



# The transition of clinical nurses to nurse educator roles – A scoping review

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## ABSTRACT

**Aim:** To explore what is known about the lived experiences of novice nurse educators, including preparation or support strategies that may assist this transition.

**Background:** Despite the crucial role of nurse educators in healthcare, the literature lacks clarity about the role and the preparation and support of nurse clinicians to transition into novice nurse educator roles.

**Design:** Scoping review

**Methods:** A scoping review was carried out according to the Joanna Briggs Institute Methodology for Scoping Reviews. The Cumulative Index of Nursing and Allied Health Literature Complete (CINAHL), Medline (OVID), EMBASE, APA PsycINFO and Google Scholar databases were searched for English language sources of evidence between 1992 and 2022. Sources of evidence related to nursing education, transition, lived experience, preparation and support were included.

**Results:** Fifty-two sources of evidence met the inclusion criteria with most originating in the United States and situated in the academic setting. There were 20 different titles used to identify nurse educators and a lack of clarity relating to the role and its expectations. There was alignment found between the lived experiences of novice nurse educators and Duchscher's transition shock model with a variety of preparation and support recommendations identified to mitigate this transition shock.

**Conclusion:** Clinical nurses transitioning into novice nurse educator roles have a predominantly negative experience that aligns with Duchscher's transition shock model. Although recommendations exist for support and preparation strategies to ease this transition shock, further research is required to establish which of these strategies are effective, especially for novice nurse educators in clinical settings outside of the United States.

## 1. Introduction

Nurse educators play a critical role in the lifelong professional development of all nurses and in maintaining and advancing nursing practice standards (McAllister et al., 2014; Sayers et al., 2015). However, the literature lacks clarity about many facets of the role and how best to prepare and support clinical nurses who transition into this position (Conway and Elwin, 2007; Heathcote and Green, 2021). This lack of consensus is exemplified by the variety of job titles (Coffey and White, 2019; Grassley and Lambe, 2015; Heathcote and Green, 2021; Lindell et al., 2015) that appear to combine different forms of 'teacher'—educator, instructor, faculty, lecturer, facilitator—with different function and context descriptors and site-specific terminology. The scale of this issue with title is illustrated in a member survey by the UK-based

Nurse Education Network where thirty-five variations in nurse educator role titles and job descriptions were identified (Sprinks, 2015). Similar findings have also been described in the Australian literature (Conway and Elwin, 2007; Sayers et al., 2011).

The lack of homogeneity extends beyond job title to differences in context and learners ranging from nurse educators teaching in academic and training settings, predominantly with undergraduate learners (Summers, 2017; Wenner, 2016; White et al., 2010), to clinically-based nurse educators responsible for the professional development of nurses and other clinicians in a hospital or healthcare setting (Coffey and White, 2019; Sheppard-Law et al., 2018; Ye et al., 2022). There are also nurse educators who are employed to educate clients, such as diabetes nurse educators (Abazari et al., 2012; Davis, 1990) and other roles where nurses 'educate' but are not classified as nurse educators (Harper

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et al., 2019; Henderson and Tyler, 2011; Jowett and McMullan, 2007) adding to the role confusion in the literature.

## 2. Background

While there is general agreement that clinical nurses must be provided with formal, structured preparation and support to successfully transition into the nurse educator role (Cangelosi et al., 2009; Grassley and Lambe, 2015; Nguyen et al., 2018; Sheppard-Law et al., 2018; Summers, 2017; Weidman, 2013; Wenner et al., 2020), “there is...a lack of clear evidence to identify the form this preparation should take or which strategies are likely to facilitate the development of role confidence” (Nguyen et al., 2018, p. 2351).

Without consensus about key terminology, role expectations, and effective preparation and support strategies, clinical nurses will continue to experience challenging transitions into the novice nurse educator role (Fritz, 2014; Heathcote and Green, 2021; McAllister et al., 2014; Summers, 2017) leading to negative lived experiences (Conway and Elwin, 2007), suboptimal learner achievements (Conway and Elwin, 2007), intra-role conflict for those working with nurse educators (Heathcote and Green, 2021; Manning and Neville, 2009) and increased attrition rates for both educators and learners (Graham, 2020).

The aim of the current work is to explore what is known about the lived experience of clinical nurses transitioning into nurse educator roles and to identify both formal and informal processes that already exist to support the transition of clinical nurses into nurse educator roles. A secondary aim, consistent with the purpose of a scoping review, is to identify any gaps in the literature relating to the transition of novice nurse educators that can direct further research.

## 3. Methods

This scoping review followed the Joanna Briggs Institute (JBI) (Peters et al., 2020a) methodology for scoping reviews and reported on using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for scoping reviews (PRISMA-ScR) (Tricco et al., 2018).

### 3.1. Protocol and registration

An a priori protocol, following the JBI Scoping Reviews Protocol Template (JBI Evidence Synthesis, 2022), was registered on Open-Source Framework (OSF): [10.6084/m9.figshare.20462589](https://doi.org/10.6084/m9.figshare.20462589).

To ensure non-replication of other studies, a preliminary literature search during the protocol development revealed an article ‘No longer expert: A meta-synthesis describing the transition from clinician to academic’ (Grassley et al., 2020). Although there were similarities, Grassley et al. (2020) inclusion criteria limited appropriate studies to a small portion of the expected larger pool of sources of evidence for this scoping review, therefore this study expands on, not replicates, the Grassley et al. (2020) research.

### 3.2. Eligibility criteria

All study designs, theses and dissertations published (or submitted) between 1992 and 2022 and available in English were considered for inclusion. This timeframe was chosen to avoid older resources that may not be relevant to the modern education milieu.

The PCC (Population, Concept, Context) framework was applied to the search criteria to ensure the key words aligned with the review question and objectives (Bettany-Saltikov and McSherry, 2016).

**Population:** Sources of evidence were included where the participants were clinical nurses—registered nurses employed in a practicing nurse role (Coates and Fraser, 2014)—that had transitioned into formal academic or clinical nurse educator roles. In recognition of the range of different job titles for nurse educators in the literature (Coffey and

White, 2019; Dahlke et al., 2016; Sayers et al., 2015), several alternative titles were included in the search strategy.

Additionally, participants had to be novice nurse educators which was initially classified as nurse educators with no more than 3 years of teaching experience, however this was changed to 5 years or less experience during the screening process to better reflect novice definitions used in the literature. Some sources with participants that had more than 5 years of teaching experience were also included if the study clearly detailed their experiences as novice nurse educators.

**Concepts:** the main concepts for this scoping review are:

1. The lived experiences of clinical nurses where sources were included that provided not only a description of participants’ experiences of moving into a nurse educator role but also how they lived through and responded to these experiences (McIntosh and Wright, 2019);

2. The transition of novice nurse educators, where transition is broadly defined as movement from one life status, condition, or place to another and refers to both the process and the product of complex person-environment interactions (Chick and Meleis, 1986); and

3. Any programs or strategies that support the transition of novice nurse educators were considered for inclusion. An initial search using the umbrella term ‘preparation and/or support’ yielded very few sources of evidence, so was changed to truncated terms such as orient\*, prepar\*, etc. (Table 1 CINAHL Complete search strategy).

**Context:** sources of evidence situated in higher education institutions, hospitals, community-based acute healthcare services and academic faculty settings were considered for inclusion. Sources of evidence were excluded if they were situated in non-healthcare settings, such as primary schools or industrial settings, or where the context was unclear.

### 3.3. Search strategy

Between the 29th and 31st of July 2022, the following databases were searched: CINAHL Complete (EBSCO), Medline (OVID), EMBASE, APA PsycINFO and Google Scholar. The full search strategy for CINAHL Complete is available in Table 1.

### 3.4. Selection of sources of evidence

The results of the database searches were imported into a screening and data extraction tool, Covidence®, where two reviewers (JH, CI) independently screened the remaining sources of evidence against the inclusion criteria then completed a full-text review. Where only one reviewer included a source of evidence in each step, consensus was sought through discussion; a third reviewer was available for any disputed inclusions (BV).

**Table 1**  
CINAHL Complete search strategy.

Search	Query	Records retrieved
#1	“nurse educator” or “professional development nurse” or “clinical facilitator nurse” or “practice development nurse” AND transition or becom* or “role change” Limiters – Published Date: 19920101–20221231; English Language	178
#2	“nurse educator” or “professional development nurse” or “clinical facilitator nurse” or “practice development nurse” AND program orient* or introduce* or prepar* or onboard* or mentor Limiters – Published Date: 19920101–20221231; English Language	484
#3	“nurse educator” or “professional development nurse” or “clinical facilitator nurse” or “practice development nurse” AND novice or new or inexperienced* Limiters – Published Date: 19920101–20221231; English Language	289
#4	1 AND 2 AND 3	951

### 3.5. Data charting process

Extraction fields recommended by the Covidence® program and Joanna Briggs Institute (Peters et al., 2020a) were modified to encompass the eligibility criteria. Before data charting commenced, 10 % of the full text versions of the sources of evidence were used to pilot the data extraction tool to ensure consistency of approach and appropriateness of all charting elements (Peters et al., 2020b).

As described in the scoping review literature (Levac et al., 2010; Pollock et al., 2021; Tricco et al., 2018), the early stages of the data charting for this review did become an iterative process with refinement of the data extraction tool to further explore emerging themes. The most significant themes were the commonalities found between the transition experiences of novice nurse educators and new graduate participants in research by Duchscher, especially in relation to the stages of the transition (Duchscher, 2008) and the experience of transition shock (Duchscher, 2009).

To investigate this phenomenon, a prompt was added in the scoping review data extraction tool directing extractors to note if participants in the sources of evidence reported any of the “broad range and scope of physical, intellectual, emotional, developmental and sociocultural changes” (Duchscher, 2009, p. 1103) identified by Duchscher as expressions of transition shock.

An additional commonality was the experience of reaching a point of stability in a new role, which for new graduates occurred around 12 months from commencement (Windey and Duchscher, 2018). A prompt was added in the data charting tool for extractors to record this transition turning point if reported by novice nurse educators.

### 3.6. Data analysis and presentation

Once data charting was complete, the data were exported from Covidence® in an Excel format to allow “basic descriptive analysis (i.e., frequency counts of concepts, populations, or location of studies)”

(Peters et al., 2020b, p. 2125) and the identification of broad themes for exploration in the discussion section. Assessments of quality and risk of bias of the included studies were not performed (O’Brien et al., 2016).

## 4. Results

### 4.1. Study inclusion

Two thousand one hundred and seventy-seven (n=2177) sources of evidence from database searches were imported into Covidence® where one thousand one hundred and sixty-seven (n=1167) duplicates were removed. A further one thousand and thirty-three (n=1033) sources of evidence were removed for not meeting inclusion criteria during the title/abstract screening. Full text review of the remaining sources of evidence excluded a further one hundred and twenty-five (n=125), most commonly because they lacked a description of the participants’ lived experience of transition.

A review of the identified studies at this stage found that the research objectives were addressed sufficiently and appropriately so the planned grey literature search was not undertaken. Hand-searching the reference lists of some of the sources of evidence did not identify any additional studies. Fifty-two (n=52) sources of evidence were identified for inclusion in this scoping review. The PRISMA flowchart (Fig. 1) summarises the study selection process and outcomes (Tricco et al., 2018).

### 4.2. Characteristics of sources of evidence

A summary of the results of the scoping review are provided in Table 2.

**Country:** Forty of the fifty-two sources of evidence originated from the United States of America (USA). Ten of the remaining were single sources of evidence published (or submitted) in several different countries: Australia (Sheppard-Law et al., 2018), Canada (Hoeksel et al., 2019), Ghana (Laari et al., 2021), Ireland (Dempsey, 2007), New

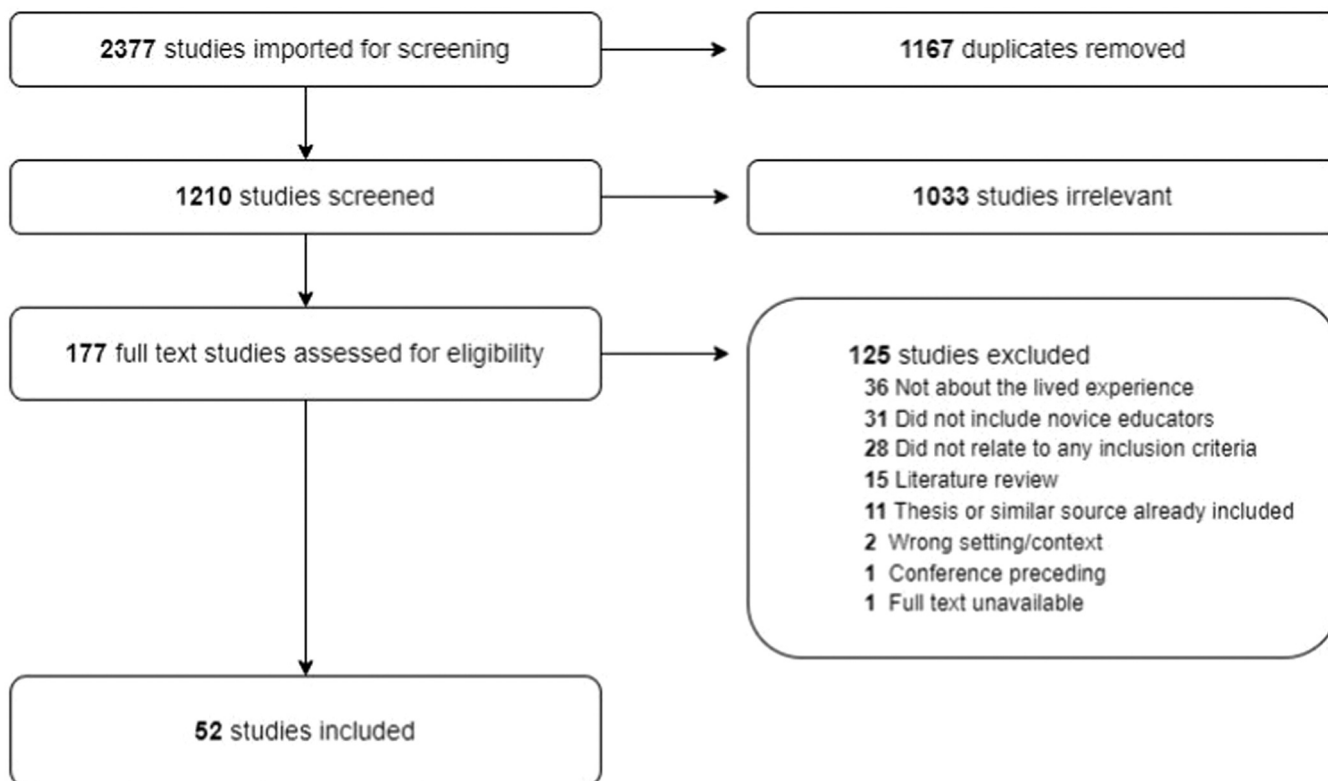


Fig. 1. Preferred Reporting Items for Systematic Reviews & Meta-Analyses (PRISMA) flowchart.

**Table 2**  
Summary of sources of evidence.

Author Year Country	Aim/purpose	Population Context <i>ANE: Academic Nurse Educator</i> <i>CNE: Clinical Nurse Educator</i> <i>yoa: years of age</i> <i>RN: Registered Nurse</i> <i>NP: not provided</i>	Major themes from the lived experience of transition	Preparation/Support recommendations/outcomes <i>NA: not appropriate</i> <i>NP: not provided</i>
Alanazi, (2022) Saudi Arabia	Explore the experience of Saudi nurses new to a faculty educator role and the influences on this experience	Academic setting ANEs n=10; 30–36 yoa; 0–8 yrs as RN; 1–3 yrs as NE	(i) Teaching On A Peninsula: participants felt isolated, unsupported & ineffective; (ii) Navigating In The Dark: felt unprepared, 'at risk' and uncertain; (iii) Grappling With The Faculty Role: 'crushed' by the workload; and, (iv) Working Hard To Create Hope For A Better Tomorrow	Structured orientation program, mentorship, and informal faculty support Evaluation: two study participants that had this support felt confident, better prepared, and had a positive transition experience.
Anderson, (2009) USA	To explore the work-role transition from clinical expert to novice nurse educator	Academic setting ANEs n=18; 40–62 yoa; 13–45 yrs as RN; 1–2 yrs as NE	Water-based metaphors i.e., the workplace is 'sea of academia' & participants were mermaids. Themes: (i) Sitting on the shore: preconceived ideas, fear & excitement; (ii) Splashing in the shallows: lighter workloads, observe others teach, etc.; (iii) Drowning: feeling overwhelmed & underprepared; (iv) Treading water: adjusting and keeping up... just! (v) Beginning strokes: starting to move from surviving to thriving	Formal orientation program, 'scaffolded' mentoring (initially a more junior mentor from the same team then changed to a senior educator from the greater nursing faculty) and the workload increased as skills & confidence improved. Evaluation NP
Bailey, (2012) USA	To explore the transition and retention of Advanced Practice Nurses (APNs) who become qualified nursing educators	Academic setting ANEs n=9; NP yoa; NP yrs as RN; 2–5 yrs as NE	Barriers to transition: feeling unprepared, no formal supports & excessive workload. Facilitators: learn from peers, maintain APN competence, apply clinical skills & knowledge. Key finding: novice nurse educators learnt to be educators via learning-on-the-job, self-directed learning & from colleagues	Mentor program, professional development workshops and courses and the support of experienced faculty. Evaluation NA
Brower et al. (2022) USA	To explore the impact that transitioning from a nursing role to an educator role has on the self-identity of the study participants	Both academic and clinical setting ANEs & CNEs n= 8; 31–50 yoa; 2 – 11 yrs as RN; 2–11 yrs as NE	(i) 'Transition to academia shock' i.e., overwhelmed, unprepared, and shocked; (ii) 'Being a novice' - questioned their knowledge/skills & needed support; (iii) 'grief & loss' - loss of self-identity; and (iv) Grounded in purpose: found a shared nursing/education purpose	Recruitment, onboarding, orientation, role preparation and mentor support. Leaders must acknowledge novice nurse educators transition shock & allow time for novice nurse educators to reconcile to their role. Evaluation NA
Brown, (2015) USA	To explore the challenges faced by novice nurse educators in their first 3 years	Academic setting ANEs n=7; 28–57 yoa; 4–30 yrs as RN; 0.5–3 yrs as NE	(i) Challenges: working & self-study outside of paid hours; feeling unprepared, unsupported, incompetent, uncertain, isolated; (ii) Positive aspects: making a difference, self-fulfilled, positive feedback from the students; and (iii) 'lack of supports' i.e., short or no orientation, no mentor, had to organise their own support people, resources, etc.	New program introduced: 1 yr structured orientation, formal mentor, self-directed learning modules and reduced workload. Evaluation NP
Cangelosi, (2014) USA	To explore the experience of novice nurse faculty to identify challenges and develop recruitment & retention strategies	Academic setting ANEs n= 20; 34–52 yoa; NP yrs as RN; <2 yrs as NE	Participants felt confused, frustrated, and overwhelmed by the role expectations – no orientation, no ongoing structure or guidance; 'hungry for mentoring', some had mentors allocated but did not see them; those with formal teaching preparation showed more resilience.	Formal mentoring program with 'release time' for faculty to focus on mentee, formal teaching preparation, and qualification. Evaluation NP
Cangelosi et al. (2009) USA	Review written narratives of clinicians in a Clinical Nurse Educator Academy to enhance understanding of their unique perspectives	Academic setting ANEs n=45; NP yoa; NP yrs as RN; NP yrs as NE	(i) A clinical nurse expert will not automatically have teaching expertise; and (ii) Anxiety, fear, and stress experienced by participants during their transition were exacerbated by the lack of support of a mentor.	Minimal details provided about the structure/content of the 4-day Clinical Nurse Educator Academy program. Evaluation: as per the author, the Academy generated "positive" evaluations, however specific data NP
Cannon, (2014) USA	To explore the lived experiences of junior nursing faculty supported by formal mentoring	Academic setting ANEs n=10; 30–60 yoa; NP yrs as RN; 1–3 yrs as NE	Although participants struggled to acclimatise to the nursing faculty role, participants reported that mentor activities, such as frequent feedback, observing mentees teaching and providing guidance during development of teaching resources, helped them grow as educators	Formal mentoring with gradual workload increase Evaluation: as per the author, mentoring increased the participants' confidence, trust, sense of belonging, job satisfaction and desire to stay but formal evaluation NP
Carr, (2020) USA	Clinical nurses experiences as they transition into novice nurse educator	Academic setting ANEs n=11; NP yoa;	Using the structure of Schoening's NETT, 4 stages of transition identified (i) excitement and anticipation pre-	Program: 1 year mentor program with weekly meetings/contact and workload decreased for both mentor & mentee

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Table 2 (continued)

	role with the support of informal or formal mentoring programs	8–28 yrs as RN; 0.5–4.5 yrs as NE	commencement; (ii) ‘disorientation’ where participants felt lost, underprepared and alone; (iii) identity formation; and (iv) thinking like a teacher.	Evaluation: as per the author, formal, structured mentoring program had a positive impact on transition, job satisfaction & retention, but formal evaluation NP
Chapman, (2013) USA	To explore the perceptions of, and challenges experienced by, nursing clinicians transitioning into novice nurse faculty positions	Academic setting ANEs n=4; NP yoa; NP yrs as RN; 1–2 yrs as NE	The participants in this study reported their transitions into the nurse faculty role were mainly negative due to insufficient preparation, no or little formal support and lack of orientation. The author used these study findings as the impetus to develop a training program for future novice nurse educators	A 3-day interactive training course for new nurse educators called the Clinical Faculty Training Program (CFTP) was developed; minimal details provided. Evaluation NP
Clark, (2013) USA	Creation of an emerging theory based on the socialisation of staff nurses transitioning to clinical faculty roles	Academic setting ANEs n=10; mean 42.7 yoa; NP yrs as RN; 0–2 yrs as NE	Emerging theory about the socialisation process of new nursing faculty: (1) Beginning the role: feel unsupported, unprepared, overwhelmed, and isolated; (2) Employing strategies to survive in the role: finding faculty support, apply clinical knowledge and skills to their teaching; (3) Coming to a turning point in the role; (4) Sustaining success in the role; and (5) Finding fulfillment in the role	Observe experienced educators, formal orientation, formal mentor and frequent debriefs with peers & colleagues. Evaluation: respondents enjoyed teaching, taking responsibility for what they do and being a role model; most significant stressor was coping with the expectations of the role.
Cleary-Lake, (2018) USA	To explore orientation processes of new nurse educators and create an orientation manual	Academic setting ANEs n=15; NP yoa; NP yrs as RN; < 5 yrs as NE	Initial survey found “100 % of respondents with less than five years’ experience stated they had lack of consistency in their orientation” (Cleary-Lake, 2018, p. 31); prompted the author to create a structured orientation manual and process for new nurse educators at the research site.	The orientation manual was included in the thesis. Full survey results and evaluations of manual NP
Cooley and De Gagne, (2016) USA	To identify transformative learning experiences related to the transition and development of novice nursing faculty	Academic setting ANEs n=7; NP yoa; NP yrs as RN; <3 yrs as NE	Overall, the participants described a dichotomous transition experience encompassing moments of joy and excitement mixed with feeling uneasy, unsupported, anxious, nervous, and uncertain	“The most effective facilitators to developing teaching competence is the combination of the quality compassionate mentor to guide the novice faculty over time through an internship program” (Cooley and De Gagne, 2016, p. 99) Evaluation NA
Dempsey, (2007) Ireland	To explore the experience of clinical nurses who transition into novice nurse lecturer roles in Ireland	Academic setting ANEs n=6; NP yoa; 6–18 yrs as RN; NP yrs as NE	Transitions were initially predominantly negative with reports of feeling daunted, frightened, and stressed by the heavy workload, fear of failure and being underprepared. They gained comfort from talking with colleagues but would’ve like a formal orientation program	Formal orientation, allocated mentor, socialisation program and regular appraisals/feedback for up to 2 years Evaluation NA
Duffy, (2013) UK	The contribution of the academic role of the nurse educator to the formation of personal academic identity	Academic setting ANEs n=14; NP yoa; NP yrs as RN; >5 yrs as NE	Participants felt unprepared, overwhelmed, unsupported, confused, uncertain, isolated, and vulnerable. 5-stage conceptual model of this lived experience of identity transformation for nurse lecturers: pre-entry > reaffirming > surmounting > stabilising > actualising.	Teacher training (although some participants reported that this training lacked practical application) and employers provide formal orientation, a formal mentor & peer partnering. Evaluation NA
Esper, (1995) Country not stated	Narrative of the author’s transition into a part time academic nursing role	Academic setting ANEs n=1	The author used a three-phase process (based on Schlossberg’s transition theory) to describe the transition of clinical nurses into academic educator positions.	Pre-commencement ‘placement’ in clinical units, mentor program and social staff included in faculty meetings, new events, etc.
Flanigan, (2016) USA	An orientation/mentor program for nurse clinicians transitioning into a faculty role	Academic setting ANEs n=8; NP yoa; 6–19 yrs as RN; 1–4 yrs as NE	Participants had no orientation, no formal mentor and had to find their own supports and teaching materials during their transition into the nurse faculty position.	New program developed based on interview findings i.e., 3-day orientation program, online learning modules & formal mentor for at least 6 months. Evaluation NP
Goodrich, (2014) USA	To explore the transition of nurses to academic nurse educator (ANE) roles, specifically the effects of self-esteem and locus of control	Academic setting ANEs n=541; 20–80 yoa; 1–50 yrs as RN; 0.5–45 yrs as NE (32 % <5 yrs)	Survey about the effect of readiness, confidence, personal control, support, independence, and personal and professional factors on transitioning into an ANE role. Most participants were psychologically prepared to transition, had high self-esteem & felt in control but had doubts about the support that would be provided	Early identification and preparation of candidates, tiered support, lighter workloads initially and mentorship for up to 5 years; ensure an individualised program to achieve good work-life balance. Evaluation NA
Hoeksel et al. (2019) Canada	To evaluate and improve a nurse educator curriculum through exploration of the preparation and role	Academic setting ANEs n=14; NP yoa; NP yrs	(i) Culture of academia surprises: expectations unmet, inconsistent orientation, no mentors i.e., felt	The study findings were used to strategically revise the entire nurse educator curriculum including pre-

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Table 2 (continued)

	transition of recent Masters qualified nurse educators	as RN; 1–10 yrs (mode 2 yrs)	inadequate, inauthentic & undervalued; ii) 'Aha!' moments: positive student outcomes, affirmation of teaching, increased job satisfaction; and iii) Safety with a capital 'S': felt unsafe, vulnerable, intimidated, overwhelmed, and exhausted due to the lack of support, not knowing how to manage student issues and a confronting work culture.	commencement/preparation activities, a structured orientation program & the provision of mentors. Evaluation post revision of curriculum NP
Hoffman, (2019) USA	To explore and describe the collective experience of clinical nurses as they transition into nurse faculty roles	Academic setting ANEs n = 15; 35–66 yoa; 7–43 yrs as RN; 1–20 yrs as NE	(i) Perpetual novice i.e. constant state of newness and never attaining expertise; (ii) Faculty as a resource: orientation was inconsistent or non-existent, so they sought peer support; (iii) Teaching ambiguity: felt unprepared & lacked confidence in their teaching; and (iv) Student as my patient	2-year program including formal orientation, assigned mentors, and ensuring novice nurse faculty teach the same course/topics until they gain confidence and teaching skills Evaluation NP
Kinneary and Sutton, (2021) USA	Described how nurse educator certification (CNE) facilitated the transition of two nurse clinicians into junior nursing faculty roles	Academic setting ANEs n = 2; NP yoa; NP yrs as RN; NP yrs as NE	This was a narrative of two junior nurse faculty who successfully completed the CNE exam (US nurse educator certification) – they relayed the barriers they overcame and highlighted key factors for attaining success	Encourage new nurse faculty to be resilient, stay independent & find their own mentor and resources. Recommended that new faculty be supported to complete the CNE in their first 2–3 years in the role. Evaluation NA
Laari et al. (2021) Ghana	To explore the strategies that facilitate the transition of novice nurse educators from clinical practice to academia	Academic setting ANEs n=12; NP yoa; > 3 yrs as RN; <3 yrs as NE	(i) Participants did not receive any transition support or guidance i.e., had to find own peer support; (ii) self-organised workshops & conferences attended during vacation time; (iii) participants used student evaluations as their "performance feedback"; and (iv) had to apply past clinical nursing knowledge and skills to their teaching	College authorities must provide mentors and orientation programmes. An interesting recommendation was to introduce regular online tutor appraisals by students. Evaluation NA
Manning and Neville, (2009) New Zealand	To describe the experiences of expert staff nurses transitioning to Clinical Nurse Educator (CNE) roles	Clinical setting CNEs n=8; NP yoa; NP yrs as RN; 0.5–2 yrs as NE	Participants were unprepared for the complexity of the CNE role and orientation/ongoing supports were sub-optimal leading to stress, anxiety, frustration and feeling unsupported	Pedagogical preparation, a comprehensive, long-term individualised orientation, a formal mentor and networking opportunities with peers and other faculty. Evaluation NA
McDermid et al. (2016) Country not stated	To explore the resilience building strategies utilised by clinicians when commencing as novice nurse academics	Academic setting ANEs n=14; 33–55 yoa; NP yrs as RN; 0.5–5 yrs as NE	Challenges: lack of experiential and academic preparation, poor support strategies and lack of role clarity. Resilience & successful transition enhanced by: (i) developing supportive relationships with mentors and other colleagues, (ii) active and critical reflection on their experiences and, (iii) embracing positivity.	Formal mentors for all novice nurse academics Evaluation NA
McFadden and Sims, (2017) USA	To relate the experience of a 'seasoned' clinical nurse transitioning into an academic role using Alice in Wonderland references	Academic setting ANE n=1; NP yoa; NP yrs as RN; NP yrs as NE	This narrative described the transition experience of a new academic nurse educator who, even with the support of an engaged, effective mentor, still felt isolated, confused, and filled with self-doubt i.e., lost like Alice in Wonderland!	Formal or informal mentors as long as they are available, accessible and consistent. Evaluation NA
McGowan, (2012) USA	To assess the impact of being an expert clinical nurse on the creation of didactic instructional content as a novice nurse educator	Academic setting ANEs n=11; 26–60 yoa; 6–36 yrs as RN; 0.5–3 yrs as NE	Participants struggled with 'Bridging the Gap Between Clinical Practice and Academia' i.e., felt unprepared for the role; no formal support/mentorship so sought own support & resources from peers/colleagues; applied clinical skills and knowledge to teaching and learnt by trial and error.	Author suggests that if new nurse educators are expected to create & deliver didactic teaching material then, pre-orientation, they must complete graduate educational coursework. Evaluation NA
Miner, (2019) USA	Identify positive aspects of transitioning into nursing academia which can be used to develop strategies for novice nurse educators	Academic setting ANEs n=8; 26–60 yoa; 4–32 yrs as RN; < 3 yrs as NE	Positive strategies: effective mentoring; debriefing with, & support of, colleagues & peers; collaboration & sharing of resources and material with other faculty	Structured orientation, a formal mentor program, teaching materials and support from all faculty Evaluation: a mentor, peer support and a positive workplace engendered increased stability, satisfaction, and sense of belonging
Neese, (2003) USA	Insights from a nurse clinician's transition into an educator role	Academic setting ANE n=1; NP yoa; NP yrs as RN; 0 yrs as NE	Using Cranton's transformational learning theory, the author explored their own lived experience of transitioning into an academic nurse educator role and identified several beneficial strategies	Formal academic preparation, mentored teaching, and a supportive community of practice Evaluation NA
Nguyen et al. (2018) Vietnam	The effect of preparation strategies, qualification, and professional background on clinical nurse educator (ChNE) confidence	Academic & clinical setting ANEs n=334; 22–59 yoa;	"Formal preparation methods, and postgraduate qualifications and years of clinical teaching experience were linked to increased confidence in clinical	Formal education qualifications, formal mentor program and provision of teaching & learning opportunities such as

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Table 2 (continued)

		unclear yrs as RN; unclear yrs as NE	teaching" (Nguyen et al., 2018, p. 2351). <i>Informal</i> mentorship was found to lower confidence levels in clinical teaching.	workshops, courses, and simulation Evaluation: see key findings
Novak, (1993) USA	Not clearly stated	Clinical setting CNE n=1; NP yoa; NP yrs as RN; 1 yr as NE	This was an opinion piece filled with practical advice for someone transitioning from a clinical nurse position into a clinical nurse educator role using a "look, listen and feel" structure.	Self-directed study, practice teaching skills, orientate self and work with peers. Evaluation NA
Owens, (2017) USA	To explore the learning needs of nurses during their transition into part-time faculty positions at rural community colleges	Academic setting ANEs n=3; NP yoa; 5–14 yrs as RN; <1.5 yrs as NE	(i) Clinical instructor identity was hindered by role ambiguity, stress and feeling unprepared; (ii) unmet learning needs e.g., teaching strategies, managing student issues, etc.; (iii) want to teach students effectively; (iv) clinical experience a good foundation for teaching; and (v) the need for formal mentor support	Formal orientation, ongoing professional development program, individual learning needs analysis & plan, formal mentor, and access to learning resources Evaluation: if recommendations instituted, novice nurse educators had a positive transition
Paul, (2015) USA	Novice nursing faculty members' perceptions of their transition compared to the expectations of experienced nursing faculty members.	Academic setting i.e., ANEs Novice adjuncts: n= 14; NP yoa; 0–20 yrs as RN; <2 yrs as NE Experienced full-time faculty: n=10; NP yoa; > 30 yrs as RN; 5–34 yrs as NE	Experienced faculty felt novices did not engage with their orientation, didn't attend meetings, didn't read resources & did not follow course curriculum. Novice adjuncts agreed these things were important, but most reported they had not received reading materials, course curriculum, syllabi, or meeting invitations	Provided with curriculum & syllabi before commencing; pursue a formal education qualification; shadow experienced faculty; a formal mentor; invited to planning days & meetings with peers/other faculty. Evaluation NA
Roberts et al. (2013) USA	To identify how adjunct clinical faculty perceive their role and their needs during their transition	Academic setting ANEs n=21; 25–61 yoa; 2–38 yrs as RN; NP yrs as NE	Participants (i) were unaware of and unprepared for the role, (ii) did not receive a formal orientation, (iii) lacked people and resource-supports, and (iv) did not feel connected to their academic institution or other faculty.	Structured orientation, formal mentor, observation of others teaching, inclusion in faculty meetings/social events and professional development opportunities provided. Evaluation NA
Ross, (2016) USA	Explore the experiences and evolution of nurse experts as they transition into the role of associate degree nurse educators	Academic setting ANEs n=3; NP yoa; NP yrs as RN; 4–20 yrs as NE	All participants experienced loss of control, lack of confidence, and felt terrified and alone as they transitioned into full time academic roles. They required up to 3 years to extend their teaching abilities and to become comfortable with being uncomfortable as a novice nurse educator	An effective mentor, opportunities to observe others teaching and a safe & supportive culture. novice nurse educators commit to self-directed learning e.g., read books, review curriculum, attend workshops, etc., Evaluation NA
Schoening, (2009) USA	To develop a theory that provides novice nurse educators and nursing administrators with a process of how clinical nurses transition into the role	Academic & clinical setting ANEs n=20; NP yoa; 3–20 yrs as RN; 0–20 yrs as NE	The author developed an emerging theory called the Nurse Educator Transition Theory (NETT) Model. Participants reported a lack of a formal orientation, no mentors & poorly defined work structure which led to them feeling confused, lost, anxious, underprepared, isolated, lacking in confidence and afraid of failing.	Stages of the NETT used to guide and prepare novice nurse educators and provide a structure for novice nurse educator support i.e., structured, in-depth orientation, long-term mentoring program, regular feedback from various sources and faculty development courses. Evaluation NP
Shapiro, (2016) USA	To explore the challenges, strategies and structures related to the role transition of associate degree nurse educators into full-time faculty	n=14; 29–65 yoa; NP yrs as RN; 0–33 yrs as NE	Transition themes: (a) difficulties/challenges, (b) learning the role, (c) embracing the role, (d) the need for support, and (e) personal experience of confidence and love of teaching i.e., all participants had a love of teaching which helped them to persevere in their new role	Formal orientation, mentoring for >1 yr, regular meetings/debriefs with peers & other faculty, regular feedback, and mutual peer observation of teaching. Evaluation NA
Sheppard-Law et al., (2018) Australia	To explore the lived experience of novice Clinical Nurse Educators (CNEs) participating in a new self-directed educational and mentoring (SEM) program	Clinical setting CNEs n=11; NP yoa; NP yrs as RN; <3 yrs as NE	Most of the participants reported their transition as a positive experience with the support of the SEM program however several barriers were identified: (i) a lack of time for mentors and mentees to meet, (ii) role ambiguity so mentor time taken up with explaining the role and its responsibilities, and (iii) insufficient face to face education and guidance	The components of the SEM program were not provided. Evaluation: "Overall, their experience of the SEM program was positive...[with]... perceived transformation of CNE practice, beneficial relationships and feeling connected" (Sheppard-Law et al., 2018, p 208)
Slimmer, (2012) USA	To describe the Teaching Mentorship Program (TMP) within a large US university	Academic setting ANEs Demographics NP	The TMP is a year-long individualised orientation & professional development program facilitated & supported by teaching mentors. As per the author, the TMP was successful due to a positive institutional culture, experienced & well-prepared mentors, and the proteges had flexible, timely access to their mentors	Overall, mentee experience was positive, student evaluation of new faculty improved, and attrition rate fell but formal evaluation data not provided
Sodidi and Jardien-Baboo,	To explore the experiences and mentoring needs of novice nurse	Academic setting ANEs	Challenges: (i) lack of a structured, comprehensive orientation programme;	College managers to provide novice nurse educators with structured, comprehensive

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Table 2 (continued)

(2020) South Africa	educators with the goal of developing recommendations for a mentorship program	n=16; NP yoa; NP yrs as RN; 0–4 yrs as NE	(ii) no mentor; (iii) poor feedback processes; (iv) lack of basic resources e.g. no internet access, out of date books and teaching material; (v) no transport to clinical facilities, etc.; and (vi) experienced many forms of exploitation and bullying.	orientation programmes; effective mentorship; regular communication and feedback; access to, and teaching of, institutional policies, the curriculum and role responsibilities; and reduction in exploitation of new nurse faculty. Evaluation NA
Specht, (2013) USA	To investigate the effect of mentoring on the transition experience of neophyte nurse faculty	Academic setting ANEs n=224; mean 37–53 yoa; 0–20 yrs as RN; 0–5 yrs as NE (full time)	86 % of subjects (192 of 224) in this study experienced mentoring. The measurement tool <i>Role Conflict and Role Ambiguity Scale</i> was used in combination with an author-created tool for participants to rate the quality of their mentoring experience. Note: formal education qualifications did not impact on role conflict or ambiguity	Evaluation: mentoring led to lower levels of role conflict and ambiguity for neophyte nurse educators, especially if the mentoring was of a 'high quality'. Quality was measured using a rating scale from +5 (indicating the most positive or helpful quality of experience) to –5 (indicating the most negative or harmful quality of experience).
Stamps, (2020) USA	To discover the lived experiences of the initial years of early-career millennial (birth year 1981–2000) nursing faculty	Academic setting ANEs n=9; 29–39 yoa; 2–11 yrs as RN; 0–5 yrs as NE	Millennial nurse faculty face many of the same transition challenges as non-millennial colleagues i.e., stressed, lacking confidence, burnt out, overwhelmed by workload, and needing time to adjust to the role. Also have unique challenges e.g., preconceived notions about their age & generation, unheard especially when encouraging change & closeness in age to students i.e., boundary issues	New millennial nurse faculty need the same broad supports that all new educators require (comprehensive orientation, formal mentor, and a supportive work environment) but their transition supports also need to be tailored to their uniqueness as millennial nurses. Evaluation NA
Terry, (2014) USA	To identify characteristics of a mentor program that impacted on the experiences of novice nurse faculty, especially their intention to stay in the role	Academic setting ANEs n=6; NP yoa; 1–20 yrs as RN; 0–5 yrs as NE	Advantages of mentorship: taught about the role & responsibilities, the university culture and the curriculum; facilitate relationship building with faculty; continuous feedback; and reduced loneliness. Barriers: time-consuming for both parties, mentoring needs to extend beyond the first year and mentors must stay engaged.	A supportive, caring mentor eased their transition into the teaching role and increased their intention to stay in the job. Participants claimed that without a mentor their transition would've been overwhelming, difficult, and intimidating. Evaluation NA
Toll, (2020) USA	To examine the lived experience of clinical nurses transitioning into novice nurse educator roles	Clinical setting ANEs n=6; NP yoa; > 3 yrs as RN; <3 yrs as NE	The Nurse Educator Coordinator role is an informal 'appointment' with challenges of: a dual identity, lack of role clarity, no orientation, no mentor support, high (but unclear) workload expectations and feeling undervalued by the organisation.	Mentored professional development program with formal mentor support and 3 study days. Evaluation NP
Tucker, (2016) USA	To explore the lived experiences of clinical nurse experts transitioning into academic nurse educator roles	Academic setting ANEs n=9; NP yoa; NP yrs as RN; <3 yrs as NE	Most participants had to navigate academia on their own as not provided with an orientation, information or people support to transition easily. Found informal mentors, sought support of peers, self-directed professional development and applied their clinical skills & knowledge to their new academic role.	Provide support for potential nurse educators to complete formal preparation/ qualifications; formal orientation program including shadowing experienced faculty; formal mentorship; and an individualised development program. Evaluation NA
Viveiros et al. (2021) USA	To explore the lived experiences of new educators, including the barriers and facilitators they encountered	Academic setting ANEs n=4; 40–61 yoa; NP yrs as RN; av 2.7 yrs as NE	Formal mentors and regular meetings with the associate dean of research were helpful but the most critical support was a weekly meeting with other new nurse educators i.e., a safe environment where they could be vulnerable, talk about anything and get tangible, practical support	(i) Multifaceted mentoring approach i.e., allocated mentor, monthly peer meetings, and meetings with the associate Dean; (ii) accommodation to individual needs; (iii) ensuring a supportive work culture; and (iv) a cohort model of onboarding. Evaluation NA.
Weidman, (2013) USA	To describe and interpret the experience of clinical nurse experts (who do not have any educational theory) transitioning into academic and clinical novice nurse educator roles	Academic & clinical setting ANEs & CNEs n = 8; 27–60 yoa; 6–39 yrs as RN; <2 yrs as nurse educator	(i) Desire to teach: have knowledge to share but felt they transitioned before they were ready; (ii) Additional stress: had to find their own learning opportunities, little information or support especially with assessing students; and (iii) The effect of Mentoring: participants with mentors felt competent & comfortable, participants with limited/negative mentoring felt incompetent, scared, unsupported and burnt out.	Pre- and ongoing preparation e.g., formal qualification, education-specific courses, workshops, etc.; long term mentoring; comprehensive, extended orientation program; pedagogical courses; lighter teaching loads in the beginning; and supportive administrators Evaluation NA
Wenner, (2016) USA	To explore the perceptions of clinical nurse experts as they transition into part time clinical instructor roles	Academic setting ANEs n=14; 25–69 yoa; 6–45 yrs as RN; 0–35 yrs as NE	Participants who were well-supported and provided with help and guidance, had a smooth transition; those not provided with support or resources had a more difficult and stressful transition.	Formal mentoring, frequent peer-to-peer interactions/meetings, comprehensive orientation & onboarding processes, communication with other faculty/admin staff, more guidance on student teaching &

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Table 2 (continued)

			Personal attributes that improved the transition included being approachable, self-motivated, more mature, seeking personal enrichment, and having well-developed organisational skills	management and increased involvement in on-campus activities & social events Evaluation NA
White et al. (2010) USA	To explore the experiences of protegees (novice nurse faculty mentees) as they transition with the support of a formal mentorship program	Academic setting ANEs n=23; 32–65 yoa; NP yrs as RN; av. 1.8 yrs as NE	(i) Creating a Meaningful Mentor-Protégé Relationship: the mentors must be open and available, the workshops & retreats helped participants feel connected, included, and valued; (ii) Transitioning as a New Nurse Educator: felt unprepared, frustrated & did not understand the role but were still expected to 'go forth & teach'; and (iii) the Mentor-Protégé Program—Lessons Learned: all components of the program were beneficial	1 year program, formal matching of keen mentors and protegees, 4 full day workshops and 2 off-campus retreats. Study findings: the mentor & protegee must be a good match, mentor must value their role & the mentor dyad must develop a caring, reciprocal relationship with open communication
Wilson, (2017) USA	To explore the role transition of clinical nurse to adjunct clinical nursing instructors to identify ways to improve their recruitment, support, and retention	Academic setting ANEs n=8; 24–61 yoa; 4–30 yrs as RN; 0.5–13 yrs as NE	4 transition phases: (i) Recognizing I am a teacher at heart; (ii) Picking it up on my own: no formal orientation, minimal supports and resources, did not observe others teaching so felt isolated and unprepared; (iii) Encountering the reality of first year experiences: excessive paperwork, unable to meet role expectations, unpaid hours, and students lacked 'commitment'; and (iv) Feeling comfortable in the role & developing their own teaching style: usually >1 year	Formal teaching qualifications; provided with opportunities to observe experienced educator; allocated mentors; and comprehensive, 1-year orientation The author claimed an individualised orientation is the most helpful facilitator for a successful transition of novice nurse educators, however evaluation data was not provided to support this statement
Windross, (2022) USA	To explore the experiences and perspectives of clinical nurses who transition into academic nurse educator positions	Academic setting ANEs n=15; 30–59 yoa; 10–20 yrs as RN; <2 yrs as NE	3 major themes identified: (i) Benefits of being a novice nurse educator: self-directed and independent in seeking answers, fulfilment of personal ambitions and increased job satisfaction. For those with mentors, this relationship offered critical support and guidance; (ii) Challenges: excessive and unexpected workload, inadequate orientation, and lack of consistent mentorship/support; and (iii) Adapting to change: being open to change is essential to a successful transition	According to the author, "The transition of an expert clinician to the role of a nurse educator needs a planned orientation and mentoring program that will sustain the process of growth and professional development for the new educator. The plan should include the clearly defined roles of the preceptor and the novice educator." (Windross, 2022, p. 142) Evaluation NA
Wongpimoln et al. (2021) Thailand	To describe the experiences of clinical nurses transitioning into novice nurse lecturer roles	Academic setting ANEs n=8; 30–60 yoa; 1–21 yrs as RN; 1–10 yrs as NE	Participants reported there was no orientation, support network or formal onboarding and many reported they had to be self-directed i.e., attending self-funded courses, using students as their source of inspiration and feedback, organising their time (often unpaid) to meet all the role expectations, and trying to find support in what appeared to be a very unsupportive culture.	The authors stipulate it should be an expectation that nursing schools help new nurse lecturers to transition more successfully by providing a comprehensive orientation and mentorship program. Evaluation NA
Zimmerman, (1997) USA	Not clearly stated	Clinical setting ANEs n=1; NP yoa; NP yrs as RN; 1 yr as NE	(i) Learning how to be a teacher while in the role i.e., not prepared for the role and not given to time to prepare, seeking affirmation from others, confirming guidelines, etc.; (ii) feeling overwhelmed by the workload & role expectations, worried that she was not a good teacher, sad/hurt by student interactions and failures, and frustrated by students not embracing learning opportunities; and (iii) proud of (but exhausted by) the difference she made to the professional development of a group of students	Outcomes and evaluation NA

Zealand (Manning and Neville, 2009), Saudi Arabia (Alanazi, 2022), South Africa (Sodidi et al., 2020), Thailand (Wongpimoln et al., 2021), Vietnam (Nguyen et al., 2018) and United Kingdom (Duffy, 2013). There were two sources where the country of origin was unclear (Esper, 1995; McDermid et al., 2016).

*Type & methodological approach:* Thirty-two sources of evidence were articles while twenty were dissertations or theses. The methodological approach was predominantly qualitative (n=40); of the remainder, six were mixed method studies (Brower et al., 2022; Clark, 2013;

Cleary-Lake, 2018; McGowan, 2012; Nguyen et al., 2018; Slimmer, 2012), five were non-research sources (Esper, 1995; Kinneary and Sutton, 2021; Neese, 2003; Novak, 1993; Zimmerman, 1997) and one was a quantitative study (Goodrich, 2014).

*Context:* The primary context for the sources of evidence was the academic setting. Forty-six sources described the experiences of academic nurse educators; two sources had both academic and clinical nurse educator participants (Brower et al., 2022; Weidman, 2013); and four sources reported on the experiences of clinically based nurse

educators (Manning and Neville, 2009; Novak, 1993; Sheppard-Law et al., 2018; Toll, 2020).

**Job title:** There were more than 20 different job titles, ranging from variations of nurse faculty or nurse educator to specific titles such as adjunct clinical instructor/faculty (Paul, 2015; Roberts et al., 2013; Wenner, 2016; Wilson, 2017), collegiate educator (Cleary-Lake, 2018) and nurse educator coordinator-I (NCEI) (Toll, 2020).

**Participants:** Consistent with the inclusion criteria, the participants in thirty-five sources of evidence were novice nurse educators with less than 5 years of teaching experience, five sources did not supply an exact number of years of teaching experience but all participants were classified as “new” or “junior” or “novice” (Dempsey, 2007; Esper, 1995; Kinneary and Sutton, 2021; McFadden and Sims, 2017; Slimmer, 2012) and twelve sources had participants with a range of years of education experience but the novice viewpoint was well represented in the study results (Duffy, 2013; Goodrich, 2014; Hoeksel et al., 2019; Hoffman, 2019; Nguyen et al., 2018; Roberts et al., 2013; Ross, 2016; Schoening, 2009; Shapiro, 2016; Wenner, 2016; Wilson, 2017; Wongpimoln et al., 2021)

### 4.3. Synthesis of results

The following is a summary of the results as they relate to the review questions and objectives (Tricco et al., 2018), namely the lived experience of novice nurse educators and the preparation and support strategies recommended or used by the authors of the sources of evidence.

#### 4.3.1. Lived experience of novice nurse educators

Many sources described their participants’ lived experience of transition as broad stages of development and progression (Alanazi, 2022; Anderson, 2009; Brower et al., 2022; Clark, 2013; Dempsey, 2007; Duffy, 2013; Esper, 1995; Manning and Neville, 2009; McFadden and Sims, 2017; Neese, 2003; Schoening, 2009; Stamps, 2020; Tucker, 2016; Wilson, 2017) with most finding that the “initial stage of the transition was mostly a negative experience” (Dempsey, 2007, p. 4). These findings strongly align with Duchscher’s stages of transition theory (Duchscher, 2008) and transition shock model (Duchscher, 2009) where novices display an array of emotional, intellectual, physical, developmental and sociocultural expressions of the shock of transitioning into a new professional identity.

The most frequently reported expressions of transition shock by novice nurse educators were emotional responses, which were identified in thirty-four sources and included feelings of loss, disorientation, isolation, confusion, doubt, anxiety, fear, inadequacy, overwhelmed, frustration, guilt and stress. Intellectual responses to transition shock were also common with participants reporting stress related to a lack of teaching skills and knowledge (n=23), an overwhelming sense of feeling unprepared (n=21), poor understanding of the role and its responsibilities (n=22) and poor performance development due to receiving little or no feedback (n=8).

The physical expression of transition shock was evident in twenty-one sources (n=21), with participants reporting relentless exhaustion, increased physical demands and negative changes in lifestyle habits such as poor nutrition, lack of work-life balance and sleeplessness. Socio-developmental responses to transition shock were also reported by novice nurse educators ranging from loss of sense of self to uncertainty in a new culture and role.

In contrast, novice nurse educators in nine sources reported positive transitions with only mild evidence of transition shock responses, which the authors attributed to being effectively mentored, sometimes with the support of a comprehensive orientation program and interaction with peers and senior colleagues (Miner, 2019; Neese, 2003; Sheppard-Law et al., 2018; Slimmer, 2012; Specht, 2013; Terry, 2014; Viveiros et al., 2021; White et al., 2010).

#### 4.3.2. Transition turning point

For the new graduates in Duchscher’s (2008) research, “by the 12-month marker, all...had reached a relatively stable level of comfort and confidence with their roles, responsibilities and routines” (p. 447); this turning point for novice nurse educators was reported in twenty-two sources of evidence in this review.

Participants in seven sources of evidence found the transition challenging but achieved a level of confidence within 12 months of commencing in the role (Flanigan, 2016; Shapiro, 2016; Stamps, 2020; Terry, 2014; Tucker, 2016; Wongpimoln et al., 2021; Zimmerman, 1997). In contrast, the participants in the remaining 15 sources reported that “gaining confidence and developing competence as a teacher took time” (Gardner, 2014, p. 108), needing from two years (Alanazi, 2022; Anderson, 2009; Clark, 2013; Dempsey, 2007; Weidman, 2013; White et al., 2010; McGowan, 2012; Ross, 2016; Schoening, 2009; Wenner, 2016) to five years (Bailey, 2012; Duffy, 2013; Hoffman, 2019; Manning and Neville, 2009; Paul, 2015).

#### 4.3.3. Preparation and support strategies

Preparation and support strategies recommended in the sources of evidence were described as either a single activity (n=10), of which 80 % recommended formal mentorship, or a ‘complete program’ using a variety of strategies (n=39) such as allocation of a mentor plus attendance at workshops and completion of a portfolio of evidence of learning (Sheppard-Law et al., 2018). Recommendations were not provided or deemed not applicable in three sources (Kinneary and Sutton, 2021; Novak, 1993; Zimmerman, 1997).

A list of the recommended support strategies is provided in Table 3. Of note, half of the sources of evidence based these recommendations on what participants or authors thought were missing from and/or would have improved, this transition experience (Anderson, 2009; Bailey, 2012; Brown, 2015; Cangelosi, 2014; Chapman, 2013; Clark, 2013; Cooley and De Gagne, 2016; Dempsey, 2007; Hoeksel et al., 2019; Hoffman, 2019; Manning and Neville, 2009; Miner, 2019; Owens, 2017; Roberts et al., 2013; Shapiro, 2016; Sodidi and Jardien-Baboo, 2020; Toll, 2020; Viveiros et al., 2021; Weidman, 2013; Wenner, 2016; Wilson, 2017; Wongpimoln et al., 2021).

## 5. Discussion

### 5.1. Characteristics of sources of evidence

Most of the included sources of evidence (n=41) were published between 2012 and 2022, which indicates current and sustained interest in the transition of novice nurse educators, although further research and review are still indicated (Munn et al., 2018; Pham et al., 2014). Of note, 20 of the 52 sources of evidence were unpublished theses or dissertations; these were found to be a rich source of data that may have been excluded if a different research approach had been used (O’Brien et al., 2016; Vickers and Smith, 2000). Forty of the fifty-two sources originated in the USA which increases the risk of geographic bias in the results (Skopec et al., 2020) and suggests that further research about novice nurse educators in countries outside of the USA is needed.

**Table 3**  
Recommended support strategies for novice nurse educator transition.

No. of sources	Recommended support strategies
40	Mentorship
22	‘Learning to be a teacher’ e.g., pedagogical courses, study days, online/written resources, etc. provided by the employer
20	Extended, structured orientation
10	Regular meetings and debriefs with peers and other colleagues
7	Supernumerary time and shadowing more experienced educators
6	A lighter workload initially with minimal changes in teaching allocations

Participants in forty-six sources of evidence were academic nurse educators with only four sources of evidence reporting exclusively on the experiences of clinical nurse educators in clinical settings (Manning and Neville, 2009; Novak, 1993; Sheppard-Law et al., 2018; Toll, 2020). This reflects a common finding in the literature where clinical nurses, including clinical nurse educators, are under-represented in nursing research (Eckert et al., 2022; Loke et al., 2014; Milner et al., 2006; Scala et al., 2016). Despite many novice nurse educators being enthusiastic about participating in and conducting research (Loke et al., 2014) there is disparity in how this enthusiasm translates in academic and clinical roles and settings. For academic nurse educators, research goals are part of their job description and career advancement and they usually have organisational support and encouragement to produce research, however these drivers are missing for clinical nurse educators (Milner et al., 2006; Scala et al., 2016). The findings of this scoping review reflect the underrepresentation of clinical nurses, in this case clinical nurse educators, in the literature and demonstrates the need for further research into the transition experience and support of novice nurse educators in the clinical setting. The academic-centric nature of the novice nurse educator literature must also be taken into consideration when reviewing the results of this scoping review, especially if attempting to apply these results to non-academic settings or to clinical nurse educators.

Consistent with the literature, this scoping review found 20 different titles for nurse educators. Title confusion can reflect a lack of role clarity, ambiguous role expectations and poor job satisfaction for nurse educators (Conway and Elwin, 2007; Cranford, 2013; Lanada and Forde-Johnston, 2021; Sayers et al., 2011) but it is also challenging for researchers and administrators when trying to identify all the available research and determine appropriateness and applicability for their setting and cohort of educators. Gaining role and title consensus will be challenging, especially with the obvious role differences between academic and clinical nurse educators (Sayers et al., 2011). However, the benefit of establishing clearer titles outweighs this challenge and will assist researchers and the wider clinical nurse educator community when implementing and evaluating supports for novice nurse educators.

### 5.2. Alignment with Duchscher's stages of transition theory

The strong alignment to Duchscher's research identified by this scoping review leads to the possibility that Duchscher's recommendations for mitigating the stressors that lead to transition shock for graduate nurses could also be used to better understand, prepare, and support the transition of novice nurse educators. For example, Windey and Duchscher (2018) recommend that new graduates be provided with "roles and responsibilities commensurate with their stage of transition and respectful of their evolving knowledge and confidence" (p. 231). This staged increase in responsibilities and workload is usually provided in the form of a structured graduate transition program (Graf et al., 2020); a similar program could be created for novice nurse educators (McAllister et al., 2014; Sheppard-Law et al., 2018; Wenner et al., 2020; White and Maguire, 2021) but more transparency is required if successful programs are to be replicated and research is needed to establish the effectiveness of these transition programs (Nguyen et al., 2018).

According to Duchscher (2008), the structure and effectiveness of a transition program requires an understanding of the stages of a novice's transition, especially the point where intensive support can be eased and work complexity and responsibilities increased. Duchscher (2008) identified that this point, where new graduates are less stressed and have increased confidence in their professional performance, is the '12-month marker' but, for novice nurse educators in the reviewed sources of evidence, this turning point is more likely to be between 2 and 5 years. In recognition of these differences, further research is needed to establish transition timelines for novice nurse educators to ensure support strategies more accurately reflect and are responsive to, their needs at these different turning points.

Another finding in the scoping review consistent with the graduate nurse experience was that transitions for novice nurse educators were more traumatic if employers failed to acknowledge and provide appropriate preparation and support strategies to overcome transition shock (Gardner, 2014; Goodrich, 2014; Schoening, 2009; Sheppard-Law et al., 2018; Summers, 2017; Weidman, 2013). Duchscher (2001) recommends eight strategies for a healthy transition experience for new graduates which are similar to the preparation and support strategies for novice nurse educators identified in this scoping review. For example, Duchscher recommends employers of new graduates facilitate professional relationships that are supportive and collaborative and provide the individual with positive reviewing, reinforcement and reassurance over time (Windey and Duchscher, 2018). For new graduates this is usually provided in the form of preceptors; for novice nurse educators this is achieved with the allocation of an engaged, long-term mentor which was found to be critical to a successful transition in some of the sources of evidence, even as a stand-alone support strategy (Alanazi, 2022; Anderson, 2009; Cangelosi et al., 2009; McDerimid et al., 2016; Miner, 2019; Neese, 2003; Sheppard-Law et al., 2018; Slimmer, 2012; Specht, 2013; Viveiros et al., 2021; Weidman, 2013; White et al., 2010; Cannon, 2014; Carr, 2020; Terry, 2014; Wenner, 2016; Windross, 2022). An additional source of 'professional relationships' found to be critical to a successful role transition for novice nurse educators was the provision of a community of practice through regular meetings with senior educators and peers (Bailey, 2012; Chapman, 2013; Laari et al., 2021; Shapiro, 2016; Sheppard-Law et al., 2018; Toll, 2020; Tucker, 2016).

Another major strategy recommended by Duchscher is that new graduate nurses are provided with an extended orientation (up to 24 weeks) and an ongoing support program that includes 'classroom theory', supernumerary time, a gradual increase in workload and supervised clinical practice (Duchscher, 2008). This resembles the recommendations for novice nurse educators in the sources of evidence however, most of these were based on what novice nurse educators reported were missing from their transition support rather than evaluations of actual programs. There was some agreement that multi-strategy programs be provided for at least 2 years for novice nurse educators (Alanazi, 2022; Anderson, 2009; Hoffman, 2019; Weidman, 2013; McGowan, 2012) and several sources showed that these could contribute to positive novice nurse educator transitions (Alanazi, 2022; Miner, 2019; Nguyen et al., 2018; Sheppard-Law et al., 2018; Viveiros et al., 2021; Weidman, 2013; White et al., 2010; Wenner, 2016). However, very few were described in detail and even less were actualised or evaluated for effectiveness (McAllister et al., 2014; Nguyen et al., 2018; Reid et al., 2013; Schoening, 2009).

An important consideration that differs from the graduate nurse experience and adversely affects the transition of novice nurse educators, is the stress and anxiety created by a lack of teaching skills and limited understanding of the nurse educator role (Alanazi, 2022; Clark, 2013; Hoeksel et al., 2019; Laari et al., 2021; Weidman, 2013; White et al., 2010; Bailey, 2012; Carr, 2020; Tucker, 2016; Wenner, 2016). In recognition of this, most authors recommend that employers of novice nurse educators provide pedagogical training on educational theory, teaching skills and the expectations of the role, even for those with formal education qualifications (Alanazi, 2022; Anderson, 2009; Cangelosi, 2014; Clark, 2013; Hoeksel et al., 2019; Laari et al., 2021; Slimmer, 2012; Weidman, 2013; White et al., 2010; Wongpimoln et al., 2021; Bailey, 2012; Carr, 2020; Shapiro, 2016), but this does require significant organisational investment and commitment to be successful (Grassley and Lambe, 2015; Manning and Neville, 2009; Summers, 2017; Weidman, 2013).

### 5.3. Limitations

A structured and tested scoping review process was used to ensure a degree of rigor and clarity (Peters et al., 2020a) however, the author's (JH) previous experience of an unsupported transition from clinical

expert to novice nurse educator potentially influenced the iterative processes of this review. To limit this influence, additional reviewers were included in various stages of the scoping review. Limiters on the search strategy—studies, theses and dissertations available in English published or submitted between 1992 and 2022—means relevant sources of evidence and grey literature in other languages and published before or after the search dates, may have been excluded. Lack of consensus related to nurse educator job titles and role may have created another limitation where appropriate sources of evidence were not identified even with the inclusion of several different titles for novice nurse educators in the search strategy.

## 6. Conclusion

This scoping review provides a broad exploration of the lived experience of novice nurse educators as they transition into the clinical nurse educator role. It was identified that, despite a lack of clarity and consensus in the literature about the nurse educator title, role, and responsibilities, there are commonalities in the transition journey of novice nurse educators. This journey strongly aligns with the experiences of graduate nurse participants in Duchscher's research, especially in relation to the stages of transition and transition shock. Transition shock has a wide array of emotional, physical, intellectual and socio-cultural characteristics which were experienced by many of the participants in the included sources of evidence. Findings of this review suggest if novice nurse educators are provided with knowledge about, and support strategies to mitigate, this 'shock', their transition from clinical nurse to nurse educator will likely be a more transformative and positive experience. Consensus around terminology, further research using longitudinal studies in contexts outside of academia and more quantitative research assessing effectiveness of preparation and support strategies would deepen our understanding of transition shock for novice nurse educators and, hopefully, ensure novice nurse educators in the future will transition with ease.

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## CRediT authorship contribution statement

**Julie Halton:** Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Resources, Software, Validation, Writing – original draft, Writing – review & editing. **Brett Vaughan:** Conceptualization, Investigation, Methodology, Project administration, Supervision, Writing – original draft, Writing – review & editing. **Colin Ireland:** Data curation, Formal analysis, Investigation, Methodology, Project administration, Resources, Software, Supervision, Validation, Writing – original draft, Writing – review & editing.

## Declaration of Competing Interest

None.

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