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Part-Time Clinical Nursing Instructors' Experiences of Seeking Peer Support

Janet L. Thorson-Mador
Walden University

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Walden University

College of Nursing

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Janet L. Thorson-Mador

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the review committee have been made.

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Walden University
2023

Abstract

Part-Time Clinical Nursing Instructors' Experiences of Seeking Peer Support

by

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MSN, University of Washington, Bothell, 2007

BSN, University of Washington, Bothell, 1999

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Nursing

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Abstract

A well-documented shortage of nursing faculty is a key contributor to the ongoing shortage of nurses in the United States. Part-time clinical nursing faculty play a key role in preparing prelicensure nursing students for clinical practice. These part-time faculty have reported a perceived lack of peer support in the academic workplace. The purpose of this qualitative phenomenological study was to explore the perceptions of novice part-time prelicensure clinical nursing faculty as they sought peer support to transition into the educator role. Husserl's transcendental phenomenology, as applied by Moustakas, and Illeris's three dimensions of learning model informed this study. A sample of six novice, prelicensure nursing faculty participants was obtained through social media recruitment. Data from individual, in-depth, semistructured interviews were analyzed using the transcendental phenomenological method. Seven textual themes emerged: solo, harmony, learning the part, discord, listening, ensemble, and writing a new song. Participants expressed the need for support to succeed in their work. Faculty peers were the most accessible and preferred sources of support and were perceived as role models by the participants. This study adds to the current knowledge of workplace relationships by reinforcing that peers in the workplace have a powerful impact on one's identity, psychological stability, job performance, job satisfaction, and retention. The study results may contribute to positive social change in the working lives and teaching longevity of nursing faculty. Future researchers should focus on perceptions of senior nursing faculty and program administrators regarding barriers to, and facilitators of, peer support provision for novice nursing faculty in the academic workplace.

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Dedication

This work is dedicated to my beloved daughters, Alison Ilana Mador and Audrey Linden Mador. My greatest honor in life is to be your mother. And, to your father, Alan Bernard Mador: I love you, for all time.

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Chapter 1: Introduction to the Study

Postsecondary education institutions in the United States often rely upon part-time faculty to meet their enrollment needs and to stay within budgetary constraints (Alshehri, 2020; Dawson et al., 2019; Kimmel & Fairchild, 2017; Wagoner, 2019). According to the National Center for Education Statistics (NCES, 2020), 46% of the 1.5 million faculty at degree-granting post-secondary institutions in Fall 2019 were classified as part-time. Part-time faculty are hired on temporary contracts to teach one or more courses (Brannagan & Oriol, 2014).

Part-time faculty provide staffing flexibility and cost-savings to institutions but often face suboptimal working conditions (Anthony et al., 2020). They have less job security and fewer benefits than their tenure-track peers (Dawson et al., 2019). Part-time faculty often experience a sense of isolation and disconnection from other faculty and a perceived lack of institutional support (Alshehri, 2020; Anthony, 2020; Bickerstaff & Ran, 2020; Brady & Spencer, 2018; Dawson et al., 2019; Kimmel & Fairchild, 2017; Vicente, 2018). A perceived lack of support negatively affects the job satisfaction, effectiveness, and retention of early career faculty in general (Kelly et al., 2019).

Critics of overreliance on part-time faculty have raised concerns about teaching effectiveness and educational quality (Brady & Spencer, 2018; Kimmel & Fairchild, 2017). Part-time faculty often lack prior teaching experience when hired (Xu, 2019). Some research has shown worse educational outcomes for students taught by part-time faculty in general (Bickerstaff & Ran, 2020). However, little information exists in the literature about the evaluation of part-time faculty in higher education (Barker, 2021;

Langen, 2011), which could reflect a general lack of scholarly attention to the development of this faculty population.

Although there is substantial literature on the work experiences of part-time faculty in North American higher education in general, there has been little positive change in the working conditions for these faculty (Anthony et al., 2020). The current study contributes to knowledge about part-time faculty in the discipline of clinical nursing education. This study indicates areas for future research and policy aimed at improving their working conditions on a single parameter: peer support. Faculty peers are important factor in working conditions because academics have been found to base their own professional self-worth on how they compare with others with similar skills and abilities (Aziz et al., 2018).

The problem of how to systematically support part-time faculty in their work is currently receiving increased attention in the educational development literature (Kelly et al., 2019; Sabourin, 2020; Wagoner, 2019). A branch of this growing body of literature includes qualitative studies of what part-time faculty experience in their work, in order to guide educational practice (Kimmel & Fairchild, 2017). More qualitative studies are needed to explore the individual experiences of part-time faculty at different types of institutions (Vicente, 2018). The current dissertation study was situated within this branch of the emerging literature, and the research query was linked specifically to the discipline of nursing education.

Nursing schools in the United States face perpetual shortages of qualified faculty, which negatively impacts the supply of nurses needed to meet society's health care needs

(Kemery & Serembus, 2019; Lee et al., 2017; Sousa & Resha, 2019). A lack of faculty has been cited as the major reason qualified students are rejected by nursing programs (Julion et al., 2019; McPherson, 2019). In a report for the American Association of Colleges of Nursing, Fang et al. (2020) reported that the major barriers to hiring full-time faculty are insufficient funds, reluctance to create more full-time positions, inability to recruit from competing marketplaces, and lack of qualified applicants in particular geographic areas. This helps explain the necessity for schools of nursing to hire part-time clinical faculty to meet their enrollment needs (Morrison, 2020). Further, part-time clinical faculty often bring current industry expertise directly to their students and their institutions. Benner (1984), in her seminal book *Novice to Expert*, noted a transformation in nursing education, towards “more realistic practice in decision-making” (p. 194), a goal that can be facilitated by nursing faculty who are current in nursing practice.

The majority of experienced professional nurses who are hired into nursing faculty roles hold part-time status and teach clinical courses (Dunker & Manning, 2018). The clinical area has the most acute shortage of faculty, in part because of required limitations on clinical class sizes and the resultant need for more sections to be offered (Woodworth, 2016). Part-time clinical instructors are expert nurses in practice (McPherson, 2019), bringing current, real-world industry experience to their students (Langen, 2011). However, they are often novice educators (Sousa & Resha, 2019), resulting in what can be a stressful role transition (Miner, 2019). They frequently do not teach the corresponding theory or classroom component of a clinical course (Fressola & Patterson, 2017), which might short-change students in developing a theoretical

foundation for nursing practice (Brannagan & Oriol, 2013). The literature indicates that novice part-time clinical faculty need adequate orientation to their programs and roles; however, there is still little research into what their specific needs are (Sousa & Resha, 2019). This study addressed this gap in the existing knowledge.

Part-time nursing faculty who taught only clinical courses constituted the original population of interest for this study. I initially focused on part-time nursing faculty based on the assumption that this population had needs and experiences that differ from those of full-time faculty and also part-time faculty who teach didactic courses, either exclusively or in conjunction with clinical courses. One obvious distinction to be made was that part-time clinical instructors generally teach exclusively at clinical sites, such as hospitals and nursing homes, which are geographically separate from the nursing school campus. They are also generally the only instructor from their schools working within a particular clinical environment. This assumption of a unique status was supported by current scholarly literature that specifically addressed part-time clinical nursing faculty (Carlson, 2015; Dunker & Manning, 2018; Gies, 2013; McPherson, 2019; Sousa & Resha, 2019; Woodworth, 2016). I explore this literature in further detail in Chapter 2.

The literature review pertaining to part-time clinical nursing faculty revealed an area of need, a problem, which became the subject of this dissertation. The identified problem was the need for, but frequent inadequacy of, peer support and mentoring of novice nursing faculty from faculty coworkers (Knowles, 2020; Koharchik, 2017; McPherson & Candela, 2019; Morrison, 2020; Stevens & Duffy, 2017). I focused on peer support based on its frequency in the literature, its significance and impact among this

population, and my lived experience working as a part-time clinical nursing instructor.

The literature on peer support as it pertains to part-time clinical nursing faculty is further explored in Chapter 2.

This study needed to be conducted for several reasons. The need for qualified nurses in the United States is projected to increase in the foreseeable future (Haddad et al., 2023). The American Nurses Association (n.d.) reported that by 2022, over 500,000 experience RNs would retire, and over 100,000 nursing jobs per year would need to be filled. Schools of nursing will probably continue to hire part-time clinical nursing faculty to meet growing enrollment needs and prepare enough qualified nurses to assuage the nursing shortage (Fressola & Patterson, 2017). Therefore, the working conditions, effectiveness, and retention of these faculty are relevant topics for scholarly research.

Part-time clinical nursing faculty are an important link between nursing academics and nursing practice for students and serve as role models for content application and clinical judgment. However, many novice clinical faculty lack teaching experience and benefit from support from more experienced faculty at their institutions in order to be effective. The recent nursing literature pertaining to part-time clinical nursing faculty contains few actual definitions of *novice*. Koharchik (2017) focused on the needs of novice part-time clinical faculty without defining “novice.” Mann and DeGagne (2017) defined novice as those with 3 or less years of experience teaching in a nursing program; they also included in their definition those who “considered themselves to be novices in this setting” (p. 168). Jetha et al. (2016) defined *novice teachers* as “clinical teachers with less than 3 years of experience or defined as novice” (p. 2). An integrative

review by Dahlke et al. (2021) included the prominent theme of “the state of repeated novice practice” (p. 205) for nurses who had added, or transitioned to, the role of clinical nursing instructor. This is also a self-described status. Despite the support in the literature for using self-perception as part of the definition of novice for this population, self-description or self-identification as novice was not considered an adequate definition for this study. Further, I sought to include participants with 3 years of experience or less in the clinical instructor role, with experience potentially acquired from more than one institution. In light of the literature and the nature of this study, novice was defined as part-time clinical nursing instructors who had accrued a total of 3 years of experience or less in the role of part-time clinical nursing instructor, at the prelicensure level.

Part-time clinical nursing faculty have received relatively little attention in the scholarly literature (McPherson & Candela, 2019), considering their large numbers and influence on the nursing profession and the health and safety of the greater society. Literature on mentorship in nursing academia is limited compared with other disciplines (Nowell et al., 2017). I undertook this qualitative study to increase understanding of the peer support needs of novice part-time prelicensure clinical nursing faculty, by exploring their lived experiences in peer support-seeking in the context of their work.

Chapter 1 begins with a brief background discussion of current literature related to the phenomenon of interest and identification of a meaningful gap in nursing education knowledge which the study was designed to address. Chapter 1 continues with the problem statement, purpose of the study, the research question, the theoretical and conceptual framework, the nature of the study, and major definitions. I also discuss the

assumptions, scope and delimitations, limitations, and significance of the study. Chapter 1 concludes with a summary of the main points and a transition to Chapter 2.

Background

In this study I focused on the lived experiences of novice part-time prelicensure clinical nursing faculty. Novice was defined as part-time prelicensure clinical nursing instructors, with 3 years or less in the role, regardless of where this time was accrued. Prelicensure refers to 2-year associate's degree and 4-year baccalaureate degree programs (Walters, 2021). The phenomenon of interest within the lived experiences of novice part-time prelicensure clinical nursing faculty was peer support-seeking. This focus implied that these faculty engaged in a process of seeking support from their faculty peers to perform in their teaching roles.

The transition from nurse to nursing instructor, or from clinician to educator, involves an expansion in one's professional role and identity. Transition theory in nursing helps explain this process, although it was not the theoretical framework for this study. Transition theory includes the acknowledgement that changing or expanding one's professional role is a type of situational transition, in which other people and the support they provide have an impact on one's outcomes, such as mastery, connectedness, confidence, and coping (Meleis et al., 2000). If a new faculty person lacks support from more experienced faculty peers, for example, this may adversely affect their development into the new educator role and identity.

Peer support-seeking is recognized in the health care literature as relevant to novice undergraduate nursing faculty (Cangelosi, 2014), graduate students (Tompkins et

al., 2016), and medical residents (Hasty et al., 2018). I sought to add to this literature by highlighting the experiences of a specific population: novice clinical nursing instructors. This population is large in number and significant in its impact on nursing education and practice, patient safety, and ultimately the health and well-being of the greater society.

Identifying the support needs and support-seeking experiences of part-time clinical nursing faculty has the potential to contribute to positive social change in the working lives and teaching longevity of these essential faculty. Organizational decisions pertaining to part-time faculty are a powerful influence on instructional quality and student learning outcomes (Wagoner, 2019). An exhaustive search of the literature revealed no qualitative phenomenological studies that featured in-depth explorations of the phenomenon of peer support-seeking among novice part-time clinical nursing faculty. This was the gap in knowledge in the discipline of nursing education that I designed this study to address.

Peer support has been shown to have a significant positive impact on job satisfaction and retention among practicing nurses (Yasin et al., 2020) and among clinical medical faculty (Chen et al., 2016). Peer support is recognized as one of the major sources of social support in the workplace conferring psychological benefits for workers (Cortland & Kinias, 2019). However, there is a lack of research focused on the roles and needs of part-time clinical nursing faculty in general (McPherson & Candela, 2019); what specific factors promote job satisfaction and retention (Woodward, 2016); and how this population experiences peer support, or a lack thereof. This suggests that there is a need

for studies on the perspectives of nursing faculty who are practicing within different context of the profession, to help develop the nursing education knowledge base.

A major reason for studying the needs of the part-time clinical faculty nursing population is the need to retain these faculty. Voluntary job turnover in organizations is directly related to job dissatisfaction among workers, which is reduced when employees perceive that they have the support of their manager and the organization (Fazio et al., 2017). Peer support has been identified as an important motivator for teachers in persisting towards knowledge and skill development (Suleiman et al., 2017). Engagement with peers, even through distance learning, contributes to gains in knowledge, as well as emotional and affective development (Kieslinger et al., 2018).

Peer support and interaction in the working or school environment provide a sense of belonging and relatedness, which is a basic and essential human need (McBeath et al., 2018). Peer and social support and a sense of belonging are environmental influences that promote resilience and buffer against the stresses of the health care workplace (Low et al., 2019). A perceived lack of colleague support and job control contribute to worker disengagement and burnout (Vassos et al., 2019).

Training prelicensure nursing students in the clinical environment is an essential component of nursing education (Bawadi et al., 2019). Clinical nursing instructors are vital to the quality of nursing education, as they act as role models, create a positive learning environment, and bridge the gap between nursing theory and nursing practice (Akram et al., 2018). The clinical instructor has a profound impact on student learning in

the clinical environment (Nguyen et al., 2018). For this reason, it is essential to increase understanding of important aspects of the working lives of these clinical faculty.

The research into specific types of support, and how they influence work engagement and performance, is limited in nursing (Nasurdin et al., 2018). Peer support was the focus of this qualitative dissertation study. The phenomenon of peer support-seeking and its facilitators, barriers, and outcomes constituted a gap in knowledge in nursing education which that this study was designed to address. The ultimate positive social change associated with this study is the potential improvement of clinical nursing education in the United States. Effecting such change begins with exploring significant aspects of the working lives of those faculty who are directly charged with preparing the competent, compassionate nursing workforce society needs.

Problem Statement

The nursing faculty shortage is well documented in the scholarly literature (Cooley & DeGagne, 2015; Kemery & Serembus, 2019; Koharchik, 2017; McPherson & Candela, 2019; Sousa & Resha, 2019). Prelicensure nursing programs increasingly must rely on part-time faculty to teach the clinical component of courses (Morrison, 2020). These part-time clinical instructors are experienced nurses; however, they are often novice educators. This population has reported a perceived need for ongoing faculty peer support and mentoring to be able to perform effectively and feel comfortable in their new teaching roles (Knowles, 2020; Stevens & Duffy, 2017).

Experienced faculty peers often serve formally or informally as mentors for new part-time clinical faculty (Koharchik, 2017; McPherson & Candela, 2019; Morrison,

2020; Roberts et al., 2013; Sousa & Resha, 2019). However, these novice faculty continue to experience a lack of support and guidance in their roles (Cooley & DeGagne, 2015; McPherson & Candela, 2019) and feelings of disconnection from other faculty (Morrison, 2020). Part-time clinical faculty often teach at off-campus sites, making peer collaboration and support even more challenging (Koharchik, 2017). This perceived lack of support, which interferes with the development of these faculty, was the research problem.

There is a lack of research on the roles and needs of part-time clinical nursing faculty in general (McPherson & Candela, 2019) and, in particular, on what specific factors promote job satisfaction and intent to continue teaching at their institutions (Woodworth, 2016). This presents a meaningful gap in the current research literature. Peer support is clearly an important, ongoing, but often unfulfilled need expressed by part-time clinical faculty as they learn to teach. Understanding their lived experiences in seeking peer support, and how they experience the results of their efforts, may reveal ways that faculty and program administrators can better support, and possibly retain, more members of this essential group of educators. This study was needed to increase this understanding of part-time clinical nursing faculty experiences and to add to the scholarly literature in nursing education. To my knowledge, there are no other phenomenological studies in the nursing education literature that specifically address peer support-seeking among part-time clinical nursing faculty, which is the specific gap this study was designed to address.

In the United States, the nursing faculty shortage is a key factor in the inability to meet existing enrollment demand of nursing students at all educational levels (Dunker & Manning, 2018). This has the potential to negatively affect efforts to train the numbers of competent, knowledgeable, and caring nurses society demands. Nurses are the primary health care providers depended upon to meet the needs of populations, through the challenges of aging, trauma, pandemics, natural disasters, and acute and chronic disease. Supporting those who teach these nurses is a moral and ethical imperative. This study was needed to add to the knowledge of how best to support these faculty.

Purpose of the Study

The purpose of this qualitative phenomenological study was to explore the lived experiences of novice part-time prelicensure clinical nursing faculty in seeking peer support, within the context of working life, and in the process of transformative learning and identity development as nursing educators. The concept of phenomenon of interest was peer support-seeking in the context of work.

Research Question

What are the lived experiences of novice part-time prelicensure clinical nursing faculty in seeking support from faculty peers to effectively fulfill their teaching roles?

Theoretical Framework

The philosophical theory for this study was Edmund Husserl's phenomenology (Engelland, 2020; Husserl, 1913a, 1913b). The conceptual framework was Knut Illeris's (2004) three dimensions of learning model. From Husserl's perspective, the goal of phenomenology is to make sense of the world as experienced by individuals. The

“lifeworld” to explore and explicate is “the qualitative domain of everyday things and perceptions” (Engelland, 2020, p. 216). For the current study, the lifeworld corresponded to Illeris’s (2014) “working life” and was explored through reflections on the work-based experiences and perceptions of novice nursing faculty. This theory and framework, and their compatibility with the research approach, are further described in Chapter 2.

The study approach for this dissertation was to individually interview a sample of novice part-time prelicensure clinical nursing faculty. A phenomenological design typically involves conducting interviews (Creswell & Creswell, 2018). Qualitative interviewing is useful and accepted to use with a wide range of methodologies and research questions (McGrath et al., 2018).

A semistructured interview format was appropriate to explore the research question in this dissertation. Mayan (2009) noted that semistructured interviews are useful when the researcher has some understanding of the phenomenon on which to build questions, but not enough to predict the respondents’ answers. In this case, I had an understanding of the phenomenon of peer support-seeking based on my review of the relevant literature and my professional experience as a novice, part-time prelicensure clinical nursing instructor. However, the respondents’ answers in the current study could not be predicted.

In phenomenology, as Mayan (2009) also explained, the researcher may not have an exact research question before starting the study. Rather, the question or questions might unfold during the study. This facet necessitated an open attitude on my part to what would be revealed in the inquiry. This was consistent with the concepts of bracketing,

and phenomenological reduction, in Husserl's phenomenology (Moustakas, 1994), which are explained later in this study.

In this dissertation, there was just one research question, for which it was acceptable to use a semistructured interview format (see McGrath et al., 2018). The methodological and rhetorical assumptions of qualitative research are that it is an inductive, emerging process, bound by context, and emphasizing personal voice (Summer, 2003). These assumptions underlay this dissertation study. "Context" in this study did not refer to a single workplace but, rather, to a professional identity, role, and circumstance in which one experienced the phenomenon of peer support-seeking.

The interviews, transcribed from an audio recording into a typed manuscript, were the language-based data source for the study (see Saldana, 2016). Individuals can learn about a phenomenon by asking those who have lived it about their experiences and perceptions. This involves the researcher starting with peoples' experiences, without imposing theories or the researcher's beliefs upon them. Husserl's phenomenology begins with basic human experiences (Perry, 2015). Therefore, the interview questions were designed to elicit the experience of peer support-seeking, without presuming to know or trying to guide what participants would answer. A more detailed description of the relevant literature to support the need for this study, and the logical connections among elements of the conceptual framework, is provided in Chapter 2.

Nature of the Study

The broad research paradigm for this study was naturalism. In the naturalistic paradigm, there are multiple versions of reality because there are multiple individual

interpretations of reality. This is the ontological assumption of the qualitative paradigm (Summer, 2003). The researcher is informed by the existing literature but guards against being overly influenced by it, so as to subvert discovery (Rubin & Rubin, 2012).

Phenomenology was the underlying philosophy and methodology of this qualitative study. Phenomenology is located within the naturalistic paradigm (Abalos et al., 2016). Husserl's transcendental phenomenological approach is inductive, starting with people's experiences of the essence of things (Perry, 2015). I selected phenomenology for this study after concluding, based on my literature review and professional experience, that there was a need to explore and describe the lived experiences of a sample of participants in the context of work. Experiences may add to the knowledge within a discipline but may be hidden within the perspectives of those most able to articulate their realities. A way to bring forth these realities is through qualitative research that features a systematic phenomenological approach to collect, analyze, and present data.

I used a transcendental phenomenological approach, in line with the research question. To better understand this approach and methodology, and ensure its appropriateness to the research question, I reviewed 11 scholarly, peer-reviewed research studies published between 2013 and 2020 (Bornsheuer-Boswell et al., 2013; Dinnes et al., 2018; Hamilton et al., 2017; Harsh et al., 2019; Jeanfreau et al., 2014; Lafontant et al., 2019; Landers et al., 2020; Sailor, 2013; Thauvoye et al., 2020; Todd et al., 2016; Wildermuth et al., 2020). I accessed the articles via Walden University's Thoreau multidatabase search tool. In addition, I reviewed Moerer-Urdahl and Creswell (2004)

and an online course presentation on transcendental phenomenological analysis (TPA; Adu, 2016).

Following this review, I concluded that a phenomenological approach, originating with Husserl's (2013a, 2013b) transcendental phenomenology as furthered by Moustakas's (1994) methodological approach, was appropriate to answer the research question. Because each of the 12 studies I used featured individual interviews as the primary data source, I deemed this data gathering approach appropriate for my investigation. Semistructured interviews are prevalent in health care education research, allowing for in-depth exploration of participants' unique experiences about a phenomenon (McGrath et al., 2018). In addition, I used a brief demographic questionnaire to collect initial data about participants, which was consistent with some studies (e.g., Bornsheuer-Boswell et al., 2013; Dinnes et al., 2018; Harsh et al., 2019). The other studies referred to demographic characteristics of the study participants.

The three sources of data in qualitative research are observation, interview, and unobtrusive measures, or analyzing writings and artifacts (Jeanfreau et al., 2014). This study did not include observations, due to limits on time and finances and logistical and privacy concerns for participants within the work setting. Therefore, interviews were the data source. No writings or artifacts, except for the participant demographic questionnaires, were analyzed.

I considered conducting individual interviews over the phone. This was because (a) participants would be invited from a broad geographic area, the state of Washington and (b) it was unknown what type of public health precautions would be in place at the

time of interviews, which might preclude meeting in person. Ultimately, I conducted individual interviews, recorded them, and transcribed each one verbatim.

The chosen analytic method, TPA, was appropriate to use with Husserl's transcendental phenomenology (see Adu, 2016; Moerer-Urdahl & Creswell, 2004). Transcendental phenomenology is different from hermeneutic phenomenology, proposed by Heidegger, in which truth emerges through the researcher's interpretation of it (Engelland, 2020). In transcendental phenomenology, the researcher aspires to transcend the self and all its preconceptions, to arrive at a pure description of the essence of the phenomenon.

Moustakas (1994) described the conceptual framework of the transcendental phenomenology of Husserl. According to this approach, summarizing Moustakas, perceptions are the only source of certainty. Any phenomenon that appears to human consciousness is suitable for investigation, and phenomena are the bases of all knowledge. Noema is what is experienced, while noesis is how something is experienced (Moustakas, 1994, p. 69). Noema and noesis together make up intentionality, which "directs consciousness toward something (real or imagined, actual or non-existent)" (Moustakas, 1994, p. 69). Moustakas noted that, according to Husserl, people can only know that of which they are conscious (p. 45). In transcendental phenomenology, the goal is to describe "the essence of experience," derived through reflection on, and description of, subjective experiences (p. 45).

The methodology of transcendental phenomenology, as Moustakas (1994) described it, is composed of three major processes: epoche, transcendental

phenomenological reduction, and imaginative variation. In epoche, individuals set aside or suspend their natural attitude of judgment and their ego and take on a transcendental attitude of seeing and describing what is before them. Transcendental phenomenological reduction involves focusing on a singular experience and describing it completely, in all its essential features and components (Moustakas, 1994).

Adu (2016) illustrated how to use this framework in conducting qualitative research. He noted that the steps to TPA included epoche, or suspension of biases and preconceptions; collecting participants' experiences; examining and describing the experiences; and determining the essence of these experiences. Moerer-Urdahl and Creswell (2004) similarly described Moustakas's (1994) transcendental phenomenology and data analysis procedures, as "rigorous yet accessible to qualitative researchers" (p. 21). Following this analytic method, I first needed to identify, reflect upon, and consciously set aside, or bracket, my own experiences, preconceptions, and attitudes about them. I then needed to review the interview transcripts and demographic data and identify significant statements from participants, cluster them into themes, synthesize these into descriptions of individual experiences, and finally construct a synthesis to describe the meaning and essence of the experience itself, according to Moustakas (1994).

The 12 research articles synthesized helped to illustrate Moustakas' (1994) description of TPA. I explain these steps here, as a synthesis of the steps. I started to implement these steps after all interviews had been conducted and transcribed verbatim into text form. The first step was phenomenological reduction (Moustakas, 1994). First, I

engaged in a mental process of epoche each time I reviewed or engaged with any data, so that I identified any preconceived notions and engaged in efforts to remove them. The focus of the research was placed in brackets, and everything else set aside (Sailor, 2013). I read and reread each transcript individually. Then, I engaged in *horizontalization*: highlighting significant statements or quotes that provided rich information and assigning them equal weight. I deleted statements that were repetitive, overlapping, or did not address the topic. I then clustered the remaining significant statements into themes and subthemes. These were considered the invariant qualities of the experience and the basis for units of meaning. I then developed textural themes from these meaning units and wrote a textural description to answer the question—“What was experienced?”—for each participant.

The second step was imaginative variation (Moustakas, 1994). This involved imagining or seeking out all the possible meanings of the invariant themes. Moustakas (1994) recommended applying the following universal structures to these themes: time, space, relationship to self, relationship to others, bodily concerns, and causal or intentional structure. Then, I developed a structural description for each participant, which answered the question, “How was it experienced?” The next steps, as articulated by Sailor (2013), were to write a synthesis of the textural and structural descriptions for each participant, which yielded the meaning of the individual experiences. Then, I developed a composite textural description of all participants, a composite structural description of all participants, and finally, a textural-structural synthesis. This final step revealed the essence of the lived experience of my sample of participants. My goal as a

novice researcher was to systematically and correctly employ the steps of TPA, to the best of my knowledge and ability. The ultimate goal was to arrive at an exhaustive, overarching description of the phenomenon (Thauvoye et al., 2020), as experienced by the individuals in the study sample, and rendered in a composite form (Wildermuth et al., 2018).

The cited researchers all used the essential processes of TPA as described by Moustakas (1994): epoche, phenomenological reduction, and synthesis. Sailor (2013) utilized TPA to study the essence and meaning of romantic love for women in later life. Wildermuth et al. (2020) revealed the major theme of “feeling supported” for new nurses transitioning into practice using TPA. Landers et al. (2020) used TPA to study the lived experiences of secondary trauma among the partners of law enforcement professionals. Thauvoye et al. (2020) reduced spirituality in nursing home residents to seven essential themes using TPA. The current study was focused on the phenomenon of peer support-seeking, as experienced by a sample population of novice nursing faculty. In light of the studies reviewed, this dissertation topic was compatible with other topics exploring aspects of human experience and perception, utilizing Husserl’s philosophy, and Moustakas’(1994) application of it.

There is disagreement in the scholarly literature about whether the step of member checking should be used in the transcendental phenomenological method. Member checking, or implementation of member checks, enhances credibility in qualitative research (Lincoln & Guba, 1986). The process of member checks involves informally testing the researcher’s information or conclusions with the participants after the study, to

ensure that they accurately reflected what the participants intended (Lincoln & Guba, 1986). There is research to support both sides: conducting member checks, or not.

Patton (2015) advised against using member checks with TPA, because participants are experts in their own experiences, but not necessarily in the essence of the phenomenon, as derived through phenomenological methods. However, member checking, as proposed by Lincoln and Guba (1986), is one of the main strategies to ensure credibility in qualitative research, and therefore the trustworthiness, of qualitative research. Schwandt (2007) described member checks as an ongoing process of validation between the researcher and participants, to ensure that the participants agree with how the researcher documented what was said.

In five of the 12 sample studies, the researchers, all of whom used TPA (Moustakas, 1994), described some type of member checks (Bornsheuer-Boswell et al., 2013; Dinnes et al., 2018; Sailor, 2013; Thauvoye et al., 2020; Wildermuth et al., 2020). Six of the studies did not. Moerer-Urdahl and Creswell (2004) were unclear but did not specifically mention member checks.

This situation left me with the decision of whether to conduct member checks for the current study. Conducting them risked the study being viewed as not adhering methodologically to Moustakas' (1994) TPA. However, not conducting member checks risked excluding participants from the analysis process and potentially compromising credibility. I did not have the credibility inherent in having more than one researcher for this study. Therefore, I made the decision to consider using member checks, in the form of a second individual follow-up interview, with each participant. This was with the

caveat that I recognized that this step was not technically part of TPA, but also recognized that there were valid reasons, and research precedents, to support it. The details of the data analysis process are included in Chapter 3.

Definitions

Clinical learning environment: Clinical settings in which new clinicians train (Shinners, 2019) and in which clinical nursing instructors teach. Five recognized dimensions of the clinical learning environment in nursing are affective, perceptual, symbolic, behavioral, and reflective (Hosoda, 2006). The clinical nursing instructor is responsible for assessing the clinical learning environment prior to introducing students to it (Fressola & Patterson, 2017).

Clinical nursing instructor or clinical nursing faculty: Nursing faculty who teach students in a clinical learning environment. These faculty often have concurrent or recent clinical experience and are valued for their current clinical expertise (McPherson, 2019). The role typically involves facilitating the clinical learning environment and evaluating students in their professional development (Wiens, 2014).

Content: Knowledge, understanding, and skills associated with cognition, meaning, abilities, and functionality (Illeris, 2018; Merriam et al., 2007).

Incentive: Motivation and volition associated with emotion, mental and bodily balance, and sensitivity (Illeris, 2018; Merriam et al., 2007).

Informal learning: Learning that takes place within the various processes of work and is not structured or predetermined—for example, when a worker asks a colleague for help or advice or a group discusses a work problem (Illeris, 2014).

Interaction: Action, communication, and cooperation associated with environment, sociality, and integration (Illeris, 2018; Merriam et al., 2007).

Learning environment: The opportunities for learning contained in the material and social surroundings of the workplace (Illeris, 2004).

Lifeworld: The world composed of everyday things and ordinary perceptions (Engelland, 2020).

Mentoring: A process in which a new employee is linked with established staff members who can help socialize the new employee into the organization (Topping & Ehly, 1998).

Novice clinical nursing faculty: For the purposes of this study, nursing faculty who have 3 years of experience or less in the role of clinical nursing instructor.

Part-time clinical faculty: Faculty who teach clinical courses and are not full-time status.

Peer: An equal in rank or standing, a matched companion (Topping & Ehly, 1998). For the purposes of this study, two faculty may be of equal standing by education, but not equal in employment status (full-time, part-time) or teaching experience.

Peer-assisted learning (PAL): “The acquisition of knowledge and skill through active helping and supporting among status equals or matched companions” (Topping & Ehly, 1998, p. 1). Peers help one another in a mutual learning process (Topping & Ehly, 1998).

Peer mentor: One who encourages and supports a less-experienced worker in an area of shared interest (Topping & Ehly, 1998).

Peer support: A process of learning together, in which there is mutuality, emotional safety, and a nondirective approach (Watson, 2019). Key processes identified as supportive from faculty peers include listening, collaborating, not judging, being a safe place, allowing time to process, helping, and encouraging (Fox, 2012). The support shown by more experienced faculty members to novice nurse educators has been shown to be an important consideration in professional development of these faculty (Miner, 2019).

Transformative learning: “Learning that entails a qualitatively new structure or other capacity within the learner” (Illeris, 2014, p. 5).

Working life: Experiences in the context of one’s work or employment. An important part of adults’ learning and identity development takes place in, or in relation to, working life (Illeris, 2014, p. 133). This includes the workplace itself, but also the learning that one experiences by taking classes and interacting with other people and organizations in the context of work, for example (Illeris, 2004).

Workplace learning: The learning that takes place when the individual’s learning processes encounter the learning environment of the workplace (Illeris, 2004). This learning occurs within the individual and is a psychological and biological process, which cannot be understood or handled merely from an exterior, management perspective (Illeris, 2004).

Assumptions

Assumptions are aspects of this study that are believed, but which cannot be demonstrated to be true (Walden University, 2021). Husserl (1913a, 1913b) wrote that, in

making assumptions, “I think to myself that it is such and such.” According to Husserl, phenomenology is a science to study consciousness, which has a being of its own, and covers all experiences. Further, perceptions of things include background intuitions. Individuals are conscious of things in memory. Modifications of the original experience are possible, shifting the mental focus to what was part of the experience, but of which we were not explicitly conscious at the time (Husserl, 1913a, 1913b). This is compatible with the ontological assumption of qualitative research, that the participants’ reality is subjective and multiple (Summer, 2003). Phenomenological research can bring out, through interviewing, the aspects of an experience that were present, including thoughts and emotions, but were not necessarily the person’s focus at the time.

Husserl noted that experience can be “perceived in the manner of reflection” (1913a), another relevant assumption here. When we interview someone in phenomenology, we are asking questions that cause the person to reflect on their experiences. These reflections are the source of the knowledge that we are interested in bringing to the forefront in the research. Reflection brings about increased awareness that can change how we think about things (Ravitch & Carl, 2016).

As a doctoral student, I have reflected on my own personal experience with the phenomenon, and my interest in the research problem. I acknowledge that my experience has shaped my understanding and view of the problem. It has also shaped the research question I thought most necessary to address, with a view to positive social change in nursing education. This is accepted as an axiological assumption of qualitative research: it is biased and value-laden, but this can lead to needed social change by allowing

personal voices to challenge existing ideologies (Summer, 2003). I made the assumption that I would be able to bracket or suspend my own experiences, values, and beliefs, through the process of epoche, utilizing TPA, in approaching the study design, data collection, and analysis.

Scope and Delimitations

The specific aspect of the research problem that was addressed in this study was the lived experience of peer support-seeking in the working lives of novice part-time clinical nursing faculty. These were brought to mind, reflected upon, and verbally articulated by these individuals in response to interview questions. This specific focus was chosen for several reasons. Part-time clinical faculty teach a large portion of the early clinical courses in nursing programs. Peer interaction and support are important aspects of the working life in general. Peer support is something that is actively sought by part-time clinical nursing faculty, and has been perceived as lacking or inadequate among this population. We need to understand how and why this is so, in order to effectively address the problem. All these points have been articulated and referenced in the foregoing section.

The population included in the study was novice prelicensure clinical nursing faculty. The study population was to include only those part-time faculty who taught exclusively clinical courses. "Novice" was defined as those who had taught for a total of 3 years or less in the part-time clinical faculty role. The qualifier of "total" was used because some part-time faculty go into and out of the teaching role, taking longer to acquire a total of 3 years of experience.

Full-time nursing faculty were to be excluded from the study sample, because they presumably had different types and levels of institutional and peer support from those of part-time clinical faculty. Part-time faculty who taught a combination of didactic and clinical courses were also to be excluded from the sample. Faculty of non-prelicensure students were also not included, because the roles and demands of teaching prelicensure students is different from teaching students who are already licensed nurses.

Another delimitation of the study plan was geographic. A purposive sample was to be drawn from initially approaching all prelicensure nursing schools exclusively within the state of Washington. This strategy of casting a wide net initially was due to the expectation that some schools would not respond or agree to participate, and of these, few faculty would qualify and agree to participate in the study. In Washington State, contact information for all prelicensure nursing schools was publicly available, while individual faculty contact information was not. Therefore, I needed to begin the process of sample selection with the schools of nursing.

Additional theories and conceptual frameworks are related to the area of peer support in the workplace, but were not investigated here. In Bandura's (2012) theory of perceived self-efficacy, a major source of input is observing the performance of others, and hearing from others that one is competent and capable (Giles et al., 2020). Perceived support from one's faculty colleagues enhances one's confidence in one's own teaching abilities (Han et al., 2018). Andragogy (Knowles et al., 2015) includes the concept of motivation in adult learning. Internal motivation towards job satisfaction, self-esteem and quality of life is frequently blocked by a lack of resources, time, and program structures.

A lack of peer support may be seen as relevant to each of these barriers. Locke and Latham's (2019) goal setting theory proposes that feedback from others is a critical moderator of goal attainment, which may be hindered or facilitated by the degree of support one receives. In the current study, peer support is important in meeting the professional goal of becoming a competent teacher.

The nurse educator transition model (Schoening, 2013) describes the transition nurses experience in becoming nurse educators. This includes phases of initial disorientation and information-seeking, in which additional support and mentorship are needed. For part-time clinical instructors, these phases are often repeated with each new clinical rotation (Wenner et al., 2020). This highlights the need for ongoing support, including from one's faculty peers.

Herzberg's (1987) motivation theory of job attitudes addresses interpersonal relationships and working conditions as "hygiene" factors, which is relevant to a consideration of supportive peer relationships. Employees become dissatisfied and more likely to leave when hygiene factors fall to unacceptable levels, even if they have motivation (Woodworth, 2016). The job demands-resources model has been used to study faculty burnout, which occurs when demands exceed resources (Sabagh et al., 2018). In this model, social resources include support from one's colleagues, which can buffer against work demands that can exceed one's coping abilities (Demerouti et al., 2001; Price et al., 2018).

The communities of practice framework has been used in the development of educators in the health professions. This framework emphasizes workplace learning,

collaboration with peers, and professional identity development (Chen et al., 2016).

Finally, PAL was an educational theory underlying this dissertation. PAL reflects how knowledge and skill are acquired through active support among status equals, or peers, and has roots in developmental psychology (Topping & Ehly, 1998). This is just a sample of various theories from the literature which are applicable to peer support and learning in the workplace, but which were not utilized for this study.

Trustworthiness

Credibility

Credibility, which corresponds to internal validity in quantitative studies, helps assess whether the study findings accurately reflect the participants and/or the data (Mayan, 2009). Lincoln & Guba (1986) set out certain techniques a researcher can use to establish credibility. These include decisions made about data sources prior to the study, and research activities during the study. The credibility criteria are prolonged engagement with participants, persistent observation, triangulation of data sources, methods, or researchers, peer debriefing, negative case analysis, and member checks (Lincoln & Guba, 1986, p. 77).

I was limited in the length of engagement with participants. I considered conducting a maximum of two interviews with participants and not observing them in the field. I attempted to overcome this challenge by conducting in-depth interviews in which I engaged with participants, building off their answers in the moment, rather than simply posing questions from the script. I attempted to enhance engagement by requesting that participants complete a demographic questionnaire. I considered having a qualitative

question in this questionnaire, as well as demographic data. I aimed for in-depth engagement and participant focus, to help make up for the limits to prolonged engagement. I was not able to accomplish observation in this study.

I attempted to achieve triangulation of data sources, in considering the use of a demographic questionnaire, and a first and second interview. In addition, I kept a journal, as a bracketing technique to identify bias, and maintain openness to participants' experiences (Wildermuth et al., 2020). I was not able to accomplish the use of more than one investigator, being the sole researcher in this study. I was also not able to use different methods of data analysis, as the chosen method was TPA. I considered using member checks, as noted earlier.

The decision to use member checking or not was a decision made in consultation with my doctoral committee. Examples of member checking in the literature included providing written copies of interview transcripts for participants to review and amend as desired (Dinnes et al., 2018; Wildermuth et al., 2020); presenting participants with the textural and structural descriptions (Thauvoye et al., 2020); and presenting the participants with the textural-structural synthesis of their interviews, to ensure that these were valid descriptions of the lived experiences (Sailor, 2013). I compared the data obtained to Illeris's theory, and to other studies which had used it in qualitative research, as suggested for triangulation by Wildermuth et al. (2020).

Transferability

Transferability, which corresponds to external validity in quantitative studies, refers to the applicability of the findings to other settings. This means that someone

reading the study could see how the findings could be applicable to their own or another setting (Lincoln & Guba, 1986), or could be ‘transferred.’ This study’s transferability was enhanced through the use of TPA, so that what was rendered was the essence of an experience, which, ideally, would transcend specific contexts in some meaningful ways. I strove to achieve transferability by providing a detailed, or “thick” description of the participants and their experiences (Mayan, 2009, p. 102). This came from the demographic questionnaire, note-taking during interviews, and adhering to TPA process (Moustakas, 1994).

The criteria for participation put boundaries on the sample characteristics, so a reader interested in a different population could clearly see the commonalities between the study population and the other population of interest. That is to say, if this study showed a common universal theme among novice part-time prelicensure clinical nursing faculty drawn from a number of different schools, then schools which employed a similar demographic could gain knowledge from the study which could benefit them and their faculty. Another way to address transferability of this study’s finding was to cite other relevant studies that used the same method, but in different environments, and also to suggest further such studies to support the findings and create an overall picture of the phenomenon (Shenton, 2004).

There were other expected limits to transferability. It was possible that participants who agreed to take part in the study had had extremes of experience with peer support-seeking, either very positive or very negative. It might be that the individual schools from which participants came had very different policies, training, and systems to

enhance peer support among faculty. Further, the study did not account for individual personalities among participants, or their abilities to clearly articulate their experiences. It did not consider cultural or linguistic backgrounds, except that participants had to be able to communicate adequately in English. Ways to promote transferability in this study, were to conduct interviews with multiple participants, so that one' person's experience was not taken to represent the universal, and to aim for thematic saturation.

Dependability and Confirmability

Dependability and confirmability correspond to reliability in quantitative research. This includes in-depth methodological descriptions which would allow others to repeat the study process (Lincoln & Guba, 1986; Shenton, 2004). It also involves leaving an audit trail of research decisions, which others may review after the research is completed (Mayan, 2009). The audit trail for this naturalistic inquiry dissertation involved documentation which included a reflexive journal, and a detailed description of procedures (Lincoln & Guba, 1982). One decision that must be defended is the choice of data collection method for the research question and design (Ravitch & Carl, 2016). In this case, data collection was obtained through semistructured interviews. This aligned with the research question asking people about what they had experienced, and how they had experienced it, and the method of transcendental phenomenology as originated by Husserl (1913a, 1913b) and articulated by Moustakas (1994).

The judgment of confirmability refers to the product of the research, specifically the data and its reconstruction (Lincoln & Guba, 1986). I attempted to achieve confirmability through audio-recording and transcription of the interviews verbatim. I

used the TPA method (Moustakas, 1994), and the software tools Excel and NVivo, for data analysis. I also considered the use of member checks to enhance confirmability. I attempted to depict data in both textural and diagrammatic forms.

Limitations

This study had several limitations, or weaknesses. The sample was to be drawn only from prelicensure nursing schools in the state of Washington, limiting generalizability of the findings to other states or regions. In addition, approaching potential participants through their schools of nursing potentially limited the number of possible respondents who actually received the study invitation. A measure to address these limitations was to initially send email invitations to all 37 prelicensure nursing programs in the State, ensuring that there would be no within-State demographic bias, and reducing any researcher-imposed limitation on reaching all potential participants. This excluded any of the schools in which I had been employed in any capacity, to reduce any bias based on a prior relationship. Another potential limitation was the possibility that a participant and I might be known to each other. A measure to address this was to exclude any respondent with whom a past connection was identified, by either the participant or myself.

Potential personal biases could not be overlooked, because I had personal experience with the phenomenon. Specifically, I had worked as a part-time prelicensure clinical nursing instructor, and had engaged in the activity of peer support-seeking, which was the phenomenon under study. Colaizzi (1978) advised that a qualitative researcher must interrogate his or her suppositions about a topic, to uncover personal beliefs,

attitudes and hunches that might cause a biased approach to the topic. He advised putting these into a formal statement, in the form of a short paragraph. This is compatible with epoche in transcendental phenomenology (Husserl, 1913a, 1913b) and TPA. I needed to bracket out, or set apart my own assumptions and presuppositions about the phenomenon, to focus on what is in the brackets: the participants' words and experiences. Here was my formal statement, as modeled by Colaizzi (1978):

Regarding my presuppositions about peer support-seeking among part-time prelicensure novice clinical nursing faculty, I have experienced working as a novice part-time prelicensure clinical nursing faculty member at several different schools in the state of Washington. My experiences were influenced by other people, the working environment, my own knowledge and understanding, and my own internal perceptions, emotions, and basic personality. All these factors bias what I perceive to be the essential qualities of peer support in the workplace among a similar population, and how I experienced peer support as positive, negative, or absent. The topic has meaning for me, because these experiences affected me in some way: cognitively, emotionally, socially, and even economically, through decisions made about employment, and whether or not to continue teaching in a particular setting. These responses could trigger certain biases, which I will not impose upon study participants, and will not assume that they share. The importance of the topic which initially brought me to the research must now be 'laid at the front door,' so to speak, so I can enter the worlds of my participants with no baggage, an open mind, and an open heart.

The technique for reducing biases using Husserl's transcendental phenomenology, and Moustakas's (1994) approach, is bracketing, in the process of epoche, as described earlier under Nature of the Study. To reiterate, this involves the researcher suspending all biases, so these will not adversely affect the interpretation of the participants' experiences (Adu, 2016), and engaging in "reflective meditation" on one's own background and beliefs (Moustakas, 1994). I attempted to accomplish this through reflective journaling, in efforts to attain objectivity. This journaling provided documentation and description of my thoughts and decisions, to enhance the transparency of the findings.

Significance

This dissertation is about peer support in the workplace. Peer support is necessary for learning, and for managing stress in the workplace. The study centered on a segment of the population of part-time college faculty, which are traditionally not well-supported by their organizations. It focused further on novice part-time clinical nursing faculty. This workforce is charged with preparing the largest group of health care workers, nurses, to deliver competent, compassionate care to the public. And yet, there is little research dedicated to meeting the support needs of these faculty.

I have been a practicing hospital nurse in the United States for most of the past quarter of a century at the time of this writing. A subjective impression is that the US public arriving at hospitals has become increasingly ill with chronic conditions such as diabetes, obesity, cardiovascular disease, and renal failure. The recent global pandemic appears to have left people more depressed, more prone to poor health choices and suicide, more likely to abuse substances, lonelier, more socially isolated, and less likely

or able to seek routine care than I have witnessed in previous years. It is important that new nurses have a realistic sense of what they are facing as caregivers. Nursing instructors with current experience in the field can help them in this transition to practice.

It would serve us well to ensure that the nursing faculty we entrust with training these new nurses are well-supported, effective, and retained. Eighty percent of nursing employers are dissatisfied with the ability of new nursing graduates to make sound clinical judgments in practice (National Council of State Boards of Nursing, 2018). The clinical instructor is one of the major influences on prelicensure nursing students in clinical practice. These faculty are expected to maintain expertise in both teaching and clinical practice (Nunn-Ellison et al., 2020). We must ensure that they are able to excel in their work, in the stressful, complex health care environments which are the norm. This will equip them to focus on the students and their learning.

Schools of nursing have an obligation to support clinical nursing faculty, who are choosing to leave or reduce their time at the bedside, in order to train those who will one day fill their shoes. This study provides further insight into what novice clinical nursing faculty experience, as they seek peer support to do their jobs effectively. This will help guide increased and appropriate provision of support to these faculty from their schools of nursing, and specifically, from their faculty peers. There are several potential implications for positive social change consistent with and bounded by the scope of this study. These include improved working conditions of part-time clinical nursing faculty, increased retention of part-time clinical nursing faculty, and better preparation of prelicensure nursing students for professional practice. Ultimately, these implications

contribute to the fiscal stability of organization charged with preparing nurse for practice, and to the health and well-being of the population.

Summary

The purpose of this descriptive phenomenological study was to explore the lived experiences of novice part-time clinical nursing faculty in the phenomenon of peer support-seeking in the context of their work. Chapter 1 presented an introduction to the study, including description of the topic, why the topic needed to be studied, and potential social implications of the study. It provided a background to the study including a brief summary of the topic, and potential social implications of the study. It provided a background to the study, including a brief summary of relevant literature, a description of the gap in knowledge the study would address, and a statement of why the study was needed. This was followed by a problem statement, with evidence of consensus that the problem was current, relevant, and significant to nursing education, followed by a statement of a meaningful gap in the current research literature. Following this, the study purpose, research question, theoretical and conceptual framework, nature of the study, definitions, assumptions, scope and delimitations, limitations, and significance of the study were articulated.

Chapter 2 focuses on a review of the relevant literature. It includes a description of the literature search strategy, key terms, databases searched, and iterative search processes implemented. The theoretical foundation and conceptual framework are described, with examples of relevant applications in the scholarly literature, as well as to

the current study. The seminal works and applications related to the phenomenon of interest are synthesized.

An exhaustive review of current literature follows, including that related to the phenomenon, the methodology, methods, previous scholarly approaches to the problem and their strengths and weaknesses, justification for selection of the concepts, and a review and synthesis of studies to reveal what is known, what is controversial, and what remains to be studied. The role of the current study in filling a gap in the literature and extending knowledge in the discipline is clarified.

Chapter 2: Literature Review

Introduction

Novice part-time clinical nursing faculty are an essential group of educators involved in preparing nurses for practice in complex health care environments. These faculty are expert nurses but often novice educators (Sousa & Resha, 2019). The literature reveals that this faculty population often experiences a lack of peer support in making the transition from clinical nurse to nurse educator (Knowles, 2020; Koharchik, 2017; McPherson & Candela, 2019; Morrison, 2020; Stevens & Duffy, 2017).

Based on my review of the current literature in education, nursing, business, and psychology, I determined that the nature and importance of peer support among different populations in different settings was relevant to study, utilizing a qualitative approach.

The purpose of this qualitative phenomenological study was to explore the lived experiences of novice part-time prelicensure clinical nursing faculty in seeking peer support, within the context of working life, in the process of transformative learning and identity development as nursing educators. The concept or phenomenon of interest was peer support-seeking in the context of work. I wanted to reveal areas where further research and program development are needed to better address the development, effectiveness, and retention of these essential faculty. Chapter 2 includes a literature review relevant to the topic of peer support and peer support-seeking among adult learners and workers. The goal of the literature review is to present a logical case for answering the research question, based on a comprehensive understanding of the current state of knowledge about the topic (see Machi & McEvoy, 2016). The major sections of

the chapter are devoted to the literature search strategy, the theoretical foundation and conceptual framework for the study, the literature review, and the summary and conclusions.

Literature Search Strategy

I used the online databases provided by Walden University to find literature for this study. The structure of the literature search was based on Machi and McEvoy's (2016) recommended strategy applicable to dissertations. The initial key term of interest was *peer support*, and the population of interest was part-time clinical nursing faculty. An initial query was conducted to cast a wide net, using the descriptive terms *peer support AND faculty or instructor or professor or college teacher*, in the Thoreau multidisciplinary database. The publication date range was 2016 to 2021. This resulted in 2,625 scholarly articles as a starting point. Due to the volume of articles, the time parameter was narrowed to 2018 to 2021, which met the goal of including the most current literature at the time of the search.

I scanned this initial list of resources for relevance and excluded some works. The articles deemed relevant were printed out for more in-depth reading and marking. I used Zotero reference management software to store and categorize articles. Files were created in Zotero prior to the search, with categories that I created, such as *faculty development*, *workplace peer support*, *transition to nursing faculty role*, *adjunct faculty*, and *adjunct nursing faculty*. Then, as articles were scanned and selected, some new files were created, such as *faculty peer support* and *nursing clinical faculty development*. The digital object

identifier numbers, when available, were copied into the appropriate files and used to electronically categorize the articles.

I conducted other database searches in CINAHL Plus with Full Text (*adjunct faculty* or *adjunct professor* or *part-time faculty* AND *clinical nursing instructor*), ERIC (*adjunct faculty* or *adjunct professor* or *part-time faculty*), APA PsychInfo (*peer support interventions* AND *mental health*), Taylor and Francis (*nursing faculty*, *peer support*, *adjunct clinical nursing faculty*), and ABI/Inform (*peer support*). Google Scholar was used to find more recent articles that had cited earlier articles of relevance and to search for specific terms for general applications. Also, reference lists of the chosen articles were scanned for other relevant background articles and theoretical frameworks.

Following Machi and McEvoy's (2016) guidelines, I skimmed works by reviewing the article abstract, the table of contents and major headings, the introduction and conclusions, and the glossary. The hard copies of the relevant articles were arranged according to the core idea or key term and further into subconcepts, then elements, if applicable. For example, a core idea was peer support in higher education, based on the initial search descriptors. Subconcepts were higher education faculty, students and residents, nursing faculty, and adjunct clinical nursing faculty. This exercise provided a concrete and kinesthetic way of grouping the articles, to complement the computerized cataloguing of the articles.

Theoretical Foundation

The philosophical theory for this study was Edmund Husserl's (1913a, 1913b) phenomenology. Husserl called his method transcendental phenomenology, which is also

referred to as descriptive phenomenology (Patton, 2020). The conceptual framework was Knut Illeris's (2018) three dimensions of learning model.

In *Ideas: General Introduction to Pure Phenomenology*, Husserl (1913b) wrote that individuals' reflections on their experiences after the fact could be considered accurate descriptions of their realities. Therefore, it follows that a person being interviewed about their experiences, as part of a research study, can provide meaningful information about the lived experiences of a phenomenon after the fact. This supports the method of participant interview, which was used to gather data for this study.

In a process that Husserl (2013b) called phenomenological reduction, experiences are transformed into cases that can illustrate essential generalities, which researchers may then study (Husserl, 2013b). The essential generalities of the experience, derived through sensitive qualitative research, could help answer the research question of what novice faculty experience about a phenomenon, specifically, about the phenomenon of seeking peer support to do one's work. This, in turn, could reveal needs for possible activities for increasing and enhancing the quality of peer support for these faculty.

The positive social change motivation which underlay this study was the potential improvement of the working lives of adjunct clinical nursing faculty. Improving these faculty members' working lives may thereby (a) positively influence the learning environments of the students they teach and (b) positively affect the care that nurses provide to the public. Conducting a qualitative phenomenological study was an opportunity to explore the lived experiences of individuals (Engelland, 2020). This is

where, according to phenomenology, individuals' authenticity and very humanity are found.

Two important concepts to understand in working with Husserl's phenomenology are suspension and bracketing. In *Ideas I* Husserl (1913a) discussed withholding one's judgment to arrive at truth. That is, judgments or theses are bracketed, apart from what is purely described. This does not mean a complete negation of the world or one's beliefs. Rather, as a researcher, it means suspending one's own beliefs about things, and simply describing what is (Perry, 2015). This is what phenomenological reduction is: bracketing out the world and individuals' own presuppositions (Patton, 2015).

In this study, bracketing occurred at the time of interviewing and when analyzing the transcribed interviews that constituted the data. This meant that prior experience with the phenomenon of interest was bracketed out, or set apart, in all aspects of the research process. The value of prior experience with the phenomenon was that it inspired an initial interest in the topic, which was refined and clarified through the literature review process.

Illeris's three dimensions of learning model is centered on the process of learning in adulthood (Merriam et al., 2007). Illeris (2018) further clarified his model as the three dimensions of learning and competence development. The three dimensions of learning are (a) content, usually cognitive; (b) incentive, mainly emotional; and (c) interaction, or social. All adult learning comprises two simultaneous processes: interaction with the social world and acquisition, or taking in, the learning (Illeris, 2018, p. 96).

The learner's identity is central in this three-dimensional structure of learning (Illeris, 2014), and is transformed through learning, with others, within a particular

environment. Illeris endorsed a clear role for the mentor or coach in one's transformative learning in the work context. He noted the importance of the mentor or coach in the three domains: content, emotional, and social development. A mentor must possess qualifications for the role, and accept the role; in addition, the mentoring relationship must be supported and legitimized by the organization (Illeris, 2014).

In the context of the current study, Illeris's approach suggests that new nursing faculty need the support of more experienced colleagues to successfully engage in transformation into the faculty role. It also suggests that it is the responsibility of schools of nursing who hire these new faculty to facilitate such support.

Illeris also noted that a predominant form of learning at work occurs incidentally or informally, such as when one seeks help or advice from a colleague. This is different from a formal mentor and mentoring program. He proposed that it is not enough to have a learning organization for workers to learn what management intends. Similarly, it would not be adequate for a school of nursing to have the existence of orientation and mentoring programs on paper for new faculty, because this would not address what Illeris (2014) described as the psychological mechanisms of the individual learner and the adequacy of external conditions, the latter of which would include faculty peers as mentors and guides.

Illeris's approach is compatible with Husserlian phenomenology, which recognizes that individuals within the same environment—"the world about us that is there for us all"—can speak of common facts; and yet, our perceptions and memories are unique, "enjoying accordingly different appearances of the things" (Husserl, 1913b.).

This helps justify the research process of interviewing multiple individuals, who have unique perceptions and experiences, but also some common perceptions and experiences, with a phenomenon in a professional context.

Recent Applications of Husserl's Phenomenology

Nursing is a profession that is intimately involved with the human condition at all stages of life, and with life's inherent and inevitable stress, trauma, disease, disability, and times of transition. Phenomenology has been used in nursing research to explore individuals' lived experiences which are meaningful and important, and require further understanding within the nursing profession. Several examples are included in this brief analysis. These studies named Husserl as foundational, and dealt with a phenomenon characterized by challenges including stress, uncertainty, difficult emotions, or transitions. The current study was also based in Husserl's philosophy, and centered on the need for support to cope with career stress and transition.

Various terminology was used to describe the study methods. These included "a phenomenological research approach grounded in the philosophy of Husserl" (Midtbust et al., 2018); "Husserl's approach to phenomenology" (Raman et al., 2020); "descriptive phenomenology rooted in Husserl's philosophy" (Dorney & Pierangeli, 2021); a qualitative designs "underpinned" by Husserl's descriptive phenomenology (Tokwe & Naidoo, 2020); "Husserl's phenomenology method" (Zengin et al., 2020); "Husserl's descriptive phenomenology" (Li et al., 2020; Shardonofsky et al., 2019); and descriptive phenomenology "based on Husserl's philosophical perspective" (Marchetti et al., 2019). Lafontant (2019) used Husserl's transcendental phenomenological design. All researchers

conducted in-depth, individual interviews, predominantly semistructured, with sample sizes ranging from nine to 20. I provided examples of studies that featured Husserl's (2013a, 2013b) transcendental phenomenology and Moustakas's (1994) TPA in Chapter 1.

The data analysis methods all resulted in a set of between three and six major or essential themes. Of interest to the current study into the phenomenon of peer support-seeking, themes included finding sources of support to cope with one's own illness (Tokwe & Naidoo, 2020); peer support in helping manage the experience of caring for a chronically ill child (Shardonofsky et al., 2019); peer coworkers who were either supportive or unsupportive (Lafontant et al., 2019); and how workplace relationship culture influenced communication among doctor and nurse coworkers (Li et al., 2020). The current study utilized descriptive phenomenology based in Husserl's phenomenology, semistructured interviews, and Moustakas's (1994) TPA, as described in Chapter 1. The rationale for choosing Husserl's phenomenology was its appropriateness to studying the lived experiences of a phenomenon which is meaningful to the nursing profession, but not well-explored in the literature pertaining to part-time clinical nursing faculty.

Application of Illeris's Framework to the Relevant Literature

Illeris's learning framework and concepts have been used recently in qualitative studies focused on nurses' perceptions about web-based learning (Pusa et al., 2018); part-time nursing faculty learning needs during transition to the faculty role (Owens, 2017); simulation in nursing education (Frandsen & Lehn-Christiansen, 2019); and new

teachers' experiences working with a mentor (Hobbs & Putman, 2016). Except for Frandsen and Lehn-Christiansen's study, the studies utilized an interview format and thematic analysis. Sample size ranged from nine to twenty-one, with Owens' study not including a sample size. Each study used a different qualitative content analysis method to arrive at results variously termed perceptions, themes, and findings.

Illeris's framework includes the three dimensions of learning model, which is made up of content (understanding, skills, abilities, attitudes); incentive (motivation, emotion, volition); and interaction with the environment (Pusa et al., 2018). Owens (2017) used this model as a theoretical touchstone for understanding critical factors of the experiences of nurse educator identity transformation, which corresponds to the current study's focus on the experiences of novice part-time clinical nursing faculty, and use of Illeris's conceptual framework. Illeris's model is considered a model of adult learning in the literature (Merriam et al., 2007). The rationale for using this model is that it addresses dimensions of learning relevant to the workplace, peer support, and learning a new work role, e.g., the role of educator.

The research question in this study was compatible with existing qualitative phenomenological studies, in which interviews were used to learn more about participants' lived experiences of a phenomenon. It built upon existing theory by addressing a particular population of educators which was not well-explored in the literature, and by combining the literatures of nursing and education. It challenged existing theory, by proposing the term *peer support-seeking*, which combines the commonly found *peer support*, *support-seeking*, and *help-seeking* into a concept.

Identification of the Phenomenon

The phenomenon of peer support-seeking, which was the focus in this study, did not appear as a distinct concept in theories encountered in the library databases reviewed for this study. Therefore, the terms *peer support* and *support-seeking* were considered for their relevance to different theories. Peer support is essentially a resource, and seeking it is an activity one initiates to meet a need. In this study, the context of this need was the working life and space of part-time clinical nursing faculty.

Synthesis of the Literature Related to the Phenomenon

Peer support is a type of social support, which is found within several relevant theories and frameworks. Theories of stress are applicable to the phenomenon of peer support-seeking. A person in a new job might perceive the situation as both challenging and threatening. Problem-focused coping with this stress includes obtaining instrumental social support, while emotion-focused coping includes seeking friendship, empathy, and emotional support (Porensky, n.d.). Peers can provide both these types of coping resources in the workplace. In the coping reservoir model (MacArthur & Sikarski, 2020), peers are a source of social support that buffers against stress in medical school. In Mezirows's transformative learning theory (Kwon et al., 2020), peers in the workplace are a source of social support that allows for deep learning and reflection. In role stress theory, a person perceives a discrepancy between what they need to perform a task, and the resources available to do it, which causes stress (Riahi, 2011). Peers can provide instrumental and affective resources for coping, fostering the activity of peer support-seeking.

From an ecological perspective (Bronfenbrenner, 1981), the microsystem of a particular setting, such as the workplace, includes activities and interpersonal relations, and is directly experienced by the individual. Therefore, the individual's perceptions are scientifically relevant to study, which is compatible with Husserl's phenomenology. For the current study, peer support-seeking is an activity, and peers are sources of interpersonal relations, in a particular microsystem. Both are relevant to study using qualitative methods and a phenomenological perspective, in order to understand the person's experience of developing or transitioning into a new work role. This model focuses on the dyad of two people as a unit of study, which is relevant to traditional dyad models pairing a mentee with a more experienced faculty member (Knowles, 2020).

Within Gestalt theory, Kurt Lewin's field theory considered that a person is always within a life space and is influenced by everything and everyone else within that space. Psychological facts are anything of which the person is conscious, and this can include memories of past events (Hergenhahn & Olson, 1997). In this view, peers are other people who can be within the life space, or out of it; either way, they can exert an influence on behavior, which could be positive, or negative. Further, compatible with phenomenology, the memories of people, spoken in an interview, may be regarded as psychological facts, or intact meaningful events.

Social cognitive theory (Bandura, 2018) includes the concepts of human agency and self-efficacy. Bandura broadened this concept to include three different modes: individual, proxy, and collective. When a person does not have control over a situation, such as the workplace, they exercise socially-mediated proxy agency. Here is where peer

support-seeking is applicable. The person will influence others who have the resources, such as knowledge and experience, to act on his or her behalf, in order to achieve a desired outcome. The outcome in the case of the current study was being able to fulfill one's teaching role. Ultimately, a major goal is to gain self-efficacy, also a concept put forth by Bandura. However, many outcomes for the individual are only achievable by working together with others (Bandura, 2012), such as one's peers and coworkers. Bandura's self-efficacy theory was used as a framework to study the effects of peer mentoring on nursing student stress and anxiety (Kachaturoff et al., 2020).

Herzberg (1974) noted that different work factors produce job satisfaction and dissatisfaction. Motivating factors include achievement, recognition, and responsibility. Hygiene factors include interpersonal relationships and working conditions: components of the work environment. Hygiene factors have the potential to cause dissatisfaction at work. Therefore, coworker relationships are important to the optimal running of the organization. Herzberg's two-factor motivator-hygiene theory was used as the framework to study adjunct clinical nursing faculty intent to stay in teaching (Woodworth, 2016), which informs the current study.

In symbolic interactionism, the primary focus of study is the social interactions of people as they cooperate to achieve a good outcome (Brookes et al., 2007). In this study, faculty peers supporting one another would serve the goal of positive learning outcomes for students. New faculty seek to model their teaching identities after more seasoned faculty (Allen, 2009), which explains motivation for seeking contact with and support from these faculty peers.

Knowles' (Knowles et al., 2015) learning theory of andragogy is also relevant to the current study centered on peer support among adults in the workplace. Knowles proposed that adult learners bring a wealth of experience into the learning setting. Therefore, the emphasis is on experiential learning, in which group work and peer-helping activities play an important role. This suggests that it is natural for adults to help one another to learn within the work setting. It also suggests that an adult with more experience would be sought out for support by those with less experience in an experiential domain. Peer-assisted learning theory proposes that knowledge and skill are acquired through mutual learning, characterized by companions of equal status helping one another (Topping & Ehly, 1998). When the peer is more experienced, the learning occurs through social interactions within the learner's zone of proximal development (Vygotsky, 1978).

Nursing Models

The conceptual model of intent to stay includes four variables explaining why nurses stay in their jobs: manager characteristics, organizational characteristics, nurse characteristics, and work characteristics. These in turn influence intent to stay, through the intervening variables of job stress, satisfaction, and commitment (Boyle et al., 1999, p. 362). Working with supportive coworkers is related to higher job satisfaction and intent to stay. This is relevant to the current study, as clinical nursing faculty come out of the nursing work culture and may be accustomed to operating within a supportive peer group. In Nursing Intellectual Capital theory (Covell, 2008), social capital is composed of resources found within people and networks of relationships at work. In this framework,

peer support-seeking would be initiated to access resources (knowledge, support) from peers, which are needed to accomplish one's work.

Application and Articulation of the Phenomenon in Previous Research

The phenomenon of peer support-seeking has different descriptive terms in the literature, which are closely related. These include *advice-seeking* from peers (Kuhn et al., 2015); *support seeking* from peers (Gui et al., 2017); *social support seeking* (Jiang et al., 2018; Lisista et al., 2020; Liu et al., 2020); *support-seeking behavior* (Weiler et al., 2019); *help-seeking* (Watson & Andrews, 2017); and *help-seeking behavior* (Heerde & Hemphill, 2018; Pedersen et al., 2020). This is not necessarily an exhaustive list.

This brief selection of research illustrating the seeking of support from others includes the topics of health, stress, trauma, loneliness and isolation, and academics. Gui et al. (2017) studied how pregnant women sought and received peer support during pregnancy. These women consistently sought peer support in an online forum throughout pregnancy, including knowledge, reassurance, and emotional support. This is beneficial to the current study, which proposes that adjunct clinical nursing faculty may repeatedly seek peer support when they teach a new class, even if they have experience. Further, it illustrates how online peer support can be effective, and might be viable for schools of nursing to use for their adjunct faculty.

Heede and Hemphill (2018) demonstrated how informal support from peers and family members had more beneficial psychosocial outcomes than other sources of support. This aligns with the current study, with research showing that adults often prefer to go to a peer or coworker for psychological support related to work, rather than to

management, a therapist, or a formal program offered by the workplace. Kuhn et al. (2015) studied informal advice-seeking among small business owners. They found that business peers with whom they interacted online and had relatively weak ties were associated with more business growth than peers with whom they had stronger local ties. This is beneficial to the current study, indicating that support-seeking among nursing faculty peers may be productive in an online format, with peers outside one's geographic area.

Jiang et al. (2018) examined explicit and implicit social support seeking based on age. Explicit means directly asking for instrumental or emotional support, while implicit means gaining comfort from social ties without talking about the specific problem or stressor. One's culture or origin partly determines one's comfort level using each of these approaches. They found that older adults tended to seek out less explicit social support, but sought a similar amount of implicit support as younger adults. Older adults perceived that there was more of a social cost in seeking explicit support and disturbing their social network, versus a benefit to themselves. However, older adults benefitted particularly from the implicit emotional support. This is of interest to the current study, because part-time clinical nursing faculty represent different age groups, and may have different support-seeking tendencies and needs based on this.

Lisista et al. (2020) studied loneliness among young adults during the Covid-19 pandemic, and how social support-seeking mediated this. They found that young adults spent more time using social media passively, and less time seeking social support during isolation than did older adults. They concluded that social media has its place, but

generally, it leads to increased loneliness, and people need to interact in-person with others. This information is beneficial to the current study, which considered that peers needed time, space, and institutional support to interact with one another at work face-to-face, whatever virtual connection opportunities might also exist.

Liu et al. (2020) studied social support-seeking behavior among users of online health care community social networks. They found two types of support-seeking behaviors: exploratory, of just absorbing information from the site, and purposeful, in which they interacted with others on the site. The exploratory type of support-seeking tended to lead to an overwhelming amount of information, and often confusion. The purposeful type allowed for interaction, understanding, and asking questions of others. Both types were deemed valuable. This is beneficial to the current study, in illustrating type of support-seeking that happens online. Clinical nursing faculty would probably benefit from online repositories of information on teaching, but also from interacting with peers to help process and apply the information to their job situations.

Pedersen et al. (2020) studied health-related help-seeking behavior among a socially marginalized population of men. They found that previous negative experiences with the health care system caused these men to delay support-seeking, as they were uncertain whether it would be worth it, and if their needs would be met. They often turned to peers, who were more accepting, but could not substitute for health care. The men were more likely to be receptive of support if it was provided in a respectful, nonjudgmental, and caring manner. This is beneficial to the current study, in illustrating the principle that people are more likely to seek support from those who are supportive

and approachable. Further, past experiences with support-seeking may color a person's efforts in the present. This could be valuable information for those in a mentorship position at work.

Watson and Andrews (2018) studied barriers to help-seeking among police exposed to traumatic events. Very few participants sought out a mental health professional or utilized employee assistance programs to manage stress and trauma, due to perceived stigma. A support system of trained peers was more accepted and effective, because police personnel thought it was more acceptable and carried less stigma in the minds of others. This study is beneficial to the current study, in illustrating that support-seeking might involve the fear of perceived stigma from others. In the case of nursing faculty, a peer support program or mentorship built into the system and normalized might take some of the peer support-seeking onus off newer faculty, who are trying to learn their new roles.

Weiler et al. (2019) studied dyads of mentors and adolescent offender mentees, to determine how the quality of the mentoring and the relationships determined academic outcomes. They found that mentors who were attuned to the mentee's needs and priorities were more effective than ones who were either overbearing, or too laissez faire and under-attuned. The quality of the relationship was important to establish before certain goals could be met. Although the study focused on adolescents, it was beneficial to the current study. Ensuring a good rapport between a faculty member and their peer support person, and attunement to the new faculty's needs, might provide better long-term outcomes for the faculty and the program. This could indicate that peer support faculty

should also have some type of training and evaluation of their performance in the mentor role.

Literature Review

Core Idea 1: Peer Support in Higher Education

Subconcept 1: Higher Education Faculty

Element 1: Higher Education Faculty in General. Support from one's colleagues is considered a job resource for new faculty (Sabagh et al., 2018). Unsupportive colleagues, conversely, can be an external barrier to a new faculty member's development as an educator (Carbone et al., 2019). The literature searches using *peer support* yielded articles dealing with both peer support and mentorship. These terms reflect a power difference (Merga & Mason, 2021), but both are valid to the discussion of collegial support. Peer support has a horizontal quality (McKay & Monk, 2017) and is a relationship in which there is essentially no power differential between persons (DeForge et al, 2019). This equal power status can facilitate mutual support on issues of interest, without the intimidation that can be present when the mentor is an 'expert' (Brady & Spencer, 2018; Morton & Gil, 2019). A near-peer is one who has more experience in the field (Chen et al., 2016), but is 'just ahead' of the other (DeForge et al., 2019). The mentor-protégé relationship has a more traditional, hierarchical structure and a clear power difference (Agosto et al., 2016). Each type of colleague can be the source of valuable support to new faculty, which can reduce attrition (Chen et al., 2016; Fox, 2012; Kelly et al., 2019; Morton & Gil, 2019; Vaughan et al., 2016), and enhance job satisfaction in academia.

New higher education faculty often have idealistic expectations about teaching, which are different from the reality they encounter (McKay & Monk, 2017; Price et al., 2018). For health care faculty, being an expert clinician does not necessarily prepare one to teach (Snook et al., 2019). The academic workplace can be a hostile, unsupportive environment for faculty in general (Agosto et al., 2016). New faculty often experience isolation and lack of support from peers and the institution (McQuilkin et al., 2020; Rodriguez et al., 2020; Vaughan et al., 2016). New faculty in health care often find that teaching is a low priority at the institution, with little support or recognition (Carbone et al., 2019). The work environment has a powerful effect on faculty members' sense of identity and connectedness (Snook et al., 2019). A major reason for attrition among new faculty is a lack of early career support and mentorship (Kelly et al., 2019).

Support from peers and mentors is important to new faculty in several ways. Colleagues provide access to information, resources, and networks to facilitate navigating institutional systems (Brady & Spencer, 2018; McKay & Monk, 2017; Morton & Gil, 2019). Faculty peers also provide emotional support, empathy, and encouragement (Fox, 2012; Hontvedt et al., 2019; Merga & Mason, 2021), and feelings of being welcomed in the academic community (Brady & Spencer, 2018; Chen et al., 2016). Peer connections can increase one's self-confidence as an educator (Carbone et al., 2019; Chen et al., 2016; Han et al., 2018; Ruddy, 2019). Working with peers also enhances professional development (Chen et al., 2016; Chen et al., 2017; Wevill & Savage, 2020), and professional identity formation (Chen et al., 2017; Meeuwissen et al., 2021; McQuilkin et al., 2020). Supportive mentors and peers help create a non-threatening, supportive

culture, in which new faculty can learn, ask questions, make mistakes, and realize their full potential (Bell et al., 2019; Riley, 2019). Clearly, faculty peers are a significant source of support and motivation for new higher education faculty.

New faculty often engage in peer support-seeking, which was the phenomenon of interest in this dissertation. Early career faculty often naturally seek out the support of other new faculty peers at their same level, due to common concerns (Morton & Gil, 2019). A need for information, a lack of guidance, and role ambiguity, drive new faculty to seek help from more experienced faculty (McQuilkin et al., 2020). Peer support is often a necessity, due to the demands and workload of a new teaching career, which can lead to exhaustion, burnout (Price et al., 2018), and isolation (McQuilkin et al., 2020; Vaughan et al., 2016). New faculty also desire and seek out peer feedback to improve their teaching (Abu-rish et al., 2016; Brady & Spencer, 2018; Chen et al., 2017; Hontvedt et al., 2019; Julion et al., 2019; Riley, 2019).

The literature revealed some barriers to peer support-seeking among new faculty. New faculty are sometimes reluctant to ask for help, assuming that other faculty are too busy (McKay & Monk, 2017), which is often the case (Julion et al., 2019). Some are intimidated or uncertain about approaching more senior faculty, due to perceived institutionalized power dynamics and discrimination (Brady & Spencer, 2018). It can come down to personal responsibility and courage to take the initiative to ensure one's own support from other faculty (Riley, 2019). Peer support-seeking, it would appear, places an additional burden on new faculty. This leads to the topic of institutional and programmatic support for peer support and mentorship.

The literature revealed the role of academic institutions and leaders in supporting new faculty. Ideally, schools would provide mentors for all incoming faculty (Morton & Gil, 2019). Relying purely on informal mentorship to develop organically may be ineffective, due to work demands and interests of senior faculty (Abu-rish et al., 2016). Many new faculty members underestimate the difficulty of teaching, and the value of mentorship (Brady & Spencer, 2018), and need help in fostering peer relationships (Fox, 2012; Merga & Mason, 2021). A common theme in the literature is the need for institutions to provide the conditions which foster peer support and connection, including time and spaces for this to occur. This includes creating opportunities for faculty to informally meet and connect (Chen et al., 2016; Cummins et al., 2018; McKay & Monk, 2017; Merga & Mason, 2021; Nowell et al., 2017).

Another common theme in the literature is the need for academic institutions and leaders to create a welcoming culture and friendly environment (Han et al., 2018), which encourages faculty communication, support, exchange of ideas, and teaching excellence (Brady & Spencer, 2018). A culture of peer support is the foundation for implementing peer support and mentorship programs (Campbell et al., 2019). This type of culture allows for shared leadership (Meeuwissen et al., 2021), networking for career growth and job satisfaction (Riley, 2019); equitable discussion of issues (Hontvedt, 2019); psychological safety (Bell et al., 2019); and a sense of connectedness that motivates self-improvement as an educator (Snook et al., 2019). In summary, the literature revealed the benefits of peer support, the motivation of new faculty to seek support, and the barriers and facilitators of peer support and academia.

Element 2: Part-Time Faculty. Several studies in the literature review focused on part-time faculty, with some prominent themes emerging relevant to peer support. Part-time faculty have reported that positive collegial relationships and peer support enhance working conditions and motivate them to continue teaching (Donovan & Payne, 2021). A recurring theme is the quality of relationships between full-time faculty and part-time faculty. Full-time faculty have a status advantage over part-time faculty, due to disparities in pay, job security, benefits, respect, and a voice in their departments (Anthony et al., 2020; Bakley & Brodersen, 2018; Dawson et al., 2019). Part-time faculty have reported feeling unsupported by full-time faculty (Bakley & Brodersen, 2018; Bickerstaff & Ran, 2020; Dawson et al., 2019; Kimmel & Fairchild, 2017). This contributes to a sense of disconnection from, and a lack of integration with, their departments and institutions (Bickerstaff & Ran, 2020; Dawson et al., 2019; Kimmel & Fairchild, 2017; Sabourin, 2020). Part-time faculty have reported the desire to have better relationships and connections with full-time faculty (Bickerstaff & Ran, 2020; Sabourin, 2020), which could challenge the status quo (Vicente, 2018). They also seek connections specifically with other part-time faculty, with whom they can share experiences and gain support (Kimmel & Fairchild, 2017; Sabourin, 2020). In one study, part-time faculty participants expressed gratitude to researchers for listening to their concerns, perceiving that they lacked a voice at their institutions (Bakley & Brodersen, 2018).

Element 3: Part-Time Clinical Nursing Faculty. Ross and Kerrigan (2020) found that the role of novice part-time clinical nursing faculty is characterized by feelings of being out of control, lacking confidence, and not knowing how to handle some

situations. A major source of support for novice nursing faculty in learning their roles is more experienced nurse educator colleagues, including peers and mentors (Carlson, 2015; Koharchik, 2017; Morrison, 2020; Roberts et al., 2013; Wenner et al., 2020; Woodworth, 2016). Unfortunately, as Meyer (2017) noted, part-time clinical nursing faculty often feel left out of full-time faculty functions, including program planning and development. Morrison (2020) noted that part-time faculty cited the need to feel connected to, and valued by, other members of the nursing faculty, and the need for regular meetings with a course lead who served as a mentor.

A lack of communication and support from lead faculty and administrators has contributed to frustration and stress among part-time nursing faculty, and even an intent to abandon the teaching role (Miner, 2019). Creating a culture of safety in health care hinges upon fostering supportive and trusting relationships among colleagues (Pfeifer & Vessey, 2017). The precursor to the health care setting is the academic setting, where such supporting and trusting relationships among colleagues may be positively modeled, or, conversely, negatively modeled or prevented.

Element 4: Recruitment and Retention of Nursing Faculty. A nursing faculty shortage exists and is expected to persist into the foreseeable future (Ross & Kerrigan, 2020). Retaining faculty is important for higher education, to manage costs, and to maintain a stable workforce (Lee et al., 2017). Some of the relevant nursing literature addresses recruitment and retention as strategies to help ameliorate this situation. The literature reveals reasons part-time clinical faculty leave their positions. Some of these are relevant to the current study, and include a lack of support and respect from the

school and faculty, lack of teamwork, and a perpetual sense of “distance’ between full-time and part-time faculty (Carlson, 2015).

Major themes contributing to recruiting and retaining these faculty in the literature include mentorship, support, and communication/connection (McPherson, 2019). Meyer (2017) noted that nursing school administrators acknowledged that new part-time clinical faculty all require a great deal of mentoring in learning the educator role, particularly in evaluating students in the clinical setting. Exploration of administrators' perceptions about new part-time clinical faculty was beyond the scope of this study but is relevant to consider more broadly.

Subconcept 2: Higher Education Learners

Support from faculty and peers are environmental factors contributing to learner satisfaction with an academic program (Schenkenfelder et al., 2020). Both these types of support are essential, and are distinct from one another, according to the literature (Hogan et al., 2017; Lorenzetti et al., 2020; Palsson et al., 2017; Spence et al., 2018; Tai et al., 2016). Peer mentoring and support cannot be fulfilled by faculty (Hogan et al., 2017). Graduate students reported feeling safer sharing their work with peers than faculty for initial feedback on their work (Lorenzetti et al., 2020). Clinical nursing students sustained a higher level of self-efficacy over time through peer learning over traditional faculty supervision (Palsson et al., 2017). Feedback from peers reduced dependency on faculty feedback among clinical medical students (Tai et al., 2016). Surgical students found peer-led workshops to be more relaxed, interactive, and enjoyable than those led by faculty (Ong et al., 2020). Overreliance on the faculty-resident relationship was associated with

concurrent isolation from peers in a study with anesthesia residents (Spence et al., 2018). Peers, in fact, can be helpful in managing the relationships between graduate students and their faculty supervisors (Lorenzetti et al., 2020). Peer support can be essential at times of transition for adult learners. This includes transitioning into a higher education setting (Breeze et al., 2018), into doctoral study and research (Deshpande, 2017).

The peer support relationship is mutually beneficial to both parties. Meschitti (2019) noted that peer learning involves reciprocal learning, with those who have a similar level of expertise. This is compatible with PAL theory, in which status corresponds with actively helping and supporting one another to learn new knowledge and skills (Topping & Ehly, 1998). Peers who mentored other students developed increased leadership, communication, and mentoring skills in a nurse midwifery program (Hogan et al., 2017). Graduate students who helped fellow students reported increased reflection on their own knowledge, skills, and mentoring needs (Lorenzetti et al., 2020). Medical students showed enhanced responsibility for their peers' development when using a PAL approach (Tai et al., 2016). Jacobs (2017) referred to mentorship among peers as a process of participatory "socialized learning," based on the social connection between a peer mentor and mentee.

Peer support offers benefits to adult learners in the areas of cognition and skill development, according to the literature. This is due in part to an increase in self-efficacy and confidence experienced by those who receive peer support (Lorenzetti et al., 2020; Palsson et al., 2017; Tai et al., 2016). Peer interaction increased the effectiveness of learning among doctoral students (Deshpande, 2017; Goodall et al., 2017; Meschitti,

2019), anesthesiology residents (Spence et al., 2018), and university students in general (Tanga & Maphosa, 2018). Medical students experienced enhanced problem-solving skills through peer collaboration (Tai et al., 2016). Sustained dialogue with peers who were status equals but had different areas of expertise allowed for detection of the zone of proximal development and use of scaffolding to enhance learning among doctoral students (Meschitti, 2019). The skills of listening, speaking, and refining knowledge increased through peer interactions among graduate students (Lorenzetti et al., 2020).

Peer support also offers affective benefits to adult learners. Several studies referred to the importance of a “safe learning environment” in higher education. An environment that is considered safe allows for open conversation and communication among peers (Cummins et al., 2018; Jacobs, 2017; Spence et al., 2018), mutual trust (Goodall et al., 2017), mutual caring (Tai et al., 2016), and sharing of differing opinions (Cummins et al., 2018). Peer support provides a buffer against the emotional stress inherent in rigorous academic programs (Cummins et al. 2018; Deshpande, 2017; Goodall et al., 2017; Oates et al., 2020; Price et al., 2018; Warshawski et al., 2018). Processing stressful experiences with peers allows learners to vent their feelings (Tai et al., 2016), make sense of the experiences, and ultimately to let go of them and move forward (Spence et al., 2018). Peers can reassure a learner that they are not alone, and provide a “sense of belonging” (Breeze, 2018), as well as the feeling of being welcomed and encouraged (Hogan et al., 2017).

Peers also help adult learners to define themselves professionally, through dialogue, reflection, and understanding the meaning of various professional roles (Jacobs,

2017). Peers act as role models and help foster career skills such as personal accountability and time management (Lorenzetti et al., 2020), study skills (Redmond et al., 2018), decision-making (Schenkenfelder et al., 2020), and the ability to give beneficial feedback to others (Lorenzetti et al., 2020; Spence et al., 2018; Tai et al., 2016). Meschitti (2019) and Goodall et al. (2017) highlighted the importance of peer interactions within one's own professional discipline, for professional identity development. Jacobs (2017) noted that peers help new nurses learn the 'language' of the profession.

The need for peer support motivates higher education students to actively seek it. Students turn to one another for basic information (Hogan et al., 2017), and to share experiences from clinical training (Oates et al., 2020). New graduate nursing students reported seeking peer support to cope with workload, exhaustion, and burnout (Price et al., 2018). Even if a peer mentor is designated, it still involves the learner taking initiative to connect and meet with the mentor (Hogan et al., 2017).

Several studies revealed the importance of building peer support into academic programs. This requires recognition that peers are valuable in the higher education academic experience (Lorenzetti et al., 2020), and actively promoting this (Cummins et al., 2018). The literature revealed several ways peer support can be promoted in higher education programs. One is to provide a conducive environment, which includes both the physical space and the time for peers to gather and connect regularly (Breeze, 2018; Goodall et al., 2017; Hogan et al., 2017; Lorenzetti et al., 2020; Meschitti, 2019; Oates et al., 2020). Another is for faculty to use specific teaching strategies to foster peer

interactions (Deshpande, 2017). Further, both learners and peer mentors would benefit from training in the practical aspects of the peer mentoring relationship (Lorenzetti et al., 2020). Breeze (2018) noted that mentorship of students often falls to faculty with limited time to perform this uncompensated, unrewarded “academic housework.” Effective peer support initiatives could help relieve this situation.

PAL has its own body of literature, which is growing in the health care field. The increased number of nursing students entering the field, combined with a shortage of clinical placements, faculty, and preceptors, makes some form of peer learning and teaching a viable strategy for supplementing clinical faculty instruction (Stenberg & Carlson, 2015). The use of PAL is common in clinical nursing education, and is often not planned or purposeful (Ott & Succheralli, 2015), or is simply overlooked as an effective teaching and learning resource (McQuiston & Hanna, 2015). In addition to the well-documented benefits for student learning, PAL has been shown to increase clinical educators’ satisfaction with their work (Ott & Succheralli, 2015), and may preserve faculty time (Wong et al., 2016). More research evidence is needed in understanding faculty experiences and perceptions of PAL for students (Tai et al., 2016). It was beyond the scope of this study to further explore PAL for student learning in clinical nursing. However, an understanding of PAL was foundational to the current study because of its focus on peer support and learning among nursing faculty.

Core Idea 2: Peer Support in the Workplace

Peer support-seeking could be considered a natural phenomenon in the workplace, based on the literature. Peer-to-peer support in the workplace is considered lateral, rather

than hierarchical (Edmunds et al., 2020); and peers tend to be more available in daily working life than those in higher positions. Homophily is the preference people have for interacting with others who are like themselves (Cho et al., 2020). These similarities can include educational level, occupation, network position, values, and beliefs (Kabo, 2017), as well as the more obvious characteristics of race and age. PAL theory regards peers as status equals, or matched companions (Topping & Ehly, 1998). Types of peer support include informational, instrumental (knowledge and skill), emotional or affective, and appraisal (Sedivy et al., 2020). The peer support available in the workplace is not static or general, but depends on individuals' knowledge and availability, considered as resources in the workplace (Hurtado et al., 2018). People are motivated to seek out peer support in the workplace in order to do their work effectively.

Subconcept 1: Career Development

Peers have a significant role in career development, according to the literature reviewed. The major areas of peer influence in career development are in providing informational support, role modeling, facilitating job performance, and providing affective or emotional support. The quality of peer relationships influences one's perception of the work environment, job satisfaction, and intent to stay in the job. There are negative aspects to peers in the workplace. Nevertheless, peer support-seeking is an inevitable activity undertaken by workers, due to the positive effects of peer support. These points are further highlighted in the following section.

Element 1: Informational Support. The quality of peer relationships at work influences the flow of information, knowledge, and skills one receives for fulfilling job

responsibilities (Chekwa, 2018). Informational support is often the most frequently sought form of peer support in the workplace (Edmunds et al., 2020; Febres-Cordero et al., 2018). Peer support plays a large role in training transfer, or how well new employees learn, apply, and retain job-related information and policies (Hughes et al., 2020), and in sustaining a continuous learning and improvement work environments (Rodrigues de Fonseca et al., 2019). Peers who are at the same stage in their careers offer the support and empathy of status equals going through similar processes (Scalise et al., 2019). Peer support during deep reflection on significant experiences in the workplace encourages processing those experiences and learning from them (Mordang et al., 2020).

Element 2: Role Modeling. Peers who are more advanced but still accessible provide role models (Colbert et al., 2016). These co-workers often provide lateral mentoring and cues for behavioral expectations (Chiaburu & Harrison, 2008). Peers role model safe behaviors in the workplace (Darawad et al., 2020; McFadden, 2018; Tingting et al., 2019) and the adoption of healthy lifestyles (Safeer & Bowen, 2018).

Element 3: Job Performance. Groups of workers with strong interpersonal relationships tend to perform better and have higher trust than professionally based networks (Chekwa, 2018; DeBrun & McAuliff, 2020). Collective engagement among peers contributes positively to the success of workplace initiatives (Danquah et al., 2020). Ongoing peer support helps sustain positive practice changes, skills, and knowledge (Leeuw et al., 2020; Matwiejczyk et al., 2018). Feeling less knowledgeable than a peer can motivate one to improve, to reduce the performance discrepancy (Mordang et al., 2020).

Subconcept 2: Mental and Emotional Health

Peers have a significant influence on their coworkers' emotional and mental health in the workplace, based on the literature. Supportive peers are a stabilizing influence, while unsupportive peers can cause or exacerbate emotional difficulties, which negatively influence perceived job stress, satisfaction, and ultimately, retention.

Element 1: Coping With Workplace Stress and Trauma. Access to emotional and social support from peers is a source of workplace empowerment (Darawad et al., 2020) and well-being (VanSteijn et al., 2019). Friendships at work relieve job-related stress (Chekwa, 2018; McClure & Moore, 2021), and buffer against threats to well-being (Ravalier et al., 2020). Experienced peers help relieve coworkers' moral distress in ethically difficult situations (DeGrazia et al., 2021). Supportive peers are increasingly being recognized as a psychological buffer against stress in high-risk occupations (Bry & Wigert, 2021; Slykerman et al., 2019). A person in a similar position at work can offer connection and empathy in times of stress (Scalise et al., 2019) or critical incidents (Gomes, 2021; Guay et al., 2017; White & Delacroix, 2020). In contrast, horizontal mistreatment by colleagues is often perceived as the most emotionally devastating type of workplace hostility (Bloom, 2019), and can contribute to burnout in high-stress occupations (Kulic' et al., 2019). Across occupations, the literature revealed that people often tend to turn first to their coworkers to cope with occupational stress.

Element 2: Quality of Peer Relationships. The quality of peer relationships at work is gaining more attention in the scholarly literature (Colbert et al., 2016). Coworkers have a major influence on one's working life experience (Chiaburu &

Harrison, 2008). Strong collegial relationships are a major source of support at work (Ravalier et al., 2020), and are linked to a higher level of motivation, confidence, and teamwork (De Brun & McAuliff, 2020). The literature supports the notion that peer relationships vary in quality, depending on certain variables. High quality peer relationships develop when peers have something in common, including demographic characteristics and values (Chekwa, 2018; Cho et al., 2020). Affective support among colleagues contributes positively to job satisfaction and commitment (Chiaburu & Harrison, 2008). This supports the notion that coworkers need time and space to form strong relationships at work (Chekwa, 2018). Coworker empathy is threatened when working conditions lead to stress and burnout (Swensen, 2018), which can reduce performance and retention.

Subconcept 3: The Work Environment

Supportive peer relationships are essential to the working life environment (Bry & Wigert, 2021; Colbert et al., 2016). A culture of safety and healthy lifestyles at work are enhanced by peers who provide information and role-modeling (Hurtado et al., 2018; Safeer & Bowen, 2018). Coworkers are a source of support when one experiences a loss of control of work events, which can lead to psychosocial stress without support (Dasgupta et al., 2020). Formal peer mentoring has been shown to positively influence organizational culture (De Guzman et al., 2020), and should be designed to fit the specific work environment (Slykerman et al. 2019). In entrepreneurial, adhocratic work cultures, peers are willing to support each other in new workplace initiatives, which ensures learning transfer (Chatterjee et al., 2018). Improvements in the workplace

environment must include recognizing its inherent stressors and supports (Bry & Wigert, 2021), both of which are influenced by working peer relationships.

Subconcept 4: Job Satisfaction and Retention

The literature indicates that supportive peer relationships positively influence job satisfaction and retention across professions (Brooks et al., 2018; Chekwa, 2018; Chiaburu & Harrison, 2008; Cortland & Kinias, 2019; De Brun & McAuliff, 2020; De Guzman et al., 2020; McClure & Moore, 2021). In the nursing profession, in which dependence upon colleagues is high, the perception of peer support increases the likelihood one will stay in their position (Suliman & Aljewazi, 2018). Peer support directly predicts work satisfaction among women (Cortland & Kinias, 2019), and among nurses (Cowden & Cummings, 2012). Conversely, there is abundant literature in nursing to support that coworker incivility is a threat to retention (Bloom, 2019). Workplaces seeking to retain employees cannot ignore the effect of peer relationships and peer support.

Subconcept 5: Workplace Isolation

Certain employees are at risk for a lack of peer support at work. Remote workers who work off-site have a more difficult time developing close working relationships with peers (Chekwa, 2018). Clinical nursing instructors, the participants in the current study, often work primarily off-site, and have few opportunities to interact face-to-face with colleagues. Employers who are involved in adverse events at work can feel isolated, and experience shame, fear, and guilt (Shapiro, 2018). In health care, this isolation can have a negative impact on patient safety and health outcomes (Swensen, 2018). Isolation at

work, particularly among marginalized individuals, can lead to a lack of voice; but this may be moderated by positive social networks at work (McFadden & Crowley-Henry, 2018).

A related concept to isolation at work is loneliness. It is often not discussed in the workplace, due to fear of it being perceived as a weakness, and an inability to function (Alberts, 2020). Loneliness in the workplace is not well explored in the literature (Ozcelik & Barsade, 2018), but it is relevant to the current study focused on peer support-seeking at work. Loneliness is a state of distress, resulting from the lack of positive interpersonal relationships at work (Kuriakose et al., 2019). New and adjunct faculty might be at high risk for loneliness, if peer support is lacking. Perhaps peer support-seeking is partially an effort to fight off loneliness. It is natural to attempt to build peer affiliations at the start of a new job; however, if this does not yield results, the new person may feel rejected, and give up on forming interpersonal relationships with coworkers. This can interfere with getting help from coworkers one needs for successful job performance (Ozcelik & Barsade, 2018). In the nursing profession, loneliness has been associated with lower levels of job performance (Amarat et al., 2018). Feeling a lack of belonging and/or exclusion correlated with lower commitment to one's workplace (Slepian & Jacoby-Senghor, 2021). This should be of concern to organizations, including schools of nursing, in terms of job performance, employee satisfaction and retention, and organizational stability.

Subconcept 6: Negative Aspects of Peers in the Workplace

Peer interaction at work, according to the literature, has its downside. There is a tendency to objectify peers in the workplace, and to deal at more of a transactional level than a friendship level (Belmi & Schroeder, 2021). This could make seeking peer support more difficult, if costs and benefits of peer interaction are calculated. Interpersonal conflicts with coworkers can lead to negative relationships, and ultimately to loneliness at work (Kuriakose et al., 2019). Unhealthy tension and competition among colleagues can erode trust (Febres-Cordero et al., 2018). Positive relationships may never form due to a tendency for “early closure,” or deciding a coworker’s worth based on first impressions (Mancl & Pennington, 2011). Sometimes peers may secretly wish for a perceived competitor’s failure (Chatterjee et al., 2018). Negative venting by a coworker can transmit those negative emotions to others (De Guzman et al., 2020). Sometimes, colleagues inadvertently provide wrong signals or information (Tingting et al., 2019), or are unsupportive in ways that reduce learning and training transfer (Ma et al., 2018).

Overreliance on peers can increase dependency on others for one’s own learning (Mordang et al., 2020). Negative comparison of oneself with more advanced status equals can reduce confidence (Tse et al., 2017). People may fear disclosing their struggles to peer colleagues, for fear of loss of credibility (White & Delacroix, 2020). In summary, peer colleagues are the source of a distinct “valence of influence,” which can be supportive or antagonistic (Chiaburu & Harris, 2008).

Incivility in the workplace is often perpetrated by one's peers or coworkers. Poor relationships with coworkers can lead to psychosocial stress, and ultimately to poor health outcomes and unsafe behaviors at work (Dasgupta et al., 2020).

Subconcept 7: Peer Support-Seeking at Work

Peer support-seeking is an action a person initiates, including in the workplace. Bandura (1989) explained that people take action to reduce a discrepancy they see between their actual performance, and their internal standard for what their performance should be. In interdependence theory (Chiaburu & Harrison, 2008), coworkers can be supportive, or antagonistic. Perhaps engaging in peer support-seeking is an effort to elicit a positive response from a coworker to help avoid an antagonistic one. People seek out peer support to solve immediate problems, which may temporarily preclude deep reflection on one's own performance (Mordang et al., 2020). Different peers are sources for different types of support, including technical and emotional, which may not be available from the same peer (Hurtado et al., 2018). In critical incidents or errors in health care, seeking peer support is an effort to help relieve the "second victim" syndrome, in which guilt can be ongoing and debilitating (White & Delacroix, 2020). Peer support can be unidirectional, or reciprocal: workers are more likely to invest their resources into peers who support them (Hurtado et al., 2018). Peer support-seeking is an activity for self-care in the workplace (Scalise et al., 2019). However, giving support to coworkers may be even more beneficial to one's well-being than receiving it, although more study is needed in this area (Colbert et al., 2016).

Subconcept 8: Organizational Support for Peer Support

Workplaces can facilitate peer support in multiple ways, according to the literature. One way is to provide physical space where colleagues can connect with one another, both formally and informally (Brooks et al., 2018; McClure & Moore, 2021). Another is to provide time to assess the learning needs of their staff, and opportunities built into the workday for interaction and reflection on common experiences (Chekwa, 2018; Mordang, et al., 2020; Slykerman et al., 2019). More formal peer support systems are also necessary for organizations to address. Implementation of a peer coaching model can improve staff morale (De Grazia et al., 2021), and improve training transfer (Hughes et al., 2020; Leeuw et al., 2020). Building peer support into the work culture requires administrative support (Ravalier et al., 2020; Rodrigues de Fonseca et al., 2019). According to the literature, this investment can help motivate and retain a competent workforce.

Core Idea 3: Peer Support in Health Management

In addition to academia and the workplace, the literature review revealed that peers are an important source of support in managing health, disease, and disability. These will be discussed briefly here, as health is part of the human condition, social support is a basic human need, and the profession of nursing is ultimately concerned with health promotion and quality of life.

Sub-Concept 1: Chronic Disease Self-Management (CDSM)

Peer support is considered a sought-after and effective adjunct treatment for managing chronic diseases in the health literature (Walker & Peterson, 2021). This

approach involves mentoring and support from those living with the same disease. A search in the Thoreau database for 2017 to 2021, using the terms *peer support* and *chronic disease self-management* yielded 18 results, all of which were reviewed.

Peers living with the same medical condition can provide information on the disease, and how to manage the disease and its symptoms (Cartwright, 2018; Manchaiah et al., 2017; Teng et al., 2019). Peer support also provides empowerment and increased confidence in self-managing chronic disease (Cartwright, 2018; Davisson & Swanson, 2018; Didsbury & Codyre, 2017; Merdsoy et al., 2020; Sakakibara et al., 2019). Emotional benefits include the realization that one is not alone, by sharing common disease experiences with others who understand (Cartwright, 2018; Davisson & Swanson, 2018). Peer supporters also can increase the context-sensitivity and patient centeredness of care delivered (Patil, 2020).

Subconcept 2: Mental Health

A peer support person in the mental health recovery literature usually refers to a paraprofessional personal who has experience living with a mental health diagnosis and seeking help through the mental health system (Ibrahim et al., 2020; Mutschler et al., 2021), and who has received specialized training (Johnson et al., 2021). Peer support groups are made up of members who share a common experience and lend one another affective and informational support (Viswanathan et al., 2020), face-to-face, by phone, or virtually. This concept is applicable to the current study, with the idea that experienced peers in academia have the lived experience to be credible peer support persons for newer faculty.

Peer support is being increasingly recognized and established as an effective adjunct in mental health treatment for people with psychiatric conditions (Balogun-Mwangi et al., 2019; Collopy et al., 2021). Utilizing peer support increases access to mental health services (Nelson et al., 2018), particularly for hard-to-reach populations, or when services are strained due to excessively high need (Viswanathan et al., 2020). Peer support is sometimes preferred over structured mental health services, and increases service uptake (Collopy et al., 2021). Peers have shown the capacity to form very strong bonds with clients (Ingram et al., 2020; Mutschler et al., 2021; Nelson et al., 2018; York & Jones, 2017), which facilitates completion of treatment programs (Ellison et al., 2018; Nelson et al., 2018). Peer support can reduce symptoms of anxiety and depression (Hay et al., 2017; Huang et al., 2020), and promote resiliency (Sadler et al., 2017), hope and connectedness (Pfeiffer et al., 2019), and self-efficacy and empowerment (Hurley et al., 2017). Peer supporters provide valuable information on managing the condition, gained through experience (Collopy et al., 2021; York & Jones, 2017). Utilizing peer support services has been shown to save on costlier treatments, which helps conserve scarce mental health resources (Huang et al., 2020; Johnson et al., 2018).

Implementation of peer support programs in mental health has lagged behind the evidence supporting the effectiveness of peer support (Ibrahim et al., 2020). This may be valuable to consider when studying peer support interventions in academic settings. Some challenges to implementation include organizational culture, role clarification, staff attitudes, and available resources (Ibrahim et al., 2020). However, the literature makes it clear that in many life circumstances, people turn first to their peers for support.

Summary and Conclusions

Society depends on nurses to provide skilled, compassionate care for a population with diverse health needs. This necessitates adequate numbers of prepared nursing faculty to train enough new nurses to meet this need. Schools often must rely on adjunct faculty to teach clinical courses. These faculty are experienced nurses but are often inexperienced teachers. They require support from their organizations and fellow faculty to learn and excel in their educator roles. Peers are a major source of support for adults in the workplace, including in nursing and academia. Having the right kind of support at work is associated with better job performance, reduced stress, job satisfaction, and retention. Learning more about the activity of peer support-seeking among adjunct clinical nursing faculty will help expand our understanding of this phenomenon, which is not currently well-described in the professional literature pertaining to this population.

The nursing faculty shortage is covered extensively in the nursing literature, and there are apparently no easy solutions. The current study represents an in-depth, qualitative look at one phenomenon, peer support-seeking, which the literature indicates is meaningful to part-time faculty, and indeed, to adults in many of life's circumstances and contexts. Chapter 3 includes details on the study design, methods, and measures I used to ensure trustworthiness in qualitative research. I also describe the ethical procedures I followed to maintain confidentiality and privacy of participants and protection and integrity of the data collected.

Chapter 3: Research Method

Introduction

The purpose of this qualitative phenomenological study was to explore the lived experiences of novice part-time prelicensure clinical nursing faculty in seeking peer support, within the context of working life, in the process of transformative learning and identity development as nursing educators. The concept or phenomenon of interest explored was peer support-seeking in the context of work. This chapter includes discussion of the research design and rationale, the role of the researcher, the methodology, issues of trustworthiness, and ethical procedures. The chapter concludes with a summary statement.

Research Design and Rationale

I sought to answer the following research question: What are the lived experiences of novice part-time, prelicensure clinical nursing faculty in seeking support from faculty peers to effectively fulfill their teaching roles? This research question was not intended to imply that peer support was a requirement to effectively fulfill one's role as a clinical nursing instructor. The goal for conducting the study was to hear and understand the sample population's perceptions of the usefulness of peer support within the context of doing their work. The central phenomenon was peer support-seeking that novice part-time clinical nursing faculty engage in to effectively fulfill their teaching roles. For the purpose of this study, peers were other nursing faculty coworkers in the participants' academic workplace.

The research tradition underlying this study was phenomenology. I used Husserl's (1913a, 1913b) transcendental phenomenology as the basis for exploring participants' experience of the phenomenon of peer support-seeking. The rationale for this choice was based on the literature on peer support in the disciplines of nursing, psychology, education, and business. An additional rationale was based on my own lived experience with the chosen phenomenon. Understanding the lived experiences of individuals, through the qualitative research process, can add to what is known and understood about a topic, which has significance for individuals, organizations, and the greater society.

Role of the Researcher

My role as the researcher was to design and conduct a qualitative study and analyze the data to arrive at the meaning of a phenomenon for a sample population. The functions within this role were to interview participants; collect, analyze, and interpret data; and to present these findings to my academic peers in both oral and written form. My role included adhering to TPA methodology and ensuring the trustworthiness that this method required.

I sought participants who were part-time clinical faculty from schools with which I had no prior affiliation. At the start of the study, I was working as a hospital nurse and did not have a teaching role. I had prior experiences working as a part-time clinical nursing instructor at several schools, however, which raised the question of potential bias because of my own perceptions and experiences around the phenomenon. To manage potential bias, I employed the techniques of reflexivity, audit trail, thick description, situation of the study in the context of theory and other research, sharing of the data and

analysis with my faculty committee, and inclusion of a disconfirming case. I also considered using participant feedback validation (Ravitch & Carl, 2016). Mayan (2009) noted that no research is absolutely objective; rather, research is inherently social, with human purposes behind it.

I used bracketing, within the process of epoche, in accordance with Husserl's transcendental phenomenology and Moustakas's (1994) TPA method, as described in Chapter 1. This meant that experiences and perceptions of participants constituted the essence of the phenomenon. This required that I suspend, or bracket, my own assumptions, presuppositions, judgments, biases, beliefs, experiences, and perceptions about the phenomenon, in order to not have these influence the data collection or analysis. The ethical issues of conducting a study in the researcher's workplace, namely conflict of interest or power differentials, were not applicable to this study. The incentive for participation was a small gift card with a value of \$20, delivered with a thank-you email, to indicate appreciation for the participants' time.

Methodology

Participant Selection Logic

The population sought was novice part-time prelicensure clinical nursing instructors teaching only clinical courses in the state of Washington. I considered drawing a purposive sample from a total of 37 prelicensure nursing schools in the state of Washington. I contacted the directors of nursing programs and requested that they send the email invitation explaining the study, which included my contact information, to their nursing faculty. I also planned to use a snowball sampling approach if there was an

inadequate response. This would have entailed inviting potential participants to contact other faculty who met the study criteria.

I planned to recruit participants who were novice, part-time clinical nursing faculty who taught only clinical courses at the time of the study. Novice was defined as individuals who had accrued a total of 3 years or less employment as a part-time prelicensure clinical nursing instructor. To establish whether they met the criteria, participants completed a demographic questionnaire posted on SurveyMonkey. The number of participants sought was based on my literature review of relevant qualitative studies utilizing interviews in the social sciences, which indicated that a range of between 10 and 20 participants was typical. I considered interviewing participants until thematic saturation was reached.

Instrumentation

The instruments for data collection included the initial demographic questionnaire and a list of semistructured interview questions designed to answer the research question: What are the lived experiences of novice part-time, prelicensure clinical nursing faculty in seeking support from faculty peers in order to effectively fulfill their teaching roles? The initial demographic questionnaire served to provide the initial description of participants and their backgrounds and work contexts. This information helped ensure the trustworthiness of the study by addressing transferability through thick description. This data source was considered document review, as opposed to interview or observation. In addition to demographic information, I considered adding a qualitative question, "Please briefly describe what peer support at work means to you."

I developed the data collection instrument, a set of interview questions, based on literature sources. Mayan (2009) noted that the semistructured interview is common in qualitative research and is appropriate when the researcher has an understanding of the phenomenon but cannot predict respondents' answers. Mayan also suggested beginning with easier questions to establish rapport, then asking more difficult questions, and finally closing on a positive note, offering to share a copy of the report and to conduct a follow-up interview if needed. I considered using the first two participant interviews as a pilot, to help validate questions and become familiar with interviewing and coding.

Patton (2015) noted that a phenomenological interview should focus on personal descriptions of lived experiences: stories, anecdotes, remembered moments, and bits of narrative, for example. Rubin and Rubin (2012) noted that the semistructured interview focuses on a specific phenomenon, contains a limited number of questions prepared in advance, and includes a plan for follow-up questions. These literature sources informed my development of the list of questions. Data saturation would be reached when I had attained enough data to replicate the study and was unable to discern any new themes in the data (Fusch et al., 2015; Saunders et al., 2018).

Appendix A contains the interview protocol. Appendix B contains the interview questions. These were unpublished instruments that I developed for this study. These instruments were sufficient to answer the research question because the question was designed to elicit descriptions of the participants and the participants' perceptions of their lived experiences.

Procedures for Recruitment, Participation, and Data Collection

I employed a purposive sampling strategy (Gray, 2017). Purposive sampling involves selection of information-rich cases to gain a unique perspective on a phenomenon from those who have lived it. This strategy was used in research studies reviewed under the topic of TPA, with study topics including traumatic brain injury (Dinnes et al., 2018); heavy metal musicians and the experience of “flow” (Hamilton et al., 2019); patients with life-limiting illness (Todd et al., 2016); women falling out of romantic love with a partner (Sailor, 2013); and spouses of law enforcement personnel who had experienced trauma (Landers et al., 2020).

I emailed the directors of the 37 prelicensure nursing schools in Washington State, whose contact information was in the public domain. In this email, I explained the study, and requested an email response to me, if they were willing to forward the study information to their part-time clinical nursing faculty. If there was not an email list targeting this group, I requested that they send the study to the most appropriate faculty email list. This email is included in the interview protocol (see Appendix A).

Interested respondents were invited to visit a SurveyMonkey page, which included the study description, study criteria, demographic questionnaire, and the consent form (see Appendix A). I considered adding a qualitative question about the meaning of peer support for participants to the demographic questionnaire. Criteria for participation were part-time prelicensure clinical nursing faculty who only taught clinical courses at the time of the study, with 3 years of less accumulated experience in the role of part-time clinical nursing instructor. I planned to use a snowball sampling technique, if needed, to

secure a minimum of ten participants. Snowball sampling involves acquiring a first participant, then asking that person to refer others who meet the study criteria (Gray, 2017).

Individual Interviews

I aimed for an approximate sample size of 10, based on the literature reviewed for this study. I planned to arrange a mutually convenient individual telephone interview with each participant. The target time for each interview was between 30 and 90 min. Interviews were recorded, with participant permission. I took notes during the interviews to record my impressions of the process, to facilitate an audit trail and the thick description required for transferability. Each interview was considered a data collection event. Upon exiting the study, the participants were provided the opportunity to ask any additional questions. They were provided with my contact information. I considered offering to provide them with transcripts of their interview upon request. I also considered conducting a second interview on the phone as a conversation, to go over findings, as a form of member checking (Lincoln & Guba, 1986), which would be arranged with participants via email, at a mutually convenient time (see Appendix A for the interview protocol). I sent each participant a thank-you message for participating in the study and a small gift card from Amazon.

Data Analysis Plan

The data was to include three sources. The first source was the initial demographic questionnaire, which included demographic information. The demographic questionnaire and consent form were located on the SurveyMonkey website. The primary

data source was the audio-recorded interviews, which I transcribed verbatim. This was feasible due to the relatively small sample size that was expected. The third data source was to be both the audio-recordings and notes of the follow-up conversations, to confirm findings.

Demographic Questionnaire

I developed an individual profile about each participant, based on the initial demographic questionnaire, and gave each on a code number: Participant 1, Participant 2, and so forth. This included the participant's age, number of years in nursing practice, and time accrued teaching in nursing. This included any kind of nursing instruction. However, the study criteria specified that the study sample participants would have 3 years of less total experience as a part-time clinical nursing instructor at the prelicensure level. The questionnaire also included the highest level of nursing education the participant had, and whether they currently taught in a 2-year or 4-year institution. Finally, the questionnaire was to include a qualitative question related to the topic: "What does peer support at work mean to you?" which would be answered in a sentence or two, but on which I would put no limits. I considered analyzing these answers along with each participant's interview data, as additional data, in the TPA process (see Appendix A for the interview protocol).

Data Analysis Process

I used Moustakas's (1994) TPA procedure, grounded in Husserl's (1913a, 1913b) transcendental phenomenology. The four major steps of Moustakas's TPA process are (a) epoche, (b) phenomenological reduction, (c) imaginative variation, and (d) synthesis of

meaning. For specific steps, I relied on Adu's (2016) and Sailor's (2013) explanations.

For Epoche: Developing a Bias-Free State of Mind, I followed six steps, as outlined by

Adu:

1. Engage in reflective meditation about who I am and what my experiences are regarding the phenomenon.
2. List all my biases and preconceptions about the phenomenon.
3. Consciously put these biases aside (bracketing).
4. Be willing to accept all input and ideas about the phenomenon.
5. Go through the above process with every contact I have with the data.
6. Document this process to enhance transparency of my findings.

Phenomenological reduction: producing textural descriptions had nine steps, as outlined

by Adu:

1. Transcribe each transcript verbatim.
2. Read and reread each transcript.
3. Go through and identify all statements relevant to the phenomenon. (I used an Excel spreadsheet.)
4. Eliminate all repetitive statements.
5. Import these data into NVivo software program, aligned with participant demographic data and identifiers.
6. Take the verbatim quotes and create a phrase (significant statement) that combines the quote with the research question.

7. Name this a “node,” and complete the same process for each quote. (Each of these had a description attached, and I added a memo or personal reflection, as applicable.)
8. Compile the significant statements into a theme.
9. Produce a textural description of the theme.

I followed Sailor's (2013) guidance for the synthesis of meaning: essence of the experience part of data analysis, which had three steps:

1. Synthesize the textural and structural description for each participant into a textural-structural description.
2. Synthesize the entire composite of textural-structural descriptions of all participants.
3. Generate a logical principle which represents the essence of the experience. This may also be conveyed as a metaphor.

The result of this process was a description of the essence of the experience of the phenomenon, as expressed by the individuals in my sample.

Issues of Trustworthiness

As noted in Chapter 1, I utilized Lincoln and Guba's (1986) criteria for demonstrating trustworthiness: credibility, transferability, dependability, and confirmability.

Credibility

Credibility, which corresponds to internal validity in quantitative studies, helps assess whether the study findings accurately reflect the participants and/or the data

(Mayan, 2009). Lincoln & Guba (1986) set out certain techniques a researcher can use to establish credibility. These include decisions made about data sources prior to the study, and research activities during the study. The credibility criteria are prolonged engagement with participants, persistent observation, triangulation of data sources, methods, or researchers, peer debriefing, negative case analysis, and member checks (Lincoln & Guba, 1986, p. 77).

I was limited in the length of engagement with participants. I considered conducting a maximum of two interviews with participants and would not observe them in the field. I attempted to overcome this challenge by conducting in-depth interviews in which I engaged with participants, building off their answers in the moment, rather than simply posing questions from the script. I attempted to enhance engagement by requesting that participants complete a demographic questionnaire. I considered having a qualitative question in this questionnaire, as well as demographic data. I aimed for in-depth engagement and participant focus, to help make up for the limits to prolonged engagement. I was not able to accomplish observation in this study.

I attempted to achieve triangulation of data sources, in considering the use of a demographic questionnaire, and a first and second interview. In addition, I kept a journal, as a bracketing technique to identify bias, and maintain openness to participants' experiences (Wildermuth et al., 2020). I was not able to accomplish the use of more than one investigator, being the sole researcher in this study. I was also not able to use different methods of data analysis, as the chosen method was TPA. I considered using member checks, as noted earlier.

The decision to use member checking or not was a decision made in consultation with my doctoral committee. Examples of member checking in the literature included providing written copies of interview transcripts for participants to review and amend as desired (Dinnes et al., 2018; Wildermuth et al., 2020); presenting participants with the textural and structural descriptions (Thauvoye et al., 2020); and presenting the participants with the textural-structural synthesis of their interviews, to ensure that these were valid descriptions of the lived experiences (Sailor, 2013). I compared the data obtained to Illeris's theory, and to other studies which had used it in qualitative research, as suggested for triangulation by Wildermuth et al. (2020).

Transferability

Transferability, which corresponds to external validity in quantitative studies, refers to the applicability of the findings to other settings. This means that someone reading the study could see how the findings could be applicable to their own or another setting (Lincoln & Guba, 1986), or could be 'transferred.' This study's transferability was enhanced through using TPA, so that what was rendered was the essence of an experience, which, ideally, would transcend specific contexts in some meaningful ways. I strove to achieve transferability by providing a detailed, or "thick" description of the participants and their experiences (Mayan, 2009, p. 102). This came from the demographic questionnaire, note-taking during interviews, and adhering to TPA process (Moustakas, 1994).

The criteria for participation put boundaries on the sample characteristics, so a reader interested in a different population could clearly see the commonalities between

the study population and the other population of interest. That is, if this study showed a common universal theme among novice part-time prelicensure clinical nursing faculty drawn from a number of different schools, then schools which employed a similar demographic could gain knowledge from the study which could benefit them and their faculty. Another way to address transferability of this study's findings was to cite other relevant studies that used the same method, but in different environments, and also to suggest further such studies to support the findings and create an overall picture of the phenomenon (Shenton, 2004).

There were other expected limits to transferability. It was possible that participants who agreed to take part in the study had had extremes of experience with peer support-seeking, either very positive or very negative. It might be that the individual schools from which participants came had very different policies, training, and systems to enhance peer support among faculty. Further, the study did not account for individual personalities among participants, or their abilities to clearly articulate their experiences. It did not consider cultural or linguistic backgrounds, except that participants had to be able to communicate adequately in English. Strategies to promote transferability in this study, were to conduct interviews with multiple participants, so that one's person's experience was not taken to represent the universal, and to aim for thematic saturation.

Dependability and Confirmability

Dependability and confirmability correspond to reliability in quantitative research. This includes in-depth methodological descriptions which would allow others to repeat the study process (Lincoln & Guba, 1986; Shenton, 2004). It also involves leaving

an audit trail of research decisions, which others may review after the research is completed (Mayan, 2009). The audit trail for this naturalistic inquiry dissertation involved documentation which included a reflexive journal, and a detailed description of procedures (Lincoln & Guba, 1982). One decision that must be defended is the choice of data collection method for the research question and design (Ravitch & Carl, 2016). In this case, data collection was obtained through semistructured interviews. This aligned with the research question asking people about what they had experienced, and how they had experienced it, and the method of transcendental phenomenology as originated by Husserl (1913a, 1913b) and articulated by Moustakas (1994).

The judgment of confirmability refers to the product of the research, specifically the data and its reconstruction (Lincoln & Guba, 1986). I attempted to achieve confirmability through audio-recording and transcription of the interviews verbatim. I used the TPA method (Moustakas, 1994), and the software tools Excel and NVivo, for data analysis. I also considered the use of member checks to enhance confirmability. I attempted to depict data in both textural and diagrammatic forms.

Ethical Procedures

I received Walden University Institutional Review Board (IRB) approval (no. 09-16-21-0671914) prior to contacting potential research participants or collecting data. The application to the IRB included all documents to be sent to participants: the explanation of the study, the consent form, the demographic questions, the assurance of confidentiality, the voluntary nature of the study, and the right of participants to withdraw from the study at any time. I notified nursing school directors first, and did not attempt to

contact participants directly. Nursing school directors who chose to forward the information to their faculty did not share any personal information or contact information of the participants with me. Participants provided informed consent by reading the consent and answering “I consent.”

Data collection risks included compromising the privacy of participants, and the confidentiality of the data. All participants received a code number, and individual names were not stored with the interview data. Audio-recorded data were destroyed once interviews were transcribed and notes were made on the recordings. Transcribed interviews were stored as coded files in a password-protected computer in my residence, where I had sole access. Data were backed up on flash drives and stored in a locked filing cabinet in my home. My dissertation committee and I were the sole entities with access to the data. Data were stored for the time required by the Walden University IRB. The risk that participants would find questions emotionally difficult was handled with the assurance that participants could stop the interview at any time, and could decline to answer any question. I considered not mentioning the small gift card as a thank-you for participation prior to the study, to avoid any appearance of paying participants or coercion. The gift card was sent to participants after their part in the study was completed, along with a thank-you message.

Summary

The purpose of this qualitative study was to explore the phenomenon of peer support-seeking as experienced by novice part-time clinical nursing faculty. In this chapter, I discussed the research design, the role of the researcher, the methodology,

issues of trustworthiness, and ethical procedures. Chapter 4 includes the study setting, demographics of participants, data collection, data analysis, evidence of trustworthiness, and study results.

Chapter 4: Results

Introduction

In Chapter 4, I explain the data analysis process and present the results. The goal for this study was to answer the research question: What are the lived experiences of novice part-time prelicensure clinical nursing faculty in seeking support from faculty peers in order to effectively fulfill their teaching roles? Chapter 4 includes discussion of the study setting, demographics of participants, and data collection and analysis processes. I also provide evidence of trustworthiness and present the study results.

Setting

I conducted the interviews electronically over the Zoom platform. There were no personal or organizational conditions of which I was aware that would have influenced interpretation of the study results.

Demographics

The six participants provided data for this study, derived from the demographic questionnaire and from the recorded interview transcripts. Demographics are found in Table 1.

Table 1

Participant Demographics

Participant	No. of years as a clinical instructor	No. of years of nursing experience	Highest degree	Nursing specialty
1	2	5	MN/MSN	Medical-surgical
2	< 3	17	MN/MSN	Perioperative

3	< 3	3	BSN	Pediatric psychiatry
4	< 3	8	BSN	Trauma ICU
5	< 3	3	BSN	Pediatrics
6	< 3	8	MN/MSN	Medical- surgical

Note. MN/MSN = Master of Nursing/Master of Science in Nursing; BSN = Bachelor of Science in Nursing; ICU = intensive care unit.

These data help to illustrate that the sample population were all novice in the clinical instructor role but varied in their time as nurses and in their degree attainment.

Data Collection

Data collected included the demographic questionnaire and the interview transcript for each participant. I collected the demographic questionnaire, along with the consent form, from five of the participants via email. The first participant completed the consent form and demographic questionnaire through the SurveyMonkey platform, which was part of the original recruitment strategy.

I conducted the interviews online, over the Zoom platform, during a single session for each participant. The participants chose their own confidential locations for the interviews. The Zoom platform had a recording feature, so I was able to go back and listen to each interview as often as needed. I manually transcribed each interview, first by handwriting it verbatim while listening phrase-by-phrase, including notes about pauses, laughing, and other things I noted in the voice tones. I subsequently typed each handwritten interview into a Word document. This process allowed me to interact closely and repeatedly with the data and to ensure that what was recorded was exactly what I transcribed.

Variations in Data Collection From the Original Plan

As described in Chapter 3, the original plan for participant recruitment involved contacting nursing programs within the state of Washington, where I resided at the time. Three large universities were receptive to emailing the study recruitment flyer to their nursing faculty. However, the IRB from one of the universities, which had originally agreed to participate, subsequently rescinded their offer because I was not affiliated with the university. The second university did not respond to follow-up emails inquiring whether they had emailed the study invitation to faculty. The outreach from the third institution resulted in one faculty member respondent who completed the SurveyMonkey survey but ultimately did not meet the study criteria. Due to these factors, a change in approach was needed.

After consultation with my dissertation committee and the Walden University IRB, I decided to attempt recruitment through social media platforms. Specifically, the study invitation was posted in several professionally relevant Facebook groups. This resulted in three respondents who met study criteria and who completed the consent and initial demographic questionnaire through email. Recruitment of participants via the Facebook social media platform was approved by the dissertation committee and the Walden University IRB. Two participants were recruited using snowball sampling, and one was recruited using the Walden University Participant Pool. In addition, the second interview and member checks were eliminated.

Another change was that I decided not to continue using the SurveyMonkey platform for the consent and demographic forms, after the first respondent submitted

these. I was concerned about being able to monitor the incoming documents, and felt more secure using email. This change was also approved by the dissertation committee and the Walden University IRB. Finally, the change was made to utilize Zoom for interviews.

Data Analysis

The process for data analysis, as articulated in Chapter 3, was Moustakas's (1994) TPA. I followed four steps outlined by Moustakas.

Epoché: Developing a Bias-Free State of Mind

Step 1. I engaged in a reflective meditation about who I am and my experiences regarding the phenomenon, before each contact with the data. I accomplished this by keeping a journal of my thoughts and writing the following meditative phrase to reflect upon before I began working with the data each time:

These are the thoughts of another, not my thoughts.

These are the experiences of another, not my experiences.

This is the reality of another, not my reality.

These are the memories of another, not my memories.

These are the feelings of another, not my feelings.

My experiences with the phenomenon of peer support-seeking underwent a profound transformation during the study, as I moved to a different state and started a new position as an assistant professor in a baccalaureate nursing program. I had no history with the school and no personal connection or history with any faculty peers. This school was in a mid-sized town, and many of the faculty had attended the school as

nursing students. There were deep, longstanding relationships, both personal and professional, among faculty, and I was a newcomer in their midst. Engaging in reflective meditation and attempting to create a bias-free state of mind, or epoche, were essential to maintaining objectivity, as I was undergoing my own transformation into the novice faculty role and engaging in peer support-seeking myself.

Step 2. I listed all my biases and preconceptions about the phenomenon in the journal, and with each interview transcript. My thoughts also appeared as memos on the Excel spreadsheet I created for coding.

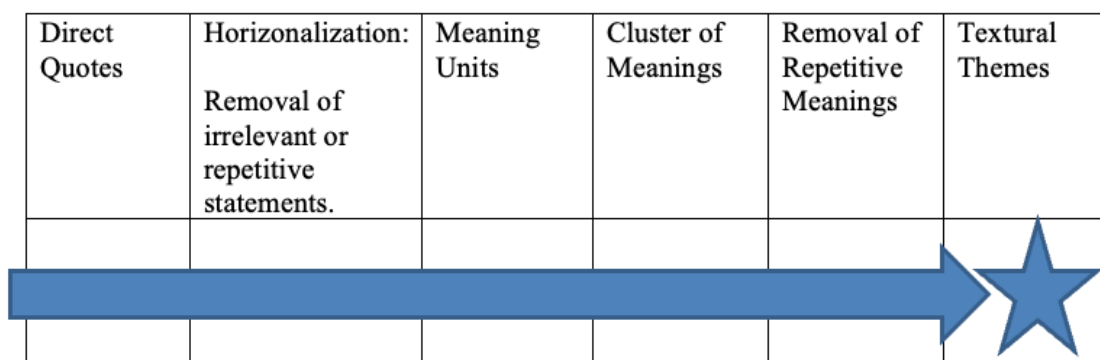
Step 3. I consciously attempted to put aside these biases (bracketing).

Step 4. I endeavored to be willing to accept all inputs and ideas about the phenomenon, apart from any of my own thoughts and experiences about it. One of my committee members had advised me that data that emerged might not be what I expected or anticipated, and she turned out to be right.

Step 5. I endeavored to go through the above process with every contact I had with the data. After a time, it became more natural to do work with an epoche mindset.

Phenomenological Reduction

The three steps in phenomenological reduction are bracketing, horizontalization, and creating clusters of meaning (Sailor, 2013). I described bracketing (epoche) in the preceding Epoché: Developing a Bias-Free State of Mind section. The three steps of phenomenological reduction encompassed the process of moving from participants' direct quotes to textural themes, as shown in Figure 1.

Figure 1*Development of Themes*

Step 1. I transcribed each transcript verbatim, from the recorded interviews, first hand-written, then typed.

Step 2. I read and reread each transcript, multiple times.

Step 3. I went through and identified all statements I deemed relevant to the phenomenon and created an Excel spreadsheet with participants numbered 1 through 6, with each one's relevant statements numbered, as illustrated by Adu (2016).

I purchased a subscription to the NVivo qualitative analysis software program, completed the basis tutorials, and experimented with importing the Excel spreadsheet data into NVivo, as described by Adu (2016). I was a new user of the software and did not have time to learn it in depth. It allowed graphic presentation of data and organization of codes and themes to show relationships. In addition, there was an auto-coding feature. However, a researcher still needs to actually create the codes and themes when using NVivo for TPA. I found that manual coding on the Excel spreadsheet, and subsequently

in Word documents, was more effective and user-friendly given the time I had available to complete this dissertation and according to the methodology I had selected.

Step 4. I created an Excel spreadsheet to code, for each significant statement, per participant. This coding started with experiential statements, in vivo codes, process codes, subthemes/categories, and major themes, which ultimately correlated with Illeris's (2018) three dimensions of learning concepts, although I had not planned this. I wanted to learn different approaches to manual coding and stay close to the data, and hoped to enhance trustworthiness of the data, by enhancing credibility with multiple approaches to coding, being the sole researcher, and a novice. This process and result helped illustrate the relevance of Illeris's three dimensions of learning model to the phenomenon, although it was not essential as part of TPA. This process was completed for all relevant statements, and I submitted the Excel spreadsheet to my dissertation chair for review.

Step 5. To create clusters of meaning, I revisited all transcripts again, and created Word documents from them. These documents included tables with the relevant direct quotes, from which I created experiential statements, then meaning units, which were clustered. Every significant statement in the transcript received equal value, then repetitive or irrelevant statements were removed, in the technique of horizontalization. The horizons were what was left after what was irrelevant or repetitive was removed (Sailor, 2013).

The participant statements were in no particular order or grouping and were given equal weight at this stage. This was to show how participants experienced or viewed the phenomenon of peer support-seeking engaged in by novice clinical nursing faculty. The

original list contained 112 statements. These were carefully reviewed again, and the list was reduced to 54 statements (see Appendix C).

It was revealing to me that many of the statements reflected the actions of others towards the participants. However, the nature of the phenomenon was peer support-seeking. So, although many of the statements reflected important concepts about supportive people and organizations, these had to be carefully removed, sometimes with a sense of loss on my part, to get closer to the essence of the phenomenon. These statements were then analyzed again and clustered into subthemes or concepts. Through this process, textural themes emerged. The seven textural themes, which corresponded to music-related terms, were solo, harmony, learning the part, discord, listening, ensemble, and writing a new song.

Textural Themes

Solo

This theme captured the experience of working and feeling alone, and also finding one's voice and developing autonomy. Subthemes or concepts were feeling isolated/alone, fear of being a burden, fear of showing weakness, avoiding an unsupportive peer, learning to articulate one's own needs, and developing autonomy.

Harmony

This theme involved the process of working with others that was perceived as positive. Subthemes or concepts were empathy, open lines of communication/connection, availability, mending relationships, collaboration, welcoming presence, developing friendship, and being offered support.

Learning the Part

This theme captured the process of moving from one's identity, knowledge, and abilities as a nurse, to a new role as educator. Subthemes included were role development and mentorship.

Discord

Sometimes peer support-seeking led to negative feelings and situations. Subthemes or categories were unsupportive/unreliable peers, being strangers, silence (lack of response), disagreement among faculty, and personality conflicts.

Listening

As a musician listens to the other voices in the ensemble, and learns from the masters, the new faculty learns from more experienced peer colleagues. Subthemes included drawing from others' experience and receiving feedback.

Ensemble

Playing in a group involves multiple voices, and this is analogous to a workplace team. This theme also captured working with students, an essential and influential aspect of the nursing school workplace. Subthemes or categories were camaraderie, collective knowledge and judgment, recognition/respect from the group, and working with students.

Writing a New Song

The participants spoke of things they wished had been present in their experiences in peer support-seeking, or how they would make things better if they could. Subthemes or categories were being welcoming, offering help, collaborating often, and supporting one another. One participant listed outcomes of peer support she believed would happen:

psychological growth and well-being, and job satisfaction. In the experience of peer support-seeking, this theme was preceded by developing a sense of competence in the role, and thus having a ‘new song to sing,’ a voice to be integrated into the ensemble.

Table 2 is a sample of textural themes, subthemes, and concepts, with corresponding verbatim participant quotations. I will further explore the textural themes in the Results section. The full list of participant quotations can be found in Appendix C.

Table 2

Sample of Textural Themes, Subthemes/Concepts, and Verbatim Quotes

Textural theme	Emergent subtheme/concept	Verbatim quote from participant
Solo	Isolation	<p>“This pain was really affecting me, so I had to go to a colleague of mine.” (P1)</p> <p>“I felt alone. I was, like, there was no one else to ask for help, like I was just kind of confronting this experience by myself.” (P3)</p>
	Identifying one’s own needs	<p>“It got me to be able to say, ‘So, this is what I have. This is what I struggle with’ . . . she was very, very supportive and helpful in that way.” (P3)</p> <p>“Sometimes they don’t know how to be supportive. They wanted to be, but they kind of had to put the ball back in my court.” (P3)</p>
Harmony	Welcoming presence	<p>“She was absolutely very supportive, and very easy to come to with questions.” (P4)</p> <p>“I was really nervous . . . I had never taught clinical before . . . I felt so at ease coming to her, with all of what I thought were stupid questions.” (P4)</p>
	Mending relationships	<p>“He apologized for the way he handled the situation [when participant asked for help], and that was good. We moved forward from there.” (P2)</p>
Learning the part	Role development and mentorship	<p>“I had a bit of a difficult situation with one student . . . I reached out to see if we could recommend certain things.” (P6)</p> <p>“I reached out to one of our other adjunct clinical instructors . . . I feel like I’m not giving them [students] the most out of their clinical day.” (P4)</p>

I produced a textural description of each participant's experience, and of each theme, shown in the Results section.

Imaginative Variation: Producing Structural Descriptions

For imaginative variation, I completed three steps:

1. I examined all possible meanings or interpretations of participant experiences from the textural descriptions.
2. I noted the context, participant characteristics, sequence of events, causal relationships, and corelationships among themes. I looked back at the initial coding in excel, for context and possible relationships among themes.
3. I developed a structural description of each participant's experience, and of each theme, which are found in the Results section.

Synthesis of Meaning

I also completed three steps for synthesis of meaning:

1. I synthesized the textural and structural descriptions for each participant into a textural-structural description (Sailor, 2013). This is found in the Results section.
2. I synthesized the entire composite of textural/structural descriptions of all participants (Sailor, 2013).
3. I generated a logical principle which represented the essence of the experience. This might also be conveyed as a metaphor (Sailor, 2013). This is found in the Results section.

Qualities of Discrepant Cases

The sample size of six participants was very small. Determining discrepant cases was, therefore, a challenge. However, I could identify two which I considered discrepant, based on their backgrounds. Discrepant cases can lead to new discoveries, as will be noted at the end of this section.

Participant 2 had experience as a full-time faculty member at a different school and had also worked as a director of a nursing program. Some of her statements reflected her supportiveness towards novice clinical nursing faculty, while in that role, and challenges inherent in this. One statement was, “When you are the program director and you have two-hundred students, it’s just hard to meet the needs of all your adjuncts.” Another was, “They bring in so much clinical expertise. But the whole understanding of the role of educator is different.” These statements were not included within the final list of significant statements, but provided information that was valuable in considering context, and developing her structural description.

Participant 5 was a brand-new clinical instructor and was hired by her alumni school, from which she had recently graduated. She had maintained ties with former faculty and was strongly encouraged and supported, based on their knowledge of her as a student. She was prepared to teach clinical for the first time but had not yet been on her own with the students in the clinical setting at the time of the interview. Her need for peer support might have changed or evolved, after performing in the clinical instructor role on her own. However, her statements were given the same weight as other participants in the analysis. At this point, she sounded full of optimism, and her statement reflected more

support, and less discord, than the other participants: “In terms of seeking out help, I actually haven’t had to initiate much of it. Because I’ve been reached out to by so many different people offering help.” The participant added, “She offered to mentor me, because this is my first semester doing it. And she’s been a mentor for me along the way to kind of help guide me through. So, I’ve had her as a resource.” This question—whether new part-time instructors who are hired by their alumni schools experience a higher perception of peer support and have higher job satisfaction and retention—could be a topic for another study.

Evidence of Trustworthiness

Credibility

As described in Chapter 3, I conducted a single in-depth interview with participants. I attempted to engage with participants, building off their statements, during interviews, using semistructured questions and follow-up probes, to try to construct thick descriptions. An additional technique I implemented was to do In vivo and Process coding, with additional identification of subthemes, starting with the verbatim transcripts. These moved towards the major themes, or concepts, in Illeris’s three dimensions of learning model, as mentioned in the discussion of credibility in Chapter 3. I hoped to build the credibility of the data by attempting these different types of manual coding, and by showing their relationship to the conceptual learning model I had chosen.

Transferability

I adhered to the plan outlined in Chapter 3. During analysis, I did review several additional studies, and videos describing TPA, in order to further enhance my

understanding of the process. These were more valuable to me after working with my own the data and attempting to analyze it. The goal was that the context and experiences described could allow a reader to see how this information could be relevant to a similar situation or workplace.

Dependability

I attempted to describe, and to illustrate, in the Data analysis section how I analyzed the data. This information, combined with that in the appendices, could offer a guide to another researcher who wants to engage in a similar study process. My research journal and email history, showing descriptions of my research decisions, served as an audit trail of procedures.

Confirmability

I adhered to the process outlined in Chapter 3. Another change from the original process was limiting the use of the NVivo software for auto-coding of themes, and analysis, due to several limitations which are described in the Limitations section. Ultimately, manual coding was the right choice for this dissertation, as it helped me to learn what coding was, in practice, and kept me close to the data every step of the way. I shared my coding and themes with my doctoral committee, who had experience with qualitative data analysis.

Results

The seven textural themes are listed in Table 3, including which participants made significant statements within each theme.

Table 3*Textural Themes Present per Participant*

Textural Theme	P 1	P 2	P 3	P 4	P 5	P 6	Total
Harmony	X	X	X	X	X	X	6
Solo	X	X	X	X		X	5
Writing a New Song	X	X	X		X	X	5
Discord	X	X	X	X		X	5
Learning the Part		X	X	X		X	4
Listening			X		X	X	3
Ensemble		X	X	X	X		3

Transformational Learning Categories

Table 4 shows the number of occurrences of participants' original statements which came under Illeris's three dimensions of learning, derived from the rounds of manual in vivo and process coding recorded on an Excel spreadsheet. This was not required for the TPA method, but was included as another way to describe the context of the experience of peer support-seeking in this study.

Table 4*Frequency of Coded Statements Within Illeris's Three Dimensions of Learning*

Category of Learning	P1	P2	P3	P4	P5	P6	Total
Social/Interpersonal Development	5	16	20	15	17	10	83
Cognitive/Intellectual Development	7	24	30	12	16	15	104
Emotional/Psychological Development	20	37	45	31	34	28	195

Table 4 suggests that, individually and collectively, the emotional/psychological domain was the most prevalent of the three domains in the peer support-seeking experiences in this sample. In the textural themes, the most prevalent themes, solo,

harmony, and discord, had more language of emotion than did the other themes, which were more about cognitive learning, and aspects of the workplace. This could suggest that the emotional and psychological aspects of being a new clinical faculty need to be attended to, for higher-order learning, role development, and socialization to occur.

Themes: Textural Descriptions

Harmony

The subthemes were empathy, open line of communication/connection/availability, mending relationships, collaboration, welcoming presence, developing friendship, and being offered support. All the participants described experiences which were harmonious in nature, in which they connected with a peer in a positive way. P1 received empathy from a coworker when she was desperate, and he relieved her burden by helping her, without her having to explain. She expressed that coworkers who became friends could work “in harmony” together and grow psychologically. P2 experienced collaboration with a peer, as they exchanged ideas about how to run their class, and noted her perception of being connected: faculty peer support was always “there” if she needed it. She restored her relationship with a colleague who had not been helpful when she had reached out, when he apologized, and they “moved forward from there.”

P3 described initially feeling criticized by a peer when she asked for help, but then having the relationships “mended” and harmony restored. P4 described having a direct line of communication with a supportive peer, and feeling at ease going to a peer when she felt nervous, or had “stupid questions,” because this peer was welcoming and

approachable, and made her feel "so at ease." P5 described the perception that colleagues were always available to her, with a phone call, or meeting in person. P6 experienced initial discomfort with her mentor, a personality mis-match. But in time, harmony and trust developed, they became "really good friends," and she turned to this person for advice frequently.

Solo

The subthemes were feeling isolated/alone, fear of being a burden, fear of showing weakness, avoiding an unsupportive peer, learning to articulate one's own needs, and developing autonomy. Five of the six participants loaded for this theme, describing times of being and feeling alone. P1 described wanting to "isolate" at work during pregnancy, and experiencing intense pain and fatigue, while trying to keep up her teaching responsibilities. She bore it alone, until she could no longer do her work, and reached out to a peer for help. She described the reluctance of being a "burden" to faculty peers, who had their own demands and goals. P2 described being left alone to run a simulation by herself, when her lead faculty and simulation operator cancelled at the last minute. She reached out to a faculty peer she did not know, and he did not help her. She realized that she would have to do everything alone. She described being reluctant to ask peers to help her, unless "I really need it."

P3 did not want to ask a peer for help, because this person was consistently critical and unsupportive. When this was the only person on campus and she needed help, she did not ask, to avoid this peer, who would just "make me feel stupid." She felt alone, confronting a new situation by herself. With support of instructional faculty, she was able

to identify and articulate her own learning needs and struggles. P4 described the feeling of being removed from the campus and other faculty, working off-site at the clinical location. She wanted to feel more a part of the campus and the team, but there were not many opportunities to gather with other faculty on campus. P6 commented that, in working with faculty peers, “You don’t want to show weakness, ever!,” which indicated another meaning of solo: being competent and autonomous, and not dependent on others.

Discord

The subthemes were unsupportive/unreliable peers, being strangers, silence (lack of response), disagreement among faculty, and personality conflicts. All participants, except for P5, loaded for this theme, which reflected experiences of conflict or having unsatisfying relationships. P1 described a peer not showing up to teach, as promised, and then just “offering excuses.” P2 described asking a “full-timer” for help, and getting a negative response with refusal to help. She noted that she did not know what this peer’s situation was, and “It was the first time I met him.” She noted that a lack of peer support could influence part-time faculty to quit. P3 reached out to a number of different faculty peers for support, but they got upset with her when she did not implement their ideas. She told the dean of instruction that she did not know what to do, and felt she was “doing everything wrong.” P4 described going to her manager when some students were confused about some inaccurate information a peer colleague had given them. Her manager said she would “look into it,” but she never heard anything further, and it was never resolved. She reached out to the source of the information, but this person never returned her email. P6 described disagreement among faculty about failing a student, and

she was caught in the middle, being the clinical instructor. She initially received only negative feedback from the mentor, which diminished her confidence. They had a personality conflict, and she initially felt uncomfortable with this person: a “rocky start.”

Learning the Part

The subthemes were role development and mentorship. Four out of the six participants described learning how to be clinical instructors from peers. P2 sought support learning about the different off-campus clinical sites where she would be teaching. She described how different the role of educator was from that of being a nurse, and how essential it was to have peer support to succeed as a new part-time clinical faculty. P3 reached out to the dean of instruction, and they arranged to meet every week to go over how things were going, something she had never had in any other previous job. P4 sought advice from a more experienced part-time clinical instructor, about how to engage students, especially on “slow days,” when she felt she was not giving them the best learning experience. She asked this colleague to share “tips and tricks” gleaned from her own experience. P6 valued having a mentor to “bounce ideas off of.”

Listening

The subthemes were drawing on another’s experience and receiving/accepting feedback. Three of the participants described listening to, or drawing from, the experience of their peers, and receiving peer feedback. P3 described reaching out for others’ teaching materials, so she did not have to “come up with everything from scratch.” She asked her faculty peers to observe her teaching, to make sure she was delivering content in a way that was engaging to students. P5 described drawing on the

experience of a peer mentor, who had been teaching for years and had “lived the part.” P6 said that she could draw on the experience of her direct faculty, and this was “very, very good.” She went to the course lead specifically for help learning to navigate the computer learning system.

Ensemble

The subthemes were camaraderie, collective knowledge and judgment, and recognition/respect from the group. Four participants described working together with other faculty as a group, or ensemble, or wanting to do so, in the work setting. They also emphasized working with students. P2 described support in the form of respect from the faculty group, because she offered them a new perspective on a curriculum decision. P3 said that faculty were all “a big family,” and she could go to any one of them for help. P4 felt that she did not always know what was happening in the classroom, and wanted more contact with the on-campus faculty, to address problems as they were happening. P5 described not needing to seek out much help, because so many faculty had reached out to her offering help. She also felt there were multiple people on campus she could call to get support.

Working with students was also a predominant part of this theme. Each participant described a situation in which how they worked with students was the primary concern, and that peers were involved. P1 had to cancel a group of students when a colleague did not show up, and P2 had to run a simulation alone, for a similar reason. P3 was not sure she was engaging students with her teaching style, and asked for feedback. P4 was uncertain how to engage students during the clinical day, and sought peer ideas;

she was concerned that student problems did not get addressed until the end of the semester. P5 felt confident that her nursing skills would translate into being a good teacher, when a peer encouraged her in this. P6 reached out for help with technology, when students were frantically texting her with questions she was not equipped to answer.

Writing a New Song

The subthemes were being welcoming, offering help, collaborating often, supporting one another, and transforming the culture of nursing. Five of the six participants described their thoughts about how they would make things different, or their 'ideal,' in the context of peer support-seeking. P1 described the importance of peer support in new faculty growing psychologically, and having well-being. P2 described the need for established faculty to be more open-minded and welcoming to new faculty, and welcoming of their fresh perspectives. She believed that peer support could "make it or break it" for new part-time faculty, and that experienced faculty needed to offer new faculty support, so new faculty could improve in their roles and be successful. P3 described the ideal peer colleague as being "smiley," offering help, approaching you, with a "bright, welcoming, not shut-off vibe" about them. P5 recommended more meetings between on-campus faculty and part-time faculty, to communicate about student issue and solve them before the next semester. P6 wanted to see the culture of nursing change: "I feel like that is what nurses are supposed to be: nurturing and supportive. And most people do that very well with their patients. I don't know why, it's this culture, that, hopefully, it's starting to die out, among nurses to younger nurses."

General Narrative

All the participants in this sample sought support from their peers in the context of learning to become clinical nursing educators. Harmony in relationships, or positive feelings and experiences, was described by all the participants. These included experiences of collaboration, feeling understood, and feeling welcome and appreciated. Other times of harmony were reflected in experiencing an open, or direct line of communication with a supportive peer, and reconciling with a peer after negative interactions. Becoming friends with a peer was regarded as a preliminary to working well together.

Most of the participants described experiencing discord with a peer in the context of peer support-seeking. Two participants described when colleagues cancelled plans at the last minute, when they had promised to be there, causing stress and inconvenience to the participant. Two participants conveyed experiences of incivility from colleagues when they sought help. Two participants described the phenomenon of being strangers, or not knowing colleague, and experiencing rejection, or deciding not to risk being a burden on the peer. One participant described not having her concern addressed, by a peer and manager, when students had learned incorrect information on a critical topic. Another participant received only negative feedback from her mentor, which diminished her confidence. They had a personality conflict, and she initially felt uncomfortable with this person: a “rocky start.”

Feeling or being alone, or solo, was described by most of the participants. One participant had self-imposed isolation due to physical symptoms, and the fear of reaching

out and being a burden to colleagues. Two participants were reluctant to seek help from peers at all, or to show weakness. One participant described learning to articulate her own needs with a trusted support person, when she felt like she was doing everything wrong. One participant described feeling that there was nobody to turn to for help, except an unsupportive peer she was avoiding. Another participant chose to figure things out for herself, when a colleague was unsupportive when she reached out for help in an emergency. Solo had a positive connotation of learning to be competent and self-sufficient in one's work role.

Learning the part, or role, played by a clinical instructor was a theme inherent in the statements of four participants. A common aspect of the role is working at an off-site location, and one participant sought information on the clinical sites where she would be sent. She had observed that the role of educator was different from that of a nurse, and that it was essential as part-time clinical faculty to have peer support, in order to develop in the role. The concept of mentorship emerged. One participant reached out to the dean of instruction for support in learning her role, and another went to another adjunct clinical instructor for ideas and feedback. One participant described seeking peer support in a difficult situation with a student, and perceiving that a peer mentor was always available to give her an expert opinion, and to help her take situations to a "logical context."

Drawing on the experience of others, and receiving feedback, were concepts that emerged as types of listening in support-seeking among several of the participants. One participant asked peers to observe her teaching, to ensure that she was engaging students. One participant described drawing on the experience of a more senior peer, in making

decisions, and learning the computer system. Another described drawing on the knowledge of an experienced peer who had “lived the part” of the clinical instructor for years.

Half the participants described working together as a group, or ensemble. One described the work group as a big family, each of whom she could go to for support. Another participant felt separate from the group, working off campus in the clinical setting, and wanted more structured times to join with other members of the group to talk about how the students were doing in clinical. A third participant said she had not needed to engage much in peer support-seeking, because so many peers had reached out to her, offering help. She spoke of the work group as having multiple people on campus she could call from the clinical site, to get support. All the participants mentioned working with students, either stated, or implied, another aspect of ensemble, or the work environment.

Almost all the participants spoke about a new or different way, an ideal they would like to see: a new song. Two spoke of the characteristics they would like to see in a supportive peer to whom they could turn. The supportive peer was open, welcoming, smiled, approached you first, and offered help before you asked. One participant thought faculty peers could be more open-minded and welcoming to new faculty, and to their different perspectives. One wanted to see on-campus faculty peers who made sure part-time faculty who worked off-site were brought into the group, by scheduling more meetings on campus, and making part-time faculty feel welcome and part of the group. Two participants made statements as maxims, based on their experiences in the role: peer

support can “make it or break it” for new faculty, and can help one grow psychologically. Finally, one participant wanted to see the culture of nursing itself change, so that nurturing and caring for new workers took the place of showing incivility towards them.

The general narrative summarizes the experiences of this sample with the phenomenon of peer support-seeking. According to Husserl, “universal essential properties” of experiences are held in consciousness (1913a, 1913b). The only way for others to hear about these experiences is for those who hold them to share them. The interview process in this study was intended as a means to accomplish this.

Textural and Structural Descriptions of Participants: The What and Why of Experiences

Participant 1

Textural: Phenomenological Reduction. P1 described feeling overwhelmed. But she did not want to burden her colleagues by asking for help, because they had their own work to do. When she did finally seek help, she described that her colleague seemed to understand her immediately. She described a different scenario, when she called a faculty peer, a new person, to cover a certain class. This colleague said she would avail herself. But this colleague did not show up, and later just made excuses about her absence. P1 had to reschedule the class and change her mindset of what her schedule was going to be. Her experiences had taught her that friendship among colleagues came before teamwork, but that this was not the case in the initial stages of working together. For her, peer support prevented burnout at work, and gave her psychological health and well-being.

Structural: Imaginative Variation. P1 was late in the second trimester of pregnancy and experiencing extreme pain and fatigue. It was stressful to try to keep up teaching responsibilities while feeling this way. She described wanting to self-isolate during the pregnancy, which was not possible while working. Her fear of burdening colleagues initially caused her to stay in isolation with her situation. But it reached a critical point, and she was compelled to seek help from a colleague to take on some of her work. She described that this male colleague appeared to understand her situation immediately, so seeking help from him did not make her feel like a burden. She did not need to worry about the students, or about the work getting done.

She sought out a different colleague to cover a group of students and planned on her to be there. But this colleague did not show up as planned, and there was a lot of work to do. P1 had to reschedule the class, which would have been an inconvenience for students, and they might have blamed her for this, rather than the colleague. She felt disrespected and frustrated by this colleague, who did not apologize, but just made excuses for her absence. P1 had to change her plans and her thinking about the class, and this was a distraction from her focus on the class and the students. This experience caused her to lose trust in this colleague, and maybe in colleagues in general. She decided that “I should just be ready for everything, and make sure that I have a clear schedule of work.” She needed to rely on herself, and not depend on others, which spoke to developing autonomy, albeit the hard way.

Participant 2

Textural Description: Phenomenological Reduction. P2 described teaching a simulation with a colleague and receiving support through their collaboration about how to run the class. On one occasion, she had to teach simulation, and both the course lead and the simulation director called out. She saw a faculty peer, whom she had never met, proctoring an exam, and she reached out to him for help. His response to her was not helpful, and she ended up running the simulation by herself. She went to her supervisor, who spoke to this faculty peer, and he apologized to her. She accepted his apology, and they moved forward from there. She described wanting to know information about the organization and the clinical site and reaching out to other faculty for information. She expressed thoughts about the significance of peer support to new nursing faculty and believed that it was essential to development and success in the part-time faculty role. She noted that new clinical faculty brought a wealth of nursing experience, but were inexperienced as educators, and needed the support of experienced educators to succeed, and to decide to stay in the role.

Structural Description: Imaginative Variation. P2 had prior experience as a nursing program director, and as full-time nursing faculty. Although she was currently working as a part-time clinical instructor at the time of the study, she still referred to novice part-time faculty as “they,” and described how full-time faculty needed to mentor novice faculty. As a director, she had felt unable to meet all the support needs of part-time clinical faculty, as the needs of students took precedence; so, she understood the part-time faculty situation from the management side.

Her motivation for seeking peer support was to find out information about the organization, and about the clinical sites, in order to be competent and effective in her work. She did not want to ask others for help, and only did so when absolutely necessary. She experienced peer support through collaboration and recognition. She was recognized positively for sharing her expertise, when she recommended that the team avoid conducting a simulation which might be traumatic to some students.

When she did ask a full-time faculty member for help, it was in an emergency situation, and she and this person did not know each other. He was not helpful to her, and she handled the problem alone. He was trying to proctor an exam at the time. They both had a group of students depending on them in the moment, and probably neither wanted to have to interact with each other under duress, and in front of the students. She associated self-sufficiency with being competent in her role, and was a very experienced nurse, and educator. This situation risked diminishing her reputation with a fellow faculty member, a stranger. It also distracted him and took his focus off his students. She sought support from management to resolve the situation. She was able to solve the problem and meet the needs of the students. But she was offended by the peer's uncivil behavior towards her, and sought management support, resulting in his apologizing, and them moving forward in their working relationship. Her prior experience, professional identity, and sense of competence suggested that she had more to lose in terms of reputation and esteem among peer colleagues, than a person with less background and experience. She had been in the supervisory role, which informed how she handled the situation, by bringing in managerial support.

Participant 3

Textural Description: Phenomenological Reduction. Participant 3 reached out to a faculty peer for feedback on how she was coming across in presenting content, to ensure that students were engaged. She sought out input from multiple different faculty while learning to teach, but this came back on her when she chose to implement things in ways some did not like. One colleague, in particular, criticized everything she did, and she started avoiding this peer. On one occasion, this peer was the only person on campus to ask for help, and she decided not to, because she was sure this person would make her feel stupid. She reached out to the dean of instruction, feeling like she was doing everything wrong, and peers upset with her. This resulted in weekly check-in meetings with the dean, to see how she was doing and if she needed help. She found this very helpful, and had never experienced this with any other job. This peer helped her articulate what her needs were, and how to move forward.

She perceived that peer colleagues did want to help her, but they did not know what she needed, and did not want to overstep boundaries. She was able to select her own peer mentor, with whom she had a good connection, and felt that her colleagues were like a big family: she could go to any of them. She eventually mended things with the colleague who had been unsupportive in the beginning. She believed that peer support was being able to reach out and get the support she needed, but also being given the freedom to find her own way, and learn for herself.

Structural Description: Imaginative Variation. P 3 had worked her way up to a teaching role by being a medical assistant, then an RN, then earning a bachelor's degree.

She noted that she understood the material she was teaching, and that it was difficult content, suggesting a sense of competence and confidence in the subject matter. She sought peer support in the form of feedback, on how she was presenting the content, since she was a novice educator. Although she used other faculty members' teaching materials, she adapted them to suit her needs, suggesting a sense of individuality and ownership.

Another faculty sought her out to teach some content in which she had expertise. She sought help from the faculty group, rather than just one person, and this alienated some colleagues who did not agree with her approach. Her response was to seek out an expert, the dean of education, and arrange meetings with her to clarify what she knew, and what was causing uncertainty. The negative reactions of peers caused her to doubt herself, and to look elsewhere for support. The dean encouraged her to do things at her discretion, and validated her competence to run the class as she saw fit. This suggested that this support built her confidence and sense of competence. Her idea of peer support was that she could reach out for it if needed in a crisis, but then she wanted to be given the autonomy to resolve the situation herself.

Participant 4

Textural Description: Phenomenological Reduction. P4 was concerned that she was not giving her clinical students the most out of their clinical day, especially during slow times on the hospital unit. She reached out to another part-time clinical instructor, who had trained her, and asked what she could do differently. She asked this peer colleague to give her tips and tricks for keeping students' attention during the clinical

day. She was very nervous when she first started teaching clinical, and was afraid she had a lot of questions that might be considered stupid. But she reached out to a peer who was very approachable and easy to come to with questions, and this put her at ease.

On one occasion, some of her students came to her, and told her that a different instructor had given them some confusing information on a critical topic. She disagreed with what this colleague had told the students, and reached out to her supervisor to ask what they could do. The supervisor told her she would look into it, but never did, and there was no resolution. She described this as one of the most unhelpful periods she had experienced at work. She also reached out to the peer who had given the incorrect information to students, but her email to this peer was never answered. She found out later that this peer had an ill family member and decided that she had probably never seen the participant's email or had just forgotten to answer it.

She felt very supported when peers approached her, being welcoming and offering help, at the first staff meeting. She wished they could have had more meetings on campus during the semester, because she felt separate from the group, and wanted to have more opportunities to discuss student issues from clinical with the group.

Structural Description: Imaginative Variation. P4 was an experienced critical care nurse, which indicated a level of knowledge acquisition and competence beyond that required of a general hospital unit. She felt comfortable reaching out to a fellow part-time clinical faculty who had trained her, and who had been easy for her to approach, with questions. Her main concerns were ensuring that students were engaged during the

clinical day, that they had accurate information from faculty, and that student problems were addressed by the faculty group during the semester, so they could be remedied.

She was not part of the full-time faculty team, and wished there had been more occasions to meet as a faculty group on the campus. Her statements suggested that she felt left out, being part-time and based off-site, and that she looked to colleagues to bring her into the fold. The worst part of the teaching experience was when she sought help from a peer and from a supervisor to correct misinformation students had received on a critical topic. Her nursing expertise helped her realize the error, yet neither party responded to her, and she was left alone to teach the students the correct material. This suggested that her clinical knowledge and expertise were not valued, nor were her attempts at collaboration to correct the problem, whether this was intentional from the others or not.

Participant 5

Textural Description: Phenomenological Reduction. P5 described working at her alumni school and having kept in touch with many of the faculty there. She had a mentor on the faculty before she took the position, and this person had encouraged her to apply. She stated that she really did not have to seek out much peer support, because so much was offered to her by different faculty. She felt there were multiple peers on campus she could call from the clinical setting if she needed help, and her clinical teaching partner lived near to her, so they could meet up if needed. She valued being able to access peers who had been teaching clinical for a long time, and had actually lived the

part, since she was brand new in the position, and had not yet had a clinical group on her own.

Structural Description: Imaginative Variation. P5 had several years of experience as a nurse, and was hired as a brand new part-time clinical instructor by her alumni school. Her confidence to teach, although still a novice nurse herself, seemed to stem from the impressions of others, namely her former faculty at the school. One faculty mentor, in particular, assured her that she had the skill to teach, based on what they had seen of her as a student. She felt she did not need to reach out for help, because so much was offered. She had not technically been out in the clinical setting on her own. She perceived that there were many people on the campus she could call if needed, and a fellow faculty mentor available near the hospital where she taught. This perception of support, and confidence of experienced peers in her abilities, might have countered possible thoughts of not being competent, as a novice nurse and educator, to step into a teaching role.

Participant 6

Textural Description: Phenomenological Reduction. P6 described having a peer mentor, on campus and in clinical, from whom she could get feedback about her ideas. Her peers collectively helped her decide what to do when a student was failing, and helped her see the logical context, beyond her emotions. She felt that direct faculty were available to her, and she could draw on their experience. She turned to the course lead for help with the computer system that was unfamiliar to her. One peer mentor gave her a lot of constructive criticism, but not a lot of positive feedback, so her confidence diminished.

In time, they got to know each other and became good friends. After this, she turned to this person often for support. She sought out peers with specialty experience she did not have, such as critical care experience, and believed that it filled gaps in her own knowledge. She wanted to be able to fix her own performance and valued the peer's role in telling her what things to change, but wanted them not to be "mean" about it. She hoped that the culture of nursing could become more nurturing and supportive to new nurses than what she had seen in her career.

Structured Description: Imaginative Variation. P6 had been a nurse for 8 years and had held concurrent nursing and part-time teaching positions. Her clinical appointment currently was in the simulation lab, so she was based on the campus, and had regular contact with full-time faculty. She had strong recollections of working as a part-time clinical instructor off-site, at a hospital, in previous years. She also mentioned experiences as a student. In both these settings, she encountered unsupportive floor nurses, which made her life as a student, and a clinical instructor, difficult emotionally, socially, and from a learning perspective. These experiences had shaped the kind of instructor she wanted to be, and did not want to be, and motivated her to go into education, to be a better example than what she had seen in the field.

She looked to more experienced peers to help her make decisions, and to provide guidance in the technology, and in nursing disciplines in which she was not experienced. Her biggest obstacle to a sense of competence was not being adequately trained, receiving mostly negative feedback from peers, and peers assuming that she knew things she did not. Her experience suggested she was a competent nurse, coming into a setting

where there were expectations she did not understand, not a lot of orientation or support, and the lack of a mentor who was positive and encouraging. Ultimately, she did gain confidence and competence in the role, but did leave this position at the end of the semester in which this interview occurred, for reasons I did not know.

Syntheses of Textural and Structural Descriptions

Participant 1

Solo. She was competent in the teaching role. However, personal health issues interfered with her ability to do her job. She was compelled to seek peer support, to relieve some of the burdens of teaching, and ensure that students' needs were met.

Harmony. A peer responded to her support-seeking by taking on some of her work, and showing empathy. This made her feel understood, and relieved the burden of making sure students' needs were met.

Discord. A peer responded to her support-seeking by failing to show up, burdening her with rescheduling, and having to find another way to ensure that students' needs were met.

Writing a New Song. The discordant situation with the second peer led her to resolve to always be ready for anything, which might have led to increased autonomy, but also a lack of trust in, or reliance upon, faculty peers. She believed that peers needed to become friends before they could work well together, and that peer support promoted psychological well-being.

Summary Statement of Meaning. Seeking support from peers is taking a risk, and there is the fear of burdening others or being seen as not competent. Instrumental

support from peers relieves one's burdens, and ensures that students receive a good education. Lack of support from peers causes inconvenience and lack of trust among faculty, and jeopardizes student learning. But it can also motivate one to strive for autonomy and competence as an educator. As peers become friends, they learn how to support one another.

Participant 2

Solo. She had extensive professional experience, and preferred to work autonomously. She only reached out for support if absolutely necessary. When she reached out and a peer was unsupportive, she resolved to handle things herself, to ensure that students did not lose out on the planned experience.

Harmony. This was experienced through collaboration as equals with faculty peers, and in the perception that peer support was available, even if she did not need it.

Discord. She perceived a peer's response to be unhelpful when she was compelled to reach out for help in a staffing emergency. They did not know each other, and he was occupied with his own students, while she was trying to ensure that her own students' needs were met.

Learning the Part. She had vast experience as a nurse and program director, but reached out for factual information about the organization, and about the off-site clinical locations. She believed that part-time clinical instructors had much clinical expertise to offer, but needed mentoring in the educator role.

Ensemble. The faculty group, and a supervisor, acknowledged her expertise in designing a simulation experience, when she was assertive and differed from the predominant group opinion. This enhanced her sense of being respected by peers.

Writing a New Song. This was experienced as “moving forward,” when a peer apologized for not treating her respectfully when she asked him for help, and they reconciled. She believed experienced educators needed to mentor new ones, in order for them to grow into the role, and to be retained.

Summary Statement of Meaning. The identity of being an experienced nurse, but a novice clinical faculty, is awkward, especially when one does not know one’s peers yet. Seeking support from peers is primarily motivated by two needs: a need for information that will help one become competent in the educator role, and the need to ensure that student learning is not interrupted. Seeking peer support is taking a risk, in that one might be perceived as incompetent or burdensome to faculty peers. Supportive peers are collaborative, recognize a new faculty’s prior competence and knowledge, and are willing to help when the new faculty person truly needs it. Support of new faculty involves mentorship, which is critical to training and retaining new faculty.

Participant 3

Solo. She felt competent in understanding the content she was teaching, but sought peer feedback on her teaching style, to be sure she was engaging the students. She felt alone, when there were no peers to ask for help, except for one who was always negative. She preferred to suffer in silence, rather than risk feeling incompetent in front of this peer. She did not know her own needs as an educator, but learned to identify them

with a trusted mentor. She felt that faculty peers wanted to help her, but they did not know how, so she needed to identify what she needed. She wanted boundaries on peer support: emergent help when she needed it, but then the trust and autonomy to be allowed to resolve the situation on her own.

Harmony. She reconciled with a peer who was always critical and negative when they first started working together.

Discord. She sought advice from a number of colleagues, and some were not happy, when she did not do things their way. This caused her uncertainty and despair, and motivated her to seek help from a dean of instruction, who reassured her that she was competent. There was one peer in particular, who was always negative, and she made an effort to avoid this person, and not ever ask her for help.

Learning the Part. When peer support efforts were not rewarded, she sought help from a trusted mentor in a higher position. She chose her own peer mentor, based on their compatibility.

Listening. She drew from colleagues who had developed teaching materials, but adapted them to be her own. She listened to their feedback on her teaching style.

Ensemble. She felt that, as a whole, the faculty were like a big family, and she could go to any one of them for assistance.

Writing a New Song. Her ideal supportive peer would be somebody who smiled, approached her, offering help, was welcoming, and not closed-off.

Summary Statement of Meaning. Peer support-seeking is driven by the need for validation, that one is teaching content in a way students will find meaningful. Seeking

support from a peer involves the risk that the peer will make the new faculty person feel stupid or incompetent, or will provide only negative criticism. A peer who is always critical is to be avoided, even if one truly needs help. New faculty need to be able to identify their own needs, before they can successfully garner peer support, and may need to initially get the support of a superior to do so, and to receive validation of competence. A supportive peer approaches new faculty and offers help, and is not closed off or unwelcoming.

Participant 4

Solo. She felt removed from the campus, and the full-time faculty, working off-site at the clinical setting, and not having many meetings to discuss student issues. Her primary concern was that student issues in clinical did not get addressed until the end of the semester, when it was too late to remedy things.

Harmony. This was experienced as an open line of communication between herself and a supportive supervisor, and a fellow part-time clinical faculty member with more experience. She perceived that this peer was very easy to come to with any questions, and she did not feel her questions were stupid, and eased her nervousness about teaching clinical.

Discord. This was experienced as not getting a response when she reached out for clarification from the manager and a peer. Student learning was at risk, because the faculty peer had given students misinformation on a critical topic. She had the knowledge of a critical care nurse and felt responsible for correcting the critical misinformation before students moved on to the next semester.

Learning the Part. Her concern was that students were not engaged in the clinical setting when things were slow, and she asked a more experienced peer for ideas on how to engage students.

Ensemble. She valued the faculty group, and regarded student problems in her clinical group as something that needed the collective to solve, not just herself.

Summary Statement of Meaning. Novice clinical faculty have clinical expertise and content knowledge which benefits students, which may conflict with how peers are teaching the content. Voicing concerns on clinical content, however, may be met with silence from leadership and peers, which causes frustration and a negative experience for the new faculty. A peer who is approachable and nonjudgmental creates an open line of communication that eases nervousness about the new role. New faculty seek support from more experienced peers on how to engage students in the clinical setting, and how to deal with clinical issues as they are occurring. This is a challenge when they are working off-site, and rarely get to meet with full-time faculty to address clinical issues.

Participant 5

Harmony. This was experienced as the perception that peer support was always available, from a mentor, and from many people on campus. She felt that a more experienced clinical faculty peer was always accessible for questions before going into the clinical setting.

Listening. She drew on the experience of others, and valued their knowledge, and the fact that they had lived the part of the clinical instructor.

Ensemble. She did not perceive the need to seek out peer support among the faculty, because so much was offered to her, even before she accepted the position. They had known her as a student at the school where she was teaching, and knew her abilities, and there was already a level of trust and understanding.

Writing a New Song. A supportive peer ideal is somebody who is encouraging and nonjudgmental, does not wait for you to come to them, but reaches out to check on you, takes initiative to find out what you need, and offers support.

Summary Statement of Meaning. Novice clinical faculty seek to draw from the knowledge of experienced clinical faculty, in order to become competent in the role. Feeling that support is readily available and offered reduced the need for the new faculty to seek out support; Coming into a work group where one is already known and respected as a former student makes one feel confident and competent, even if one is still a novice nurse, and new to the faculty role. A supportive peer is kind and welcoming, and takes initiative to offer help to new faculty and does not put the entire responsibility on the new faculty to seek them out.

Participant 6

Solo. She never wanted to show weakness in front of peers. Her peers assumed she knew aspects of the job she did not, which caused stress. This was particularly true with the technology, and students became stressed when her lack of knowledge of the learning platform became evident.

Harmony. This was manifested by learning to get along with a mentor who had been very negative in the beginning: they developed a friendship, and she was then able to seek support often from this person.

Discord. A peer who was always critical, and did not offer positive feedback, diminished her confidence and sense of competence.

Learning the Part. She did not know what to do when a student was failing clinical, and what her role should be. She drew on the support of more experienced peers to make the decision or whether to fail the student.

Listening. She valued accessibility of an experienced mentor, on campus and in the clinical setting, with whom she could share what she was thinking, and get feedback.

Ensemble. She reached out to the faculty group when a student was failing, to see what they could recommend.

Writing a New Song. She hoped that the culture of “nurses eating their young” was dying out and that nurses and nursing faculty could be more nurturing and supportive of one another, as she perceived most nurses being with their patients.

Summary Statement of Meaning. Novice clinical faculty are afraid of appearing incompetent to peers, by asking questions and revealing their lack of knowledge of the role of educator. They may only seek support when matters become critical, such as a failing student. In such cases, they draw on the support of more experienced peers to have the confidence to make a decision. Novice clinical faculty are experienced in nursing, but need to test their ideas with more experienced peer educators to feel competent. Consistently negative criticism from a peer mentor can shake one’s confidence and sense

of competence. In time, the new faculty member can develop friendship with peers, which makes them more likely to seek out peers for support.

Restatement of Summary Statements of Meaning

Participant 1. Seeking support from peers is taking a risk, and there is the fear of burdening others or being seen as not competent. Instrumental support from peers relieves one's burdens, and ensures that students receive a good education. Lack of support from peers causes inconvenience and lack of trust among faculty, and jeopardizes student learning. But it can also motivate one to strive for autonomy and competence as an educator. As peers become friends, they learn how to support one another.

Participant 2. The identity of being an experienced nurse, but a novice clinical faculty, is awkward, especially when one does not know one's peers yet. Seeking support from peers is primarily motivated by two needs: a need for information that will help one become competent in the educator role, and the need to ensure that student learning is not interrupted. Seeking peer support is taking a risk, in that one might be perceived as incompetent or burdensome to faculty peers. Supportive peers are collaborative, recognize a new faculty's prior competence and knowledge, and are willing to help when the new faculty person truly needs it. Support of new faculty involves mentorship, which is critical to training and retaining new faculty.

Participant 3. Peer support-seeking is driven by the need for validation, that one is teaching content in a way students will find meaningful. Seeking support from a peer involves the risk that the peer will make the new faculty person feel stupid or incompetent, or will provide only negative criticism. A peer who is always critical is to

be avoided, even if one truly needs help. New faculty need to be able to identify their own needs, before they can successfully garner peer support, and may need to initially get the support of a superior to do so, and to receive validation of competence. A supportive peer approaches new faculty and offers help and is not closed off or unwelcoming.

Participant 4. Novice clinical faculty have clinical expertise and content knowledge which benefits students, which may conflict with how peers are teaching the content. Voicing concerns on clinical content, however, may be met with silence from leadership and peers, which causes frustration and a negative experience for the new faculty. A peer who is approachable and nonjudgmental creates an open line of communication that eases nervousness about the new role. New faculty seek support from more experienced peers on how to engage students in the clinical setting, and how to deal with clinical issues as they are occurring. This is a challenge when they are working off-site, and rarely get to meet with full-time faculty to address clinical issues.

Participant 5. Novice clinical faculty seek to draw from the knowledge of experienced clinical faculty, in order to become competent in the role. Feeling that support is readily available, and offered, reduces the need for the new faculty to seek out support; Coming into a work group where one is already known and respected as a former student makes one feel confident and competent, even if one is still a novice nurse, and new to the faculty role. A supportive peer is kind and welcoming, offers support, and does not put the entire responsibility on the new faculty to seek them out.

Participant 6. Novice clinical faculty are afraid of appearing incompetent to peers, by asking questions and revealing their lack of knowledge of the role of educator.

They may only seek support when matters become critical, such as a failing student. In such cases, they draw on the support of more experienced peers to have the confidence to make decisions. Novice clinical faculty are experienced in nursing, but need to test their ideas with more experienced peer educators to feel competent. Consistently negative criticism from a peer mentor can shake one's confidence in their own competence. In time, the new faculty member can develop friendship with peers, which makes them more likely to seek out peers for support.

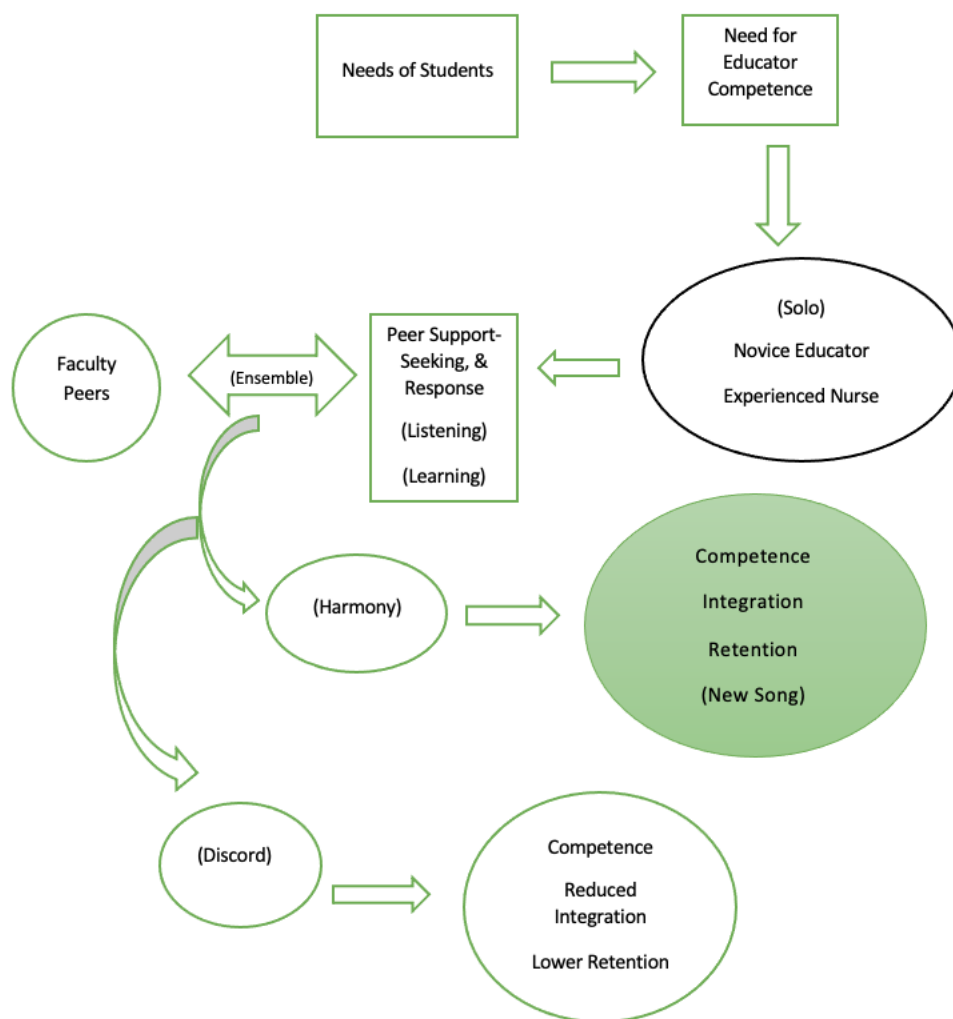
Synthesis of Meaning: Essence of the Experience

Adu (2016) noted that the final stage of analysis, synthesis of meaning, may be stated as a logical principle, and may also be represented in diagrammatic form. Sailor (2013) noted that a metaphor might also be used to express the essence of the phenomenon. The phenomenon was peer support-seeking among novice part-time clinical nursing faculty. The textural and structural descriptions for each of the six participants were written, then combined into a summary statement or synthesis. At this step, I used generalized language to take the meanings to a more abstract level. The summary statements were contemplated and reviewed, in light of their textural thematic origins, which came from the metaphor of musical performance: solo, harmony, discord, learning the part, listening, ensemble, and writing a new song.

Novice clinical faculty are solo entities when they begin work in a new academic setting. They seek support from experienced faculty peers to regain a sense of competence or mastery, which they have achieved as nurses, but do not have, as novice educators. Their primary motivation towards competence is to be equipped to facilitate

nursing students' success. The availability and provision of peer support and mentorship creates harmoniousness, which helps nurture and support the novice towards competence, through listening and learning from experienced peers. This promotes integration into the workplace ensemble of faculty and students.

A lack of peer support and mentorship, or experiencing negative or ambiguous interactions with peers, creates discord, reinforcing the solo identity of the novice, through avoidance, and self-reliance. The novice circumvents unsupportive peers to gain competence by other means, but integration into the ensemble may be inhibited, and competence gained more slowly, or not maximally. New songs are written when novice faculty have supportive mentors, study their parts, listen to the masters, and find their own voices, both as soloists, and in blending with others in the ensemble. The New Song represents a state of competency, and integration into the workplace. It also represents an ideal of a better future, in which the right kind of peer support for new clinical faculty is readily available and provided. Figure 2 depicts the essence of the experience.

Figure 2*Essence of the Experience***Summary**

In Chapter 4, I presented the data analysis and results of the study. The research question was the following: What are the lived experiences of novice part-time prelicensure clinical nursing faculty in seeking support from faculty peers in order to effectively fulfill their teaching roles? The lived experiences of this small sample of six

participants were varied in context, and distinct in the internal worlds and histories they represented. The essence of the experience was the need to feel competent, and be regarded by others as competent, in the role of nursing educator. The primary drive for per support-seeking was to gain knowledge and experience to become competent. The primary motive underlying the drive for competence was to become equipped to facilitate student success in nursing school. A related drive that seemed to be reflected and implied in the participants' words was the need to not be perceived as incompetent, by other faculty or students.

Chapter 5 focuses on interpretation of the findings, in light of the peer-reviewed literature described in Chapter 2, incorporating Husserlian Phenomenology and Illeris's transformational learning model. Chapter 5 also includes an explanation of the limitations of the study, recommendations for further research and practice, and the potential impact for positive social change at the organizational level.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this qualitative phenomenological study was to explore how a sample of novice, part-time prelicensure clinical nursing faculty experienced being new in the academic workplace environment and what it was like for them to transition from the role and identity of experienced nurse to that of novice nurse educator. The environmental focus of the study was faculty peer relationships, specifically how these influenced the experiences and perceptions of novice faculty. The key findings of this study about the perceptions of novice clinical nursing faculty seeking peer support were captured in seven themes: solo, harmony, discord, learning the part, listening, ensemble, and writing a new song. Peers and interactions with peers were central to all the themes.

New nursing faculty in the study reported seeking support from experienced faculty peers to do their work. Support was needed in three domains: cognitive (facts and information), social (identity and integration), and affective (personal and emotional). Positive or harmonious interactions with peers tended to facilitate growth in these three areas. Negative or discordant interactions with peers tended to be a barrier to growth in these three areas. Achieving competence in one's work was a key motivator for one to engage in peer support-seeking.

Interpretation of the Findings

The act of peer support-seeking is known to be driven by various human needs in the context of the workplace. The needs align with Illeris's (2014) three dimensions of learning model, with identity development at the core, surrounded by the domains of

content (cognitive), incentive (emotional), and interaction (social). My study revealed that novice nursing faculty sought peer support to meet needs in all three of these areas. The participants reported the need to gain competence, skill, and knowledge (content); confidence and a feeling that one mattered and was accepted and respected (incentive); and the sense that one could function as an active, contributing member of a workplace team (interaction). These three planes represent aspects of the working environment, and each are influenced by one's peers (Illeris, 2014).

In my study, the Content domain was reflected in the textural themes of learning the part and listening. The Incentive domain was reflected in the textural themes of discord and harmony. The Interaction domain was reflected in the textural theme of ensemble. The textural theme of writing a new song reflected the whole of the working environment, as it captured a vision of a better workplace through enhancements in all three domains of Illeris's (2014) model: content (cognitive), incentive (emotional), and interaction (social).

Workplace life and environment, including the people in it, have a direct and significant impact upon any individual within that environment (Bandura, 2018; Bronfenbrenner, 1981; Herzberg, 1974; Knowles, 2020). My findings supported the premise that workplace life and environment affect an individual because peers were the key source of support sought within the environment. Peers could facilitate, or impede, the learning and adjustment of the new faculty member.

The findings of the current study also reflect nursing conceptual models. In the intent to stay model), peer support is a key characteristic in the quality of a workplace

(Boyle et al., 1999, as cited in Cowden & Cummings, 2012), as it was for the participants in the current study. The nursing intellectual capital theory (Covell, 2008) was strongly supported by my findings: Peer support is found within networks of relationships at work, through which new people seek information and knowledge to be able to do their work. Peers were the first, preferred source of support for the participants in this study, which was confirmation of the reviewed literature. Adults in the workplace tend to prefer going first to a peer or coworker for psychosocial support related to work, rather than to a superior or other professional (Heerde & Hemphill, 2018).

Barriers to peer support-seeking identified in the literature were reflected in the current study. The fear of burdening others, or of perceived stigma in showing weakness, may prevent one from mobilizing the energy or courage to reach out for help. If peer mentorship is built into the workplace system and normalized, this barrier can be reduced (Watson & Andrews, 2018). The desire for mentorship and the desire to avoid feeling weak or incompetent by asking peers for help were evident in this study sample.

The importance of the quality of the relationship between the novice faculty and a peer mentor or support person was present in the literature (Weiler et al., 2019) and in the current study. In my study, a relationship in which the new person felt comfortable and accepted led to learning and growth. In contrast, a poor relationship with a peer could short-circuit learning, as it led to avoidance and internalized feelings of incompetence.

Peer support from faculty colleagues in higher education reduces attrition (Chen et al., 2016; Fox, 2012; Kelly et al., 2019; Morton & Gil, 2019; Vaughan et al., 2016). My findings did not reveal an emphasis on attrition or intent to stay in one's job.

However, this could be due to the small sample size and the fact that participants were not specifically asked if they intended to leave their teaching position and, if so, why.

The desire for professional competence was the chief motivation for seeking peer support among the participants in my study. Colleagues act as sources of information, and as conduits to resources and networks that are crucial to navigating institutional systems (Brady & Spencer, 2018; McKay & Monk, 2017; Morton & Gil, 2019). Participants also desired positive relationships with colleagues, which included empathy, encouragement, and the development of friendship, which concurred with previous studies that showed peer support-seeking to be essential (Fox, 2012; Hontvedt et al., 2019; Merga & Mason, 2021).

I did not find a specific emphasis on developing confidence as a result of peer support, which was a finding in previous studies (Carbone et al., 2019; Chen et al., 2016; Han et al., 2018); Ruddy, 2019). However, my study did reveal an emphasis on professional competence. Study participants sought informal support from those with comparable positions but with more experience in the teaching role.

Limitations of the Study

There were limitations of trustworthiness of my study. I conducted one interview with each participant, rather than the two that were originally planned. This decision was made in consultation with the dissertation committee, as a second interview was not essential to the chosen method, TPA. Although not essential, the lack of a second interview to confirm findings may have limited the richness of insight that could have been achieved through participants reflecting upon their responses.

The sample size of six participants was fewer than the original minimum goal of ten. This potentially limited the possible themes that were generated and the transferability, or generalizability, of this study's findings to other populations and settings. Due to the low response rate, I expanded the inclusion criteria to include novice clinical faculty who had full-time status, but for whom the clinical component was part of their teaching assignment. This made the results less specific to novice part-time clinical nursing faculty, limiting this study's relevance to that specific niche of theory and practice.

Another limitation was that only one researcher was involved in data collection and analysis. This precluded having triangulation through different researcher perspectives on the data. Further, interview technique was a limitation, as I am a novice in this skill. In retrospect, there were many instances in which I should have asked questions in different ways, and more effectively used prompts, to elicit more in-depth responses and build naturally upon what participants were saying. The online interview platform was also a limitation in that interviewees' faces and body language could not be seen, and tone of voice was not as easy to interpret as it would have been in a face-to-face setting.

Dependability of the research was limited due to changes in the original research approach, which were beyond my control. The original plan was to seek research participants from schools which had agreed to participate, but then subsequently withdrew. Detailed descriptions and documentation of this approach, including emails, became irrelevant and had to be abandoned. The decision was made to change to social

media recruitment, which meant starting over in some respects. Confirmability was potentially limited in comparison with the original data analysis plan, by eliminating the use of NVivo software for data analysis. This was due to the unforeseen difficulty of mastering the software in time to make it useful for the study, and a lack of institutional support or additional finances that would have been required for this endeavor.

Recommendations

Future researchers should include larger sample sizes and conduct face-to-face interviews to further develop themes and better capture the meaning and essence of the peer support-seeking experience for this category of nursing faculty. Researchers could focus on part-time and full-time faculty separately, to help determine if part-time or full-time status is a significant factor in the peer support-seeking experience. They could also focus on the individual themes generated in this study, to explore them further. Additionally, researchers could explore the perceptions of experienced faculty and nursing program administrators about peer support provision for novice nursing faculty, including facilitators of, and barriers to, peer support provision. Finally, further studies could explore the perceptions of novice nursing faculty who left their positions within the first 3 years of employment.

Implications

This study has the potential to raise awareness within schools of nursing, and among experienced nursing faculty, about the importance of peer support for novice clinical nursing faculty, or novice faculty in general. Awareness of an issue is the beginning of positive social change. There is a need for administrators of nursing

programs to adequately orient novice faculty to the learning environment, and to facilitate introductions and positive working relationships between novice and experienced faculty. Ongoing professional development for experienced faculty may need to include topics such as effective verbal and nonverbal communication, what constitutes incivility in the workplace, and mentorship strategies. My findings can provide information to contribute to workplace awareness and training in onboarding new faculty, mentorship, professional communication, and incivility awareness, which could be delivered to schools of nursing in a face-to-face or online format or disseminated through relevant publications.

Conclusion

Clinical nursing faculty are the primary role models for nursing students of what it means to be a practicing nurse, exhibiting professional behavior, manifesting critical thinking, and delivering compassionate care. Novice nursing faculty need peer support to succeed in their work, so they will develop in their educator roles, and be effective facilitators of student learning and professional development. The future of nursing education, and the survival of the nursing profession itself, depend on it.

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Appendix A: Interview Protocol

Email to Directors of Nursing

Dear (Name):

I hope this message finds you well. I am a nursing PhD student with Walden University, and a full-time ICU RN here in Washington State. For my doctoral dissertation, I am conducting a qualitative study focused on perceptions of novice part-time prelicensure clinical nursing faculty about peer support in the workplace. This will be in the form of telephone interviews. This study is [will be] approved by the Walden University Institutional Review Board, which I have included as an attachment to this email.

This study will help increase understanding of the perceptions of novice prelicensure clinical nursing faculty in Washington State, as they learn the role of clinical nursing instructor. “Novice” for this study means three years of less total experience as a clinical nursing instructor. The study will include only those part-time instructors who teach only clinical nursing courses. All interviewee identities and schools will be kept confidential.

Would you be willing to forward the study information to your nursing faculty? If so, please respond to this email, and I will email you the study information, which you may forward to your nursing faculty.

If you have additional questions about the study, please feel free to ask me via email, or call me. Thank-you very much for considering my invitation to your nursing faculty, and I hope to hear from you soon!

Sincerely,

Janet Thorson-Mador, MSN, RN, PCCN

Invitation to Participants

Hello,

My name is Janet Thorson-Mador, and I am a PhD student with Walden University. I also work as a hospital ICU RN here in Washington State. I am seeking participants from around the State of Washington for my dissertation study, and your program director kindly agreed to forward my message to you. I have no prior or current affiliation with your school of nursing.

I am conducting a qualitative study to learn more about the perceptions of part-time clinical nursing faculty, as they learn to teach. My specific interest is in perceptions of peer support in the workplace. The criteria for participant are the following:

- The participant is currently teaching only clinical nursing courses, or has taught clinical nursing courses within the past calendar year.
- The participant is part-time status.
- The participant has a total of three years of less in the clinical nursing instructor role.
- The participant teaches at the prelicensure level (2-year or 4-year school) in Washington State.

The study will involve participating in an interview with me on the phone.

Participant identities and schools will be kept confidential, and no person's name or school will be included in the final report. I will record the interviews, and transcribe the content myself. All materials will be kept in a private, confidential location, and

destroyed when the study is completed. This study has been [will be] approved by the Walden University Institutional Review Board.

If you are interested in participating, or would like more information, I have included a link to a SurveyMonkey page, which explains the study further, includes a demographic questionnaire, and allows you to indicate informed consent. If you agree to participate, I will contact you soon to set up a phone interview.

If you have any questions about my study, please feel free to email or call me using the contact information below. If you know another faculty member who meets the study criteria and might be interested in participating, please feel free to forward this email. Thank-you very much, and I hope to hear from you!

Sincerely,

Janet Thorson-Mador, MSN, RN, PCCN

Interview Procedure: (to be posted on SurveyMonkey page)

- The phone interview will be between 30 and 90 minutes.
- I will conduct the interview over the phone and will audio-record it.
- There will be no visual recording of the interview, and you and I will not see each other.
- I will transcribe the interview and analyze the content using a phenomenological data analysis method. I will share my analysis with my faculty committee, but your name or school will not be included.
- I will arrange another phone call with you, to go over how I have analyzed what you have told me, to see if you agree, or wish to make any changes.
- All interview transcripts will have actual names removed. Each participant will be assigned a number. School names will be kept confidential.
- Copies of your interview transcript are available from me on your request.
- All interviews and transcriptions will be securely stored in locked files, and destroyed after the study is completed.
- The risk of participating in this interview will not pose any risk beyond those of typical daily life.
- The only benefit to you in participating in the interview will be the potential for helping to increase knowledge and understanding about the experiences of novice part-time clinical nursing faculty.

Demographic Questionnaire

I teach at a

- 2-year school
- 4-year school
- Not currently teaching but taught clinical courses within the past year.

I currently teach in Washington State

- Yes
- No
- Not currently, but I taught in Washington State within the past year.

I am currently part-time status in teaching:

- Yes
- No

I currently teach

- Only clinical courses
- Clinical and didactic courses

I currently practice as a nurse, in addition to my teaching:

- Yes
- No

My highest nursing degree is

- RN
- BSN
- MSN
- ARNP
- PhD
- DNP

My years working as a practicing nurse are best described as a total of:

- 0-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- More than 20 years.

My age range is:

- 20-30
- 31-40
- 41-50
- 51-60
- 61-70
- 71 and over

I am fluent in English

- Yes
- No

I can hear adequately over the phone (including with adaptive equipment)

- Yes
- No

I consent to participate in this study.

- Yes
- No

Thank-you very much! Please remember to hit the “Submit” button below and thank-you again for your time!

Janet Thorson-Mador, MSN, RN, PCCN

Appendix B: Interview Questions

Thank-you for taking the time to participate in an interview about peer support-seeking among adjunct clinical nursing faculty. Your insights will help answer the central research question in my nursing PhD dissertation study. I will be recording our conversation and will let you know when I start the recording. You may stop the interview at any time or choose not to answer any question. Upon your request, I will share the recording and the transcript of your interview with you, once all interviews have been completed. I will share the interview transcripts, with all identifying information removed, with my doctoral faculty committee as part of the research process.

Purpose

The purpose of this study is to explore the lived experiences of adjunct clinical nursing faculty in seeking support from their faculty peers in the workplace. Your voice will be a valuable contribution to our knowledge of what it is like for adjunct clinical nursing faculty to seek support from their peers, and what the results of these efforts are.

Interview Questions

1. Could you tell me briefly about your background in nursing?
2. Now could you share with me your background as a clinical nursing instructor?

Could you tell me about a time when you sought out the support of a faculty peer at work?

3. What was that experience like for you?
4. Now could you describe a time when you needed support at work, but did not seek out support from a faculty peer?

5. What was that experience like for you?
6. Could you share with me a time when a fellow faculty member was supportive of you? What was that experience like for you?
7. Now could you describe a time when a fellow faculty member was not supportive of you?
8. What was that experience like for you?
9. Is there anything else you would like to share with me about your experiences with peer support as a part-time clinical faculty?

Closing Statement

I am turning off the recorder now. Thank you very much for taking the time to interview with me today. Do you have any questions for me about the interview before we say good-bye?

Thank-you so much for you time today. I will contact you soon, to set up a time to talk and the phone and go over your responses, to ensure that I have adequately captured what you have told me. Please feel free to call or email me with any further questions about the study process.

Janet Thorson-Mador, MSN, RN, PCCN

Appendix C: Data

Example of Coding from Excel Spreadsheet

Verbatim Statement: “To be honest, it was not a very positive experience. Because I’m not sure what was going on with that faculty. It was the first time I met him. And he was not very helpful, to be honest.”

Experiential Statement: She had never met the faculty person to whom she reached out, and it was not a positive interaction.

In Vivo Codes: “Not a very positive experience,” not sure what was going on with that faculty,” “first time I met him.”

Process Codes: Not knowing other faculty, having a negative interaction with a peer.

Subthemes/Categories: Construction of shared meaning; uncertainty.

Major Categories From Illeris’s Model: Social/interpersonal development; emotional/psychological development.

Initial Thoughts: New faculty reach out to faculty peers in a crisis or emergency.

Outline: Motivation for peer support-seeking: need for information, handling unforeseen circumstances. Unsupportive organizational practices: failure to ensure that new faculty know how to handle emergent situations, and how to go up the chain of command.

Initial Themes: Risk in seeking peer support; seeking help in a crisis.

Memo: The participant reached out to any available faculty peer. This one happened to be in the middle of proctoring an exam. There was risk involved in asking

for help suddenly, of a peer who was a stranger, and who was otherwise occupied. There was the risk of receiving a negative reaction/incivility inherent in the situation, but there was an element of desperation for participant that overrode this risk.

Textural Themes with Subthemes and Verbatim Quotes

Solo

Feeling Isolated/Alone

- “This pain was really affecting me, so I had to go to a colleague of mine.”
(P1)
- “There was another person, a full-timer, who was getting ready to proctor an exam. So, I reached out to him to ask for support.” (P2)
- “I felt alone. I was like, there was no one else to ask for help, like, I was kind of confronting this new experience by myself.” (P3)

Fear of Being a Burden

- “At first you feel like you’re going to be a burden to these people, because they also have their own targets to achieve.” (P1)

Fear of Showing Weakness

- “You don’t want to show weakness, ever!” (P6)

Avoiding an Unsupportive Peer

- “There was a point when she was the only person on campus, and I needed some help. And I just was like, well, I’m not going to ask for that . . . I would rather not. You’re just gonna make me feel stupid for asking.” (P3)

Learning to Articulate One's Own Needs

- “It got me to be able to say, ‘So, this is what I have, this is what I struggle with . . . she was very, very supportive and helpful in that way.’” (P3)
- “Sometimes, they don’t know how to be supportive. They wanted to be, but they kind of had to put the ball back in my court.” (P3)
- “There was a lot of things I did know about, and there was a lot of things I think they *assumed* I knew about, but didn’t.”

Developing Autonomy

- “I think peer support means being able to reach out and get the support I need, but it also means letting me kind of feel the waters and learn for myself, and not taking over when I start to sink.” (P3)

Harmony

Empathy

- “I didn’t really struggle with that, because this person [peer] understood me immediately.” (P1)

Open Line of Communication

- “We don’t necessarily have to call them [faculty peers], but just knowing that if we do need that support, we have it there.” (P2)
- “There’s quite a few people on campus I can always call and touch base with.” (P5)
- “She’s honestly my go-to resource person and like, if I have questions or concerns about student problems or issues, I go directly to her.” (P4)

- “It’s as easy as a text message!” (P4)

Mending Relationships

- “We talked about it, and he apologized for the way he handled the situation [when she sought support from him, and he rejected her], and that was good. Because he acknowledged that he could have handled it better, and we moved forward from there.” (P2)
- “I’ve actually kind of mended things with her a little bit.” (P3)

Collaboration

- “We can meet up and talk if need be. If I have any questions, I can call her before we do the clinical.” (P5)
- “We were both able to go back and forth, you know, like what kind of scenarios [in simulation] we wanted to do, what the goals were.” (P2)

Welcoming Presence

- “She was absolutely very supportive, and very easy to come to with questions.” (P4)
- “I felt so at ease coming to her with all of what I thought were stupid questions.” (P4)
- “Having that bright, welcoming, not shut-off vibe.” (P3)

Developing Friendship

- “We’re really good friends, we’ve gotten really close. I turn to her for advice now.” (P6)

Being Offered Support

- “In terms of seeking out help, I actually haven’t had to initiate much of it. Because I’ve been reached out to so much by so many different people offering help.” (P5)

Discord

Unsupportive/Unreliable Peers

- “He was not very helpful, to be honest. So, I was like, I guess I’ll just have to figure it out on my own.” (P2)
- “I felt like I was getting . . . a lot of constructive feedback, but not a lot of positive” [from peer mentor]. (P6)
- “If you don’t have it [peer support], and you have a negative experience, you’re probably going to be like, ‘OK, one semester, and I don’t ever want to do it again.’” (P2)
- “There was nothing she ever found positive.” (P3)

Being Strangers

- “To be honest, it was not a very positive experience. Because I’m not sure what was going on with that faculty. It was the first time I met him.” (P2)
- “But it was just at first for a little bit, it was just uncomfortable” [with mentor]. (P6)

Silence (Lack of Response)

- “I went to my manager . . . she said ‘I’ll look into it, for sure.’ But I never got any feedback or follow-up . . . I felt that was probably the most unhelpful period I have experienced.” (P4)
- “I sat down with my dean of instruction, and I was like, ‘I don’t know what to do, I feel like I’m doing everything wrong, and I do all this work.’” (P3)

Disagreement Among Faculty

- “I wanted to get help from a number of different resources. And I would get such different answers from everybody . . . when I implemented it one way, it would come back on me.” (P3)
- “There was disagreement on whether we should just straight up fail her, and if I should be the one to do it, as her clinical instructor.” (P6)

Personality Conflict

- “My mentor and I had kind of a rocky start. But it was just personalities not quite meshing at first.” (P6)

Learning the Part

Role Development

- “I needed some support with regard to the different clinical sites . . . trying to understand the logistics of that.” (P2)
- “Colleague support, peer support, especially when you are in the adjunct faculty role, is very significant to your success. Support they give you can

make it or break it. Whether you can actually do your role and improve in your role.” (P2)

Mentorship

- “My dean of instruction actually had weekly meetings with me, something I’ve never had before in any job, and asked me how things were going, what I needed help with, when I reached out for that.” (P3)
- “I got to pick the one [peer mentor] I felt was most helpful to me.” (P3)
- “I had my mentor there, I could just bounce ideas off of.” (P6)

Listening

Drawing on Another’s Experience

- “I reached out to one of the other adjunct instructors who actually trained me, and I asked her, you know, I feel like I am not giving the students the most out of their [clinical] day. What can I do differently? What are some tips and tricks you have for keeping their attention during clinical, during slow days?” (P4)
- “I didn’t have to come up with everything from scratch. I used a lot of other people’s teaching materials and kind of made my own from that.” (P3)
- “From my direct faculty, it was very, very good. I could draw from their experiences.” (P6)
- “She has been doing this for years. So, it’s nice to have somebody who has all that background information and has actually lived the part.” (P5)

- “With Canvas [online learning platform], trying to navigate that system. I turned a lot to my course lead for that.” (P6)
- “Another thing that was really, really nice is that she’s an ICU nurse. It fills the gaps [in knowledge] that I have.” (P6)

Receiving/Accepting Feedback

- “I like to ask our teachers . . . I understand the material I’m teaching, but making sur I’m delivering it in a way that is fund and memorable to the students.” (P3)
- “I’m definitely one of those people that . . . confidence thrives on positive feedback.” (P6)
- “You don’t know what you need to fix until somebody tells you.” (P6)

Ensemble

Collective Knowledge and Judgment

- “Let’s have a couple extra meetings during the semester . . . let our adjunct faculty know they’re not alone, like, we really want them to feel part of the campus, even though they’re not physically here, they’re not at the hospitals closer to campus.” (P4)
- “I had a bit of a difficult situation with one student . . . I reached out to see if we could recommend certain things.” (P6)
- “I really drew on that [faculty peer] support” [when a student was failing]. (P6)

Camaraderie

- “We are a great big family here, which is one thing I love.” (P3)

Recognition/Respect From the Group

- “They [faculty] actually respected me, because I gave them a different perspective.” (P2)

Writing a New Song

Ideal Peers (Synthesized)

- Being welcoming.
- Offering help.
- Collaborating often
- Supporting one another

Psychological Growth

- “Peer support . . . helps you grow psychologically. You have the psychological wellbeing.” (P1)

Transforming the Culture of Nursing

- “It’s this culture, that, hopefully, is starting to die out, among nurses to younger nurses.” (P6)

The 54 Significant Statements

- "This pain was really affecting me, so I had to go to a colleague of mine."
- "At first you feel like you're going to be a burden to these people, because they have their own targets to achieve."
- "I didn't really struggle with that, because this person understood me immediately."

- "Peer support is very important in that it helps you grow psychologically. You have the psychological well-being."
- "I needed some support with regard to the different clinical sites."
- "There was another person, a full-timer, who was getting ready to proctor an exam. So, I reached out to him to ask for support."
- "He was not very helpful, to be honest. So, I was like, I guess I'll just have to figure it out on my own."
- "I honestly wish we had . . . a 'let's touch base' meeting at some point during the semester . . . just to kind of get everyone's feedback about how their clinicals went."
- "To be honest, it was not a very positive experience. Because I'm not sure what was going on with that faculty. It was the first time I met him."
- "Colleague support, peer support, especially when you are in an adjunct faculty role is very significant to your success . . . support they give you can make it or break it. Whether you can actually do your role and improve in your role."
- "If you don't have it [peer support], and you have a negative experience, you're probably going to be like, OK, one semester, and I don't ever want to do it again."
- "We don't necessarily have to call them [faculty peers] but just knowing that if we do need that support, we have it there."
- "She's honestly my go-to resource person and like, if I have questions or concerns about student problems or issues, I go directly to her."
- "I reached out to one of the other adjunct instructors who actually trained me . . . and asked her, you know, I feel like I am not giving them the most out of their [clinical]

- day. What can I do differently? What are some tips and tricks you have for keeping their attention during clinical, during slow days?"
- "She was absolutely very supportive, and very easy to come to with questions."
 - "I felt so at ease coming to her with all of what I thought were stupid questions."
 - "It's as easy as a text message!"
 - "I went to my manager . . . she said "I'll look into it, for sure." But I never got any feedback or follow up . . . I felt that that was probably the most unhelpful period I have experienced."
 - "Let's have a couple extra meetings during the semester . . . let our adjunct faculty know they're not alone, like we really want them to feel part of the campus, even though they're not physically here, they're not at the hospitals closer to campus."
 - "I like to ask our teachers . . . I understand the material I'm teaching, but making sure I'm delivering it in a way that is fun and memorable to the students."
 - "I wanted to get help from a multitude of different resources. And I would get such different answers from everybody . . . when I implemented it one way, it would come back on me."
 - "I sat down with my dean of instruction, and I was like, I don't know what to do, like I feel like I'm doing everything wrong, and I do all this work"
 - "My dean of instruction actually had weekly meetings with me . . . something I've never had before in any job . . . and asked me how things were going, what I needed help with . . . when I reached out for that."

- "It got me to be able to say, so, this is what I have, this is what I struggle with . . . she was very, very supportive and helpful in that way."
- "There was nothing she ever found positive . . . there was a point when she was the only person on campus, and I needed some help. And I just was like, well, I'm not going to ask for that . . . I would rather not, you're gonna make me feel stupid for asking."
- "I felt alone. I was like, there was no one else to ask for help, like I was kind of confronting this new experience by myself."
- "Sometimes they don't know how to be supportive. They wanted to be, but they kind of had to put the ball back in my court."
- "We are a great big family here, which is one thing I love. I'm able to go to all of them."
- "I got to pick the one [peer mentor] I felt was most helpful to me."
- "I think peer support means being able to reach out and get the support that I need, but it also means letting me kind of feel the water and learn for myself, and not taking over when I start to sink."
- "In terms of seeking out help, I actually haven't had to initiate much of it. Because I've been reached out to by so many different people offering help."
- "There's quite a few people on campus I can always call and touch base with."
- "We can meet up in person to talk, if need be."
- "If I have any questions, I can call her before we do the clinical."

- "They [faculty peers] actually respected me, because I gave them a different perspective."
- "She has been doing this for years. So it's nice to have somebody who has all that background information and has actually lived the part."
- "I didn't have to come up with everything from scratch. I used a lot of other people's teaching materials and kind of made my own from that."
- "I had a bit of a difficult situation with one student . . . I reached out to see if we could recommend certain things."
- "There was disagreement on whether we should just straight up fail her, and if I should be the one to do it . . . I really drew on that [peer] support."
- "I had my mentor there I could just bounce ideas off of."
- "From my direct faculty, it was very, very good: I could draw from their experience."
- "With Canvas [online learning platform], trying to navigate that system . . . I turned a lot to my course lead for that."
- "I felt like I was getting . . . a lot of constructive feedback, but not a lot of positive. And I'm definitely one of those people that . . . confidence thrives on positive feedback."
- "We're really good friends, we've really gotten close. I turn to her a lot for advice now. But it was just at first for a little bit, it was just uncomfortable."
- "You don't want to show weakness, ever!"
- "Another thing that was really, really nice is that she's an ICU nurse . . . it fills in gaps that I have."
- "You don't know what you need to fix until somebody tells you."

- "That bright, welcoming, not shut-off vibe to them."
- "It's this culture, that, hopefully is starting to die out, among nurses to younger nurses."
- "We talked about it, and he apologized for the way he handled the situation [when she asked for help, and he rejected her], and that was good. Because he acknowledged that he could have handled it better, and we moved forward from there."
- "I've actually kind of mended things with her a little bit."
- "We were both able to go back and forth, you know, like what kind of scenarios [in simulation] we wanted to do, what the goals were."
- "There was a lot of things I did know about, and there was a lot of things I think they *assumed* I knew about but didn't."
- "My mentor and I had kind of a rocky start. But it was just personalities not quite meshing at first."