiety has also been shown in other populations to negatively impact self-efficacy development leading to poor performance (Holland et al., 2017; Connors et al., 2017; McMullin, Jones & Lea, 2012).

Gaining confidence and competence as a nurse transitions to a new role takes time. Gardner (2014) identified that it took most of the new nursing faculty members in her study 2 to 3 years before gaining confidence and more than 3 years to feel competent in their role as an academic nurse educator. Vicarious experiences and verbal persuasion in the form of mentorship played a crucial role in the development of a new nurse educator. Many novice nurse educator's behaviour and teaching styles are modelled on what they have seen and experienced from their own instructors in the past (Gardner, 2014). Although all participants identified the importance

of mentorship, some did not experience this essential relationship through their transition. Many participants had to direct themselves on how to gain teaching skills and most wished that they had more formal preparation for teaching before starting in their educator role (Gardner, 2014).

In examining the experiences of nurse midwives transitioning to teaching roles in an undergraduate nursing program, Doherty (2017) identified the important role that confidence and competence plays. However, the author and the participants did not discuss these 2 concepts from the teacher's perspective, instead they examined the student's perspective. Doherty (2017) indicated that clinical expertise and advanced educational preparation increased the participants' confidence. The participants indicated that the need for confidence and competence in the roles are essential in demonstrating to the student's high-quality healthcare (Doherty, 2017).

Self-Efficacy Development in Specific Practice Areas of Nursing Faculty Members

Although there are few studies examining the development of self-efficacy in novice nursing faculty members teaching in undergraduate nursing programs, there are studies examining self-efficacy development in nursing faculty members that focus on specific behaviours that are relevant to classroom teaching. This literature examines nurse faculty members confidence with technology (Dowie & Phillips, 2011; Robina & Anderson, 2010), subject matter (Waddell, Spalding, Navarro & Gaitana, 2015; Coogle, Hackett, Owns, Ansello & Mathews, 2016; McDermid et al.2013; Donnelly, Nersesian, Foronda, Jones & Belcher, 2017; Orta, Messmer, Valdes, Turkel, Fields, & Cardenas, 2016), and research methodology (Wilson, Sharrad, Ramussen & Kernick, 2013). Even though many of these studies examine confidence, many of them do not examine self-efficacy directly. Instead, these studies discuss how confidence correlates with several other concepts such as competence and knowledge. Few

studies examine the sources of self-efficacy development, what supports or hinders participants confidence or how faculty members gain self-efficacy in the various areas studied.

As teaching methodologies continue to evolve, several researchers have shown an interest in examining faculty members experience using technology to teach in nursing programs. Two areas that have been widely investigated is faculty self-efficacy in using i) high-fidelity simulation and ii) online teaching. With a shortage of clinical placements throughout Canada, the utilization of simulation is more common in nursing education. Using high-fidelity mannequins, many students can participate in acute high-risk scenarios that are rare in clinical practice with no impact on patient safety (Lewis, Strachan & McKenzie Smith, 2012). However, simulation requires complex technology, an emphasis on reflection through debriefing, and an approach to teaching that is closer to clinical practice than to classroom teaching. Many schools are implementing simulation to substitute clinical experience without providing formal preparation in simulation pedagogy for their faculty (Beroz, Schneidereith, Farina, Daniels, Dawson, Watties-Daniels, & Sullivan, 2020). As such, there is interest in investigating faculty confidence in using simulation as a teaching methodology. In their review of the literature, Dowie and Phillips (2011) used an informal questionnaire to identify that although many faculty members teaching nursing students using simulation and see its benefit as an educational tool, many also lack confidence and feel unprepared with simulation as a teaching method. Most faculty members also identified that some form of formal education in simulation would increase their confidence in using simulation as a teaching methodology. This was confirmed by Beroz et al. (2020) who implemented a 3 day train-the-trainer program focusing on simulation pedagogy and found that self-confidence of the faculty and the quality of simulation programming increased following the course. Dowie and Phillips (2011) indicate that research examining the anxieties

and attitudes of lecturers involved in high-fidelity simulation had not yet been investigated.

Although this review is 7 years old this continues to be true today as no articles were discovered beyond this review examining self-efficacy in utilizing high fidelity simulation as a teaching method.

Online teaching is an area that has been investigated directly using self-efficacy as a framework. Like simulation, online teaching is a methodology that relies heavily on the use of technology and instruction in a format that is different than face-to-face delivery. With an increasing demand for more nurses, and a need to become more flexible in today's learning landscape, the adoption of online and blended learning is becoming more common. In a study examining the variables that affect a nurse faculty members' self-efficacy and participation in online teaching, Robina et al., (2010) found that high online teaching efficacy scores correlated positively with mastery and preparatory experiences. In the study, the authors found that the majority of the 140 nurse educators surveyed had strong levels of self-efficacy for teaching through online delivery. The level of self-efficacy was higher for those who taught courses that remained entirely online as opposed to those in blended and face-to-face classes, indicating a strong support for the impact of mastery experiences on those educator's self-efficacy. Additionally, those who received preparatory experiences such as peer mentoring and instructional support persons also had increased self-efficacy. The authors argue that understanding how faculty members gain self-efficacy in online teaching methodologies will assist higher education administrators in facilitating more online teaching participation which ultimately will increase the confidence of those teaching through online delivery (Robina et al. 2010). Faculty development and experience teaching online was also demonstrated to increase self-efficacy in nursing faculty members in a recent study examining self-efficacy and

satisfaction with teaching online course in nursing faculty members (Hampton, Culp-Roche, Hensley, Wilson, Otts, Thaxton-Wiggins, Fruh, & Moser, 2020).

As nursing becomes more specialized and demands for different specialty areas are introduced to nursing programs, there also are studies examining nursing faculty confidence in teaching complex content. Delivering subject matter in which the individual faculty member may not be comfortable was a concept examined by McDermid et al. (2013). In their study, many of the participants stated that when they were sessional instructors, they could teach subjects for which they were clinical experts. This ability to choose the courses they were teaching changed when they became permanent faculty members. Many were regularly asked to teach subject matters where they lacked clinical expertise, decreasing their confidence in their ability to teach effectively (McDermid et al., 2013). In another study examining nurse faculty knowledge of and confidence in teaching genetics and genomics, the authors identified that more than 50% of respondents indicated a lack of confidence in teaching the subject matter. With this data the authors developed a faculty development initiative focused on addressing knowledge and confidence gaps in subject matter teaching that they believe would increase nursing faculty members confidence and competence (Donnelly et al., 2017). A similar study examined the lack of evidence-based practice knowledge and competencies in college faculty in nursing programs in the south eastern United States. The authors discussed faculty members' lack of knowledge and competence in translating evidence to practice, as well as organizational barriers as the rationale to why implementation of evidence-based practice in classes was not sufficient (Orta et al., 2016). The authors discovered that after an educational intervention, faculty members rated their self-confidence higher than in the pre-intervention survey, indicating that the intervention was effective in increasing their self-confidence. Respondents reported an increased ability to

discover, summarize, translate, practice, and evaluate evidence-based practice (Orta et al., 2016). These findings are consistent with other studies examining the use of educational interventions to improve the confidence of nursing faculty members in teaching specific subject matter (Waddell et al., 2015; Coogle et al., 2016).

Self-Efficacy in Additional Areas of Nursing Education

In addition to examining faculty members development of self-efficacy, self-efficacy theory has been used to examine several facets of nursing education. Studies have applied self-efficacy theory to investigate behaviour in clinical instructors and nursing students.

Self-Efficacy in Nursing Clinical Instructors

Clinical instructors play a vital role in the development of nursing students. Clinical instructors are often required not only to assist a nursing student to develop the knowledge, skill, and attitudes of a nurse within a specific area of clinical practice, but also to facilitate a student's integration of theory into practice. Like faculty members teaching in the classroom, many clinical instructors are expected to teach students without formal preparation for teaching. Although many instructors have expert clinical experience and skill, this does not necessarily translate into expertise in the ability to teach students (Nguyen et al., 2017). Regardless of the methodology and setting, teaching adults requires a strong grasp of educational principles, clinical competence, and a high level of self-efficacy and many novice clinical instructors feel that they are burdened as teachers without sufficient education or support (Kim & Shin, 2017; Nguyen et al., 2017). This lack of support and preparedness has demonstrated a negative impact on the clinical teaching experience for the instructor and the students (Nguyen et al., 2017). In their study of the development of teaching-efficacy in clinical instructors, Kim & Shin (2017)

identified that clinical instructors who had rated their teacher-efficacy the highest were participants with over 10 years of experience, those with a master's degree, and nurses who were in the charge nurse position. Although nursing students benefit most from instructors who had sufficient experience and had taught in the clinical environment previously, clinical teaching is often provided by nurses who have minimal experience teaching and do not have education in teaching methodology (Kim & Shin, 2017). The authors argue that although experience and education were variables seen in instructors who had the highest level of self-efficacy, it was more likely that nurses with less than 10 years clinical experience were to be in the clinical instructor role, indicating a need for improvements in teaching-efficacy in that population (Kim & Shin, 2017).

For clinical educators, there are several factors that increase self-efficacy. In one study, length of clinical experience demonstrated the highest positive effect on teaching-efficacy (Kim & Shin, 2017). Additionally, previous experience and formal education in teaching also positively impacted self-efficacy (Kim & Shin 2017). Simulation can also be used as a teaching tool to increase competence and self-efficacy in clinical educators prior to teaching students in the clinical environment (Hunt et al., 2015; Crocetti, 2013). Orientation and faculty education that allows clinical instructors to improve competencies in clinical skills and clinical teaching also increase self-efficacy (Crocetti, 2013). The use of simulation and formal education supports Bandura's (1997) notion that mastery experiences are the most influential on the development of an individual's self-efficacy. Furthermore, the importance of formal education, orientation for clinical instructors as well as the need for continuous mentoring, peer support groups, and formal education are identified to improve teaching efficacy (Kim & Shin, 2017; Sheppard-Law, Curtis, Bancroft, Smith, & Fernandez, 2018; Weston, 2018). The use of peer groups and mentoring

support the impact of self-efficacy development through vicarious experience and verbal persuasion (Bandura, 1997). Many clinical instructors unfortunately feel isolated from their employer, the schools of nursing with which they are associated and desire individualized mentoring and support in teaching and learning methodology (Roberts, Chrisman, & Flowers, 2013).

Self-Efficacy in Nursing Students

There have been several studies conducted on self-efficacy development in nursing students in many aspects of their educational experience. Educators can benefit through understanding the development of self-efficacy in nursing students, as it improves student learning (Townsend & Scanlan, 2011). Studies vary from examining students' experience in clinical practice (Kassem, Elsayed, & Elsayed, 2015; Livsey, 2009; Sung, Huang & Lin 2015), mastery of practical skills (McMullan et al., 2012; Chan, 2015; Roberts, Vignato, Moore & Madden, 2009; Shahsavari, Ghiyasvandian, Houser, Zakerimoghadam, Kermanshahi & Torabi, 2017), the impact of simulation (Lubbers & Rossman, 2016; Wagner, Bear & Sander, 2009; Cummings & Connelly, 2015; Holland et al., 2017), the transition to the graduate nursing role (Henderson, Rowe, Watson, & Hitchen-Holmes, 2016), and lifestyle choices of the students (Chan, 2014). In examining peer-reviewed journal articles on self-efficacy development in students, a student's self-efficacy positively impacts their ability to perform specific behaviours successfully, improving performance outcomes in their nursing programs.

Clinical practice is a form of mastery experience that prepares students for nursing practice and is the best indication of an individual's ability to be successful in their future careers as nurses. Many students struggle transferring knowledge learned in the classroom to practice in

the clinical environment. Initiatives that are used to assist in increasing self-efficacy in these areas prepares students for the clinical environment (Sung & Lin, 2013; Sung, Huang & Lin, 2015). In examining the confidence and expectations of caring for older people with dementia in clinical practice, Baillie, Merritt, Cox, and Crichton (2015) discovered that students in later years of their nursing program and those who had pre-course contact with a person with dementia had higher ratings of confidence in caring for the population. Previous practice in a clinical environment and experience working with people with dementia positively impacted their confidence as well. Clinical practice also plays an important role in developing student nurse's self-efficacy through vicarious experience and verbal persuasion in the form of mentorship from the clinical nursing instructor. Clinical instructors are the role models of practice to which the students aspire to be, observing successful behaviours portrayed and receiving positive encouragement from clinical instructors is vital to support the professional development of nursing student's self-efficacy. In examining the impact that clinical faculty leadership has on the self-efficacy of nursing students, the authors discovered a low but positive relationship between leadership and self-efficacy development (Livsey, 2009). Unfortunately, negative experiences can have the opposite effect on a student's self-efficacy. Bullying in the clinical environment has a significant impact on nursing student's self-efficacy by decreasing it, leading to poorer performance, decreased concentration, and feelings of incompetence (Kassem et al., 2015).

Simulation is a common strategy in which self-efficacy is examined in nursing students. Practice in a simulated environment has been linked to increased self-ratings of confidence in nursing students (Lubbers & Rossman, 2016). The nursing students' confidence in his/her performance of skills translate effectively from the simulated to the clinical environment (Wagner et al., 2009). Studies generally look at simulation as a means to increase student nurses'

self-efficacy through mastery experience by practicing in a simulated healthcare environment. Simulation has been demonstrated to increase nursing student's confidence through repeated successful experiences (Cummings & Connelly, 2015). High levels of anxiety related to simulation activities is associated with decreased self-efficacy and performance outcomes. Anxiety has a negative impact on the student's ability to learn, demonstrating how emotional arousal affects self-efficacy. Many students are able to decrease their anxiety levels through the use of relaxation techniques leading to increased reports of self-efficacy levels (Holland et al., 2017). In a further study examining the use of a novel approach to teaching students' strategies for spiritual caregiving, the authors found that students had high levels of anxiety and frustration related to the simulation activity, despite having classroom-based learning on the subject matter. After a mid session debriefing and the use of a cognitive guide tool during the simulation, students' anxiety levels decreased and confidence increased during the simulation (Connors et al., 2017).

Self-efficacy development related to specific clinical skills is an area that also examined in nursing students. Both the positive impact of good performance and negative impact of poor performance in mastery experiences and the impact of emotional arousal were highlighted in McMullan et al. (2012) study. Mastery experience in the form of success or failure on dosage exams presented as having the most significant relationship to students' self-efficacy level. Students who failed a math test had significantly higher anxiety levels related to dosage calculation exams, negatively impacting their self-efficacy levels and performance outcomes on future tests. Those students who performed successfully on previous math or medication dosage calculation tests reported lower levels of anxiety, had higher levels of self-efficacy, and performed better on future tests (McMullan et al., 2012). Medication dosage calculations are an

area that appear to cause a large amount of anxiety in nursing students. The students' anxiety had a direct relationship with their self-efficacy and performance on medication dosage calculation exams. Students with high levels of anxiety related to math performance negatively impacted their self-efficacy ratings in dosage calculations. These students also performed poorly on their drug calculation exams. Conversely, there was a significant positive relationship between a student's math self-efficacy and performance in medication dosage calculations (McMullan, et al., 2012). McMullan et al. (2012) suggest that an effective way to improve a person's self-efficacy is through verbal persuasion such as positive encouragement and constructive feedback. Similarly, vicarious experience's impact on self-efficacy has been examined in nursing students. The use of positive and negative example cases of vicarious experience of a medical incident involving urinary catheterization, Chan (2015) identified an increase in self-efficacy in both the positive and negative examples when compared to the control group. Chan (2015) argues that using vicarious experiences, through observing errors through case scenarios that are shed in both a positive and negative light can increase both the self-efficacy and the performance outcomes of a student performing a catheterization.

The impact of verbal persuasion in the form of mentorship was examined in Roberts et al. (2009) study regarding skill building and confidence in freshmen nursing students. Freshman students were offered a faculty and peer led skill session following their summer vacation to assist in reviewing psychomotor skills and increasing his/her confidence. Senior students were provided with mentorship training prior to leading the session. Senior students were trained to provide freshman students with praise and encouragement, which in turn increased their confidence and performance. This study supports the importance of mentorship on the development of self-efficacy (Roberts et al., 2009). It also demonstrated the importance of peer

mentorship, as Bandura (1997) suggests that the closer the model of vicarious experiences are to the observer, the larger the impact the experience will have on the observers' self-efficacy. The effectiveness of a clinical skills refresher course in reducing clinical performance anxiety and increasing self-efficacy in undergraduate nursing students was also explored by Shahsavari et al. (2017). Following the implementation of a 3-day clinical skills refresher course prior to entering their senior practicum, all students reported experiencing lower anxiety and higher self-efficacy levels. The students who participated in the initiative also demonstrated effective clinical skills during their senior practicum supporting the notion that improved self-efficacy leads to improved performance (Shahsavari et al., 2017).

Self-Efficacy Development in Other Related Disciplines

Several articles examined self-efficacy development in areas related to nursing and education. These included the development of self-efficacy in practicing nurses, hospital-based nurse educators, patients, and teachers in primary and secondary schools. Similar themes to those examined and explored in nursing education, supporting Bandura's (1997) theory that high levels of self-efficacy lead to predictable behaviours and improved outcomes. However, the development of self-efficacy in professors in other university-based programs has not been examined. Only one article discovered examined the development of self-efficacy in undergraduate university professors (Morris & Usher, 2011).

Morris and Usher (2011) examined the development of self-efficacy in award-winning university professors throughout the United States. The authors argued that pedagogical preparation of professors in universities and colleges in the United States is inconsistent, with many receiving minimal support. The study examined the sources of self-efficacy in professors

who were recognized for excellent teaching and success in their careers (Morris & Usher, 2011). In interviewing 12 award winning professors, the four sources of self-efficacy identified by Bandura were supported as effective in increasing confidence and performance outcomes. The authors identified that mastery experiences provided the highest impact on their development of self-efficacy. Mastery experiences included perceived successful instructional experiences, mastery of content, master of pedagogical skills, and student achievement. Participants also indicated that framing negative experiences in teaching as anomalies and learning from these experiences enhanced their self-efficacy (Morris & Usher, 2011). Vicarious experiences were also an effective source of self-efficacy development. Professors indicated that learning from other professors and comparing themselves to his/her peers was efficacious in their self-efficacy development (Morris & Usher, 2011). Social persuasion was an important aspects of the professor's self-efficacy development. Although many of the studies examined the need for support through mentorship, the participants in this study identified student evaluations, informal and formal student comments, and teaching awards as the most influential forms of social persuasion. The professors also indicated that other university professors seeking support and mentorship from them increased their self-efficacy (Morris & Usher, 2011). Finally, the participants identified physiological and affective states correlated with their self-efficacy development. The ability to regulate feelings and physiological states was necessary to developing self-efficacy (Morris & Usher, 2011).

Although this study provided excellent insight into the development of self-efficacy in professors that achieved high levels of self-efficacy and success, there are variables in this study that do not apply to novice faculty members teaching in undergraduate nursing programs (Morris & Usher, 2011). None of the 12 participants in this study were nursing professors teaching in

undergraduate nursing programs. With nursing education's strong focus on experiential learning, there is a potential that some of the experiences of these professors may not be relevant to nursing faculty members. Each of the participants also had several years of experience prior to participating in the study and were not considered novice educators. The participant with the fewest years of experience had 15 years of teaching, while others ranged from 18 to 42 years of experience teaching at the undergraduate level (Morris & Usher, 2011). Several of the experiences and examples of sources of self-efficacy identified in this study may also not apply to novice faculty members. The ability to see negative experiences as an anomaly in comparison to the years of positive experiences for example, may not be applicable to a faculty member that has only been teaching for a few years and has minimal experiences to use as comparison (Bandura, 1997). Novice faculty members also may not have received teaching excellence awards or requests to mentor other professors, which the participants saw as positive sources of social persuasion. Additionally, having the confidence to compare their effective teaching style to the poor performance of other professors, seeing nervousness as a positive source of self-efficacy, and seeing a high number of former students succeed in their academic and professional careers are also sources of self-efficacy that may not come without several years of successful teaching experiences (Bandura, 1997; Morris & Usher, 2011). The high level of experience highlighted in this study provides insight into the development of self-efficacy of professors who are successful in their careers that can be used as a motivational tool for new faculty members. This study does not however address the development of self-efficacy in novice professors who would still be considered at the beginning of their academic career. This gap in evidence supports the need of further examination of self-efficacy development in university professors, particularly in novice faculty members.

Summary of Literature Review

In this chapter a thorough review of the self-efficacy theory was provided. Albert Bandura's (1997) definition of self-efficacy was reviewed and the sources of self-efficacy were discussed in its relation to nursing education. An examination of self-efficacy theory's use in the empirical literature related to nursing education was also reviewed. Through examining the literature on the use of self-efficacy in undergraduate nursing program faculty members, clinical instructors and nursing students, support for self-efficacy development in education was provided. This support in conjunction with the lack of articles examining self-efficacy development in novice nursing faculty members demonstrates the need for further investigation into self-efficacy development in this population.

Chapter III: Methodology

Introduction

This chapter will discuss the methodology used for this research study. A description will be provided of the research design, sampling and recruitment techniques, data collection, and analysis process implemented. A discussion will also occur related to how trustworthiness was established, ethical considerations, and limitations of the study. A plan for dissemination of the findings was also be detailed.

Research Design

This study used an exploratory descriptive qualitative design. Exploratory research is ideal for phenomena that are little understood or not researched extensively (Polit & Beck, 2012). A qualitative descriptive study describes and documents aspects of a situation as it naturally occurs providing comprehensive summaries of a specific phenomenon (Polit & Beck, 2012). This qualitative design investigates the full nature of a phenomenon, the way it is manifested, and other factors to which it is related (Polit & Beck, 2012). Self-efficacy is a strong belief of certainty in one's ability to perform a specific behaviour successfully (Bandura, 1997). Self-efficacy must be examined within the specific context and behaviour in the population of interest (Bandura, 1997). As self-efficacy development is a phenomenon that has not been examined in novice nursing faculty who teach in the classroom setting, an exploratory descriptive study was warranted.

Sampling

Purposive sampling was used to select participants with a wide range of variation on the development of self-efficacy (Polit & Beck, 2012). Purposive sampling is a useful technique for

qualitative descriptive studies as it allows researchers to select cases that are rich in data (Sandelowski, 1995; Lambert & Lambert, 2012; Given, 2008). The majority of faculty member participants in Gardner's (2014) study who were interviewed averaged 3 years' experience before they felt confident in their abilities, while other studies of novice educators included participants with 5 years or less experience. To explore the development of self-efficacy, participants were recruited who were within their first 5 years of teaching. Inclusion criteria included faculty in an undergraduate nursing program with 5 years or less experience in teaching nursing fulltime. Faculty members include lecturers, instructors and/or professors in undergraduate nursing programs who work full-time with teaching in the classroom as their main responsibility. As identified by McDermid et al. (2013), the experience of sessional instructors presents as different from a full faculty member and as such, they were not included in this study. As this study aims to examine the experience of classroom instructors teaching in undergraduate nursing programs faculty members whose main responsibilities were conducting research, teaching in the laboratory, clinical or practicum setting and faculty members teaching in practical nursing programs or continuing education courses were not included.

Recruitment

Undergraduate nursing deans or departments heads from post-secondary institutions across Manitoba and Ontario were sent a letter describing the study to request access to potential participants from their faculty (Appendix A). Each post-secondary institution that agreed to participate in the study also required applications to their Research Ethics Boards for approval. Once the post secondary institutions Research Ethics Boards provided approval, participants were recruited through email invitation sent by the department head or the department's administrative support (Appendix C). Presentations were also completed at faculty meetings by

the departments administrative support (Appendix D). Potential participants contacted the investigator directly and were assessed for eligibility to meet the inclusion criteria and to be provided with further information about the study. Once participants were identified and agreed to participate in the study, data collection occurred at a mutually convenient time and location. Participants were selected from post-secondary institutions throughout Ontario and Manitoba. Participants were sent an information package describing the purpose of the study and any potential risks and benefits they can expect (Appendix E). The package also contained a consent form (Appendix F). This information package was sent to the potential participant for review prior to meeting for the interview. Nine participants were recruited to participate in the study and data saturation was achieved.

Setting

Data collection was conducted using face-to-face interviews either in person or using video conferencing software. Data collection occurred at a time that was mutually convenient to the investigator and the participant. The location selected occurred in a private setting to ensure participant confidentiality. Video conferencing interviews were used for participants more than 4 hours drive.

Data Collection

Data collection began by providing introductions and discussing the previously provided information related to the study. Participants were reminded that the study was voluntary, they could withdraw from the study at any time and were under no obligation to answer any questions with which they were uncomfortable. Individual semi-structured interviews were used due to their ability to discover the nature of the specific events under study (Sandelowski, 2000;

Lambert & Lambert, 2012). Face-to-face interviews allow participants to describe their experiences, account for observational data collected, and provide high quality and detailed information (Polit & Beck, 2012). When face-to-face interviews were not possible due to distance between investigator and participant, video conferencing software was used. In their study comparing the use of videoconferencing software for interviews with face-to-face and telephone interviews, Sedgwick & Spiers (2009) indicated that the use of video conferencing software was an effective method of data generation when face-to-face interviews are not possible and were superior to telephone interviews. This was highly related to the ability to observe visual cues in the interview that closely resemble in person interviews and rapport was easier to establish when compared to telephone interviews.

When comparing video-conferencing interviews to face-to-face interviews, video-conferencing interviews are excellent at being able to overcome geographical barriers. Participants may also feel more comfortable participating online, as they are able to participate from an environment of their choosing which may put them more at ease when compared to face-to-face interview. This can also increase their willingness to talk openly and honestly while also increasing privacy (Nehls, Smith & Schneider, 2015). The authors also indicate that the quality of the responses is similar between the two methods of data collection (Nehls et al., 2015). The video-conferencing interviews were conducted identical to the face-to-face interviews, with the only difference being that they would be conducted using a videoconferencing software that is convenient to both the interviewer and the participant. Videoconferencing interviews were audio recorded similar to the face-to-face interviews. The videoconferencing interviews were not video recorded.

Data collection in qualitative descriptive studies focuses on discovering the nature of specific events under study (Lambert & Lambert, 2012). Using self-efficacy theory to guide the questions, a semi-structured interview guide was developed to ensure that the essential topics were discussed, but allowed participants to talk freely of their experiences in the development of self-efficacy (Polit & Beck, 2012) (Appendix G). Field notes were collected to document observations, reflections, methodological issues, analytical, and personal data from the interviews (Polit & Beck, 2012). Demographic data related to age, years of experience in nursing, and years of experience teaching was gathered to assist in providing context to stated answers (Appendix H). A reflexive journal was also used throughout the data collection process. Reflexive journaling was used to document assumptions prior to data collection by recording the researcher's thoughts about the impact of previous life experiences and previous readings about the phenomenon assisting in the credible portrayal of the participant's experiences and a reduction in presenting internal bias that can come from experience and previous investigation into the phenomenon (Polit & Beck, 2012). The investigators reflexive journal was used to reduce bias, increase trustworthiness of the study and became part of the studies data. All participants were provided with a \$15 Tim Hortons Gift Card as a thank you for their time and participation in the study.

Table 3.1: Interview Questions Link to Research Questions and Self-Efficacy Theory

| Interview Question | Research Question | Theoretical link |
|---|--|--|
| 1. Tell me a little bit about your history as a nurse? When/How did you decide to get into education? | RQ1: What impact does transitioning from clinical nursing practice to novice faculty member in an undergraduate nursing program have on self-efficacy development? | Motivation to Teach, Mastery Experience, general confidence as a nurse (affective state) |

| | | |
|---|---|---|
| | | |
| 2. What was it like going from being a nurse to being a faculty member? | RQ1 | Transition of professional role. |
| a. PROMPT: How confident were you in your nursing career before moving into education? How did your confidence change once you started teaching? | RQ1 | Self-efficacy development Mastery Experience |
| b. PROMPT: <i>If the participant has previous teaching experience, ask about this transition as well.</i> Was there any difference between being (hospital based/clinical/sessional) instructor and being a full faculty member? | RQ1 | Sources of Self-Efficacy: Mastery Experience |
| 3. Tell me about your first year of teaching, what was your confidence like at the beginning? How has it changed over time to today? | RQ2: How do nursing faculty members gain self-efficacy in their ability to teach in the classroom environment? | Sources of Self-Efficacy: Mastery Experience |
| 4. Tell me about a time early in your time teaching as a faculty member in the classroom when you felt confident? What helped you feel confident? | RQ2 RQ3: What factors foster the development of self-efficacy in novice undergraduate nursing program faculty members? | Sources of Self Efficacy |
| 5. Tell me about a time teaching as a faculty member in the classroom when you didn't feel confident? What made you feel not confident? | RQ2 RQ4 | Sources of Self Efficacy |
| 6. While teaching in the classroom, what has helped make you feel more confident/what has made you feel less confident? | RQ2, RQ3, RQ4 | Sources of Self Efficacy: Mastery Experiences |
| a. PROMPT: How has the act of teaching in the classroom over time impacted your confidence? | | Sources of Self-Efficacy: Mastery Experience |
| b. PROMPT: Have you had any formal education or experience in teaching? How has this impacted your confidence? | | Sources of Self-Efficacy: Mastery Experience |

| | | |
|--|-----|--|
| c. PROMPT: If you can think of one person who has helped your confidence in teaching, who would it be? How have they helped? | | Sources of Self-Efficacy: Vicarious Experiences, Verbal Persuasion |
| d. PROMPT: How have the comments/actions of other faculty members impacted your confidence? | | Sources of Self-Efficacy: Verbal Persuasion |
| e. PROMPT: How have comments from your students and peers impacted your confidence? | | Sources of Self-Efficacy Verbal Persuasion |
| f. PROMPT: Did you ever feel nervous or anxious teaching? How did that impact your confidence? | | Sources of Self-Efficacy: Affective state |
| 7. If you could give advice to a new nurse faculty member, just starting to teach in the classroom, what advice would you give them to help increase their confidence? | RQ5 | Sources of Self Efficacy |

Data Treatment

Digitally recorded interviews were transcribed verbatim and entered into a password protected Word document. A transcriptionist was used and signed a confidentiality agreement prior to transcription occurring (Appendix I). Each participant was assigned a pseudonym that was used to assist in keeping information confidential and linking all information collected. However, the pseudonym would not be connected to their personal information and therefore, their interview data could not be connected back to them. The participant's name and contact details are only available on their signed consent forms which are located in a separate locked filing cabinet to the data. No personal identifiers are being kept with the collected data. All audio recorded interviews, transcripts, field notes and demographic data are identified using only the assigned pseudonym. Following transcription, the investigator reviewed the audio tapes to ensure that all information was captured accurately. Additional notes were written during the review to

identify any information that could not be accurately captured in a transcript, such as tone of voice and any audible changes in speech pattern. All physical data such as the participants' consent forms are kept in a locked filing cabinet away from the data. All digital data including the interview transcripts and the author's reflective journal are being kept in a password protected Word document, in a password protected folder on the investigator's personal computer. Digital audio recordings were only kept until transcribed and checked for accuracy and were stored in a password protected folder.

Data Analysis

Qualitative content analysis was used to analyse the data collected from the interviews. Qualitative content analysis is both a reflexive and interactive approach to data analysis and is a method that allows the codes to be generated from the data (Sandelowski, 2000; Lambert & Lambert, 2012). Conventional content analysis is also an appropriate approach when existing research literature on a phenomenon is limited (Hsieh & Shannon, 2005). Interviews were transcribed using intelligent verbatim and entered into a password protected Word document prior to analysis. The transcripts were read and reread while listening to the recordings to ensure completeness and correctness of the data. This process allowed the investigator to become immersed in the data (Hsieh & Shannon, 2005). Field notes were written after each interview and became part of the data. Data collection and analysis were conducted simultaneously to accommodate for new data and insights as the analysis unfolded (Sandelowski, 2000; Lambert & Lambert, 2012). Codes were generated from and systematically applied to the data through the course of the study. This method allows for the identification of commonalities and variations in the data that can be categorized into themes. Names for codes and categories were developed direct from the data (Hsieh & Shannon, 2005). Utilizing the audio recording, verbatim

transcripts, and field notes the process of open coding was used to identify category incidence, similarities, and differences (Hsieh & Shannon, 2005; Polit & Beck, 2012).

Establishing Trustworthiness

Lincoln and Guba's (1985) framework was used to ensure trustworthiness of the data. Initially, Lincoln and Guba (1985) outlined four criteria essential to establishing the trustworthiness of a study's methodology. These four criteria include: credibility, dependability, confirmability, and transferability. In addition to the original four criteria, the framework has also evolved to include authenticity as a fifth criterion for establishing trustworthiness (Lincoln & Guba, 1994).

Credibility

Credibility (Lincoln & Guba, 1985) refers to confidence that the data and its interpretation are presented as a truthful representation of the participants' experiences. To establish credibility, researchers need to carry out the study in a way that enhances the believability of the findings and take steps to demonstrate credibility of the interpretation of that data in research reports (Polit & Beck, 2012). Credibility in this study was established by using all-inclusive data collection techniques such as comprehensive field notes, audio recordings, and verbatim transcripts. During the interviews comprehensive field notes were gathered to assist in understanding the context of the interview, the participant's behaviour and demeanor, and how each of these items changed over the course of the interview. The use of audio recordings, verbatim transcripts and comprehensive field notes are an effective way of ensuring the credibility and authenticity of a study (Polit & Beck, 2012). Audio-recordings and verbatim transcripts were also used to increase the trustworthiness of this study. Audio-recordings and

verbatim transcripts provide an actual account of what was said during the interview that can be reviewed multiple times to ensure accuracy (Polit & Beck, 2012).

In addition to these strategies, reflexive journaling and committee chair review and debriefing were also used to increase credibility (Polit & Beck, 2012). Transcripts of the interviews were compared to the audio recording to ensure accuracy of the data. The transcripts were then compared with both the recordings and observational field notes to assist in providing a portrayal of both the participants' stated experiences and context of the interviews. Additionally, the confirmability and credibility of the data was enhanced by having the thesis committee chair independently review and analyze two transcripts to discuss a comparison of analysis findings (Polit & Beck, 2012).

Reflexive journaling was also used to assist in establishing the credibility and authenticity of the data. Reflexivity is an ongoing process during which the researcher systematically reflects on the context of knowledge construction and the researcher's effect in the collection, analysis and interpretation of the data. Reflexive journaling involves awareness that the researcher has a unique background, set of values and a social and professional identity that can affect the research process (Polit & Beck, 2012). As the investigator has been working in nursing education for multiple years, it is important to recognize that this experience and interest in the subject matter should be acknowledged for potential impact on interpretation of the data. Reflexive journaling was used to document assumptions prior to data collection. The researcher's thoughts about the impact of previous life experiences and previous readings about the phenomenon were documented, assisting in the credible portrayal of the participants' experiences and a reduction in presenting internal bias that can come from experience and previous investigation into the phenomena (Polit & Beck, 2012).

Finally, review and debriefing is a method to establish the credibility and confidence of a study. Debriefing provides a researcher the feedback of others who are experienced in the methods and phenomenon under investigation (Polit & Beck, 2012). Themes were provided to the thesis committee chair following initial interpretation of the data for review, scrutiny and feedback.

Dependability

Dependability refers to the reliability of the data over time and under similar conditions. It examines a study's ability to be replicated in a similar context with similar participants (Lincoln & Guba, 1985). Dependability in this study was established through a detailed decision and audit trail (Polit & Beck, 2012). An audit trail was used to ensure confirmability and dependability in the research process. An audit trail is a systematic collection of materials and documentation that would allow an independent researcher to come to similar conclusions about the data collected. The audit trail will include records of the raw data in the form of interview transcripts, coding and categorizing of themes and analysis through theoretical notes, process notes, reflexive journaling and information related to the development of instruments and drafts of the final report (Polit & Beck, 2012). Additionally, a decision log was kept and maintained regularly with rich detail to assist in developing confidence in the data and ensuring that the study can be repeated with accuracy.

Confirmability

Confirmability is the accuracy of the interpretation and representation of the data's relevance and meaning (Lincoln & Guba, 1985). The thesis chair independently analyzed two transcripts to facilitate confirmability. Confirmability ensures that the interpretation of the data is

directly related to the participants presentation of the data and is not invented by the researcher's thoughts or personal bias. Confirmability of this study was established through a detailed audit trail and thesis committee chair review and debriefing processes (Polit & Beck, 2012).

Transferability

Transferability refers to the ability of a study to be used by other populations, settings, or contexts. Although the researcher cannot establish the transferability of his/her study while it is being conducted, it is the researcher's responsibility to provide sufficient descriptive data so that a reader can evaluate the applicability of the data in other contexts (Lincoln & Guba, 1985). In this study, transferability was established through ensuring that the data was accurately represented, providing clear and accurate descriptions of the study data and using comprehensive field notes (Polit & Beck, 2012).

Authenticity

Authenticity refers to the extent which researchers fairly and faithfully represent a participant's experience. Ensuring authenticity presents the different voices of the individual participants in a representative way (Lincoln & Guba, 1994). There are several methods to increase the authenticity of a study. Methods used in this study to facilitate authenticity included using reflexive journaling, audiotaped interviews, verbatim transcripts, and impactful and descriptive writing styles (Polit & Beck, 2012).

Ethical Considerations

This study underwent ethical review from the University of Manitoba Ethical Review Board (ENREB). Access to participants was granted by individual post-secondary school nursing

department chairs and deans. Ethical approval from each post-secondary school that agreed to allow access to participants was received prior to recruiting participants to the study. Although individual schools had minor requirements for their ethics applications, the study methodology remained the same at each location as described above.

Potential Risks to Participants

As described in Article 2B of the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* (2014), the investigator anticipated that this study demonstrated minimal risk to participants as they will not be experiencing any risks beyond what they are already experiencing in their lives.

Participation in this study was voluntary. Participants provided written consent prior to the interview occurring (Appendix E). Coercion and deception were not used during this study. Participants were provided with a description of the purpose of the study prior to participating. Participants were made aware of their rights to refuse to participate in the study and if they choose to participate, their right to withdraw from the study at any time during and immediately following the interview. They were also advised of their right to not answer any questions they are uncomfortable with during the interview. If a participant chose to withdraw from the study, they were offered a choice to remove any data collected from them. Although access to participants was sought by the institutions where participants work, individual leaders were not made aware of which faculty members choose to participate in the study. Participants were made aware that their choice to participate or not participate in the study would not impact their career in any way.

All data was deidentified following collection and stored in a password protected Word document in a password protected file on a computer separate from the participants' personal

identifiers. Any quotes used in the study were generalized. All information was presented from a collective perspective.

Physical, psychological, emotional, economical, and social risks are not anticipated for participation in this study outside of the context of the participants' daily lives. Interviews about sensitive subject matter can occasionally bring up distressing emotions or feelings. Although this was not anticipated, participants were advised that they did not need to answer any question with which they were uncomfortable. Additionally, the interview would stop if the participant was perceived as distressed and would not continue without their expressed permission. Contact information for the participants' employee assistance program was provided to any participant experiencing distress. Employee assistance programs provide confidential support to employees and is accessible to employees of the post-secondary schools selected.

Potential Benefits to Participants

Participation in this study may benefit the participants. Reflecting on the development of self-efficacy may allow participants to identify what fosters and hinders their development of self-efficacy in teaching in a nursing program. This can benefit them by providing them with methods that can increase their self-efficacy. Participants will also contribute to the advancement of knowledge and scholarship in nursing education. Self-efficacy has been examined in several populations important to nursing education. However, there is a gap in understanding the development of self-efficacy in new nurse educators teaching in the classroom in undergraduate nursing programs, particularly in Canada. Both Nugent et al. (1999) and Goodrich (2014) identified that self-efficacy was important in transitioning to the role of a new nurse educator. Exploring the development of self-efficacy in new faculty members through exploratory descriptive qualitative investigation can assist in examining the experience of new faculty

members from their perspective (Polit & Beck, 2012). This study may be valuable for new faculty members as methods may be identified that can facilitate the development self-efficacy in novice staff members, increase his/her ability to teach effectively and satisfaction in his/her career. Additionally, in understanding what helps and hinders the development of self-efficacy in new faculty members in their initial years of teaching, nursing education administrators can develop strategies to enhance the recruitment and retention of new staff. As many schools across Canada are impacted by a faculty shortage requiring programs to over assign teaching workloads on a regular basis, developing strategies to recruit and retain nursing faculty members can assist in addressing the international shortage of nursing faculty members and ultimately, the global nursing shortage (American Association of College's of Nurses, 2017; Vandyk, Chartrand, Beke, Burlock & Baker, 2017)

Dissemination of Findings

A manuscript will be developed for publication in a peer reviewed nursing education journal. Findings of the study will also be presented at a nursing education conference. All participants will be provided with a brief summary of the findings in the form of a report if they wish to receive it.

Limitations of the Study

Self-efficacy is a reliable predictor of an individual's behaviour and outcomes of that behaviour. Nonetheless this study has limitations. Although this study was conducted at multiple postsecondary schools throughout Ontario and Manitoba, it was only conducted in a limited geographic area of Canada. As this is restricted to novice nursing faculty members, it may not be transferrable to faculty members in other programs or teaching in an environment outside of the

classroom. Additionally, this study asked participants to rely on reflecting on past experiences. Relying on memories and previous experiences, some as many as 5 years ago, may limit the accuracy of the data collected.

Summary of Methodology

This chapter reviewed the design and methodology selected for examining the self-efficacy development in new nursing faculty members. A description was provided for the design, sampling, recruitment, setting, data collection methods and data analysis process. The methods to ensure trustworthiness of the study and potential ethical considerations and study limitations were identified.

Chapter IV: Findings

Introduction

This chapter will discuss the findings of the research study examining self-efficacy development in novice educators working in the classroom. Interviews were conducted with novice nurse faculty members discussing their development of self-efficacy through their transition and beginning years teaching in the classroom. The term 'confidence' is used throughout this chapter as it is the term that was used most frequently by the participants during the interviews. The term confidence is regularly used interchangeably with self-efficacy by researchers and Bandura (1997) himself. The key differences between confidence and self-efficacy is discussed in chapter two. Demographic data describing the sample is provided. An overview of the findings including themes, subthemes, and categories discovered through the analysis of the data are supported by quotes provided by participants during the interviews.

Sampling Description

Nine participants were selected to participate in the study. Participants are presented as female to ensure anonymity. Additionally, all references to 'university' or 'college' by the participants were anonymized using generic language. The ages of the participants were from the 30-34 range to the 60-64 range. Most participants were between 45 and 49 years (n=3) or between 30 and 34 (n=3) years. There was one participant between the age of 40 and 44 and one participant between the age of 60 and 64. One participant did not disclose her age.

The majority (n=5) of participants had more than 15 years' experience as a nurse prior to teaching. Two participants had 5 and 9 years of experience; the majority had been teaching for 1

year or less at the time of the interview (n=4), with three additional participants who had been teaching between 2 and 3 years and two participants teaching between 4 and 5 years.

Table 4.1: Years of Experience Nursing

| Years of Experience Nursing | 1-4 | 5-9 | 10-14 | 15+ |
|-----------------------------|-----|-----|-------|-----|
| Abigail | | 1 | | |
| Amelia | | 1 | | |
| Beatrice | | | | 1 |
| Georgia | | | | 1 |
| Lucy | 1 | | | |
| Morgan | | | | 1 |
| Rachel | | | | 1 |
| Roberta | 1 | | | |
| Sarah | | | | 1 |

Table 4.2: Years of Experience Teaching

| Years of teaching | 1 Year or less | 2-3 | 4-5 |
|-------------------|----------------|-----|-----|
| Abigail | 1 | | |
| Amelia | | 1 | |
| Beatrice | 1 | | |
| Georgia | | 1 | |
| Lucy | | | 1 |
| Morgan | 1 | | |
| Rachel | 1 | | |
| Roberta | | | 1 |
| Sarah | | 1 | |

Eight out of the nine participants had teaching experience prior to teaching fulltime in the classroom setting. Three participants had previous experience teaching part-time in the classroom shortly before becoming fulltime; however, most of the prior teaching experience occurred outside the classroom setting. Environments where prior teaching occurred included

teaching students in the clinical setting (n=7), teaching practicing healthcare professionals in the clinical setting (n=2), teaching students online (n=1), and teaching students in the skills laboratory (n=3). One participant had no formal teaching experience prior to entering the classroom, however, did state that she had informal experience working with students in the clinical environment. Three participants also stated that they had never intended on teaching in their career, expecting to stay in the clinical environment.

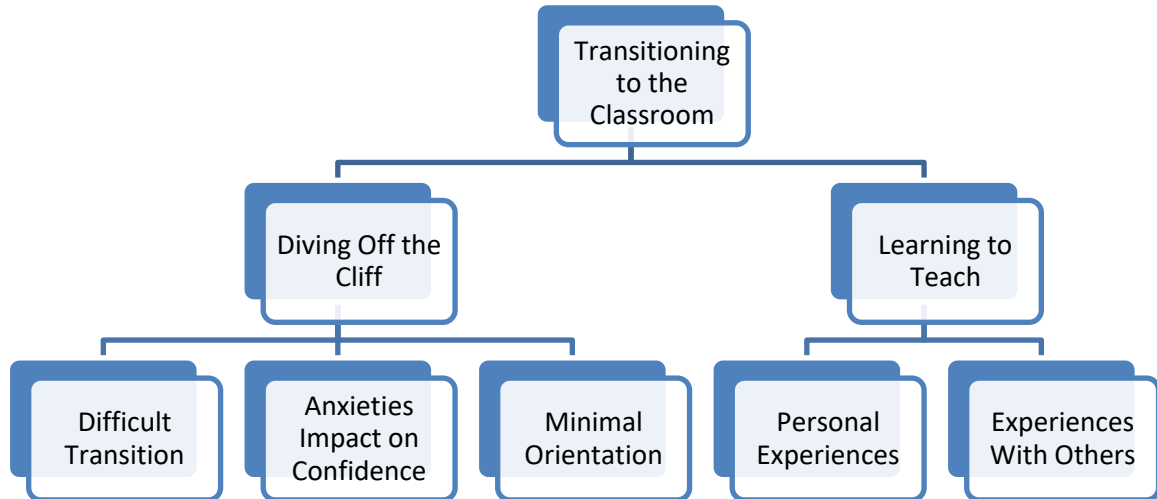
Themes

Two major themes and four sub-themes were identified throughout the interviews. The major themes were “Transitioning to the Classroom” and “Nursing is Not Teaching”. “Transitioning to the Classroom” includes two sub-themes, “Jumping Off the Cliff” describing the participants transition from nursing to teaching and “Learning to Teach” highlighting how the participants learned how to be an educator in the classroom. “Transitioning to the Classroom” highlights participants’ journey from entering the classroom and their development as an educator over time. The second major theme, “Nursing is Not Teaching” describes the professional shift that participants experienced when they began teaching in the classroom. Two sub-themes emerged for the second theme as well. “How do you Teach?” reflected the participants discovery that teaching requires a different skill set than nursing practice whereas “New Identity” highlights the participants’ struggle with losing their identity as a clinician and their development of a new identity as both nurse and educator.

Theme 1: Transitioning to the Classroom Setting

In exploring the participants’ journey to become an educator, a discussion occurred reflecting on their nursing career, their decision to begin teaching, and their transition into the

classroom. The transition to the classroom did not end with the participants entering the classroom for the first time but continued over the course of their beginning years as an educator. The interviews examining the development of confidence in participants highlighted the challenges that novice educators have when they first move to the post secondary environment, the classroom, and their formative development as an educator. “Transition to the Classroom Setting” was the first theme that arose in the development of the participants’ confidence. Their experiences throughout the transition both positively and negatively impacted their confidence. The transition itself started well before the participants entered the classroom. All but one participant had previous teaching experience prior to teaching in the classroom fulltime. For those who did teach, they had a passion for it, which ultimately led to their decision to move from the clinical environment to the classroom. Two sub-themes were discovered throughout their transition i) “Diving off the Cliff” and ii) “Learning to Teach”. The first sub-theme, “Diving Off the Cliff” described the initial feeling they had entering the classroom for the first time. For many, the initial move into the classroom was not what they expected, requiring a need to adapt to teaching in the classroom environment. The second sub-theme “Learning to Teach”, describes how they adapted through personal experiences of teaching in the classroom, as well as their experiences with their mentors, peers, students, and employers at the post-secondary institution.

Figure 4.1: Transitioning to the Classroom Theme and Sub-Themes***Sub-Theme 1: Diving off the Cliff***

During the interviews, each of the participants were asked to describe what the experience was like transitioning from nursing in the clinical environment to teaching in the classroom. The participants described the experience of entering the classroom and leaving the clinical world behind as entering an unknown world. Sub-categories that were associated with this theme included participants having a difficult transition to the classroom, having minimal orientation and anxieties impact on their confidence. Beatrice described her experience in transitioning to the classroom as “diving off a cliff.”

I felt like I'm diving off a cliff and hopefully I'm not going into a black hole. Hopefully I'm going to flap my wings and I'm going to be ok. But, it did definitely feel like I was

going on a zipline or... you know jumping off the side of a mountain with the tether around me.

This description accurately reflected the experiences participants described entering the classroom for the first time.

Difficult Transition. The participants described the transition into the classroom as difficult and intimidating. Participants described the experience as being an isolating experience using terms such as “scary”, “feeling lost”, and “lonely”.

It was very, very hard. I think – the first time I stood in front of a class and stared at, I think there was probably 60 students in my class, my very first time I was just absolutely feeling like I was lost. (Georgia)

Scary! [Laughs] It was very different. Because, when you're on a clinical unit, you kind of feel like you're part of the family, except for when you're in the OR, you feel like you're on your own -- but, for the most part, you feel like you're part of a family -- and when you start teaching, it's very autonomous and you're very alone. (Roberta)

Amelia stated that she likely would have never started to teach due to the intimidating nature of the classroom if she was not first seconded in the clinical setting.

I'm not sure I would have had the confidence to do it [start teaching in the classroom] because it's very intimidating to move over to education. I don't know if I would have had the confidence to do that. I may have moved somewhere else within the hospital, maybe as an educator role or something like that, but I'm happy it worked out this way. (Amelia)

Beatrice described how she was afraid to teach for the first time in the classroom with such large group.

For the fall now, I am supposed to teach 120 students all at once with one other instructor. Two other instructors are supposed to do two lectures each and I'm scared to death.

In describing the transition from the clinical setting to the classroom, Abigail stated that it was like the experience of being a new nurse.

First and foremost, the word that comes to mind when you come to that question [what it was like moving into the classroom] is nerve-wracking. In a couple of ways. I mean I equate teaching, being a new nurse educator, like when you're a new nurse at the bedside, it's overwhelming, don't know what to expect. Again, similar to bedside nursing ... honestly for me it was also getting over a fear of public speaking, which is also part of it. So I think for all it was nerve-wracking in the beginning and it took quite a while to get comfortable in the classroom. (Abigail)

Anxieties Impact on Confidence. Many of the participants recognized that the difficult transition led to feelings of increased anxiety, fear, and being overwhelmed which decreased their confidence and ability to teach effectively. This anxiety was compounded when participants framed it negatively.

Well, I don't know that I had any confidence [at the beginning]. I mean when you recognize you're nervous and anxious, you almost spin it in a negative way like this isn't going to go well. Then you're more nervous and it's sort of that cycle, a vicious cycle. (Abigail)

Although many of the participants recognized there was significant anxiety teaching in the classroom, two participants enjoyed the environment, while also recognizing there was a steep learning curve for teaching in the classroom.

To walk into this building [the post secondary school], it's a sense of peace for me that I've never had walking into work. So for me, yeah it was a lot of – it was very different obviously and a steep learning curve that I'm still experiencing, but it's just so nice.

(Sarah)

I wouldn't say anxious, I wouldn't say nervous, I felt more excitement [moving into the classroom]... it was more of an excitement that I'm now in a role, in a formal role to deliver the content and to help students get the best out of education because that's what we are for. (Morgan)

Minimal Orientation. Entering into the unknown was further amplified by the lack of support and orientation that many experienced when transitioning to the classroom. Participants described the decrease in confidence they experienced through their transition was exacerbated by the lack of orientation and support. This lack of support when they first entered the classroom decreased their confidence and increased feelings of isolation.

My experience, when I first [started] teaching, I was given a full workload at the time... And I was told that I started the first day of school. I was given no prep time, no idea how to order books, where I was going, how to even get on my email. It was just sort of, like, okay, well come in for a day and meet with our coordinator and, hopefully you can figure your stuff out and start day one and start teaching. It's really not until you start asking a

million questions where they're like -- oh, yeah! I guess we forgot to tell you that stuff.

(Roberta)

Additionally, the lack of structure was uncomfortable for many participants, leading to decreased confidence and feelings of lack of support. Moreover, participants used both cognitive and psychological energy to cope with classroom teaching.

I wouldn't say my confidence changed [when moving into the classroom]. I felt that the system was not or the processes that the program had were not really in place for the full support of new faculty. I felt a lot of things I had to search for myself or ask for assistance. There wasn't, I would say, a process in place to allow me not to expend energy on rather "trivial" things, but to focus on the teaching... so it wasn't a matter of me being confident in teaching, but to just be familiar with the processes and how the things are set up because that I felt took a lot of energy. (Morgan)

Sub-Theme 2: Learning to Teach

The transition from clinical nursing to teaching in the classroom also required many of the participants to practice differently. Once the participants entered the classroom, many of them stated that they did not know what they were doing. Although many of the participants had some teaching experience, it was generally outside the classroom. The sub-theme 'Learning to Teach' arose as each of the participants learned how to teach in the classroom as part of their initial transition. "Learning to Teach" was further categorized into "Personal Experiences" and "Experiences with Others." These experiences assisted them in their learning how to teach in the classroom.

Personal Experiences. Each of the participants had personal experiences that assisted in their development of confidence in classroom teaching. Participants' personal experiences were both historical, such as using their past experiences as a nurse and their previous experience teaching, and present experiences such as teaching in the classroom. These personal experiences were essential for their growth, transition to teaching in the classroom setting and the development of their confidence.

'Pulling on' Past Experiences. Each of the participants reflected on their personal experiences of transitioning to classroom teaching. One element essential to their development of confidence was their ability to use past experiences to facilitate current practices. The past experiences included previous teaching experience, nursing expertise, and their own experience being a learner.

Previous Teaching Experience. All but one of the participants had previous teaching experience prior to full time classroom teaching. These experiences included clinical preceptorship, teaching nurses in the clinical setting, teaching in the lab, teaching online, and teaching occasionally in the classroom. One participant reflected that she had never taught formally before teaching in the classroom; however, had experience working with nursing students in the clinical setting. As many of these environments focused on the practical application of skills with smaller numbers of students, many participants were ambivalent whether these experiences impacted their confidence when transitioning to the classroom. As Morgan described "*We're talking about a class of 100 plus students, it's not the same as [teaching] in a clinical setting.*" In reflecting on her experience teaching, Morgan found that being a clinical preceptor positively impacted her transition to the classroom.

It [clinical teaching] was invaluable for me. I felt I could relate to students, I could bring them a dose of reality, I could draw from my rich experience to just bring the active learning strategies to the classroom ... So that confidence base I had, it was just a matter of how to package it, so to say, and finding the ways to deliver that to the students.

(Morgan)

Most participants were less convinced their previous teaching experience eased the transition to the classroom. Notably, the number students taught was larger in the classroom.

It [previous teaching] was one-on-one. I mean if I had one student assigned to one of my patients, I could just have a conversation with that one student, versus the classroom, it's a much different setting. The area [content] is still something that I feel comfortable in. It's sort of how do you manage that classroom setting. It's totally different than having a student one-on-one in a clinical setting. You know, you have 60 to sometimes over 100 students and how do you connect with students in such a large setting? It's challenging.

(Abigail)

Additionally, participants believed that the method of teaching used in the classroom is unique. The methodology used to teach in other environments did not necessarily assist their development of confidence while transitioning to the classroom.

[Teaching in the lab helped the transition to the classroom] Yes and no, yes and no. Skills is... It's a lot based on, you know, "Your client looks like this, what are you going to do? This is how you assess them." It's very reality and practically based, so I guess I found it a little bit easier to teach ... When you're teaching in the classroom and you're pulling in concepts and talking about things that your students have never seen or heard

before, and you're teaching them how to think like a nurse. It's different, It's harder, there's not something tangible to hold onto, there's not a catheter in your hand, you're not inflating that balloon saying, "This is how it works", it's different. I feel like – I guess it did help my confidence in a very small way, but it's not that helpful. (Amelia)

Participants who had previous experience teaching in the classroom part-time described that it did not facilitate an increase in confidence during their transition to fulltime teaching.

I was very nervous [when teaching in the classroom]. I actually think that whole first year of teaching I was very nervous. Because I wasn't full time, it was kind of sporadic in the classroom which, I don't know if that really lends itself to increasing one's confidence if you only teach twice a month. (Abigail)

Beatrice also believed that even though she taught in a classroom environment while working as a nurse educator in the hospital, teaching nurses in the clinical environment did not assist her in developing confidence in the classroom as the student population was different.

It [teaching in the hospital] helped a little bit, not nearly as much as I thought. When I was a nurse educator, you know, once a month I'm teaching PALS, once a month I'm teaching CPR, once a month I'm doing new hire skills lab, once a month I'm doing simulations, mock code blues. Quarterly I would do specific lectures but that is wildly different from following a syllabus that you're using... it's a whole different vocabulary that I was not used to because when you're a nurse educator working with people who've already graduated and they've already passed their NCLEX, you can pretty much do whatever you want, right?... everybody's there because they want to be there and it's a job requirement, right?

Teaching with Nursing Expertise. Participants also relied on their past experiences as a nurse when teaching in the classroom. Expertise in different nursing specialities was essential in developing their confidence when teaching in the classroom. The participants believed when they taught a course in which they had clinical expertise; they were more confident in their ability to teach. As Sarah described “*the actual content and being a nurse, I’m very confident in that.*”

I tell stories about my experiences in the clinical setting and there are times when I can tell the whole class is listening, and I often say... “Okay guys I’m going to tell you the story how ...” You can just tell that as nursing students that’s kind of what they always want to hear ... Those are times when I think my confidence - like I remember towards the end of this last semester in the middle of a story I just realized everybody in the room was kind of into it ... You can kind of just feel this general sense that they’re paying attention and that they want to know what’s coming next and they want to know how that patient does. (Georgia)

Conversely, when the participants were required to teach a subject in which they thought they did not have nursing expertise, it negatively impacted their confidence when transitioning to the classroom.

In a previous term I was assigned an area that actually wasn't my expertise. I had to learn not only about teaching, but also the content itself. That extra layer of relearning content was difficult, and then to have to teach it to students was difficult. (Abigail)

My background was very acute care, a lot of the courses that are acute care based or skills based are taught by profs that have been there forever and I was nervous about

teaching something like research or you know, like professional role or anything like that, anything that had to do with a lot of the regulations and stuff that I didn't know well. I knew them by practice but not to teach them. (Lucy)

Several participants stated they were nervous when teaching a subject outside their expertise. A common concern was that they may not be able to answer the student's questions which may have undermined their expertise or confidence.

Definitely at the beginning I had a lot of experiences where I was trying to teach something that I realized part-way through I didn't really understand fully myself. You're going to find, when you're trying to explain it and you're part-way through your speech and you're like this is not making sense in my head. The students definitely are confused if I'm confused... I've caught myself a few times where I've made a mistake in my explanation and then I'm just humiliated ... When I am unsure or if a student asks me a question and I don't really know the answer and I'm guessing and then I'm not confident in the knowledge that I'm trying to impart. Those are bad experiences for me. (Georgia)

Experiences as a Learner. Personal experiences as a learner facilitated the development of confidence while transitioning to the classroom. Participants reflected on their learning as students in the classroom to identify styles of teaching they enjoyed and used those methods when starting to teach in the classroom.

I never forget that I've been a student. We had great teachers, and we had teachers that were not so great, and even those that were not a great example served as a good example of how perhaps not to do things or how I would do it differently. (Morgan)

In addition to using past experiences in the classroom, when their past experiences did not align with what their current students were experiencing, it led to difficulties.

When a student comes to me and says, “I’m struggling”, I don’t always know exactly – I mean of course I try and help them first and then I do my referrals... but I feel like I can’t necessarily say, “These are the strategies I want you to take” with confidence, and that’s something that I – because I’ve never really struggled in school. (Amelia)

One of the participants stated that she was more confident when she was teaching in a program where she had previously been a student.

I’m a graduate from the school program and I started teaching soon after I graduated, I had all of that still in my head. When it came to even reviewing some new courses when the program was being revamped, I still had all of my nursing notes from when I was a student ... I would go to my notes and be like, “oh, yeah, I do remember them talking about this.” I can add something about this and then I would go find it in the updated book. (Lucy)

This same participant also recognized that her confidence decreased when she taught in a program that she was unfamiliar with.

When I got hired into a [different school], they gave me a course to teach and it sucked. It was difficult, a huge struggle and the [new schools] program is much larger than the [previous schools] program... So I struggled. It was a course I’ve never even heard of, a course that I have never taught ... I found that putting me in an environment of unknown really, really messed with my confidence level because it was a program I didn’t know. (Lucy)

Self-Efficacy Through Teaching. Participants also believed that the experience of teaching in the classroom had an impact on their confidence. As they gained confidence in classroom teaching, they also enjoyed the experience more.

I think the actual act of teaching is the greatest factor in increasing my confidence.

(Abigail)

The concept of time also facilitated an increase in the participants' confidence while transitioning to the classroom. As participants continued to teach over time and with experience, they became more confident. As Rachel stated, *"I find, with the years going by, it seems to be easier and easier."*

I prefer a flipped classroom as opposed to the very typical lecturing style. I very rarely lecture; and, if I do, it's going over slides that I've prepared with students on a specific concept.... But that took I'd say that's taken at least a good 4 years... and I've been teaching the same subjects, thankfully. (Roberta)

Participants also believe that teaching the same course repeatedly positively impacted their confidence.

The more you teach the more your knowledge base grows and for me I've really taught the same course since the beginning, so my knowledge has really solidified in that content area(s). That's really helped my knowledge to grow because I used to sort of barely know things before I went in front of the class and now I've taught this stuff so many times that I almost had the chapters memorized.(Georgia)

The participants also discussed the more you teach, the easier it is to teach other classes with which they may not be familiar.

I've taught a couple different classes but... with every new class you teach, you learn tricks. If it's not something you've taught before, you need to sort of get a feel for the vibe of the class and how it's structured. (Roberta)

The participants also recognized that over time, the higher their confidence was, the more they enjoyed teaching in the classroom. As Georgia explained “*The whole experience is better when your confidence starts improving.*”

I think that with more time in the classroom I feel much more confident. The more and more I do something, even thinking about this upcoming academic year, I don't get that overwhelming sense of fear and dread. I'm excited for it now. (Abigail)

Engaging Learners. Students had a major impact on the development of the participants' confidence. When transitioning into the classroom, participants interpreted students' engagement and successes as a barometer for how well they were teaching. Student engagement, such as students paying attention to the course, participating in discussions and activities were all described as essential in the participants' development of confidence.

Well I guess what would help my confidence if when I open the floor up or ask for feedback or whatever, questions, and I got good feedback, good discussion from the students. I thought “Oh good, I've nailed this” you know “they're engaged, thank goodness.” That would give me good feedback and I think I've got to do more like this to keep them engaged ... I would say probably initially was the initial confidence builders

that I needed - just to see when I got the feedback I wanted from a class of 120 students.
(Sarah)

In addition to increasing their confidence, participants recognized that lack of student engagement decreased their confidence.

I think back to the first time I did a class... I honestly thought the students would be more interested in what I had to say. I'm such a seasoned nurse, but you know what, I remember looking out onto the sea of faces and apathy ... I've learned a lot over the last year about what we need to do or what I need to do to attempt to engage students more. That sea of apathy still is – I always feel sick when I see it. (Sarah)

Student success and failure also had a reciprocal relationship on the confidence of participants.

That's not how you feel [student's failure] when you're new to the [teaching] profession. You feel like it's your fault and you want to help everybody. You're like "oh, can I give them that 1.5 per cent to like get them over the average?" You know, because nursing, the 60 - 70 % average. I think earlier on, you're more trying to, like, go above and beyond; but you realize that you're actually doing them more harm. (Roberta)

Students challenging assigned grades also decreased the participants' confidence.

We had one situation in my first couple of months, I'll call it a revolt by the [student] cohort. We put forth a new rubric and they didn't like it. It was a real mob mentality. They all started being very vocal, getting almost aggressive; it felt very intimidating. Honestly, I didn't know what to do. Like I thought "like how do you reign

them in at this point”... I look at it as good learning, but I really felt like I didn’t know what the heck to do because I had never had 120 folks’ revolt on what I was going to say. It was a little scary. (Sarah)

Formal Preparation. Participants discussed how a lack of formal preparation for teaching impacted their confidence. Examples of formal preparation included graduate education, adult education courses, workshops, and conferences they attended.

Graduate studies focused on education increased participants’ confidence.

My whole graduate studies was in medical education and a lot of emphasis, heavy emphasis on learner participation, teaching learning theories, pedagogical approaches and flipped classroom, blended learning... That [formal preparation in teaching] was, again another invaluable aspect. (Morgan)

Participants whose graduate studies did not focus on education were ambivalent whether it impacted their confidence in the classroom.

Yeah, it [grad school] does impact my confidence. I feel like if I was done grad school, I would be a better educator, I’m sure it’s true. I’ve only done one education course so far in grad school, which I loved and it was awesome and it was exactly what I wanted, and I think I have two more to go... those classes I found were really helpful and they help me come up with strategies to actually teach people, but the rest of it [graduate education] is more about getting organized, understanding how to write a paper, how to read papers. You know, they’re not necessarily helping me with my confidence. (Amelia)

There was no participant consensus whether in-house workshops were helpful in developing their confidence.

To some degree, they were not effective because they were not geared to my specific case. I feel a lot of that material was available online. The greatest value of this workshop was the questions from the participants, they were going into unique case scenarios because when you're setting something up, it should be tailored to your unique situation.

(Morgan)

Experiences with Others. Experiences with others was another sub-category that arose as the participants transitioned to the classroom setting. These experiences were one of the most important aspects of developing their confidence throughout their transition. Experiences with others included formal mentorship relationships with faculty members, peer and informal mentorship with colleagues, encouragement from leadership, and relationships with students.

Formal Mentorship. Mentorship was recognized as an essential factor in the development of confidence in each participant. Many of the participants stated that mentorship had one of the strongest impacts on their confidence.

She became my mentor right from the beginning. She was somebody that if I had any questions or concerns, she was somebody that I could text right away and was great for that. I think for – like he was kind of my vote of confidence like you can do this. (Lucy)

One of the more common pieces of advice provided by the participants was that novice faculty members should seek out either a formal or informal mentor to assist in the transition and building of their confidence.

I think it's good to find mentors who are all at different levels of teaching too. I find I learn different things from people with PhDs than I do from people with Master's degrees so I think it's good to have mentor. People who've had a PhD a long time, people who are new PhDs; same with Master's right? (Beatrice)

Participants discussed an important aspect of having a mentor was the ability to observe an expert educator teach in front of the classroom.

[recently] I've sat in on a few of her [mentor's] classes and I think that she is really phenomenal in the way she approaches the material and she is very good at explaining things, she's very clear and she can simplify very complex topics ... I think developing a relationship with her and just having someone be really positive about teaching and about the sort of learning curve that everybody has to go through has been very helpful for me. (Georgia)

Many of the participants recognized the importance of observing an experienced educator teach, while also not getting the opportunity to watch another professor when learning to teach in the classroom.

[When initially starting] I really wanted to see what other people –I wanted to just be an observer and sit and watch someone, but it didn't really work out in terms of scheduling because I started teaching in September and I taught a very intense class where I was teaching about four days a week and so my schedule didn't really jive with watching someone else lecture...I sort of learned by I think imitating which a lot of people do and I wanted to see what a good teacher was like and I didn't really get that experience. (Georgia)

In addition to observing their mentors teach, talking to professors about their past experiences and learning from their expertise also assisted in increasing their confidence while transitioning to the classroom. These professors provided the participants someone with whom to discuss ideas.

I think having the ability to connect, not even necessarily with your teaching team, but other faculty members to bounce ideas off of. You know, I want to try this in the classroom, what do you think? Or I tried this, it didn't go so well, what are your thoughts on that? Or I'm really struggling with how that class went. So having sort of a support system, and again not necessarily just your teaching team, but other faculty members is quite helpful. (Abigail)

One participant also recognized that the process of setting goals with her mentor was helpful in transitioning to the classroom.

I have a teaching mentor who is phenomenal. I'm very lucky in a way that when I first started seeing her in this mentorship role, we set out goals. We set out formal goals, which I appreciate because if you don't put it on paper, I don't know, you just say something, you don't necessarily do it. (Abigail)

Additionally, many of the participants found that their mentors helped normalize the challenges and experiences they were having as a new faculty member.

Regular meetings with my mentor have been very helpful. So again it's sort of saying, this class didn't go very well, I just wanted to talk to you about it. And they would really normalize my experience. I think that was the biggest - that's the biggest thing that they offer me is that they normalize what I am experiencing which is helpful. (Abigail)

Mentors were also important in building confidence as they were effective in debriefing negative experiences.

She [Mentor] is so seasoned and wonderful that she just sort of stepped in and took control because honestly, I didn't know what the heck to do. She reigned it in and sort of put an end to it like that. We talked about it, debriefed about it after, and sort of addressed the students the next week in class and discussed their behaviours in class.
(Sarah)

In addition to formal mentors from the nursing programs, teaching mentors were also accessed by participants. Teaching mentors were a type of formal mentorship relationship provided by someone outside of the nursing department and focused on teaching expertise. These relationships were beneficial to the transition to the classroom.

I've been assigned a coach through the [education] program, because I wanted to learn how to become a better instructor. Because again, I'm a proficient nurse but I'm not necessarily a proficient educator. She actually came in and saw me in action and it was really good. Like it was really good to get that third party feedback from someone who, you know, gives me – it was really positive because I'm basically doing most things right, so I felt good about that, you know. She gave me a few tips but for the most part I feel like I'm on the right track but I'm building on it. (Sarah)

Although many participants were assigned a formal mentor, others were not. Amelia described why she believed assigning a formal mentor, rather than seeking someone independently was the most ideal form of mentorship for new faculty members.

I did have a mentor and I still have her, and she helps me; an informal mentor, not a formalized 'this person is going to help you' ... I didn't seek [her] out first, she came to me and that's perfect because I don't know if I would have had the confidence to say, "I'm struggling, I need some help, what should I do?" Yeah, so she was a really good mentor to me... it was her informally checking in with me every day and having an interest in how I'm adjusting to teaching, that's what helped me because it's hard to find your own mentor... It's hard to ask and say I need help, but she was there and came and helped me - sort of her own choice, which was good.

Participants who were not assigned a formal mentor also recognized that it made the transition to the classroom challenging.

It would have been nice to have someone that I could rely on for -- even just like the silly things, like, so how do I submit my grades? Oh, I had no idea that you could apply for merit, just stuff that no one ever tells you. And you're like -- oh I didn't know I could do that, or -- oh, I have to write an annual report? Well, maybe I should keep things throughout the year so it's not -- like in May and I'm like -- crap, I need to write this huge document and I don't know what to put in it ... or you forget stuff... So like, those things would have been really helpful to know. (Roberta)

Peer Mentorship. Participants also recognized that the support from their peers was essential to their development of confidence when transitioning to the classroom, in addition to or in absence of a formal mentor. Peer mentorship differed from formal mentorship as the mentor may be at the same level or have similar experience to the person they are mentoring. In comparing the data, some participants stated that formal mentorship was not as strong as the

informal mentorship relationships they developed with their peers. Sarah stated her problem with formal mentorship was that her assigned mentor was not teaching in the same subject area as she.

When I started here I was given an assigned mentor. Not the two ladies that I was instructing with but an assigned mentor... Lovely, very nice, great instructor, but we didn't teach the same – like our courses didn't overlap at all. We don't have anything to do with each other when we're back in session, you know? So for me, to be assigned a mentor like her – we went for coffee a couple of times throughout the school year but she was not really a major support for me, although she was my assigned mentor. For me I think if they're going to assign mentors – like the admin folk assign a mentor – they should assign a mentor that you teach with. To me that's the logical thing to do because for me... I'm going to use all the resources I have at my fingertips more than I'm going to reach out to a mentor that I've been assigned to who doesn't know what I teach, right? When they assign mentors to new faculty, make sure it's someone in your circle.

Similar to formal mentorship relationships, many participants found that having someone to discuss their ideas with was beneficial when transitioning to the classroom. Peer mentorship differed from formal mentorship in this regard as many of their peers were teaching at the same level as them or teaching similar courses. Sarah had strong peer mentorship relationships. She stated, “*I just think strong mentoring is key for new faculty.*”

I would say what helped me be more confident, talking to the colleagues, approaching the senior members who have experience, and then just sharing those experiences and getting the leads or the pointers of what I could do better, or how the things are done, and I would just practice and do that on my own. (Morgan)

In addition to having a peer to communicate with, the transition was also made easier if previous instructors shared their teaching materials from the previous semester.

I'd say my first year of teaching was a whirl-wind. One, it was just well, I had no confidence. I really did not know what I was doing. Not only do you have to, you know, prep your own course, but you have to ... In my case, I was lucky enough to have someone share information with me, which was great -- but then, you have to change it to your own style. When you've never taught formally before, you don't really know what your style is. You try and follow that person's because you're like ... okay, well, they've been teaching for so long -- clearly this works. So, I had to really figure it out. (Roberta)

Several participants also described negative experiences with their peers. These included negative feedback, negative interactions, and the perception of being targeted when they were new. Whereas positive interactions increased the participants' confidence, negative interactions decreased their confidence.

I actually had a confrontation with a student; and instead of being supported, I got reprimanded by the coordinator and also one of the other faculty... And that's not the only circumstance actually, I've also had one other run-in with, actually, another faculty member who questioned my intelligence to the point where she made me cry and it was really unfortunate. Luckily enough, other faculty members are very supportive. But that one in particular, really tried her best to just rock the boat and, I think, probably because she felt threatened by me. (Roberta)

In addition to negative feedback from peers, Roberta also stated that the competitive nature of the academic environment in post secondary schools was challenging.

I think that's probably something I didn't know when I started teaching, is - it is very independent. But there is a lot of people who will step on your back to make themselves look better, even if they haven't done the work or claim it as they're own. Which is interesting in an environment -- it's still a highly competitive environment. And that's taken some getting used to.

Additionally, Roberta found that being evaluated by a peer reduced her confidence.

I don't do well with confrontation. I'm completely okay with feedback and criticism, as long as it's in a meaningful way -- when it's merited ... I'm not good with being confronted. I think because I don't do that to people and I don't think it's respectful. I don't tend to do well with that and, so, that affects me. ... I feel I have to not portray myself a certain way - but that I hold myself in a certain -higher [standard] -- I'm hard on myself, is what I'm trying to say. If someone questions about something I'm doing - then they really have to have a basis for it and if they either do it in a professional way - I'm more obviously apt to deal with it better, but, if it's done poorly, it definitely affects me negatively.

Teaching as part of a supportive team was believed to be a factor that increased the participants' confidence and eased their transition to the classroom.

Team teaching with a very supportive teaching partner has been instrumental. I have an awesome teaching team who have been very helpful in increasing my confidence. And they really support me if I'm unsure of things. You know, they're sort of your go-to. So that's been positive and I feel like that's what's made me most confident. (Abigail)

Although supportive team teaching was a positive experience, unsupportive team teaching or negative experiences in team teaching decreased the individual's confidence and made the transition challenging.

They [the other instructors] would do a reply-all and they wouldn't include me in it. Then my buddy down the hall would realize "Oh wait, they didn't include her [Beatrice] in this e-mail." Then they would include me. But that whole term pretty much – one of those instructors never ever answered any of my e-mails and another one did just like once and so that really hurt my confidence for sure. And I'm thinking "You guys don't even know me, you know nothing about me and why is it that you would treat someone who's new this way?" (Beatrice)

Student Relationships. Student relationships were believed to be one of the most impactful experiences that the participants had when transitioning to the classroom. As Lucy stated, *"What matters is the students want me there."* Relationships with students included, the ability to develop a rapport with students, informal student feedback, and student evaluations.

Roberta recognized the strange balance that many new faculty members have when establishing rapport with their students.

There's -- you don't want there to be but there's also that, like, do the students like me? Am I likeable? Am I but am I tough enough, I guess, for them to learn?

Knowing students from previous terms or from different environments, such as clinical or the lab was a way to quickly establish rapport with students. Having rapport with students eased the participants' transition to the classroom.

I was a facilitator in the SIM lab... That was a really great way for me to gain confidence as well with the students because it's a different relationship, right?... I've got 10 students and the SIM lab is a really safe environment for them and I developed a really good relationship with my students ... that really helped me two terms later when I had them in the big classroom, I had already built a relationship with 60 of those students in the SIM lab. I think it was really beneficial as a faculty member here to be involved in different methods of teaching. For me it's all about, you know, getting to know the students, making sure they realize you're engaged and enthusiastic. (Sarah)

On the other hand, a few participants asserted they were less confident teaching in the classroom when they did not know the students.

If I had a student in her 4th year who I had never met and was struggling in placement - now it was up to me to say you're failing because the preceptor was telling me they were failing, that would have been a whole different ballgame because I feel like it would have been a lot harder for me to say, "Okay, yeah, you failed" when this person's never met me, they've never been taught by me, they don't even know who I am. (Lucy)

Informal student feedback was also an important factor that increased participants' confidence when transitioning to the classroom. As with other forms of feedback, positive and negative feedback had a reciprocal impact on their confidence.

The most important things about my confidence were the feedback that I got on the teaching and learning activities that I was applying in class, and what kind of impact they had on students' participation. Obviously in class you cannot always assess, there's not always a test or a quiz, but even a pure factor of attention and keeping them involved and

their participation and what kind of quality of questions they ask and responses that I would generate would give me a feedback that would basically boost my confidence because I'm all about adjusting it quickly and I love feedback and not leaving it until the end so I can make it better for – even after the break, let alone the next class or next week. That immediate feedback I found really useful for my confidence, to know, to adapt to the learners because we're talking about a class of 100 plus students, it's not the same as in a clinical setting. (Morgan)

Participants described how negative feedback from students decreased their confidence.

[A student] made a comment in the middle of my class that I didn't appreciate and I called her to my office afterwards. For the rest of the year she was sort of angry at me and she wrote a very scathing review of me at the end. Those things really ... you know everybody's like, "Well who cares, it's one student." Actually it does really give a hit to your self-confidence because, I guess negative criticism is always a lot harder to take obviously. Yeah so there's been definitely both extremes. (Georgia)

Formal student evaluations were another area that impacted the participants' confidence when transitioning to the classroom. Evaluations caused fear and anxiety prior to receiving them as Georgia stated:

Students fill out evaluation forms on us and that was one of the most stressful things of my entire life, getting my first set of student evaluations back because I thought they would all say "this is the worst teacher that we've ever had and she shouldn't be teaching and blah-blah-blah". I think I almost started crying when I read them because

they were sort of like okay. One or two said not bad, some interesting stories or something, so yeah that was kind of how it felt starting off I think.

Similar to informal feedback from students, student evaluations had a reciprocal relationship with the participants' confidence. When the feedback results were positive, they increased participants' confidence.

In terms of formal evaluations, if you look at even the numerics of the evaluations and they get increasingly better, well my confidence grows with that and I think to myself, "Okay, well I must be growing as an educator now similar to how I would grow as a nurse"... Feedback seems to be increasingly positive, so that is a good. (Abigail)

When the participants received negative evaluations; however, they decreased participants' confidence.

It [her unfamiliarity with the course] reflected on my evaluations. My evaluations by my students in that one course that I taught were horrendous. You pull my evaluations by my students from all the classes I've taught, 90 percent of them are excellent and they recommend me, they recommend my course... [in the other] program I had probably about 50 percent of them saying that they hated my class and I felt horrible. I felt horrible because I knew that I did a disservice to them and I knew that I sucked. (Lucy)

One participant also asserted that the negative comments stand out more than the positive ones, even if they are fewer in number.

The positive parts about when students fill out those evaluations and every once in a while they put something really positive like "I enjoyed your class" or "I'd like to have

you again as a teacher.” Occasionally they come and tell me that. But I have to say that the negative comments that students give stand out almost more in my mind. (Georgia)

Some participants also recognized that they were able to see negative comments within their evaluation as outliers, which, in turn, had less impact on their confidence. However, the ability to do this took time, experience, and the support of their mentor.

Early on, I was very impacted by what students said or how they felt or the evaluations they would give my classroom. But I've also -- although I still appreciate their feedback, I've realized that you can't make everyone happy. There's always going to be a student that may not either agree with your teaching style or with a decision you've made, or don't believe that they merited or agreed to what you gave them. But, you have to be comfortable enough in putting the onus back on them. (Roberta)

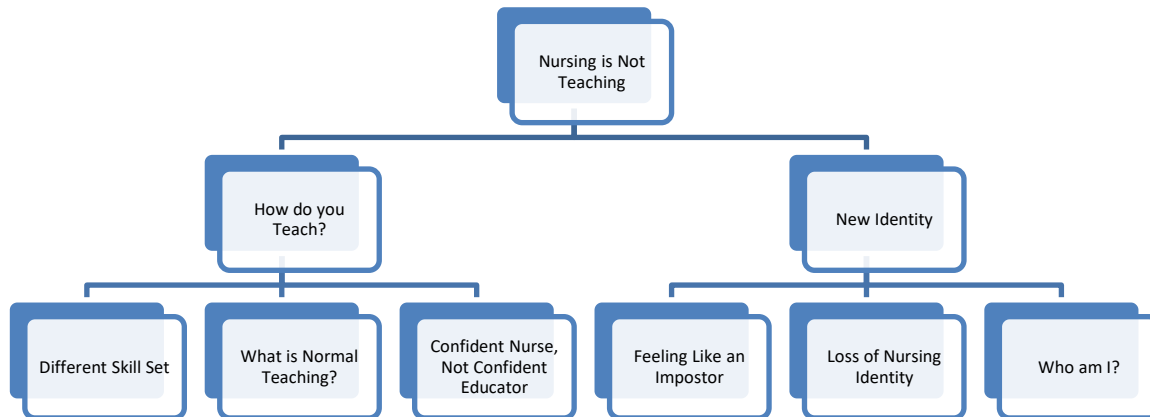
Employer Encouragement. Encouragement from faculty leadership, including deans, associate deans, and program coordinators, increased participants' confidence as they were transitioning to the classroom. This encouragement was associated both through formal evaluations and informal feedback.

It is nice to know that they [the programs leadership] trust my judgement and that they value what I give to the team ... that they vocalize it. I find sometimes, and I don't know if just even in the nursing population, we're just not really good at vocalizing and giving praise when it's due. It is nice, even if it's not done on a regular basis, it's nice when it does happen. (Roberta)

Theme 2: Nursing is Not Teaching

The second theme was “Nursing is Not Teaching” was a less developed theme. Throughout the interviews each of the participants compared their position as a nurse working in the clinical environment to teaching in the classroom. The participants recognized they had the knowledge, skills, and judgement to begin teaching nursing students; however, they also recognized that those same knowledge, skills, and judgement did not prepare them to teach in the classroom. As Amelia stated: *“[As a nurse] I knew exactly what I had to do, what my responsibilities were, and I don’t feel like that’s as clear in education.”* Two sub-themes emerged i) “How do you Teach?” in the classroom and ii) developing a “New Identity” as an educator. This challenge was described by Georgia:

I didn’t know what I had gotten myself into, I didn’t know what to do. I knew I knew a lot about nursing but I very quickly discovered teaching is a very different thing than nursing.

Figure 4.2: Nursing is Not Teaching Theme and Sub-themes***Sub-Theme 1: How do you Teach?***

Many of the participants entering the classroom for the first time quickly recognized that their education and experiences as a nurse did not prepare them to teach in the classroom. Even with nursing expertise and previous teaching experience in other environments, participants recognized they did not know how to teach in the classroom. Not knowing how to teach was associated with several sub-categories including the different skill set required to teach, not knowing what normal teaching was and that the participants felt confident as a nurse, but not as an educator. Amelia described this phenomenon when entering the classroom:

You feel like you don't know how to do it because, I know how to be a nurse but I wasn't sure I knew how to be a teacher, it's such a different thing, and especially at the postsecondary level it's not just, "This is how you do something", it's way more in-depth.
(Amelia)

Different Skill Set. A key difference between nursing and teaching highlighted throughout the interviews was that teaching requires a different set of skills when compared to nursing. All the participants stated that they had expertise in their clinical area of nursing; however, many recognized that they did not think they had the skills to confidently teach when entering the classroom. Abigail reflected this belief *"You know, I went to school to be a nurse. I didn't go to school to be a teacher."*

I wanted to teach but I also didn't really know how and so I guess there was a lot of uncertainty at the beginning and definitely I felt like a fish out of water. (Georgia)

Many participants found it challenging to teach 'by the book' as opposed to teaching how things were done clinically. This caused feelings of frustration as it was not necessarily associated with their expertise in their clinical field.

I think my biggest issue was how things were done based on our policies at the hospital versus how things are taught in post-secondary school ... Actually, teaching them [knowledge/skills] based on how our books present them, rather than based on how I've been doing them for years at the same hospital following the same policies and everything... I hope that the program thinks that it's good for us to rely on our own knowledge and experience too, but we have to do a lot of it based on what books we're presenting to them or what research article we're using. (Lucy)

The concept of teaching nurses to work anywhere, not just in the local community in which they are teaching was also challenging concept to grasp.

The other thing that I had a really hard time wrapping my head around was not just preparing our nurses to work just here [in current workplace/city] but to work anywhere. There was a lot of things that I found when I – especially when I was working with the other professor who had been doing it [teaching] for years. We would discuss a skill or something specific and I'd say we don't use that anymore here ... I've never seen that. I had worked for 2 years in another city so I did have a little bit of more experience outside of our city, but it was something that she would remind me often. We're not teaching our nurses to work here. We're teaching them to work anywhere. (Lucy)

The logistical complexities of teaching in the post secondary setting was also challenging for many participants. As Beatrice stated, *“Just understanding the whole structure of how to get your syllabus changed and things got to go to Senate. It's very complex compared to hospital land. We need a whole lecture just on that.”*

Logistics included working with online platforms, learning management systems (LMS), and simulation.

These technicalities of how the material is delivered with the online platform, with the set up, with setting up the grade books, all of these things that are often taken for granted and take a lot of figuring out, reading the manuals, going through the video tutorial, not being able to ask questions. I found to be very cumbersome I had somebody to go over with and ask questions. (Morgan)

In addition to a different set of skills, one participant believed there are also different expectations when you are teaching in comparison to nursing. This main difference was described as the expectation to pursue higher education and participate in both leadership and administrative roles.

There's a lot more pressure to pursue higher education and to continue your education.

There's a lot more pressure to become involved in administrative roles within your facility. (Roberta)

What is Normal Teaching? Recognizing there is a difference in the skill set between clinical nursing and classroom teaching, many of the participants acknowledged they did not know what normal teaching was.

I stood in front of the students with all my slides and I didn't know how to elaborate on things I would basically just read the information off the slide. I feel like I've made a lot of mistakes and I didn't really know what the normal was. (Georgia)

This stark difference in skills between the two roles had many participants express a desire to learn more about the teaching and learning process.

There's so much learning and education theory that I really had no clue about and was not part of my undergrad education. But I'm in grad school now and that helps, but it's still really hard. (Amelia)

Confident Nurse, Not Confident Educator. The participants were each asked what their confidence was as a nurse prior to entering into the classroom and how it changed when they began teaching. Every participant stated that they were confident as a nurse in the clinical

setting. Although their confidence was high, many did not have confidence when they started teaching in the classroom.

At that point in my career I was very comfortable. I was comfortable at the bedside. I had done that for 4, 5... years prior to going into the classroom. I was comfortable at the bedside, in both areas that I worked in. I would say at first, it [when beginning teaching] was I didn't have much confidence because I wasn't sure what to expect. Like anything, with more experience I became more confident, so it was just kind of throwing myself into the classroom, throwing myself into this new role, with experience getting more comfortable with it. (Abigail)

Sub-Theme 2: New Identity

Through the discovery that the two roles - nursing and teaching - were not the same, many participants described their need to develop a new professional identity. This process of discovery and lack of confidence at the start of their transition had many participants initially feeling like an impostor and that they had lost their clinical nursing identity when they first entered the classroom. Through time and with experience and learning how to teach, the participants described how they needed to adapt to their new environment by developing a new identity as a nurse and a teacher.

Feeling Like an Impostor. Many of the participants stated they felt like an impostor when they first entered the classroom. They believed they did not have the knowledge or skills to teach in the post-secondary setting, or they did not belong at front of the class. Feeling like an impostor negatively impacted many of the participants' confidence while teaching in the classroom setting.

The impostor syndrome where I feel like I should not have been given this job and I don't really know what I'm doing, you know... almost everyone I've talked to they've reported the same story that nobody feels great at the beginning. We all feel like impostors and we don't really know what we're doing and we don't know enough. (Georgia)

The feelings of being an impostor was also present in more subtle ways, particularly when potentially being observed by other faculty members.

There's always like when you go and ask for help from people that are very experienced [and they] say, "Well I'll come and watch you teach and give you feedback." To me that was like way too daunting to have someone sit in my class and see how horrible I was. People offered and I kept sort of saying, "Not yet". (Georgia)

Loss of Nursing Identity. In addition to feeling like an impostor in the classroom, participants also described how they felt they had lost their nursing identity when they began teaching in the classroom fulltime.

It's a sense of a loss; a little bit. Because you feel like you're leaving your clinical [nursing behind]... Even being a clinical nurse, you see yourself portrayed as a nurse. A typical nurse is someone that works in the hospital. There's kind of that sense of – "Oh, well, now you're just a paper nurse or a teacher nurse." So, it was also a change to that as well. (Roberta)

Who Am I? The loss of identity was also accentuated by the participants' desire to discover who they were as an educator in formation of their new identity.

I had to really figure out who I wanted to be as teacher and what was my comfort level of teaching with students? How effective was I with students? (Roberta)

Summary of Study Findings

This chapter described the findings of the study examining the self-efficacy development in novice nursing faculty members teaching in the classroom setting. An overview of the findings, a description of the sample and a description of the themes were provided. Two major themes, and four sub-themes were identified through analysis of the interviews. The first major theme “Transitioning to the Classroom” discussed the experiences of the novice faculty members transitioning from the clinical setting into the classroom through the sub-themes “Jumping Off the Cliff” and ‘Learning to Teach.’ The second theme “Nursing is Not Teaching” examined the differences between the two nursing roles through the sub-themes “How do you Teach?” and “New Identity”. The latter theme was less developed than the first.

Chapter V: Discussion of Findings

Introduction

Self-efficacy is a holistic synergy of several human subsystems working together to serve a specific purpose. An individual's cognitive, social, emotional, and behavioral skills all work together to determine whether a person will choose to act, how much effort they put forth, how they respond to challenges, and how they perceive their success in performing an action. As a multifaceted phenomenon, self-efficacy must also be considered with the context of external factors within the environment (Bandura, 1997). Self-efficacy is a personal experience and each of the above factors must be considered when examining this phenomenon from a personal perspective. Nine participants were interviewed discussing their personal experiences transitioning to teaching in the classroom environment and what factors helped and hindered their development of self-efficacy. This chapter discusses the findings of the study and how they apply to Bandura's (1997) Self-Efficacy Theory.

Transitioning to the Classroom and its Impact on Self-Efficacy

The purpose of this study was to examine the development of self-efficacy in novice nurse educators teaching in the classroom setting in an undergraduate nursing degree program.

The study aimed to answer the following research questions:

1. What impact does transitioning from clinical nursing practice to teaching in the classroom setting in an undergraduate nursing program have on self-efficacy?
2. How do nursing faculty members gain self-efficacy in their ability to teach in the classroom environment?
3. What factors foster the development of self-efficacy in novice faculty members?

4. What factors hinder the development of self-efficacy in novice faculty members?
5. What can novice faculty members do to increase their self-efficacy when transitioning to the classroom?

These questions were answered through a series of interviews with participants discussing their initial years teaching in the classroom setting. All the participants were within their first 5 years of teaching full time. Just as Bandura (1997) uses the terms ‘confidence’ and ‘self-efficacy’ interchangeably in his book, this chapter will use the terms interchangeably by using the term confidence when referring to specific responses by the participants. Several factors were identified that both fostered and hindered their self-efficacy throughout their journey to becoming a self-efficacious nurse educator. The transition to the classroom was examined by discussing the sources of self-efficacy identified for novice nurse faculty members, transitioning to the educator role, barriers to developing self-efficacy, how to foster a successful transition to the classroom, and implications for nursing education.

Sources of Self Efficacy for Novice Faculty Members

In identifying how the novice nurse faculty members gain self-efficacy in their ability to teach in the classroom environment, participants were interviewed on specific factors that both fostered and hindered their self-efficacy development. Bandura (1997) delineates four sources of self-efficacy: Mastery Experiences, Vicarious Experiences, Verbal Persuasion and Physiological and Affective States. Each of these sources of self-efficacy were clearly identified throughout the interviews.

Mastery Experiences

Mastery experiences are those where the individual is actively participating in the behaviour being examined (Bandura, 1997). The act of teaching in the classroom was the primary example of mastery experiences identified throughout the interviews. Through both themes “Transitioning to the Classroom Setting” and “Nursing is Not Teaching,” examples of mastery experience were provided as sources of self-efficacy development by the participants. Mastery experiences have one of the greatest impacts on an individual’s self-efficacy as they are a direct indicator of a participant’s ability to perform the behaviour being examined (Bandura, 1997). Teaching in the classroom was seen by many of the participants as one of the most impactful factors for increasing their confidence. Many of the examples provided by participants can be categorized as gaining experience through teaching. These include the personal experiences of the participants while transitioning to the classroom, formal preparation for teaching, and learning the teacher’s skill set.

Vicarious Experiences of Others

Bandura (1997) identified the importance of vicarious experiences of others on an individual’s development of self-efficacy. Seeing others in a similar role to the observer succeed through perseverant effort prompts the belief that it is possible for them to succeed at the activity as well (Bandura, 1997). Both formal and peer mentorship play an important role in vicarious experiences by either increasing or decreasing self-efficacy. Mentorship was another factor deemed essential for the transition and development of self-efficacy by the participants. Many of the examples provided under “Experiences with Others” can be categorized as vicarious

experiences. Examples of vicarious experiences identified throughout the interviews were related to formal mentorship and peer mentorship.

Verbal Persuasion

The third source of self-efficacy is through verbal or social persuasion. Verbal persuasion includes encouragement that the individual has the capabilities to successfully implement a specific behaviour from a family member, friend, peer, mentor, or supervisor. Bandura (1997) suggests that if a person is verbally persuaded and they possess the capabilities to succeed at a task, they are more likely to put in the effort to succeed. In the sub-theme “Experiences with Others” under “Learning to Teach”, participants provided examples of verbal persuasion that directly impacted their self-efficacy. Verbal persuasion was provided by formal mentors, peer mentors, student relationships, and employer encouragement. In addition to vicarious experiences, mentorship plays an important role in verbal persuasion and is a major factor in building participants’ self-efficacy. Bandura (1997) suggests the impact of verbal persuasion is also influenced by the knowledge and credibility of the person providing it, illustrating a need for mentorship and peer support groups.

Physiological and Emotional States

The physiological and emotional state of the individual is the final source of self-efficacy identified by Bandura (1997), including a person’s physical, emotional, and mental health, overall health functioning, and the ability to cope with physical and psychological stressors. Throughout the interviews, discussions of fear, anxiety, and stress during their initial years of teaching emerged. The participants’ anxiety fed into almost all aspects at the beginning of their teaching careers. This anxiety impaired their ability to teach in the classroom. A person relies on

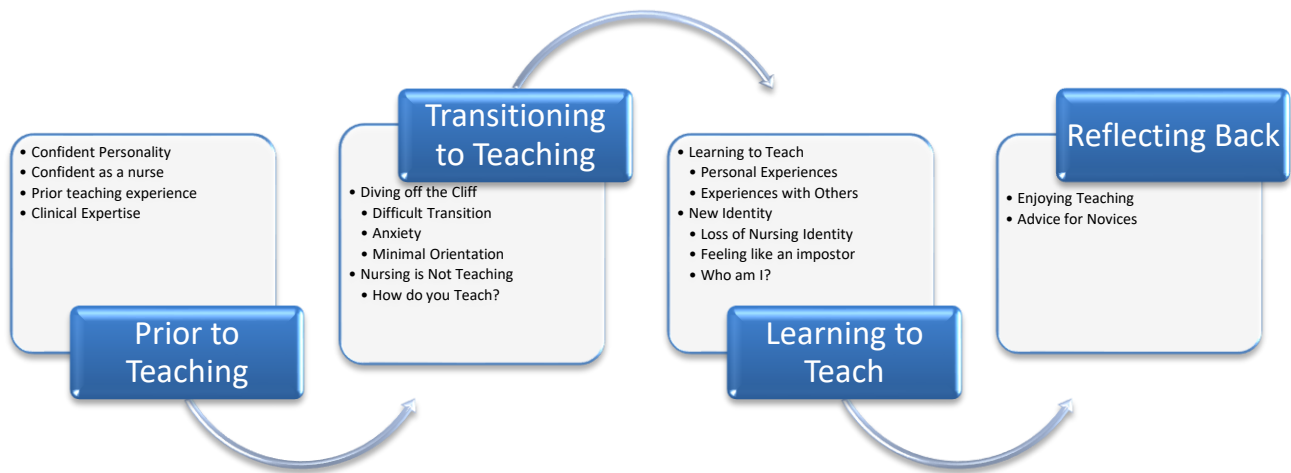
her/his physiological and emotional states to judge her/his capabilities accurately (Bandura, 1997). The anxiety described by many of the participants' led them to feeling like an impostor.

Transitioning to the Educator Role

A key area of discussion throughout the interviews was the transition from nursing in the clinical setting to teaching in the classroom. This transition led to an overall decrease in the participant's confidence. As is common in both transition and in the development of self-efficacy, through a series of successes, encouragement from their peers and with time, the transition to the classroom and their self-efficacy in their ability to teach increased (Bandura, 1997).

Transition Timeline

The concept of time was recognized as being an important factor in transitioning to teaching in the classroom. Participants were in different stages of their transition when interviewed for this study. Four participants had 1 year or less experience, three had 2 to 3 years experience, and two had 4 to 5 years teaching experience. Although those with similar years of experience had differing experiences throughout their transition and viewed their self-efficacy in teaching in the classroom differently, many of the participants appeared to follow a similar timeline that impacted their self-efficacy. This timeline includes how the transition from nurse to educator impacted their self-efficacy prior to teaching, through the initial transition into the classroom, the process of learning to teach in the classroom and finally, reflecting back on the experience.

Figure 5.1: Timeline for Transitioning to the Classroom

Prior to teaching, the participants stated they were highly confident in their nursing abilities in the clinical setting. All participants asserted that they perceived themselves as experts in their clinical areas. A few participants believed they had a confident personality in general. Those participants with previous teaching experience in the clinical, laboratory, part-time in the classroom or online were confident teaching within those settings. Their confidence and love of teaching was a key factor for the participants' decisions to transition from the clinical environment to classroom teaching full-time.

Although their reasons for deciding to accept a fulltime teaching position and their journey to the classroom were different, each participant described their initial experience of transitioning to the classroom as difficult. One participant described the initial experience of transitioning to the classroom from the clinical setting as “*diving off a cliff*” (Beatrice). Although

each of the participants related their confidence in their nursing skills, all the participants discussed how their self-efficacy was initially low when teaching in the classroom. The participants were also ambivalent as to whether their previous experience teaching helped their transition to the classroom. This was mainly related to the methodology used in the classroom being less practically focused than the other environments in which they taught. Participants with previous experience teaching part-time in the classroom also described their self-efficacy as low when they started teaching fulltime as the expectations and responsibilities of the role was different. The participants described the transition as difficult, using terms describing the isolating experience of being new as “*scary*”, “*feeling lost*”, and “*lonely*”. One participant equated the experience of being a new teacher as the same as being a new nurse, it is overwhelming and not knowing what to expect. Adding to the difficulty of the transition was they received minimal support from the post-secondary school and a lack of structured orientation to their new role which has been shown as being essential in role transition (Cranford, 2013; Goodrich, 2014; Huybrecht, Loeckx, Quaeysaegens, Tobel, & Mistiaen, 2011).

Throughout their transition the participants quickly discovered that teaching and nursing are not the same. Because their self-efficacy decreased and the skills to be a teacher were so different than those required as a nurse, the next phase of the transition experienced was “Learning to Teach.” Participants learned how to teach by “Pulling on Past Experiences”, using “Personal Experiences” of teaching in the classroom, learning from the experiences of their peers and other professors, and through their relationships with students, peers, faculty members, and the post-secondary schools leadership. Each of these experiences acted as sources of self-efficacy development in the participants’ ability to teach in the classroom (Bandura, 1997; Gardner, 2014).

Personal experiences were identified as experiences in which individual participants were actively engaged. Two main categories of personal experiences were identified by the participants. Typically, the past experiences the participants had prior to transitioning to the classroom included experiences as a nurse, a learner, and a teacher in other environments. Participants recognized they used several past experiences to assist when transitioning to the classroom by reflecting on those experiences and applying them to their teaching. Current experiences were those in which participants were actively engaged in classroom teaching. These experiences were directly related to teaching in the classroom itself and the perceived successes and failures experienced throughout the transition. Both past and current experiences are clear examples of mastery experiences as defined by Bandura (1997) and have the greatest impact on an individual's self-efficacy development.

Finally, as the participants gained self-efficacy during their transition to the classroom and learning to teach, the participants were able to reflect on their experience with self-efficacy. This provided them with the opportunity to enjoy teaching and provide advice for other novice faculty members to assist them in gaining self-efficacy when transitioning to classroom teaching.

Barriers to Developing Self-Efficacy

As participants transitioned to the role of classroom teacher there were several factors that hindered their self-efficacy development. Feelings of anxiety throughout the transition, loss of professional identity as a nurse, and feeling like an impostor in the classroom negatively impacted the participants' self-efficacy development when transitioning to classroom teaching. These feelings were made worse by the lack of structured orientation and the isolating feeling of

being new in the academic environment. These barriers to self-efficacy development made the transition to classroom teaching more difficult for participants.

Anxiety

Many of the participants recognized that the difficult transition led to feelings of increased anxiety, fear, isolation, and being overwhelmed. The participants attested that these feelings led to decreased self-efficacy and their perceived ability to teach effectively. High levels of emotional exhaustion and anxiety are common in nursing faculty members regardless of their years of experience (Yedidia et al., 2014). Individuals can misinterpret lack of stamina, stress, or anxiety as poor performance, instead of an altered physiological or emotional state which accurately represented the descriptions of many of the participants within this study (Bandura, 1997). Several studies showed the negative effect anxiety has on an individual's self-efficacy development leading to poor performance (Holland et al., 2017; Connors et al., 2017; McMullin, Jones & Lea, 2012). Increased feelings of anxiety, fear, and stress impact a person's ability to accurately assess her/his ability to perform a specific task and further impacts a person's self-efficacy. Physiological and affective states correlate with an individual's self-efficacy development; the ability to regulate feelings and physiological states is necessary to developing self-efficacy (Morris & Usher, 2011).

The participants' anxiety was made worse with negative interactions with students and their colleagues. Although some participants had a beneficial mentorship relationship, not all participants who were assigned a formal or peer mentor described the experience as having a positive impact on their self-efficacy. For some participants, negative interactions with their peers or being assigned to an unsupportive team for teaching decreased their self-efficacy. These

negative interactions were defined by the participants as negative feedback from peers and mentors, negative interactions, unsupportive team teaching, the competitive nature of academia, and the perception of being targeted by peers when they were new to the post-secondary setting. Incivility in nursing education from faculty to faculty persists in academia with many novice faculty members sensing rejection, possessiveness, territorialism, and wanting the novice faculty members to fail (Peters, 2014). Negative interactions between colleagues decrease self-efficacy, increase anxiety, and feelings of incompetence (Kassem et al., 2015).

Negative interactions with students also increased the participants' anxiety. One of the more common areas where student interactions created the most anxiety for the participants was through the submission of formal student evaluations. Participants described the experience of receiving their student evaluations as extremely stressful, particularly when they interpreted comments as negative. One participant in this study asserted that the negative comments stand out more than the positive ones on the student evaluation forms, even if they are fewer in number. Students challenging assigned grades also decreased the participants' self-efficacy. Participants felt during these experiences that they were being challenged, their level of expertise was being targeted and they did not have the self-efficacy to recognize these negative comments as outliers. Framing negative experiences in teaching as anomalies and learning from these experiences requires a high level of self-efficacy (Bandura, 1997; Morris & Usher, 2011).

The Professional Gap Between Nursing and Teaching

Another area that acted as a barrier to successful transition to the classroom and development of self-efficacy was the difference between the roles of teacher and nurse. Participants described the transition to classroom teaching as an experience for which they were

unprepared. This difficult transition led to decreased self-efficacy at the beginning of their teaching career. The stark difference between their role as a nurse and their new role as an educator caused the participants to feel like an impostor. Many also felt a loss of their nursing identity. This loss of professional identity facilitated a need to discover a new identity as a nurse educator. Many of the factors that decreased self-efficacy through the participants' transition were related to the difference between the roles of teacher and nurse. Additionally, the strategies participants used throughout their transition to increase their self-efficacy, assisted in bridging the gap between nurse and teacher and increased their self-efficacy over time. Participants recognized teaching required a different skill set not gained through their nursing education or clinical experience. Reflecting on their early days in the classroom, participants recognized that, although they were experts in their clinical field of practice, their nursing education and experience did not provide them with the necessary skill set to teach in the classroom. As Amelia stated *"you feel like you don't know how to do it [teach] because, I know how to be a nurse but I wasn't sure I knew how to be a teacher, it's such a different thing."* Many participants stated they did not know how to teach and quickly reverted to the way they were taught in their nursing educational program as learners. This phenomenon confirms what was discovered in the literature when examining transition of novice educators (Gardner, 2014). Although one participant described formal preparation to teach in her graduate program, many participants did not have any formal preparation for teaching in the classroom when they first started. Abigail reflected *"You know, I went to school to be a nurse. I didn't go to school to be a teacher."* Lacking the skill set required by a classroom instructor, the participants' self-efficacy decreased when they started classroom teaching. With time, experience, and series of successes the participants started became confident in their ability as a classroom teacher.

Graduate Degrees in Nursing Do Not Prepare You for the Classroom. When hiring an educator for a nursing program, many schools put an emphasis on the necessity of having a graduate degree in nursing above having formal preparation for teaching (Anderson, 2009). Graduate preparation in nursing was, however, not related to increasing self-efficacy in classroom teaching. Courses that focused on teaching and educational principles positively impacted the participants' self-efficacy for classroom teaching. These included graduate degrees, diplomas, and certificates based in education, but not graduate degrees focused on nursing practice. Participants stated that education courses provided them with skills that they could use in the classroom. However, courses that focused on nursing theory, and research principles did not impact their self-efficacy for classroom teaching. This finding was supported by Nugent et al. (1999). The authors discovered that teachers who received formal preparation in education methods gained confidence in their abilities to teach, a finding similar to Kim & Shin (2017) and Morris & Usher (2011). Only one of the participants had a graduate degree focusing on education prior to teaching in the classroom fulltime. This participant indicated that her graduate degree eased her transition to the classroom as the graduate program focused on teaching and learning. It also provided her with a foundation in education that assisted in bridging the gap between teaching and nursing more directly. Although formal preparation for teaching was demonstrated to increase participants' self-efficacy, post secondary schools emphasize the need for a graduate degree in nursing to teach in a nursing program (Anderson, 2009). Many of the participants in this study found graduate degrees in nursing provided them with few skills to teach effectively. These findings contrast studies in the literature. Kim and Shin (2017), for example, identified that clinical instructors with master's degrees in nursing rated their teacher-efficacy higher than participants without a master's degree in nursing. This discrepancy may be

due to the practical focus of teaching in the clinical environment as opposed to the academic nature of teaching in the classroom as participants' stated that their master of nursing degrees did not focus on the principles of effectively teaching in the classroom. Participants were also ambivalent as to whether workshops offered by the post-secondary schools focusing on education fostered their development of self-efficacy. Most participants stated that workshops had little or no impact on their confidence. The only exception being when courses were focused one-on-one with the participants' specific experiences.

Previous Teaching Experience Did Not Translate to the Classroom. Adding to the complexities experienced by participants when transitioning to the classroom was the difference between teaching in the classroom and teaching in other environments. All but one participant identified that they had previous teaching experience prior to transitioning to the classroom fulltime. Environments where teaching occurred included teaching i) students in the clinical setting, ii) online, iii) in the skills laboratory, and iv) healthcare professionals in the clinical setting. As the clinical and laboratory environments focused on the practical application of skills with smaller numbers of students, participants were ambivalent regarding whether these experiences impacted confidence when transitioning to the classroom. Only one participant believed that her previous teaching experiences had a positive impact on her confidence when teaching in the classroom. Although the participants recognized that teaching outside the classroom provided them with a passion for teaching, many believed the teaching styles were too different to provide them with confidence in transitioning to the classroom. As Bandura (1997) defines mastery experiences as actually practicing the behaviour in question, perhaps teaching in the classroom was so different than the practical nature of teaching in the laboratory and clinical setting, that participants did not think the two experiences were directly related. Even previous

experience teaching in the classroom part-time did not prepare participants for teaching in the classroom fulltime as the responsibilities and expectations were described as significantly different. McDermid et al. (2013) also identified that sessional instructors were generally able to choose which classes they wanted to teach, which was not necessarily the case teaching full time. McDermid et al. (2013) claimed when novice faculty members are asked to teach subjects in which they lacked clinical expertise, their confidence to teach effectively decreased.

Feeling like an Impostor. Several participants discussed they felt like an impostor when they first entered the classroom. They believed they did not have the knowledge or skills to teach in the post-secondary setting, or they did not belong at front of the classroom. The impostor phenomenon commonly impacts individuals in professional positions, including nursing education. These feelings of being unqualified for a role or being exposed as a fraud are generally unfounded and can lead to feelings of fear, stress, and burnout (Sakulku & Alexander, 2011). As participants first transitioned to the classroom, many described decreased self-efficacy. During this preliminary transition, many participants asserted they felt like an impostor and they did not belong in the classroom. Bernat (2008) discovered that educators' feelings as an impostor was commonly associated with low self-efficacy, common to the participants when they initially entered the classroom. Bernat (2008) posits the impostor phenomenon is related to an individual's perceptions of self and construction of a new professional identity as a teacher. Feeling like an impostor negatively impacted many of the participants' confidence. Lacking self-efficacy leads to thoughts of being an impostor and can directly impact an individual's ability to be successful (Bandura, 1997). Although these feelings dissipated with time and experience, it created anxiety for the participants during their formative years of teaching.

Participants experiencing the impostor phenomenon was further enhanced by loss of their nursing identity when they began teaching fulltime. This initial decrease in self-efficacy prompted many participants fearing loss of their nursing identity. One participant described she feared other nurses may judge her as ‘a paper nurse’ since she had left the clinical world behind, demonstrating the internal conflict she had beginning a new role. Loss of professional self is commonly seen in those transitioning to a new role. A decrease in self-efficacy can also lead to professional identity crisis in individuals who are transitioning from nurse to educator as self-efficacy is considered essential to the development of a new professional identity (Carrinus et al., 2011). This loss of a clinical nursing identity and development of a new professional identity as an educator was challenging for several participants in this study.

Fostering a Successful Transition to Classroom Teaching

Participants identified several factors that both fostered and hindered their self-efficacy development when they began classroom teaching. In examining the factors that fostered their self-efficacy development and addressing factors that hindered their self-efficacy development, initiatives can be utilized to foster a successful transition for novice educators to the classroom.

Providing a Thorough Orientation

One of the more commonly discussed factors that hindered the participants’ self-efficacy development was they had minimal formal orientation when they started as a classroom teacher. The lack of orientation increased their feelings of isolation and lack of support, requiring many to spend time and energy attempting to learn, not only how to teach in the classroom, but also the logistics of working in a post-secondary environment, decidedly different to the hospital setting. Participants also found the lack of structure to teaching in the classroom led to an overwhelming

sense of freedom with which many were uncomfortable. Although no studies were identified that discussed the importance of orientation for increasing the self-efficacy of novice nurse educators, the importance of orientation was identified in the development of self-efficacy in other populations; specifically, nurse educators using simulation as a teaching method (Dowie and Phillips, 2011), and educating clinical instructors (Crocetti, 2013, Kim & Shin, 2017; Nguyen et al., 2017). Additionally, McDermid et al. (2013) recognized that sessional teachers transitioning to full time faculty members decrease in confidence was attributed to lack of understanding of the role and responsibility of an academic faculty member when compared to that of a sessional instructor, leading to burnout. Many of the participants recognized the importance of a formal orientation and advised new educators working in the post-secondary setting to advocate for a formal, thorough orientation as they believed that the orientation they received did not prepare them for working in a post-secondary environment.

Enhancing Vicarious Experiences and Verbal Persuasion Opportunities

Team Teaching to Enhance Formal and Peer Mentorship. In alignment with a formal orientation, mentorship was described as essential to the development of self-efficacy in transitioning to classroom teaching. Participants described the importance of both formal and peer mentorship in their development of self-efficacy through their transition to classroom teaching. Formal mentorship were relationships that were assigned by the administration of the post-secondary program while peer mentorships were described as informal connections with peers and colleagues and through the collective experience of team teaching. Mentorship provides both vicarious experiences and verbal persuasion sources of self-efficacy to participants in the classroom.

All participants recognized the importance of both formal and peer mentorship relationships in building their self-efficacy. Several studies examining role transition and self-efficacy development highlight the importance of mentorship as an effective way to facilitate the retention of new nurse educators in the academic environment and increase their confidence (White, Brannan & Wilson 2010; Wilson, Brannan & White, 2010; Gilbert & Womack, 2012; Candela, et. al, 2013; Wiedman, 2013, Goodrich, 2014). The findings of this study aligned with the literature on mentorship relationships. Many of the participants assigned a formal mentor described the positive impact the relationship had on their self-efficacy development. The ability to observe an experienced educator teaching in the classroom was described as one of the most important aspects of the relationship as participants had a model of positive teaching and an example of vicarious experiences. Observing an experienced educator succeed in a role similar to participants, fosters the belief that it is possible for them to succeed as well (Bandura, 1997). Talking to both formal and peer mentors was recognized as a factor that influenced the participants' self-efficacy. Mentors regularly provided encouragement to the participants through verbal persuasion.

Peer mentorship was provided as a common example of a vicarious experience and verbal persuasion throughout participants' transition to the classroom. Peer mentorship is closely aligned with increasing an individual's self-efficacy (Roberts et al., 2009). One aspect that has not been widely discussed in the literature is the formalization of peer and formal mentorship through team teaching. Participants described team teaching as an essential form of peer mentorship that built the participants' self-efficacy. Although team teaching has similarities described with both formal and peer mentorship, it differed as team members provided participants with an opportunity to discuss successes, failures, and observe another educator in

the classroom, while also working together towards a common goal and teaching the same subject matter. When novice educators are assigned to a supportive team, they have ongoing mentorship from their team members who can provide opportunities for the individual to receive ongoing support. Positive feedback through continuous mentorship and peer support increases self-efficacy (Kim & Shin, 2017). Interestingly, verbal persuasion was generally not identified in isolation from other sources of self-efficacy. Several participants appreciated the ability to ‘bounce ideas’ off their mentors. The discussion with an experienced educator facilitated goal setting and normalized difficult experiences. Having an individual to debrief negative experiences is an effective application of verbal persuasion. Bandura (1997) asserts that if an individual is struggling and experiencing self-doubt, verbal persuasion can increase that person’s belief in their ability to perform a behaviour successfully. Some participants preferred team teaching relationships when compared to the formal mentor relationships as their team members were more likely to be teaching at the same level and content. This was supported by some participants stating that their assigned formal or peer mentors did not have a positive impact on their self-efficacy. For example, in situations in which their formal mentor did not teach similar courses the participants did not see the relationship as impactful on their self-efficacy. This assertion mirrors Banduras (1997) claim that vicarious experiences are more effective the closer the model is to the observer. As members of the teaching team teach the same course and students, they could be perceived as being similar to the participants.

Lack of access to formal or peer mentors, and negative interactions between faculty members were described by participants in this study to decrease their confidence. Many participants did not get the opportunity to observe another educator teach in the classroom. Early in their teaching role, they were overwhelmed with preparation to teach, too nervous to ask a

peer, or began teaching in the classroom immediately after being hired. Mentors offered to watch participants teach, as opposed to offering the participants to observe them in the classroom. One participant was concerned that having an expert educator observe her teaching was too stressful early in her career and likely would have had a negative impact on her confidence. These participants asserted that their transition to the classroom would have been smoother if they had a formal mentor. Gardner's (2014) study supported this finding as mentorship was described as crucial to the transition of new nurse educators.

Positive mentorship provides individuals with an excellent source of self-efficacy development (Morris & Usher, 2011). It is an important factor in easing the transition of new nurse educators to the academic role (Gardner, 2014) and retention of new nursing faculty members hired into academic settings (Goodrich, 2014; Huybrecht, Loeckx, Quaeyhaegens, Tobel, & Mistiaen, 2011). The findings of this study add to the literature in that, the positive formal and informal mentorship relationships in the form of team teaching relationships are essential in easing the transition to the classroom and the development of self-efficacy in classroom teaching. Their findings also contribute to the literature by demonstrating the benefit of having novice classroom teachers teach along side experienced classroom instructors as part of a supportive team.

Supporting Mastery Experiences During the Transition

Time, Experience, and Repetition. One of the key areas all participants described that increased their self-efficacy was time and experience teaching. The category 'Confidence Through Teaching' provides the clearest example of mastery experiences, fostering the development of their self-efficacy. Being able to teach the same course repeatedly, over time

increased their self-efficacy. Participants stated that, not only did the act of teaching increase their confidence over time, but also made the experience of teaching more enjoyable.

Bandura's (1997) assertion that mastery experiences are the most influential source of self-efficacy formation was reflected in this study. Abigail claimed that "*the actual act of teaching is the greatest factor in increasing my confidence*", which aligns with Bandura's (1997) theory of self-efficacy. Morris and Usher's (2011) study of self-efficacy development in award winning professors supports these findings; that mastery experiences, successful instructional experiences, and mastery of content and pedagogical skills were perceived as having the highest impact on self-efficacy development. The concepts of time and repetition by teaching the same class multiple times also increased the participants' mastery of the content and teaching in the classroom. In their study examining self-efficacy development in nurse educators, Nugent et al. (1999) discovered a similar relationship between direct experience teaching and increases in self-efficacy. Time also improved the confidence of instructors in a study examining the transition of nurses into the academic setting, participants did not feel confident teaching in the classroom for 2 to 3 years (Gardner, 2014). With time and repetition leading to increased confidence, the participants in this study reflected that they were able to transfer what they had learned in their initial courses to new courses they had not previously taught, including subjects with which they were less comfortable. Over time and with experience, participants were able to make the transition from course to course more easily. Being assigned the same course repeatedly, however, is not always the case for new faculty members. Some participants identified that early in their career, they had to switch classes and teach new subject matter. Not only were they still learning how to teach, but they also had to learn new material in which they may not have had clinical expertise. Being assigned a new subject while still learning how to teach increased their

stress and decreased their self-efficacy. McDermid et al. (2013) also described this relationship in their study examining the transition of sessional instructors to full time faculty members.

Time and experience also assisted in the development of a new professional identity. As participants' self-efficacy began to increase with time and experience, their feelings of being an impostor and loss of their nursing identity was replaced with a desire to discover who they were as an educator and the formation of a new identity as a teacher. Development of a new professional identity is a common aspect of transitioning to a new role and demonstrates an increase in self-efficacy (Bernat, 2008).

Providing Opportunities to Teach their Clinical Area. Mastery experiences went beyond the act of classroom teaching. In addition to allowing novice educators to grow through time, experience, and teaching the same classes repeatedly; providing faculty with the opportunity to teach within their area of clinical area of expertise was essential in the development of self-efficacy in classroom teaching. One of the more commonly expressed factors that assisted the participants' transition to the classroom was teaching subject matter in which they had nursing expertise. The participants saw themselves as experts in their clinical area of practice. This high level of clinical expertise facilitated their confidence in their skills and knowledge as nurses. As they had gained experience, teaching a subject in which they have clinical expertise, they felt confident in their knowledge, which in turn enabled them to be confident in the classroom. The participants all stated that when teaching a subject in which they had prerequisite knowledge, their self-efficacy for classroom teaching was increased. The important impact that having confidence and competence in clinical areas of teaching on the transition to the classroom was identified by Doherty (2017).

Having the ability to teach content that is their area of nursing expertise was not always the case for participants. Many were assigned classes that were outside of their area of clinical expertise. Additionally, participants indicated that even if they were assigned a course that was in their area of expertise, some of the content of these courses was unfamiliar. If they were teaching a subject matter with which they were unfamiliar, their confidence level was lower and the transition to the classroom was difficult. When a nursing faculty member is required to teach a concept where they lack clinical expertise their confidence decreased also reducing their ability to be an effective teacher (McDermid et al., 2013; Donnelly et al., 2017, Orta et al., 2016).

Occasionally, even when participants were asked to teach content in which they had clinical expertise, they still struggled adapting to their new professional role. The conflict between their professional identity as a nurse and teacher was highlighted by the challenge in changing their view regarding how nursing should be taught. Several participants described how it was difficult to change their thought process from teaching clinical application of skills to academic application of nursing knowledge. Participants identified this as “*teaching by the book*” and found it challenging when they attempted to teach what practice was like in the clinical setting. This created feelings of frustration, as they believed they were teaching students knowledge and skills not used in the clinical practice. The conflicting world views of the two roles regularly led to situations in teaching students based on their clinical expertise, contradicted by what was taught in the textbook. When these conflicting worldviews led to contradictions between what was being taught to what was in the textbook, students questioned the participants. Participants perceived the student’s questions as them questioning their knowledge and expertise as a nurse and teacher. As a result of this perception, participants felt less confident in their knowledge of nursing, their skill as a teacher, and decreased their self-efficacy (Bandura, 1997).

Student Engagement and Success in the Classroom. Providing novice educators with the opportunity to teach the same class repeatedly over time, provides them with the opportunity to experiment in the classroom as well. Time and successes in the classroom increased participants' self-efficacy. One of the most prominent categories participants perceived as successful teaching was student engagement and achievement. Student engagement provides another example of a mastery experience increasing the participants' self-efficacy. Student achievement was connected to mastery experiences in Morris and Usher's (2011) study and identified as a key indicator of successful teaching by award-winning professors. Student engagement was defined by participants as engaging in class discussions, activities, and listening intently. Student engagement had a direct relationship with the learner's enjoyment of the class and the subject matter and had a reciprocal relationship with the development of the participants' confidence. When students were engaged in class, the participants described their self-efficacy as high. Lack of student engagement, however decreased the participants' self-efficacy. As one participant described it, *"I remember looking out onto the sea of faces and apathy ...I've learned a lot over the last year about what we need to do or what I need to do to attempt to engage students more. That sea of apathy still is – I always feel sick when I see it"* (Sarah). Both student engagement in the classroom and their success in assignments and exams were perceived as a direct result of the effectiveness of the classroom instruction and had a reciprocal relationship to participants' self-efficacy development. The perception of repeated successes leading to the development of self-efficacy over time supports Bandura's (1997) assertion that repeated success in a behaviour leads to increased self-efficacy. With time, experience and repeated successes, the negative impact that unsuccessful students had on their confidence was perceived as an outlier as

opposed to directly related to their skill as a teacher. The ability to see negative experiences as an anomaly generally takes time and a series of successes (Bandura, 1997).

Formal and informal student feedback played a major role in the development of the participants' self-efficacy as they transitioned to the classroom. If students provided positive feedback, the participants' self-efficacy increased; whereas, negative feedback decreased their self-efficacy. The reciprocal relationship that student feedback had on the participants was associated with successful and unsuccessful teaching, repeated successful teaching had a positive impact on an individual's development of self-efficacy, while perceptions of failed teaching had a negative impact (Bandura, 1997). This finding was also found in Morris and Ushers' (2011) study as the participants identified student evaluations, informal and formal student comments, and teaching awards as the most influential forms of social persuasion, exceedingly even mentorship from other educators.

Implications for Nursing Education

Self-efficacy has been examined in many populations, including nurses working in post-secondary environments. However, there are few studies that examine the self-efficacy development of novice nursing faculty members teaching in the classroom. This study adds to the growing research on the important impact self-efficacy has on the success of nurses working in education, highlights the importance of fostering self-efficacy when transitioning to the classroom, and identifies several factors that improve and hinder a novice faculty members' self-efficacy. Novice educators can facilitate their successful transition to the classroom by seeking out positive peers and mentors, receiving formal preparation for teaching, preparing for class,

reflecting on past education and experience, normalizing their feelings of anxiety, and recognizing that self-efficacy develops over time and experience.

Although some of the factors identified in the study foster or hinder novice faculty members' self-efficacy are outside of the control of the post-secondary setting, there are several initiatives that can enhance the transition for novice faculty members to the classroom setting while optimizing their self-efficacy development. Development of a thorough orientation, providing formal mentorship, and promoting peer mentorship opportunities, teaching as part of a supportive team, and teaching assignments that align with the novice educators' clinical expertise are all factors that foster the development of self-efficacy in novice educators.

Limitations of the Study and Future Research

This study examined the development of self-efficacy in novice nurse faculty members as they transitioned from the clinical environment to the classroom setting. As there had been few studies historically completed examining this phenomenon, an exploratory descriptive qualitative design was used. With this design, much of the discussion attempted to discover what factors developed the participants' self-efficacy without examining individual factors in detail. For example, lack of an orientation was identified as a factor that decreased participants' self-efficacy; however this study did not investigate what could be added to an orientation to foster self-efficacy development in novice educators transitioning to the classroom. As interview responses were based on retrospective reflections of participants, the implementation of a thorough orientation could also confirm if these initiatives would improve the self-efficacy of novice nurse educators transitioning to the classroom. Implementing these initiatives warrants future research.

Additionally, as examining the development of self-efficacy in novice nurse educators transitioning to the classroom is a concept that has not thoroughly been investigated, this study focused on self-efficacy theory alone. Bandura (1997) has also described teacher-efficacy and instructional-efficacy as two forms of self-efficacy that are specific to educators and examines concepts beyond self-efficacy. Future studies could expand on the findings of this study examining the development of teacher-efficacy and instructional efficacy in novice nurse educators transitioning to the classroom.

Participants interviewed for this study were within their first 5 years of teaching and were retrospectively examining their self-efficacy development as they transitioned to the classroom. Examining the impact on participants prior to starting in their position and through their transition to the classroom and longitudinally over their first 3 to 5 years may provide a clearer picture of what truly impacts their self-efficacy, as opposed to relying on memories that may limit the accuracy of the data collected.

Summary of Discussion

This chapter provided a discussion on the findings of the study, how they relate to Banduras (1997) Self-Efficacy Theory, and how the findings were supported in the literature examining professional role transition and self-efficacy development. The findings of this study strengthen the understanding of how self-efficacy is developed in novice nurse faculty members transitioning from the clinical environment to the classroom. A timeline for transition was identified, representing the participants' self-efficacy prior to entering the classroom, when they first transitioned to the classroom, learning to teach, and finally reflecting on their transition. The findings of this study were clearly aligned with and supported Bandura's (1997) Self-Efficacy

Theory by providing several examples of the four sources of self-efficacy, factors that fostered and hindered their self-efficacy development, and that repeated successful behaviours over time increased their self-efficacy. Implications for nursing education were also discussed and potential future avenues for research were examined.

Conclusion

The purpose of this study was to examine the development of self-efficacy in novice nurse educators teaching in the classroom setting. Through a series of interviews with participants discussing their transition and initial years teaching in the classroom, the study examined how the transition from clinical practice to teaching in the classroom setting impacted novice educators' self-efficacy and factors that fostered or hindered the development of self-efficacy through their transition to the classroom.

Two themes and four sub-themes were identified through analysis of the interviews. The first major theme 'Transitioning to the Classroom' discussed the experiences of the novice faculty members transitioning from the clinical setting into the classroom through the sub-themes 'Jumping Off the Cliff' and 'Learning to Teach.' The second theme 'Nursing is Not Teaching' examined the differences between the two nursing roles through the sub-themes 'How Do You teach?' and 'New Identity.' Several factors were identified within these themes that both fostered and hindered the participants' self-efficacy development throughout their journey to teaching in the classroom setting.

The four sources of self-efficacy were supported through this study. The act of teaching in the classroom, using past experiences as a nurse, student and teacher, time and experience were all mastery experiences that impacted the development of self-efficacy. Vicarious

experiences of others and verbal persuasion sources of self-efficacy were seen through the participants' experiences with formal and peer mentors, colleagues, students, and leadership in the post-secondary setting. Finally, anxiety as an affective state hindered participants' self-efficacy development in the initial transition to the classroom. These findings further add to the support in the literature on professional role transition and Bandura's (1997) Self-Efficacy Theory.

References

- Ahmad, I. (2011) Effect of teacher efficacy beliefs on motivation. *Journal of Behavioural Sciences*, 21(2), Retrieved from: <http://go.galegroup.com.uml.idm.oclc.org/ps/i.do?p=HRCA&sw=w&u=univmanitoba&v=2.1&it=r&id=GALE%7CA278167693&asid=fa74315aF355764626df741fecb16c16>.
- American Association of Colleges of Nursing. (2017). *Nursing faculty shortage fact sheet*. Retrieved from: <http://www.aacnnursing.org/Portals/42/News/Factsheets/Faculty-Shortage-Factsheet-2017.pdf>.
- Anderson, J. K. (2009). The work-role transition of expert clinician to novice academic educator. *Journal of Nursing Education*, 48(4), 203-208.
- Baillie, L., Merritt, J., Cox, J., & Crichton, N. (2015). Confidence and expectations about caring for older people with dementia: A cross-sectional survey of student nurses. *Educational Gerontology*, 41, 670-682. DOI: 10.1080/03601277.2015.1039445.
- Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York, NY: Freeman.
- Benner, P. (2011). Formation of professional education: An examination of relationship between theories of meaning and theories of the self. *Journal of Medicine and Philosophy*, 36, 342-353. DOI:10.1093/jmp/jhr030.

Benner, P. (2012). Educating nurses: A call for radical transformation – how far have we come?

Journal of Nursing Education, 51(4), 183-184. DOI:10.3928/01484834-20120402-01.

Bernat, E. (2009). Towards a pedagogy of empowerment: The case of ‘imposter

syndrome’ among pre-service non-native speaker teachers in TESOL. *English Language*

Teacher Education and Development Journal, 11, 1-11.

Beroz, S., Schneidereith, T., Farina, C. L., Daniels, A., Dawson, L., Watties-Daniels, D., &

Sullivan, N. (2020). A statewide curriculum model for teaching simulation education
leaders. *Nurse Educator, 45*(1), 56-60.

Bittner N. P. & O’Connor, M. (2012). Focus on retention: identifying barriers to nurse faculty

satisfaction. *Nursing Education Perspectives, 33*(4), 251-254.

Booth, T. L., Emerson, C. J., Hackney, M. G., & Souter, S. (2016). Preparation of academic

nurse educators. *Nurse Education in Practice, 19*, 54-57.

Braine, M. E. (2009). Exploring new nurse teachers’ perceptions and understanding of reflection:

An exploratory study. *Nurse Education in Practice, 9*(4), 262-270.

Canadian Institutes of Health Research. (2014). *Tri-council policy statement: Ethical conduct*

for research involving humans. Retrieved from: <http://www.pre.ethics.gc.ca/>

[pdf/eng/tcps2-2014/TCPS_2_FINAL_Web.pdf](http://www.pre.ethics.gc.ca/pdf/eng/tcps2-2014/TCPS_2_FINAL_Web.pdf).

Canadian Nurses Association. (2008). *Advanced nursing practice: A national framework*.

Ottawa: ON.

Candela, L., Gutierrez, A., & Keating, S. (2013). A national survey examining the professional work life of today's nursing faculty. *Nurse Education Today*, 33(3), 853-859.

Canrinus, E. T., Helms-Lorenz, M., Beijaard, D., Buitink, J. & Hofman, A. (2011). Self-efficacy, job satisfaction, motivation and commitment: Exploring the relationships between indicators of teachers' professional identity. *European Journal of Psychology of Education*, 27(1), 115-132.

Caparea, G. V., Barbaranelli, C., Steca, P., & Malone, P. S. (2006). Teachers' self-efficacy beliefs as determinants of job satisfaction and students' academic achievement: A study at the school level. *Journal of School Psychology*, 44(6), 473-490. doi: <https://doi.org/10.1016/j.jsp.2006.09.001>.

Carter, A. G., Creedy, D. K., & Sidebotham, M. (2016). Efficacy of teaching methods used to develop critical thinking in nursing and midwifery undergraduate students: A systematic review of the literature. *Nurse Education Today*, 40, 209-218. DOI:<http://dx.doi.org/10.1016/j.nedt.2016.03.010>.

Chan, J. C. (2014). Psychological determinants of exercise behaviour of nursing students.

Contemporary Nurse, 49(1), 60-67. <https://doi.org/10.1080/10376178.2014.11081954>.

Chan, J. C. (2015). Using medical incidents to teach: Effects of vicarious experience on nursing

students' self-efficacy in performing urinary catheterization. *Journal of Nursing*

Education, 54(2), 80-86. doi:10.3928/01484834-20150120-0.1.

Choi, E., Lindquist, R., & Song, Y. (2014). Effects of problem-based learning vs. traditional

lecture on Korean nursing students' critical thinking, problem-solving, and self-directed

learning. *Nurse Education Today*, 34(1), 52-56. DOI:

<https://doi.org/10.1016/j.nedt.2013.02.012>.

Coleman, P. A., Dufrene, C., Bonner, R. J., Martinez, J., Dawkins, V., Schumann, R., &

Norman, G. (2011). A regional partnership to promote nursing instructor competence and confidence in simulation. *Journal of Professional Nursing*, 47(6), e28-e32.

DOI:10.1016/j.profnurs.2011.09.003.

Connors, J., Good, P., & Gollery, T. (2017). Using innovative teaching strategies to improve

nursing student competence and confidence in providing spiritual care. *Nurse Educator*,

42(2), 62-64. DOI:10.1097/NNE.0000000000000301.

Coogle, C. L., Hackett, L., Owens, M. G., Ansello, E. F., & Mathews, J. H. (2016). Perceived

self-efficacy gains following an interprofessional faculty development programme in

geriatrics education, *Journal of Interprofessional Care*, 30(4), 483-492. <https://doi->

[org.uml.idm.oclc.org/10.1080/13561820.2016.1177003](https://doi-org.uml.idm.oclc.org/10.1080/13561820.2016.1177003).

- Corl, D. E., McCliment, S., Thompson, R. E., Suhr, L. D., & Wisse, B. E. (2014). Efficacy of diabetes nurse expert team program to improve nursing confidence and expertise in caring for hospitalized patients with diabetes mellitus. *Journal for Nurses in Professional Development, 30*(3), 134-142. DOI: 10.1097/NND.0000000000000068.
- Cranford, J. S. (2013). Bridging the gap: Clinical practice nursing and the effect of role strain on successful role transition and intent to stay in academia. *International Journal of Nursing Education Scholarship, 10*(1), 99-105. DOI 10.1515/ijnes-2012-0018.
- Crocetti, J. (2014). Nursing clinical faculty self-efficacy following an orientation using simulation B. J. Patterson (ed.). *Nursing Education Perspectives, 35*(3), 193-194. DOI: 10.5480/12-819.1.
- Cummings, C. L. & Connelly, L. K. (2015). Can nursing students' confidence levels increase with repeated simulation activities? *Nurse Education Today, 36*, 419-421. DOI: <http://dx.doi.org/10.1016/j.nedt.2015.11.004>.
- Doherty, M. E. (2017). The experience of nurse-midwives in teaching roles. *Journal of Nursing Education, 56*(2), 77-84. DOI:10.3928/01484834-20170123-04.
- Donnelly, M. K., Nersesian, P. V., Foronda, C., Jones, E. L., & Belcher, A. E. (2017). Nurse faculty knowledge of a confidence in teaching genetics/genomics: Implications for faculty development. *Nurse Educator, 42*(2), 100-104. DOI: 10.1097/NNE.0000000000000297.

Dowie, I., Phillips, C. (2011). Supporting the lecturer to deliver high-fidelity simulation. *Nursing Standard* 25(49), 35-40.

Franklin, A. E., Gubrud-Howe, P. Sideras, S & Lee, C. S. (2015). Effectiveness of simulation preparation on novice nurses' competence and self-efficacy in a multiple patient-simulation. *Nursing Education Perspective*, 36(5), 324-325. DOI: 10.5480/14-1546.

Garbee, D. D. & Killacky, J. (2008). Factors influencing intent to stay in academia for nursing faculty in the southern United States of America. *International Journal of Nursing Education Scholarship*, 5(1), 1-15. DOI:10.2202/1548-923X.1456.

Gardner, S. S. (2014). From learning to teach to teaching effectiveness: Nurse educators describe their experience. *Nursing Education Perspectives*, 35(2), 106-111. Doi:10.5480/12-821.1.

Ghilay, Y. & Ghilay, R. (2015). TBAL: Technology-based active learning in health education. *Journal of Education and learning*, 4(4), 10-18. DOI: <http://dx.doi.org/10.5539/jel.v4n4p10>.

Giddens, J. F. & Brady, D. P. (2007). Rescuing nursing education from content saturation: the case for a concept-based curriculum. *Journal of Nursing Education*, 46(2), 65-68.

Gilbert, C. & Womack, B. (2012). Successful transition from expert nurse to novice educator? Expert educator: it's about you! *Teaching and Learning in Nursing*. 7, 100-102. doi:10.1016/j.teln.2012.01.004.

Gilmartin, M. J. (2014). Variations in clinical nurse leaders' confidence with performing the core

role functions. *Journal of Professional Nursing*, 30(4), 307-316. DOI:

<http://dx.doi.org/10.1016/j.profnurs.2013.11.002>.

Girija, K. M. (2012). Effective clinical instructor – A step toward excellence in clinical teaching.

International Journal of Nursing Education, 4 (1), 25-27.

Given, L. M. (2008). *The SAGE encyclopedia of qualitative research methods* (Vols. 1-0)

Thousand Oaks, CA: SAGE Publications, Inc. doi: 10.4135/9781412963909.

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. DOI:

<http://dx.doi.org/10.1016/j.profnurs.2013.10.004>.

Graneheim, U. H. & Lundman, B. (2004). Qualitative content analysis in nursing research:

Concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today*,

24(2), 105-112. DOI: 10.1016/j.nedt.2003.10.001.

Hampton, D., Culp-Roche, A., Hensley, A., Wilson, J., Otts, J., Thaxton-Wiggins, A., Fruh, S.,

& Moser, D. K. (2020). Self-efficacy and satisfaction with teaching in online courses.

Nurse Educator, Publish Ahead of Print. <https://doi.org/10.1097/NNE>.

0000000000000805.

Harper, L. & Ross, J. (2011). An application of Knowles' theories of adult education to an undergraduate interdisciplinary studies degree program. *The Journal of Continuing Higher Education, 50*, 161-166. DOI: 10.1080/07377363.2011.614887.

Hayden, J. K., Smiley, R. A., Alexander, M., Kardong-Edgran, S., & Jeffries, P. R. (2014). The NCSBN national simulation study: A longitudinal randomized, controlled study replacing clinical hours with simulation in prelicensure nursing education. *Journal of Nursing Regulation, 5*(2) Supplement, S1-S64.

Henderson, A., Rowe, J., Watson, K., & Hitchen-Holmes, D. (2016). Graduating nurses' self-efficacy in palliative care practice: An exploratory study. *Nurse Education Today, 39*, 141-146. DOI: <http://dx.doi.org/10.1016/j.nedt.2016.01.005>.

Holland, B., Gosselin, K., & Mulcahy, H. (2017). The effect of autogenic training on self-efficacy, anxiety, and performance on nursing student simulation. *Nursing Education Perspectives, 38*(2), 87-89. doi: 10.1097/01.NEP.0000000000000110.

Holly, C., Legg, T. J., Mueller, D., & Adelman, D. S. (2008). Online teaching: Challenges for a new faculty role. *Journal of Professional Nursing, 24*(4), 254-258. DOI:10.1016/j.profnurs.2007.07.003.

Hsieh, H. F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research, 15*(9), 1277-1288. DOI: 10.1177/1049732305276687.

- Hunt, C. W., Curtis, A. M., & Gore, T. (2015). Using simulation to promote professional development of clinical instructors. *Journal of Nursing Education* 54(8), 468-471. DOI:10.3928/01484834-20150717-09.
- Huybrecht, S., Loeckx, W., Quaeyhaegens, Y., Tobel, D. D., & Mistiaen, W. (2011). Mentoring in nursing education: Perceived characteristics of Mentors and consequences of mentorship. *Nurse Education Today* 31, 274-278. DOI:10.1016/j.nedt.2010.10.022.
- Hwang, S. Y. & Kim, M. J. (2005). A comparison of problem-based learning and lecture-based learning in an adult health nursing course. *Nurse Education Today*, 26, 315-321. DOI:10.1016/j.nedt.2005.11.002.
- Jewell, A. (2013). Supporting the novice nurse to fly: A literature review. *Nurse Education in Practice*, 13, 323-327. DOI:<http://dx.doi.org/10.1016/j.nepr.2013.04.006>.
- Kassem, A. H., Elsayed, R. S., & Elsayed, W. A. (2015). Bullying behaviors and self efficacy among nursing students at clinical settings: Comparative study, *Journal of Education and Practice*, 6(35), 25-36.
- Kim, E. & Shin, S. (2017). Teaching efficacy of nursing in clinical practice education: A cross-sectional study. *Nurse Education Today*, 54, 64-68. DOI:
<http://dx.doi.org/10.1016/j.nedt.2017.04.017>.

- Kong, L. N., Qin, B., Zhou, Y. Q., Mou, S. Y., & Gao, H. M. (2014). The effectiveness of problem-based learning on development of nursing students' critical thinking: a systematic review and meta-analysis. *International Journal of Nursing Studies*, *51*(3), 458-469. DOI:10.1016/j.ijnurstu.2013.06.009.
- Korpershoek, C., van der Bijl, J., & Hafsteinsdottir, T. B. (2011). Self-efficacy and its influence on recovery of patients with stroke: A systematic review. *Journal of Advanced Nursing*, *67*(9), 1876-1894. DOI: 10.1111/j.1365-2648.2011.05659.x.
- Lambert, V. A. & Lambert, C. E. (2012). Editorial: Qualitative descriptive research: An acceptable design. *Pacific Rim International Journal of Nursing Research*, *16*(4), 255-256.
- Lev, E. L., Kolassa, J., & Bakken, L. L. (2010). Faculty mentors' and students' perceptions of students' research self efficacy. *Nurse Education Today*, *30*, 169-174. DOI:10.1016/j.nedt.2009.07.007.
- Lewis, R., Strachan, A., & McKenzie Smith, M. (2012). Is high fidelity simulation the most effective method for the development of non-technical skills in nursing? A review of the current evidence. *The Open Nursing Journal*, *6*, 82-89. Doi: 10.2174/1874434601206010082.

Lincoln, Y. S. & Guba, E. G. (1985). *Naturalistic Inquiry*. Beverly Hills, CA: Sage. Livsey, K.

R. (2009). Clinical faculty influences on student caring self-efficacy. *International Journal for Human Caring*, 13(2), 53-59.

Lubbers, J. & Rossman, C. (2016). Satisfaction and self-confidence with nursing clinical simulation: Novice learners, medium-fidelity, and community settings. *Nurse Education Today*, 48, 140-144. DOI:<http://dx.doi.org/10.1016/j.nedt.2016.10.010>.

McAllister, M., Williams, L. M., Gamble, T., Malko-Nyhan, K., & Jones, C. M. (2011). Steps towards empowerment: An examination of colleges, health services and universities. *Contemporary Nurse*, 38(1-2), 6-17. DOI: 10.5172/conu.2011.38.1-2.6.

McDermid, F., Peters, K., Daly, J. J., & Jackson, D. (2013). 'I thought I was just going to teach': Stories of new nurse academics on transitioning from sessional teaching to continuing academic positions. *Contemporary Nurse*, 45(1), 46-55. DOI: 10.5172/conu.2013.45.1.46.

McMullan, M., Jones, R., & Lea, S. (2012). Math anxiety, self-efficacy, and ability in British undergraduate nursing students. *Research in Nursing & Health*, 35, 178-186. DOI: 10.1002/nur.21460.

Michel, N. M., Carter III, J. J., & Varela, O. (2009). Active versus passive teaching styles: An empirical study of student learning outcomes. *Human Resource Development Quarterly*, 20(4), 397-418. DOI: <https://doi.org/10.1002/hrdq.20025>.

- Morris, D. B. & Usher, E. L. (2011). Developing teaching self-efficacy in research institutions: a study of award-winning professors. *Contemporary Educational Psychology, 36*, 232-245. DOI:10.1016/j.cedpsych.2010.10.005.
- National League for Nursing. (2017). *Graduate preparation for academic nurse educators: A living document from the national league for nursing*. Retrieved from: [http://www.nln.org/docs/default-source/about/nln-vision-series-\(position-statements\)/vision-graduate-preparation2.pdf?sfvrsn=8](http://www.nln.org/docs/default-source/about/nln-vision-series-(position-statements)/vision-graduate-preparation2.pdf?sfvrsn=8).
- Nielsen, A. (2016). Concept-based learning in clinical experiences: Bringing theory to clinical education for deep learning. *Journal of Nursing Education, 55*(7), 365-371. DOI:10.3928/01484834-20160615-02.
- Nguyen, V N., Forbes, H., Mohebbi, M., & Duke, M. (2017). Development and validation of an instrument to measure nurse educator perceived confidence in clinical teaching. *Nursing & Health Science, 19*(4), 498-508. DOI: 10.1111/nhs.12373.
- Nugent, K. E., Bradshaw, M. J., & Kito, N. (1999). Teacher self-efficacy in new nurse educators. *Journal of Professional Nursing, 15*(4), 229-237.
- Orgun, F. & Karaoz, B. (2014). Epistemological beliefs and the self-efficacy scale in nursing students. *Nurse Education Today, 34*(6), e37-340. DOI:<http://dx.doi.org/10.1016/j.nedt.2013.11.007>.

- Orta, R., Messmer, P. R., Valdes, G. R., Turkel, M., Fields, S. D., & Cardenas, C. (2016). Knowledge and competency of nursing faculty regarding evidence-based practice. *The Journal of Continuing Education in Nursing, 47*(9), 409-419. DOI:10.3928/00220124-20160817-08.
- Peters, A. B. (2014). Faculty to faculty incivility: Experiences of novice nurse faculty in academia. *Journal of Professional Nursing, 30*(3), 213-227. DOI: <http://dx.doi.org/10.1016/j.profnurs.2013.09.007>.
- Peterson-Graoise, V., Bryer, J., & Nikolaidou, M. (2013). Self-esteem and self-efficacy as predictors of attrition in associate degree nursing students. *Journal of Nursing Education, 52*(6), 351-354. DOI:10.3928/01484834-20130520-01.
- Polit, D. F. & Beck, C. T. (2012). *Nursing research: Generating and assessing evidence for nursing practice (9th ed.)*. Philadelphia, PA. Lippincott Williams & Wilkins.
- Pugsley, K. E. & Clayton, L. H. (2003). Traditional lecture or experiential learning: Changing student attitudes. *Journal of Nursing Education, 42*(11), 520-522.
- Roberts, K. K., Chrisman, S. K., & Flowers, C. (2013). The perceived needs of nurse clinicians as they move into an adjunct clinical faculty role. *Journal of Professional Nursing, 29*, 295-301. DOI:10.1016/j.profnurs.2012.10.012.

- Roberts, S. T., Vignato, J. A., Moore, J. L., & Madden, C. A. (2009). Promoting skill building and confidence in freshman nursing students with a “skills-a-thon”. *Journal of Nursing Education, 48*(8), 460-464. DOI:10.3928/01484834-20090518-05.
- Robina, K. A. & Anderson, M. L. (2010). Online teaching efficacy of nurse faculty. *Journal of Professional Nursing, 26* (3), 168-171. DOI:10.1016/j.profnurs.2010.02.006.
- Sakulku, J. & Alexander, J. (2011). The imposter phenomenon. *International Journal of Behavioural Science, 6*(1), 73-92.
- Sandelowski, M. (1995). Sample size in qualitative research. *Research in Nursing & Health, 18*, 179-183.
- Sandelowski, M. (2000). Focus on research methods: Whatever happened to qualitative description? *Research in Nursing & Health, 23*, 334-340.
- Shahsavari, H., Ghiyasvandian, S., Houser, M. L., Zakerimoghadam, M., Kermanshahi, S. S., & Torabi, S. (2017). Effect of clinical skills refresher course on clinical performance, anxiety and self-efficacy of the final year undergraduate nursing students. *Nurse Education in Practice, 27*, 151-156. DOI:<http://dx.doi.org/10.1016/j.nepr.2017.08.006>.
- Sheppard-Law, S., Curtis, S., Bancroft, J. Smith, W., Fernandez, R. (2018). Novice clinical nurse educator’s experience of self-directed learning education and mentoring program: A qualitative study. *Contemporary Nurse, 54*(2), 208-219.

- Sung, S. & Lin, Y. (2013). Effectiveness of sexual healthcare education in nursing students' knowledge, attitude, and self-efficacy on sexual healthcare. *Nurse Education Today*, 33(5), 498-503. DOI:10.1016/j.nedt.2012.06.019.
- Sung, S., Huang, H., & Lin, M. (2015). Relationship between the knowledge, attitude and self-efficacy on sexual health care for nursing students. *Journal of Professional Nursing*, 31(3), 254-261. DOI: <http://dx.doi.org/10.1016/j.profnurs.2014.11.001>.
- Townsend, L. & Scanlan, J. M. (2011). Self-efficacy related to student nurses in the clinical setting: A concept analysis. *International Journal of Nursing Education and Scholarship*, 8(1), 1-15. DOI: <https://doi.org/10.2202/1548-923X.2223>.
- Vandyk, A., Chartrand, J., Beke, E., Burlock, L., & Baker, C. (2017). Perspectives from academic leaders of nursing faculty shortage in Canada. *International Journal of Nursing Education Scholarship* 14(1), 1-13. DOI: 10.1515/ijnes-2017-0049.
- Van Dyk, J. Siedlecki, S. L. & Fitzpatrick, J. J. (2016). Frontline nurse managers' confidence and self-efficacy. *Journal of Nursing Management*, 24(4), 533-539. DOI:10.1111/jonm.12355.

- Waddell, J., Spalding, K., Navarro J., & Gaitana, G. (2015). Integrating a career planning and development program into the baccalaureate nursing curriculum: Part III. Impact on faculty's career satisfaction and confidence in providing student career coaching. *International Journal of Nursing Education Scholarship*, *12*(1), 183-190. DOI 10.1515/ijnes-2015-0070.
- Wagner, D., Bear, M., & Sander, J. (2009). Turning simulation into reality: Increasing student competence and confidence. *Journal of Nursing Education*, *48*(8), 465-467. DOI:10.3928/01484834-20090518-07.
- Weidman, 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. DOI: <http://dx.doi.org/10.1016/j.teln.2013.04.006>.
- Weston, J. (2018). The clinical instructor program: Improving self-efficacy for nurse educators. *Nurse Educator*, *43*(3), 158-161.
- White, A., Brannan, J., & Wilson, C. B. (2010). A mentor-protégé program for new faculty, part I: stories of proteges. *Journal of Nursing Education*, *49*(11), 601-605. DOI:10.3928/01484834-20100630-04.
- Wilson, C. B., Brannan, J., & White, A. (2010). A mentor-protégé program for new faculty, part II: Stories of mentors. *Journal of Nursing Education*, *49*(12), 665-671. doi:10.3928/01484834-20100730-08.

Wilson, A., Sharrad, S., Ramussen, P., & Kernick, J. (2013). Publish or perish: Ensuring

longevity in nurse education – Evaluation of a strategy to engage academics, students, and clinicians in publication activity. *Journal of Professional Nursing*, 29(2), 210-216.

DOI: <http://dx.doi.org/10.1016/j.profnurs.2012.04.024>

Yedidia, M. J., Chou, J., Borwnlee, S., Flynn, L., & Tanner, C. A. (2014). Association of faculty

perceptions of work-life with emotional exhaustion and intent to leave academic nursing:

Report on a national survey of nurse faculty. *Journal of Nursing Education*, 53(10), 569-

579. doi:10.3928/01484834-20140922-03.

Appendices

Appendix A: Letter to the Post Secondary Schools

Study Title: Exploring the Development of Self-Efficacy in New Nursing Faculty Members Teaching in the Classroom Setting

Institution: University of Manitoba

Principal Investigator: Michael Roach, RN, MN (Student)

Thesis Committee Chair: Dr. Judith Scanlan

Internal Committee Member: Dr. Wanda Chernomas

External Thesis Committee Member: Dr. Richard Hechter

Dear (Name of CEO/Director/Program Director)

My name is Michael Roach and I am a Master of Nursing student from the University of Manitoba, and the principal investigator of this exploratory descriptive study examining the development of self-efficacy in new nursing faculty members teaching in the classroom setting. I would like to use SITE NAME as a site for recruitment for participants in my study. If you could take a few minutes to review the enclosed information about this research study to consider allowing access to your faculty as potential participants in this important endeavour, I would be most grateful.

Background:

Universities have an increasing demand for the use of newer forms of delivery beyond the traditional face-to-face lecture, laboratory and clinical practice (Holly, Legg, Mueller & Adelman, 2008). There is a high demand for expert nurse educators that is challenged by an international shortage of nurses who choose to teach in undergraduate settings. Many schools across Canada are also impacted by this faculty shortage which will increase only as many nursing faculty members approach retirement (Vandyk, Chartrand, Beke, Burlock & Baker, 2017). New faculty members experience major challenges as they begin teaching in undergraduate nursing programs. Many new educators feel overwhelmed, unprepared, or unqualified for teaching, and many new nurse educators have an increased intent to leave academia within the first 3 years of teaching (Garbee & Killacky, 2008). Self-efficacy is the belief in one's ability to perform behaviours successfully, achieving a specific goal or performance outcome and is essential to the development of professional identity (Bandura, 1997; Canrinus, Helms-Lorenz, Beijaard, Buitink & Hofman, 2011). Low self-efficacy directly leads to poorer performance and impacts an individual's ability to be successful (Bandura, 1997). Post-secondary education is changing rapidly with increased emphasis on use of technology in the classroom, active learning methodologies, and educational reform. The nursing classroom is far different than when the faculty were the learners. A high level of self-efficacy can increase the likelihood of success, and lead to higher levels of achievement and increased performance

outcomes (Peterson-Grazeise, Bryer & Nikolaidou, 2013). Self-efficacy theory has examined several facets of the nursing profession. However, self-efficacy development in new faculty members teaching in the classroom setting has not been investigated. I have attached a reference list with evidence supporting the need for this study to this letter for your convenience.

Study Description:

With your permission, faculty members teaching in the classroom of your undergraduate nursing program will be invited to participate in the study. I would ask that you forward an email describing my study to your faculty members. This email would also have an information letter attached and my contact details so that they can reach me. I would also like to speak for approximately 10 minutes about my study at one of your full faculty or department meetings. They will be made aware that their participation in the study is completely voluntary and they can withdraw from the study any time before its conclusion. For those who agree to participate in the study, they will be required to participate in a semi-structured face-to-face interview or interview using a video conferencing software such as skype or facetime. Each interview will take approximately 1 hour to complete. All individual information gathered throughout the study will be kept confidential. There are no costs to the participants associated with their participation in the study. We anticipate no obvious harm to the faculty members participating in this study and no associated risks to you or your facility. Individual benefits to participants include gaining a better understanding of their own ability to gain confidence in teaching and how this impacts their ability to teach effectively. Additionally, participants will contribute to the advancement of knowledge and scholarship in nursing education. Self-efficacy has been examined in several populations important to nursing education. However, there is a gap in understanding the development of self-efficacy in new nurse educators teaching theory courses in undergraduate nursing programs, particularly in Canada. This study may be valuable for new faculty members as methods may be identified that can facilitate the development self-efficacy and increase performance and job satisfaction. Additionally, in understanding what helps and hinders the development of self-efficacy in new faculty members in their initial years of teaching, administrators may find this information useful to assist in recruitment and retention of new staff.

Study Findings:

Once the study is complete, the research findings will be used to produce a summary of the results in a report. These findings will be shared with the participants. Participants' names will not be reported in this study. The results from this study will be used as the basis for my thesis and also be developed into a manuscript for potential publication in a peer reviewed journal and presentations at scientific conferences.

Ethical Approval:

This study has been reviewed by, and has received ethics approval, from the University of Manitoba Education and Nursing Research and Ethics Review Board (ENREB) and your schools research ethics board. Please review Appendix A for a description of the ethical approval.

Thank you for taking the time to review this information and your consideration in choosing whether or not to participate in this important research. If you have any questions

or concerns regarding this study please do not hesitate to contact me, **Michael Roach, Principal Investigator, XXX-XXX-XXXX, or via email: roachm34@myumanitoba.ca.**

Sincerely,

Michael Roach, RN, MN (Student)

Appendix B: Facility Recruitment Agreement

Study Title: Exploring the Development of Self-Efficacy in New Nursing Faculty Members Teaching in the Classroom Setting

Institution: University of Manitoba

Principal Investigator: Michael Roach, RN MN (Student)

Thesis Committee Chair: Dr. Judith Scanlan

Internal Committee Member: Dr. Wanda Chernomas

External Thesis Committee Member: Dr. Richard Hechter

As an institution we agree to be a site where participants can be recruited for this study

I _____ have read, or have been read, and understand the information given in this letter and all of my questions have been answered to my satisfaction. I have had sufficient time to consider whether to grant access to my employees for participation in this study. I understand that my employee's participation in this study is entirely voluntary and that they may withdraw from the study at any time without penalty.

Name of Facility

Name of Facility Leadership Representative
(Please Print)

Position

Date: _____

Signature: _____

For further information, please contact:

Michael Roach, RN MN (Student),

University of Manitoba, Email: roachm34@myumanitoba.ca, XXX-XXX-XXXX

Appendix C: Recruitment Email Template

Good Afternoon/Morning/Evening,

My name is Michael Roach and I am a Master of Nursing student from the University of Manitoba. I am completing my thesis as a part of my master's degree, looking at the development of self-efficacy in new nursing faculty members teaching in the classroom setting. New faculty members experience major challenges as they begin teaching in undergraduate nursing programs. For many, teaching is so different to practicing nursing that many feel overwhelmed, unprepared, or unqualified for the classroom, and many plan to leave this role within their first 3 years of teaching. This is concerning as the nursing profession faces an international shortage of faculty members in their nursing programs, which is also seen here in Canada. Self-efficacy, more commonly known as confidence, is the belief in one's ability to perform behaviours successfully, achieving a specific goal or performance outcome and is essential to the development of professional identity. A high level of self-efficacy can increase the likelihood of success, and lead to higher levels of achievement and increased performance outcomes, where low self-efficacy has been associated with poorer performance and impacts an individual's ability to be successful. Although self-efficacy has been investigated in many areas of nursing, it has not been investigated in new faculty members teaching in the classroom setting. I am recruiting fulltime nursing faculty members within their first five years of teaching as this is the length of time it takes some people to develop a strong sense of self-efficacy. If you choose to participate in this study, you would be expected to complete an audiotaped face-to-face interview or an interview using videoconferencing software such as skype or facetime that will take approximately one hour of your time at a date, time and location that is private and convenient for both of us. Interviews conducted through videoconferencing will not be video recorded.

I have attached an informational letter to this email so that you can review it to see if you may be interested in participating. If you would like to participate, or have any further questions, please feel free to email me at: roachm34@myumanitoba.ca Or call (xxx)xxx-xxxx.

Thank you for considering participating in this study,

Kind Regards,

Michael Roach, RN, MN (Student)

Appendix D: Recruitment Email Follow up Template

Good Afternoon/Morning/Evening,

My name is Michael Roach and I am a Master of Nursing student from the University of Manitoba. This email is a follow up to the one previously sent related to the study I am completing for my thesis as a part of my master's degree. I am looking at the development of self-efficacy in new nursing faculty members teaching in the classroom setting. I am continuing to look for participants for this study. Participants will be fulltime faculty members with five or less years' experience teaching in an undergraduate nursing program who's primary responsibility is teaching in the classroom setting. If you choose to participate in this study, you would be expected to complete an audiotaped face-to-face interview or an interview using videoconferencing software such as skype or facetime that will take approximately one hour of your time at a date, time and location that is private and convenient for both of us.

New faculty members experience major challenges as they begin teaching in undergraduate nursing programs. For many, teaching is so different to practicing nursing that many feel overwhelmed, unprepared, or unqualified for the classroom, and many plan to leave this role within their first 3 years of teaching. This is concerning as the nursing profession faces an international shortage of faculty members in their nursing programs, which is also seen here in Canada. Self-efficacy, more commonly known as confidence, is the belief in one's ability to perform behaviours successfully, achieving a specific goal or performance outcome and is essential to the development of professional identity. A high level of self-efficacy can increase the likelihood of success, and lead to higher levels of achievement and increased performance outcomes, where low self-efficacy has been associated with poorer performance and impacts an individual's ability to be successful. Although self-efficacy has been investigated in many areas of nursing, it has not been investigated in new faculty members teaching in the classroom setting.

I have attached an informational letter to this email so that you can review it to see if you may be interested in participating. If you would like to participate, or have any further questions, please feel free to email me at: roachm34@myumanitoba.ca Or call xxx-xxx-xxxx.

Thank you for considering participating in this study,

Kind Regards,

Michael Roach, RN, MN (Student)

Appendix E: Recruitment Script Full Faculty

Hello Faculty Members,

My name is Michael Roach and I am a Master of Nursing student from the University of Manitoba. I am completing my thesis as a part of my master's degree, looking at the development of self-efficacy in new nursing faculty members teaching in the classroom setting. What I am particularly interested in is examining the development of self-efficacy in nursing faculty members within their first five years of teaching. New faculty members experience major challenges as they begin teaching in undergraduate nursing programs. For many, teaching is so different from practicing nursing that many feel overwhelmed, unprepared, or unqualified for the classroom, and many plan to leave this role within their first 3 years of teaching. This is concerning as the nursing profession faces an international shortage of faculty members in their nursing programs, which is also seen here in Canada. Self-efficacy, more commonly known as confidence, is the belief in one's ability to perform behaviours successfully, achieving a specific goal or performance outcome and is essential to the development of professional identity. A high level of self-efficacy can increase the likelihood of success, and lead to higher levels of achievement and increased performance outcomes, where low self-efficacy has been associated with poorer performance and impacts an individual's ability to be successful. Although self-efficacy has been investigated in many areas of nursing, it has not been investigated in new faculty members teaching in the classroom setting.

If you choose to participate in this study, you would be expected to complete an audiotaped face-to-face interview or an interview using videoconferencing software such as skype or facetime that will take approximately one hour of your time at a date, time and location that is private and convenient for both of us. Every attempt will be made to maintain your confidentiality before and after this study. No identifying information, such as your name will be collected, shared or be made public. Any information gathered will be deidentified and you are free to withdraw at anytime prior to the studies conclusion. Interviews conducted through videoconferencing will not be video recorded. The results of this study will be used as part of my thesis and hopefully will be published in a scientific journal and presented at research conference. Your name will not be used in any of these documents or presentations.

As a personal benefit to you, you may gain a better understanding of how you developed confidence in your ability to teach in the early years of your profession and use that to continue to develop confidence over time. Your participation will also contribute to the advancement of knowledge and scholarship in nursing education. Your experiences may be valuable for new faculty members as methods may be identified that can help in their personal development of self-efficacy and increase their performance and job satisfaction. Additionally, in understanding what helps and hinders the development of self-efficacy in new faculty members in their initial years of teaching, administrators of nursing programs may find this information useful to assist in recruitment and retention of new staff. There are no costs associated with participating in this study, I will provide a \$15 Tim Horton's gift card as a thank you for your participation which you can keep even if you withdraw.

I have provided packages for each of you that have further details related to this study, as well as my contact details so that you may contact me if you would like to participate or would like

further information. I am looking to recruit approximately 10 fulltime faculty members and will select them on a first come first serve basis. You must be within your first five years of teaching and have teaching as the primary focus of your position. Thank you for your time.



Appendix F: Information Sheet for Prospective Participants for the Study

Study Title: Exploring the Development of Self-Efficacy in New Nursing Faculty Members
Teaching in the Classroom Setting

Principal Investigator: Michael Roach, RN, MN (Student)

Thesis Committee Chair: Dr. Judith Scanlan

Internal Committee Member: Dr. Wanda Chernomas

External Thesis Committee Member: Dr. Richard Hechter

Sponsor: Manitoba Centre for Nursing and Health Research

Have you been teaching nursing in the classroom for five years or less?

Please consider participating in this qualitative study examining the development of confidence in new faculty members teaching in the classroom setting.

Purpose and Description of the Study

New faculty members experience major challenges as they begin teaching in undergraduate nursing programs. Many new educators feel overwhelmed, unprepared, or unqualified for teaching, and have an increased intent to leave this role within the first 3 years of teaching. Self-efficacy (confidence) is the belief in one's ability to perform behaviours successfully, achieving a specific goal or performance outcome and is essential to the development of professional identity. A high level of self-efficacy can increase the likelihood of success, and lead to higher levels of achievement and increased performance outcomes. Low self-efficacy has been associated with poorer performance and impacts an individual's ability to be successful. Self-efficacy development in new faculty members teaching in the classroom setting is an area that has not been investigated. The purpose of this study is to examine the development of self-efficacy in new nursing faculty members teaching in the classroom setting in undergraduate nursing programs. *The study will examine the experience of new nursing faculty members and identify what fosters and hinders their development of self-efficacy.*

Target Population

- Faculty in an undergraduate nursing program.
- Main responsibility is teaching in the classroom.
- 5 years or less experience teaching in the classroom.

- Currently hired fulltime.

Participation Expectations

- One face-to-face or video conferenced audio recorded interview asking you questions about your first few years of teaching and what helped and hindered your confidence levels during this time.
- Will take approximately 1 hour to complete.
- Will be arranged at a date, time, and at a location in that is convenient to you.

Your Rights

- Your participation in the study is completely voluntary.
- You are not under any obligation to answer questions that you are uncomfortable with.
- You may choose to withdraw from the study at any time before the end of the interview. As your data will be anonymized, you will not be able to withdraw following the face to face interview as there will be no way to identify which information is yours.

Potential Harms, Risks, or Discomforts

- No obvious harm is anticipated.

Potential Benefits:

- Provide you with insight into what helps and hinders your development of confidence.
- Advancement of knowledge and scholarship in nursing education.
- Assist new faculty members on how they can facilitate the development self-efficacy and increase performance and job satisfaction.
- Can assist administrators in nursing programs in recruitment and retention of new staff.

Confidentiality

- All individual information, will be kept confidential.
- Interviews conducted through videoconferencing will not be video recorded.
- Participants' names and the school in which you are employed will not be used in the analysis or reported in this study.
- There are no costs to you associated with your participation in the study.
- Once the study is complete, the research findings will be used to produce a summary of the results and a report. Your name will not be used in this study.

Ethical Approval:

This study has been reviewed by, and has received ethics approval, from the University of Manitoba Education and Nursing Research Ethics Board (ENREB). Additionally, your facilities research ethics board and leadership has granted permission for this study to occur at your site. If you would like any additional explanation or have any concerns about this study, you may contact the University of Manitoba Education and Nursing Research Ethics Board (ENREB) at (204) 474-7122 or humanethics@umanitoba.ca

Appreciation:

We recognize that your time is very valuable to this research process. As a participant in the study you will be provided with a *\$15 Tim Hortons Gift Card* to show appreciation for your time which you may keep even if you later choose to withdraw from the study.

Questions and Contact Information

If you have any questions about the research study or your participation, please do not hesitate to contact me at xxx-xxx-xxxx, or via email:

roachm34@myumanitoba.ca,



UNIVERSITY
OF MANITOBA

Appendix G: Informed Consent for Participation in the Research Study

Research Project Title: Exploring the Development of Self-Efficacy in New Nursing Faculty Members Teaching in the Classroom Setting

Principal Investigator: Michael Roach, RN, MN (Student), (xxx)-xxx-xxxx,
roachm34@myumanitoba.ca

Thesis Committee Chair: Dr. Judith Scanlan

Internal Committee Member: Dr. Wanda Chernomas

External Thesis Committee Member: Dr. Richard Hechter

Sponsor: Manitoba Centre for Nursing and Health Research

Dear Prospective Participant,

My name is Michael Roach and I am a Master of Nursing Student from the University of Manitoba. For my thesis, I am exploring the development of self-efficacy (confidence) in new faculty members teaching in the classroom setting in undergraduate nursing programs. This information will help you to decide whether or not you want to participate in this study. This letter explains the purpose of the study, potential risks and benefits, what to expect, and your rights as a participant. Your participation in this study is entirely voluntary, and a decision not to participate will not affect you or your job in any way. Additional contact information is provided to answer any further explanation or concerns you may have related to this project.

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

Purpose and Description of the Study

New faculty members experience major challenges as they begin teaching in undergraduate nursing programs. Many new educators feel overwhelmed, unprepared, or unqualified for teaching, and have an increased intent to leave this role within the first 3 years of teaching. Self-efficacy (confidence) is the belief in one's ability to perform behaviours successfully, achieving a specific goal or performance outcome and is essential to the development of professional identity. A high level of self-efficacy can increase the likelihood of success, and lead to higher

levels of achievement and increased performance outcomes. Low self-efficacy has been associated with poorer performance and impacts an individual's ability to be successful. Self-efficacy development in new faculty members teaching in the classroom setting is an area that has not been investigated. The purpose of this study is to examine the development of self-efficacy in new nursing faculty members teaching in the classroom setting in undergraduate nursing programs. The study will examine the experience of new nursing faculty members and identify what fosters and hinders their development of self-efficacy.

Participation

If you consent to participating in this study your commitment would involve participating in a face-to-face audio recorded interview or an interview using videoconferencing software such as skype or facetime asking you questions on your first few years of teaching and what helped and hindered your confidence levels during this time. The interview will take approximately 1 hour to complete and will be arranged at a date, time, and at a location in that is convenient to you. All individual information, will be kept confidential. You will be assigned a pseudonym that will be associated with your data to ensure that any information gathered during the interview remains confidential. The interview will be audio recorded using a digital tape recorder. At the start of the interview, I will gather some basic demographic data from you related to your age, years of experience as a nurse and your years of experience as a faculty member. During the interview, you will also likely see me writing notes. These notes will document my observations related to non-verbal cues, reflections, methodological issues, analytical, and personal data from the interviews. All notes and demographic data will contain no personal identifiers and will be associated with the pseudonym provided.

There are no costs to you associated with your participation in the study. Your experiences are important to this study and would be audio recorded and transcribed at a later date to ensure accuracy of your responses.

All information obtained in the study will be used for research purposes only. Once the study is complete, the research findings will be used to produce a summary of the results and a report.

Participants' rights

Your participation in the study is completely voluntary. You are not under any obligation to answer questions that you are uncomfortable with. You may choose to withdraw from the study at any time with no ramifications before the end of the interview. As your data will be anonymized, you will not be able to withdraw following the face to face interview as there will be no way to identify which information is yours.

Potential harms, risks, or discomforts

No obvious harm is anticipated in participating in this study and the associated risks to you are minimal. Completing the interview will take approximately 1 hour of your time which may cause you some inconvenience. Your decision to participate or not is voluntary and will be kept strictly confidential. Your employer will not be aware of your participation in the study.

You may choose not to answer any questions that make you feel uncomfortable. You may withdraw from the study at any time prior to the end of the interview by informing Michael Roach. In this instance any data that you have provided will be destroyed if you indicate you wish this to occur. In the event that you experience any difficulties arising from the study, you may wish to contact the Employee Assistance Program (EAP) at your institution.

Potential Benefits:

Your participation in this study may benefit you directly. Reflecting on your development of self-efficacy may allow you to identify what fosters and hinders your development of self-efficacy in teaching in a nursing program. This can benefit you by providing you with methods that can increase your self-efficacy. Your participation will also contribute to the advancement of knowledge and scholarship in nursing education. Self-efficacy has been examined in several populations important to nursing education, but has not been examined in new nursing faculty members teaching in the classroom setting. Exploring the development of self-efficacy in new faculty members can assist in examining the experience of new faculty members from their perspective. This study may be valuable for new faculty members as methods may be identified that can facilitate the development self-efficacy and increase performance and job satisfaction. Additionally, in understanding what helps and hinders the development of self-efficacy in new faculty members in their initial years of teaching, administrators in nursing programs may find this information useful to assist in recruitment and retention of new staff.

Confidentiality:

All information collected as part of this research project will be held in the strictest of confidence. Participants' names and the school in which you are employed will not be used in the analysis or reported in this study. It will also not appear in any interview notes, analysis documents or forms with the exception of the consent form which will be stored in a separate locked filing cabinet from the data. Your pseudonym will be used for any collected data. The majority of the data collected will be summarized into themes. Any quotes used will not contain any identifying information such as your name or the school where you are employed. Quotes will be presented using a pseudonym or generically, such as "one faculty member". All individual information will be kept confidential and will not be accessible to persons not directly connected with the research study. This will be limited to the thesis committee chair. In order to reduce any inadvertent connection to any one participant, your specific job title (instructor, lecturer, professor, etc.) will not be used. The term faculty member will be used to ensure generality.

You will also need to provide an email address in order to set up a location, time and date for the interview. This email can also provide you with a final summary of the information gathered in

this study if you would like to receive it. If you choose to receive a summary of the results of the study your email will be kept until this information is sent. This is likely to occur in April 2019. If you choose not to receive this summary of research results records of your email address will be destroyed immediately following the face-to-face interview. If you choose to receive the report the record of your email address will be deleted immediately after the report is sent. Your consent form containing your name and your email address will be kept separate from your interview responses at all times.

All research data collected along with computer files generated for this research will be kept in a password protected document, in a password protected file, on a password protected computer. Your email will be kept in a separate location from responses collected from you to ensure your privacy. The data collected during the study will be kept until January 2026 and will be destroyed using a digital shredding service. Any physical data will be destroyed through shredding. All records of your email address will be destroyed as outlined above.

Only the research team directly involved in the study will have access to the interview data. This will include the thesis committee chair and a transcriptionist hired to transcribe the audio recordings. Interviews conducted through videoconferencing will not be video recorded. The transcriptionist will not have access to your personal information, including your name and email address. The transcriptionist is also required to sign a confidentiality agreement before he/she gains access to the interview files. Employers will not have access to interview data collected. All measures of privacy, confidentiality and security will be respected. This includes keeping all physical files secured in a locked filing cabinet in accordance with University of Manitoba's ethical regulations that protect anonymity and confidentiality.

Appreciation:

We recognize that your time is very valuable to this research process. There are no costs to you for your participation in this study. As a participant in the study you will be provided with a \$15 Tim Hortons Gift Card to show appreciation for your time which you may keep even if you later choose to withdraw from the study.

Questions and Contact Information

If you have any questions about the research study or your participation, please do not hesitate to contact me at (xxx) xxx-xxxx, or via email: roachm34@myumanitoba.ca,

Notice Regarding Collection, Use, and Disclosure of Personal Information by the University

Your personal information is being collected under the authority of The University of Manitoba Act. The information you provide will be used by the University for the purpose of this research project, and to send a copy of the research findings (if applicable). Your personal information will not be used or disclosed for other purposes, unless permitted by The Freedom of Information and Protection of Privacy Act (FIPPA). If you have any questions about the collection of your

I would like to receive a copy of the research findings report following the completion of this study and give permission to the researchers to retain my email address for this purpose:

- Yes, Email: _____
- No

Signature of Investigator: _____

For further information, please contact:

Michael Roach, RN, MN(Student), (xxx) xxx-xxxx, roachm34@myumanitoba.ca

Appendix H: Semi-Structured Interview Guide: Interview with Prompting Questions

1. Tell me a little bit about your history as a nurse? When/How did you decide to get into education?
2. What was it like going from being a nurse to being a faculty member?
 - a. **PROMPT:** How confident were you in your nursing career before moving into education? How did your confidence change once you started teaching?
 - b. **PROMPT:** *If the participant has previous teaching experience, ask about this transition as well.* Was there any difference between being (hospital based/clinical/sessional) instructor and being a full faculty member?
3. Tell me about your first year of teaching, what was your confidence like at the beginning? How has it changed over time to today?
4. Tell me about a time early in your time teaching as a faculty member in the classroom when you felt confident? What helped you feel confident?
5. Tell me about a time teaching as a faculty member in the classroom when you didn't feel confident? What made you feel not confident?
6. While teaching in the classroom, what has helped make you feel more confident/what has made you feel less confident?
 - a. **PROMPT:** How has the act of teaching in the classroom over time impacted your confidence?
 - b. **PROMPT:** Have you had any formal education or experience in teaching? How has this impacted your confidence?
 - c. **PROMPT:** If you can think of one person who has helped your confidence in teaching, who would it be? How have they helped?
 - d. **PROMPT:** How have the comments/actions of other faculty members impacted your confidence?
 - e. **PROMPT:** How have comments from your students and peers impacted your confidence?
 - f. **PROMPT:** Did you ever feel nervous or anxious teaching? How did that impact your confidence?
7. If you could give advice to a new nurse faculty member, just starting to teach in the classroom, what advice would you give them to help increase their confidence?

Appendix I: Semi Structured Interview Guide: Demographic Data

Introduction to participant: I am attempting to learn more about the experiences of new nursing faculty members teaching in the classroom setting. Through this study I am hoping to find out more about what helps new faculty members feel more confident in their ability to teach in the classroom environment. Again, I would like to remind you that you do not need to answer any questions you are uncomfortable with, we can skip questions or stop the interview at any time. You can also withdraw from this study at any time without penalty before the end of the interview. As your data will be anonymized, you will not be able to withdraw following the face to face interview as there will be no way to identify which information is yours. All answers you give to the questions will be kept confidential. If any quotes are used they will be completely de-identified so that they cannot be traced back to you. Would you like to continue?

Yes_____/No_____

I would like to start by just gathering a few bits of information from you

Demographic Data

1. Participant Pseudonym:_____
2. Age: Under 30___, 30-34___, 35-39___, 40-44___, 45-49___, 50-54___, 55-59___, 60-64___, 65+___
3. Years of Experience as a nurse prior to teaching: 1-4 years___, 5-9 years___, 10-14 years___, 15+ years___
4. Years of experience teaching as a faculty member ≤ 1 year___, 2-3 years___, 4-5 years___