

TRANSITIONING FROM CLINICAL PRACTITIONER TO EDUCATOR WITHIN THE  
FIELD OF DENTAL HYGIENE: A PHENOMENOLOGICAL STUDY

by

Kay-Trenia Davis-Porter

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

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## ABSTRACT

This qualitative transcendental phenomenological study describes the lived experiences of clinical dental hygienists transitioning from clinical practitioners to dental hygiene educators. The theory guiding this study is Schlossberg's (1981, 2011) transition theory as it relates to career transition. The focus of this study was based upon the central research question, "How do clinical dental hygienists describe their transition into dental hygiene education?" Educators reflected on the essence of their transition, including preparational methods, pedagogical practices, orientation, mentoring programs utilized during their transition, and staff development since becoming dental hygiene educators. This study took place in the School of Health Sciences at Cobb County Community College, located in the central piedmont region of North Carolina. Purposeful sampling was used to recruit dental hygiene educators with a minimum of two years of clinical experience and a minimum of six months in a teaching role who practice in the state of North Carolina. Data were collected through semi-structured interviews using open-ended questions, virtual focus groups, and a hypothetical letter from participants to dental hygienists considering transitioning from clinical dental hygiene explaining their lived experiences. Data was analyzed to determine emerging themes that explored the essence of the phenomenon. This qualitative transcendental phenomenological study sought to describe the lived experiences of clinical dental hygienists transitioning from clinical practitioners to dental hygiene educators. Themes resulting from data analysis include motivational factors, preparatory process, instructor learning needs and processes, and educational methodology development.

*Keywords:* transition, dental hygienist, dental hygiene education.

**Copyright Page**

## **Dedication**

I dedicate this dissertation to my husband, Kevin, and my daughters, Kendra and Kennedy. I am so thankful for having you all in my life. During these past years, the love and patience you have shown have been nothing short of amazing. Through all the long days where I had my head buried in a book, or when I was “tip-tapping” on my laptop keys, I felt your love and pride with every word read and with every word typed. Completing this journey could not have been possible without the love and encouragement of you three!

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### **List of Abbreviations**

American Dental Association (ADA)

American Dental Hygienists Association (ADHA)

American Dental Education Association (ADEA)

Case-Based Learning (CBL)

Cobb County Community College (CCCC)

Commission of Dental Accreditation (CODA)

Continuing Education (CE)

National Board Dental Hygiene Examination (NBDHE)

Problem-Based Learning (PBL)

Professional Development (PD)

Registered Dental Hygienist (RDH)



## **CHAPTER ONE: INTRODUCTION**

### **Overview**

This qualitative transcendental phenomenological study describes the lived experiences of clinical dental hygienists transitioning from clinical practitioners to dental hygiene educators. As the awareness of the interrelationship between oral infection and systemic health has increased, the need for oral healthcare providers, specifically dental hygienists, also evolved (Romig, Tucker, Hewitt, & O'Sullivan Maillet, 2017). As experienced dental hygiene educators leave education due to reaching retirement age, fewer dental hygiene graduates are entering academia (Richardson, 2019; Smethers, Smallidge, Giblin-Scanlon, & Perry, 2018; Stolberg, 2015). There currently is a shortage of dental educators prepared and qualified to train new clinicians. Since the end of the 20th century, an emphasis on the importance of oral health has been a topic within the scientific community and the public sector (Donovan, 2017). A dental hygiene program's success can be judged as strong or weak based on the student's success; however, the program's success implicitly relies on the academic staff's strength (Lyon, 2015; Lyon, Hoover, Giusti, Booth, & Mahdavi, 2016). This study seeks to describe how dental hygiene educators transitioned from clinical practice to academia to replace retiring educators.

This chapter provides a comprehensive background of the problem that informs the study's purpose and shapes the research questions. Chapter One of this study provides comprehensive historical, social, and theoretical backgrounds that inform the study's purpose and shape the research questions. To accomplish this task, this chapter, using background sections, which include a historical, social, and theoretical section, provides a synopsis of essential yet relevant literature regarding the topic. The background section addresses the historical aspects of dental hygiene and exemplifies how dental hygiene has evolved. This

chapter describes my connection to the study and identifies the practical, empirical, and theoretical significance of the study. Additionally, the research questions and definitions pertinent to the study are given, and this chapter concludes with a summary.

### **Background**

Educators in allied healthcare fields of study do not often pursue degrees in education due to their intent to become clinical experts in their specific field of study. Many professional programs, such as nursing and dentistry, do not have standardized best practices to formally train new faculty transitioning from clinical practice to the classroom (Donovan, 2017; Sweet, 2018). Current discussion within dental educational programs lacks standardized best practices that a clinical dental hygienist should acquire before transitioning to the instructor role (Owens et al., 2019). Deficiencies in preparatory methods and noted best practices for clinical dental hygienists seeking to transition into dental hygiene education play a vital role in understanding issues that hygienists may incur during their career transition (Al-Jewair et al., 2019).

In dental hygiene, the ability to convey information to students in a manner that warrants a positive outcome is an essential task of the dental hygiene educator (Froneman, du Plessis, & Koen, 2016; Khan, Khan, Zia-Ul-Islam, & Khan, 2017). The perception that dental hygiene students have of new educators is that they are not prepared, do not understand the day-to-day operations and protocol of the clinical setting, or are not familiar with the grading system. Misunderstanding can quickly occur due to harsher penalties than students are typically accustomed to (Hendricson, Seitz, & English, 2019). Dental programs face student concerns daily pertaining to pedagogical methodologies such as clinical and didactic instructor approaches, course design and implementation, and instructor-student interactions. Novice educators are faced with transitioning into an academic career that others have seen as a fast-

growing yet challenging area of dentistry without the proper training or experience to be successful. This study seeks to describe the experiences that dental hygienists have incurred before, during, and after their transition to assist other clinical dental hygienists desiring to make the same career transition.

In recent years, educators with extensive dental hygiene education experience have retired after numerous years as dental hygiene educators (Nietzel, 2021; Russell & Misawa, 2016). As the field of dental hygiene progresses to encompass the total patient health and a pure focus on performing prophylaxis treatment, the need for experts is outpacing the number of available qualified educators (Hodgkins, Boyd, Vineyard, Simlyanski, & Dominick, 2019). Although questions arise daily concerning individual instructors' methodology, the constant variability between experienced and novice educators is a continuous area of debate as dental hygiene programs struggle to replace retiring educators who possess years of clinical dental hygiene educator experience (Smith et al., 2019a; Smith, Karosas, & Beauchesne, 2019). Discussions on the need for standardized guidelines, the lack of staff, and professional development for transitioning clinicians are relevant to this study. They are discussed in the subsequent sections appropriately.

### **Historical Context**

The American Dental Hygienists' Association (ADHA) Council on Research defines the discipline of dental hygiene as the "art and science of preventive oral health care including the management of behaviors to prevent oral disease and promote health" (Lyle, Grill, Olmsted, & Rothen, 2016). The field of dental hygiene has continuously evolved since its inception. The concept of dental hygiene was created by Dr. Alfred Fones, who opened the Fones Clinic for Dental Hygienists in Bridgeport, Connecticut, in 1913 (ADHA, 2019; Hakes, 2019). Dr. Alfred

Fones began dental hygiene as a clinician and as an educator in 1913; however, the first dental hygienist, Irene Newman, did not graduate until 1917 (Fones, 1926; Nathe, 2019). History shows that the Bridgeport Board of Education employed a vast majority of the 27 initial graduates of the first dental hygiene program. Implementing dental hygiene protocols such as dental cleanings and patient education for school children can significantly reduce the incidence of carious lesions (Boyd, Mallonee, Wyche, & Halaris, 2021; Lavigne, 2019).

Dental hygiene was established to improve the preventive oral health related to the dental patient's overall health. Dr. Fones saw the value of health care workers working for the good of the public and described the field of dental hygiene as one that would bring improved oral health to the masses (Fones, 1926). Fones believed that dentists should focus on restoring the oral cavity, and dental hygienists who were and still are considered specially trained and educated should teach and work to educate and preserve the health of the dental patient (Hartley, 2016). Although it was thought that the field of dental hygiene was initially established simply to remove deposits and stains from the mouths of patients dental hygiene has transcended into an area of medicine that encompasses dental disease and the entire health of the patient (Coplen, Bell, Aamodt, & Ironside, 2017; Faden et al., 2018). From its earliest inception, dental hygienists were prepared to become public health educators and work cohesively with other health providers to care for and educate the total patient (ADHA, 2016; Lyle, Stolberg, & Gurenlian, 2016).

In the 1950s through the 1960s, the Civil Rights Act no longer allowed race, creed, nor color as a criterion to be used as a rejection for admission to dental hygiene school (Hakes, 2019). In 2020, as the field of dental hygiene continued to incorporate advanced procedures such as the administration of local anesthetics and unsupervised dental hygiene practices,

educators must understand more than how to thoroughly clean teeth (Langelier, 2017; Wanyonyi, Radford, Harper, & Gallagher, 2015). Dental hygienists must also know about the effects of dental caries, periodontal disease, and oral cancer and how they affect society (Langelier, Continelli, Moore, Baker, & Surdu, 2016; Reinders, Krijnen, Onclin, van der Schans, & Stegenga, 2017). Historically, the field of dental hygiene began to educate dental patients on the importance of proper dental health; however, with the advancements, and an increase in practitioner responsibilities, dental health education remains a primary focus of the dental hygienist as ineffective oral hygiene instruction can severely impact the oral health of dental patients (Thevissen, De Bruyn, & Koole, 2016).

### **Social Context**

The registered dental hygienist (RDH) is viewed as a professional society perceives as a knowledge-based clinical practitioner. This dental professional utilizes a standard of care to assess, diagnose oral healthcare problems, as well as plan, implement, and evaluate needed oral care (Nunn & Frese, 2020). As graduates of accredited dental hygiene schools, RDHs are often placed in the same professional category as registered nurses due to the required passing of a state certification examination. In contrast to a registered nurse, a dental hygienist must successfully pass a national and a state certification examination to be awarded licensure to legally practice dental hygiene (Fleckner & Rowe, 2015; Joint Commission on National Dental Examinations, 2020). Dental hygiene licensures must be renewed yearly and must remain active to practice dental hygiene in all 50 states plus the District of Columbia. Each state has its own regulations and jurisprudence (laws) (ADHA, 2015).

RDHs are also looked upon to recognize, treat, and prevent oral diseases. Additionally, the licensed dental hygienist must act as an educator, clinical researcher, administrator, and

provide therapeutic services to support a patient's total health by promoting optimal dental health (Nunn & Frese, 2020). As experts in the field of oral healthcare, whether they are performing clinical or educational procedures in an academic, private, public health setting, working individually or collectively, the notion of total patient-centered care is constant (Navickis & Mathieson, 2016). With a shared vision to collaboratively treat the whole patient, dental hygienists work with other health care experts outside the dental hygiene field in a collective effort to work interprofessionally to deliver oral health care as a team versus individually (Parker & Dolce, 2017). Primary medical care providers, such as nurses, doctors, pharmacists, and allied health professionals, are assuming and increasing their roles in identifying oral disease and assisting patients in finding the proper treatment through the collaborative use of dental facilities (Balasubramanian, Short, & Gallagher, 2018; Sharpe & Akpınar-Elci, 2016). Registered dental hygienists value the knowledge they bring to healthcare and pride themselves on the work that is being done collectively with other healthcare workers. However, the primary goal is to improve the public's concept and value for dental hygiene and oral healthcare.

RDHs have been called many different names by patients, such as assistant, nurse, and doctor; however, the role that a dental hygienist supports in the dental profession is often confused or misunderstood by society (Baer, 2016). Dental hygienists must obtain a vast amount of education, graduate from an accredited dental program, pass a state and national board-certified examination, maintain licensure, and participate in a set number of continuing education courses yearly to practice dental hygiene (ADA, 2020a, 2020c). The public perception of dentistry and dental hygiene education has substantially affected dental communities' oral health behaviors and oral health outcomes (Belen & Andres, 2016; Langelier, 2017). The public views regarding the importance of oral health, routine dental care, and home care maintenance are not

held to the same standards placed on healthy living, a primary focus of medical health education (Farmer, Peressini, & Lawrence, 2017). Medical professionals, such as doctors and nurses, focus their attention on preventive measures such as eating healthy and exercise (Gerber, 2018; Smolowitz et al., 2015). In contrast, dental hygiene education focuses on brushing, flossing, and maintaining routine dental care (Boyd et al., 2021; Jongbloed-Zoet, 2020). Like the advanced care nurse, the dental hygienist's duties, scope, and expanded dental treatment modalities continue to advance (Taylor, 2016).

The common goal of dental hygienists, nursing, dental hygiene educators, and nursing educators is for society to place equal value on both these healthcare fields; as well as view the field of dental hygiene and the education provided by the professionals that encompass this field of healthcare as a necessity versus a last resort (Nathe, 2019; Parker & Dolce, 2017). Medical facilities are overrun with patients seeking treatment; however, fear, finance, transportation, and access to care have been noted as leading factors that cause the public to refrain from routine dental treatment (Fischer, O'Hayre, Kusiak, Somerman, & Hill, 2017; Tomazoni et al., 2016). Social values of dentistry may stem from personal experience, which relates to an individual's negative association with dental and oral health (Sheerman et al., 2016). Family values may also shape the value one places on oral health, which may relate to a parent having a negative or positive perception of dentistry that is transposed to children and other family members, making the perception cyclical through generations (Chen et al., 2019).

Socioeconomic status has also been a driving force in dental health's public perception. Socioeconomic status has also been linked to disparities seen in communities where poor oral health is common (Centers for Disease Control and Prevention [CDC], 2016). Dental professionals believe that oral health education is a vital tool to increase and improve the public

viewpoint on oral health; however, overcoming social and economic barriers such as transportation, finances, and fear can be a hindrance (Arpey, Gaglioti, & Rosenbaum, 2017). One that is appropriately educated with concern to dental hygiene may not only enhance the quality of their oral health, but also the quantity of their life (Batty et al., 2018).

Changing the perception of dentistry through dental hygiene education may increase the value of routine dental care. With an increase in the value of regular dental care, society may begin to value oral health in the same manner that society values medical care (Derblom, Hagman-Gustafsson, & Gabre, 2016; Fried et al., 2017). Social aspects of dental hygiene have a cause and effect that directly influences all levels from youth to the elderly and can impact income, employment, and health. Dental hygiene education has impacted societal oral health since its inception. Dental professionals desire society members to place a higher value on the validity of preventive oral health and recognize its impact on one's total health and not limit treatments to an as-needed basis (Prevention and Public Health, 2016).

Dental hygiene education has been linked to the improvement of society's access to dental care, which can impact one's socioeconomic status, as well as decrease the oral health disparities that may occur from improper care of an individual's dentition (Berglund, Westerling, & Lytsy, 2017; Simmer-Beck, Wellever, & Kelly, 2017). Through relentless efforts, such as education, dental professionals must continue to seek ways to change the social viewpoint of dental and dental hygiene treatment and increase society's perception of dental hygiene education. As dental professionals, society must begin to place value on the educational information that dental hygienists provide before, during, and after treatment. An increase in one's knowledge base can help improve societal perception regarding the importance of dental and oral health (Battrell, Lynch, & Steinbach, 2016). Increasing public awareness concerning



dental health value is a continual effort for all dental professionals. The societal knowledge base has grown through the years; however, community-based services focusing on dental hygiene education, community awareness, and collaborative efforts utilizing evidence-based solutions must continue (Crowley, 2018; Gierach, Knuppe, Winterboer, & Randall, 2019).

### **Theoretical Context**

The promotion of dental hygiene health can be seen in various forms today, ranging from widespread media campaigns from Crest, Colgate, Oral-B, Sonicare, WaterPik, Inc., and numerous other companies. Public health campaigns such as Dental Hygiene Month (October), Dental Health Week (August), Oral Health Month (June), and National Children's Health Month (February) are recognized yearly to educate, promote, and influence societal change in the significance and importance of oral health (American Dental Association, 2020b; Bersell, 2017). Understanding one's perception of their dental health is a continuing dental hygiene issue. Educating and promoting oral health benefits in society through the Health Belief Model, a guide to promote health and prevent disease, is a common theoretical framework used in dental education (Broadbent et al., 2016; Rahmati-Najarkolaei, Rahnama, Fesharaki, Yahaghi, & Yaghoubi, 2016).

The Health Belief Model (HBM), created by social psychologists Irwin M. Rosenstock, Godfrey M. Hochbaum, S. Stephen Kegeles, and Howard Leventhal at the U.S. Public Health Service in the 1950s, was designed to explain and predict health-related behaviors regarding how health services are internalized (Haefner, 1974). The HBM derives from psychological and behavioral theory with the foundation that the two components of health-related behavior are "the desire to avoid illness, or conversely, get well if already ill; and the belief that a specific health action will prevent, or cure, illness" (LaMorte, 2019, p. 1). The Health Belief Model is

based on four perceptual factors: susceptibility, severity, salience, and benefits (Haefner, 1974). Dental hygiene education is based upon the notion that one must understand that they are susceptible to dental issues without proper oral hygiene. Minimal dental issues can be deemed acute or chronic, and the disease stage can manifest itself in several forms ranging from slight to severe (Haag, 2017). To improve knowledge of oral health disease, changes must be made, which are derived from educational tools provided by dental professionals, literature, or self-taught practices (Jones et al., 2015).

Patients must believe there will be a positive benefit to implementing dental professionals' educational techniques. Susceptibility, severity, salience, and benefits were the basic concepts of the original Health Belief Model created in the 1950s; however, they were modified in the mid-1980s to include the sixth factor, cue to action, which focuses on the stimulus needed to trigger the decision-making process, and self-efficacy, which relates to confidence in their ability to perform a specific behavior (LaMorte, 2019). Bandura's self-efficacy theory (1994) is an adjunct theoretical model used in many behavioral theories related to whether a person performs the desired behavior independently without coercion from another (Boskey, 2020). Self-efficacy and self-regulation are critical in dental hygiene education as the patient must be motivated to change for a change to occur.

Self-regulated learning from Bandura's social learning theory (1977) perspective has been defined as "an active, constructive process whereby learners set goals for their learning and then attempt to monitor, regulate, and control their cognition, motivation, and behavior" (Pintrich, 2000, p. 453). Learners who practice self-regulated learning efficiently control their own learning experiences in many ways, including organizing information and using resources effectively. Self-efficacy and motivation together are attributes that lead to patients that will

gain knowledge, implement, and continue using the dental health tools provided by their dental hygiene educators (Zhou, Sun, Knoll, Hamilton, & Schwarzer, 2015). The desire to empower oneself will directly impact their oral and total health care.

Successful dental hygiene education is interconnected by motivation, self-regulation, and self-determination, and learners who experience success show these three attributes with high regard (Schunk, 2016). Patients who are motivated, practice self-regulation, and are determined to show improvement in oral health typically and work diligently to continuously practice learned oral hygiene techniques (Mattos et al., 2018). Patients who do not practice self-regulation either fail or quit practicing, which leads to an increase in dental caries, dental disease, and even oral cancer (Gaeta, Cavazos, Cabrera, & Rosário, 2018). With this in mind, dental hygiene educators must provide best practices for dental hygiene students, staff, and patients through motivation, encouragement, and continuous preventive treatment. The intertwining of each of these, collectively, and dental health educators who possess knowledge and expertise, can have an overpowering positive effect within the dental community (U. S. Department of Health and Human Services of Oral Health Coordinating Committee, 2016).

Schlossberg, Anderson, and Goodman indicated that transitions and individuals might differ; however, understanding the transition of an individual involves identifying the transition, examining the transition process, and studying the ways and means an individual adapts throughout the transitional process (Rudolph, Katz, Lavigne, & Zacher, 2017). There are currently gaps in the literature regarding the transition from clinical dental hygienist to dental hygiene education (McAndrew, Horvath, & Atiyeh, 2018; Smethers et al., 2018). This qualitative transcendental phenomenological study seeks to describe the lived experiences of clinical dental hygienists transitioning from clinical practitioners to dental hygiene educators.

### **Situation to Self**

My desire to study clinical dental hygienists' transition from clinical patient-centered care to dental hygiene educator stems from a conversation between a novice educator and an experienced hygienist. Although the conversation was amicable, it was evident that this novice educator was not prepared for undertaking the advanced role. My interest was piqued to understand why, after only two years as a clinical hygienist, the new educator had transitioned away from clinical care into education. For years, I wanted to teach dental hygiene; yet transition into education did not happen until after I spent 25 years as a clinical hygienist due to a love and interest in direct patient care. However, I had already worked as a medical administration/medical assisting instructor for nine years and remembered the struggles of beginning my career in education. Conducting this study would provide an opportunity to see if others experienced inadequacy and confusion to the point of wanting to quit and return to clinical practice. I want to see if other programs offered a detailed orientation, provided peer mentoring, staff development related to dental hygiene, or had someone to aid in the difficulty of learning a new system, as well as see if new hires are thrown into the classroom with a dry erase marker and a textbook to instruct students on information that had not been seen in years. I want to use this research to assist program directors, program administrators, and other dental hygiene programs in developing tools to recruit, hire, and retain qualified staff.

Through this transcendental phenomenological study, I approached the study using the ontological assumption that realities are constructed through individuals' lived experiences (Al-Ababneh, 2020; Creswell & Poth, 2018; Stichbury, 2017), and multiple realities exist based upon individual experiences (Moustakas, 1994). For the purpose of the study, using the epistemological assumption that spending time with the research participants and describing their

transition provided evidence to inform the study (Creswell, 2013). Although this researcher has preconceived ideas about the phenomenon, there is the axiological assumption that my values and the research participants' values and experiences are essential to the study and the findings that were revealed. Additionally, a rhetorical assumption was used because this researcher was not seeking the truth. However, there is the desire to examine and understand the phenomenon through the participants' described experiences and share their information in a narrative that informed the study (Creswell, 2013). Throughout the study, I used a paradigm framed in constructivism, which allowed the participants to construct the meaning of their experiences as they transitioned from clinical dental hygienist to dental hygiene educator, what they experienced as a dental hygiene educator, and what they will bring with them as they move out of the role of dental hygiene educator.

### **Problem Statement**

The immediate problem is that dental hygiene instructors are entering academics with varying levels of clinical experience but limited to no instructional expertise (Maart & Gordon, 2018; Russell, 2016). The field of dental hygiene education grew steadily during the 1960s and 1970s; however, the number of educators entering the field has steadily declined (Groccia & Ford, 2020; Formicola, 2017a; 2017b; Jopson, Ireland, Sandy, & Neville, 2019; Karimbux, 2016). For the past 30 to 40 years, fewer clinicians have been entering dental hygiene to become educators. The 1980s saw a decline in clinicians seeking the previously prestigious title and accolades associated with academia (Enrique, 2017; Karimbux, 2015; Russell & Misawa, 2016). Current dental hygiene instructors who possess a vast amount of instructional experience are retiring from the field.

Colleges may require new instructors to enroll in courses focused on methodologies, co-instruct with a mentor before leading a class, or work as an adjunct instructor before being offered instructional or clinical courses they may not be adequately prepared for (Miner, 2019; Wenner & Hakim, 2019). Novice educators are facing transitional barriers, which include minimal to no pedagogical experience, limited new hire orientation, minimal or no staff/faculty development, and a responsibility to teach complex material to students with insufficient training or mentoring (Cooley & De Gagne, 2016; McDermid, Peters, Daly, & Jackson, 2014; Sabato, DeCastro, & Fenesy, 2017). Due to the decreased number of qualified instructor candidates, more colleges and universities hire inexperienced clinical hygienists as dental hygiene educators (K  rour  dan et al., 2018; Mann & De Gagne, 2017).

Although vast amounts of information about other medical entities' career transitions exists, there is minimal research focused on the transition of clinical dental hygienists into dental hygiene educators' roles (Legare & Armstrong, 2017; Miner, 2019; Ross & Silver-Dunker, 2019). This transcendental phenomenological study sought to describe the transitional experiences of clinical dental hygienists as they transition from a clinical practitioner's role to the role of dental hygiene educator. As more educators retire, the number of vacancies in the dental education field continues to grow. Additionally, an increase in the number of students applying to dental hygiene schools is causing the need for qualified dental hygiene educators to surpass the number of viable candidates (Davis, Essex, & Rowe, 2016; Lyon et al., 2016). The need for rapid transition is causing stressors to novice educators, as evidenced by research (Formicola, Bailit, Weintraub, Fried, & Polverini, 2018; Smith, Boyd, Rogers, & LeJeune, 2016; Smith, 2016). The preparation gap often includes shortcomings such as limited preparatory opportunities related to pedagogical skills, orientation and training, staff/faculty training, and

opportunities for mentoring with experienced faculty and staff before entering a field in which academic expertise is desired.

### **Purpose Statement**

The purpose of this qualitative transcendental phenomenological study was to describe the lived experiences of clinical dental hygienists transitioning from clinical practitioners to dental hygiene educators. Clinical dental hygienists examine patients for signs of oral diseases such as gingivitis and provide preventive care including oral hygiene (Kline et al., 2018; Stolberg & Tilliss, 2016), and dental hygiene educators prepare prospective students to become dental hygienists by instructing them in the fundamentals of oral hygiene, dental cleaning techniques, and methods of exposing and reading dental radiographs based on standards from CODA and the ADHA (Bae, Shin, Jang, Chung, & Shin, 2016; Donovan, 2017). The clinical dental hygienist to dental hygiene educator experience is defined as the conditions and decisions that led a clinical dental hygienist to transition from practitioner to dental educator. The theory guiding this study is based on Schlossberg's transition theory as it provides a lens to view the transition of the clinical practitioner from clinical dental hygiene to dental hygiene education. Schlossberg defined transition as "any event, or non-event that results in changed relationships, routines, assumptions, and roles" (Anderson et al., 2012, p.39). Schlossberg's transition theory focuses on the transitions adults experience throughout life and how they cope during a transitional experience.

### **Significance of the Study**

Although studies have discussed how job satisfaction (Berthelsen, Westerlund, Hakanen, & Kristensen, 2017; Lee, Wu, & Du, 2019; Vick, Gagvick, 2015), burnout (Bazmi et al., 2019; Jeung et al., 2017; Schadenhofer, Kundi, Abrahamian, Stummer, & Kautzky-Willer, 2018) and

musculoskeletal disorders (Howarth, Grondin, La Delfa, Cox, & Potvin, 2015; Humann & Rowe, 2015; Netanely, Luria, & Langer, 2020) can contribute to dental hygienists leaving patient-centered care, there is a lack of literature exploring the transition of clinical dental hygienists to the field of education. In decades past, the field of dental hygiene grew in abundance, and educators sought opportunities to educate dental hygiene students; however, with an increase in the living wage of clinical dental hygienists, the interest in dental hygiene education has decreased significantly (Webb, 2017). The desire to seek employment in patient-centered facilities can also be linked to the fact that

fewer graduates possess the required baccalaureate or master's degree necessary to transition into a teaching role. Degree-granting programs on the community college level are the most common routes that student embark upon to acquire a dental hygiene degree; however, this program level does not provide the knowledge necessary for entry into dental hygiene education. (Smethers et al., 2018, p. 40)

Some educators transitioned from clinical dental hygiene to education, and their decision has been favorable (American Dental Education Association, (ADEA), 2019; Sousa & Resha, 2019); however, there are no standardized best practices to assist the clinical dental hygienist's transition from clinical practice to dental hygiene education (Ciancio, Lee, Krumdick, Lencioni, & Kanjirath, 2017; Feinberg & Koltz, 2015; Kanji & Laronde, 2018a). By examining the transition of clinical dental hygienists from clinical dental hygiene to education, dental hygiene programs, program directors, and administrators will better understand clinical hygiene educators' needs before, during, and after their transition. The significance of this study is to describe the transition of clinical dental hygienists into dental hygiene education and examine the best practices related to the transition from clinical practice to education. Using a transcendental



phenomenological study design allowed me to describe the lived experiences of clinical hygienists who have transitioned to dental hygiene education, their experiences moving in and through the phenomenon, and recommended standardized guidelines that should be met to improve transitions for clinical hygienists desiring to become educators.

### **Practical Significance**

The findings from this study could help program directors and administrators understand the transitional experience of clinical dental hygienists who have transitioned to the role of dental hygiene educator. In the earlier inception of dental hygiene education, the list of qualifications was minimal, and learning to teach dental hygiene was accomplished on the job (Hayre, 2015; Nathe, 2017). Many facets encompass dental hygiene education; novice educators may unknowingly not understand the complex nature of the dental hygiene mandated competencies embedded within the curriculum (Smethers et al., 2018). Novice dental hygiene educators may or may not be prepared to support the level of proficiency required to prepare graduating students for clinical practice (Virtanen, Pellikka, Singh, & Widström, 2016).

Oral disease ranks among the most common diseases globally and has serious economic and health burdens and may reduce the quality of life of those affected (Peres et al., 2019). In the present day, the increase of patient inquiries about oral health and the connection with their overall health, dental hygiene education is broader and more complex in nature (Donovan, 2017). As the need for oral health needs continues to increase, dental hygienists must possess the ability to recognize, treat, and maintain society's dental needs (Watt et al., 2020). As the growth and awareness of oral hygiene increases, the need for dental hygiene educators with the capacity to immediately impact the learning experience of dental hygiene students increases (Donovan, 2017; Fried et al., 2017). Educators must understand transitional barriers, areas of inadequacy,

and standardized best practices; dental hygiene programs may increase the recruiting, hiring, and retention of dental hygiene educators to fill the multitude of vacant educator positions and prepare the future dental hygienist for their lived experiences.

### **Empirical Significance**

Minimal research exists in dental and dental hygiene education concerning the transition of clinical dental hygienists to dental hygiene education. Although numerous studies focus on nursing and other allied healthcare programs, minimal recent empirical studies exist regarding the best practices for transitioning to dental hygiene education (Hicks et al., 2013; McAndrew, Motwaly, & Kamens, 2013). Additionally, peer-reviewed research on the methodology for improving the transition to dental hygiene education, preparatory guides, and best practices for transitioning into dental hygiene education is inadequate (Behar-Horenstein, Garvan, Catalanotto, Su, & Feng, 2016; Moystad, Lycke, Barkvoll, & Lauvås, 2015). This research study intends to add to the body of existing literature by providing data that can help other allied health programs examine how clinical dental hygienists have transitioned into dental hygiene education.

Providing standardized best practices to transitioning clinical hygienists to dental hygiene education can enhance their value to the dental hygiene program and significantly impact the recruitment, training, and retention of quality faculty and staff (Adams, Kirkup, Willis, & Reifeis, 2017). Although there is limited research data to support this phenomenon, dental hygiene education is essential to healthcare clinicians' quality as they provide care within the dental community (McAndrew, Motwaly, & Kamens, 2015). Novice educators, experienced educators, and dental hygiene programs may benefit from research data from this phenomenological study as a useful tool to enhance their course and clinical student outcomes during and after the transitional experience.

## **Theoretical Significance**

Schlossberg's (1981) transition theory as the lens used to examine clinical dental hygienists' transition to dental hygiene educators. This study examined the lived experiences of dental hygiene educators who transitioned from clinical practice into academia and the methods utilized during the move in, out, and through their transitional phases (Schlossberg, Waters, & Goodman, 1995). Additionally, the use of Schlossberg's (1981) system of 4Ss allowed for examination of each participant's negative or positive transitional issues about self, situation, support, and strategies added depth to this study by understanding the coping mechanisms used by the educators during their transitional period (Peacock, 2018). Exploring this phenomenon provides insight to present and future clinical hygienists who desire to transition to dental hygiene education. This study narrows the literary gaps that can be significant for program directors and administrators of dental hygiene programs seeking to determine standardized best practices for clinicians who desire to transition to an educational role in dental hygiene.

## **Research Questions**

My study includes one central question and four sub-questions relative to the inquiry and is grounded in the literature. This study describes the lived experiences of clinical dental hygienists transitioning from clinical practitioners to dental hygiene educators.

### **Central Question**

*What are the lived experiences of clinical dental hygienists transitioning from clinical practitioners to dental hygiene educators?* Motivational factors, such as a love of dental hygiene and teaching, as well as a desire to help others, may influence dental hygienists to transition from a clinical role to an educator (Bauer, Thomas, & Sim, 2017; Uma, 2019). However, motivating factors such as burnout, long hours, disgruntle patients, working in hostile environments, or a

simple need to change may not be overcome with a transition from clinical dental hygiene to dental hygiene education. Issues pertaining to a lack of preparation due to limited resources, low confidence levels, anxiety regarding the presentation of new or unfamiliar material to students are a limited number of challenges new educators face in academia (Schiekirka-Schwake, Anders, von Steinbüchel, Becker, & Raupach, 2017; Smethers et al., 2018). The dental hygiene educator who has established pedagogical methods has acquired varying instruction methods and has a clear understanding of the requirements, protocols, and inner workings of dental hygiene programs find the transition from clinical practice to education easier (Gadbury-Amyot et al., 2015a). The evolution of dental hygiene programs to include complex oral health issues, expansion of settings to address access-to-care matters, technology, strict accreditation standards, and collaboration with other healthcare providers are a shortlist of changes that have occurred within the field of dental hygiene in the past 50 years (Warren, 2019; Webb, 2017).

Being an expert in clinical practice is one piece of the ever-changing puzzle regarding dental hygiene education; however, programmatic requirements involve more than clinical practice experience. Being an expert in one's field does not make a person a great educator (Kalensky, & Hande, 2018). Ensuring that teacher-training programs are designed to meaningfully prepare teachers for the classroom that schools provide support and mentoring for new teachers is essential to the success of the educator and the dental hygiene program; past, present, and future (Raffoul, Bartlett-Esquillant, & Phillips, 2019; Yoon, Blatt, & Greenberg, 2017). Regardless of experience, teachers need to be collaborative and innovative with their peers. Experienced dental hygiene educators provide valuable insight into transitioning from clinical practice into academics; therefore, new educators should spend time with experienced

educators before transitioning to gain a better understanding of the field of dental hygiene education (Barton, 2018; Snook, Schram, Sveinsson, & Jones, 2019).

Feelings of inadequacy, ineffective classroom management, and reduced student course performance are areas experienced educators have overcome; however, these same situations may cause educators to have a sense of wariness, distrust, or jealousy (Snook, Schram, & Arnadottir, 2020). Artim, Smallidge, Boyd, August, and Vineyard (2019) stated, “clinical instructors should possess the ability to communicate, foster interpersonal relationships, encourage a climate of mutual respect, and act as good role models who are emotionally intelligent, caring, trustworthy, fair, honest, and supportive” (p. 2). Well-trained educators will add to the success of dental programs as the novice educator will present to the program with a better understanding of the program’s expectations, objectives, and desired outcomes (Lacasse et al., 2019; Rhodes, Fogg, & Lazarus, 2018).

The success of any allied health program, especially dental hygiene, is dependent upon educators who create an environment centered upon collaboration, motivation, guidance, a positive and uplifting spirit, as well as one that provides constructive criticism in a positive format (Bharwani, Kline, & Patterson, 2019; Harper-McDonald & Gillian, 2020). Educators who are experienced make the learning process easier for the student and other educators who may provide instruction to the same set of students. Students with proper instruction have a better learning experience, which is reflective of the instructional staff and the school (Kini & Podolsky, 2016).

### **Sub-Question One**

*What were the participants’ expectations of the dental hygiene educator role before the experience?* As clinical dental hygienists consider transitioning from practitioner to educator,

this question sought to describe the circumstances, situations, or motivations that compelled the clinician to move-in to the educator's role and to describe any obstacles that ensued (Anderson et al., 2012). Teaching expertise is often conceptualized in terms of technological, pedagogical, and content knowledge (TPaCK) (Kali, Sagy, Benichou, Atias, & Levin-Peled, 2019). Effective teaching for dental hygiene students is pertinent as they matriculate through the demanding coursework required to complete degree requirements. The continued focus of student-centered education versus instructor-focused learning means that educators must find various ways to teach content based on the four learning methods: auditory, kinesthetic, visual, and reading/writing. Experienced dental hygiene educators have developed proper teaching methods, have a firm grasp of the content, and the appropriate way to transfer knowledge to dental hygiene students. These same attributes are often not found in new educators (Waldron, Walker, Kanji, & von Bergmann, 2019).

As shortened programs continue to evolve and clinicians with less than desired academic degrees enter the field of dental hygiene, the shortage of qualified educators continues to increase (Harris, 2019b; Wanchek, Cook, Slapar, & Valachovic, 2017). Although CODA mandated specific dental hygiene educational program requirements, the pool of qualified candidates continues to dwindle. Educators must possess two years of clinical experience and a minimum of an associate degree in dental hygiene from an accredited dental hygiene school (CODA, 2018). Although two years may seem ample, it is the bare minimum and may not be adequate to impart success in a dental hygiene program. This study seeks to describe the transition of clinical dental hygienists to dental hygiene educators and their experiences moving in, moving through, and moving out of their transition (Anderson et al., 2012; Schlossberg et al., 1995).

**Sub-Question Two**

*In what ways were participant expectations met or not met during the transition into dental hygiene education?* A program's success is essential to program growth as these are the qualities potential students research before applying for an allied health program (Maxwell, 2018). Exploring the experiences of moving through from clinician to educator will help create an understanding of varying perspectives of what can be expected as one decides to move from clinical practice to the role of dental hygiene educator (Anderson et al., 2012; Schlossberg et al., 1995). As the clinical dental hygienist journeys through this phase, there should be a better understanding of met or unmet expectations and challenges and methods of overcoming these situations (Eller, 2016).

Learning to teach is a dynamic and evolving process influenced by multiple life experiences, peers, feedback, and observations (Weber, Cable, & Wehbe-Janek, 2016). Allied healthcare programs with inexperienced and novice educators find chaos and confusion, especially within the organizational ranks (Pizanis, 2017). However, experienced dental hygiene educators have developed the ability to translate complex information into information that students can utilize in their future dental hygiene careers. Advanced degrees, professional development, and continuing education in dental hygiene may be preparatory factors; however, the question still lingers if these attributes are adequate for the novice educator. Teaching processes are essential to dental hygiene programs and students (Jetha, Boschma, & Clauson, 2016; Johnston et al., 2019).

**Sub-Question Three**

*What expected or unexpected outcomes did participants experience during the transition from clinical dental hygienist to dental hygiene educator?* This question expounds upon

descriptions given in sub-question two and describe the “moving through” phase of the experience (Eller, 2016). The moving through phase of the transitional event encompasses the educator learning the intricate details of education (Schlossberg et al., 1995). As novice educators move through the transition, they develop collegial relationships, build their individualized educational skills, and develop instructor-student relationships that may last a lifetime (Hoffman, 2019; McDermid, Peters, Daly, & Jackson, 2016). Novice educators should understand that clinical teaching environments represent a sophisticated degree of learning with many dynamic interactions between patients, clinical instructors, and students (Pizanis & Pizanis, 2017). As novice educators increase their interactions with students, they need to continue to develop their instructional skills through continuing education, mentoring, and professional development. Cultivating positive instructor-student relationships is one of the most valuable approaches to creating an effective learning atmosphere while educating hygiene students as they embrace, understand, learn, and retain challenging material (Artim et al., 2019).

Additionally, these positive relationships provide an atmosphere conducive to learning while educators broaden their pedagogical, methodological, and instructional skills. The instructor’s ability to build a rapport with their students is essential to the student’s ability to ingest, process, regurgitate didactic information, and adequately apply the same knowledge in clinical practice during patient care. As novice educators move through their experience, they must understand that continued self-development and building rapport with their students are paramount. An inclusive and welcoming learning environment can cultivate relationships that may increase outside of the educational community (Faulkner, Watson, Pollino, & Shetterly, 2020; Hinck & Tighe, 2020). Positive instructor-student relationships, an inclusive and



welcoming environment may be the factors that encourage clinical dental hygienists to decide to transition to dental hygiene education.

#### **Sub-Question Four**

*How do participants describe the transient and continuous effects of their transition from clinical dental hygienists to dental hygiene educators?* This sub-question seeks to describe the moving out phase of the experience. Participants reflected on their experience after completing the experience (Eller, 2016). Recruiting clinicians into an academic role is a critical factor in addressing the shortage of qualified faculty (Laurencelle, Scanlan, & Brett, 2016; Lee, Miller, Kippenbrock, Rosen, & Emory, 2017). A positive transition moving into, moving through, and moving out of the transitional experience may influence job satisfaction and increase the educator's desire to remain in education for an extended time (Evans, 2018; Hunter & Hayter, 2019). Enhancing instructional weaknesses through staff and professional development opportunities is vital to enriching the educator's competence. Obtaining these additional attributes may play a pivotal role in the success experienced when one prepares to transition from one career to another. Transitioning from practitioner to educator requires acquiring new skills and adapting to a new culture. As clinical educators seek to transition from clinical practice into academia, understanding the best practices before, during, and after they transition to dental hygiene education is essential to others seeking to transition from clinical dental hygiene to dental hygiene education.

#### **Definitions**

1. *American Dental Association (ADA)* - The ADA is an American professional organization established in 1859 with more than 161,000 members, based in Chicago, IL. The ADA is the oldest national dental association and promotes the public's health

commitment of member dentists to provide quality oral health care accessible to everyone. (ADA, 2020a).

2. *American Dental Hygienists Association (ADHA)* - The ADHA was founded in 1923 and is the largest national organization representing the professional interests of more than 185,000 registered dental hygienists (RDHs) across the country (ADHA, 2020d). The ADHA states that dental hygienists should be valued and integrated into the broader health care delivery system to improve the public's oral and overall health (ADHA, 2020d).
3. *Clinician* - A clinician provides direct patient care in collaboration with other health professionals (Nunn & Frese, 2020).
4. *Clinical educator* - A clinical educator provides clinical, classroom, and/or continuing education to individuals or groups (Nunn & Frese, 2020)
5. *Commission on Dental Accreditation (CODA)* - CODA serves both the public and the profession by developing and implementing accreditation standards that promote and monitor the continuous quality and improvement of dental education programs (CODA, 2018).
6. *Dental Public Health* - Dental Public Health is the science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts (Nunn & Frese, 2020).
7. *Moving in* - The first stage of the transitional process. When a person moves to a new transitional situation and learns the ropes to become familiar with the new systems' rules, regulations, norms, and expectations (Anderson et al., 2012; Schlossberg et al., 1995).
8. *Moving Through* - The second stage of the transitional process. In this phase, a person is

between the moving in and moving out phase. Moving through is called the betwixt/between stage as the person is learning new roles, relationships, routines, and assumptions (Anderson et al., 2012; Schlossberg et al., 1995).

9. *Moving Out* - The third and final stage of the transitional process. In this phase, a person considers how to separate or end the transition. There is a disengagement from the learned roles, relationships, routines, and assumptions as the person has mastered the transition. The person will begin seeking another change after completing the original transition (Anderson et al., 2012; Schlossberg et al., 1995).
10. *Novice dental hygienist* - A novice educator is defined as an educator possessing less than two years of educational experience in either a part-time or full-time academic position (Nunn & Frese, 2020)
11. *Registered Dental Hygienist (RDH)* - Dental hygienists are licensed oral health professionals who focus on preventing and treating oral diseases-both to protect teeth and gums and protect patients' total health. They are graduates of accredited dental hygiene education programs in colleges and universities. RDHs must take a written national board examination and a clinical examination before they are licensed to practice. In addition to treating patients directly, dental hygienists may also work as educators, researchers, and administrators. The RDH credential identifies a dental hygienist as a licensed oral health professional. State licensure requirements typically indicate that a dental hygienist must graduate from an accredited dental hygiene education program, successfully pass a national written examination and a state or regional clinical examination (ADA, 2020a).
12. *Transition* - Any event or non-event that results in a change in assumptions about

oneself and the world (Schlossberg et al., 1995).

### **Summary**

Chapter one included an overview of relevant literature for this study. The problem is that dental hygiene educators are retiring, and those seeking to replace them are entering academics with limited instructional experience. Dental hygiene educators who have transitioned from clinical practice to academics must possess the clinical and instructional expertise needed to impact dental hygiene programs. The purpose of this qualitative transcendental phenomenological study was to describe the lived experiences of clinical dental hygienists transitioning from clinical practitioners to dental hygiene educators. This study's motivation was a love for dentistry, the desire to educate students in an area of medicine filled with misconceptions and dislikes in society, and the personal fulfillment of instructing students as they grasp difficult content. The research questions focused on clinical dental hygienists' lived experiences transitioning from clinical practitioners to dental hygiene educators. The significance of this study provides literature to determine attributes that dental hygiene educators possess which can positively alter the pedagogical methods utilized by other educators as they instruct dental hygiene students in didactic and clinical instructional settings. Chapter two presents a review of the scholarly literature used in this research study.

## CHAPTER TWO: LITERATURE REVIEW

### Overview

Dental hygiene educators with numerous years of experience are retiring and are being replaced by educators with limited instructional experience (Formicola, 2017b; Shen, Peltzer, & Teel, 2016). As a result, dental hygiene programs hire faculty who lack the necessary instructional preparation (McLaughlin et al., 2019; Romig et al., 2017). The transitional experience of clinical dental hygienists may present issues due to minimal pedagogical skills, a lack of preparation, limited mentoring, and a lack of standardized best practices to model (Meenakshi, Raghunath, & Shreeshyla, 2017; Mohaimeed, 2015).

A literature review explores contextual research and studies related to the transition from clinical dental hygienists to education and the pedagogical skills, professional development, preparational skills, and best practices utilized by current educators. The limited amount of literature governing the transition from clinical dental education has led to a need to venture outside of dental hygiene and focus on allied healthcare education. Further research is suggested to understand better the best practices necessary for clinical dental hygienists transitioning into dental hygiene education. This literature review helped answer the central question, “How does the clinical dental hygienist transition into dental hygiene education?”

Chapter Two focused on the transitional process through the lens of Schlossberg’s transition theory, as well as an in-depth review of the literature related to education in the allied health field. The chapter focuses on the following areas of interest: (a) Schlossberg’s transition theory, (b) the transition process, and (c) the 4 S’s system. The related literature section focuses on (a) pedagogical skills and practices, (b) transitional preparation, (c) faculty and professional development, (d) knowledge, skills, and attitudes, and (e) dental hygiene education. The chapter

concludes with a summary of the content and establishes a gap in the scholarly literature this study seeks to narrow.

### **Theoretical Framework**

Novice educators transitioning to dental hygiene education from clinical dental hygiene practice should understand the variances during a career transition. Career transition through the lens of Schlossberg's transition theory is the primary theoretical framework for this research study. Schlossberg's (1981) transition theory supports and defines career transition phases. Dental hygienists transitioning from clinical dental hygiene to dental hygiene education must transition from one aspect of dental hygiene to another, aligning with the transition definition. Transition is defined as an event that prompts individuals to consider and reflect upon changing their path based on a change in assumptions about themselves or the world they live in (Schlossberg, 1981). The method in which educators describe and interpret their rationale for transitioning from one career to another will help others understand their lived experience and their reasons for transitioning from clinical hygienist to dental hygiene educator. New educators may benefit from standardized guidelines that may better prepare them for transitioning from clinical dental hygiene to dental hygiene education. As a clinical hygienist and a dental hygiene educator, I remained unbiased as I conducted this research study so that my lived experiences did not overshadow those of the research participants.

#### **Schlossberg's Transition Theory**

Transitioning from clinical practice into education can be complicated without proper preparation (Summers, 2017; Wilson, 2017). A widely explored theory that has provided a systematic conceptual framework to understand better career transition is Schlossberg's transition theory (Haim & Amdur, 2016). Schlossberg's transition theory, created in 1981, was

founded upon a need for Schlossberg to provide a framework that would facilitate an understanding of any transitions, including positive, negative, dramatic, ordinary, and possible interventions (Schlossberg, 1981). Schlossberg's (1981) theory represented a conceptual integration of an expansion on existing theory and research and drew heavily on the work of others. Over the years, Schlossberg's model has continued to transcend and incorporate a practical model to explain and understand a period of transition.

Schlossberg continues to integrate other theorists' and researchers' ideas and the original theory's critiques and includes an in-depth discussion of transition in each newly authored book (Peacock, 2018). Schlossberg's transition theory has seen numerous revisions since its inception. This theory is continuously linked to various transitions during one's lifetime, including but not limited to beginning college by retiring from the workforce. Schlossberg's theory focuses on the transitions that adults experience within their lives and the methods in which they cope and adjust with each transition (Brenner, 2019; Ginevra, Di Maggio, Nota, & Soresi, 2017).

The transition model consists of three parts; approaching transition, which focuses on transition identification, the transition process, which concentrates on taking stock of coping resources; and the third part, Schlossberg's 4 S's system, which reflects on the use of strengthening resources to take charge of the situation (Barclay, 2017). Approaching a transition requires identifying the issue surrounding the transition and dealing with it appropriately. The concept of transition identification asks what change is impending: a new baby, a job change, an intrapersonal, or relationship change. The person experiencing issues with the transition must determine if the transition is anticipated, unanticipated, or a non-event. Understanding and describing the underlying problem can help with issues posing a challenge to the person going

through the transition. More important than the mere identification of the change is the ability to specify the degree to which the transition changes the individual's life (Joelson, 2020; Kumar & Greenhill, 2016). Similar transitions can differ for people going through the same type of changes such as career change; however, how the individual deals with the change in "roles, relationships, routines, and assumptions" will depend on the outcome of the transition (Anderson et al., 2012, p. 38).

The theoretical framework for this research was founded on Schlossberg's transition process (moving in, moving through, moving out) as well as the 4 S system (situation, self, support, and strategies), which is based on an individual's coping methods and methods used to adjust to transition (Anderson et al., 2012; Hong, Day, & Greene, 2016). Throughout this literature review, the 4 S system will be referenced as the 4 S's. As clinical practitioners decide to transition from one career to the next (e.g., clinical to academics), there must be a clear understanding of the transitional process and how the 4 S's relate to coping mechanisms used during a transitional life event.

### **The Transition Process**

Schlossberg's transition theory defined transition as "any event, or non-event that results in changed relationships, routines, assumptions, and roles" (Anderson et al., 2012, p.39). A transition can be categorized as anticipated, unanticipated, or categorized as a non-event transition (Anderson et al., 2012; Gbogbo, 2020). An anticipated event is expected and considered normal, whether positive or negative such as starting a new job. An unanticipated event is an unexpected or unforeseen incident that brings about unexpected occurrences such as a job promotion or employment termination. Lastly, a non-event can be defined as an expected event that did not occur, thereby altering life events, such as a promotion that never materialized



(Schlossberg & Goodman, 2005). Transitions can be linked to specific circumstances; however, a transition can occur over an extended period. Coping with transitions involves the process recognized in Schlossberg's transition theory, "moving in, moving through, and moving out" (Schlossberg et al., 1995). The concept of moving in, moving through, and moving out are significant to educators as they transition from clinical practice into academics.

Schlossberg's transition theory defines moving in as the transitional phase when individuals move into a new situation, such as a new career in dental hygiene education (Anderson et al., 2012; Peacock, 2018). In this phase, there is a need to become familiar with the "rules, regulations, norms, and expectations of the new system" (Anderson et al., 2012, p.57). Once the new educator learns how the specifics of the programs (e.g., assessments, grading, instructional guidelines, student interactions, department objectives, and expectations) and learns how to balance work with other essential parts of their life, they enter the next phase of transition. The transitional phase of moving through consists of the time, regardless of the length of time one spends within the current event. As individuals enter the transitional process' moving out phase, they can ask themselves what comes next in life. An individual's ability to cope or move through the transition using readily available assets and liabilities can determine how to deal with the transition using coping mechanisms in the 4 S's of Schlossberg's theory: situation, self, supports, and strategies.

Schlossberg's transition theory is a significant aspect of the concept of the centrality of self-perception (Peacock, 2018). Schlossberg noted that a transition would not be considered significant if the person experiencing the transition does not give the life event merit (Peacock, 2018). The centrality of self-perception indicated that every person would not react to the same type of transition in the same way. The way a person copes with a transition can be positive or

negative, depending on the coping mechanisms and the individual's resources (Torre & Durning, 2018). In the before-mentioned interview, Schlossberg indicated that before a transition occurs, an individual has established roles, relationships, daily routines, and assumptions until another life event occurs (Peacock, 2018). Moving in, moving through, and moving out of transition will bring about new roles, relationships, routines, and assumptions. When moving through a transition, there is a timespan that Schlossberg called a “murky period” in which the individual must rely on coping mechanisms of the 4 S’s to navigate the positives and the negatives associated with the transition (Peacock, 2018).

### **The 4 S’s System**

Positive or negative life events can range from getting married to getting divorced, relocating for a job opportunity, dealing with children with interpersonal issues, or caring for aging parents, all of which can cause unanticipated transitions. Methods employed to manage the transition, including the available resources and the coping mechanisms, will determine the transition's outcome, whether positive or negative (Lindstrom, 2019). The first three elements of the 4 S’s (situation, self, support) deal with the individual taking stock of the transition. When new faculty members are hired for dental hygiene programs, the initial transition may be positive or negative; however, they may feel like outsiders since they are new to the group (Clabby, 2017; Snook et al., 2019). To deal with this transition, new employee orientation, institutional support systems, and mentorship, along with positive reinforcement from department heads, may assist the novice educator in having a smooth transitional period (Sargent & Schlossberg, 1988).

Clinical practitioners transitioning to dental hygiene educators must understand the situation they have embarked upon in academia (Gamez, 2017). New educators must understand the strengths and weaknesses they possess regarding an educator's role. They must understand

the expectations of their new job, and there must be a conscious effort to improve deficiencies and build on strengths. The following coping strategies can ease the transition's uncertainty: a sound support system of experienced educators, advanced education, continuing education, or professional development courses (Barclay, 2015; Stankey, 2018). The clinical hygienist must understand that the coping mechanisms they utilized when transitioning from student to clinician and now clinician to educator may need to be different. One must realize that using the same coping mechanisms for each transition may be detrimental as a new educator. Various coping methods can prove invaluable as the educator progresses through the moving in, moving through, and moving out phases of transition.

Through Schlossberg's transition theory lens, practitioners must understand the impact the being ill-prepared to undertake the responsibilities required in education as they transition from one career to the next (Anderson-Miner, 2017; Fox, 2017). Preparation directly impacts the dental hygiene student's success and the dental hygiene program (Cantillon, D'Eath, De Grave, & Dornan, 2016; Cantillon, Dornan, & De Grave, 2019). The literature helps the reader understand the roles of dental hygiene clinicians and dental educators and discuss the shortage of healthcare educators. The literature demonstrates a need for clinicians to seek ways to prepare for a career in education before making a career change (Bilal, Guraya, & Chen, 2019; Blitz, De Villiers, & Van Schalkwyk, 2018; Steinert, O'Sullivan, & Irby, 2019). The literature supports the impact that prior preparation, mentoring, staff and professional development, and obtaining advanced education have on the clinical dental hygienist's transitional experiences from clinical practice to dental hygiene education. This study uses the tenets of Schlossberg's theory to describe how hygienists move "into, through, and out" of their transition from

practitioners to educators. Additionally, this study's results provided additional literature on how people experience transitions that will further support the transition theory tenets.

### **Related Literature**

The field of dental hygiene has evolved over the past 100 years to include care that encompasses many facets of a person's total health care. The evolution of the public's awareness of the relationship between oral healthcare and overall health has caused dental hygiene to be a more advanced field (Hakes, 2019; Hassan, Jamil, Waheed, Sarwar, & Abid, 2019). Graduates of dental hygiene programs in the United States are tasked with providing comprehensive care to patients in 2020; therefore, they must be prepared to enter dental hygiene and make an immediate impact (American Dental Hygienists' Association, 2015; Graber, Gaynor, Phillips, Haines, & Diefenbeck, 2020). Dental hygiene graduates are reflective of their dental hygiene educators. With the decreasing number of dental hygienists entering the field to become educators, there is a growing concern with the limited instructional experience new instructors possess (Lorenz-Helms, van de Grift, Canrinus, Maulana, & van Klass, 2018; Lorenz-Helms, van de Grift, W., & Maulana, R., 2015). Expert educators who have been in their positions for numerous years are at a point where retirement is a viable option; however, their retirement is leaving dental hygiene programs with decreased experienced instructors.

As the field of dental hygiene continues to evolve and grow, the necessity for qualified educators continues. A lack of experienced educators entering the academic realm of dental hygiene is becoming problematic (Klenke, 2017; Smethers et al., 2018). As less experienced educators continue to fill vacancies left by educators with expert levels of experience, a decline is beginning to be recognized in dental hygiene programs across the United States (Fang & Kesten, 2017; Hyden, 2017). Limited dental hygiene experience may not provide the educator

with extensive clinical experience, impeding their ability to educate inexperienced dental hygiene students (Smith, 2016; Ward & Stanulis, 2020). Although the Commission on Dental Accreditation (CODA) mandates that an educator must have a minimum of two years of experience (CODA, 2018), there is limited data that provides definitive methods that will prepare a clinician before making their transition from a clinical setting to an academic setting (Cristancho & Varpio, 2016; Gibson et al., 2018).

The literature's persistent gap is an additional rationale for this study as the need for further information regarding this issue is evident. The lack of definitive methods that a clinical dental hygienist should undertake to prepare for a transition from a clinical practitioner to a dental hygiene educator is a continued dilemma. The related literature is essential to the study because it provides a background that revealed a gap in the research and provided a definitive context for exploring the lived experiences of dental hygienists who transitioned from clinical dental hygienists to dental hygiene education.

### **Clinician Hygienist Role in Dental Hygiene Education**

Clinical dental hygienists may provide care in dental offices, public health and correctional facilities, hospitals, community centers, long-term care facilities, nursing homes, home health agencies, and other various health care organizations (McEvoy et al., 2017; Rainchuso & Salisbury, 2017). It is often thought that dental hygienists are only responsible for cleaning teeth; however, there are other various duties that a clinical hygienist is responsible for, including but not limited to exposure of radiographs, periodontal screenings, placing dental sealants, nutritional counseling, as well as preventive and advanced prophylaxis treatments (Mishler, Inglehart, McComas, Murdoch-Kinch, & Kinney, 2018; Shiraishi et al., 2018; Silk & Kwok, 2017). In addition to treating and maintaining the dental patient's oral health, the clinical

hygienist is also responsible for patient education. Patient education is considered one of the most vital aspects of the dental hygienist role. During patient education, the hygienist can advise patients on the proper methods of maintaining their oral health (Albano, d'Ivernois, de Andrade, & Levy, 2018; Coke, Otten, Staffileno, Minarich, & Nowiszewski, 2015; Strickland et al., 2017).

Dental health education is the processing of providing information about dental health, which assists individuals in keeping the oral cavity healthy (Bress, Horowitz, Capobianco, Fleming, & Kleinman, 2019). Proper oral hygiene facilitates the prevention of oral diseases such as halitosis, gingivitis, periodontitis, carious lesions, and other oral cavity diseases (Kinane, Stathopoulou, & Papapanou, 2017; Lou & Wu, 2017). Dental hygiene education creates social awareness regarding the importance of oral health and the links between oral and systemic health (Kashetty, Kumbhar, Patil, & Patil, 2018; Vanduine et al., 2018). Clinical dental hygienists play an integral role in assisting individuals and groups in achieving and maintaining optimal oral health (American Dental Hygienists' Association, 2020; Hughes & Kurtzman, 2015.). The provision of education, clinical, and consultative services to individuals and populations of all ages, ethnicities, and cultures allows the practitioner to gain valuable skills and knowledge regarding the treatment, control, and prevention of diseases that affect the oral cavity (Ng & Fida, 2016; Stolberg & Tilliss, 2016).

Clinical hygienists transitioning to dental hygiene education bring clinical knowledge, skills, and real-world experience to the educational environment (Christensen & Simmons, 2018, 2019). Real-world experiences in the educational setting help students connect classroom, textbook, and clinical concepts with practical clinical settings (Barack, 2018; Kyriakoulis et al., 2016). Acquiring practical clinical expertise is essential for the dental hygienist desiring to

transition from clinical hygiene to dental hygiene education as many novice educators are hired as adjunct clinical instructors (Barradell, Peseta, & Barrie, 2018; Harden & Lilley, 2018).

### **Dental Hygiene Educator Role in Academia**

The dental hygiene educator plays a vital role in dental hygiene education. The hygienist must demonstrate positive professional behavior, clinical competence, and in-depth knowledge regarding the field of dental hygiene (Vogell, 2019). The clinical instructor's role consists of using demonstrations and technology to provide training to students in the clinical dental hygiene area (August, Boyd, & Giblin-Scanlon, 2018; Hy, Chen, Wong, & Chan, 2019). Adjunct clinical instructors are responsible for the instruction of all clinical aspects of dental hygiene, including but not limited to the supervision of the clinical and lab, patient education, patient screenings, treatment planning, treatment documentation, dental radiology, nutrition counseling, dental instrumentation, as well as evaluation of skill evaluations and clinical competencies (Gordy, Zhang, Sullivan, Bailey, & Carr, 2019; Hofer et al., 2019).

Effective teaching for dental hygiene students is germane as they matriculate through the demanding coursework required to complete degree requirements (Bidabadi, Isfahani, Rouhollahi, & Khalili, 2016; Cohen-Miller, Shamatov, & Merrill, 2018; Fisher, Simmons, & Allen, 2019). Dental hygiene educators have the responsibility of developing students into dental hygienists; however, the inability to translate their lived experiences in clinical dental hygiene to dental hygiene education without proper training may impede their ability to educate inexperienced dental hygiene students (Damp et al., 2017; K  rour  dan et al., 2018). Dental hygiene students view their instructors as dental hygiene experts (Griewatz, Simon, & Lammergind-Koeppel, 2017; Pennbrant, 2016). The skills and knowledge demonstrated by novice educators in the clinical setting can positively or negatively affect dental hygiene

students; therefore, preparation is essential in meeting academia's demands (Wicker, 2018; Young, Bakewell-Sachs, & Sarna, 2017).

Dental hygiene educators are responsible for assisting students in applying theory to practical situations and supporting cognitive, psychomotor, and affective learning in the classroom and clinical setting (Hofer et al., 2017; Schnabel & Stosch, 2016). The transition from practitioner to an educator is not accomplished overnight; therefore, the segue way from one role in dental hygiene to the next should evolve to ensure educators are prepared to undertake the arduous task of proficiently educating future healthcare professionals (Springfield, Smiler, & Gwozdek, 2015; Trico, Montt, Ormeño, Del Real, & Naranjo, 2017). The ability to educate future dental hygiene professionals is fundamentally reliant on an adequate number of qualified educators (Frantz et al., 2019; Wyman et al., 2019). Although the student desires to have qualified instructors assisting in their educational development, this request may not be fulfilled due to the continued shortage of qualified educators.

### **Educator Shortage**

The creation of opportunities and interest in academic dental careers has become increasingly important due to the shortage of qualified educators. Statistics from 2015 – 2016 noted that over 40% of faculty at dental educational institutions were 60 years and over (Contreras, Harrison, Stewart, Stewart, & Valachovic, 2018). Statistics in 2017 demonstrated that only 0.4% of seniors graduating from dental school planned to seek positions in academia even though 58% of the same graduates indicated that becoming an educator may occur at some period in their careers (Contreras et al., 2018; Howe et al., 2017). As more seasoned educators reach retirement age, there is a concern about the number of vacancies that may remain unfilled if more professionals do not seek healthcare education positions. Clinical faculty shortages are



among the critical challenges prevalent in dentistry, which has led to the creation and implementation of professional development and mentoring programs to prepare future educators to take over for retiring faculty (Ragovin, 2019; Zheng, Bender, & Nadershahi, 2015).

Programs geared towards increasing interest in dental education has led to colleges and universities offering advanced degrees, mentorships, student teaching opportunities, and professional development courses; however, in the field of dental hygiene, many programs are taught on the community college level, and these programs are not available (Götz & Härtl, 2017; Nor, 2019). Levin (2016) stated, “one of the jobs of a faculty member is to bridge that gulf between education and the real world” (p.1). Dental hygiene education is not only comprised of the teaching of the dental hygiene student but also the quality of the education being purported from individual dental hygiene programs; therefore, preparation and retention of qualified educators are vital to the success of the dental student, the dental program, and the field of dentistry (Hinderer, Jarosinski, Seldomridge, & Reid, 2016; Phillips, Bassell, & Fillmore, 2019). The lack of standardized guidelines to direct and prepare clinical hygienists transitioning to dental hygiene education demonstrates a gap in the literature. Standardized guidelines would assist novice educators in a smoother transitional process smooth and allow for the immediate impact on dental hygiene programs (Mann & De Gagne, 2017; Owens, 2017).

Qualified educators are essential to healthcare programs. The increasing number of unfilled educator positions makes the need for educators vital to the continued existence of dental programs. The United States is facing a significant dental educator shortage. The need to fill educator vacancies in colleges and universities to hire clinical dental hygienists without formal training in higher education (Pankti, Miloslavsky, & Anisha, 2020; Toll, 2020). Unfortunately, due to insufficient preparation necessary to transition from clinical dental

hygienists to dental hygiene educators, novice educators leave academia and return to clinical practice or other professions within dental hygiene before they are fully acclimated to their new role (Kerley, 2016; Lake, 2018). The continuous cycle of hiring, training, and rehiring can be costly, and it leaves dental programs at a disadvantage due to the continued shortage of qualified classroom and clinical instructors. The lack of formal training platforms demonstrates a gap in the literature. Implementing transitional programs for the practitioner into academia can enhance the transitional phase for the novice educator and improve the current shortage of qualified educators.

### **The Transition from Practitioner to Educator**

Employment of healthcare occupations is projected to grow 14 % from 2018 to 2028, adding about 1.9 million new jobs. Healthcare occupations are expected to add more jobs than any other occupational group (Bureau of Labor Statistics, 2020). With the continued need for oral health providers, the field of dental hygiene is "projected to grow 11 % from 2018 to 2028, much faster than the average for all occupations" (Bureau of Labor Statistics, 2020, p.1). The demand for dental services will increase as the population ages. Research continues to link oral health to overall health (Jäger, van den Berg, Hoffman, Jordan, & Schwendicke, 2016; Meyerhoefer, Panovska, & Manski, 2016).

Currently, the lack of qualified RDH is an increasing issue in dentistry. As the link between oral health and whole-body issues becomes more evident and is more widely understood by society, the need for qualified oral healthcare professionals will steadily increase (Kane, 2017; Nazir, Izhar, Akhtar, & Almas, 2019). In North Carolina, the population in 2019 per the United States Census Bureau is estimated at 10.49 million people, with 16.3% of the population being 65 or older (Census Bureau, 2020). As the aged population continues to grow,

educational programs will provide instruction to students that will deliver future healthcare treatment to a wide range of patients; however, the lack of qualified dental hygiene educators may present additional problems.

### **Transitional Preparation**

Educators are essential to healthcare communities and health education (Hahn & Truman, 2015; Sturges et al., 2018). The ability to educate is not based solely on professional competence. Without preparation for the roles of educator, teacher, instructor, or whatever title they will possess in the field of dental hygiene education, the transition may fail. Dental schools are hiring instructors with minimal instruction and clinical experience, with limited or no educational experience (Martin & Douglas, 2018; Patterson, Dzurec, Sherwood, & Forrester, 2020; Ross & Silver-Dunker, 2019). They are in a constant struggle to find “adequate human capital” (Wilson, Verma, & Nanda, 2019, p. 32). Educators hired without proper preparation could harm the overall success of dental hygiene programs (Chuenjitwongsa, Bullock, & Oliver, 2016; Jaroneski & Przymusinski, 2019). Talented human capital is a crucial resource that largely determines the standing of a dental academic center; therefore, the recruitment and retention of quality educators to replace retiring educators should be essential during the hiring phase of transitioning clinical hygienists into education (Jarosinski, Seldomridge, Reid, & Hinderer, 2020; Wilson et al., 2019). There is limited research to determine the level of experience an educator should possess to have an immediate impact on a dental hygiene program (Ilic, Harding, Allan, & Diug, 2016; Onyura, Baker, Cameron, Friesen, & Leslie, 2016), which shows the gap in the literature that this study addresses.

Essential qualifications for new educators include a minimum of three to five years of practical experience and professional development to increase the overall educators’ success and

programmatic and student success (Sullivan, 2015). Participation in a formal pre-employment preparation program would benefit dental hygiene programs and new educators (Carpenter, Sakai, Karel, Molinari, & Moye, 2016). Although pre-employment programs are impactful during the new education transition, most programs do not have the resources or the time to train staff due to the immediate need to fill job vacancies (Al-Jewair et al., 2019; Mikkonen et al., 2019).

The ability to deliver academic and clinical information to a dental hygiene student requires the instructor to have practical clinical experience and instructional experience (Lee & Kwon, 2015; Zamani-Alavijeh, Araban, Harandy, Bastami, & Almasian, 2019). Research demonstrates that educators are not entering dental hygiene to immediately become educators as they were in the 1960s and 1970s (Clarke, 2017; Stolberg, 2015; Webb, 2017). Dental hygienists enter dental hygiene programs to become clinicians; however, to achieve this goal, they must enroll through a dental hygiene program that is rigorous enough to prepare them for their national and state board certification examinations. Researchers have not determined the level or extent of attributes a clinical practitioner should possess before transitioning into education (Halstead & Frank, 2018; Sethi, Ajjawi, McAleer, & Schofield, 2017; Zeichner, 2017). However, there is evidence that novice educators are not sufficiently prepared for academics, and at least three years of experience is needed before they are comfortable as educators (Chen, Sandborg, Hudgins, Sanford, & Bachrach, 2016).

Traditional educators complete degrees in education before entering K-12 school systems; however, this is not the typical educational track for healthcare educators (Folkers, 2016; Quay & Lockwood, 2019). Colleges and universities offer formal education training through advanced degrees in dental hygiene; most dental hygiene educators learn their

pedagogical methodology while on-the-job training (Cramer, Chi, Schaitkin, Eibling, & Johnson, 2018; Davis et al., 2016; Irby & O'Sullivan, 2018). The lack of formal training may or may not hinder the type of pedagogical skills and practices utilized by each instructor; however, understanding these practices is essential in dental hygiene education.

### **Pedagogical Skills and Practices**

Dental hygiene education is dependent on committed, advanced learners who focus and possess leadership skills (Halcomb et al., 2015; Itow, 2020; Sonnino, 2016); therefore, dental hygiene educators who do not have these attributes may find it challenging to transition from the clinical setting to academics. The difficulty involved in dental hygiene education necessitates the instructor's ability to deliver information in the purest form possible so that students can retain and regurgitate the same information to their patients in layman's terms (Fressola & Patterson, 2017; Itow, 2020). The American Dental Hygiene Association (ADHA) indicates a need for dental hygiene educators to prepare themselves to become academic experts. Clinical experience is the base level of expertise; however, the ADHA (2015) recommended participation in preparatory coursework to ensure dental hygienists are successfully educated to prepare them for the increased dental hygiene demands.

Competent clinical instructors are vital for maximizing student clinical experiences; however, the appropriate criteria to ascertain the characteristics necessary for new educators have yet to be determined (Ilic et al., 2016). Clinical instructors play a significant role in student learning in dental hygiene education. However, more information is needed to determine the level of experience necessary for a clinical practitioner to transition into academia (Pizanis & Pizanis, 2019). Gaining knowledge, improving pedagogical levels, and practical teaching skills are attributes that an inexperienced educator may find vital elements to acquire. These qualities

can help increase the new instructor's confidence and effectiveness before, during, and after entering the field of academics (Rahmatullah, 2016).

Student success is based on the instructor's ability to convey a “curriculum that is contemporary, evidence-based, and at the same time meets the expectations of regulators and the established dental workforce” (Lynch, Blum, & Wilson, 2019, p. 7). Although a clinical practitioner may be able to educate and communicate with patients during a chairside procedure, the same amount of education may not be adequate to transition to the field of academia (Adler & Castro, 2019; Cherrstrom & Alfred, 2020; Perry, Dean, & Hilton, 2019). If community members, stakeholders, and potential dental hygiene students evaluate the success of a dental hygiene program based on the qualifications of the dental hygiene educator and the achievements of graduating clinicians, institutes of higher learning must discern if the experience of an instructor is a primary factor in overall program success (Figlio, Schapiro, & Soter, 2015; Ran & Sanders, 2019; Xu, 2019).

Dental programs that require more stringent hiring qualifications may face a continued decrease in the pool of viable candidates (Brown & Sorrell, 2017; Dillender, Friedson, Gian, & Simon, 2019); however, sacrificing student and program success may be detrimental to the continuance of individual programs (Akareem & Hossain, 2016; Catalano, 2015). Research has shown that programs do not always have adequate time to incorporate mentorships, internships, and advanced education options due to the increased shortage of qualified healthcare educators. The need to integrate educators into programs as quickly as possible to meet students' educational needs supersedes the need to prolong new educators' training (Grassley & Lambe, 2015; Sorrell & Cangelosi, 2015). However, to avoid sacrificing quality for quantity, dental hygiene programs may decrease programmatic success if preparatory programs are not

implemented to prepare the novice educator (Biku, Demas, Woldehawariat, Getahun, & Mekonnen, 2018; Norman, Sherwood, Delgado, & Siller, 2019).

### **Instructional Methodology**

The ability to teach complex material so that the student is motivated to learn and retains the instructional information is vital to dental hygiene program success (Wilson, Sweet, & Pugsley, 2015). To ensure that students develop the necessary skills to become patient-centered practitioners, they must demonstrate the acquisition of skills in the affective domain of learning (Donlan, 2018; Hoque, 2016). Students must acquire the proper knowledge in the classroom before being applied during clinical patient care (Al-Madi, Celur, & Nasim, 2018; Santos, Oliveira, Dutra, & Porto, 2017). Structuring course interactions on varying topics so that the student can retain the information for use in patient-centered settings is essential to medically based programs and medical-based students (Bomar & Mulvihill, 2016; Donlan, 2018). An educator who cannot deliver information in a form that students can retain and utilize may see a decline in student success, which will transcend poor clinical skills (Prabhu, John, Blanchard, Eckert, & Hamada, 2019; Roberts et al., 2020).

The success of the student is a direct reflection on the success of the dental hygiene program; therefore, research strongly encourages professional development so that the transitioning practitioner can be as impactful as the experienced educators they are replacing (Browne, Webb, & Bullock, 2018; Pizanis & Pizanis, 2019). Healthcare educators must be able to convey a theory from the classroom to the clinical setting. The ability to effectively deliver this complex information is key to the student's success and the dental hygiene program (Harden & Laidlaw, 2017; Ozga et al., 2016; Roberts et al., 2020). Poor standings in the classroom and clinical settings due to an educator's inability to prepare students may be a causality for low-

performing graduates and may negatively reflect the dental hygiene program (Bok, 2017; French, Perry, Boyd, & Giblin-Scanlon, 2018). Although novice educators believe they have acquired the skills needed to provide instructional education by completing a dental hygiene program and working in patient-centered care for a minimum of two years, this is what research deems as minimal requirements (CODA, 2018; Hills, Johnston, MacDonald-Wicks, Surjan, & Warren-Forward, 2016). Clinical hygienists who have transitioned into dental hygiene education should be provided adequate educational training to ensure the proper delivery of instructional and clinical curricula to dental hygiene students (Cleary, Jackson, Sayers, & Lopez, 2017; Logan, Gallimore, & Jordan, 2015).

As dental hygiene education continues to evolve, the need for the educator to utilize various methodologies to convey material to students has become imperative (Donlan, 2018; Rowan et al., 2017; Shaterjalali, Yamani, & Changiz, 2018). The complexity of dental hygiene education requires that material be delivered to students to retain information for future use. Didactic coursework is linked to clinical practice; therefore, it is essential that the program's academic portion smoothly translate to the course's clinical segment, which has been deemed a vital part of the curriculum (Westin, Sundler, & Berglund, 2015). For students to develop the skills needed to provide adequate patient-centered care, educators must provide instructional information that promotes student motivation to learn and an environment that sustains student engagement (Behar-Horenstein et al., 2016; Donlan, 2018).

Methodology strategies such as instructional practices, ways, and means of fostering positive instructor-student interactions, implementing collaborative and active learning are essential approaches to teaching in higher education given the demands placed on students during their educational careers, the needs encountered in the professional workplace, and



navigating through professional and life experiences (Carter, Creedy, & Sidebotham, 2016; Romaniuk, 2018). These proven methods of methodology can assist in a smoother transition as the clinical dental hygienist moves into the new role of dental hygiene educator.

### **Instructional Practices**

Instructors must view each student as an individual, which means the instructional method must vary depending on the student's learning style, ability to learn, and intelligence level (Ahmed et al., 2019; Quinn, Smith, Kalmar, & Burgoon, 2018). The individual student's linguistic, social, and cultural backgrounds may also be a determining factor regarding the type of instructional practice that the educator employs (Han, Ahn, & Hwang, 2019; Lynch, 2018). Learning preferences such as physical (kinesthetic), aural (auditory-musical), visual (spatial), logical, social (interpersonal), and solitary (intrapersonal) should be incorporated into the instructional practice as dental hygiene program may or may not have a diversified student population (Aldosari, Aljabaa, al-Sehaibany, & Albarakati, 2018; Asiry, 2016; Nazir, Al-Ansari, & Farooqui, 2018). Depending on the preferred learning style, each student will respond differently to each instructional practice (Battersby, 2017; Edussuriya, Ubhayasiri, Abeysiriwardhana, & Wickramasinghe, 2016; Liew, Sidhu, & Barua, 2015). The novice educator may not possess an adequate number of best practices to address each learning style; therefore, preparation must be geared towards the most dominant learning style, and alternative methods must be readily available if learning and instructional obstacles occur (McLaughlin et al., 2019; Reid, Thomson, & McGlade, 2016; Vizesfar & Torabizadeh, 2018).

Language and cultural barriers can hinder the best instructional practices and may impede the learning style of the dental hygiene student (Liew, Sidhu, & Barua, 2017; Vela, Fritz, & Jacobs, 2016). Educators must employ methods that will help the student learn the complex

didactic information that the student will apply in the clinical setting (Arafteh, 2018; Falk, Falk, & Ung, 2016; Javadi, Mohammadi, & Akbari, 2017). Classrooms and clinical settings may contain an eclectic group of people from all walks of life; it is vital to find common ground with each student individually and collectively. Finding measures to make the information relevant, engage the learner, and create a fun environment to learn; simultaneously means that the instructor must be prepared for each class meeting.

Educational programs must create programs that cater to “diverse races, ethnicities, languages, and social-class groups will experience educational equality” (Banks, 2016, p. 124). Diversity in the classroom is a crucial component of the classroom setting as student populations are composed of students with different cultural backgrounds, personalities, religious beliefs, and academic abilities (Dutt, Bangera, Varun, & Padubidri, 2017; Milheim, 2017; Vasileva-Stojanovska, Malinovski, Vasileva, Jovevski, & Trajkovik, 2015). Culture and diversity, and interpersonal communications are included in the dental hygiene curriculum to ensure students study methods to interact with others appropriately (Calleros, 2016; Daugherty & Kearney, 2017; Ocegueda, Van Ness, Hanson, & Holt, 2016). Understanding the influence that language, culture, and diversity have in learning, and the classroom will directly impact the success of the educator’s instructional practices and the dental hygiene student (Hoffman, 2018; Kayaoğlu & Dağakbaş, 2016). Educators must understand that courses with diverse student populations create opportunities for positive interactions and assist students by increasing limitations due to limited knowledge regarding others' cultures and practices (Begum & Jabeen, 2017; Smith et al., 2019b).

Cross-cultural opportunities within the classroom allow for the interaction of persons that may not have otherwise crossed paths or been privileged to learn with or from in the real world

(Brannan, White, & Long, 2016; Diaz, Navarro, & Chen, 2019; McDermid & Worden, 2019).

Dental hygiene educators must prepare to overcome, cope, and adjust to obstacles that may disrupt the success, growth, and longevity of their role in dental hygiene education.

Understanding the importance of implementing instructional practices that will create positive results for the students, the dental hygiene program, as well as the educator is necessary as the clinical hygienist transitions from clinical dental hygiene to dental hygiene education (Anderson, 2016; August et al., 2018; Tekian, Watling, Roberts, Steinert, & Norcini, 2017). The notion of having a one-style fits all practice is no longer adequate in allied health education (McGaghie, 2015; Stirling, 2017). Dental hygiene educators must possess the ability to keep the students engaged, focused, and assimilate a variety of instructional practices into the dental hygiene curriculum (Battersby, 2017).

Educators must create and implement student-focused content using various teaching methods and develop interactive and participative strategies to convey information that students can retain and apply during patient-centered treatment (McGaghie, Adler, & Salzman, 2020; Seki et al., 2020). Dental hygiene education focuses on didactic (lecture) and clinic (hands-on) content; therefore, teaching strategies should include lecture, demonstration, small group work, discussion, role-playing, and computer simulation exercises, which will allow various learning styles to be addressed (Alanazi, Nicholson, & Thomas, 2017; Hitch & Nicola-Richmond, 2017). Collaborative learning among students helps students work with their classmates to understand better-taught information by using each student's learned skills and resources.

### **Collaborative Learning**

Collaborative learning is based on the concept that knowledge is a naturally social activity that allows students to engage in dialogue among themselves, which, in turn, provides an

atmosphere where collective and collaborative learning can occur (Barker, Smith, Waguespack, Mercante, & Gunaldo, 2018; Jones, Karydis, & Hottel, 2017). Collaborative learning allows students to work together, utilizing their knowledge to solve problems, complete tasks, or create a final project (Tolsgaard, Kulasegaram, & Ringsted, 2015; Wolf et al., 2016). Learning is created from newly acquired knowledge that is assimilated from information built from previously attained knowledge (Leadbeatter & Gao, 2018; Palatta, 2018). Novice educators who can engage, encourage, direct, and redirect students as they process and synthesize information rather than allowing for the memorization and regurgitation of textbook information will find that students can understand educational content and implement the same information in the clinical setting while working in direct patient care (Heeg, Hundertmark, & Schanze, 2020; Quick, 2016).

In dental hygiene education, student-centered learning is essential. The use of collaborative learning allows for a paradigm shift from teacher-centered learning to a focus centered on the student learning the information (Bernard, 2015; Betihavas, Bridgman, Kornhaber, & Cross, 2016). Collaborative learning helps develop critical thinking, communication, and leadership skills and promotes student-instructor interactions (Della Ratta, 2015; Jackson, Bilich, & Skuza, 2018).

Collaborative learning allows dental hygiene instructors to challenge students both socially and emotionally as they work together to learn how to handle dental hygiene procedures, work with direct patient care, and learn different perspectives that can be used in real-world settings (Bourgeois et al., 2018; Crothers, Bagg, & McKenzie, 2017; Hew & Lo, 2018). The use of collaborative learning methods within the classroom and clinical setting can play a significant role in students' understanding of complex dental hygiene concepts. Additionally, collaborative

learning helps students relate theoretical information from classroom instruction to the dental hygiene clinical setting. The ability to connect theory to practice improves the application of the learned concepts during direct patient care.

The use of collaborative learning methods includes but is not limited to flipped clinical and case-based learning, problem-solving learning, and interactive role-playing (Bohaty, Redford, & Gadbury-Amyot, 2016; Zepke, 2015). Flipped learning also known as an inverted classroom model is defined as a set of "pedagogical approaches that include relocating information transmission to outside the classroom, implementing active learning activities into the classroom, and requiring some element of pre-class and post-class assessments to appreciate the achievements of in-class activities" (Evans, Vanden Bosch, Harrington, Schoofs, & Coviak, 2019, p.75). Case-based learning defined as learning through collaborative learning, "facilitates the integration of learning, develops students' intrinsic and extrinsic motivation to learn, encourages learner self-reflection and critical reflection, allows for scientific inquiry, integrates knowledge and practice, and supports the development of a variety of learning skills" (Williams, 2005, p. 577). Case-based learning (CBL) permits students to apply their knowledge to real-world scenarios, which promotes higher levels of cognition using "reasoning and existing theoretical knowledge" (Ali et al., 2017, p.55; Darling-Hammond, Flook, Cook-Harvey, Barron, & Osher, 2019). The use of flipped clinical and case-based learning allows for student understanding of content material and its relevance when applied in the clinical application of dental hygiene procedures.

Flipped clinical and case-based learning allows the educator to provide the patient case and treatment plan before the patient's scheduled appointment. The frontloading technique allows the student to prepare ahead of time by discussing the case with classmates to synthesize

and analyze the needs of the patient, which allows for improved patient treatment (Cord, 2018; Han & Klein, 2019). Flipped clinical and case-based learning enables students and educators to engage in comprehensive discussions, learn critical thinking, work on areas of strength and weaknesses, as well as improve communication skills by discussing the patient case before, during, and after the patient encounter (Saba, Metry, Lucas, & Saini, 2019; Wang & Liu, 2019).

The understanding of case-based study is essential to dental hygiene students as the National Board Dental Hygiene Examination (NBDHE) contains case studies to assess knowledge of the dental clinical disciplines as well as the ability to use this knowledge in solving patient problems (Joint Commission on National Dental Examinations, 2019). Whereas flipped clinical and case-based learning allows students to receive patient information in advance, problem-based learning (PBL) will enable them to research a specific problem and determine the best treatment practices to meet patient concerns. Case-based learning and problem-based learning have similarities; however, the interaction with the instructor in case-based learning is less than in problem-based learning. Case-based learning focuses on clinical skills, and PBL focuses more on interacting with the instructor while seeking means to solve problems.

PBL introduces real-world problems that can be utilized to promote and increase student learning of conceptual information rather than the instructor directly presenting concepts and principles of dental hygiene and dental hygiene procedures (Nash & Crowther, 2018; Stanton, Guerin, & Barrett, 2017). Similarly, as flipped clinical and case-based learning, PBL can enhance the development of critical thinking and communication skills and facilitate improvement in the student's ability to problem-solve (Merisier, Larue, & Boyer, 2018; Yew & Goh, 2016). PBL provides students with the opportunity to work in a cohesive team format, which indicates the manner that will occur in real-world situations and provide for life-long

learning through the location and evaluation of researched case material (Alrahlah, 2016; Dolmans, Loyens, Marcq, & Gijbels, 2016). PBL utilized properly will allow novice educators to determine if information from didactic instruction is correctly applied in the clinical setting (Gillette, 2017; Wang, Li, Pang, Liang, & Su, 2016).

Instructors who provide immediate feedback can help develop and retain collaborated information as students teach each other about their respective research topics (Abdullah, Mohd-Isa, & Samsudin, 2019; Kilgour, Grundy, & Monrouxe, 2016). These collaborative methods will allow the dental hygiene student to retain information to use with future patient-centered situations and build upon resources to access if additional learning is warranted (Wilkie, 2017; Xiao, Thom, Zheng, Baek, & Kim, 2018). In addition to case-based learning and problem-based learning, interactive role-playing is widely utilized in healthcare education as a means of preparing students for real-world experiences that may be encountered during direct patient care.

Role-playing, a form of simulation, provides summative and formative assessment through varying degrees of difficulty while emphasizing functions performed by different people under various circumstances (Guillaume & Verjee, 2019; Vizeshfar, Zare, & Keshtkaran, 2019). The utilization of role-playing in health care education has become a valuable tool to strengthen critical thinking, communication, and interpersonal relationships that students might experience in a social context or during patient-centered treatment (Gadson, 2018; Ronning & Bjorkly, 2019; Young, 2018). Interactive role-playing allows students to implement researched, learned, and collaborative material into roles that may occur in clinical and real-world settings (Lavanya, Kalpana, Veena, & Kumar, 2016; Powers, Morris, Flynn, & Perry, 2019). Role-playing allows students to begin developing skills to think on their "feet in real-time, as in actual interaction

with patients; the ability to receive feedback on the simulation; and the ability to watch and reflect on how others approach the same simulation task in real-time" (Pilnick et al., 2018, p. 6).

The literature on the effectiveness of case-based learning, problem-based learning, and interactive role-playing is limited. However, the positive aspects noted are providing educators with constructive criticism, providing optional patient treatment methods, and increasing direct instructor-student interactions (Bernard, 2015; Cheng, Lee, Chang, & Yang, 2016; Reimschisel, Herring, Huang, & Minor, 2017). Collectively, the use of flipped and case-based, problem-based, and role-playing enhances the development of evidence-based, patient-centered, and proactive clinical practice (Howard, Scharff, & Loux, 2017; Koh, 2016; Stanley, Hanson, Van Ness, & Holt, 2016). CBL, PBL, and role-playing are instructional strategies that relate directly to dental hygiene students' academic achievement as they prepare for direct patient care.

The novice educator should understand that instructional practices can be considered a driving force in achieving positive didactic and clinical outcomes (Hoge, 2016; Meador, 2019). As collaborative learning methods are rapidly becoming viable means of instruction, clinical hygienists transitioning who have not acquired dental hygiene content knowledge nor instructional practices may find their transition to education difficult (Gess-Newsome et al., 2017; Swart & Hall, 2020). As dental hygienists transition from clinical dental hygienists to dental hygiene, educators acquiring knowledge regarding methodological and practical instructional skills is essential. These skills are vital to dental hygiene education and help improve the instructor-student relationship, which is another profound component of successful educational outcomes.



## **Instructor-Student Interaction**

The instructor-student relationship has long been considered integral to the learning process (Delgado, Craig, McGill, & Rocco, 2020; Hawk, 2017; Robinson, Scott, & Gottfried, 2019). An instructor's ability to view students as individuals versus a collective group of people is essential in developing an instructor-student relationship (Frisby et al., 2016; Gares, Kariuki, & Rempel, 2020). Connecting with the student on a level that they can understand while affirming and reaffirming their worthiness allows for open dialogue and builds confidence during the act of learning (Allari, Atout, & Hasan, 2020; Meyer, Nel, & Downing, 2016). Strong teacher-student relationships have improved academic engagement, grades, attendance, and retention rates (Brinkworth, McIntyre, Juraschek, & Gehlbach, 2018; Schneider & Preckel, 2017). An environment free from stress and angst while teaching allows for more productive learning and instructional experiences (Henry & Thorsen, 2018; Myers, 2017).

Educators need to create positive student-instructor relationships in the classroom while maintaining a healthy balance during interactions (Blakey & Chambers, 2020; Thornberg, Forsberg, Chirac, & Bjereld, 2020). Education has moved away from an instructor-centered focus to a student-centered focus; therefore, students must know that the instructor is there for them versus them being there for the instructor (Cents-Boonstra, Lichtwarck-Aschoff, Denessen, Aeltermann, & Haerens, 2020; Jorgenson, Farrell, Fudge, & Pritchard, 2018). Creating a safe and secure environment where learning can occur allows for unlimited learning opportunities, which is essential for a learner-teacher relationship. Dental hygiene students need to make mistakes, accept constructive criticism, and make corrections before applying learned information to real-world situations (Burns, Houser, & Farris, 2018; Rowbotham & Owen, 2015).

Educators must lead by example (Gibbs & Kulig, 2017; Saravo, Netzel, & Kiesewetter, 2017). On the other hand, students must trust that the educator's intentions are based solely on a desire to provide quality education in preparation for future real-world experiences (Labrague, McEnroe-Petitte, Papathanasiou, Edet, & Arulappan, 2015; Valiee, Moridi, Khaledi, & Garibi, 2016). Education provides novice instructors with an opportunity to work with diverse groups of individuals from various levels of society, different socioeconomic backgrounds, and many races, creeds, and colors (Curry, Webb, & Latham, 2016; Darling-Hammond, Furger, Shields, & Sutchter, 2016; Dias-Lacy & Guirguis, 2017). Instructor-student interactions allow instructors to emulate multiple real-world situations in the classroom, which are vital to a successful career in a practical clinical setting.

The clinical setting provides valuable tools that can enable an understanding reminiscent of situations that students may encounter as they transition from student to professional (Lee & Bong, 2017; Myers, 2017). Students must recognize the importance of each scenario or lesson they are taught as there is an increased possibility; they will encounter the same issues in their careers. Positive instructor-student interactions allow instructors to convey their personal real-life experiences in the classroom or clinic setting, which can increase student understanding, as well as prepare students for situations that can decrease mistakes, lessen stress, and enhance their own real-world practical experiences (Gehlbach et al., 2016; Gehlbach & Robinson, 2016; Robinson et al., 2019).

Higher education studies show that a learning environment that presents a nurturing and welcome atmosphere achieves tremendous academic success (Fifer, 2019; Henderson, Sewell, & Wei, 2019). Educators who demonstrate to their students a sense of love for education, commitment, and excitement to the classroom tend to keep students excited and engaged

regarding learning complex medical information (Ahn & Choi, 2015; Frenzel, Becker-Kurz, Pekrun, Goetz, & Lüdtke, 2018). Students who consistently interact and engage with instructors that care for their success and growth during the application of methodologies and instructional practices tend to have increased success in the theory to clinical application of dental hygiene information (Dong, Liu, & Zheng, 2021; Fredricks, Filsecker, & Lawson, 2016). Success in the classroom and dental hygiene clinic transcends to the workforce and into a society where that student that may have lacked self-confidence, self-management, and time management skills can be a productive citizen as a healthcare professional (Asikainen, Blomster, & Virtanen, 2018; Chen et al., 2015). Student success can also be considered a victory for the educators due to the insight and knowledge the student gains in their self-endeavors as a direct result of the instructor's desire to see each individual grow and successfully matriculate through the dental hygiene program (Kahu & Nelson, 2017; Kahu, Nelson, & Picton, 2017; Xerri, Radford, & Shacklock, 2018). The instructors' integral part in the student's growth can be perceived as an overall beneficial outcome for the instructor, the student, and the dental hygiene program.

Instructor-teacher relationships can be profound regarding student learning and student development (Reising, James, & Morse, 2018). Due to the number of hours students and instructors interact with one another, a positive relationship will warrant higher academic results than a negative relationship, which can create disruption and chaos in the classroom and clinical setting (Ahmad, Shaharim, & Abdullah, 2019; Hagenauer, Gläser-Zikuda, & Volet, 2016). The stress and frustrations that students encounter during patient-centered care in the dental hygiene clinic may become exacerbated if the instructor-student relationship is less than stellar as students may become disillusioned with the instructor, the dental hygiene program, and vice versa (Kahu & Nelson, 2017; Parvan, Hosseini, & Bagherian, 2018). Instructors may become

disengaged with teaching and decide to return to clinical practice or find other opportunities within dental hygiene. On the other hand, the student's frustrations may lead to them failing a course, which may lead to them being placed on academic probation, result in suspension from the program, or they may decide to quit the program, which negatively affects the retention of the staff and student (Bartholomew et al., 2018; Heikonen, Toom, Phyältö, Pietarinen, & Soini, 2017).

The teacher-student relationship can be crucial to learning; therefore, it must be cultivated in an environment conducive to learning. Supportive relationships in the classroom and the clinical setting provide students with emotional, social, and educational support (Blakey et al., 2019; Chan, Tong, & Henderson, 2017; Claessens et al., 2015). Instructor attitudes towards students can impact their learning experience, which is relevant to the development of professional competence, confidence, and socialization (Dunham et al., 2017; Kim & Lundberg, 2015; Poulou, 2016). Throughout the learning experience, instructors must give positive as well as critical feedback; however, if the instructor-student relationship is founded with respect, the reception of the feedback will be reciprocated, and the instructor-student relationship will strengthen based on mutual respect (Chan et al., 2017; Pielmeier, Huber, & Seidel, 2018). Students need an environment that is supportive and caring provides constructive interactions, acknowledges their self-worth and well-being, and offers dialogue that does not dehumanize or belittle them (Blewett, 2018; Froneman et al., 2016). A productive instructor-student relationship is vital to fostering a positive environment that allows learning to occur and strengthens resilience as dental hygiene demands become overwhelming.

## **Active Learning**

Active learning is an effective method of instruction and allows the student to be actively engaged in the learning process (Brookfield, 2015). Employing best teaching practices is imperative in the transitioning educator's success, the dental hygiene students, and the dental hygiene program (Berman, 2015; Smith & Baik, 2019). Opportunities in advanced learning will allow the educator to seek methods to improve their weak areas within education and improve on areas of strength (Bell, Meyer, & Maggio, 2019; Bidabadi et al., 2016). An educator who values education should have the ability to provide insight, ideas and possess the desire to educate on a higher level.

Dental hygiene instructors must deliver course material using various teaching modalities (Kushelev & Moran, 2019; Lee, Kwon, & Kim, 2019). Instructional variations enable the dental hygiene student to comprehend; however, if they are not equipped with the proper level of experience, there may be a breakdown between the instructor's delivery of material and the student's reception of the same material (Rideout, Held, & Holmes, 2016). Novice educators enter academics with a naïve notion of the demands placed upon educators by their students (Karimi & Norouzi, 2017). Student success is dependent on the educator being able to meet course objectives by delivering course content in a manner that the student can understand and retain. The learning environment must be adjusted for the various learning styles present in the classroom: auditory, visual, kinesthetic, and reading/written (Ahmed, 2018; Chugai, Terenko, & Ogienko, 2017). Student satisfaction is essential to dental hygiene programs, and educators being able to provide quality education is vital to dental hygiene students (Stronge, 2018). Clinical hygienists with a lack of formal educational training must understand that the field of

academia incorporates more than a mere understanding of textbook information but spans from the classroom to the clinic and beyond to the real world of dental hygiene practice.

Although there are numerous aspects of education, clinical hygienists who have transitioned to education may find that they are not adequately prepared to instruct, which may, in turn, affect the overall achievement of the dental hygiene student (Nguyen, Forbes, Mohebbi, & Duke, 2018). Student instruction requires more than the regurgitation of textbooks and PowerPoint information; it encompasses deciphering information to a microscopic level and teaching it to students in layman, mid-level, and advanced terms (Jeong, Natto, Marks, & Karimbux, 2020; Shoaib et al., 2016). Education has moved away from an instructor-centered focus to a student-centered focus; therefore, students must be encouraged to learn in a manner that they will retain information. The classroom setting must prepare the student for the clinical experience, which involves direct patient care within the educational environment. The student's ability to apply the didactic information in a clinical setting is essential for obtaining the dental program's projected outcomes (Rideout et al., 2016).

Being an educator is a demanding career that may require more preparation for some than others; however, preparation is the key. Preparation before the transition from the clinical hygienist to educator, preparation during the moving in and moving through phase of the career transition, as well as continued preparation for the next life event, which occurs after the transition is completed, is essential in the field of education (Fritz, 2018; Love et al., 2018; Moffett, Crawford, & Pawlikowska, 2019). The field of dental hygiene is continuously expanding and includes critical thinking while providing evidence-based patient care. No longer is the dental hygienist an extension of the dentist; they have become solo practitioners who make day-to-day decisions about their patient's oral healthcare (Catlett, 2016; Smith, 2016). To

provide these advanced skills, a qualified dental hygiene educator must teach the clinical hygienist. The educator must be prepared for the demand required of healthcare educators. Although most educational programs do not have the time or funding to properly prepare a clinician to transition from healthcare into education, self-efficacy, self-management, and an internal desire to become better must be a part of the educator's daily drive to excel (Dybowski, Sehner, & Harendza, 2017).

### **Professional Development**

Educators have sought advanced degrees to prepare for a career in education; however, additional training allows for further preparation before transitioning to education (Brody et al., 2016; Shaikh, Kannan, Naqvi, Pasha, & Ahamad, 2019). Observation, co-teaching, and professional development can be valuable strategies to facilitate a positive transitional experience. Novice instructors may believe their clinical expertise is enough without additional developmental opportunities; however, this idea has been disproven in prior studies (Cleary et al., 2017; Johnston et al., 2019).

The sole possession of clinical patient experience is not enough to transition from clinical practice to dental hygiene educator (Hoffman, 2019; Karimi & Norouzi, 2017). Graduation from an associate or a baccalaureate-level institute of higher learning may not warrant enough instructional experience, transitioning into the demanding academic arena. Although clinical dental hygienists believe they will impact a dental hygiene program even with a limited educational background, research indicates a definite need for educators to be duly trained. Proper preparation before transitioning from a clinical position into academia, along with additional training, can improve the success of new educators before they transition into academia (Dilly, Carlos, Hoffman-Longtin, Buckley, & Burgner, 2018; Foster, 2018; Maart &

Gordon, 2018). Educators should seek to influence the positive learning journey of the student. Through professional and staff development courses, improvements can be made to academic and clinical teaching successes (Chuenjitwongsa, Oliver, & Bullock, 2017).

Professional development is essential to the continued growth of dental hygiene educators building foreign and forgotten concepts that the new educator has not studied since completing their dental hygiene program (McGuinness, 2016; Russell & Misawa, 2016; Teshima et al., 2019). With the growth of clinical dental hygiene responsibilities, courses on critical thinking, evidence-based practices, classroom, patient, and clinical management are consistently incorporated into the programmatic curriculum (Capacchione, 2019; Fontana, González-Cabezas, de Paralta, & Johnsen, 2017; Johnsen, Williams, Baughman, Roesch, & Feldman, 2015). Emphasis is also being placed on the basics of dental instrumentation, laser therapy, and administration of anesthetics, which are clinical practice areas that the clinical dental hygienist likely has not studied since preparing for their state and nationally mandated certification examinations (Smethers et al., 2018). Learning the dental hygiene program's day-to-day operations, preparing for lectures, and understanding the course curriculum's proper implementation can prove stressful to the novice educator. Additionally, understanding the inner workings of the clinical aspect of the program, which focuses on patient-centered care, is an added aspect of the duties a dental hygiene educator must perform (Dellinges & Curtis, 2017; Webb, 2017). Due to the implementation of technology into programs, an educator must learn how to effectively use the learning management system (LMS), which they may or may not find familiar.

Learning management systems commonly used in dental hygiene programs are Blackboard, Canvas, and Moodle, which are used for classroom interactions (Guze, 2015; Seki et



al., 2020). Additional LMSs have been incorporated in the clinical setting, such as TalEval (DH Methods of Education, Inc., 2020), which grades based on the clinical aspects of patient treatment, care, and task completion. Educators must create and utilize video conferencing delivered through Zoom, Microsoft Teams, or Canvas to increase student's engagement in the learning process (Lockwood, Compton, Green, & Rasmussen, 2018; Messina, 2019). Although these tasks may seem exhaustive, the instructor must also provide student advising, answer emails, create, grade, update testing assessments attend staff and department meetings, answer emails and text messages all in a day.

Transition to dental hygiene education does not cease with the completion of faculty orientation; this may be the beginning of the job's learning portion. Educators must continue to learn by engaging in continuing education, attending seminars, conferences, and any other source of educator development to increase their knowledge base, improve in areas of weakness and become more influential and more efficient educators (O'Flaherty & Beal, 2018). The dental hygiene curriculum comprises academic and clinical components that prove challenging to learn due to mandates placed on CODA-accredited schools. Dental hygiene instructors must instruct on evidence-based research theories and provide patient-centered clinical instruction on daily techniques and treatment.

Accomplishing these difficult feats may initially appear simple to the novice educator; however, the increased stress from students, staff, and administrators may prove overwhelming without proper training (Smethers et al., 2018). High demands are placed on instructors due to the in-depth material that must be covered in a limited amount of time. Regardless of the depth, the complexity, and the amount of course material, providing quality education to dental students is vital for a dental hygiene educator.

## **Continuing Education**

As the focus of oral healthcare transitions from prevention of disease to overall patient healthcare, dental hygiene programs must possess the ability to graduate clinicians with sound patient-centered skills (Fried et al., 2017). As experienced educators continue to retire and fewer dental hygiene clinicians are transitioning into the field of education, the need for duly prepared educators is clear (Radford, Hellyer, Meakin, & Jones, 2015a). With this need being a constant problem for dental hygiene programs across the United States, I am led back to the initial research question, “What are the lived experiences of clinical dental hygienists transitioning from clinical practitioners to dental hygiene educators?” Those who believe they are called to become educators need to understand the preparation, commitment, and tenacity necessary to transition from clinician to educator (McDermid, Peters, Jackson, & Daly, 2016; Wyllie, Levett-Jones, DiGiacomo, & Davidson, 2019).

As the field of qualified educators continues to diminish, understanding the ability to move in, move through, and move out of transition is imperative for dental hygiene educators. Understanding the transitional situation and how it applies either positively or negatively to oneself and seeking out support to aid in the transition while using various coping strategies will assist in the transition, being either positive or negative. As dental hygiene education continues to grow and manifest into a total patient care field of study, educators must transition from clinical practice to academics with the notion that growth is inevitable (Maxey, 2018). With this notion in mind, preparation, professional development, and development of pedagogical and standardized best practices for dental hygiene education are necessary.

The qualifications and requirements for transitioning from clinician to educator are presently undefined. The definition of the best candidate for the position has yet to be

determined; however, the best person for the job may not readily have the qualification to be considered; however, the other viable candidates are less qualified. The need for dental hygiene educators to immediately impact programmatic outcomes is needed throughout the United States (Dias-Lacy & Guirguis, 2017; McGuinness, 2016). However, due to a continued allowance of unqualified instructors into the classroom and clinic setting, recruiting, hiring, and retaining quality staff is leading to increased frustration among educators, students, patients and may eventually cause detrimental harm to the reputation of the dental hygiene program (Menatnia, Dehkordi, & Dadgoo, 2017). Understanding the importance of the transitional experience is pertinent; however, understanding dental hygiene education's intricate nature is significant to the clinical hygienist transitioning to dental hygiene education.

### **Mentorships**

Mentoring, a tool used by health care educators as a tool to implement a more robust culture of mutual respect and positivity within the profession, refers to an experienced person that is a tutor, coach, counselor, guide, or someone who is a guiding influence in another person's life (Merriam-Webster Dictionary, 2020; Smith, 2018). In the traditional sense, "mentoring has long been recognized as an effective method for enabling new employees to develop the knowledge, skills, attitudes, and behaviors required to discharge their responsibilities successfully...mentors can help new employees better understand the organizational culture and institution-specific norms" (Wild, Canale, & Herdklotz, 2017, p. 37). Numerous paradigms of mentoring are noted in the literature, including traditional mentoring in which the mentor is older and more experienced than the mentee and reverse mentoring in which the mentor is younger but can assist the seasoned educator in areas such as technology (Breck, Dennis, & Leedah, 2018; Foster, 2019; Lawrence, 2019). Dental, nursing, and allied health programs have used mentoring

as a valuable means of improving the retention of health care educators, a necessity with the increased shortage of available qualified educators (Chopra, Arora, & Saint, 2018; Pennanen, Bristol, Wilkinson, & Heikkinen, 2016; Pope, 2018). Mentoring has continuously been noted as an excellent and effective method to assist instructors with limited instructional experience; however, a mentoring program's success will depend on the qualities possessed by those charged with being mentors.

Mentors must possess qualities such as a sense of respect for others, be able to listen well, allow for the venting of frustrations, allow for mistakes to be made, possess a collaborative nature, and reciprocate learning, and appreciate differences in teaching styles while modeling best practices (Ginkel, Oolbekkink, Meijer, & Verloop, 2016; Voytko et al., 2018; Wolpert-Gawron, 2018). Although experience is a vital attribute for mentors, a novice can guide, nurture, and help others grow in their professional and personal lives. With limited literature on the effects of dental educator mentoring, the field of dentistry could potentially benefit from the provision of best practice strategies that will allow for the mentoring of a new faculty member, as well as mentoring programs for those interested in a career in academia (Arnesson & Albinsson, 2017; Collier, 2017).

Research has demonstrated the advantage of mentoring and a continued need for informal and formal mentoring of faculty members; the continued shortage of dental faculty has placed an increased focus on the development of academic careers or research, and not faculty recruitment and retention (Bell, Marks, Hermann, & Klooster, 2017; Luongo & O'Brien, 2018; McCann & Schneiderman, 2019; Tanner, 2019). Studies continue to demonstrate the need for mentors to possess a desire to mentor, a willingness to help the mentee learn, and a mentee who wants to learn (Al-Jewair et al., 2019; Garza, Reynosa, Werner, Duchaine, & Harter, 2018). However,

obstacles such as a lack of formal structure and evaluation of mentoring experiences, limited institutional support, as well as a continuum, and persistent shortage of dental hygiene educators, can hinder the implementation of quality mentoring programs (Hyun-Gyung, Ji-Mee, & Mee-Ran, 2019; Jeffers & Mariani, 2017; Veersamy, Loch, Adam, Howe, & Brunton, 2018).

A formally structured system to evaluate mentoring experiences, lack of resources, and inadequate support are obstacles continuously noted in the literature (Atkins, 2019; Brady, 2018; Pfund, Byars-Winston, Branchaw, Hurtado, & Eagan, 2016; Whalen, Majocha, & Van Nuland, 2019). Dental hygiene faculty members note that a lack of additional time in busy academic schedules does not allow for effective mentoring of new faculty members. The shortage of instructional staff mandates that existing faculty take on other classroom and clinical responsibilities, leaving few opportunities to mentor new staff members (Levin et al., 2016; Puryer, McNally, & O'Sullivan, 2015; Retrouvey et al., 2020). As dental hygienists transition from clinical dental hygiene to dental hygiene education, willing mentors' needs will be a constant in educational programs. As a preparatory method, novice educators may seek mentors to assist in learning teaching methodologies and proper processes of implementing instructional practices. Mentors with programmatic experience can assist novice educators in learning program protocol and the learning management systems utilized in grading and assist in acquiring professional development and continuing education courses. Mentorships can offer valuable insight and lessen the stress and uncertainty realized by clinical practitioners during career transitions.

Mentoring is based on building trusted relationships and a commitment to help a fellow educator grow in academics (Ginkel, van Drie, & Verloop, 2018; Hudson, 2016; Jakubik, Weese, Eliades, & Huth, 2017). As institutes of higher education seek to implement mentoring

programs into their already busy academic schedules, research must be conducted to ensure the best practices and strategies are used to expand and enhance mentoring of the instructional staff (Beek, Zuiker, & Zwart, 2019; Fung, Fatahzadeh, Kirkwood, Hicks, & Timmons, 2018; Ghandi & Johnson, 2016). Novice educators can learn from experienced educators; however, the veteran educator may also learn from the new educator depending upon their background. Mentors can add value to a novice educator's transitional experience; therefore, proper development of mentoring programs is essential to the mentee, the mentor, and is vital to minimize costly mistakes and decrease the potential for poor programmatic outcomes (Meeuwissen, Stalmeijer, & Govaerts, 2019; Schatz-Oppenheimer, 2017; Williams, Scott, Tyndall, & Swanson, 2018).

A well-developed mentoring program can be a positive means of social support and career development for seasoned educators, along with a useful form of support for new educators transitioning from practitioner to educator. As educators continue to grow and advance their skills, there must be an understanding that effective mentoring provides a lifelong connection between those desiring to enhance themselves and others by learning new or advanced information and providing personal and professional development opportunities.

### **Summary**

This qualitative transcendental phenomenological study describes the lived experiences of clinical dental hygienists transitioning from clinical practitioners to dental hygiene educators. This study provides theoretical value by demonstrating the lack of previous research in dental hygienists transitioning from clinical dental hygiene to dental education. Additionally, this research study may benefit community colleges, traditional four-year colleges, for-profit, and nonprofit dental hygiene programs by providing information centered on improving recruiting, hiring, and retaining clinical dental hygienists desiring to transition to dental hygiene education.

Prior to the transition, the literature demonstrated a need for clinical dental hygienists desiring to transition from practitioner to dental hygiene educator to research and prepare for the transition. As the transitioning clinical dental hygienist moves through the phenomenon, an understanding of the proper pedagogical skills and practices, instructional methodologies, and instructional practices are warranted. Additionally, the literature indicated a novice educator should investigate the benefits of collaborative learning, implementing, and cultivating instructor-student interactions, becoming active learners, engaging in professional development, mentorships, and continuing education even after the transitional experience ceases.

The literature validated a continued need to determine best practices, methodologies, and skills deemed adequate for clinical dental hygienists transitioning into dental hygiene education. Limited peer-reviewed research focused on transitioning clinical practitioners to dental hygiene education demonstrates the need for advanced research studies. Additionally, the lack of literature revealed a documented gap in the best practices needed to determine adequate skills, attitudes, and knowledge levels when hiring new educators for dental hygiene programs. This literature review established a need for further studies to identify the best practices and appropriate methodologies for clinicians transitioning to academics (Donlan, 2018).

## CHAPTER THREE: METHODS

### Overview

The purpose of this qualitative transcendental phenomenological study is to describe the lived experiences of clinical dental hygienists transitioning from clinical practitioners to dental hygiene educators. Dental hygiene educators chosen for this study include dental hygienists located in the Central Piedmont region of North Carolina. The transition from a clinical hygienist to a dental hygiene educator can be defined as the ultimate decision and circumstances that necessitated a career change (McLennan, McIlveen, & Perera, 2016; Sullivan & Ariss, 2019). The concept of transition used within this study sought to describe what the participant experienced moving in, out, and through the transition, as well as the resulting lived experiences shared with other clinical hygienists that desire to transition from practicing dental hygienists to academia (Terblanche, 2019).

The theory guiding this study is Schlossberg's (1981, 2011) transition theory. Schlossberg's transition theory provides a framework for understanding events significant to dental hygienists' career transition from clinical dental hygiene to dental hygiene educator (Battrell et al., 2016; Tillis, 2016). Chapter Three provides details about the chosen qualitative design, participant selection, the research site, and the research procedures regarding data collection. Chapter Three discusses the methods of data analysis, steps to ensure trustworthiness, assumptions found in the development of the research study, and a discussion of the ethical considerations taken during in the study. All aspects of Chapter Three are presented in detail below.



## Design

A qualitative approach is appropriate when “a need to study a group or population, identify variables that cannot be easily measured or hear silenced voices” (Creswell & Poth, 2018, p. 45). Qualitative research, embraced by Moustakas (1994), is a standard feature of human science research that focuses on the totality of the experience, seeks to describe the essences of the lived experiences, and views the experience and behavior as a cohesive and “inseparable relationship of the research subject-object” (Moerer-Urdahl & Creswell, 2004, p. 2).

A qualitative approach is most appropriate for this study because I examined the lived experiences of dental hygiene educators using one-on-one interviews, an online focus group, and hypothetical letters from participants to dental hygienists considering transitioning from clinical dental hygiene explaining their lived experiences to gain a deeper understanding of their experiences while transitioning from one career to another. The collected data created themes that provided a holistic description of the essence of dental hygienists' lived experiences who have transitioned from clinical dental hygienists to dental hygiene education using textual and structural descriptions (Moustakas, 1994). The phenomenon of dental hygienists transitioning from clinical dental hygiene to dental hygiene education is not measurable, as in quantitative research. I did not seek to quantify or measure the construct; therefore, a qualitative research design was most appropriate for this study.

The phenomenological research design follows three main steps: phenomenological reduction, description, and the search for the essence (Moustakas, 1994). Phenomenological reduction, which was the first step, occurred by setting aside all my preconceived ideas (epoché), which allowed me to see the phenomena through an unbiased lens (Moustakas, 1994). Through epoché, I allowed for the actual meaning of the phenomena to emerge in its natural state and

within its own identity without assistance from me as the researcher (Moustakas, 1994). I abstained “from making suppositions, focus on a specific topic freshly and naively, construct questions or problems to guide the study, explicitly attend to and account for real-world contextual conditions’ (Moustakas, 1994, p. 46). I used an emic lens to limit my perspective as a dental hygiene educator. It was essential to set aside any preconceived notions or biases (*bracketing*) that may have affected the study (Akram & Hogan, 2015; Bouzanis, 2017; Moustakas, 1994). The phenomenological research design is significant to “explore experiences and adopt a phenomenological stance” (Hopkins, Regehr, & Pratt, 2016, p. 20), making this the best research design to examine the transition of dental hygienists from clinical dental hygiene to dental hygiene education.

The phenomenological research design allowed me to use semi-structured interviews, virtual focus groups, and hypothetical letters written by the study participants to dental hygienists considering transitioning from clinical dental hygiene to dental hygiene education as data collection methods (Moustakas, 1994). Phenomenology research focuses on studying the real world from a naturalistic approach and generates meaning through rich, detailed descriptions of what an individual experienced and how the phenomenon was experienced (Moustakas, 1994; Neubauer, Witkop, & Varpio, 2019; Rodriguez & Smith, 2018). Utilizing the phenomenological study design enabled me to understand the lived experiences clinical hygienists encounter as they transitioned from practitioner to dental hygiene educator. A phenomenological design was the best approach for this study because it focused on understanding the emergent themes from the participants' lived experiences.

A transcendental phenomenological approach was appropriate for this study because I sought to describe the research participants' lived experiences and give voice to dental hygienists

transitioning from clinical dental hygiene to dental hygiene educators. Transcendental phenomenology is most appropriate for this study instead of hermeneutic phenomenology because, as the researcher, it was essential that phenomenological reduction is applied, and hermeneutic phenomenology does not recognize the concept of phenomenological reduction (Guillen, 2019; Kafle, 2011). My previous experiences may taint the collected data or cloud the research participants' lived experiences in hermeneutic phenomenology. This study sought to describe the lived experiences of clinical dental hygienists transitioning from clinical practitioners to dental hygiene educators; therefore, a transcendental research study was most appropriate for this research.

### **Research Questions**

This study is guided by one central question and four research sub-questions to describe the lived experiences of clinical dental hygienists transitioning from clinical practitioners to dental hygiene educators. The central research question for this study is:

What are the lived experiences of clinical dental hygienists transitioning from clinical practitioners to dental hygiene educators?

The sub-questions are as follows:

1. What were the participants' expectations of the dental hygiene educator role before the experience?
2. What expected or unexpected outcomes did participants experience during the transition from clinical dental hygienist to dental hygiene educator?
3. How do participants describe the transient and continuous effects of their transition from clinical dental hygienist to dental hygiene educator?

### Setting

The setting for this study was a local community college located in North Carolina. The community college is referenced by the pseudonym Cobb County Community College (CCCC) for privacy purposes. This community college was selected for the study because it is ranked as one of the top dental hygiene programs in North Carolina. However, in the past two years, multiple full-time or part-time employees have opted to leave the program, which has left the program with nine new employees. The mixture of newly employed instructors consists of four experienced educators and five novice educators. The CCCC dental hygiene instructional staff comprises an all-female staff, two African American educators, one educator of Indian descent, and 12 Caucasian educators. The educators' educational level consists of Associate, Bachelors, Masters, and Post Graduate degrees. The practical clinical level of experience ranges from two years to 30 years, and the instructional level of expertise ranges from six months to 18 years. The setting is significant as I am an adjunct dental hygiene educator in this department, and access to research participants is readily available.

The community college is in the Central Piedmont region of the state and accepts 24 new students each year; however, the graduation rate in the past five years has decreased to an average of 15 students yearly. This site was selected for this study due to several factors, including but not limited to; new faculty members, low graduation, which has dropped to 54% in the last five years. Additionally, a primary reason for selecting this site is the educational staff's diversity, which includes educators with clinical experience ranging from two years to thirty years. The Dental Hygiene Department is governed by a department head who reports to the Dean of Health Sciences, the Executive Vice President, the Board of Trustees, and the Campus

President. Although it is a rare occasion that any members of upper management are in the dental hygiene building, any executive decisions must occur via the proper channels.

### **Participants**

After receiving institutional review board approval, an email message was sent to past and present faculty and staff associated with the dental hygiene program in the School of Health Sciences at Cobb County Community College to inquire about their interest in participating in my research study. There are currently 20 instructors employed either in a full-time or part-time adjunct capacity in the dental hygiene department; therefore, query emails containing a survey via Survey Monkey (Appendix C) were sent to all 20 employees with a desire to have a minimum of 90% favorable responses. Inclusion criteria for participants included those willing to share their transitional experiences, possess a minimum of two years of clinical, and have six months in a dental hygiene educational program. Due to the recent turnover in staff at the college, two instructors are recent hires; however, they reached their six-month minimum before data were collected. The accrediting body, CODA, posited a mandatory requirement for clinical educators to possess a minimum of at least two years of clinical experience; therefore, all faculty and staff members met the inclusion criteria in this category.

An important area of focus in qualitative research is a thematic saturation of the phenomena (Hennink, Kaiser, & Marconi, 2017; Peoples, 2021). Saturation occurs when no “new analytical information arises, and the study provides maximum information on the phenomenon” (Moser & Korstjens, 2016, p. 9). Failure to reach data saturation impacts the quality of the research study and impedes content validity (Fusch & Ness, 2015; Saunders et al., 2018); therefore, to ensure this research study's validity, saturation was achieved. Polkinghorne (1989) suggested a range of 5 to 25 interviews using participants that have experienced the

phenomenon to reach data saturation; therefore, the minimum of 15 or more participants with varying levels of clinical and pedagogical experience in dental hygiene were vital in achieving saturation for this study. I continued to collect data until saturation was achieved (Creswell, 2014; Patton, 2014; Peoples, 2021). Additional data collection sources provided additional analytical information regarding the phenomena.

A phenomenological study allowed for the use of multiple resources, including but not limited to one-on-one participant interviews, focus groups, and an analysis of written documents provided by the research participants (Creswell & Poth, 2018; Moustakas, 1994). Participants were purposefully selected based on their educational and clinical experience. The collective group of educators included a mixture of novice educators and experienced educators. A novice educator is defined as an educator possessing less than two years of educational experience in either a part-time or full-time academic position. Each participant's clinical experience is a minimum of two years of practical clinical work, which is the requirement specified by the Commission of Dental Accreditation (CODA, 2018).

The rationale for selecting these educators is their varying clinical and educational experience levels. These participants were able to provide their lived experiences transitioning from clinical practice to academics and the methods in which the preparation occurred. Each participant evidenced preparation for their career transition, transitional difficulties, and programmatic successes and failures realized through interviews, virtual focus groups, and a written hypothetical letter to a dental hygienist considering transitioning from clinical practice to dental hygiene education. The diversity among this group of educators and their various clinical and educational experiences are distinct indicators that dental hygiene education levels can affect program and student success.

Participants were of legal age, which is a requirement to teach on a collegiate level and were required to sign a consent form (Appendix D). This study desired to focus on the experienced educators on the community college level because most dental hygiene graduates matriculate through two-year community college programs (Theile, 2017). The research study sought to understand the lived experiences of educators who have transitioned from clinical dental hygiene into dental hygiene education. The research participants are noted in Table 1.

**Table 1**

*Participant Demographics*

<i>Pseudonym</i>	<i>Age</i>	<i>Years As Clinical Hygienist</i>	<i>Years Dental Hygiene Educator</i>	<i>Education Level(s)</i>
Sheila	50	21	2.5	A, B
Sabrina	57	36	11	B
Meredith	43	19	2.5	B
Evelyn	26	4	1.5	A, B
Melanie	50	19	16	B, M
Shannon	51	28	10	B, M
Paula	48	23	7	B
Catherine	52	27	16	B, M, D
Jessica	56	22	6	A, B
Angelica	48	27	6	B

A–Associates B–Bachelors M–Masters D–Doctorate

### **Procedures**

Before seeking Institutional Review Board (IRB) (Appendix A) approval for this study, I discussed my dissertation topic with the dental hygiene Program Director (PD) to ensure her approval to utilize current staff members as research participants. Although the permission was verbal, I requested a written confirmation from the PD to verify her consent (Appendix B).

Approval from the PD was vital so that she is aware that research is being conducted with faculty and staff members in the dental hygiene department. Additionally, all ethical aspects and guidelines of the research study were followed to protect human subjects. I believe it is ethically and morally proper to inform department administration that research is being conducted not to taint or disrupt the research process. The Program Director permitted me to contact current staff members; therefore, after IRB approval was received from Liberty University (Appendix A) and Cobb County Community College, I proceeded with data collection.

To obtain purposeful sampling, all criteria regarding selecting participants were adhered to. Twenty email surveys were sent to potential participants to query their interest in participating in the research program. The email requested that anonymity be kept not to influence other potential participants' answers until the interviews began. Each participant was required to sign an informed consent (Appendix D). Once the surveys were returned, one-hour interviews were scheduled with all individuals. Interviews were held in an area other than the dental hygiene department to avoid interruptions during the recorded sessions. To obtain thick, rich data, each participant was allowed ample time to complete their interview session; therefore, the one-hour timeframe was flexible. The research participants' selection was based on clinical experience, educational instructional experience, and agreement to follow the research study through to completion. Confidentiality was preserved with pseudonyms to protect the names of all participants.

Before the interview session, two educational experts reviewed the interview questions' relativity and accuracy regarding the transition theory. The first individual was the Dean of Education at a major university in North Carolina who holds a Doctor of Education in Higher Education Administration. The second was the Director of the Community for Diversity at a



major research university in North Carolina who holds a Doctor of Education in Higher Education Administration. The educational experts have subject matter expertise in dental hygiene and education. Each expert is a research methodologist in qualitative research and helped ensure that my data collection and research questions support the study's validity.

### **The Researcher's Role**

As the human instrument, the researcher allows data to be collected and analyzed (Erlandson, Harris, Skipper, & Allen, 1993). As the human data collection instrument, the lens in which I viewed this research study may have been affected due to my inside perspective as a dental hygiene educator (Lincoln & Guba, 1985). It was essential that I bracket my previous experience as a former dental assistant program director and a current dental hygiene educator and set aside any personal beliefs or judgments that relate to this study (Moustakas, 1994; Spirko, 2019). It was imperative that I view the participants' perspective and not my own regarding collecting and analyzing the data (Sutton & Austin, 2015).

As a current part-time adjunct dental hygiene instructor at Cobb Community in the dental hygiene department since 2019, I provide clinical instruction for all first and second-year students. Given my role as an adjunct faculty member and co-worker with the research participants, the opportunity for researcher bias exists. Additionally, as I transitioned from clinical dental hygienist to a dental hygiene educator, I had prior knowledge of the difficulties associated with transitioning from clinical practice to education. When dealing with adult learners, I am aware of the intricate details of accredited dental programs governed by CODA. I understand the importance of preparing for a new job and the need for direction, guidance, and recurring stress that may be present when transitioning from one career to another.

As a former program director, I was responsible for mentoring new staff and ensuring professional development was available for faculty and staff; I view mentoring and faculty development as essential for new educators. Due to my preconceived notions, I set aside (bracket) my personal beliefs to understand the research participants' experiences and not implement my own biases. I viewed the research through the research participants' lived experiences and not my transitional experiences. Although I have previous experience as a department head, I did not have a direct supervisory relationship with the research participants. I had no role in interviewing or hiring new educators, which allowed for objectivity throughout data collection and data analysis.

### **Data Collection**

Thick, rich data collection is essential in a qualitative study using a transcendental phenomenological design (Creswell, 2013). This study's data collection methods consisted of recorded audio interviews, a focus group, and a hypothetical letter written to a clinical dental hygienist considering transitioning from clinical dental hygienist to dental hygiene educator. One-on-one interviews were conducted with the selected participants using open-ended questions. A series of questions were asked regarding clinical experience, the transition to academics, educational expertise, lived experiences within dental hygiene, and successes or failures within a dental hygiene program as a dental hygiene educator. Additionally, each participant was asked to write a hypothetical letter to clinical hygienists considering transitioning from clinical dental hygiene, explaining their lived experiences. Instructors were ensured that their names, recordings, or visual images of their procedures and processes will not be revealed. The information gathered was utilized solely for the collection of data.

Although a pilot study is not warranted for this research study, determining face and content validity is necessary and was accomplished by utilizing dental hygiene educators external to Cobb County Community College. Assurance of face and content validity was determined with a screening/demographic survey (Appendix C) for this study. Face validity was accomplished by requesting the 20 dental hygiene educators employed by Cobb County Community College to complete the survey. After the 20 dental hygiene educators completed the survey, I sent a follow-up questionnaire to determine if face validity was present. The follow-up questionnaire focused on three questions (1) What is the survey's purpose? (2) What construct do you believe is being measured by the survey? (3) As a dental hygiene educator, did you, the educators, feel the assessment accurately discussed the transition from clinical dental hygiene to dental hygiene education? The answers received from the follow-up questionnaire helped determine if face validity was met by discussing the clinical dental hygienists' lived experiences who have transitioned to dental hygiene education. Dependent on the external assessors' responses, face validity was met (Delacruz, Carlson, & Smith, 2020; Martin & Jamieson-Proctor, 2019). In addition to face validity, content validity must be established to ensure the survey instrument is an accurate measurement of clinical dental hygienists' transitional experiences from clinical practice to dental hygiene education.

Content validity was determined by having the survey evaluated by three subject matter experts who are higher education administrators at two prestigious research institutes located in North Carolina. The subject matter experts assessed and analyzed the survey to determine the survey's accuracy. The lived experiences of transitioning educators from clinical practice to education should reflect the survey, which showed that the construct being measured was presented within the survey (Ponto, 2015; Safdar, Abbo, Knobloch, & Seo., 2016). These

experts' use helped determine content validity and determine if the survey answered the central research question.

## **Interviews**

Data collection procedures in phenomenology utilize extended interviews where data collection is "collected on the topic and question" (Moustakas, 1994, p.114). The phenomenological interview involved an informal, interactive process and utilized open-ended comments and questions; therefore, one-on-one interviews were appropriate for this research study (Moustakas, 1994). The purpose of the research interview in this research study was to explore the individual research participants' views, experiences, beliefs, and motivations (DeJonckheere & Vaughn, 2019;

Richter, Lazarides, Richter, 2021; Roulston & Choi, 2018). Additionally, using semi-structured interviews in this research study was necessary to provide a deeper understanding of the phenomenon, which was the transition of clinical dental hygienists from practitioners to dental hygiene educators. The utilization of semi-structured interviews allowed participants to provide information that I did not previously consider as the researcher. Due to the limited amount of written information about this phenomenon, the ability to offer additional information through semi-structured interviews adds to the thick, rich data necessary in qualitative research.

One-on-one interviews were conducted with the selected participants using 27 standardized open-ended questions created by the researcher (Creswell, 2013). A series of questions were asked regarding clinical experience, the transition to academics, educational expertise, lived experiences within dental hygiene, and successes or failures within a dental hygiene program as a dental hygiene educator.

## Standardized Open-Ended Interview Questions

### Demographic Questions:

1. Date, Time, Location, Interview Method
2. Please state your full name.
3. Describe your current job title.
4. Name the degree(s) you have earned? Please specify the majors and areas of concentration
5. When did you complete dental hygiene school?
6. How long did you work in clinical practice?

### Questions related to transition preparing to transition:

7. Describe your motivation for leaving clinical practice.
8. How did you decide you wanted to become an educator?

### Questions related to the decision to transition:

9. Describe the professional development strategies you undertook to prepare for Academia.
10. Explain how prior clinical experience in the field of dental hygiene influences the success of the dental hygiene program.
11. Explain how your clinical experience influences the learning environment of the dental hygiene student.
12. Discuss how being a registered dental hygienist encouraged or deterred you from pursuing advanced education either through professional development, continuing education courses, advanced educational programs through the community college or university.

Questions related to pedagogical/instructional experience:

13. Describe your teaching philosophy and how this philosophy influences your methods of instruction.
14. How many years of college/university teaching experience do you have?
15. How do you rate your experience as an educator, novice, accomplished or experienced educator? Please explain why.
16. Explain how the teaching experience of a dental hygiene instructor guides their instructional practices.
17. How have the previous benefits of clinical dental hygiene helped enhance your career and help you develop as an educator? Please explain your answer(s).
18. Explain any negative instances in your development as an educator. Please explain your answer(s).

Questions related to professional development

19. Please describe your initial experience as an educator.
20. Please identify any items that have been the most helpful in your pedagogical development?
21. Describe any additional methods that could have prepared you more for your career as an educator?
22. Since beginning your career in academics, what are some successes you have experienced? Awards, promotions, additional duties, for example.
23. Since beginning your career in academics, describe any failures or obstacles that you may have experienced?
24. How have your successes and failures helped you improve as an educator?

25. Describe your personal belief concerning the experience needed to help educators grow personally and professionally.
26. Describe how you improved your educator skills.
27. Describe any additional information that you would like to add?

Questions one through six are demographic questions (Fernandez et al., 2016; Yahav & Thorson, 2017) and are designed to gather baseline information about each participant.

Questions seven and eight are related to preparing to transition. Preparation to transition is essential to the novice educator's success as it presents a realistic view of what can be anticipated in the classroom and clinical setting (Bartee & Dooley, 2019; Talbott, 2019). Questions nine through 12 are related to the participants' decision to transition from clinical hygienist to dental hygiene educator. The decision to transition plays a significant role in one's decision to change careers. Understanding what motivates the transition, how one decides to leave a position that they have worked so hard to perfect, and how their clinical expertise will be utilized in education are questions that the novice educator will need to answer internally (Xu & Zhang, 2019).

Questions 13 through 18 are related to pedagogical skills that are the individual possesses. In retrospect, if the individual does not have sound pedagogical skills, the novice educator should seek means to obtain these skills before or as soon as the career transition occurs (Darling-Hammond, Hyler, & Gardner, 2017; Kennedy, 2016). Understanding how to be effective in the classroom is an essential skill of the novice educator. The information that the student will obtain is valuable to them during dental hygiene school, once they begin their career as a dental hygienist, and to the dental hygiene program (Pelletreau et al., 2018; Tamberelli, Buch, & Gordon, 2018). Staff and professional development are attributes that novice educators will acquire throughout their career as dental hygiene educators; therefore, questions 19 through

26 are related to professional development. Question 27 allowed each participant to give their final thoughts, perceptions, or opinions on their lived transitional experience from clinical dental hygiene to dental hygiene education.

The interview questions utilized will provide information that aligns directly with the initial research questions and provide a basis for the literature in Chapter Two. Follow-up questions were discussed based on initial responses that required more in-depth responses. For instance, if an answer was considered short or without depth, I rephrased the question, asked for additional information, or provide examples to extract more robust data. Although one-on-one interviews without using a focus group allowed participants who may otherwise be hesitant to speak freely about their past and present experiences as novice or experienced educators, this research study also utilized a focus group as a means of data collection.

### **Virtual Focus Groups**

Focus groups generate information on collective views and uncover meanings that rest behind those views (Colucci, 2016; Lokanath, 2016; Sim & Waterfield, 2019). Focus groups offer a platform for differing paradigms or worldviews (Lincoln & Guba, 1985; Sánchez-Gómez & Martin-Cilleros, 2017). Focus groups are useful in generating a rich, detailed understanding of participants' beliefs and experiences (Nyumba, Wilson, Derrick, & Mukherjee, 2018; Rothwell, Anderson, & Botkin, 2016; Tausch & Menold, 2016). Using the Zoom web-based meeting platform, virtual focus group meetings were utilized in this research study due to the ongoing COVID-19 pandemic and a desire to reduce face-to-face contact in a group setting for an extended period.

Focus group members consisted of dental hygiene educators from different geographical areas, demographics, and colleges, which helped uncover the experience's essence from varying



perspectives. Participants were asked to share their experiences relating to the phenomenon and reflect on their experiences while in the group setting by answering five questions. The purpose of using a focus group in this research study was to acquire information relating to the transition of clinical dental hygienists to dental hygiene educators that may not have been discussed in interviews. Additionally, a focus group provided additional information to inform the study and gain an in-depth understanding of the phenomenon. Whereas Appendix F has questions listed, these are sample questions that changed during the study. The questions listed in Appendix F are hypothetical questions that evolved; however, the actual questions were determined during data analysis.

### **Hypothetical Letter - Clinical Dental Hygienist to Dental Hygiene Educator**

A qualitative study using phenomenology as its design benefits from using data outside of the research context to provide corroborating evidence “to shed light on a theme or perspective (Creswell & Poth, 2018, p. 256). Participants in this study were asked to submit a hypothetical letter addressed to clinical dental hygienists considering transitioning from clinical dental hygiene to the dental hygiene educator role.

The design for the letter utilized an informal format. A formal business letter format was necessary due to the need to include narrative information for clinical dental hygienists considering transitioning from clinical dental hygiene to dental hygiene education. The hypothetical letter addressed the following topics: discuss your transition from clinical dental hygiene to dental hygiene education, discuss your role as a dental hygiene educator, discuss some of the successes, struggles, and questions that you had before, during, or after your transition, and lastly discuss skills and strategies that you gained from your transition.

The purpose of this letter was to gather data establishing what prompted clinical dental hygienists to leave direct patient care, how they identified themselves as they moved through the transition from practitioner to educator, and what they learned from the experience thus far. The hypothetical letter was written throughout the process of the interview. The focus group allowed the dental hygiene educators the opportunity to reflect and explore their experience, as well as allowed for horizontalization of data for "we [researcher and participant] can never exhaust our experience of things completely no matter how many times we reconsider or view them" (Moustakas, 1994, p. 95). The letter allowed the participant to share in a semi-private manner through written words their lived experience. After the conclusion of the interviews and the focus group meetings, the letter was submitted. Participants were asked to submit their letters directly to my personal via their email as a PDF file so that the information could not be altered from its original state.

### **Data Analysis**

Data collection include interviews, a focus group, and a hypothetical letter to a clinical dental hygienist considering a transition from clinical dental hygiene to a clinical dental educator. The process followed the phenomenological model process defined by Moustakas (1994). The process began with epoché and then reduce data using horizontalization. Horizontalization consists of clustering horizons into themes and organizing the horizons and themes into textural descriptions (Moustakas, 1994). The textural descriptions allowed the data analysis process to create imaginative variation. Narratives were analyzed for variation in structural meanings and themes, which helped develop the "structural descriptions on the phenomenon" (Moustakas, 1994, p. 99). The structural descriptions were utilized in the final step

of the process, synthesis of meaning and essences, and the lived experiences of dental hygienists transitioning from clinical dental hygiene to dental hygiene education (Moustakas, 1994).

### **Phenomenological Reduction**

Moustakas (1994) advised that a disciplined transcendental phenomenologist begin the data analysis process taking "systematic efforts to set aside prejudgments regarding the phenomenon being investigated" (p. 22). Epoché was used throughout data collection and data analysis to ensure that this researcher stayed "completely open, receptive, and naïve in listening to and hearing research participants describe their experience of the phenomenon being investigated" (Moustakas, 1994, p. 22) continually set aside my own beliefs and prejudgments while allowing participant experiences to remain the research study's focus. This was accomplished through the process of epoché. Using the technique of epoché during data analysis, I was required to bracket out my own beliefs and preconceptions as I read transcribed notes regarding the experiences of participants with "new and receptive eyes." (Moustakas, 1994, p. 89). To accomplish this task, a reflexive journal (Appendix I) was written to notate similar or identical instances that were the same as my lived experience. The use of a reflexive journal allowed for the examination and exploration of my experiences of the phenomenon and either confirmed the experience as "authentic" (Peoples, 2021, p. 62) or it was removed since the experience was considered biased (Peoples, 2021). The reflexive journal also provided an in-depth view of the experiences of the research participants from different viewpoints.

Data analysis used the phenomenological model established by Moustakas (1994). I utilized the concept of phenomenological reduction to identify statements with significance (Creswell, 2013) and describe the textural language and quality of the data collected (Moustakas, 1994). Understanding that my philosophical assumptions and beliefs regarding the phenomenon

were essential to this phenomenological research study, this researcher used textual means and descriptions to establish meanings to inform the study. The statements and developing categories allowed for the data's consolidation to find the phenomenon's concepts and themes. I reviewed each piece of data multiple times, which helped "things to become clearer and clearer as they are considered again and again" (Moustakas, 1994, p. 93); thereby, assisting me in identifying common themes. The phenomenological reduction of data required this researcher to use horizontalization to cluster horizons into themes (Moustakas, 1994).

Horizontalization was used to allow for the analysis and formation of themes, as well as to ensure that each statement "is initially treated as having an equal value" (Moustakas, 1994, p. 97). Comments and questions that were not pertinent to the study were removed, which allowed for the emergence of "the grounding or condition of the phenomenon that gives it a distinctive character" (Moustakas, 1994, p. 95). Horizons of data was accomplished using interviews, a focus group, and a hypothetical letter written to a clinical dental hygienist considering transitioning from clinical dental hygiene to dental hygiene education.

The conclusion of phenomenological reduction requires synthesizing composite textural descriptions created from each interview's textual and structural descriptions. Textural descriptions are the *what* of the experience, and structural descriptions are the *how* of the experience (Creswell, 2013; Moustakas, 1994). Examining the experiences through textual language to continuously and methodically look at and describe multiple aspects of the individual's experiences allowed for the development of the experience's essence (Moustakas, 1994). Composite textural descriptions, composite structural descriptions, and a composite textural-structural synthesis developed "from the data and come together to create a "greater description, comprehension, and understanding of the experience" (Sailor, 2013, p. 9).

Phenomenological reduction allowed for integrating all individual textual descriptions into a group or universal textural description and structural descriptions. It was utilized to form the meaning and essence of clinical dental hygienists who have transitioned from clinical dental hygiene to the role of dental hygiene educator (Moustakas, 1994).

The process of Moustakas' (1994) phenomenological reduction begins with epoché, continues with a complete explanation of the phenomenon through horizontalization to determine horizons and clusters of themes, and concludes with organizing clusters and themes to develop the textural description of the experience to determine the meaning and essence of the phenomenon being studied. Phenomenological reduction allowed the researcher to understand everyday experiences and address what it was like for participants "to be, to have, or to live" (Saldana, 2013, p. 199).

### **Imaginative Variation**

Imaginative variation is the next step in the transcendental phenomenological research process. The utilization of imaginative variation seeks possible meanings for the phenomenon through imagination/various frames of reference and approaching the phenomenon from different perspectives to reach structural descriptions of the phenomenon (Moustakas, 1994). Structural qualities of a phenomenon include "time, space, materiality, causality, and relationships to self and others: (Moustakas, 1994, p. 99). Creating a compound structural description of the phenomenon using imaginative variations helped me use my imagination, not software programs, to analyze varied possible meanings, list structural qualities, and develop structural themes (Moustakas, 1994). By creating possible meanings, this researcher attempted to discover the structural qualities of a clinical dental hygienist's transitional experiences from clinical dental hygiene to dental hygiene educator (Moustakas, 1994).

Imaginative variation utilizes phenomenological reduction to "derive structural themes from textual descriptions" (Moustakas, 1994, p. 99). This researcher used her intuition to consider the contexts relating to the phenomenon, as well as considered different frames of reference, universal structures, and divergent perspectives of the participants to develop a description of the conditions that facilitated the production of the phenomenon (Moustakas, 1994). The use of phenomenological reduction provided me with multiple possibilities connected to the experiences of the individual, otherwise defined by Moustakas (1994) as the " 'how' that speaks to the conditions that illuminate the 'what' of the experience" (p. 98).

### **Synthesis, Meanings, and Essences**

Synthesis of meanings and essences, the final step in transcendental phenomenological research includes integrating textural and structural descriptions to establish "a unified statement of the essences of the experience of the phenomenon as a whole" (Moustakas, 1994, p. 100). Textural descriptions describe what the participants experienced, whereas structural descriptions describe their experiences (Patton, 2015). Meaning units, which provide data that reveal a specific feature or trait of the phenomenon being investigated, were completed by synthesizing significant statements to create themes (Peoples, 2021). The meaning units utilized verbatim examples that describe how the experience happened along with the setting and context of how the transition from clinical dental hygienist to dental hygiene educator was experienced. Although the essence of the phenomenon will never be exhausted, I provided a textural-structural synthesis of the essences following an "exhaustive imaginative and reflective study of the phenomenon" (Moustakas, 1994, p.100) by breaking down initial meaning units from research participants into final meaning units which provided a deeper understanding of the study's participants experiences (Peoples, 2021).

Utilization of the three processes (phenomenological reduction, imaginative variation, and synthesis of the meaning) in the conceptual framework of transcendental phenomenology allowed me to examine an individual's experiences as they describe their experience with the phenomenon. The primary purpose of a qualitative phenomenological study was to provide clarification and enlightenment to how a person understands, as well as provide comprehension regarding a specific phenomenon through the experiences of an individual (UKEssays, 2018). Using transcendental phenomenology as design for this study was appropriate because it attempted to describe the experiences of individuals transitioning from clinical dental hygiene to dental hygiene education, what they experienced as they moved in and through the phenomenon, as well as what they can potentially share with clinical dental hygienist considering the transition from clinical dental hygiene to dental hygiene educator. The ability to replicate this study is possible if employed as outlined above. The collection of data and the analysis can assist those desiring to replicate the study to identify themes that inform experiences within the phenomenon.

### **Thematic Analysis**

Thematic analysis is a “systematic method of breaking down and organizing rich data from qualitative research by tagging individual observations and quotations with appropriate codes, to facilitate the discovery of significant themes” (Rosala, 2019, p.1). The initial step to ensure proper analysis of the data is to read each interview transcript in its entirety to determine each participant’s story. Irrelevant information such as repetitive statements, words, and filler words such as uh, um, you know, or well were deleted (Gibbs, 2018; Peoples, 2021). After completing the interview process, transcribing, reading each interview, and deleting irrelevant information, meaning units were created.

Meaning units were created using descriptive words, phrases, sentences, or paragraphs taken from the participant's transcribed interviews. The meaning unit described the phenomenon and was given specific names that were used to label or code the information (Erlingsson & Brysiewicz, 2017). Next, this researcher needed to use hand coding to create themes, ideas, and patterns of meanings repeatedly appearing in the transcribed data. The themes were categorized and utilized to answer questions that *describe the why, how, in what way, or by what means* of the phenomenon (Castleberry & Nolen, 2018; Caulfield, 2020; Erlingsson & Brysiewicz, 2017).

Throughout that analysis of the data, it was essential to bracket myself from the data so that my preconceived assumptions or personal experiences did not overshadow the participants' thoughts. I ensured this occurred by keeping a journal (Appendix I) where I referenced instances that may have caused me to be biased during the analysis process. Being familiar with the data, creating codes that generated themes, and reviewing the themes were essential during data analysis. Each theme needed a distinct and easily recognizable name or label and a definition, as this information was utilized to understand the data better (Mortensen, 2020; Rosala, 2019). The themes were used as a reference; therefore, this researcher ensured that she did not give similar or identical names to the themes. Lastly, the data analysis section concluded with a well-written analysis of the transcribed information taken from the participant's lived experiences, which disclosed information collected and analyzed during the research process.

### **Trustworthiness**

Conducting a valid, qualitative study requires the researcher to establish trustworthiness (Creswell, 2013; Creswell & Poth, 2018; Lincoln & Guba, 1985). This transcendental, phenomenological study ensured data trustworthiness by establishing credibility, dependability, confirmability, and transferability (Creswell, 2013; Creswell & Poth, 2018). Credibility refers to



the extent to which the findings accurately describe reality. Additionally, credibility depends on the richness of the information gathered and the researcher's analytical abilities (Creswell & Poth, 2018; Leung, 2015). Credibility (internal validity) was demonstrated by using adequate methods to support or contradict biases and assumptions and acknowledge limitations in the study's methods (Creswell, 2013; Erlandson et al., 1993).

The concept of dependability and confirmability addresses the provision of rich detail about the study's context and setting. Dependability (reliability) ensures that the methods utilized to conduct the study and the processes used to gather and analyze the data are trustworthy and allow for replicating the study (Creswell, 2013; Erlandson et al., 1993; Lincoln & Guba, 1985). Confirmability presumes that the study results can be confirmed and are legitimate (Creswell, 2013). Transferability refers to the possibility that the findings from one context apply to another context (Creswell & Poth, 2018). Transferability (external validity) assumes that the study can be conducted from one setting to another by establishing the same context, utilizing the same procedures, and rendering similar conclusions (Creswell, 2013; Erlandson et al., 1993). Each of these strategies previously listed is essential in supporting the validity of this study's findings.

### **Credibility**

Credibility in qualitative research refers to the accuracy of the research study's results in the reflection of reality and truth (Creswell & Poth, 2018; Patton, 2015). Triangulation of data is a standard method of validating themes or patterns within the phenomenon and was implemented in this study (Creswell & Poth, 2018). Triangulation, which verifies findings through examining one set of data results against another set of results to ensure quality within the study, is an essential factor regarding the assurance of credibility (Durdella, 2018). Triangulation requires

qualitative researchers to acquire information from multiple data sources to corroborate evidence (Creswell & Poth, 2018) and utilize more than one data source to provide credibility to the phenomenon's points of interest (Marshall & Rossman, 2016). This researcher used multiple data sources to describe the various experiences of the transition from clinical dental hygienist to dental hygiene education, the experiences within the transition, as well as how the experiences can assist a clinical dental hygienist considering a transition from clinical dental hygiene to dental hygiene education.

Upon completing the one-on-one interviews and the focus group meetings, I asked participants to member check to ensure the transcribed documents' accuracy (Creswell & Poth, 2018). Member-checking, the process in which study participants check the accuracy of their account of the phenomenon (Creswell, 2015), provided research participants the ability to view the discussion questions and answers to correct any incomplete or incorrect data as an additional means of validating the collected data (Marshall & Rossman, 2016; Moustakas, 1994). Prolonged engagement in the field, the triangulation of data, and member-checking allowed the research participants to clarify their intentions, correct errors, and provide additional information (Creswell, 2013; Creswell & Poth, 2018; Erlandson et al., 1993). All stakeholders' involvement in providing feedback and confirmation or denial of the transcribed information's accuracy added credibility to the analysis (Lincoln & Guba, 1985).

### **Dependability and Confirmability**

Dependability and confirmability can be addressed through rich, thick descriptions of themes, member-checks of the findings and interpretations, a reflexive journal kept by the researcher, and by an inquiry audit done by a third party of the research processes used throughout the study (Creswell, 2013; Creswell & Poth, 2018). Dependability in this study

included the triangulation of data, which provides "corroborating evidence from different individuals, types of data, or methods of data collection in descriptions and themes" (Erlandson et al., 1993, p. 258). As a human instrument, I allowed for open-mindedness, minimal biases, and greater dependability within my study (Moustakas, 1994). This researcher utilized peers who have obtained the Doctor of Philosophy (Ph.D.) in education and Doctor of Education to ensure the data confirms my findings' credibility. I provided my research results to my peers at least three weeks before finalizing my data analysis to allow for feedback and editing. The inclusion of member checking during the collection and transcription of the interview and focus group data, utilizing peer-reviewing, as well as keeping a reflexive journal which assisted in the bracketing of my own experiences (Moustakas, 1994); ultimately allowed for the experiences and essences of the phenomenon to be revealed.

### **Transferability**

Thick, rich descriptions of setting, data collected and coded, and assumptions of the research allowed "readers to make decisions about transferability" (Creswell, 2013, p. 252; Lincoln & Guba, 1985). To ensure transferability, this researcher provided a robust and detailed account of data collection experiences to allow other scholars interested in this phenomenon to replicate this study. Providing information within the research on the setting location, data collection aspects to provide a deeper understanding of the data, and how data collection occurred ensured that other higher learning institutes can recreate the study (Trochim, 2020). As a qualitative researcher, it is not possible to prove that the research is applicable; however, by providing the research data, this researcher can make it possible for others to use the research information to determine if it applies to their allied health care program.

### **Ethical Considerations**

Ethical considerations will be utilized within the research study to protect participants and as a concern for their welfare (Creswell & Poth, 2018). Ethical considerations for this study included IRB approval, informed consent from the participants and the site, privacy of the participants, and the data's safety and confidentiality. Consent for the study was obtained using an informed consent form (Appendix D), and participants were given the right to withdraw from the study if they deemed it necessary (Creswell, 2013). Participant privacy was protected using masking. Masking participant names by assigning aliases or pseudonyms deidentified them from the research study. By masking participants' names, protection from disclosing comprehensive findings and harm was prevented. I provided limited access to analysis procedures and embedding member-checking strategies and opportunities for sharing processes to act as a critical validation method (Creswell & Poth, 2018). Participants received a transcribed copy of their interview and were able to correct any errors or incomplete information to ensure the credibility of the data. The data's security and privacy were provided using an external hard drive that is password protected.

Credibility, dependability, transferability, and confirmability are the four essential aspects of trustworthiness (Creswell & Poth, 2018). Honesty in collecting and analyzing the data is reflected in the research participants' member checks. As a final method of ensuring trustworthiness, research participants were able obtain a copy of the research results upon request. Written data will be destroyed using a locked shred box, and the external data will be deleted three years following the publishing of the research document. As the researcher, assurance that the research participants' personal information and privacy are held to a high standard is vital. This research study's validity is essential in describing dental hygienists' lived experiences who have transitioned from clinical practitioners to dental hygiene educators.

## Summary

The purpose of this qualitative transcendental phenomenological study sought to describe the lived experiences of clinical dental hygienists transitioning from clinical practitioners to dental hygiene educators. Chapter Three explained the methods used in this transcendental phenomenological study by providing a plan and rationale that were utilized to conduct this study. Beginning with IRB approval and ending with ethical considerations, the procedures for sampling the site and participants, methods of data collection and analysis, as well as the steps to ensure credibility and trustworthiness, were outlined. The chapter concluded with an outline to ensure ethical consideration to protect and safeguard the research participants' privacy, identity, and the research site. Chapter Four presents the results obtained, utilizing the methods noted in Chapter Three.

## **CHAPTER FOUR: FINDINGS**

### **Overview**

The purpose of this transcendental phenomenological study was to describe the experiences of clinical dental hygienists who have transitioned from clinical dental hygiene to dental hygiene educators. Chapter Four contains descriptions of each participant. To ensure anonymity, each participant received a pseudonym. Pseudonyms align with the participant's gender, ethnicity, and age. In Chapter Three, the methods of data collection and analysis were discussed. Data collection and analysis took approximately three months to complete. Chapter Four reports the findings of the data collection, data analysis, and the identification of themes. The findings reported in this chapter include four major themes which sought to answer the guiding research questions.

### **Participants**

Participants were recruited via email after receiving permission from the IRB. A total of 10 dental hygiene educators agreed to participate in this study. All participants had a career in clinical dental hygiene before entering the academic field. The 10 participants were all females and ranged from 26 to 57 years old at the time of the study. Each participant brought a diverse educational background to this research study and ranges varied from associate to doctorate level degrees (Table 1). The Survey of Allied Dental Education stated that 79% of dental hygienists have a certificate or two-year associate-level degree (ADEA 2021). The second most common is a four-year baccalaureate degree at 21% (Fleerackers, 2019; Kanji, Pidgeon, & Nilson, 2019; Theile, 2017). Although the associate level dental hygiene degree is the minimal degree needed to become a dental hygiene educator, three participants possess a master's level degree, which is not common at the community college level of education (Fried et al., 2017; Theile, 2017);

however, some researchers emphasized the importance of an advanced degree in dental hygiene education (Benbow & Kanji, 2019; Kanji & Laronde, 2018a, 2018b).

Although the shortage of dental hygiene educators is relevant, only two participants in this study were full-time educators. One was a full-time administrator. One left her position during Covid-19 and took a position as a middle school teacher. In addition to teaching as clinical dental educators, research participants were employed in various roles, including administration, clinical research, and public health. Two of the research participants still worked part-time as clinical hygienists in private practice, and one worked as a temporary dental hygienist on an as-needed basis at the time of the study.

All 10 dental hygiene educators participated in the online survey and the one-on-one interviews. Seven participants participated in the focus group. One-on-one and focus group interviews were conducted via Microsoft Teams or Zoom videoconferencing. All information gathered from the interviews was used verbatim and transcribed by the researcher using Zoom and Temi transcription tools. Two participants identified as African American and eight as Caucasian. Demographic information can be found in Table 1, which includes the demographics of each participant.

**Table 1***Participant Demographics*

Pseudonym	Age	Years As Clinical Hygienist	Years Dental Hygiene Educator	Education Level(s)
Sheila	50	21	2.5	A, B
Sabrina	57	36	11	B
Meredith	43	19	2.5	B
Evelyn	26	4	1.5	A, B
Melanie	50	19	16	B, M
Shannon	51	28	10	B, M
Paula	48	23	7	B
Catherine	52	27	16	B, M, D
Jessica	56	22	6	A, B
Angelica	48	27	6	B

A–Associates B-Bachelors M-Masters D-Doctorate

**Sheila**

Sheila is a 50-year-old Caucasian female. She has been a dental hygienist since 2000. Sheila holds an associate's and a bachelor's degree in dental hygiene. Sheila worked in private practice for almost 20 years before deciding to transition to dental hygiene education due to a sense of boredom. Sheila said she was beginning to feel like she had peaked, and “as a bored hygienist, I was not doing the best for my patients.” She wanted a challenge but wanted to continue in the field of dental hygiene in some capacity. After researching opportunities, she decided to return to school to complete a bachelor's degree in dental hygiene in 2017. While completing her degree, she took a position as a part-time adjunct clinical dental hygiene instructor. Within a year, she completed her degree requirements and was offered a full-time



dental hygiene faculty position. She currently teaches full-time as a didactic and clinical instructor.

### **Sabrina**

Sabrina is a 57-year-old Caucasian female. She has been a dental hygienist since 1985 and holds a bachelor's degree in dental hygiene. Sabrina indicated she was burned out from clinical dental hygiene. "I was having some physical issues of actually sitting there instrumenting for eight hours and was looking for something different." She stated, "in school, I remembered that I could teach at a community college with my bachelor of science degree, and teaching has kind of been in the back of my head." Through the assistance of her former employer, she was able to sharpen her dental hygiene skills and refamiliarize herself with technology. Sabrina indicated that she had allowed her skills to relax due to not being in private practice for an extended amount of time. She also utilized textbooks to become familiar with current dental hygiene terminology. She is currently a part-time clinical dental hygiene instructor.

### **Meredith**

Meredith is a 43-year-old Caucasian female. She has been a dental hygienist since 2002. Meredith worked in private practice for 18 years before deciding to transition to dental hygiene education. After 18 years of clinical dental hygiene, Meredith said she was burned out and tired of the rat race of being in private practice all the time. She loved dentistry and explored other options, and she was accidentally led to teaching." I started looking into job options, I saw this opportunity come up as an adjunct, and I was intrigued. I thought it sounds like something different but something fun that I would like to try at least. And now that I've done it, I absolutely love it." Meredith is a part-time clinical dental hygiene instructor.

**Evelyn**

Evelyn is a 26-year-old Caucasian female. She has been a dental hygienist since 2017. Evelyn knew from the start of her career as a dental hygienist that she wanted to be a teacher; however, her first consideration was elementary-age children. She considered being around children all day, the salary, and other things and was led to dental hygiene. Evelyn decided to attend dental hygiene; after interacting with her instructors, she realized that she could combine two things that she really loved; dental hygiene and teaching. She decided that she wanted to be a dental hygiene educator. After completing her dental hygiene degree and working in private practice for two years, she was hired as a part-time clinical dental hygiene instructor. Within a month, she was offered and accepted her current position as a full-time instructor and senior clinic coordinator.

**Melanie**

Melanie is a 50-year-old Caucasian female. She has been a dental hygienist since 2003. Melanie attended dental assisting school before attending dental hygiene school, and the desire to teach was realized due to her interactions with one particular dental assisting educator. After completing her community college degree, Melanie decided to complete her baccalaureate and work in clinical practice. After getting married, she relocated to North Carolina with her family and completed her master's degree in dental hygiene in 2011. She taught at the local community college while working on completing her advanced degree in dental hygiene.

Melanie said, "once I got into teaching, I realized how beneficial it would be for me to go ahead and keep moving forward (with my education)." Melanie stated

that part of why I did it when I did was that my father had passed away. And I decided that when he passed away, I was going to go back and get my master's degree. And my

mother passed away 11 months later, and I promised her on her deathbed that I would do it. I was on the waitlist at that point, and two weeks after, she passed away. They pulled me off the waitlist, and I knew that I had to do it because I'd given them my promise. So that's kind of the personal side of why I did it when I did.

She has worked as a full-time educator, clinical coordinator, and other positions in dental hygiene education for the past 16 years. She is currently working in an administrative dental hygiene position.

### **Shannon**

Shannon is a 51-year-old African American female. She has been a dental hygienist since 1993. Her original path was to attend dental school; however, years of bad ergonomics while practicing clinical dental hygiene caused her to rethink her career path. Additionally, Shannon noted that a desire to return to graduate school and scheduling conflicts was her reason for leaving full-time clinical dental hygiene. Her schedule would not allow her to work full-time in private practice, but she did work as a temporary hygienist while completing her degree. Her original path was to attend dental school, but unforeseen circumstances changed her path, and an educator (friend) encouraged her to attend graduate school for health occupation education. During graduate school, she applied for a position listed in the newspaper for a dental hygiene educator. In 2000, she was offered a position as a part-time adjunct radiology instructor. Shannon assisted with developing a newly formed dental hygiene program and was offered and accepted a full-time position working a dual role as an educator in dental assisting and dental hygiene. She worked as an educator at the community college level until 2009. Currently, Shannon works in clinical research and teaches part-time as a dental assisting instructor.

### **Paula**

Paula is a 48-year-old Caucasian female. She has been a dental hygienist since 1998. Paula worked as a clinical dental hygienist before leaving full-time clinical dental hygiene to be a mom and wife. With over 23 years as a clinical hygienist, Paula said, "In clinical practice, I couldn't stay at home part of the time or be with my kids as much as I needed to." Over the years, she kept in touch with her college professor, and they would discuss different options regarding dental hygiene and her desire to remain in clinical practice. Paula revealed that she would "check-in with her from time to time, and we would talk about different options ... what I wanted to do, how I could make it all work, and she really inspired me to go into teaching." Paula has worked as a part-time adjunct clinical hygiene instructor for almost eight years.

### **Catherine**

Catherine is a 52-year-old African American female. She has been a dental hygienist since 1994. She was approached by a professor during her senior year of dental hygiene school and encouraged to attend graduate school and afterward teach dental hygiene. Catherine worked as a clinical dental hygienist for two years before returning to graduate school. Catherine stated, "it wasn't really something that I said, oh I always wanted to be an educator." Due to her professor seeing something in her that she did not see and knowing she wanted to go to graduate school, she decided to accept the challenge. While in graduate school, Catherine worked as a temporary clinical dental hygienist and participated in faculty practice while teaching full-time. Upon completing her master's in dental hygiene education, she was offered a full-time tenure track position at the Associate Professor level. She worked in various administrative and educational positions before deciding to resign and became a middle school teacher.

### **Jessica**

Jessica is a 56-year-old Caucasian female. She has been a dental hygienist since 1999. Jessica stated that after 22 years, burnout from clinical practice, a lack of flexibility from dentists regarding how to treat patients, and the inability to help new hygienists grow in the field made her decide she could make a difference on the educational side, as well as the clinical side of dentistry. Jessica has taught in dental assisting and dental hygiene in Florida and North Carolina. She currently works as a part-time clinical adjunct instructor and works part-time as a clinical dental hygienist. Jessica indicated that she continues to work as a clinical dental hygienist with the hopes that she can impart some of her vast knowledge to the newest clinical hygienists entering the field.

### **Angelica**

Angelica is a 48-year-old Caucasian female. She has been a dental hygienist since 1997. Angelica did not initially intend on becoming a dental hygienist. Her journey was to become a dentist; however, she was not accepted into dental school after earning her baccalaureate degree, so she took a chance and applied and was granted entry into the dental hygiene program. After six years of school, she was burned out and did not pursue entrance into dental school. She began her career as a clinical dental hygienist and continued in private practice for four years. After four years, Angelica left clinical hygiene to work as a public health hygienist. After the funding for her program ran out, she had to find supplemental income, and a friend encouraged her to apply for a teaching position. Angelica began teaching in 2012 as a part-time clinical dental hygiene instructor and became a full-time instructor within a year. In 2018 she decided to return to public health full-time; however, she continues to work part-time as an adjunct clinical dental hygiene instructor as her schedule permits.

## Results

The findings from the data collection and analysis were utilized to answer the research questions. The data were categorized based on similar codes, themes, patterns, and similar groupings, which emerged from the one-on-one interviews, the focus group interview, and a hypothetical letter written by the participants (Creswell & Poth, 2018; Moustakas, 1994; Peoples, 2021). Four major themes were identified. The themes were: motivational factors, preparatory process, instructor learning needs and processes, and educational methodology development. The following information details the thematic findings from the data analysis process. These themes contain contextual support, including ideas, words, or phrases gathered from transcribed data and utilized to answer the central research question and supporting questions. Table 2 shows the codes and themes presented during the data analysis process.

**Table 2**

*Themes, Sub-Themes, and Open-Code Enumerations*

Primary Themes	Number of Open-Code Enumerations in Sub-Themes	Sub-Themes
Motivational Factors	37	Motivations
	15	Family Obligations
	69	Personal Desire
	9	Instructor Recommendation
	37	Need To Change
Preparatory Process	38	Real-Life Experiences
	59	Unpreparedness
	41	Knowledge Deficit
Instructor Learning Needs and Processes	24	Continuing Education
	83	Adult Learner Education
	62	Instructor Calibration
Educational Methodology Development	102	Mentorship
	35	Professional Development
	16	Advanced Education

## Theme Development

Participants reported varied reasons related to their decision to transition from clinical practice to dental hygiene education. To protect the privacy of the research participants, pseudonyms have been used.

### Theme 1: Motivational Factors

Clinical dental hygiene experts believe they have the expert knowledge to impart to others (Battersby, 2017). Additionally, those called to academia describe a desire to educate the next generation of clinicians. When asked about their motivation to leave clinical practice and transition to dental hygiene education, the participants gave several reasons for their decision to transition into academia. The reasons are discussed below.

**Motivations.** The desire to transition to dental hygiene education included boredom, burnout, family obligations, a personal desire to teach, and instructor recommendations. Catherine was approached by her professor and encouraged to obtain an advanced degree in order to teach. Shannon was recommended by her educator "friend" to consider getting a degree in education because she had the qualities of an educator. Sheila cited burnout as her motivation for leaving clinical practice. She stated,

I also wanted to be an educator because I feel passionate about excellence and patient care. And I feel like, and I hate to say this, but there are many hygienists in it for a paycheck only and not the promotion of excellent patient care. I was the hygienist I would want (in the dental office).

Whereas Sheila was motivated due to boredom, Sabrina, Meredith, and Jessica cited burnout as their reasons for transitioning from clinical dental hygiene to academia. "I was having some physical issues of actually sitting there instrumenting for eight hours and was

looking for something different." Paula was motivated by a desire to be a mom and a wife. "In clinical practice, I couldn't stay at home part of the time or be with my kids as much as I needed to. I needed to be able to go here and there, pick them up."

Melanie and Evelyn always knew they had a personal desire to become an educator. Melanie indicated that a former instructor piqued her desire to become an educator. "I knew what she had done for me and how she had poured into my life, and I thought it would be cool to pour into other people's lives." Evelyn knew from the start of her career as a dental hygienist that she wanted to be a teacher. After interacting with her own instructors, she realized that she could combine two things that she really loved: dental hygiene and teaching.

In addition to burnout, boredom, family obligations, personal desire, and instructor recommendations, another participant indicated that becoming an educator happened by chance. Angelica did not initially intend on becoming a dental hygienist. Her journey was to become a dentist; however, she was not accepted. After completing dental hygiene school and working as a public health hygienist part-time, she took a chance and applied for a teaching position to supplement her income. Although participants noted several motivating factors for transitioning from clinical dental hygiene to dental hygiene education, the overwhelming motivating factor was a need to change.

**Need for Change.** The desire to "do something different" was a consistent phrase noted by all 10 participants. Participants indicated that their love for dentistry kept them in clinical dental hygiene for years; however, there came a time when a need to do something different occurred. Many participants said they loved teaching their patients, working indirect patient care, and helping their patients with their oral healthcare; however, it became the same routine every day, and they sought other ways to stay in the field but in a different capacity.



Several instructors voiced their enthusiasm for teaching and that this enthusiasm motivates them to keep returning to teach semester after semester. Paula stated, "I recommend it...it feels really good." Sheila stated, "it is fulfilling, and if you're looking for it to be fulfilling, it is." Evelyn stated, "I find it very rewarding. It's very rewarding to be a part of their growth and know that you're putting these awesome students out into the world," and Sabrina stated, "I taught Sunday school. I had taught Bible study, and that gave me a love for teaching."

Dental hygiene educator's decision to transition from clinical dental hygiene to dental hygiene education is evidenced by their positive attitudes toward educating students. The research participants revealed that their career transition has been rewarding and fulfilling, evidenced by the positive transcribed responses. Although the participants showed positive rationales for their decision to transition to academia, the subsequent findings will demonstrate the situations encountered during their transition in, transition through, and transition out of the phenomenon.

Participants mostly reported not preparing for the transition from clinical dental hygiene to dental hygiene education. Many participants noted that after their "need for a change occurred," they quickly left full-time clinical dental hygiene. Armed with multiple years of experience, they believed they were adequately prepared to change career paths; however, a need for additional preparation was quickly realized. Participant beliefs that real-life experience, prior patient care, and intrinsic motivations such as personal desires to assist in preparing new graduates to enter dental hygiene with stronger educational backgrounds were adequate reasons to transition to their new career. However, the need for a stronger preparatory process is evidenced by the data collection and analysis.

## **Theme 2: Preparatory Process**

Seven of the ten research participants stated they were unprepared for the transition from clinical dental hygiene to dental hygiene education. The participants relied heavily on prior clinical and personal experiences to assist in their new role as adjunct clinical instructors. Each participant agreed that they assumed that their prior clinical skills and interactions with patient care were sufficient to prepare for their newly acquired position; however, themes revealed that they lacked preparation for their new roles.

**Real-Life Experience.** Real-life experience is valuable to industries that need to interact with people (Althiga, Mohidin, Soo, & Tekian, 2017; Rich, 2017). According to the American Association of University Professors (AAUP), nearly 90% of the faculty at for-profit institutions and more than 50% at non-profit colleges are adjuncts (Edmonds, 2015; Yeoman, 2011). All ten of the research participants expressed that real-life experience was an important part of their transition from clinical dental hygiene to dental hygiene education.

Angelica, Jessica, Meredith, and Evelyn felt that clinical experience was important because students could learn more than what was stated in the textbook. Catherine, Melanie, Shannon, Sheila, and Sabrina felt that their previous clinical experience was invaluable during the didactic portion of teaching due to having the ability to bring real-life scenarios to the classroom. Paula stated,

I don't think that you can be an educator without having clinical experience, and I think there's got to be a minimal amount of clinical experience because the more you see, the more you can draw upon and give that experience to the students.

**Unpreparedness.** Although experience, patient care, and a desire to teach were topics mentioned continuously throughout the data collection, participants realized that they were unprepared for their transition. Participants felt they lacked the instructional and educational

methodology needed to understand their institution's educational process, such as preparing lesson plans, grading clinical assessments, and properly interacting with students. Jessica stated she remembered telling her husband, "I have to do these Tal evals, and I have no idea what I am doing, and nobody's helping me, and nobody's training me. I have to find somebody who can help me with this." An interesting observation is that Jessica had previous teaching experience in dental assisting but still felt unprepared for her transition to dental hygiene education.

**Knowledge Deficit.** Shannon stated, "I was a fish out of water. I really had no clue what to do", whereas Evelyn indicated,

there really is a lot more behind-the-scenes stuff than I realize. As far as course development and having to actually document information and not just having the freedom to do it how you want to do it, but you actually have to document it and show it to people and prove that you're working hard.

Paula said, "I didn't know up from down. I knew that I knew hygiene, but I didn't know how to convey my knowledge and information to them." Sheila indicated, "there's a lot of night and weekend work associated with it. You never feel caught up. You always feel behind."

Although participants felt their extensive real-life experience and prior patient care were sufficient tools to aid in their transition, the data revealed that they were unprepared for the challenge that dental hygiene education presented. A need for additional training before, during, and after the transition prompted the third theme, instructor learning needs and processes.

On-the-job training was voiced continuously by several participants. Novice healthcare instructors are often thrust into an environment where they are unprepared to meet the adult learners' needs, which was a concern noted by most participants (Phillips, 2016; Prusinski, Batross, & Zamaripa, 2018). The uncertainty of understanding what to teach, how to teach, and

the level of understanding required to teach a specific clinical task led to the identification of the third theme; instructor learning and processes.

### **Theme 3: Instructor Learning Needs and Processes**

Instructors are typically hired by colleges and universities based on the need for a part-time or full-time instructor. Many dental hygiene programs hire solely to increase their adjunct pool of instructors if a position becomes available (Andrews, 2017; Nica, 2017). Instructors hired in health science programs have amassed subject matter expertise; however, they are often hired without the proper instructional or educational methodology (Gardner, Waters, & McLaughlin, 2017; Kilgour, Reynaud, Northcote, McLoughlin, & Gosselin, 2017; Summers, 2017). Without instructional or educational methodology experience, novice educators find themselves unprepared to teach students with varied learning styles, including auditory, visual, and kinesthetic. Placed in unfamiliar situations, participants indicated they had to figure out on their own how to properly instruct students, which was at times “very stressful.”

Research for this study revealed educator skills relevant to instructor learning needs and processes include: the value of continuing education, understanding adult learners, and creating methods to improve deficient teaching methodologies. Participants indicated that once “reality set in,” they sought opportunities to remedy their lack of instructional and educational methodology experience. Participants indicated they completed continuing education courses relevant to teaching methodologies, teaching adult learners, and requested consistent instructor calibration sessions with experienced educators.

**Continuing Education.** Several participants felt that their transition would have been enhanced if more continuing education courses were available to assist in their understanding of how to teach adult learners properly. Jessica said,

When I decided originally to make the transition, there were no CE courses or professional development courses that I'm aware of that I could have taken to prep me for my new role as an educator. If there were any available, I certainly would have taken them to better prepare me to be an instructor instead of having to "learn as I go" with on-the-job training.

Clinical dental hygienists in North Carolina must complete six hours of mandatory continuing education directly related to clinical patient care as a condition for continued licensure. Additionally, these courses assist clinical dental hygienists in keeping abreast of changes that occur continuously in dental hygiene. Participants indicated that their continuing education choices were centered upon patient care before transitioning to dental hygiene education; however, their focus shifted to educational methodology once they moved into the transition. "When I got the teaching position, I just started taking continuing education (CE) courses." "Continuing education courses helped me improve as an educator."

Continuing education allows for collaboration among practitioners, knowledge exchange, and an opportunity for clinicians to share their expertise in subjects to improve patient oral healthcare (Glick, 2018; Sethi et al., 2017). Participants indicated that enrolling in dental hygiene continuing education courses has enhanced their professional skills and allowed them to meet other like-minded educators. Some participants noted that continuing education courses focused on educational methodology created important means of building a network of dental professionals to collaborate within informal settings. Participants commented, "Looking back, I certainly could have benefited from more CEs and professional development methodology courses."

Several participants voiced the importance of continuing education as a means for improving instructional and pedagogical methodologies. Shannon stated, "taking information from the CE courses, networking and collectively getting information from other people, seeing what they experience, and then maybe taking that back to the student helped me as an educator." As educators, participants indicated a shift in their choice of continuing education courses. Participants found a need to enroll in courses focused on education rather than courses focused on clinical and patient care in a private care setting.

Participants encouraged others considering transitioning to dental hygiene education to take continuing education courses to prepare for their transition. Meredith indicated, "I would certainly advocate for training workshops or specific continuing education classes that are geared towards hygienists looking to leave the clinical part of hygiene and move to the academic side." Melanie said, "I recommend taking continuing education and teaching methodology classes when possible."

**Adult Learner Education.** Learning to teach adult learners may prove difficult for novice educators. In the current classroom, educating adults no longer focuses on teacher-centered instruction but on student-centered instruction. Clinical instructors who have not developed educational methodologies may find that they are not equipped to constantly change the method in which they instruct, which depends on the student or students they are teaching. Some participants indicated they struggle with teaching clinical concepts to different students because each student tends to learn differently, and what is told to one may not be readily understood by the next student. Several instructors indicated that finding the proper verbiage or terminology to use while instructing proved difficult during their transition into education.

Although participants proved to have a vast amount of clinical experience, the terminology used 20 years ago when they were students has since changed, which proved to be a roadblock to communicating effectively with clinical students. Adult learners may require multiple learning styles when attempting to grasp complex and complicated dental hygiene competencies. Understanding how to convey information to students with varied learning styles can be an arduous task for novice educators; however, with experienced educators, the task may be simpler (Arghode, Brieger, & McLean, 2017; Smith, 2017). Responses regarding teaching the adult learner presented varied responses from the participants such as:

I like trying to figure out how the student learns best and taking that information and hopefully being able to get them to understand where I'm coming from, and then have them implement that and be able to do it. I'm a hands-on person; I'm a visual learner. I like to tell, show, and do. So I'll tell them, I'll show them, and then I'll have them do it. I love interactive teaching, and again I will say my master's degree, and dental hygiene education really prepared me for different pedagogy and approaching different learners. I definitely like to have many different ways to teach something, especially in the classroom setting...I've learned that learning styles are all different, and I had to adjust my teaching style to each student's needs.

Although clinical dental hygienists may possess superb technical skills, participants expressed a lack of formal development as educators. Students expected their instructors to be subject matter experts; however, the lack of formal training exposed instructional weaknesses that the participants sought to fix while learning "on-the-job" teaching methods. Participants noted that their failures helped them to improve their instructional methods. By turning negatives into positives, workplace learning took on an entirely different meaning.

Although some would consider on-the-job training as a negative in dental hygiene education, participants used these lessons as a means of what to do the next time a situation presented itself. These perceived obstacles helped improve the methodologies participants utilized during didactic and clinical instruction. Additionally, these caveats improved their ability to communicate, instruct, direct, and guide students during didactic and clinical instruction.

**Instructor Calibration.** Participants continually mentioned the need for instructor calibration. Calibration is defined as a process of peer review carried out by members of a disciplinary and/or professional community who typically discuss, review, and compare student work to reach a shared understanding of the academic standard which such work needs to meet (Oh, Liberman, & Mishler, 2017; Partido, 2017; Santiago, Freudenthal, Peterson, & Bowen, 2016). Participants indicated that instructor calibration was a helpful tool as they began their transition into education. Instructor calibration allowed each instructor to verify the grading protocols necessary to evaluate student feedback regarding their proficiency with instrumentation, detection, and removal of dental calculus deposits, patient screenings, patient evaluations, and overall patient grading using the Tal Eval systems.

Instructor calibration has not been performed since January 2019; therefore, newer faculty members did not have the opportunity to calibrate with experienced dental hygiene educators. Paula stated,

I really think calibration meetings and getting together to calibrate on a regular basis are so important. It really makes you grow and makes you open to see how you're reading this or how you are doing this. I really like that.

Sabrina stated,



calibration is probably up at the very top for professional development so that whatever we're telling the students, it's all on the same level. I don't want to tell them something that so-and-so's not telling. We must be calibrated because when we're not calibrated, it causes frustration and confusion. I think then the students don't have a feeling of being confident in us.

Inconsistent feedback and uncalibrated assessment contribute to students' confusion, shifting their focus to meeting instructor expectations instead of clinical skill development and patient care (Dicke et al., 2015b). Consistent and calibrated practices allow the student the freedom to devote attention to skill and decision-making development and focus on the provision of care for the patient (Brame, AlGheithy, Platin, & Mitchell, 2017; Mays & Branch-Mays, 2016). Previous instructor calibration sessions performed amongst the full-time and part-time clinical staff allowed each instructor to understand the biases and backgrounds of other instructors. Only three participants were educated in the same dental hygiene school; the remaining seven received training from different dental hygiene programs. Participants indicated that since they were educated in different programs and utilized varied techniques as clinical hygienists, being calibrated with one another would improve how they interact with clinical students.

One challenge with calibration is time constraints, instructor schedules, and differing opinions in technical and instructional methods. Due to the significant amount of clinical experience each instructor possesses, it is common even with calibration that instructors revert back to what one may consider older principles and techniques they are more comfortable performing. Although continuous calibration presents scheduling and time constraints, participants indicated that opportunities to participate in calibration sessions helped them

understand aspects of dental hygiene education that were not revealed to them before entering into academics.

Continuing education, learning how to instruct adult learners, and instructor calibration were positive aspects of the participants' transition into academics. All ten participants indicated that having opportunities to shadow experienced educators, mentorships, and opportunities for professional development would have improved their transition into academia. These codes led to the development of theme four, educational methodology development.

#### **Theme 4: Educational Methodology Development**

Clinical educators play a significant role in dental hygiene education and the success of dental hygiene students. In the one-on-one and focus group interviews, participants focused on a need for increased approaches to educational methodology development for clinical hygienists transitioning to dental hygiene education. Meredith did not like to feel unprepared and felt the students could feel her uncertainty. Paula doubted herself because she did not fully understand the clinical processes, which added to the stress of helping students accomplish their requirements and competencies.

Participants continuously voiced concerns that mentorships were not made available to them upon being hired, an aid that would have improved their transitional process. Participants also noted that an increase in professional development focused on education and teaching methodologies would have been beneficial upon being hired. Several participants are in the process of completing advanced degrees to aid in their personal and professional development.

**Mentorships.** Mentorships can enhance the experience of transitioning educators. Mentoring has positively affected academia regarding health science and allied health programs (Barrett, Mazerolle, & Nottingham, 2017; Sheppard-Law, Curtis, Bancroft, Smith, & Fernandez,

2018). Clinical staff and clinical educator faculty in community college settings were less likely to be mentored than colleges and universities focused on research (Eisenschmidt & Oder, 2018; Wexler, 2018).

Whether formal or informal, mentorship is considered essential to clinicians entering academia (Bell et al., 2017; Luongo & O'Brien, 2018; McCann & Schneiderman, 2019; Tanner, 2019). Health care educators have used mentoring to implement a stronger culture of mutual respect and positivity within the profession. The term mentor refers to an experienced person who is a tutor, coach, counselor, guide, or a guiding influence in another person's life (Jakubik, Eliades, Weese, & Huth, 2016; Merriam-Webster, 2020; Smith, 2018).

In the traditional sense, "mentoring has long been recognized as an effective method for enabling new employees to develop the knowledge, skills, attitudes, and behaviors required to discharge their responsibilities successfully...mentors can help new employees better understand the organizational culture and institution-specific norms" (Wild et al., 2017, p. 37). Mentoring was noted as a critical factor in seven of the 10 participants. Four participants felt that a mentoring program would have improved their transition into dental hygiene education, while three participants had mentors before transitioning into academia. Without a formal mentoring program, the participants mentioned terms such as feeling awkward and incompetent, floundering, chaotic situations, unpreparedness, and a sense of feeling hopeless. Melanie stated, "I think a mentor would have been very helpful. You get somebody who's already successful teaching to mentor you. Shannon stated,

A mentorship would have been the biggest help for me. To have someone to go to and kind of have a sounding board would have just been crucial and so helpful. You need someone to give you some feedback to say, hey, you did this, but that's not going to

really work. Or that was really good, but maybe try this next time. And so, I think that is just a huge support system.

Meredith said,

More training, more mentorship, things like that. I really was not fond of just being thrown in there. I had never done this before and did not know how to teach. Also, I did not know the protocols that relate to my school. So, I really wish they had more of a mentorship. I think that would really help a lot of educators be successful. When you take somebody under your wing, you show them the ropes, and you're there for them, giving them guidance, answering questions because there were a lot of things I had to figure out the hard way or on my own.

Catherine indicated that she was allowed to have a mentor during her transition and stated, "I think that my positive experience was having good mentors; you need to have good mentors who will tell you the truth." Paula, Jessica, and Catherine stated they were also fortunate to have mentors to advise and guide them during their transition from clinical dental hygiene to dental hygiene education. Catherine summarized her experience by stating that she could not think of a negative experience during her transition. "Being open to learning and knowing that I didn't know everything was beneficial to my transition. Paula noted that if things did not go well or she felt students were not learning the material, she would consult with a mentor or a seasoned faculty who had been there for a while. These instructors said they counted it a blessing to have a strong support structure around them and faculty who had been there longer and were wiser than them. Catherine said, "My initial experience was very positive."

**Professional Development.** The majority of dental hygiene educators are hired based on their clinical expertise. Novice clinical dental hygiene educators tend to lack a background in

adult learning theory and methodological experience; therefore, methods to improve instructional and teaching effectiveness are important to the success of dental hygiene programs (Logan, Gallimore, & Jordan, 2016; Seal, 2017). As dental hygiene continues to evolve, dental hygiene educator's focus must encompass clinical dental hygiene and dental hygiene education.

Although professional development is a requirement for continued employment in most institutes of higher learning, participants indicated that professional development focused on educational methodology is not offered regularly. Participants also indicated that professional development opportunities would enhance the overall teaching experience.

Participants described seeking information, learning processes, protocols and shadowing seasoned educators, and mimicking experienced educator's methodologies. Sabrina stated, "I don't have a problem talking to my coworkers who are in the didactical part and seeing what they're teaching and seeing what's going on." Paula stated, "find time to talk to your peers and find out how they do it." Jessica stated, "observe your colleague, find somebody who you think is experienced in something that you may be lacking." The lack of formal or informal professional development workshops, webinars, or seminars was an ongoing issue amongst participants.

Considering that most dental hygiene educators do not have prior educational methodological training, participants felt that more training would enhance the transitional experience of new dental hygiene educators. Shannon stated, "once they do the interview, they know this is your first job in education. I don't think throwing you into probably the most difficult course in that curriculum as your first job would be smart." Angelica stated, "I certainly would have benefited from more CEs (continuing education), professional development, and methodology courses; I really had nothing." Although professional development is required as a

hiring condition for all instructors regardless of their level of experience, participants demonstrated a lack of professional development related to educational methodology.

**Advanced Education.** Degrees in dental hygiene include an associate's and bachelor's degree in dental hygiene and a master's degree in dental hygiene education. Dana (2019) stated, "18–21% of clinical dental hygiene students join dental education after graduating from an advanced education program; where again there is little to no training in teaching as a part of specialty education." (p. 65). Properly training educators is a task that programs must undertake to teach their faculty how to teach. There has been a concerted effort to infuse teaching education into dental schools via faculty development (Gadbury-Amyot, Smith, Overman, & Bunce, 2015).

At the time of this study, three participants were enrolled in either bachelor's or master's degree programs, one participant recently completed her baccalaureate degree, and one participant was considering returning to college to obtain an additional degree. Eight participants earned a bachelor's degree in dental hygiene, and two participants earned an associate degrees. Evelyn and Meredith decided that an advanced degree would position them for future opportunities as full-time instructors, program directors, or administrators. Part-time instructors cannot teach didactic courses at CCCC, which was Meredith's reason for obtaining an advanced degree. "I'm currently enrolled in school now to better myself to be able to be a better educator." Evelyn stated, "I will be in a master's in business administration with a focus in healthcare management program because it was broader. If I ever felt like I needed a different outlet or needed another option, this degree gives me more of a variety than just dental hygiene."

Participants demonstrated a need to advance their current level of education to increase their educational and instructional methodologies and prepare them for future career

opportunities. As dental hygiene education continues to evolve, participants have shown that an advanced degree is essential in the development of educators. Clinical expertise is essential to dental hygiene education; however, the research finding shows that limited expertise and education is not sufficient; additional educational methodology is warranted.

### **Research Question Responses**

The findings from the data answered the research questions. The data were categorized and organized based on similar patterns and groupings. The themes and subthemes assisted in answering the central research question and three sub-questions. The central research question sought to describe the lived experiences of clinical dental hygienists transitioning from clinical practitioners to dental hygiene educators. The central question was presented because of my desire to understand what motivated clinical dental hygienists to leave clinical practice.

After analyzing the data, four major themes emerged: (a) motivational factors, (b) preparatory process, (c) instructor learning needs and processes, and (d) educational methodology development. These themes emerged from responses to a one-on-one interview, written hypothetical letter, and focus group. It became apparent that clinical dental hygienists believe they can impart their real-life experiences to dental hygiene students; however, the lack of educational and instructional methodologies becomes apparent once the instruction commences. All 10 participants expressed a common theme related to mentorship and the ability to have an experienced educator lead and guide them during their initial transition.

Participants also commented on the need for additional educational and instructional methodology tools to assist them in understanding how to educate students in a didactic and clinical instructional setting properly. Participants expressed a love of dental hygiene, a desire to give back, burnout, boredom, and a need to change as reasons for their transition. However,

participants also noted feelings of helplessness, self-doubt, and a need to see the bigger picture as part of their lived experiences. Whether expressing positive or negative aspects of their transition, each participant still expressed a sense of reward and joy in their decision to transition from clinical dental hygiene to dental hygiene education.

Each sub-question noted below was supported by the emergent themes that arose during the data collection process. Through an in-depth narrative analysis of the phenomenon of the lived experiences of clinical dental hygienists transitioning from clinical practitioners to dental hygiene educators, a rich description of participants' experiences in this study manifested. Examination of the whole participant experience allowed for a holistic understanding to evolve. The results inform the answer to the central research question of the sub-questions; findings are reported below in detailed phenomenological descriptions.

### **Sub-question One**

*What were the participants' expectations of the dental hygiene educator role before the experience?* I asked this question to uncover each participant's thought process before they decided to transition from clinical practice to academia. I wanted to understand what made clinical hygienists consider leaving clinical dental hygiene and what they expected the transition to embody.

Participants described their initial expectations as a belief that the transition from clinical dental hygiene to dental hygiene educator would be easier and smoother. Sheila, Melanie, and Catherine felt they could easily explain how to be a dental hygienist to students due to their vast clinical and patient care experience. Sheila indicated that she had pictured the experience differently than it actually was. "You forget that there are baby steps. You can't dive all in with all your knowledge because you're going to mess them up." Melanie stated, "I was surprised at



how much we had to break down those baby pieces and also how hard it was to isolate and break down those baby pieces.” Catherine stated, “One of the things I was surprised about is how much I’ve had to make sure I really knew a subject one hundred percent before I taught it.” Although these participants believed their transition would be easy and simple because they had a degree in dental hygiene and many years of clinical experience, they realized that there were many layers to becoming a dental hygiene educator.

The acquisition of real-life experience led the participants to believe they were adequately prepared to transition from clinical practice to academia. Most of the participants did not readily consider the need to acquire pedagogical experience because of their belief that real-life experience would provide them with the tools to educate dental hygiene students adequately. Of the 10 participants, only one participant indicated they felt fully prepared to begin their career in academia due to completing an advanced degree. Expectations fell short of reality, as was expressed by participants.

Focus group members discussed in-depth how their initial expectations were deterred as their perceived notions gave way to reality. Paula and Angelica felt that their real-life experience would make it easy for them to transition to academia because of the clinical experience gained while working as clinical hygienists. Paula imagined she would “just go in there and tell them what to do.” The assumption was that she would be able to tell the student what was expected of them. They would grasp the information and apply it with minimal effort. However, she quickly learned the hardest thing was communicating to the students in a language they would understand. Paula stated, “one of the hardest things that I had was learning the teaching language.” Medical and dental terminology are languages in their own right. Understanding the proper verbiage and conveying it to students is an important instructional tool. Many

participants did not realize the underlying need to review the most up-to-date textbooks to familiarize themselves with the newest dental terms and concepts.

Many of the terms and phrases that the participants learned while completing their dental hygiene program are currently outdated and antiquated. Angelica responded that after years of private practice, “We were just in auto mode, and for most of us that have done it for so many years, we just do it without thinking.” Participants agreed that practicing clinical dental hygiene and teaching dental hygiene are different aspects of dental hygiene. As an educator, Angelica said she felt like she was learning how to walk again because everything’s just so new.”

The word mentorship was mentioned numerous times by all study participants. Meredith and Paula vehemently expressed a sense of disappointment due to the lack of a formal orientation. Although Meredith expected the transition to be easy due to having years of clinical dental hygiene experience, she also voiced a disappointment in not being able to shadow or be mentored by an experienced educator. “I thought that we would kind of shadow and kind of be taken under somebody’s wing when we first started. And there was absolutely none of that.” Paula commented,

I would agree with that. I felt like there could be more of a mentoring program. You need to learn from different instructors, but having that mentor to kind of go and talk through it and ask, what are my goals? Where do you see areas where I’m being successful...where am I failing...where am I not as strong? What do I need to do, or how can I make myself a better instructor? Are there CE classes? Could I go and sit in on an oral pathology class because it’s been a long time. And I think those things would be really helpful.

Participants were motivated to transition from clinical dental hygiene to dental hygiene educator due to burnout, boredom, and a need to change. Additionally, participants expected their transition to be easy and smooth, but the data revealed unrealistic expectations. The institution did not provide adequate orientation or mentorship, leaving the participants unsure of their abilities and unprepared for their transition. The second sub-question supports these findings.

### **Sub-question Two**

*What expected or unexpected outcomes did participants experience during the transition from clinical dental hygienist to dental hygiene educator?* This question was posed as a means of uncovering obstacles that were presented during the participant's transition. Phrases such as chaos, self-doubt, self-blame due to student failures, feelings of inadequacy, uncertainty, and unnerving due to inadequate preparation were mentioned numerous times during the data collection process. Participants noted that the lack of set protocols caused feelings of uncertainty. Participants felt that a structured manual or guidebook would have been beneficial because they lacked guidance regarding protocol, grading, and methods of instruction. Paula stated,

When somebody new comes in and they ask you a question, you want to dump tons of information on them as quickly as possible. And it's unfair because you're bombarded by tons of information so quickly. And you're trying to give them the 30 different situations or scenarios. This particular day, none of that's happening, but then the next day, you're not even working with them. And they're working with Sally over here and, Sally does it a different way. And now everybody's confused about how this is happening. And then they look at maybe the person like, oh, well she told me this, and

she doesn't know what she's talking about. And it's very confusing. And it, I think that we get pitfalls that way.

Melanie noted that she still felt brand new even as a seasoned faculty when she started new instructional positions. Not knowing each school's protocols created a need to "feel her way around." Melanie said, "I think even with experience, you can sometimes still feel inadequate or unsure of yourself." She indicated this is typically due to protocols varying from institute to institute.

Sheila commented that having informal mentors was beneficial to her transition; however, she still felt uncertain on protocol and guidelines, and even after being an instructor for two and a half years, she still has days that she is learning something new due to constantly changing policies and procedures. Having an informal mentor that could give her "chunks" of information assisted her in learning clinic protocols, and as new educators join the ranks, she makes sure that she takes time to help them as others helped her.

Whereas Sheila stated that having coworkers to assist in a time of need, other participants expressed doubt because they were not certain if academia mimicked private practice. Comments such as, "I didn't expect to be doubted (by students) or have doubts. I know hygiene, but I didn't know the process. So, I doubted myself." Meredith mentioned that a newly hired educator she is informally mentoring is having the same frustrations she experienced, which she finds unnerving.

I've noticed with some of our new employees; they're undergoing the same frustration and insecurity that I felt when I first started." I thought I was supposed to know everything when I began teaching and found that I was not prepared for my new role.

She noted that a mentor would have benefited her because she did not want to look unprepared when instructing the students.

Participants indicated that going through the career transition has made them aware of the need for an informal and formal mentoring program. Meredith stated, "I kind of felt like we were going to have a mentor or something to kind of guide us along." She said she is still seeing the same trends and has taken it upon herself to act as an informal mentor for a newly hired instructor. Meredith expressed, "I feel sorry for the new staff, especially one who is now teaching didactics." She (the new instructor) stated that I've cried so much at home because I felt overwhelmed. And I wasn't sure what I was doing. And it was just so much stuff."

Participants noted that feelings of inadequacy, frustration, and feeling overwhelmed are causes for new educators to leave academia and return to clinical dental hygiene. Although there was a consensus of joy that they had overcome any urges to give up, all participants agreed that weekly meetings to calibrate the staff would benefit experienced and inexperienced educators. Statements such as, "faculty calibration allows faculty to be on the same page. You need to be on the same page" were a consensus among all participants.

Participants also stressed the need for a formal orientation and a mentorship program. Several participants voiced a concern that formal mentorships are rare. Participants without a mentor or an orientation period suggested that a formal orientation or mentoring program where a dedicated person could guide newly hired educators into academia and assist them as they became acclimated to teaching would have made their transitional experience more positive. Participants noted that having someone to guide them would have calmed them during their times of distress. Meredith stated, "I've only been an adjunct for two and a half years, and I'm still learning as I go." Sheila noted that she began her transition with four other instructors, and

they were all "thrown in the deep end together," so she understands the frustrations and doubt that new educators experience.

Participants also stated that you feel helpless when you do not know what to do and overwhelmed when the unknown arises, and you do not have answers to questions. This is when students begin to doubt the instructors, and instructors begin to doubt themselves. Paula said,

The students were asking me a question, and I didn't know it, and I didn't know who to go to for it. I had doubt in myself, and I did not expect that because I thought, well, gosh, I have been cleaning teeth for a long time. I got this...what could they throw at me that I didn't know, but it wasn't about hygiene. It was about the process. And because of not knowing the process, I felt like I doubted myself; they were doubting me.

Sheila indicated that if others had not helped her as informal mentors, "I wouldn't still be here."

Participants suggested creating a faculty manual to provide guidance and answer "what if" questions and have a dedicated mentor, which would alleviate the feelings of panic, uncertainty, and anxiety that new educators experience when unfamiliar situations arise.

### **Sub-question Three**

*How do participants describe the temporary and long-lasting effects of their transition from clinical dental hygienists to dental hygiene educators?* This question was asked to gather a visual picture of how participants have handled situations that occurred early in their transition, during their transition, and after their transition. Participants were asked to consider significant instances that happened early in their transition, during their transition, and after their transition was complete. Participants were able to reflect on instances that have shaped, altered, or affected

how they educate. Participants discussed short-term and long-term effects, with the long-term themes being more in-depth.

**Short-Term Effects.** Catherine said she would have taken Spanish in high school and college to assist her Spanish-speaking students better. Catherine said she took Latin in high school and college, but this language is not spoken, but it did help with healthcare. She feels that her English as a second language (ESL) students are at a disadvantage when taking the national examination due to the exam being administered entirely in English. Catherine said, “the word order in dental hygiene is so important, and so hard for people who just speak English; it's almost impossible for someone who's a second language speaker.” Catherine still advocates for the licensing boards to change their standards and says she wishes they would but said that’s a whole other story (with a sigh).

Melanie and Angelica indicated they both initially allowed their hearts to get in the way of teaching. They indicated that they felt responsible for students failing or not understanding the material. Angelica stated, “I had to realize I was giving 100% of myself, but the students were not giving 100% of themselves. Melanie and Angelica stated they had remedied the feelings of failing the students by placing accountability on the students and not on themselves.

The short-term effect Shannon realized was that patient care education and educating a student on a specific subject are entirely different forms of education. She thought she could translate patient education into clinical education, but that “was a true challenge.” Although this was an initial short-term effect, Shannon says it turned into one of her successes because she became very proficient in teaching one of the most difficult courses in the dental hygiene program, radiography.

Participants reiterated initial feelings of helplessness due to not fully understanding policies and procedures. After procuring an understanding that most students learn in different manners, their feelings of helplessness began to wane. Most indicated that the helpless feelings dissipated after several weeks of establishing a routine, making notes to themselves for future reference, asking an abundance of questions to seasoned faculty, and studying textbooks and clinical manuals for clarity.

**Long-Term Effects.** Paula indicated that her long-term effect is having grace and patience with the students. Participants agreed that helping students understand instructional material from the beginning of their program to the end can be difficult if the information does not translate from the instructor's mouth to the student's brain. Paula and Angelica indicated that while instructors may not always understand the process, they must trust the process because it works; students graduate and become dental hygienists. One participant indicated that it is important to control your temperament and give grace; the students are still learning.

Melanie stated that her long-term effect when replying to the supporting question is ensuring that she is fair and equitable with all students. She says her goal is to be consistent and fair with everyone. Melanie says that as a hygienist, we have compassion, but as a dental hygiene educator, there is a different type of compassion that is needed because of the relationships that are developed with students. Angelica indicated that instructor-student relationships could make it hard to be fair and equitable because of the depth of the relationships; however, she has learned to put feelings aside and see both sides of the picture. What she does for one, she does for all.

Catherine and Paula indicated that it is important to see the bigger picture. These participants indicated that upon beginning their roles as educators, they were not familiar with



any supporting departments that could help or guide students with issues outside of the dental hygiene program. They voiced a concern that students have emotional and familial issues that arise during their time in the program, and ensuring they are directed to the appropriate departments for assistance has become important with each cohort, especially during Covid-19. Paula stated, “it’s a bigger, much bigger fish than just dental hygiene.”

Participants noted that as their experiences continue, they have encountered situations that have challenged them and highlighted their role as educators. The following are comments noted by each individual as mental notes that they reflect on daily. Participants cited active listening, the concept of benefit plus the procedure, ethics, understanding limitations, and role reversal as challenges and highlights of their educator experience.

One instructor indicated that her challenge was learning to listen and figure out how to help the student instead of assuming they knew the information. Although it is the student’s responsibility to be prepared, another participant indicated it is important to teach students how to discuss the benefit obtained from a procedure plus the procedure and not the other way around. Sheila indicated that this was a concept taught to her during her formative years as a clinical hygienist. She learned to educate patients on the benefits of a procedure before explaining the procedure to the patient. She indicated that this had been a challenge for students because they do not have real-life experience, which will help with explaining the benefits of a specific procedure.

Participants agreed with Sheila and interjected that we need to use our challenges to highlight our students' successes as educators. During the focus group interview, all seven participants agreed that as educators, it is impossible to teach the students everything they need to know in preparation for real life. Angelica noted the importance of relaying clinical dental

hygiene experiences to the students and teaching ideal dentistry to them; however, it can become overwhelming; therefore, it is important to put oneself in the students' shoes.

Shannon indicated that reflecting on challenges she incurred during dental hygiene school has helped her become a better educator. Shannon said, "I spent numerous nights researching what to do." Understanding that students learn with different methods and techniques (models, videos, graphic images, etc.) has helped her challenge become a highlight of her career. Shannon replied that her highlight was meeting students where they were while helping them master material that was once difficult for her.

Paula indicated that her challenge was based on ethical issues where she, "had to dig really deep and decide ethically, do I want to stay here because I'm making great money." Paula says helping students understand her decision to leave a great paying clinical dental hygiene position due to unethical practices has been a challenge and a highlight of her educational experience. She indicated that students in their last semester complete a course on career readiness, and because she has been the didactic instructor, it allows her to share her experiences. Paula expressed that her experience as an educator is highlighted by helping students understand challenges that may arise and difficult decisions they may have to make. Facing ethical issues early in her career has helped her become a better educator because she can help graduating seniors understand the importance of making ethical decisions.

The responses of the participants regarding their lived experiences were similar. The theme that repeated itself the most was based on the need for a mentoring program. Participants felt their transition from clinical dental hygiene to dental hygiene education would have been easier, smoother, less stressful, and more positive if given more guidance at the onset of their experience. Although all participants remain satisfied with their decision to become

dental hygiene educators, they were clear that the transition did not happen without noted challenges. The lack of a structured transitional system that included mentoring or shadowing and a structured system for understanding processes and protocol were the focus topics throughout all data sources.

### **Phenomenological Descriptions**

The central research question asked, What are the lived experiences of clinical dental hygienists transitioning from clinical practitioners to dental hygiene educators? To answer the central research question, it was important to examine the textural and structural descriptions derived from the data and synthesize these descriptions in a comprehensible and “unified statement of the essences of the experience of the phenomenon as a whole” (Moustakas, 1994, p.100). Three forms of data collected from individuals who have experienced the phenomenon produced four themes and fourteen subthemes. The themes informed the textural descriptions (*i.e., what* the participants experienced), as well as the structural descriptions (*i.e., how* the participants experienced the phenomenon) (Moustakas, 1994; Patton, 2015).

The composite textural description of the clinical dental hygiene educator experience, or the “what” of the phenomenon, can be summarized as structure. Clinical dental hygienists transitioning to dental hygiene education felt the transitional process lacked structure. Many participants were annoyed with the lack of standardized guidelines. Participants voiced frustrations with feeling like they were thrown into instructional situations without the proper training. Overall, participants noted that the lack of structured transitional guidelines caused instances of chaos and confusion, which led to periods of doubt and uncertainty.

The composite textural description described by each participant, or the “what” of the phenomenon, can be summarized as *positivity*. Although each participant faced perceived

failures when working directly with students and learned the institute's policies and procedures, they learned from each failure and used these failures to become better educators. Participants indicated it was important to remain positive amid students and clinical patients, so they learned to figure out the unknown with positive responses even though inside, they sometimes felt like they had been thrown and allowed to sink or swim.

The composite structural description can be summarized as *determination*. Although each participant noted that they were inadequately prepared for their transition, they were determined to overcome deficiencies and properly instruct dental hygiene students. Participants stated that there was not enough information regarding policies, procedures, and processes provided upon employment to instruct students properly. Participants understood that their real-life experiences, previous continuing education courses, and patient care experiences would be valuable to dental hygiene students as they gained instructional and methodological experience; therefore, these personal tools were relied heavily upon as a resource throughout the phenomenon.

The overall essence of the lived experience of the clinical dental hygienist transitioning from practitioner to dental hygiene educator can be synthesized as *satisfaction*. Participants were genuinely happy with their decision to leave clinical dental hygiene and transition to dental hygiene education. Participants noted the experience as fulfilling. Although there was a consensus of stress, disarray, and ambiguity encountered during the participants' initial transition, none of the participants ever indicated they considered quitting and returning solely to clinical dental hygiene practice. Though most participants noted limited transitional assistance, their perseverance and dedication to the betterment of dental hygiene and dental hygiene students provided them with the tools to create opportunities needed to acquire instructional experience.

## Summary

The purpose of this qualitative transcendental phenomenological study sought to describe the lived experiences of clinical dental hygienists transitioning from clinical practitioners to dental hygiene educators. This chapter presented rich, deep descriptions of the lived experiences of 10 clinical dental hygienists transitioning from clinical practitioners to dental hygiene educators, as well as the results from data collection and analysis. The researcher told the narrative of the research participants' experiences through their voices. The participants described their experiences transitioning in, through, and out of the phenomenon using three data sources: one-on-one semi-structured interviews, a focus group interview, and a hypothetical letter written by each participant. Themes and associated subthemes that emerged from the data analysis were presented, and the research questions were answered. Results from data collection and analysis generated four primary themes: (a) motivational factors, (b) preparatory process, (c) instructor learning needs and processes, and (d) educational methodology development. This chapter concluded with phenomenological descriptions of the phenomenon, including the essence of the phenomenon, which answered the central research question. In Chapter Five, a discussion of the finding, suggestions, and recommendations are provided.

## **CHAPTER FIVE: CONCLUSION**

### **Overview**

The purpose of this qualitative transcendental phenomenological study sought to describe the lived experiences of clinical dental hygienists transitioning from clinical practitioners to dental hygiene educators. This chapter presents a review of the research findings from Chapter Four. This chapter will also discuss the relationship of the study to the empirical and theoretical framework reviewed in Chapter Two. Finally, the methodological and practical implications will be discussed, followed by delimitations, limitations, and recommendations for future research. Chapter Five concludes with a summary.

### **Summary of Findings**

The focus of this transcendental phenomenological study was to describe the lived experiences of 10 clinical dental hygienists transitioning from clinical practitioners to dental hygiene educators. Through the in-depth examination of one-on-one semi-structured interviews, a hypothetical letter, and a focus group interview, the findings were triangulated through member checks with the participants to provide a reliable and valid textual and structural understanding of each participants' experiences. Results are presented in themes and answers to each research question.

### **Themes**

The four primary themes revealed in this study describing the lived experiences of clinical dental hygienists transitioning from clinical practitioners to dental hygiene educators included: (a) motivational factors, (b) preparatory process, (c) instructor learning needs and processes, and (d) educational methodology development. The most profound of these themes are motivational factors. This theme focused on the participants' rationale for leaving clinical

dental hygiene and transitioning to dental hygiene education. Participants departed from full-time clinical dental hygiene due to boredom, burnout, family obligations, personal desires, recommendations from instructors, and a need to change. When asked about their motivations to leave clinical dental hygiene, most participants either noted a need for a new challenge or the time had come for change. Regardless of their reasons for leaving full-time clinical dental hygiene, there was a consensus that the participants wanted to remain in dental hygiene. All participants indicated that although they love dental hygiene, they were tired of working solely in the private clinical setting. With the belief that their expert knowledge in dental hygiene and a desire to teach would be sufficient, dental hygiene education was their next career choice.

The second theme of preparatory process was revealed during the one-on-one interviews. Participants believed that their real-life experiences would be sufficient for their transition; however, they found that their lack of preparation was realized almost immediately. Participants noted that they were not properly prepared for their transition. A lack of formal orientation for new faculty was a concern voiced by most participants. Participants indicated a student clinical manual was provided upon hire, but the desire for a faculty clinical manual was also noted.

The lack of preparation is supported within the literature and reverts to Chapter Two's literature review, which notes a lack of standardized guidelines for dental hygienists transitioning from practitioner to dental hygiene education. Most allied health instructors are hired without formal educational training. Additionally, dental hygiene programs and dental schools are hiring instructors with limited or no educational experience (Martin & Douglas, 2018; Patterson et al., 2020; Ross & Silver-Dunker, 2019). The lack of preparation through formal training for clinical dental hygienists transitioning from practitioner to dental hygiene education results in dental hygiene programs hiring instructors not duly prepared (Gardner et al., 2017; Gibson et al., 2018).

The third theme of instructor learning needs and processes emerged during the analysis of all data materials. The literature suggests that the lack of preparation for practitioners transitioning to education is a constant issue that affects processes and outcomes in allied health programs (Grassley, Strohfus, & Lambe, 2016; Mower, 2017). Novice educators are typically hired for adjunct instructional positions with minimal experience related to educational methodology (Barrett, Denegar, & Mazerolle, 2018; Gibson et al., 2018). Participants noted that while they possessed what one would consider adequate content knowledge, their lack of educational methodologies and experience in adult education created roadblocks in their ability to transfer their knowledge to dental hygiene students.

Additionally, with multiple instructors from varied backgrounds, several methods of instruction were apparent throughout student clinical settings, which created added conflicts, chaos, and confusion when deciding how to assess students properly. The literature shows that instructor calibration improves the methods in which instructors interact with clinical students while understanding the biases and backgrounds of other instructors (Perez et al., 2020; Santiago et al., 2016). Participants noted that instructor calibration allowed for all educators to come together and understand the methods and instructional tools used by all clinical instructors.

Although clinical dental hygienists in North Carolina are required by law to perform a minimum of six hours of continuing education yearly, new educators indicated a shift from clinical and patient care courses to education-focused courses. Due to their lack of educational and instructional experience, all 10 participants noted a need to improve their knowledge base regarding proper methods to teach the adult learner and familiarize themselves with updated information on practicing dental hygiene. The literature indicates that allied health instructors who transition from practitioner to educator characteristically lack the pedagogical and education



methodologies needed to make instant impacts on their institutions, which can cause feelings of doubt, confusion, and anxiety (Goodrich, 2014; Wenner & Hakim, 2019). Eight of the 10 participants indicated that increased continuing education opportunities, as well as recommended and formalized pedagogical instructions before, during, and after their transition, would have added value to their transitional process.

The fourth theme, educational methodology development, focused on three sub-themes: mentorship, professional development, and advanced education, with mentorship being the most common sub-theme. Participants agreed that opportunities for professional development are highly recommended for their growth as educators, and advanced degrees are pertinent for future career advancements; however, mentorships are more valuable upon employment.

Mentoring was noted as a critical factor in seven of the 10 participants. Four participants felt that a mentoring program would have improved their transition into dental hygiene education, while three participants had mentors before transitioning into academia. The seven participants without formal mentoring entered academia believing there would be some form of mentoring provided upon employment; however, this was not the case. Without a formal mentoring program, the participants mentioned terms such as feeling awkward and incompetent, floundering, chaotic situations, unpreparedness, and a sense of feeling hopeless.

Participants' overwhelming recommendation for a formal mentoring program is grounded in the literature. The literature describes an easier transition from clinical practitioner to educator when formal mentoring is available (Lockhart-Keene & Potvin, 2018; Walker, Singe, & Cavallario, 2021). Mentoring is shown to foster situated learning through active participation within the shared learning environment and supports knowledge and actions formed through standardized practices (Kerley, 2016; Rice, 2016). Participants believed that a formal mentoring

program would add needed support to inexperienced clinical practitioners transitioning to academics.

### **Research Questions**

A central research question and four guiding questions framed the focus of this study that prompted and allowed for the realization of the rich detail of the participants' experiences. The study's central research question was, *What are the lived experiences of clinical dental hygienists transitioning from clinical practitioners to dental hygiene educators?* The question arose from existing literary research that consistently identified the lack of standardized protocols for clinical dental hygienists transitioning to dental hygiene education (Grassley & Lambe, 2015; Vogell, 2019).

Many of the educators described their experience relating to the decision to transition as positive. All 10 participants noted that they were glad they decided to become dental hygiene educators because it gave them a sense of fulfillment. Although the participants noted their decision to transition as satisfactory, some obstacles created periods of chaos and confusion. Many participants voiced concerns regarding the lack of standardized protocols to assist in an easier transition from clinical dental hygiene to dental hygiene education. Participants indicated that there was a period of uncertainty without protocols or guidance that led to feelings of helplessness and doubt. Though several participants were unsure of their decision to transition, all participants indicated they were happy with their decision to transition from clinical dental hygiene to dental hygiene education, and the transition has been a rewarding experience.

When participants were asked the first supporting question, "*What were the participants' expectations of the dental hygiene educator role before the experience,*" the participants noted that the transition was not as easy as they would have predicted. The participants believed that

having real-life experience would guide them as they educated students; however, they quickly realized that pedagogical and instructional experience is necessary when instructing adult learners. Only one participant indicated she felt fully prepared to begin her career as an educator; the other nine said they felt ill-prepared, leading to chaos, confusion, and instances where they doubted their capabilities to be effective dental hygiene educators. Participants learned that communication was also key to their transition.

Although they were comfortable with patient education, they found that students were not as easily swayed with their explanations and recommendations regarding how to complete patients and required competencies. Whereas patients do not understand dental jargon, students are very aware of what the textbook states or information that a prior instructor has previously told them. Novice educators, far removed from the classroom, found themselves having to return to the textbook, Google and YouTube to become familiar once again with the information they had not seen for numerous years. Participants indicated that dental hygiene procedures do not change but learning new dental terminology and becoming familiar again with old dental terminology as a means of effective communication was an added task that was not expected.

When asked supporting question two, “*What expected or unexpected outcomes did participants experience during the transition from clinical dental hygienist to dental hygiene educator*,” most participants indicated they expected to have a mentor or someone who would assist them one-on-one during their transition. For seven participants, this was not the case. Clinical dental hygienists are accustomed to a structured and daily schedule that is followed in the dental office. This structure of protocols, policies, and procedures is learned during dental hygiene school and is carried out into the real world. Dental hygiene programs spend a minimum of two years teaching students how to be dental hygienists; however, according to the

participants, the same structure was not readily available during their transition from clinical dental hygiene to dental hygiene education.

Participants indicated that the lack of structured protocols and teacher methodologies caused confusion and, at times, doubt regarding their decision to leave clinical dental hygiene and transition to dental hygiene education. During their first semester as clinical instructors, several stated they felt they were mistaken with their ability to educate dental hygiene students; however, they decided to see their decision through. Many participants found opportunities to improve their deficiencies through informal mentoring, collaboration, continuing education, and professional development courses. Several participants have also returned to college to further their education to improve on areas they are lacking. Lack of instructional and pedagogical experience is an issue faced by novice educators in many allied health fields, and this type of confusion has continuously led to educators leaving allied health education before they are fully oriented into their newly chosen careers.

Guiding question three asked: *How do participants describe the temporary and long-lasting effects of their transition from clinical dental hygienists to dental hygiene educators?* Participants indicated they had short-term and long-term effects during the initial transition that guided them throughout their transition from clinical dental hygiene to dental hygiene education. Participants noted they are continuously learning to be better educators; however, noted elements continue to guide, direct, and influence them as they gain educational experience. Catherine stated she would continue to find ways to assist students who speak a second language. Sheila, Shannon, and Meredith stated they continually find ways to overcome feelings of helplessness which helps improve how they educate. Whether utilizing YouTube, videos, continuing education, and professional development courses, they know that any obstacle that occurs can be

remedied by using these “failures” as tools of what not to do the next time the situation presents itself.

Melanie says she continues to remind herself not to allow her heart to get in the way of making decisions which helps her to make fair and equitable decisions with all students. She stated, “What I do for one, I do for all regardless of the relationship we have established.”

Angelica says that she has learned to “hold students accountable for their education and stop taking the blame for students being unsuccessful in the program.” She stated that as she continues to educate dental hygiene students, she requires students to give their best, and in turn, she will do the same as an instructor. Sabrina piggybacked on Angelica’s comments and said it is also important to trust in the educational process. Although the process may not always seem clear, students are graduating and becoming dental hygienists, which means the process works.

Angelica is guided by the notion to trust and understand that everyone learns differently. Sheila noted that it is important to find multiple ways of teaching the same concept. Additionally, she stated it is essential to have patience while instructing dental hygiene students, “treat them as entry-level clinicians who are still learning.” Paula said she has to remind herself to give grace and understand that the students are still learning. Agreeing with Melanie that it is important to be fair and equitable while grading, so each student must be grading in the same fashion regardless of the skill level. Lastly, Paula noted that it is important to remember that as an educator we must see the bigger picture; this isn't just about dental hygiene. Students may be in the dental hygiene program; however, there may be other issues they are dealing with where additional means of support are warranted. Paula emphasized, as educators, we must help them seek resourceful ways to overcome obstacles that may hinder the successful completion of the dental hygiene program. Shannon stated that she repeatedly placed herself in the student’s shoes

and remembered her difficulties when going through her program. Understanding how the student may be feeling keeps her grounded and focused on the task at hand.

Participants gave varied impactful moments that have influenced how they educate dental hygiene students. During their years as clinical dental hygienists, stories, challenges, and situations that participants encountered during their years provided the practical instructional groundwork utilized as a guide while learning to instruct dental hygiene students. The real-life experience acquired during patient care was noted as one of the primary resources participants used to provide ideal educational material for students.

Real-life experience was deemed more valuable than textbook information. Angelica said, “one good thing about having clinical experience coming in is that you get to relay that to the students. We teach ideal dentistry (dental hygiene) at the school level...it's ideal; they will never have an education like that.”

Although participants understood that holding students accountable for learning dental hygiene-related information, trusting the educational process while remaining fair and equitable, and understanding that dental hygiene education is more than instructing students; it prepares them for real life. Numerous short and long-term effects were noted in all three data sources; however, the aforementioned is a shortened list of profound effects that will continue to be instrumental in the educational and instructional growth of the participants. Participants indicated that some of these effects would continue to guide their instructional methods while others would either be altered or let go.

### **Discussion**

The purpose of this transcendental phenomenology was to describe the lived experiences of clinical dental hygienists who transitioned from practitioner to dental hygiene educator. The

conceptual framework selected for this study was Schlossberg's transition theory. The findings of this study are discussed through the lens of this study. The discussion reviews the themes which emerged from the study and their relationship to the existing literature presented in Chapter Two.

### **Empirical Discussion**

The major findings of this study indicated that dental hygiene instructors are entering academics with varying levels of clinical experience but limited to no instructional expertise. The real-life experience the participants brought to academia was essential; however, these novice educators found themselves unprepared regarding the pedagogical methodologies. As noted in the literature, participants reported a lack of new hire orientation, limited staff development opportunities, and a responsibility to teach complex material to students without sufficient training or mentoring (Donitsa-Schmidt & Ramot, 2020; Dunbar, Kavar, & Scruth, 2019).

The participants in this study possess educational degrees ranging from associate-level to doctorate-level, and all experienced noted periods during their transition of feeling inadequately prepared to teach. Participants shared a desire for a formal orientation program, a formal mentoring program, and preparation material to assist in moving into the experience. Additionally, while moving through the experience, many instructors desired more calibration with their peers and professional development and continuing education courses to expand their limited teaching skills. The newly hired educators indicated that while their real-life experience attained during direct patient care is valuable when instructing dental hygiene students, a formalized support system would have been more beneficial as they moved through the transitional phases.

With the current shortage of dental hygiene educators, clinical adjunct faculty is a ready solution to the growing necessity (Harris, 2019b; Nica, 2017). There are various reasons that clinical dental hygienists chose to become educators. Factors in recent literature include self-satisfaction, subject matter expertise, personalization, a desire to give back to the dental profession, and career advancement (Showalter, 2018; Singe et al., 2019). Studies conducted throughout several allied health programs noted that instructors identified the sharing of knowledge with students, intrinsic motivation, career aspirations, and a love for their field as motivators for transitioning into academia (Guberman, Ulvik, MacPhail, & Oolbekkink-Marchand, 2020; Holme, Robb, & Berry, 2016; Richter et al., 2021).

All participants expressed a rewarding feeling and genuine love for teaching and were glad they decided to transition from clinical dental hygiene to dental hygiene education. Meyer (2019) used the acronym L-O-V-E to support the reasons that educators love being educators. L - listening, O - owning mistakes, V - voicing confidence, and E - evolving. Educators must be good listeners, own their mistakes which assist students in their growth, voice their confidence in the students, and constantly evolve, which allows for the "exploration of new ideas, approaches, and possibilities in an ever-changing healthcare world" (p. 1). Although participants voiced positive affirmations concerning their transitions, clinical dental hygienists are transitioning to academia with limited best practices to guide them during their transition.

Participants in this study resounded on their resilience not to leave education and return to clinical practice even during feelings of defeat, chaos, confusion, and uncertainty. Findings in the literature across multiple areas of healthcare support the lack of guidance provided for healthcare clinicians transitioning into academics (Booth, Emerson, Hackney, & Souter, 2016; Persky & Robinson, 2017; Wong & Holmboe, 2016). Participants expressed a need for practical



and emotional support, mentoring from seasoned instructors, or written suitable material to reduce the stressors associated with transitioning from practitioner to academia; however, many institutions do not provide these resources.

An institutionalized lack of consistency was evident when comparing the experiences of the participants. Some participants had mentors, and some did not. Some were able to shadow experienced instructors before beginning teaching, and others were not afforded the same opportunities. Some participants received instructional calibration with their colleagues, and some were not. Participants collectively agreed that depending on the time of the year of their transition, their moving-in experiences varied.

The circumstance of the moment seemed to be the guiding factor in the experiences of transitioning participants. The availability of senior instructors or the department head being able to assist, the personality of the clinic coordinators or the helpfulness of experienced instructors were integral factors regarding the positive or negative aspects of the participant's transitional experience. This study was supported across all aspects of the literature, and numerous gaps were found regarding the lack of orientation, mentoring, and preparation for clinical dental hygienists transitioning from practitioner to dental hygiene education.

Participants believed that providing a formal orientation, written guidelines, and mentors would decrease the number of clinical adjuncts that leave academia before becoming acclimated. Additionally, the literature supports the participants' belief that the provision of these resources will assist with recruiting educators who possess expert clinical skills into adjunct clinical instructor positions (McPherson, 2019; Rogers, Ludwig-Beymer, & Baker, 2020; Sousa & Resha, 2019). Participants indicated that a more structured process would have helped them feel less stressed, uncertain, and at times doubtful of their ability to teach adequately. Although time

constraints for integrating new educators into instructor roles are noted as one of the main causes of instructors being less prepared to teach, participants indicated that a standardized system for integrating new educators into academics could decrease feelings of helplessness, isolation, and provide clarity during times of confusion.

### **Theoretical Discussion**

In using Schlossberg's (1981) transition theory to view the lived experiences of the clinical dental hygienists' transition from practitioner to dental hygiene educator, I was able to understand the "what" and the "how" of their experience. Schlossberg's transition theory describes the methods utilized during the moving in, out, and through an individual's transitional phases.

**Moving in, through, and out of transition.** Schlossberg's transition theory defines *moving in* as the transitional phase when individuals move into a new situation, such as a new career in dental hygiene education (Anderson et al., 2012; Eller & Milacci, 2017; Peacock, 2018). In this phase, there is a need to become familiar with the "rules, regulations, norms, and expectations of the new system" (Anderson et al., 2012, p.57). Once the new educator learns the specifics of the programs (e.g., assessments, grading, instructional guidelines, student interactions, department objectives, and expectations) and learns how to balance work with other essential parts of their life, they enter the next phase of transition (Anderson et al., 2012; Eller & Milacci, 2017; Peacock, 2018). The transitional phase of *moving through* consists of the time, regardless of the length of time one spends within the current event. As individuals enter the transitional process' *moving out* phase, they can ask themselves what comes next in life. An individual's ability to cope or move through the transition using readily available assets and

liabilities allowed the participants to learn methods to deal with their transition using coping mechanisms defined by the 4 S's of Schlossberg's theory: situation, self, supports, and strategies.

For this study, the 4 S's of Schlossberg's transition theory was the basis for each participant's negative or positive transitional issues. Clustered into four categories, Schlossberg's 4 S's focuses on the possible resources or deficiencies related to coping with transition (Peacock, 2018). The categories comprising Schlossberg's 4 S model are situation, self, supports, and strategies.

**Schlossberg's 4 S's coping model.** *Situation* refers to the person's situation at the time of the transition (Eller & Milacci, 2017; Schlossberg, 2011). *Self* refers to the person's inner strength for coping with the situation (Schlossberg, 2011). *Supports* refer to the support available at the time of transition, which is critical to one's sense of well-being (Eller & Milacci, 2017; Schlossberg, 2011). *Strategies* are categorized as methods used to change the situation, such as brainstorming, ways of reframing the situation when a negative or alternate outcome occurs and reducing stress such as meditation and exercise (Pearlin & Schooler, 1978; Schlossberg, 2011).

The shortage of qualified health care educators is noted throughout the literature; however, minimal data describes best practices related to the transition from clinical practitioner to educator. Results from this study corroborated information found in the literature, which describes clinicians entering academia unprepared for their new careers. Throughout the data collection, participants reflected on research questions regarding their preparation to transition from clinical dental hygiene to dental hygiene education.

Participants noted the lack of a formal training program and limited written materials to prepare them to transition from a clinical setting to an academic setting. The lack of formal

training and preparation material is consistent with the literature (Brown & Sorrell, 2017; Trusson, Barratt, & Rowley, 2020). Very few programs have the needed time or resources to provide formal training, mentoring, or transitional preparation material, leading to instructors entering academia unprepared. Jessica noted,

If I would have known what I know today, I would have paid more attention, or I would have made more effort to go and shadow other instructors. Before I went into teaching, I would have sat in a classroom listening to how they teach. I would have talked to students before I became an instructor and asked what they expected from an instructor, what they thought is the good and the bad of an instructor. I would have shadowed in a clinic setting, without being involved, almost like a little mouse, you know. If I would have had that opportunity, I would have jumped on that for sure.

The lack of preparation is reiterated in the literature, which describes a lack of formal training for new educators resulting in dental hygiene programs hiring instructors that lack proper preparation during their transition into dental hygiene education (Bartle & McGowan, 2020; Wagner, 2019).

Additionally, participants believed mentors would be available to ease their transition from clinician to educator; however, there was no formal or informal mentoring program to guide or prepare them upon being hired. Melanie stated, “I think a mentor would have been very helpful. So you get somebody who's already successful teaching and mentoring you.”

Participants mentioned feeling thrown in, feeling like they would either sink or swim, and feeling like a fish out of water. Sabrina said, “there really wasn’t any professional development once I got there. It was just kind of like; you’re here, you’re going to do this (laughing). I wish there had been a little bit more on their end for prep.” Angelica was hired in a matter of days after

applying for a teaching position and stated, “unfortunately, I really didn't have time to prepare ahead of time.” Mentors can be instrumental in delivering clear and candid information and provide support, encouragement, and act as role models (Ambusaidi & Almaskari, 2021; Smith et al., 2020).

As clinicians continue to transition to education, the implementation of mentoring programs can enhance and improve the lived experiences of clinicians transitioning to academics. Lack of mentoring can cause a difficult transition by novice dental hygiene educators from clinical dental hygiene into dental hygiene education. The initial transition and faculty development and retention of the novice educator through mentoring can reduce uncertainty, confusion, chaos and increase educator retention (Bartle, Crivello, Bullock, & Ogbureke, 2020; Wynn, Holden, Romero, & Julian, 2021). As a first-time instructor, Shannon commented,

You need someone to give you feedback. Someone to say, hey that is not going to really work, or that is really good, or maybe try this next time...it is just a huge support system for instructors just starting out in the field. I would definitely vote for the mentorship.

The implementation of a formal mentoring program was suggested through all three data sources. As the transition from clinical dental hygienist to dental hygiene educator can be challenging, the task is even more daunting without proper mentoring. Participants repeatedly mentioned the lack of a formal mentoring program. The literature supports and suggests the importance of mentoring programs for novice educators (Eliades, Jakubik, Weese, & Huth, 2016; Nowell, Norris, Mrklas, & White, 2017; Weese, Jakubik, Eliades, & Huth, 2015).

The theme of mentoring was remarked throughout all data collection sources. Participants noted, a formal mentoring program would have provided a smoother transition into

dental hygiene education. Mentoring programs are proven resources to assist practitioners as they move in, through, and out of the transitional phases. Catherine stated, “You need to have good mentors who will tell you the truth, not just yes people,” and Jessica stated, “My mentor inspired me to keep going and do what I'm doing right now.” As the literature noted, mentoring can facilitate student learning by improving the performance of the novice educator, which will allow the new faculty to become competent and comfortable within their newly acquired educational roles.

Schlossberg's 4 S's relates to how individuals utilize resources and strategies while moving through a transitional event. Participants in this study approached their anticipated event through motivational factors that guided their decision to leave clinical dental hygiene and found strategies and support while moving in, moving through, and moving out of the transition to dental hygiene education. Schlossberg (1981) notes that the use of coping strategies is pertinent when moving through a transition. Conduction of this phenomenological study was important to the literature because it demonstrated that although each participant experienced the same phenomenon, the transition was different for every individual stated in Schlossberg's (1981) transition theory.

Participants provided varied motivators for leaving clinical dental hygiene, including burnout, boredom, familial obligations, and personal reasons; however, the most common reason for leaving was a need for change. Although most felt they were adequately prepared to educate students utilizing real-life experience acquired during patient care, this notion was quickly dismissed. Based upon Schlossberg's (1981) transition theory, additional strategic and supportive measures were required to cope with the transition.

Participants used supportive measures to accommodate their lack of preparation. Strategically, all participants noted a lack of desire to return to full-time clinical dental hygiene practice; therefore, as a means of support, participants utilized continuing education and professional development courses to improve their pedagogical and instructional methodology deficiencies. Participants found that shifting their focus from clinical-based courses to those focused on curriculum and instruction allowed them to build upon their previously acquired real-life experiences.

When asked research question six, Evelyn replied, “you're always constantly coming across things in the clinic that you realize; man, I could know more about this...it kind of motivates you, I guess, to learn more about that and to take continuing education hours focused on that subject.” Participants indicated that providing students with real-world information coupled with information from the textbook allows for a transformation of information; this gives the student a balanced picture of the dental hygiene profession. Sheila remarked, “my clinical experience can transfer and benefit the student,” and Meredith replied, “Things aren't always by the standard of the book, and I love that I can go in there and teach them real-life experiences.”

Following Schlossberg's (1981) transition theory, participants in this study found supportive measures including but not limited to informal mentoring, instructor calibration, and advanced education as measures to cope while moving through their experience. All participants described leaning on more experienced instructors for assistance upon starting a new position or upon their initial hire. Although several participants had prior instructional experience, the lack of a formal orientation prevented them from understanding the new institutions' processes and procedures.

Informal mentoring allowed the new faculty to understand the institute's policies and procedures; however, instructor calibration was warranted with different instructors interpreting policies and procedures differently. The literature indicates that instructor calibration is a valued tool to measure intra and inter-rater reliability and resolved inconsistencies among instructors (Dicke, Hodges, Rogo, & Hewett, 2015; Partido, 2017; Santiago et al., 2016). Although most participants did not have a formal orientation to provide guidance and, as most participants indicated, "*clarity*," the participants found acceptable coping methods as they moved through the phenomenon.

### **Implications**

This section aims to address the theoretical, empirical, and practical implications of the study. This phenomenological study produced findings with theoretical, empirical, and practical implications for dental hygiene programs, program directors, and administrators of health science programs. Research implications may confirm findings that are valuable for future practice, theory, and further research studies. This section aims to discuss these implications and provide specific recommendations to the stakeholders mentioned above.

### **Theoretical Significance**

The research regarding the lived experiences of clinical dental hygienists transitioning from practitioner to dental hygiene education has aligned with Schlossberg's (1981) transition theory. Schlossberg (1981) developed transition theory to describe adult individuals in transition. Schlossberg identified four major factors that influence a person's ability to cope with transition: situation, self, support, and strategies, also known as the 4 S's (Anderson, Goodman, & Schlossberg, 2012; Schlossberg, 1981). According to Sargent and Schlossberg (1988), adult behaviors are affected by transitions. The readiness for change depends on the 4 S's of



transition. Additionally, Anderson et al. (2012) indicated the importance of understanding and identifying where an individual is in the transition process: moving in, moving through, or moving out of transition.

After completing and analyzing one-on-one semi-structured interviews, a focus group interview, and a written hypothetical letter, I found that the participants' transition process echoed the 4 S's of transition. Furthermore, the participants were in various phases of transition when this study was conducted. Understanding the transition process of clinical dental hygienists transitioning from practitioner to educator is important in helping new dental hygiene educators identify and successfully adapt to their new roles. The 4 S's were an effective means to understand the transitional process of new dental hygiene educators.

The term *situation* is characterized as what the individual may be experiencing at the time of transition. Adults are motivated to transition by a continued need to belong, control, master, renew and take stock (Sargent & Schlossberg, 1988). The sub-themes: burnout, boredom, family obligations, personal desire, instructor recommendation, and a need to change were the main reasons the 10 participants transitioned from clinical dental hygiene into dental hygiene education.

The impact of an unanticipated transition can be the most challenging; however, participants in this study experienced what Schlossberg (1981) deemed an anticipated event; they decided to transition. Participants provided varied reasons for being motivated to change career paths within dental hygiene. Although participants were motivated to leave clinical dental hygiene and transition to the role of dental hygiene educator, they were not as prepared as they previously thought, which made their transition challenging.

An individual has personal and psychological assets, liabilities, resources, and deficits brought to a transition (Anderson et al., 2012; Schlossberg, 1981). Moreover, personal strengths, weaknesses, and characteristics contribute to the *self* of an individual. Participants related a sense of self-reliance, a desire to succeed, tenacity (tough skin), and resiliency as strengths that enabled their transition to dental hygiene education. Participants noted a commitment to the students, the dental hygiene program, and the dental hygiene profession as contributory assets and resources brought to the transition.

Instructor communication skills can be defined as transmitting a message involving shared understanding between the contexts in which communication takes place (Fakude, 2019; Schouten et al., 2020). Although participants knew the proper dental hygiene jargon to communicate with their patients in private care, a new appreciation for communicating with students and other educators was revealed. Participants indicated their initial communication with students was difficult due to not understanding current dental terminology. Having been away from the classroom for what seemed like a very long time, participants found it important to learn proper textbook and clinical terms to transfer information in a manner that students could understand regardless of the instructor they were interacting with during each clinic session.

*Support* is defined as holding up or serving as a foundation (Webster, 2020). All 10 participants in various forms noted the lack of supportive measures. Collectively, participants were not afforded a formal orientation, a formal training or mentoring program, and received limited written materials to prepare them to transition from a clinical setting to an academic setting. Support is a vital resource required for successful transitions and is based on relationships individuals cultivate with other individuals. Although institutional support was

shown to be lacking by the participants, informal forms of support were available during the transitional phases.

Family support, informal mentoring from experienced educators, support acquired from networking with other educators during continuing education and professional development courses, and support from colleagues who started teaching during the same time frame were supportive tools utilized by many participants. Participants noted that a lack of supportive measures created confusion, chaos, uncertainty, and periods of doubt; however, participants reverted to their personal and psychological attributes, a willingness to learn, and a sense of happiness with their decision to transition; participants found positive support even amid negative situations. Participants stated that support is one of the main factors when transitioning from clinical dental hygiene to dental hygiene education due to most clinical hygienists do not have pedagogical or instructional experience, only clinical expertise that is brought into the transition. Participants indicated that the lack of support created periods that they questioned their decision to transition; however, all stated that they were happy with their decision to transition into an educator's role.

Although some life changes are planned and unexpected, coping with transitions is important during life or career changes (Chaaban & Du, 2017; Chivi, 2021; Miles & Knipe, 2018). Schlossberg divided strategies or coping responses into three categories, "those that modify the situation, those that control the meaning of the problem, and those that aid in the managing the stress after the fact" (Evans, Forney, & Guido-DiBrito, 1998, p.114). *Strategies* are plans of action used by individuals to manage a transition; thereby, increasing their ability to adapt to the transition. An individual who experiences a transition will change their behavior, learning, or perception (Schlossberg, 2011).

Participants in this study felt unprepared for their transition and sought out-of-the-box strategies to cope with their transition. These strategies included using YouTube, Google, professional development courses, and advanced education to supplement their lack of instructional training. Participants utilized active learning by engaging in conversations with experienced faculty, participating in instructor calibration opportunities, and participating in weekly faculty meetings. Participants noted that consistently spending time instructing students in the clinical setting, self-study of textbooks, and previous educators' written materials has made the transition more comfortable as time passes.

Schlossberg's (1981) transition theory was applicable in this study of clinical dental hygienists transitioning from practitioner to educator. The transitional process of the participants in this study reveals another application relevant to Schlossberg's (1981) transition theory. The participants experienced the transition from practitioner to educator through the 4 S's, leading to a change in their behavior, role, learning, and perceptions.

### **Empirical Significance**

The majority of the dental-related empirical literature is focused on the need for more dental educators. Additionally, the literature seeks ways to encourage practitioners to transition to education at earlier stages in their careers due to the increased shortage of educators. Lacking in the literature are practical guides for dental professionals transitioning from clinical practice to education. Although there is a focus on the need for dental educators, minimal information on clinical dental hygienists transitioning exists to date. Lacking in the literature is peer-reviewed research on the methodology for improving the transition to healthcare education, preparatory guides, and best practices for transitioning into dental hygiene education remains inadequate (Behar-Horenstein et al., 2016; Moystad et al., 2015). Improving the transitional experience for

dental hygienists transitioning from clinical dental hygiene to dental hygiene educators is an area that is lacking in research. This study will aid in narrowing the current literary gap.

Interviews with dental hygienists provided a perspective of clinical dental hygienists who transitioned from practitioner to dental hygiene educator. New faculty members struggled during the initial phase of their transition due to limited transitional guidance. Increased reliance on support systems, personal strengths, and strategies aided them during their transition. Additionally, faculty identified areas that could have made the process easier and less stressful. These areas include early preparation and training, written clinical guidelines directed to faculty members and not the students, and a formal mentoring program.

Stakeholders most directly affected by the lack of preparation for new educators are the community members, as well as current and future dental hygiene students. Students expect to receive a quality, evidence-based dental hygiene education that prepares them for careers in a healthcare environment that is constantly evolving. Current students are demanding quality courses from dental hygiene programs to meet their learning obligations; dental hygiene programs must be prepared to meet these demands. Students are required to acquire adequate training and knowledge to deliver competent and quality dental hygiene care. Preparation must begin with properly prepared educators.

The Commission on Dental Accreditation (CODA) mandates specific criteria for educators; however, they do not mandate that dental hygiene programs have specific criteria to train and prepare clinicians to transition from practitioner to educator. CODA, legislative bodies, and professional associations should recommend and implement evidence-based changes to dental hygiene education that prepare and train new faculty, provide more guidance and supportive measures for transitioning clinicians, and allow time for paid mentoring opportunities.

All dental hygiene faculty members must be prepared for and properly trained on teaching strategies and approaches before instructing dental hygiene students using unfamiliar educational methods. Faculty members who are better prepared will be equipped to educate students for successful program completion and successful passing of state and national certification examinations.

Programs with successful graduation and passing scores on the required certification examinations will attract additional outstanding students to their dental hygiene programs. Patients and communities serviced by dental hygiene students and dental hygiene program graduates are also affected by the quality of dental hygiene programs. Graduates are required to complete numerous competencies on live patients seen in the dental hygiene clinic. These patrons can be instrumental in the success or detriment of a dental hygiene student (program); therefore, dental hygiene educators must be properly trained to provide instruction to students as they provide high-quality, competent care to their patients.

### **Practical Significance**

This study has practical implications for dental hygiene students, dental hygiene educators, program directors, deans of health science, administrators, and other stakeholders involved in recruiting and hiring educators. The findings for this study can assist all the stakeholders mentioned above in developing tools to recruit, hire, and retain qualified staff. The implications of the findings for practice speak to how proper preparation can have a beneficial effect on novice dental hygiene educators, the dental hygiene practice, and the dental hygiene profession. The participants also shared suggestions that dental hygiene programs may want to consider decreasing the transitional barriers present upon hire and improve the transitional process of dental hygienists transitioning from practitioner to dental hygiene educator.

**Preparation program.** A formal preparation program to support the transition of novice dental educators was nonexistent for the participants of this study. The literature supports that most community college systems do not have formal preparatory programs for newly hired healthcare educators (Cangelosi, Crocker, & Sorrell, 2019; Kennedy, 2019). Participants noted that being inadequately prepared left them on their own trying to “figure out” what to do and unprepared to make a smooth and successful transition. Seven of the 10 participants indicated that although they felt their real-life experience was adequate preparation, they did not feel prepared to transition from practitioner to educator once they began teaching and lacked the pedagogical experience necessary to understand academia. Paula’s statement supports this implication, “When I first started, I didn't know up from down, I knew that I knew hygiene. But I didn't know how to convey my knowledge.” Sheila noted, “I wish we had more opportunities to prepare to teach...I wish my institution would teach you how to be a better didactic teacher on their dime but on my time.” Angelica remarked, “You're learning what to teach and how to teach it at the same time,” while Jessica said, “I don't have a lot of experience with instructional information at this point because I have not been doing this for long.” Meredith indicated,

when I decided originally to make the transition, there were no CE courses or professional development courses that I’m aware of that I could have taken to prep me for my new role as an educator. If there were any available, I certainly would have taken them to better prepare me to be an instructor instead of having to “learn as I go” with on-the-job training. I wish that when I started especially being very new to teaching, I wish that they had somebody to take me under their wing and give me more guidance; I was literally thrown in without any skills, any knowledge, and not only of teaching but their protocols particularly to the college I was at. So that was very frustrating. I don’t like

going in unprepared. And in the beginning, I felt very unprepared for numerous amounts of reasons. So, I just wish that they had a little bit more guidance in the beginning.

Furthermore, the lack of being properly prepared has encouraged participants to return to school to pursue advanced education. Evelyn commented, "I am getting my master's degree in business administration and health care management. I felt like if I needed a different outlet or another option that gave me more of a variety than just dental hygiene alone." Catherine indicated that being properly prepared with experience and education would have been the only way she could have continued as an educator.

I will say my master's degree and dental hygiene education really prepared me for different pedagogy and approaching different learners. I would say having that strong educational methodology early on in my master's program. I've seen teachers who I don't think had that in their master's program, and I could see the difference. So, I think the way my master's program stressed, not just you're in the classroom teaching but how can you be in the classroom being an effective teacher.

Meredith revealed she is pursuing a bachelor's degree to learn pedagogical and instructional methods to educate students better.

As related to the literature in Chapter Two, clinical dental hygienists who transition from clinical dental hygiene to dental hygiene education often discover during the initial phase of the transition that they are unprepared to undertake their new role in academia (McNelis, Dreifuerst, & Schwindt, 2019; Schoening, 2021). As a result, dental hygiene programs may hire new educators that lack preparation as instructors (Al-Nasiri, Maskari, & Muniswamy, 2017; Fiedler, Degenhardt, & Engstrom, 2015). New dental hygiene faculty often lack experience in adult learning theories and educational methodologies (McPherson & Candela, 2019; Murphy, 2020),



making the transition to academia challenging. Preparation is essential for new educators as the field of dentistry is ever-changing and evolving.

**Orientation, mentoring, and institutional support.** Strategies found to be helpful during the transition into clinical teaching included a formal orientation, institutional support, and mentoring from experienced faculty. Training regarding program policies, procedures, and technology would benefit novice educators as they transition into academia. New educators would benefit from a formal orientation which would allow them to build upon the experience gained while preparing to transition from practitioner to educator (Cotter & Clukey, 2019; Hoeksel, Eddy, Dekker, & Doutrich, 2019).

A review of the literature suggests that a formal orientation process provides new employees with concise and accurate information to make their transition more comfortable (Doyle, 2020; Levy, Koppula, & Brown, 2018). Formal orientation programs in academia can increase educator confidence and adaptation to their new role. The provision of a formal orientation program for new clinical dental hygienists transitioning from practitioner to educator can also bolster retention, alleviating the shortage of dental hygiene educators (Lucas & Murry, 2016; Murphy & Janisse, 2017).

Understanding each institution's policies and procedures, understanding how to execute each policy and procedure, and understanding student learning outcomes and teaching methodologies would ease the transition for new educators. Newly hired dental hygiene educators may have limited experience in adult learning theory and practice methodologies (Mangan, 2015; McGuiness, 2016; Mukhalalati & Taylor, 2019). The implementation of professional development opportunities focused on adult teaching methodologies can increase hiring and retention for dental hygiene programs. The literature indicated that educators who are

provided with opportunities for educational methodology tend to remain in academia for more extended periods versus the underprepared educator who typically leaves education before gaining adequate instructional experience (Hoeksel et al., 2019; Miller, Vivona, & Roth, 2017).

Participants indicated that teaching was difficult within itself without figuring out what policy applied as situations presented themselves. Sabrina noted, “They don’t do the best in transitioning someone from clinical to educational. I would say you just kind of get thrown in, and you’re going to sink or swim (chuckling). So, you got to have a strong personality.”

Shannon said,

I think the institution has to be supportive of new instructors and not have such high expectations. Maybe they do because you are a new instructor. I mean, once you do the interview, they know this was your first job in education. I don’t think throwing you into probably the most difficult course in the curriculum would be smart as your first job. Unfortunately, that’s what happened to me. But again, it forced me to work harder to be better because that’s just who I am. Like, I wasn’t going to let it beat me, but I did not have the support from, at the time, the department head. I had to rely on another coworker to really say, ‘Hey, that’s not going to work for you; let’s try this.’ You know, I feel like an institution, as a whole, could have offered some more support or workshops or something just for new teachers. And so, I really didn’t have that. So, it was like they throw you into the pool, and you sink or swim.

In this study, mentoring was mentioned 104 times as a measure absent from the transitional experience. Mentoring has been noted as one the “most influential methods to help in the successful development and retention of new nursing faculty, not only to fill a vacant position but also for the long-term maturation of nurse faculty members” (Dunham-Taylor,

Lynn, Moore, McDaniel, & Walker, 2007, p. 337). A well-developed mentoring program can be a source of positive means of social support and career development for seasoned educators (Darling-Hammond & Hylar, 2020; Sharifi, Mirbagher, & Aghanjani, 2019).. Additionally, a well-developed program can be an effective mode of support for new educators transitioning from practitioner to educator. As educators continue to grow and advance their skills, there must be an understanding that effective mentoring provides life-long benefits for those desiring to enhance themselves and others by learning new or advanced information and providing personal and professional development opportunities.

The literature demonstrates that the cost to provide a mentoring program far outweighs the cost of replacing newly hiring educators who leave academia due to not being properly oriented or mentored (Carr, 2020; Evans, 2018; Wenner, Hakim, & Schoening, 2020). The Commission on Dental Accreditation (CODA) notes that new faculty must have a documented background in current educational methodology. CODA provides several examples applicable to the demonstration of compliance, including mentored experiences for new faculty (ADA, 2019). Seven participants indicated that a formal mentoring program was not available to them upon transitioning from practitioner to dental hygiene educator.

Implications of this study provide the following recommendations for dental hygiene programs, program directors, deans of health sciences, administrators, and other stakeholders involved in recruiting, hiring, and retaining dental hygiene educators. Formal mentoring provides a supportive environment and allows experienced faculty members to teach, encourage, and ensure the development of novice educators through the varied aspects of academia (Christensen & Simmons, 2020; Gazza, 2018). A formal mentoring program would benefit new educators by lessening their sense of disconnect and confusion while increasing their self-

confidence and effectiveness when interacting with students (Agger, Lynn, & Oermann, 2017; Sinkford & Valachovic, 2019; Sinkford & West, 2020). This implication is supported by statements from participants such as “I think mentorship would have been the biggest help for me.” Meredith stated,

I think more classes would be helpful. More training, more mentorship, things like that. Like I said, I really was not fond of just being thrown in there. I had never done this before and not knowing how to teach, but then also not knowing the protocols that relate to my school. So, I really wish they had more of a mentorship. I think that would really help a lot of educators be successful. When you take somebody under your wing, you show them the ropes, and you're there for them, giving them guidance, answering questions because there were a lot of things, I had to figure out the hard way or on my own.

Paula indicated,

I felt like there could be more of a mentoring program ...you need to learn from different instructors. Having that mentor to go and talk through my goals and ask about areas they see me being successful and where I am failing? Where am I strong, or what do I need to do to make myself a better instructor? Are there CE classes? Could I go and sit in on an oral pathology class because it's been a long time. And I think those things would be really helpful.

Additionally, Meredith stated,

And I just hate that there is not more mentorship to kind of get the new faculty on board. Even, especially for people who are newly transitioning right out of private practice. It's hard enough when you've not used to or experienced in teaching just to learn a new

protocol is like a whole different college, but to come in and never have taught before and have to learn as you go. It's very overwhelming.

Participants without a formal mentoring program indicated that seasoned faculty provided informal mentoring; however, due to time constraints and other teaching obligations, interactions were at times limited. Participants took it upon themselves to see informal mentoring from seasoned instructors. This implication is supported by Melanie stating,

My lead (faculty member) is supposed to help new faculty. However, the lead faculty's head is in the clouds, thinking she's doing everything great. Then the other new faculty are coming to me to mentor her. Although I wasn't placed in a position to mentor her in that course. I think we tend to fall down as faculty, and we don't mentor nearly enough, so informal mentoring is important.

Meredith remarked,

It's interesting because one thing I've noticed with some of our new employees is that they're undergoing the same frustration and insecurity that I felt when I first started. When I first started, you know, I felt like I was supposed to know everything. I didn't want to look like I didn't know what I was talking about with the students. And again, I kind of felt like we were going to have mentorship or something to kind of guide us along... my heart goes out to them because I know where they're coming from. And I try to be there for them. I try to encourage them to ask me questions, pick my brain, whatever I know, not that I know everything, but I'm always happy to help because I've been there. I know how they feel.

Sheila said,

With the ones that have come after me, which is just a couple of them...I've just tried to help them with things that I knew were difficult. And I'm always telling them not to worry because others helped me. I wouldn't still be here if they hadn't. I used the people I started with, and we were thrown into the deep end together, so we helped each other. So anyway, I just really tried always to be available for them to answer questions and try to respond, you know, really quickly and give them any bits of things that I might see coming down the pipe that they haven't experienced yet without overwhelming them too much. But I mean, maybe it is too much, but it doesn't matter. I'll repeat myself, and that's fine too. You know, I'm just very aware of how it felt to be new and to not know things and not have a mentor. So, I've tried to reciprocate all the kindness that was shown to me.

Although numerous participants did not have formal mentoring and leaned upon other seasoned faculty for informal mentoring, Catherine noted the importance of mentoring,

I would consult with a mentor, or you know, a seasoned faculty who has been there for a while. So, I was very blessed because I always had a very strong support structure around me and faculty who were, you know, had been there longer and were wiser than me.

The literature indicates the importance of formal mentoring programs and the necessity of increased supportive measures for new educators (Musgrave, 2019; Nottingham & Mazerolle, 2018). Mentoring programs combined with a standardized orientation program can improve the teaching and learning environment while assisting the educator with understanding their role and responsibilities.

Educational organizations must realize the importance of properly trained educators. New educators will have a less stressful transition when mentoring is incorporated. Novice educators who are adequately prepared, oriented, and mentored typically remain in academia due to the supportive measures provide upon employment (Arian, Soleimani, & Oghazian, 2018; McMillan, 2020). Additionally, program directors, deans, and administrators who implement a formal orientation and mentoring program may realize an increase in the caliber of clinicians transitioning from clinical dental hygiene to academia.

There is currently a shortage of dental hygiene educators; therefore, dental hygiene programs hire educators with limited instructional experience. Ensuring novice educators are adequately prepared through a formal orientation program, a formal mentoring program, and additional supportive measures moving in, moving through, and moving out of their transition is essential in recruiting, hiring, and retaining qualified educators.

### **Delimitations and Limitations**

Delimitations are purposeful decisions a researcher makes to limit or define the study's boundaries (Creswell, 2015; Peoples, 2021; Theofanidis & Fountouki, 2019). This study focused on the experiences of 10 clinical dental hygienists who transitioned to the role of dental hygiene educator. Additionally, the study only included educators with a minimum of two years of clinical dental hygiene experience and two semesters of dental hygiene instructional experience. The Commission of Dental Accreditation (CODA, 2018) sets forth a hiring criterion stating dental hygiene instructors must possess a minimum of two years of clinical dental hygiene experience before they can be employed as an instructor; therefore, this study is delimited using dental hygienists with a minimum of two years of clinical experience. Selecting educators with a minimum of two semesters of instructional experience allowed me to interview participants who

could provide significant contributions to achieve thematic saturation of the phenomenon allowing for the emergence and development of themes from the data (Moustakas, 1994).

Dental hygiene educators who previously taught for a minimum of two semesters allowed the researcher to gather deep, meaningful data to support participants' experiences moving in and through transitions. Additionally, the participants provided meaningful information they would share with those considering the same transition. Although it would have been interesting to gain perspectives from dental hygiene educators outside of the central piedmont region of North Carolina, the COVID-19 pandemic coordinating schedules, illnesses, closure of all colleges and universities and dental facilities made it difficult to schedule interviews for those that offered to participate; therefore, they were omitted. Due to restrictions caused by the COVID-19 pandemic, site selection was restricted to a single institution in the central piedmont region of North Carolina.

Limitations in a study can be defined as potential weaknesses of the study that cannot be controlled (Creswell, 2015; Helmich, Boerebach, Arah, & Lingard, 2015; Peoples, 2021; Ross & Zaidi, 2019). Limitations of the study included gender, number of participants, ethnicity, and geographical location. Although I solicited volunteers from two online dental sites and two institutions in North Carolina, there were no responses from male educators; therefore, all research participants were female. Additionally, I sought to find a diverse group of dental hygiene educators for this study; however, only African American, and Caucasian educators responded, therefore, the findings cannot be generalized to a specific population. The ages of the participants varied from ages 26 to 57. Participants shared their life situations and aspects concerning their family, allowing for more detailed and transparent data.



Due to the study taking place over a three-month timeframe, some participants could not complete all parts of the data collection due to time constraints, illnesses, and other personal obligations. This study was limited to educators teaching at a public community college. The use of data from instructors working in a for-profit college or a private or public 4-year college or university may have yielded different results. Additionally, the participants instruct students working towards an associate's level degree; therefore, utilizing educators working with students seeking a baccalaureate, master's, or the doctorate level degree may have also yielded different results.

This study was limited by the number of years participants have been clinical dental hygienists and the amount of instructional experience. CODA mandates that dental hygiene instructors possess a minimum of two years of clinical experience; an educator with over 20 years of instructional experience was not eligible to participate in the study due to not having the required clinical dental hygiene experience. This potential participant may have provided data that would have produced additional thematic saturation due to instructing part-time in the dental assisting department and solely instructing first-year dental hygiene students. Additional potential participants had enough clinical experience but not enough instructional experience making them ineligible to participate. Including these outliers may have yielded different results.

Thick, rich descriptions of the setting, data collected, coded, and assumptions of the research allow "readers to make decisions about transferability" (Creswell, 2013, p.252; Lincoln & Guba, 1985). Through the study, pseudonyms were used to protect the identities of participants. I ensured all hard and digital copies of data were kept secured under lock and key. I utilized member checking to correct any oversights from participants' transcribed interviews

and bracketed my biases and assumptions through the data analysis and coding processes. All the measures mentioned above were undertaken to reduce any potential issues arising from my interpretation of the participants' lived experiences. Appendix I was utilized for documentation purposes.

### **Recommendations for Future Research**

Significant gaps remain in the research on the transition of clinical dental hygienists from practitioner to dental hygiene educator. Due to the limited number of research studies on standardized best practices for practitioners transitioning into dental hygiene education, more data needs to be collected qualitatively and quantitatively. Although participants of this study shared their lived experiences, there is still a need for a varying range of experiences to be revealed.

Further studies should expound upon the participant pool to include male clinical dental hygiene educators. Clinical and educational statistical data should be collected through various study methods, such as case, narrative, and additional phenomenological studies, to reveal the lived experience of the male dental hygiene educator, which was absent from this study. The population of male dental hygienists is relatively low, an increase from "1% in 1999 to 6.1% in 2020 (Diaz, Boyd, Giblin-Scanlong, & Smethers, 2021, p. 6). Therefore, including male dental hygiene educators in future studies will fill gaps in the literature regarding their lived experiences compared to their female counterparts.

Future studies are needed to include various geographical locations, including colleges and universities in other regions of North Carolina and other states. private, public, and for-profit programs. This study included novice dental hygiene educators in a public community college setting. Educators instructing in programs granting degrees in baccalaureate, master's,

and doctoral programs may add to the literature by lending a greater understanding of dental hygiene educators' best practices.

The findings of this study demonstrate a need for further research studies to include educators for various ethnic groups. This study included African American and Caucasian female dental hygiene educators; however, the experiences of educators from other ethnicities may reveal similarities or discrepancies in their conceptual beliefs of what they deem to be best practices of clinical dental hygienists transitioning from practitioner to dental hygiene educator. These additional studies will assist in supporting current literature, adding to the current literature, and provide more robust literary studies for future researchers.

### **Summary**

Based on the theoretical framework of Schlossberg (1981) transition theory, this qualitative transcendental phenomenological study sought to describe the lived experiences of clinical dental hygienists transitioning from practitioners to dental hygiene educators. The study's objective was to gain a deeper understanding of why dental hygienists chose to transition and what they experienced during the transition. Future researchers could replicate this study through any public or private college setting. Although this study was limited to dental hygiene educators in the central piedmont region of North Carolina, further research may focus on private colleges or four-year universities, additional areas in North Carolina, other cities in the United States, specific educational levels (i.e., bachelor's, master's, and doctorate), and private or public institutions. The descriptions regarding transitioning could vary based on the type of institutions educators instruct in and the level of education the student is seeking.

Dental hygiene educators shared their experience transitioning from clinical dental hygiene to dental hygiene education and the methods used to move in, through, and out of the

transition. Although the participants had acquired experience in patient care, they realized they were unprepared to transition from practitioner to academia fully. During the moving-in phase, educators were thrust into unfamiliar situations that caused confusion, chaos, and uncertainty. These feelings of distress were created due to the participants possessing limited pedagogical and educational experience, no formal orientation or mentoring programs, or written materials before moving into their new careers. Meredith best summarized this, “My expectations were not met; in fact, I was thrown into a new career without any training or guidance. I had expectations that I would shadow in the beginning...there was no of that.”

The second element of Schlossberg’s 4 S’s, *self*, revealed a critical period essential to moving through a transition. The faculty’s strengths to persevere despite obstacles enabled them to adjust even during periods of self-doubt. Sheila explained that when encountered with unfamiliar information, YouTube is a virtual mentor,

I look up other instructors that maybe have a YouTube that teach a specific subject.

Whatever is related to the titles or chapters that I am teaching, and I play it over and over and over on my drive to work and on my drive home, which is over an hour, so that I can glean something for them.

The third concept, *supports*, was representative of the moving-through period.

Participants' interviews deemed this as the most critical aspect of the transition. According to Angelica, “there was not a formal orientation or a formal mentoring program. To learn as you go, lean on your coworkers, ask them questions, ask their opinions. Do not be afraid to ask for help.”

The fourth concept of Schlossberg's 4 S's, *strategies*, symbolized a moving-out phase where participants became more comfortable transitioning from clinical dental hygiene to dental hygiene education. Sabrina said,

I try to keep up with things ... I will do the webinar. I will do the CE course ... I get journals, I get articles, and I read. And I do not have a problem talking to my coworkers who are teaching didactic ... see what they are teaching and seeing what is going on. I always keep trying to keep my educational skills up, the didactic part of it as much as your clinical skills.

Although there are numerous articles related to nurses transitioning to academia, there is minimal information regarding dental hygienists transitioning from practitioner to dental hygiene educator. Due to the shortage of dental hygiene educators, it is essential to develop standardized best practices to guide hygienists as they move in, through, and out of career transitions. This study was focused on one central research question and four supporting questions that revealed the lived experiences of 10 participants. Additionally, this study addressed the gap in the literature by giving voice to dental hygienists transitioning from practitioner to dental hygiene educator. This research permitted dental hygiene educators to share their experiences of transitioning from clinical dental hygiene to dental hygiene education.

The topic of this study needs additional research to gain further insight into the needs of dental hygienists transitioning from clinical dental hygiene to academia. During this study, the implication presented most was mentoring. Mentoring was mentioned 104 times as a measure absent from the transitional experience; therefore, research to address the need to implement formal mentoring within dental hygiene programs for clinicians transitioning to academia is essential for recruiting, hiring, and retaining qualified dental hygiene educators.

This study should be expanded upon to include the lived experiences of dental hygiene educators transitioning from practitioner to dental hygiene educator in other regions of North Carolina, other states, as well as educators from the private and for-profit sectors, or four-year colleges and universities. Additional research data gathered from educators in other regions of North Carolina, states, and sectors of education can be utilized to formulate best practices and guidelines for transitioning from clinical practitioner into academia. These best practices may be incorporated into the recruiting, hiring, and retention policies, protocols, and guidelines utilized by dental hygiene programs, directors, deans, and administrators across the United States and other countries as a means of reducing the shortage of qualified dental hygiene educators.

## REFERENCES

- Abdullah, J., Mohd-Isa, W. N., & Samsudin, M. A. (2019). Virtual reality to improve group work skills and self-directed learning in problem-based learning narratives. *Virtual Reality, 23*, 461–471. doi:10.1007/s10055-019-00381-1
- Accredited Schools Online. (2021, September 2). *Career advancement in dental hygiene*. Retrieved from <https://www.accreditedschoolsonline.org/medical-and-health/dental-hygiene/guide-to-career-advancement/>
- Adams, B. N., Kirkup, M. L., Willis, L. H., & Reifeis, P. E. (2017). New clinical faculty training program: Transforming practicing dentists into part-time dental faculty members. *Journal of Dental Education, 81*(6), 658–666. doi:10.21815/JDE.016.030
- Adler, A. B., & Castro, C. A. (2019). Transitions: A theoretical model for occupational health and wellbeing. *Occupational Health Science, 3*, 105–123. doi:10.1007/s41542-019-00043-3
- Agger, C. A., Lynn, M. R., & Oermann, M. O. (2017). Mentoring and development resources available to new doctorally prepared faculty in nursing. *Nursing Education Perspectives, 38*(4), 189–192. doi:10.1097/01.NEP.0000000000000180
- Ahmad, C. N. C., Shaharim, S. A., & Abdullah, M. F. N. L. (2017). Teacher-student interactions, learning commitment, learning environment, and their relationship with student learning comfort. *Journal of Turkish Science Education, 14*(1), 57–72. doi:10.12973/tused.10190a
- Ahmed, M. H. (2018). Are good attributes of medical teachers more important than the learning style: A glimpse into the future of medical education and learning. *Journal of Public Health and Emergency, 2*(5), 1–6. doi:10.21037/jphe.2018.05.01

- Ahmed Khan, F. N., Ahmed, M. R., Khan, M. F., Raza, S. S., Hashmi, R., & Jawed, R. (2019). Learning style preference of undergraduate dental students. *Pakistan Oral & Dental Journal*, 38(4), 516–518. Retrieved from <http://www.podj.com.pk/index.php/podj/article/view/329>
- Ahn, Y.-H., & Choi, J. (2015). Factors affecting Korean nursing student empowerment in clinical practice. *Nurse Education Today*, 35, 1301–1306. doi:10.1016/j.nedt.2015.08.007
- Akareem, H. S., & Hossain, S. S. (2016). Determinants of education quality: What makes students' perceptions different? *Open Review of Educational Research*, 3(1), 52–67. doi:10.1080/23265507.2016.1155167
- Akram, S., & Hogan, A. (2015). On reflexivity and the conduct of the self in everyday life: reflections on Bourdieu and Archer. *British Journal of Sociology*, 66(4), 606–625. doi:10.1111/1468-4446.12150.
- Al-Ababneh, M. M. (2020). Linking ontology, epistemology, and research methodology. *Science & Philosophy*, 8(1), 75–91. doi:10.23756/sp.v8il.500
- Alanazi, A. A., Nicholson, N., & Thomas, S. (2017). The use of simulation training to improve knowledge, skills, and confidence among healthcare students: A systematic review. *Internet Journal of Allied Health Sciences and Practices*, 15(3), 1–24.
- Albano, M. G., d'Ivernois, J. F., de Andrade, V., & Levy, G. (2018). Patient education in dental medicine: A review of the literature. *European Journal of Dental Education*, 23(2), 110–118. doi:10.1111/eje.12409



- Aldosari, M. A., Aljabaa, A. H., Al-Sehaibany, F. S., & Albarakati, S. F. (2018). Learning style preferences of dental students at a single institution in Riyadh, Saudi Arabia, evaluated using the VARK questionnaire. *Advances in Medical Education and Practice, 9*, 179–186. doi:10.2147/AMEP.S157686
- Ali, M., Han, S. C., Bilal, H. S. M., Lee, S., Kang, M. J. Y., Kang, B. H., . . . Amin, M. B. (2018). iCBLS: An interactive case-based learning system for medical education. *International Journal of Medical Informatics, 109*, 55–69. doi:10.1016/j.ijmedinf.2017.11.004
- Al-Jewair, T., Herbert, A. K., Leggitt, V. L., Ware, T. L., Hogge, M., Senior, C., . . . Da Silva, J. D. (2019). Evaluation of faculty mentoring practices in seven U.S. dental schools. *Journal of Dental Education, 83*(12), 1392–1401. doi:10.2185/JDE.019.136
- Allari, R. S., Atout, M., & Hasan, A. A. (2020). The value of caring behavior and its impact on students' self-efficacy: Perceptions of undergraduate nursing students. *Nursing Forum, 55*(2), 259–266. doi:10.1111/nuf.12424
- Al-Madi, E. M., Celur, S. L., & Nasim, M. (2018). Effectiveness of methodology in a hybrid dentistry program to enhance student's knowledge and confidence: A pilot study. *BMC Medical Education, 18*(1), 1–6. doi:10.1186/s12909-018-1392-y
- Al-Nasiri, Y., Maskari, J. A., & Muniswamy, V. (2017). A quantitative research design to assess the preparedness of Omani novice nurse educators to assume the role of faculty. *International Journal of Nursing Education, 9*(4), 158–162. doi:10.5959/0974.2017.00116.7

- Alrahlah, A. (2016). How effective the problem-based learning (PBL) in dental education. A critical review. *The Saudi Dental Journal*, 28(4), 155–161.  
doi:10.1016/j.sdentj.2016.08.003
- AlThiga, H., Mohidin, S., Soo, Y. P., & Tekian, A. (2017). Preparing for practice: Nursing intern and faculty perceptions on clinical experiences. *Medical Teacher*, 39(sup1), s55–s62.  
doi:10.1080/0142159x.2016.1254739
- Ambusaidi, M., & Almaskari, M. (2021). Understanding the transition from clinical nurse to nurse educator in Oman. *EAS Journal of Nursing and Midwifery*, 3(1), 43–48.  
doi:10.36349/easjnm.2021.v03i01.007
- American Dental Association. (n.d.-a). *Dental hygienist: Job description*. Retrieved September 2, 2021, from <https://www.ada.org/en/education-careers/careers-in-dentistry/dental-team-careers/dental-hygienist>
- American Dental Association. (n.d.-b). *February is national children's dental health month*. Retrieved January 15, 2020, from <https://www.ada.org/en/public-programs/national-childrens-dental-health-month>
- American Dental Association. (n.d.-c). *What can a career in dental hygiene offer you?* Retrieved from [https://www.ada.org/~//media/ADA/Education%20and%20Careers/Files/hygienist\\_fact.pdf?la=en](https://www.ada.org/~//media/ADA/Education%20and%20Careers/Files/hygienist_fact.pdf?la=en)
- American Dental Education Association. (n.d.). *Dental hygiene by the numbers. 2018–2019 ADA survey of allied dental education*. Retrieved September 2, 2021, from [https://www.adea.org/GoDental/Future\\_Dental\\_Hygienists/Dental\\_hygiene\\_by\\_the\\_numbers.aspx](https://www.adea.org/GoDental/Future_Dental_Hygienists/Dental_hygiene_by_the_numbers.aspx)

- American Dental Education Association. (2019). Demand for dental hygiene educators' fuels new M.S.D.H program at UTSD. *Bulletin of Dental Educators*, 52(9).  
[https://aadsas.adea.org/ADEA/Blogs/Bulletin\\_of\\_Dental\\_Education/Demand\\_for\\_Dental\\_Hygiene\\_Educators\\_Fuels\\_New\\_M\\_S\\_D\\_H\\_Program\\_at\\_UTSD.html](https://aadsas.adea.org/ADEA/Blogs/Bulletin_of_Dental_Education/Demand_for_Dental_Hygiene_Educators_Fuels_New_M_S_D_H_Program_at_UTSD.html)
- American Dental Hygienists' Association. (n.d.). Important facts about dental hygienists.  
Retrieved from  
[https://www.adha.org/sites/default/files/72211\\_Important\\_Facts\\_About\\_Dental\\_Hygienists\\_1.pdf](https://www.adha.org/sites/default/files/72211_Important_Facts_About_Dental_Hygienists_1.pdf)
- American Dental Hygienists' Association. (2015). *Transforming dental hygiene education and the profession for the 21st century*. Retrieved from [https://www.adha.org/resources-docs/Transforming\\_Dental\\_Hygiene\\_Education.pdf](https://www.adha.org/resources-docs/Transforming_Dental_Hygiene_Education.pdf)
- American Dental Hygienists' Association. (2016). *Standards for clinical dental hygiene practice*. Retrieved from <https://www.adha.org/resources-docs/2016-Revised-Standards-for-Clinical-Dental-Hygiene-Practice.pdf>
- American Dental Hygienists' Association. (2020). *State licensure by credentials/endorsement chart*. Retrieved from [https://adha.org/resources-docs/75116\\_State\\_Licensure\\_Credentials\\_Endorsement\\_Chart.pdf](https://adha.org/resources-docs/75116_State_Licensure_Credentials_Endorsement_Chart.pdf)
- Anderson, I. (2016). Identifying different learning styles to enhance the learning experience. *Nursing Standard*, 31(7), 53–63. doi:10.7748/ns.2016.e10407
- Anderson, M. L., Goodman, J., & Schlossberg, N. K. (2012). *Counseling adults in transition* (4th ed). New York, NY: Springer Publishing.

- Anderson-Miner, L. (2017). *Positive transition experiences of clinical nurses moving into academia: A qualitative study* (Publication No. 10607123) [Doctoral dissertation, Capella University]. Retrieved from ProQuest Dissertations & Theses Global.
- Andrews, E. A. (2017). The future of interpersonal education and practice for dentists and dental education. *Journal of Dental Education*, *81*(8), eS186–eS192. doi:10.21815/JDE.017.026
- Arafeh, A. (2018). Online learning: Bridging the cultural gaps: A review of culture and online learning: Global perspectives and research. *eLearn Magazine*, *2018*(3). doi:10.1145/3192702.3185178
- Arghode, V., Brieger, E. W., & McLean, G. N. (2017). Adult learning theories: implications for online instruction. *European Journal of Training and Development*, *41*(7), 593–609. doi:10.1108/EJTD-02-2017-0014
- Arian, M., Soleimani, M., & Oghazian, M. B. (2018). Job satisfaction and the factors affecting satisfaction in nurse educators: A systematic review. *Journal of Professional Nursing*, *34*(5), 389–399. doi:10.1016/j.rofnurs.2018.07.004
- Arnesson, K., & Albinsson, G. (2017). Mentorship: A pedagogical method for integration of theory and practice in higher education. *Nordic Journal of Studies in Educational Policy*, *3*(3), 202–217. doi:10.1080/20020317.2017.1379346
- Arpey, N. C., Gaglioti, A. H., & Rosenbaum, M. E. (2017). How socioeconomic status affects patient perceptions of health care: A qualitative study. *Journal of Primary Care & Community Health*, *8*(3), 169–175. doi:10.1177/2150131917697439
- Artim, D. E., Smallidge, D., Boyd, L. D., August, J. N., & Vineyard, J. (2020). Attributes of effective clinical teachers in dental hygiene education. *Journal of Dental Education*, *84*(3), 308–315. doi:10.21815/JDE.019.188

- Asikainen, H., Blomster, J., & Virtanen, V. (2018). From functioning communality to hostile behavior: Students' and teacher's experiences of the teacher–student relationship in the academic community. *Journal of Further and Higher Education*, 42(5), 633–648.  
doi:10.1080/0309877X.2017.1302566
- Asiry, M. (2016). Learning styles of dental students. *The Saudi Journal for Dental Research*, 7(1), 13–17. doi:10.1016/j.sjdr.2015.02.002
- Atkins, A. (2019). *Faculty mentoring in an academic success program*. (Unpublished doctoral dissertation]. Arizona State University.
- August, J. N., Boyd, L. D., & Giblin-Scanlon, L. (2018). Bridging the theory-practice gap with dental hygiene instrumentation videos. *Journal of Dental Education*, 82(9), 961–967.  
doi:10.21815/JDE.018.095
- Bae, S., Shin, S., Jang, J., Chung, W., & Shin, B. (2016). Analysis of current status of a dental hygiene science curriculum according to the dental hygienist competency. *Journal of Korean Society of Dental Hygiene*, 16(2), 173–183. doi:10.13065/jksdh.2016.16.02.173
- Baer, H. (2016). *Public perception of the profession of dental hygiene* [Unpublished master's thesis]. The Ohio State University, Columbus, Ohio.
- Balasubramanian, M., Short, S. D., & Gallagher, J. E. (2018). Dental professionals for a new century: Transforming dentistry through interprofessional education and collaborative practice. *Indian Journal of Dental Research*, 29(4), 401–403.  
doi:10.4103/ijdr.IJDR\_495\_18
- Bandura, A. (1976). *Social learning theory*. Englewood Cliffs, NJ: Prentice-Hall.

- Bandura, A. (1994). Self-efficacy. In V. S. Ramachandran (Ed.), *Encyclopedia of human behavior* (Vol. 4, pp. 71–81). New York, NY: Academic Press. Retrieved from <http://www.uky.edu/~eushe2/Bandura/Bandura1994EHB.pdf>
- Banks, J. A. (2016). *Cultural diversity and education: Foundations, curriculum, and teaching* 6th ed.). New York, NY: Routledge.
- Barack, L. (2018, March 7). *Real-world examples help students connect learning*. K-12Dive. Retrieved from <https://www.educationdive.com/news/real-world-examples-help-students-connect-to-learning/518392/>
- Barclay, S. R. (2015). Turning transition into triumph: Applying Schlossberg’s transition model to career transition. In K. Maree & A. Di Fabio (Eds.), *Exploring new horizons in career counseling: Turning challenges into opportunities* (pp. 222–232). Boston, MA: Sense.
- Barclay, S. R. (2017). Schlossberg’s transition theory. In W. K. Killiam & S. Degges-White (Eds.), *College student development: Applying theory to practice on the diverse campus* (pp. 23–33). New York, NY: Springer.
- Barker, T. S., Smith, C. A., Waguespack, G. M., Mercante, D. E., & Gunaldo, T. P. (2018). Collaborative skill-building in dentistry and dental hygiene through intraprofessional education: Application of a quality improvement model. *Journal of Dental Hygiene*, 92(5), 14–21.
- Barradell, S., Peseta, T., & Barrie, S. (2018). “There’s so much to it”: The ways physiotherapy students and recent graduates experience practice. *Advances in Health Sciences Education: Theory and Practice*, 23(2), 387–406. doi:10.1007/s10459-017-9804-z.

- Barrett, J. L., Denegar, C. R., & Mazerolle, S. M. (2018). Challenges facing new educators: Expanding teaching strategies for clinical reasoning and evidence-based medicine. *Athletic Training Education Journal*, *13*(4), 359–366. doi:10.4085/1304359
- Barrett, J. L., Mazerolle, S. M., & Nottingham, S. L. (2017). Attributes of effective mentoring relationships for novice faculty members: Perspectives of mentors and mentees. *Athletic Training Educational Journal*, *12*(2), 152–162. doi:10.4085/1202152
- Bartee, R. L., & Dooley, L. (2019). African American veterans career transition using the Transition Goals, Plans, Success (GPS) program as a model for success. *Journal of Veterans Studies*, *5*(1), 1–13. doi:10.21061/jvs.v5i1.122
- Bartholomew, K. J., Ntoumanis, N., Mouratidis, A., Katatzi, E., Thøgersen-Ntoumani, C., & Vlachopoulos, S. (2018). Beware of your teaching style: A school-year-long investigation of controlling teaching and student motivational experiences. *Learning and Instruction*, *53*, 50–63. doi:10.1016/j.learninstruc.2017.07.006
- Bartle, E. K., Crivello, B. J., Bullock, J. L., & Ogbureke, E. I. (2020). Mentorship availability and needs for junior faculty members at the United States and Australian dental schools. *European Journal of Dental Education*, *24*(4), 790–798. doi:10.1111/eje.12570
- Bartle, E. K., & McGowan, K. M. (2020). Clinical supervisors' reflections on their role, training needs, and overall experience as dental educators. *European Journal of Dental Education*, *25*(2), 282–290. doi:10.1111/eje.12602
- Barton, A. J. (2018). Leadership and communication competencies in nursing: What are we missing? *Journal of Nursing Education*, *57*(5), 259–260. doi:10.3928/01484834-20180420-01

- Battersby, L. (2017). Education strategies that best engage generation Y students. *Canadian Journal of Dental Hygiene*, 51(3), 118–125.
- Battrell, A., Lynch, A., & Steinbach, P. (2016). The American dental hygienists' association leads the profession into the 21st-century workforce opportunities. *Journal of Evidence Based Dental Practice*, 16(Supp.), 4–10. doi:10.1016/j.jebdp.2016.01.013
- Batty, G. D., Jung, K. J., Mok, Y., Lee, S. J., Back, J. H., Lee, S., & Jee, S. H. (2018). Oral health and later coronary heart disease: Cohort study of one million people. *European Journal of Preventive Cardiology*, 25(6), 598–605. doi:10.1177/2047487318759112
- Bauer, C., Thomas, S., & Sim, C. (2017). Mature age professionals: Factors influencing their decision to make a career change into teaching. *Issues in Educational Research*, 27(2), 185–197. <http://www.iier.org.au/iier27/bauer.pdf>
- Bazmi, E., Alipour, A., Yasamy, M. T., Kheradmand, A., Salehpour, S., Khodakarim, S., & Soori, H. (2019). Job burnout and related factors among health sector employees. *Iranian Journal of Psychiatry*, 14(4), 309–316.
- Beek, G. J., Zuiker, I., & Zwart, R. C. (2019). Exploring mentors' roles and feedback strategies to analyze the quality of mentoring dialogues. *Teaching and Teacher Education*, 78, 15–27. doi:10.1016/j.tate.2018.10.006
- Begum, G. S., & Jabeen, A. (2017). Assessment of learning style preferences of first-year medical students at Mahavir institute of medical sciences. *International Journal of Biotechnology and Biochemistry*, 13(3), 261–273. [https://www.ripublication.com/ijbb17/ijbbv13n3\\_07.pdf](https://www.ripublication.com/ijbb17/ijbbv13n3_07.pdf)



- Behar-Horenstein, L. S., Garvan, C. W., Catalanotto, F. A., Su, Y., & Feng, X. (2016). Assessing faculty development needs among Florida's allied dental faculty. *Journal of Dental Hygiene*, *90*(1), 52–59. <https://jdh.adha.org/content/jdenthyg/90/1/52.full.pdf>
- Bell, A., Meyer, H., & Maggio, L. (2019). On the same page: Building best practices of peer coaching for medical education using nominal group technique. *MedEdPublish*. doi:10.15694/mep.2019.000095.1
- Bell, J., Marks, N., Hermann, J., & Klooster, A. (2017). Mentor us: A formal mentoring program for nurses in graduate education. *Quality Advancement in Nursing Education*, *3*(2), 1–14. doi:10.17483/2368-6669.1098
- Benbow, P., & Kanji, Z. (2019). Dental hygiene baccalaureate education: A national study of students' perceived value and intentions. *Canadian Journal of Dental Hygiene*, *53*(2), 89–99.
- Berglund, E., Westerling, R., & Lytsy, P. (2017). Social and health-related factors associated with refraining from seeking dental care: A cross-sectional population study. *Community Dentistry and Oral Epidemiology*, *45*(3), 258–265. doi:10.1111/cdoe.1228
- Berman, A. C. (2015). Good teaching is good teaching: A narrative review for effective medical educators. *Anatomical Sciences Education*, *8*(4), 386–394. doi:10.1002/ase.1535
- Bernard, J. S. (2015). The flipped classroom: Fertile ground for nursing education research. *International Journal of Nursing Education Scholarship*, *12*(1), 99–109. doi:10.1515/ijnes-2015-0005
- Bersell, C. H. (2017). Access to oral health care: A national crisis and call for reform. *Journal of Dental Hygiene*, *91*(1), 6–14.

- Berthelsen, H., Westerlund, H., Hakanen, J. J., & Kristensen, T. S. (2017). It is not just about occupation, but also about where you work. *Community Dentistry and Oral Epidemiology*, 45(4), 372–379. doi:10.1111/cdoe.12300
- Betihavas, V., Bridgman, H., Kornhaber, R., & Cross, M. (2016). The evidence for “flipping out”: A systematic review of the flipped classroom in nursing education. *Nurse Education Today*, 38, 15–21. doi:10.1016/j.nedt.2015.12.010
- Bharwani, A., Kline, T., & Patterson, M. (2019). Perceptions of effective leadership in a medical school context. *Canadian Medical Education Journal*, 10(3), e101–e106.
- Bidabadi, N. S., Isfahani, A. N., Rouhollahi, A., & Khalili, R. (2016). Effective teaching methods in higher education: Requirements and barriers. *Journal of Advancements in Medical Education and Professionalism*, 4(4), 170–178.
- Biku, T., Demas, T., Woldehawariat, N., Getahun, M., & Mekonnen, A. (2018). The effect of teaching without pedagogical training in St. Paul’s Hospital Millennium Medical College, Addis Ababa, Ethiopia. *Advances in Medical Education and Practice*, 9, 839–904. doi:10.2147/2FAMEP.S167944
- Bilal, Guraya, S. Y., & Chen, S. (2019). The impact and effectiveness of faculty development program in fostering the faculty’s knowledge, skills, and professional competence: A systematic review and meta-analysis. *Saudi Journal of Biological Sciences*, 26(4), 688–697. doi:10.1016/j.sjbs.2017.10.024
- Blakey, A. G., Smith-Han, K., Anderson, L., Collins, E., Berryman, E., & Wilkinson, T. (2019). “They cared about us students:” Learning from exemplar clinical teaching environments. *BMC Medical Education*, 19(119), 1–10. doi:10.1186/s12909-019-1551-9

- Blewett, K. (2018). *The role of feedback in teacher/student relationships* (Publication No. 10891670) [Doctoral dissertation, University of Cincinnati]. ProQuest Dissertations & Theses Global.
- Blitz, J., De Villiers, M., & Van Schalkwyk, S. (2018). Implication for faculty development for emerging clinical teachers at distributed sites: A qualitative interpretivist study. *Rural and Remote Health, 18*(2), 1–12. doi:10.22605/RRH4482
- Bohaty, B. S., Redford, G. J., & Gadbury-Amyot, C. C. (2016). Flipping the classroom: Assessment of strategies to promote student-centered, self-directed learning in a dental school course in pediatric dentistry. *Journal of dental education, 80*(11), 1319–1327.
- Bok, D. (2017, September 21). Improving the quality of education. *Inside Higher Ed*. Retrieved from <https://www.insidehighered.com/views/2017/09/21/how-improve-quality-higher-education-essay>
- Bomar, R. E., & Mulvihill, T. (2016). Educating educators: Perceptions of preceptors and clinical education coordinators regarding training at a division II athletic training program. *Athletic Training Education Journal, 11*(1), 10–17. doi:10.4085/110110
- Booth, T. L., Emerson, C. J., Hackney, M. G., & Souter, S. (2016). Preparation of academic nurse educators. *Nurse Education in Practice, 19*, 54–57. doi:10.1016/j.nepr.2016.04.006
- Boskey, E. (2020). The health belief model. *Behavioral Psychology*. Retrieved from <http://verywellmind.com/health-belief-model-3132721>
- Bourgeois, D., Saliasi, I., Dussart, C., Llodra, J. C., Tardivo, D., Laforest, L., . . . Carrouel, F. (2018). Educational outcomes of a new curriculum on interproximal oral prophylaxis for dental students. *PLoS One, 13*(10), e0204564. doi:10.1371/journal.pone.0204564

- Bouzanis, C. (2017). For reflexivity as an epistemic criterion of ontological coherence and virtuous social theorizing. *History of the Human Sciences, 30*(5), 125–146.  
doi:10.1177/0952695117724660
- Boyd, L. D., Mallonee, L. F., & Wyche, C. J. (2020). *Wilkins' clinical practice of the dental hygienist* (13th ed.). Burlington, MA: Jones & Bartlett Learning.
- Brady, S. R., & Spencer, M. S. (2018). Supporting and mentoring new social work instructors: A formative evaluation of the TEAM program. *Journal of the Scholarship of Teaching and Learning, 18*(2), 24–38. doi:10.14434/josotl.v18i2.22334
- Brame, J. L., AlGheithy, D. S., Platin, E., & Mitchell, S. H. (2017). Use of a self-instructional radiographic anatomy module for dental hygiene faculty calibration. *Journal of Dental Hygiene, 91*(3), 5–13. <https://jdh.adha.org/content/jdenthyg/91/3/5.full.pdf>
- Brannan, J. D., White, A., & Long, J. (2016). Learning styles: Impact on knowledge and confidence in nursing students in simulation and classroom. *International Journal of Nursing Education Scholarship, 13*(1), 63–73. doi:10.1515/ijnes-2015-0052
- Breck, B. M., Dennis, C. B., & Leedahl, S. N. (2018). Implementing reverse mentoring to address social isolation among older adults. *Journal of Gerontological Social Work, 61*(5), 513–525. doi:10.1080/01634372.2018.1448030
- Brenner, D. (2019). Phases and strategies for coping with biographical experiences of transformation. Results of the qualitative study “Patterns of coping with change.” In T. Druyen (Ed.), *Radical change in everyday life: Foundations of psychological future management* (pp. 167–199). Wiesbaden, Germany: Springer. doi:10.1007/978-3-658-25646-3

- Bress, L. E., Horowitz, A. M., Capobianco, D. M., Fleming, D. E., & Kleinman, D. V. (2019). Assessing dental hygiene students' and community caregivers' knowledge of strategies for caries prevention. *Journal of Dental Education*, 83(3), 351–358.  
doi:10.21815/JDE.019.022
- Brinkworth, M. E., McIntyre, J., Juraschek, A. D., & Gehlbach, H. (2018). Teacher-student relationships: The positives and negatives of assessing both perspectives. *Journal of Applied Developmental Psychology*, 55, 24–38. doi:10.1016/j.a[[dev.2017.09.002
- Broadbent, J. M., Zeng, J., Foster Page, L. A., Baker, S. R., Ramrakha, S., & Thomson, W. M. (2016). Oral health-related beliefs, behaviors, and outcomes through the life course. *Journal of Dental Research*, 95(7), 808–813. doi:10.1177/0022034516634663
- Brody, A. A., Edelman, L., Siegel, E. O., Foster, V., Bailey, D. E., Jr., Bryant, A. L., & Bond, S. M. (2016). Evaluation of a peer mentoring program for early career gerontological nursing faculty and its potential for application to other fields in nursing and health sciences. *Nursing Outlook*, 64(4), 332–338. doi:10.1016/j.outlook.2016.03.004
- Brookfield, S. D. (2015). *The skillful teacher: On technique, trust, and responsiveness in the classroom* (3rd ed.). San Francisco, CA: Jossey-Bass.
- Brown, T., & Sorrell, J. (2017). Challenges of novice nurse educator's transition from practice to classroom. *Teaching and Learning in Nursing*, 12(3), 207–211.  
doi:10.1016/j.teln.2017.03.002
- Browne, J., Webb, K., & Bullock, A. (2018). Making the leap to medical education: A qualitative study of medical educators' experiences. *Medical Education*, 52(2), 216–226.  
doi:10.1111/medu.13470

- Bureau of Labor Statistics. (n.d.). *Occupational outlook handbook: Dental hygienists*. Retrieved September 2, 2020, from <https://www.bls.gov/ooh/healthcare/dental-hygienists.htm>
- Burns, M. E., Houser, M. L., & Farris, K. L. (2018). Theory of planned behavior in the classroom: An examination of the instructor confirmation-interaction model. *Higher Education, 75*, 1091–1108. doi:10.1007/s10734-017-0187-0
- Calleros, C. (2016). *Cultural competency in the dental hygiene curricula: A survey*. [Unpublished masters' thesis]. The University of New Mexico, Albuquerque, NM.
- Cangelosi, P. R., Crocker, S., & Sorrell, J. M. (2009). Expert to novice: Clinicians learning new roles as clinical nurse educators. *Nursing Education Perspective, 30*(6), 367–371.
- Cantillon, P., D'Eath, M., De Grave, W., & Dornan, T. (2016). How do clinicians become teachers? A communities of practice perspective. *Advances in Health Sciences Education: Theory and Practice, 21*(5), 991–1008. doi:10.1007/s10459-016-9674-9
- Cantillon, P., Dornan, T., & De Grave, W. (2019). Becoming a clinical teacher: Identity formation in context. *Academic Medicine: Journal of the Association of American Medical Colleges, 94*(10), 1610–1618. doi:10.1097/ACM.0000000000002403
- Capacchione, L. (2019). *Dental hygiene curriculum and core competency development: A case study of one Ontario college program* (Publication No. 13900146)[Doctoral dissertation, University of Toronto]. ProQuest Dissertations & Theses Global.
- Carpenter, B. D., Sakai, E., Karel, M. J., Molinari, V., & Moye, J. (2016). Training for research and teaching in geropsychology: Preparing the next generation of scholars and educators. *Journal of Gerontology & Geriatrics Education, 37*(1), 43–61. doi:10.1080/02701960.2015.1115981

- Carr, D. M. (2020). *Transition challenges of novice nurse educators with formal or informal mentoring* (Publication No. 28263819) [Doctoral dissertation, William Carey University]. ProQuest Dissertations & Theses Global.
- Carter, A. G., Creedy, D. K., & Sidebotham, M. (2016). Efficacy of teaching methods used to develop critical thinking in nursing and midwifery undergraduate students: A systematic review of the literature. *Nurse Education Today, 40*, 209–218.  
doi:10.1016/j.nedt.2016.03.010
- Castleberry, A., & Nolen, A. (2018). Thematic analysis of qualitative research data: Is it as easy as it sounds? *Currents in Pharmacy Teaching and Learning, 10*(6), 807–815.  
doi:10.1016/j.cptl.2018.03.019
- Catalano, J. T. (2015). *Nursing now! Today's issues, tomorrow's trends* (7th ed.). Philadelphia, PA: F. A. Davis Company.
- Catlett, A. (2016). Attitudes of dental hygienists towards and independent practice and professional autonomy. *Journal of Dental Hygiene, 90*(4), 249–256.  
<https://jdh.adha.org/content/jdenthgy/90/4/249.full.pdf>
- Caulfield, J. (2019, September 6). *How to do thematic analysis*. Scribbr. Retrieved from <https://www.scribbr.com/methodology/thematic-analysis/#:~:text=Thematic%20analysis%20is%20a%20method,meaning%20that%20come%20up%20repeatedly>
- Centers for Disease Control and Prevention. (n.d.). Disparities in oral health. Retrieved January 11, 2020, from [https://www.cdc.gov/oralhealth/oral\\_health\\_disparities/index.htm](https://www.cdc.gov/oralhealth/oral_health_disparities/index.htm)

- Cents-Boonstra, M., Lichtwarck-Aschoff, A., Denessen, E., Aelterman, N., & Haerens, L. (2020). Fostering student engagement with motivating teaching: An observation study of teacher and student behaviors. *Research Papers in Education*, 1–26. doi:10.1080/02671522.2020.1767184
- Chaaban, Y., & Du, X. (2017). Novice teachers' job satisfaction and coping strategies: Overcoming contextual challenges at Qatari government schools. *Teaching and Teacher Education*, 67, 340–350. doi:10.1016/j.tate.2017.07.002
- Chan, Z. C. Y., Tong, C. W., & Henderson, S. (2017). Uncovering nursing students' views of their relationship with educators in a university context: A descriptive qualitative study. *Nurse Education Today*, 49, 110–114. doi:10.1016/j.nedt.2016.11.020
- Chen, H. C., O'Sullivan, P., Teherani, A., Fogh, S., Kobashi, B., & ten Cate, O. (2015). Sequencing learning experiences to engage different level learners in the workplace: An interview study with excellent clinical teachers. *Medical Teacher*, 37(12), 1090–1097. doi:10.3109/0142159X.2015.1009431
- Chen, M. M., Sandborg, C. I., Hudgins, L., Sanford, R., & Bachrach, L. K. (2016). A multifaceted mentoring program for junior faculty in academic pediatrics. *Teaching and Learning in Medicine*, 28(3), 320–328. doi:10.1080/10401334.2016.1153476
- Chen, M., Wright, C. D., Tokede, O., Yansane, A., Montasem, A., Kalenderian, E., . . . McNeil, D. W. (2019). Predictors of dental care utilization in north-central Appalachia in the USA. *Community Dentistry and Oral Epidemiology*, 47(4), 283–290. doi:10.1111/cdoe.12453



- Cheng, X., Lee, K. H., Chang, E. Y., & Yang, X. (2017). The “flipped classroom” approach: Stimulating positive learning attitudes and improving mastery of histology among medical students. *Anatomical Sciences Education*, *10*(4), 317–327. doi:10.1002/ase.1664
- Cherrstrom, C. A., & Alfred, M. V. (2020). Women’s midlife career transition to tenured/tenure-track faculty in adult education. *Adult Education Quarterly*, *70*(1), 44–63. doi:10.1177/0741713619867077
- Chivi, M. (n.d.). *Coping with transitions*. Westmont Psychological Services. Retrieved January 21, 2021, from <https://wellnessinmind.ca/blog/coping-with-transitions/>
- Chopra, V., Arora, V. M., & Saint, S. (2018). Will you be my mentor? Four archetypes to help mentees succeed in academic medicine. *JAMA Internal Medicine*, *178*(2), 175–176. doi:10.1001/jamainternmed.2017.6537
- Christensen, L. S., & Simmons, L. E. (2019). Development of the core competencies of clinical nurse educators. In T. Shellenbarger (Ed.), *Clinical nurse educator competencies: Creating an evidence-based practice for academic clinical nurse educators* (pp. 1–5). Philadelphia, PA: Wolters Kluwer.
- Christensen, L., & Simmons, L. E. (2019). The academic clinical nurse educator. *Nursing Education Perspectives*, *40*(3), 196. doi:10.1097/01.NEP.0000000000000509
- Christensen, L. S., & Simmons, L. E. (2020). *The scope of practice for academic nurse educators & academic clinical nurse educators* (3rd ed.). Philadelphia, PA: Wolters Kluwer.
- Chuenjitwongsa, S., Bullock, A., & Oliver, R. G. (2016). Roles and competencies for educators of undergraduate dental students: A discussion paper. *European Journal of Dental Education*, *22*(1), 47–56. doi:10.1111/eje.12243

- Chuenjitwongsa, S., Oliver, R. G., & Bullock, A. D. (2018). Developing educators of European undergraduate dental students: Towards an agreed curriculum. *European Journal of Dental Education*, 22(3), 179–191. doi:10.1111/eje.12306
- Chugai, O., Terenko, O., & Ogienko, O. (2017). Methods that work: Best practices of adult educators. *Adult Education*, 4(8), 72–77. doi:10.20535/2410-8286.109216
- Ciancio, M. J., Lee, M. M., Krumdick, N. D., Lencioni, C., & Kanjirath, P. P. (2017). Self-perceived knowledge, skill, attitudes, and use of evidence-based dentistry among practitioners transitioning to dental educators. *Journal of Dental Education*, 81(3), 271–277.
- Clabby, J. F. (2017). Enter as an outsider: Teaching organizational humility. *The International Journal of Psychiatry in Medicine*, 52(3), 219–227. doi:10.1177/0091217417730285
- Claessens, L. C. A., van Tartwijk, J., van der Want, A. C., Pennings, H. J. M., Verloop, N., den Brok, P. J., & Wubbels, T. (2015). Positive teacher-student relationships go beyond the classroom, problematic ones stay inside. *The Journal of Educational Research*, 110(5), 478–493. doi:10.1080/00220671.2015.1129595
- Clarke, T. (2017, February 8). Should you become a dental hygiene educator? *Dental Products Report*. Retrieved from <http://www.dentalproductsreport.com/hygiene/article/should-you-become-dental-hygiene-educator>
- Cleary, M., Jackson, D., Sayers, J. M., & Lopez, V. (2017). Building early academic career capacity through mentoring. *Issues in Mental Health Nursing*, 38(11), 917–973. doi:10.1080/01612840.2017.1392168
- Cohen-Miller, A. S., Shamatov, D., & Merrill, M. (2018). Effective teaching strategies: A brief overview. *Pedagogical Dialogue*, 1(23), 38–42.

- Coke, L., Otten, K., Staffileno, B., Minarich, L., & Nowiszewski, C. (2015). The impact of an oral hygiene educational module on patient practices and nursing documentation. *Clinical Journal of Oncology Nursing, 19*(1), 75–80. doi:10.1188/15.CJON.75-80.
- Collier, P. J. (2017). Why peer mentoring is an effective approach to promoting college student success. *Metropolitan Universities, 28*(3), 9–19. doi:10.18060/21539
- Colucci, E. (2016). “Focus groups can be fun”: The use of activity-oriented questions in focus group discussions. *Qualitative Health Research, 17*(10), 1422–1433. doi:10.1177/1049732307308129
- Commission on Dental Accreditation. (2018). *Accreditation standards for dental hygiene education programs*. Retrieved from [https://www.ada.org/~media/CODA/Files/2019\\_dental\\_hygiene\\_standards.pdf?la=en](https://www.ada.org/~media/CODA/Files/2019_dental_hygiene_standards.pdf?la=en)
- Contreras, O. A., Harrison, S., Stewart, D., Stewart, J., & Valachovic, R. W. (2018, October). *Our future faculty-the importance of recruiting students and residents to academic dentistry*. American Dental Education Association. Retrieved from <https://www.adea.org/policy/publications/ourfuturefaculty/>
- Cooley, S. S., & De Gagne, J. C. (2016). Transformative experience: Developing competence in novice nursing faculty. *The Journal of Nursing Education, 55*(2), 96–100. doi:10.3928/01484834-20160114-07
- Coplen, A. E., Bell, K., Aamodt, G. L., & Ironside, L. (2017). A mid-level dental provider in Oregon: Dental hygienists’ perceptions. *Journal of Dental Hygiene, 9*(15), 6–14.
- Cord, B. (2018). Team-based learning in management accounting: A comprehensive guide to flipping the classroom. *Journal of Higher Education Theory and Practice, 18*(4), 55–59. doi:10.33423/jhetp.v18i4.573

- Cotter, K. D., & Clukey, L. (2019). "Sink or swim": An ethnographic study of nurse educators in academic culture. *Nursing Education Perspectives*, 40(3), 139–143.  
doi:10.1097/01.NEP.0000000000000434
- Cramer, J. D., Chi, D. H., Schaitkin, B. M., Eibling, D. E., & Johnson, J. T. (2018). Teach the teacher: Training otolaryngology fellows to become academic educators. *The Laryngoscope*, 128(9), 2034–038. doi:10.1002/lary.27156
- Creswell, J. W. (2012). *Qualitative inquiry & research design: Choosing among five approaches* (3rd ed.). Thousand Oaks, CA: Sage.
- Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). Thousand Oaks, CA: Sage.
- Creswell, J. W. (2015). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research* (4th ed.). Upper Saddle River, NJ: Pearson.
- Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry & research design: Choosing among five approaches* (4th ed.). Thousand Oaks, CA: Sage.
- Cristancho, S., & Varpio, L. (2016). Twelve tips for early-career medical educators. *Medical Teacher*, 38(4), 358–363. doi:10.3109/0142159X.2015.1062084
- Crothers, A. J., Bagg, J., & McKerlie, R. (2017). The flipped classroom for pre-clinical dental skills teaching: A reflective commentary. *British Dental Journal*, 222(9), 709–713.  
doi:10.1038/sj.bdj.2017.409
- Crowley, J. P. (2018, February 5). Evidence-based community dental programs are improving health access now. *Modern Healthcare*. Retrieved from  
<https://www.modernhealthcare.com/article/20180205/SPONSORED/180209947/evidence-based-community-dental-programs-are-improving-health-access-now>

- Curry, J. R., Webb, A. W., & Latham, S. J. (2016). A content analysis of images of novice teacher induction: First-semester themes. *Journal of Educational Research & Practice*, 6(1), 43–65. doi:10.5590/JERAP.2016.06.1.04
- Damp, J. B., Dewey, C. M., Wells, Q., Horn, L., Kroop, S. F., & Mendes, L. (2017). Faculty development on clinical teaching skills: An effective model for the busy clinician. *Journal of Medical Education and Curricular Development*, 3, 187–191. doi:10.4137/JMECD.S40798
- Dana, C. A. (2019). *Transformation of the dental faculty to promote changes in dental education*. (Order No. 22617777) [Doctoral dissertation, Brigham Young University]. Retrieved ProQuest Dissertations & Theses Global.
- Darling-Hammond, L., Flook, L., Cook-Harvey, C., Barron, B., & Osher, D. (2019). Implications for educational practice of the science of learning and development. *Applied Developmental Science*, 24(2), 97–140. <https://doi.org/10.1080/10888691.2018.1537791>
- Darling-Hammond, L., Furger, R., Shields, P. M., & Sutchter, L. (2016). *Addressing California's emerging teacher shortage: An analysis of sources and solutions*. Learning Policy Institute. Retrieved from [https://sedn.senate.ca.gov/sites/sedn.senate.ca.gov/files/learning\\_policy\\_institute\\_ca\\_teacher\\_shortage.pdf](https://sedn.senate.ca.gov/sites/sedn.senate.ca.gov/files/learning_policy_institute_ca_teacher_shortage.pdf)
- Darling-Hammond, L., & Hyler, M. E. (2020). Preparing educators for the time of COVID ... and beyond. *European Journal of Teacher Education*, 43(3), 457–465. doi:10.1080/02619768.2020.1816961

- Darling-Hammond, L., Hyler, M. E., & Gardner, M. (2017). *Effective teacher professional development*. Learning Policy Institute. Retrieved from [https://learningpolicyinstitute.org/sites/default/files/product-files/Effective\\_Teacher\\_Professional\\_Development\\_REPORT.pdf](https://learningpolicyinstitute.org/sites/default/files/product-files/Effective_Teacher_Professional_Development_REPORT.pdf)
- Daugherty, H. N., & Kearney, R. C. (2017). Measuring the impact of cultural competence training for dental hygiene students. *Journal of Dental Hygiene*, *91*(5), 48–54.
- Davis, C. A., Essex, G., & Rowe, D. J. (2016). Perception and attitudes of dental hygiene educators about the establishment of doctoral education programs in dental hygiene. *Journal of Dental Hygiene*, *90*(6), 335–345.
- DeJonckheere, M., & Vaughn, L. M. (2019). Semistructured interviewing in primary care research: A balance of relationship and rigor. *Family Medicine and Community Health*, *7*(2), e000057. doi:10.1136/fmch-2018-000057
- Delacruz, N. M., Carlson, B. N., & Smith, B. S. (2020). Survey instrument development and validation to measure technology adoption in dental hygiene curriculum. *Journal of Dental Education*, *84*(4), 755–761. doi:10.1002/jdd.12168
- Delgado, A., McGill, C. M., & Rocco, T. S. (2020). Student perspectives on educational helping instructor-student relationships. *Adult Learning*. doi:10.1177/1045159520977728
- Della Ratta, C. B. (2015). Flipping the classroom with team-based learning in undergraduate nursing education. *Nursing Educator*, *40*(2), 71–74. doi:10.1097/NNE.0000000000000112
- Dellenges, M. A., & Curtis, D. A. (2017). Will a short training session improve multiple-choice item-writing quality by dental school faculty? A pilot study. *Journal of Dental Education*, *81*(8), 948–955. doi:10.21815/JDE.017.047

- Derblom, C., Hagman-Gustafsson, M.-L., & Gabre, P. (2016). Older people's descriptions of factors that facilitate and impede regular dental care A qualitative interview study. *International Journal of Dental Hygiene, 15*(4), 313–320. doi:10.1111/idh.12263
- DH Methods of Education, Inc. (2020). Clinical grading for all types of dental programs. Retrieved from [www.dhmethod.com/taleval-grading](http://www.dhmethod.com/taleval-grading)
- Dias-Lacy, S. L., & Guirguis, R. V. (2017). Challenges for new teachers and ways of coping with them. *Journal of Education and Learning, 6*(3), 265–272. doi:10.5539/jel.v6n3p265
- Diaz, J., Boyd, L., Giblin-Scanlon, L., & Smethers, R. (2021). Work experiences of male dental hygienists: A qualitative study. *Journal of Dental Hygiene, 95*(4), 6-13.
- Diaz, T., Navarro, J. R., & Chen, E. H. (2020). An institutional approach to fostering inclusion and addressing racial bias: Implication for diversity in academic medicine. *Teaching and Learning in Medicine, 32*(1), 110–116. doi:10.1080/10401334.2019.1670665
- Dicke, N. L., Hodges, K. O., Rogo, E. J., & Hewett, B. J. (2015). A survey of clinical faculty calibration in dental hygiene programs. *Journal of Dental Hygiene, 89*(4), 264–273.
- Dicke, T., Parker, P. D., Holzberger, D., Kunina-Habenicht, O., Kunter, M., & Leutner, D. (2015). Beginning teachers' efficacy and emotional exhaustion: Latent changes, reciprocity, and the influence of professional knowledge. *Contemporary Educational Psychology, 41*, 62–72. doi:10.1016/j.cedpsych.2014.22.003
- Dillender, M., Friedson, A., Gian, C., & Simon, K. (2019). Does the healthcare educational market respond to short-run local demand? *Economics of Education Review, 7*, 1–18. doi:10.1016/j.econedurev.2019.101932

- Dilly, C. K., Carlos, W. G., Hoffman-Longtin, K., Buckley, J., & Burgner, A. (2018). Bridging the gap for future clinician-educators. *The Clinical Teacher, 15*(6), 488–493.  
doi:10.1111/tct.12737
- Dolmans, D. H. J. M., Loyens, S. M. M., Marcq, H., & Gijbels, D. (2016). Deep surface learning in problem-based learning: A review of the literature. *Advances in Health Sciences Education: Theory and Practice, 21*(5), 1087–1112. doi:10.1007/s10459-015-9645-6
- Dong, Z., Liu, H., & Zheng, X. (2021). The influence of teacher-student proximity, teacher feedback, and near-seated peer groups on classroom engagement: An agent-based modeling approach. *PLoS One, 16*(1), e0244935. doi:10.1371/journal.pone.0244935
- Donitsa-Schmidt, S., & Ramot, R. (2020). Opportunities and challenges: Teacher education in Israel in the Covid-19 pandemic. *Journal of Education for Teaching, 46*(4), 586–595.  
doi:10.1080/02607476.2020.1799708
- Donlan, P. (2018). Developing affective domain learning in health professions education. *Journal of Allied Health, 47*(4), 289–295.
- Donovan, K. (2017). *Preparation and instructional competency needs of the new dental hygiene educator: A phenomenological study* (Order No. 10602228) [Doctoral dissertation, Pepperdine University]. Retrieved from ProQuest Central.
- Doyle, M. (2020). Yes to success: A guide to taking control of your career and time. *Academic Psychiatry, 44*, 471–472. doi:10.1007/s40596-020-01252-7
- Dunbar, G., Kavar, L. N., & Scruth, E. A. (2019). The transition from expert to novice and back to expert: Ensuring competent and safe practice. *Clinical Nurse Specialist, 33*(3), 106–109. doi:10.1097/NUR.0000000000000442



- Dunham, L., Dekhtyar, M., Gruener, G., CichoskiKelly, E., Deitz, J., Elliott, D., . . . Skochelak, S. E. (2017). Medical student perceptions of the learning environment in medical school change as students transition to clinical training in undergraduate medical school. *Teaching and Learning in Medicine, 29*(4), 383–391.  
doi:10.1080/10401334.2017.1297712
- Dunham–Taylor, J., Lynn, C. W., Moore, P., McDaniel, S., & Walker, J. K. (2008). What goes around comes around: Improving faculty retention through more effective mentoring. *Journal of Professional Nursing, 24*(6), 337–346. doi:10.1016/j.profnurs.2007.10.013
- Durdella, N. (2018). *Qualitative dissertation methodology: A guide for research design and methods*. Thousand Oaks, CA: Sage.
- Dutt, R. A., Bangera, S., Varun, N., & Padubidri, J. R. (2017). Change in learning preferences from pre-clinical to clinical course of undergraduate medical students: A longitudinal study. *Indian Journal of Physiology Pharmacology, 61*(1), 65–69.
- Dybowski, C., Sehner, S., & Harendza, S. (2017). Influence of motivation, self-efficacy, and situational factors on the teaching quality of clinical educators. *BMC Medical Education, 17*(84), 1–8. doi:10.1186/s12909-017-0923-2
- Edmonds, D. (2015, May 28). *More than half of college faculty are adjuncts: Should you care?* Forbes. Retrieved from <https://www.forbes.com/sites/noodleeducation/2015/05/28/more-than-half-of-college-faculty-are-adjuncts-should-you-care/?sh=66698e051600>
- Edussuriya, D., Ubhayasiri, S., Abeyesiriwardhana, N., & Wickramasinghe, M. (2016). Learning preferences of medical students: A study conducted at the University of Peradeniya, Sri Lanka. *Sri Lanka Journal of Medicine, 25*(1), 3–10.

- Eisenschmidt, E., & Oder, T. (2018). Does mentoring matter? On the way to collaborative school culture. *Educational Process: International Journal*, 7(1), 7–23.  
doi:10.22521/edupij.2018.71.1
- Eliades, A. B., Jakubik, L. D., Weese, M. W., & Huth, J. J. (2016). Mentoring practice and mentoring benefit 2: Teaching the job and competence—An overview and application to practice and using mentoring activities. *Pediatric Nursing*, 42(4), 191–192.
- Eller, J. L. (2016). *Investigating the supplemental instruction leader experience: A phenomenological study of undergraduate peer educator*. (Publication No. 10182907) [Doctoral dissertation, Liberty University]. Retrieved from ProQuest Central.
- Eller, J. L., & Milacci, F. A. (2017). Moving in, through, and out of the supplemental instruction (SI) leader experience. *The Supplemental Instruction Journal*, 3(1), 38–63.  
<https://info.umkc.edu/si/wp-content/uploads/2017/12/Compressed-siJ-Volume-Three-Issue-One.pdf>
- Enriquez, M. (2019). Call to action: Nurse educators needed, especially diverse ones. *Hispanic Health Care International*, 17(1), 2. doi:10.1177/1540415319828897
- Erlandson, D. A., Harris, E. L., Skipper, B. L., & Allen, S. D. (1993). *Doing naturalistic inquiry: A guide to methods*. Newbury Park, CA: Sage.
- Erlingsson, C., & Brysiewicz, P. (2017). A hands-on guide to doing content analysis. *African Journal of Emergency Medicine*, 7(3), 93–99. doi:10.1016/j.afjem.2017.08.001
- Evans, J. D. (2018). Why we became nurse educators: Findings from a nationwide survey of current nurse educators. *Nursing Education Perspectives*, 39(2), 61–65.  
doi:10.1097/01.NEP.0000000000000278

- Evans, L., Vanden Bosch, M. L., Harrington, S., Schoofs, N., & Coviak, C. (2019). Flipping the classroom in health care higher education: A systematic review. *Nurse Education, 44*(2), 74–78. doi:10.1097/NNE.0000000000000554
- Evans, N. J., Forney, D. S., & Guido-DiBrito, F. (1998). *Student development in college: Theory, research, and practice*. San Francisco, CA: Jossey-Bass.
- Fabry, G., & Härtl, A. (2017). Faculty development – Full steam ahead! *GMS Journal for Medical Education, 34*(4), Doc 50. doi:10.3205/zma001127
- Faden, A. A., Alsalhani, A. B., Idrees, M. M., Alshehri, M. A., Nassani, M. Z., & Kujan, O. B. (2018). Knowledge, attitudes, and practice behavior of dental hygienists regarding the impact of systemic diseases on oral health. *Saudi Medical Journal, 39*(11), 1139–1147. doi:10.15537/smj.2018.11.23267
- Fakude, N. Y. (2019, January 15). *The importance of understanding context in communication*. [Web log post]. Retrieved from <https://ntsikayezwefakude.medium.com/the-importance-of-understanding-context-in-communication-3f921f1b5b24>
- Falk, K., Falk, H., & Ung, E. J. (2016). When practice precedes theory: A mixed-methods evaluation of students' learning experiences in an undergraduate study program in nursing. *Nurse Education in Practice, 16*(1), 14–19. doi:10.1016/j.nepr.2015.05.010
- Fang, D., & Kesten, K. (2017). Retirements and succession of nursing faculty in 2016–2025. *Nursing Outlook, 65*(5), 633–642. doi:10.1016/j.outlook.2017.03.003
- Farmer, J., Peressini, S., & Lawrence, H. P. (2017). Exploring the role of the dental hygienist in reducing oral health disparities in Canada: A qualitative study. *International Journal of Dental Hygiene, 16*(2), e1–e9. doi:10.1111/idh.12276

- Faulkner, S. L., Watson, W. K., Pollino, M. A., & Shetterly, J. R. (2020). "Treat me like a person, rather than a number": University student perceptions of inclusive classroom practices. *Journal of Communication Education, 70*(1), 92–111.  
doi:10.1080/03634523.2020.1812680
- Feinberg, R., & Koltz, E. (2015). Getting started as a medical teacher in times of change. *Medical Science Educator, 25*, 69–74. doi:10.1007/s40670-014-0098-y
- Fernandez, T., Godwin, A., Doyle, J., Verdin, D., Boone, H., Kim, A., . . . Potvin, G. (2016, June). *More comprehensive and inclusive approaches to demographic data collection* [Paper presentation]. 2016 ASEE Annual Conference & Exposition, New Orleans, LA, United States. doi:10.18260/p.25751
- Fiedler, R., Degenhardt, M., & Engstrom, J. L. (2015). Systematic preparation for teaching in nursing doctor of philosophy program. *Journal of Professional Nursing, 31*(4), 305–310.  
doi:10.1016/j.profnurs.2015.02.009
- Fifer, P. (2019). Associate degree nursing students' perceptions of instructor caring. *Teaching and Learning in Nursing, 14*(2), 103–110. doi:10.1016/j.teln.2018.12.006
- Figlio, D. N., Schapiro, M. O., & Soter, K. B. (2015). Are tenure track professors better teachers? *The Review of Economics and Statistics, 97*(4), 715–724.  
doi:10.1162/REST\_a\_00529
- Fischer, D. J., O'Hayre, M., Kusiak, J. W., Somerman, M. J., & Hill, C. V. (2017). Oral health disparities: A perspective from the national institute of dental and craniofacial research. *American Journal of Public Health, 107*(S1), S36–S38. doi:10.2105/AJPH.2016.303622

- Fisher, A. K., Simmons, C., & Allen, S. C. (2019). Supporting and challenging student cognitions in the classroom. *Journal of Effective Teaching in Higher Education*, 2(1), 120–135. doi:10.36021/jethe.v2i1.33
- Fleckner, L. M., & Rowe, D. J. (2015). Assuring dental hygiene clinical competence for licensure: A national survey of dental hygiene program directors. *Journal of Dental Hygiene*, 89(1), 26–33.
- Fleerackers, A. (2019, February 22). *Careers in medicine: A comprehensive overview of the dominant career paths in the medical industry*. Career Explorer. Retrieved from <https://www.careerexplorer.com/careers-in-medicine>
- Folkers, K. (2016). An unexpected calling: From practitioner to educator. In: R. D. Saucier, N. G. Barnes, K. K. Folkers, F. B. Hoyt, L. M. Lindgren, L. L. Lohman, . . . S. Jacobsen (Eds.). *Reflections on life in higher education* (pp. 25–34). London, England: Palgrave Macmillan. doi:10.1057/9781137560452\_2
- Fones, A. C. (1926). The origin and history of the dental hygienist movement. *The Journal of the American Dental Association*, 13(12), 1809–1821. doi:10.14219/jada.archive.1926.0294
- Fontana, M., González-Cabezas, C., de Paralta, T., & Johnsen, D. C. (2017). Dental education required for the changing health care environment. *Journal of Dental Education*, 81(8), eS153–eS161. doi:10.21815/JDE.017.022
- Formicola, A. J. (2017a). Current state of dental education: Executive summary. *Journal of Dental Education*, 81(8), 1008–1014. doi:10.21815/JDE.017.053
- Formicola, A. J. (2017b). Trends in dental faculty of U.S. dental schools, 2003–04 to 2013–14. *Journal of Dental Education*, 81(8), eS33–eS40. doi:10.21815/JDE.017.005

- Formicola, A. J., Bailit, H. L., Weintraub, J. A., Fried, J. L., & Polverini, P. J. (2018). Advancing dental education in the 21st century: Phase 2 report on strategic analysis and recommendations. *Journal of Dental Education*, 82(10): eS1–eS32.  
doi:10.21815/JDE.018.109
- Foster, J. (2018). The transition from clinical practice to education. *British Journal of Midwifery*, 26(1), 51–55. <https://doi.org/10.12968/bjom.2018.26.1.51>
- Foster, S. (2019). Forward thinking with reverse mentoring. *British Journal of Nursing*, 28(8), 539. doi:10.12968/bjon.2019.28.8.539
- Fox, A. (2017). *The experience of nurse faculty new to a full-time academic role and intent to stay in academia* (Publication No. 10277299) [Doctoral dissertation, Widener University]. Retrieved from ProQuest Dissertations & Theses Global.
- Francis, A., Hills, C., MacDonald-Wicks, L., Johnston, C., James, D., Surjan, Y., & Warren-Forward, H. (2016). Characteristics of an ideal practice educator: Perspectives from undergraduate students in diagnostic radiography, nuclear medicine, nutrition, dietetics, occupational therapy, physiotherapy, and radiation therapy. *Radiography*, 22(4), 287–294. doi:10.1016/j.radi.2016.04.001
- Frantz, J., Rhoda, A., Murdoch-Eaton, D. B., Sandars, J., Marshall, M., & Burch, V. C. (2019). Understanding faculty development as capacity development: A case study from South Africa. *African Journal of Health Professions Education*, 11(2), 53–56.  
doi:10.7196/AJHPE.2019.v11i2.1120
- Fredricks, J. A., Filsecker, M., & Lawson, M. A. (2016). Student engagement, context, and adjustment: Addressing definitional, measurement, and methodological issues. *Learning and Instruction*, 43, 1–4. doi:10.1016/j.learninstruc.2016.02.002

- French, K. E., Perry, K. R., Boyd, L. D., & Giblin-Scanlon, L. J. (2018). Variations in periodontal diagnosis among clinicians: Dental hygienists' experiences and perceived barriers. *Journal of Dental Hygiene*, *92*(3), 23–30. <https://jdh.adha.org/content/92/3/23>
- Frenzel, A. C., Becker-Kurz, B., Pekrun, R., Goetz, T., & Lüdtke, O. (2018). Emotion transmission in the classroom revisited: A reciprocal effects model of teacher and student enjoyment. *Journal of Educational Psychology*, *110*(5), 628–639.  
doi:10.1037/edu0000228
- Fressola, M. C., & Patterson, G. E. (2017). *Transition from clinician to educator: A practical approach*. Burlington, MA: Jones & Barlett Learning.
- Fried, J. L., Maxey, H. L., Battani, K., Gurenlian, J. R., Byrd, T. O., & Brunick, A. (2017). Preparing the future dental hygiene workforce: Knowledge, skills, and reform. *Journal of Dental Education*, *81*(9s), eS45–eS54. doi:10.21815/jde.017.032
- Frisby, B. N., Beck, A.-C., Bachman, A. S., Byars, C., Lamberth, C., & Thompson, J. (2016). The influence of instructor-student rapport on instructors' professional and organizational outcomes. *Communication Research Reports*, *33*(2), 103–110.  
doi:10.1080/08824096.2016.1154834
- Fritz, E. (2018). Transition from clinical to educator roles in nursing: A integrative review. *Journal for Nurses in Professional Development*, *34*(2), 67–77.  
doi:10.1097/NND.0000000000000436
- Froneman, K., du Plessis, E., & Koen, M. (2016). Effective educator-student relationships in nursing education to strengthen nursing students' resilience. *Curationis*, *39*(1), 1–9.  
doi:10.4102/curations.v39i1.1595

- Fung, B., Fatahzadeh, M., Kirkwood, K. L., Hicks, J., & Timmons, S. R. (2018). Should dental schools invest in training predoctoral students for academic careers? Two viewpoints: Viewpoint 1: Dental schools should add academic careers training to their predoctoral curricula to enhance faculty recruitment, and viewpoint 2: Addition of academic careers training for all predoctoral students would be inefficient and ineffective. *Journal of Dental Education*, 82(4), 379–387. doi:10.21815/jde.018.035
- Fusch, P. I., & Ness, L. R. (2015). Are we there yet? Data saturation in qualitative research. *The Qualitative Report*, 20(9), 1408–1416. doi:10.46743/2160-3715/2015.2281
- Gadbury-Amyot, C. C., Overman, P. R., Grzesikowski, T., Tucker-Lively, F., Weinstein, G., & Haden, N. (2015). ADEA/AAL Institute for Allied Health Educators: Program evaluation. *Journal of Dental Education*, 79(5), 472–483. doi:10.1002/j.0022-0337.2015.79.5.tb05906.x
- Gadbury-Amyot, C. C., Smith, D. B., Overman, P. R., & Bunce, L. (2015). Faculty development at one midwestern dental school: A program evaluation. *Journal of Dental Education*, 9(10), 1177–1188. <https://pubmed.ncbi.nlm.nih.gov/26427777/>
- Gadson, A. (2018, August 21). Using role-play in community health. *Quality and Safety Education for Nurses Institute*. Retrieved from <https://qsen.org/using-role-play-in-community-health>
- Gaeta, M. L., Cavazos, J., Cabrera, M. D. R., & Rosário, P. (2018). Fostering oral hygiene habits and self-regulation skills: An intervention with preschool children. *Family & Community Health*, 41(1), 47–54. doi:10.1097/FCH.0000000000000171



- Gallo, D. J. (2018). Mentoring and first-year teacher supports: How do music educators measure up? *Bulletin of the Council for Research in Music Education*, 217, 7–26.  
<https://www.jstor.org/stable/10/5406/bulcouresmusedu.217.0007>
- Gamble Blakey, A., & Chambers, S. (2020). Friendly but not “friends”: Understanding and describing teach-student relationship for productive and safe small group work. *Focus on Health Professional Education*, 21(1), 57–76. doi:10.11157/fohpe.v21i1.284
- Gamez, S. I. (2017). *Moving in, moving through, and moving out: The transitional experiences of foster youth college students* (Publication no. 10285525) [Doctoral dissertation, California State University, Long Beach]. Retrieved from ProQuest Dissertations & Theses Global.
- Gardner, A. K., Waters, V., & McLaughlin, R. J. (2017). What do faculty in health professions need to be competent educators? Results from a school-wide needs assessment. *Journal of Allied Health*, 46(4), e77–e80.
- Gares, S. L., Kariuki, J. K., & Rempel, B. P. (2020). Community matters: Student-instructor relationships foster student motivation and engagement in an emergency remote teaching environment. *Journal of Chemical Education*, 97(9), 3332–3335.  
doi:10.1021/acs.jchemed.0c00635
- Garza, R., Reynosa, R., Werner, P., Duchaine, E. L., & Harter, R. (2018). Characterizing mentoring capital in a residency program through mentor’s voices. *Mentoring & Tutoring: Partnership in Learning*, 26(2), 226–244.  
doi:10.1080/13611267.2018.1472590

- Gazza, E. A. (2018). Alleviating the nurse faculty shortage: Designating and preparing the academic nurse educator as an advanced practice registered nurse. *Nursing Forum, 54*(2), 144–148. doi:10.1111/nuf.12307
- Gbogbo, S. (2020). Early motherhood: voices from female adolescents in the Hohoe Municipality, Ghana – a qualitative study utilizing Schlossberg’s transition theory. *International Journal of Qualitative Studies of Health and Well-being, 15*(1), 1–12. doi:10.1080/17482631.2020.1716620
- Gehlbach, H., Brinkworth, M. E., King, A. M., Hsu, L. M., McIntyre, J., & Rogers, T. (2016). Creating birds of similar feathers: Leveraging similarity to improve teacher-student relationships and academic achievement. *Journal of Educational Psychology, 108*(3), 342–352. doi:10.1037/edu0000042
- Gehlbach, H., & Robinson, C. D. (2016). Commentary: The foundational role of teacher-student relationships. In K. R. Wentzel & G. B. Ramani (Eds.), *Handbook of social influences in school contexts: Social-emotional, motivation, and cognitive outcomes* (pp. 230–238). New York, NY: Routledge. doi:10.4324/9781315769929
- Gerber, L. (2018). Understanding the nurse’s role as a patient advocate. *Nursing Standard, 48*(4), 55–58. doi:10.1097/01.NURSE.0000531007.02224.65
- Gess-Newsome, J., Taylor, J. A., Carlson, J., Gardner, A. L., Wilson, C. D., & Stuhlsatz, M. A. M. (2017). Teacher pedagogical content knowledge, practice, and student achievement. *International Journal of Science Education, 41*(7), 944–963. doi:10.1080/09500693.2016.1265158
- Ghandi, M., & Johnson, M. (2016). Creating more effective mentors: Mentoring the mentor. *AIDS and Behavior, 20* (Suppl 2), 294–303. doi:10.1007/s10461-016-1364-3

- Gibbs, G. R. (2018). *Analyzing qualitative data* (2nd ed.). London, England: SAGE.
- Gibbs, S. S., & Kulig, J. C. (2017). “We definitely are role models”: Exploring how clinical instructors influence nursing students’ attitudes towards older adults. *Nurse Education in Practice, 26*, 74–81. doi:10.1016/j.nepr.2017.07.006
- Gibson, S. J., Porter, J., Anderson, A., Bryce, A., Dart, J., Kellow, N., . . . Palermo, C. (2019). Clinical educators’ skills and qualities in allied health: A systematic review. *Medical Education, 53*(5), 432–442. doi:10.1111/medu.13782
- Gierach, M., Knuppe, M., Winterboer, V., & Randall, R. (2019). Creating a culture of caring: A collaborative academic-practice approach to clinical education. *Nursing Forum, 54*(3), 386–391. doi:10.1111/nuf.12340
- Gillette, C. M. (2017). Consideration of problem-based learning in athletic training education. *Athletic Training Education Journal, 12*(3), 195–201. doi:10.4085/1203195
- Ginevra, M. C., Di Maggio, I., Nota, L., & Soresi, S. (2017). Stimulating resources to cope with challenging times and new realities: effectiveness of career intervention. *International Journal for Educational and Vocational Guidance, 17*, 77–96. doi:10.1007/s10775-016-9331-0
- Glick, M. (2018). Dentistry at a crossroads. *Journal of the American Dental Association, 149*(7), 565–566. doi:10.1016/j.adaj.2018.05.009
- Goodrich, R. S. (2014). Transition to academic nurse educator: A survey exploring readiness, confidence, and locus of control. *Journal of Professional Nursing, 30*(3), 203–212. doi:10.1016/j.profnurs.2013.10.004

- Gordy, X. Z., Zhang, L., Sullivan, A. L., Bailey, J. H., & Carr, E. O. (2019). Teaching and learning in an active learning classroom: A mix-methods empirical cohort study of dental hygiene students. *Journal of Dental Education*, 83(3), 342–350.  
doi:10.21815/JDE.019.026
- Graber, J. S., Gaynor, B., Phillips, L., Haines, C., & Diefenbeck, C. (2020). Preparing the clinicians of tomorrow: Weaving integrated care across a doctor of nursing practice education. *Archives of Psychiatric Nursing*, 34(5), 325–329.  
doi:10.1016/j.apnu.2020.07.004
- Grassley, J. S., & Lambe, A. (2015). Easing the transition from clinician to nurse educator: An integrative literature review. *The Journal of Nursing Education*, 54(7), 361–366.  
doi:10.3928/01484834-20150617-01
- Grassley, J. S., Strohfus, P., & Lambe, A. C. (2016). Transition from clinical expert to novice academic nurse educator: A metasynthesis of qualitative evidence. *International Journal of Evidence-Based Healthcare*, 14(4), 366–374.  
doi:10.1097/01.XEB.0000511337.49671.co
- Griewatz, J., Simon, M., & Lammergind-Koeppel, M. (2017). Competency-based teacher training: A systematic revision of a proven program in medical didactics. *GMS Journal for Medical Education*, 34(4), 1–21. doi:10.3205/zma001121
- Groccia, J. E., & Ford, C. R. (2020). Preparing the academy for the evolution of healthcare education. *New Directions for Teaching and Learning*, 2020(162), 13–30.  
doi:10.1002/tl.20388
- Grover, A. (2019, July 6). *Do you want to be a dental hygiene educator?* Today's RDH. Retrieved from <https://todaysrdh.com/do-you-want-to-be-a-dental-hygiene-educator>

- Guberman, A., Ulvik, M., MacPhail, A., & Oolbekkink-Marchand, H. (2020). Teacher educators' professional trajectories: Evidence from Ireland, Israel, Norway, and the Netherlands. *European Journal of Teacher Education*, 1–18. doi:10.1080/02619768.2020.1793948
- Guillaume, A., & Verjee, M. (2019). What is play really about? Learning through play. In G. Chinara (Ed.), *Clinical simulation: Education, operations, and engineering* (2nd ed., pp. 157–169). San Diego, CA: Academic Press. doi:10.1016/B978-0-12-815657-5.00012-7
- Guillen, D. E. F. (2019). Qualitative research: Hermeneutical phenomenological method. *Propósitos y Representaciones*, 7(1), 201–229. doi:10.20511/pyr2019.v7n1.267
- Guze, P. A. (2015). Using technology to meet the challenges of medical education. *Transactions of the American Clinical and Climatological Association*, 126, 260–270.
- Haag, D. G. (2017). *Dimensions of oral conditions and health-related quality of life among adults: A population-based study* [Doctoral thesis, The University of Adelaide]. Retrieved from University of Adelaide, Adelaide Dental School at <http://hdl.handle.net/2440/112982>
- Haefner, D. P. (1974). The health belief model and preventive dental behavior. *Health Education Monographs*, 2(4), 420–432. doi:10.1177/109019817400200408
- Hagenauer, G., Gläser-Zikuda, M., & Volet, S. E. (2016). University teachers' perceptions of appropriate emotion display and high-quality teacher-student relationship: Similarities and differences across cultural-educational contexts. *Frontline Learning Research*, 4(3), 44–74. doi:10.14786/flv.v4i3.236
- Hahn, R. A., & Truman, B. I. (2015). Education improves public health and promotes health equity. *International Journal of Health Services*, 45(4), 657–678. doi:10.1177/0020731415585986

- Haim, O., & Amdur, L. (2016). Teacher perspectives on their alternative fast-track induction. *Teaching Education, 27*(4), 343–370. doi:10.1080/10476210.2016.1145204
- Hakes, H. (2020, June 16). *The history of dental hygiene: Development through the years*. Today's RDH. Retrieved from <https://www.todaysrdh.com/the-history-of-dental-hygiene-development-through-the-years>
- Halcomb, E., Jackson, D., Daly, J., Gray, J., Salamonson, Y., Andrew, S., & Peters, K. (2015). Insights on leadership from early-career nurse academics: Findings from a mixed-methods study. *Journal of Nursing Management, 24*(2), E155–E163. doi:10.1111/jonm.12317
- Halstead, J. A., & Frank, B. (2018). *Pathways to a nursing education career: Transitioning from practice to academia* (2nd ed.). New York, NY: Springer.
- Han, E., & Klein, K. C. (2019). Pre-class learning methods for flipped classrooms. *American Journal of Pharmaceutical Education, 83*(1), 40–49. doi:10.5688/ajpe6922
- Han, J., Ahn, E., & Hwang, J. (2019). Effects of critical thinking and communication skills on the problem-solving ability of dental hygiene students. *Journal of Dental Hygiene Science, 19*(1), 31–38. doi:10.17135/jdhs.2019.19.1.31
- Harden, R. M., & Laidlaw, J. M. (2017). *Essential skills for a medical teacher: An introduction to teaching and learning in medicine* (2nd ed.). New York, NY: Elsevier.
- Harden, R. M., & Lilley, P. (2018). *The eight roles of the medical teacher: The purpose and function of a teacher in the healthcare professions*. Philadelphia, PA: Elsevier.
- Harper-McDonald, B., & Gillian, T. (2020). Expert nurse to novice academic: Reflections on the first year of transition from practitioner to academic. *Nurse Education Today, 90*, 1–4. doi:10.1016/j.nedt.2020.104431

- Harris, A. (2019, April 8). The death of an adjunct. *The Atlantic*. Retrieved from <https://www.theatlantic.com/education/archive/2019/04/adjunct-professors-higher-education-thea-hunter/586168/>
- Harris, J. (2019). Challenges of nursing faculty retention. *The Midwest Quarterly*, 60(3), 251–269.
- Hartley, M. (2016, November 8). Did Dr. Fones' vision for dental hygiene stay the course? *DentistryIQ*. Retrieved from <https://www.dentistryiq.com/dental-hygiene/article/16352390/did-dr-fones-vision-for-dental-hygiene-stay-the-course>
- Hassan, B., Jamil, B., Waheed, N., Sarwar, N., Abid, S. & Daud, F. (2019). Challenges faced by medical educators at their workplace: A qualitative study. *International Journal of Psychology*, 17(2), 89–95.
- Hawk, T. F. (2017). Getting to know your students and an educational ethic of care. *Journal of Management Education*, 41(5), 669–686. doi:10.1177/1052562917716488
- Hayre, M. (2015). Thinking about a career in dental hygiene education? *Canadian Journal of Dental Hygiene*, 49(2), 51–54.
- Heeg, J., Hundertmark, S., & Schanze, S. (2020). The interplay between individual reflection and collaborative learning – Seven essential features for designing fruitful classroom practices that develop students' individual conceptions. *Chemistry Education Research Practice*, 22, 765–788. doi:10.1039/c9rp00175a
- Heikonen, L., Toom, A., Phyältö, K., Pietarinen, J., & Soini, T. (2017). Student-teachers' strategies in classroom interaction in the context of the teaching practicum. *Journal of Education for Teaching: International Research and Pedagogy*, 43(3), 1–16. doi:10.1080/02607476.2017.1355080

- Helmich, E., Boerebach, B. C. M., Arah, O. A., & Lingard, L. (2015). Beyond limitations: Improving how we handle uncertainty in health professions education research. *Medical Teacher, 37*(11), 1043–1050. doi:10.3109/0142159x.2015.1073239
- Henderson, D., Sewell, K. A., & Wei, H. (2019). The impacts of faculty caring on nursing students' intent to graduate: A systematic literature review. *International Journal of Nursing Science, 7*(1), 105–111. doi:10.1016/j.ijnss.2019.12.009
- Hendricson, W. D., Seitz, S., & English, D. K. (2019). Case report of a program to enhance dental students' interest in academic dentistry. *Journal of Dental Education, 83*(9), 1047–1056. doi:10.21815/JDE.019.097
- Hennink, M. M., Kaiser, B. N., & Marconi, V. C. (2017). Code saturation versus meaning saturation: How many interviews are enough? *Qualitative Health Research, 27*(4), 591–608. doi:10.1177/1049732316665344
- Henríquez-Tejo, R B., & Cartes-Velásquez, R. A. (2016). Patients' perception about dentists: A literature review. *Odontoestomatología, 17*(27), 15–22.  
[http://www.scielo.edu.uy/pdf/ode/v18n27/en\\_v18n27a03.pdf](http://www.scielo.edu.uy/pdf/ode/v18n27/en_v18n27a03.pdf)
- Henry, A., & Thorsen, C. (2018). Teacher-student relationships and L2 motivation. *Modern Language Journal, 102*(1), 218–241. doi:10.1111/modl.12446
- Hew, K. F., & Lo, C. K. (2018). Flipped classroom improves student learning in health professions education: A meta-analysis. *BMC Medical Education, 18*(1), 1–12. doi:10.1186/s12909-018-1144-z
- Hicks, J. L., Hendricson, W. D., Partida, M. N., Rugh, J. D., Littlefield, J. H., & Jacks, M. E. (2013). Career transition and dental school faculty development program. *Texas Dental Journal, 130*(11), 1115–1122.



- Hinck, A., & Tighe, J. (2020). From the other side of the desk: Students' discourses of teaching and learning. *Communication Education, 69*(1), 1–18.  
doi:10.1080/03634523.2019.1657157
- Hinderer, K. A., Jarosinski, J. M., Seldomridge, L.A., & Reid, T. P. (2016). From expert clinician to nurse educator: Outcomes of a faculty academy initiative. *Nurse Educator, 41*(4), 194–198. doi:10.1097/NNE.0000000000000243
- Hitch, D., & Nicola-Richmond, K. (2017). Instructional practices for evidence-based practice with pre-registration allied health students: A review of recent research and developments. *Advances in Health Science Education, 22*, 1031–1045.  
doi:10.1007/s10459-016-9702-9
- Hodgkins, C. J., Boyd, L. D., Vineyard, J., Simlyanski, I., & Dominick, C. (2019). Factors affecting part-time dental hygiene faculty members' intent to stay in education. *Journal of Dental Education, 83*(4), 409–417. doi:10.21815/JDE.019.185
- Hoefler, S. H., Sterz, J., Bender, B., Stefanescu, M.-C., Thesis, M., Walcher, F., . . . Ruessler, M. (2017). Conveying practical clinical skills with the help of teaching associates-a randomized trial with focus on the long-term learning retention. *BMC Medical Education, 17*(1), 1–7. doi:10.1186/s12909-017-0892-5
- Hoeksel, R., Eddy, L. L., Dekker, L., & Doutrich, D. (2019). Becoming a transformative nurse educator: Finding safety and authenticity. *International Journal of Nursing Education Scholarship, 16*(1), 1–9. doi:10.1515/ijnes-2018-0073
- Hofer, D., Gartenmann, S. J., Wiedemeier, D. B., Sener, B., Attin, T., & Schmidlin, P. R. (2019). Preclinical competency in scaling/root planning: Comparing dental and dental hygiene student's outcomes. *Swiss Dental Journal, 129*(3), 186–191.

- Hoffman, D. M. E. (2019). Transitional experiences: From clinical nurse to nurse faculty. *The Journal of Nursing Education*, 58(5), 260–265. doi:10.3928/01484834-20190422-03
- Hoffman, M. (2018). *English language learners in dental hygiene courses: How best practices might improve success* [Master's thesis, University of Wisconsin-Platteville]. Retrieved from <https://minds.wisconsin.edu/handle/1793/78754>
- Hoge, D. M. (2016). *The relationship between teachers' instructional practices, professional development, and student achievement* (Publication No. 10103179) [Doctoral dissertation, University of Nebraska at Omaha]. Retrieved from ProQuest Dissertations & Theses Global.
- Holme, R., Robb, A., & Berry, W. (2016). Becoming a teacher educator: The motivational factors. *European Journal of Teacher Education*, 39(3), 340–354.  
doi:10.1080/026197968.2016.1194391
- Hong, J., Day, C., & Greene, B. (2018). The construction of early career teachers' identities: coping or managing? *Teacher Development*, 22(2), 249–266.  
doi:10.1080/13664530.2017.1403367
- Hopkins, R. M., Regehr, G., & Pratt, D. D. (2017). A framework for negotiating positionality in phenomenological research. *Medical Teacher*, 39(1), 20–25.  
doi:10.1080/0142159X.2017.1245854
- Hoque, M. (2016). Three domains of learning: Cognitive, affective, and psychomotor. *The Journal of EFL Education and Research*, 2(2), 45–52.
- Howard, S. W., Scharff, D. P., & Loux, T. M. (2017). Flipping classrooms in a school of public health. *Frontiers in Public Health*, 5, 1–7. doi:10.3389/fpubh.2017.00073

- Howarth, S. J., Grondin, D. E., La Delfa, N. J., Cox, J., & Potvin, J. R. (2016). Working position influences the biochemical demands on the lower back during dental hygiene. *Ergonomics*, *59*(4), 545–555. doi:10.1080/00140139.2015.1077274
- Howe, B. J., Allareddy, V., Barwacz, C. A., Parker, I. R., Straub-Morarend, C. L., & Holmes, D. C. (2017). Retention and recruitment of general dentists in an adjunct teaching model: A pilot study. *PLoS ONE*, *12*(7), e0181602. doi:10.1371/journal.pone.0181602
- Hudson, P. (2016). Forming the mentor-mentee relationship. *Mentoring & Tutoring: Partnership in Learning*, *24*(1), 30–43. doi:10.1080/13611267.2016.1163637
- Hughes, M. K., & Kurtzman, G. M. (2015, September 13). Where do we grow from here? *Detistry Today*. Retrieved from <https://www.dentistrytoday.com/news/item/378-where-do-we-grow-from-here>
- Humann, P., & Rowe, D. J. (2015). Relationship of musculoskeletal disorder to pain to patterns of clinical care in California dental hygienists. *Journal of Dental Hygiene*, *89*(5), 305–312.
- Hunter, J., & Hayter, M. (2019). A neglected transition in nursing: The need to support the move from clinician to academic properly. *Journal of Advanced Nursing*, *75*(9), 1820–1822. doi:10.1111/jan.14075
- Hyden, P. H. (2017). *The assessment of a school-based dental program* [Doctoral dissertation, University of New Mexico]. Retrieved from [https://digitalrepository.unm.edu/cgi/viewcontent.cgi?article=1019&context=dehy\\_etds](https://digitalrepository.unm.edu/cgi/viewcontent.cgi?article=1019&context=dehy_etds)
- Ilic, D., Harding, J., Allan, C., & Diug, B. (2016). What are the attributes of a good health educator? *International Journal of Medical Education*, *7*, 206–211. doi:10.5116/ijme.5765.0b6a

- Irby, D. M., & O'Sullivan, P. S. (2018). Developing and rewarding teachers as educators and scholars: Remarkable progress and daunting challenges. *Medical Education*, *52*(1), 58–67. doi:10.1111/medu.13379
- Itow, R. C. (2020). Fostering valuable learning experiences by transforming current teaching practices: Practical pedagogical approaches from online practitioners. *Information and Learning Sciences*, *121*(5/6), 443–452. doi:10.1108/ILS-04-2020-0106
- Jackson, S. C., Bilich, L. A., & Skuza, N. (2018). The benefits and challenges of collaborative learning: Educating dental and dental hygiene students together. *Journal of Dental Education*, *82*(12), 1279–1286. doi:10.21815/JDE.018.134
- Jäger, R., van den Berg, N., Hoffman, W., Jordan, R. A., & Schwendicke, F. (2016). . *Community Dentistry and Oral Epidemiology*, *44*(2), 169–179. doi:10.1111/cdoe.12202
- Jakubik, L. D., Eliades, A. B., Weese, M. W., & Huth, J. J. (2016). Mentoring practice and mentoring benefit 4: Supporting the transition and professional growth: An overview and application to practice using mentoring activities. *Pediatric Nursing*, *42*(5), 252–253.
- Jakubik, L. D., Weese, M. M., Eliades, A. B., & Huth, J. J. (2017). Mentoring in the career continuum of a nurse: Clarifying purpose and timing. *Pediatric Nursing*, *43*(3), 149–152.
- Jaroneski, L. A., & Przymusinski, L. A. (2019). *So, you want to teach clinical? A guide for new nursing clinical instructors*. London: Routledge. doi:10.4324/9780429462320
- Jarosinski, J. M., Seldomridge, L. A., Reid, T. P., & Hinderer, K. A. (2020). “Learning how to teach” in nursing: Perspectives of clinicians after a formal academy. *Nurse Educator*, *45*(1), 51–55. doi:10.1097/NNE.0000000000000662

- Javadi, A., Mohammadi, Y., & Akbari, N. (2017). The condition of learning styles, student engagement and its relationship with academic progress in Birjand University of Medical Sciences. *Future of Medical Education Journal*, 7(2), 23–28.  
doi:10.22038/fmej.2017.8910
- Jeffers, S., & Mariani, B. (2017). The effect of a formal mentoring program on career satisfaction and intent to stay in the faculty role for novice nurse faculty. *Nursing Education Perspectives*, 38(1), 18–22. doi:10.1097/01.NEP.0000000000000104
- Jeong, Y. N., Natto, Z. S., Marks, M., & Karimbux, N. (2020). Development and implementation of a clinical dental faculty evaluation instrument. *Journal of Dental Education*, 84(3), 323–328. doi:10.21815/JDE.019.175
- Jetha, F., Boschma, G., & Clauson, M. (2016). Professional development needs of novice nursing clinical teachers: A rapid evidence assessment. *International Journal of Nursing Education Scholarship*, 13, 1–10. doi:10.1515/ijnes-2015-0031
- Jeung, D., Lee, H., Chung, W. G., Yoon, J., Koh, S. B., Back, C., . . . Chang, S. (2017). Association of emotional labor, self-efficacy, and type a personality with burnout in Korean dental hygienists. *Journal of Korean Medical Science*, 32(9), 1423–1430.  
doi:10.3346/jkms.2017.32.9.1423
- Joelson, R. B. (n.d.0). *Managing difficult life transitions*. Retrieved January 15, 2020, from <https://richardbjoelsonsw.com/articles/managing-difficult-life-transitions/>
- Johnsen, D. C., Williams, J. N., Baughman, P., Roesch, D., & Feldman, C. (2015). New dental accreditation standard on critical thinking: A call for learning models, outcomes, assessments. *Journal of Dental Education*, 79(10), 1137–1139. doi:10.1002/j.0022-0337.2015.79.10.tb06007.x

- Johnston, C., Ganas, J., Jeong, Y. N., Nevius, A., Bassir, S. H., & Dragan, I. F. (2019). Faculty development initiatives in academic dentistry: A systemic review. *Journal of Dental Education, 83*(9), 1107–1117. doi:10.21815/JDE.019.096
- Joint Commission on National Dental Examinations. (2019). *NBDHE case development guide*. Retrieved from [https://www.ada.org/~media/JCNDE/pdfs/nbdhe\\_case\\_guide.pdf?la=en](https://www.ada.org/~media/JCNDE/pdfs/nbdhe_case_guide.pdf?la=en)
- Joint Commission on National Dental Examinations. (2020). *National Board Dental Hygiene Examination (NBDHE) 2020 candidate guide*. Retrieved from [https://www.ada.org/~media/JCNDE/pdfs/2020\\_NBDHE\\_Guide.pdf](https://www.ada.org/~media/JCNDE/pdfs/2020_NBDHE_Guide.pdf)
- Jones, C. L., Jensen, J. D., Scherr, C. L., Brown, N. R., Christy, K., & Weaver, J. (2015). The health belief model as an explanatory framework in communication research: Exploring parallel, serial, and moderated mediation. *Health Communication, 30*(6), 566–576. doi:10.1080/10410236.2013.873363
- Jones, V. E., Karydis, A., & Hottel, T. L. (2017). Dental and dental hygiene intraprofessional education: A pilot program and assessment of students' and patients' satisfaction. *Journal of Dental Education, 81*(10), 1203–1211. doi:10.21815/JDE.017.058
- Jongbloed-Zoet, C. (2020). The role of the dental hygienist in promoting oral health. *International Journal of Dental Hygiene, 18*(2), 127. doi:10.1111/idh.12436
- Jopson, J. L., Ireland, A. J., Sandy, J. R., & Neville, P. (2019). Why dentists should consider a career in orthodontic academia. *British Dental Journal, 227*(8), 741–746. doi:10.1038/s41415-019-0780-y
- Jorgenson, D. A., Farrell, L. C., Fudge, J. L., & Pritchard, A. (2018). College connectedness: The student perspective. *Journal of the Scholarship of Teaching and Learning, 18*(1), 75–95. doi:10.14434/josotl.v18i1.22371

- Kafle, N. (2013). Hermeneutic phenomenological research method simplified. *Bodhi: An Interdisciplinary Journal*, 5(1), 181–200. doi:10.3126/bodhi.v5i1.8051
- Kahu, E. R., & Nelson, K. (2018). Student engagement in the educational interface: Understanding the mechanisms of student success. *Higher Education Research & Development*, 37(1), 58–71. doi:10.1080/07294360.2017.1344197
- Kahu, E., Nelson, K., & Picton, C. (2017). Student interest as a key driver of engagement for first-year students. *Student Success*, 8(2), 55–66. doi:10.5204/ssj.v8i2.379
- Kalensky, M., & Hande, K. (2017). Transition from expert clinician to novice faculty: A blueprint for success. *The Journal for Nurse Practitioners*, 13(9), e433–e439. doi:10.1016/j.nurpra.2017.06.005
- Kali, Y., Sagy, O., Benichou, M., Atias, O., & Levin-Peled, R. (2019). Teaching expertise reconsidered: The Technology, Pedagogy, Content, and Space (TPeCS) knowledge framework. *British Journal of Educational Technology*, 50(5), 2162–2177. doi:10.1111/bjet.12847
- Kane, S. F. (n.d.). The effects of oral health on systemic health. Retrieved from <https://dentalwellnesscenterofbirmingham.com/the-effects-of-oral-health-on-systemic-health/>
- Kanji, Z., & Laronde, D. M. (2018a). Career outcome of dental hygiene baccalaureate education: A study of graduates' professional opportunities, further education, and job satisfaction. *Journal of Dental Education*, 82(8), 809–818. doi:10.21815/JDE.018.075
- Kanji, Z., & Laronde, D. M. (2018b). Motivating influences and ability-based outcomes of dental hygiene baccalaureate education in Canada. *International Journal of Dental Hygiene*, 16(3), 329–339. doi:10.1111/idh.12330

- Kanji, Z., Pidgeon, M., & Nilson, M. (2019). Selecting a Bachelor of Dental Science degree in dental hygiene: Stories shared from a narrative inquiry. *Journal of Dental Hygiene*, 93(4), 44–52.
- Karimbux, N. Y. (2015). The development of faculty in dental education. *Journal of Dental Education*, 79(10), 1135–1136. doi:10.1002/j.0022-0337.2015.79.10.tb06006.x
- Karimbux, N. Y. (2016). “Perspectives” on dental education. *Journal of Dental Education*, 80(10), 1159–1160. doi:10.1002/j.0022-0337.2016.80.10.tb06197.x
- Karimi, M. N., & Norouzi, M. (2017). Scaffolding teacher cognition: Changes in novice L2 teachers’ pedagogical knowledge base through expert mentoring initiatives. *System*, 65, 38–48. doi:10.1016.j.system.2016.12.015
- Kashetty, M., Kumbhar, S., Patil, S., & Patil, P. (2018). Oral hygiene status, gingival status, periodontal status, and treatment needs among pregnant and nonpregnant women: A comparative study. *Journal of Indian Society of Periodontology*, 22(2), 164–170. doi:10.4103/jisp.jisp\_319\_17
- Kayaoğlu, M. N., & Dağ Akbaş, R. (2016). An investigation into medical students’ English language needs. *Participatory Educational Research, Special Issue 2016–I*, 63–71. doi:10.17275/per.16.spi.1.8
- Kennedy, A. (2019). Nurse preceptors and preceptor education: Implications for preceptor programs, retention strategies, and managerial support. *MEDSURG Nursing*, 28(2), 107–113.
- Kennedy, M. M. (2016). How does professional development improve teaching? *SAGE Journals*, 86(4), 945–980. doi:10.3102/0034654315626800



- Kerley, R. M. (2016). *Mentoring experiences of clinical adjunct nursing faculty: Expert clinician to novice educator* (Publication No. 10144322) [Doctoral dissertation, Capella University]. Retrieved from ProQuest Dissertations & Theses Global database.
- Kérourédan, O., Smirani, R., Oriez, D., Péli, J. F., Seux, D., Quinton, A., & Devillard, R. (2018). Self-perceived educational needs of junior assistant professors in conservative dentistry and endodontics in France. *European Journal of Dental Education*, 22, e514–e521. doi:10.1111/eje.12334
- Khan, A., Khan, S., Zia-Ul-Islam, S., & Khan, M. (2017). Communication skills of a teacher and its role in the development of the students' academic success. *Journal of Education and Practice*, 8(1), 18–21.
- Kilgour, J. M., Grundy, L., & Monrouxe, L. V. (2016). A rapid review of the factors affecting healthcare students' satisfaction with small-group, active learning methods. *Teaching and Learning in Medicine*, 28(1), 15–25. doi:10.1080/10401334.2015.1107484
- Kilgour, P., Reynaud, D., Northcote, M., McLoughlin, C., & Gosselin, K. P. (2019). Threshold concepts about online pedagogy for novice online teachers in higher education. *Higher Education Research & Development*, 38(7), 1417–1431. doi:10.1080/07294360.2018.1450360
- Kim, H.-G., Kim, J.-M., & Park, M.-R. (2019). Development of a tool to evaluate the quality of mentoring for nurses. *Medico-Legal Update*, 19(1), 610–616. doi:10.5958/0974-1283.2019.00109.9
- Kim, Y. K., & Lundberg, C. A. (2015). A structural model of the relationship between student-faculty interaction and cognitive skills development among college students. *Research in Higher Education*, 57(3), 288–309. doi:10.1007/s11162-015-9387-6

- Kinane, D. F., Stathopoulou, P. G., & Papapanou, P. N. (2017). Periodontal diseases. *Nature Reviews Disease Primers*, 3, 17038. doi:10.1038/nrdp.2017.38
- Kini, T., & Podolsky, A. (2016). *Does teaching experience increase teacher effectiveness?* Learning Policy Institute. Retrieved from [https://learningpolicyinstitute.org/sites/default/files/product-files/Teaching\\_Experience\\_Report\\_June\\_2016.pdf](https://learningpolicyinstitute.org/sites/default/files/product-files/Teaching_Experience_Report_June_2016.pdf)
- Klenke, A. L. (2017). *How dental hygiene undergraduate learning is influenced by educational videos* [Doctoral dissertation, University of New Mexico]. University of New Mexico Dental Hygiene Commons. [https://digitalrepository.unm.edu/dehy\\_etds/18/](https://digitalrepository.unm.edu/dehy_etds/18/)
- Kline, N., Vamos, C., Thompson, E., Catalanotto, F., Petrila, J., DeBate, R., . . . Daley, E. (2018). Are dental providers the next line of HPV-related prevention? Providers' perceived role and needs. *Papillomavirus Research*, 5, 104–108. doi:10.1016/j.pvr.2018.03.002
- Koh, G. C. (2016). Revisiting the “essentials of problem-based learning.” *Medical Education*, 50(6), 596–599. doi:10.1111/medu.12794
- Kumar, K., & Greenhill, J. (2016). Factors shaping how clinical educators use their educational knowledge and skills in the clinical workplace: A qualitative study. *BMC Medical Education*, 16, 1–7. doi:10.1186/s12909-016-0590-8
- Kushelev, M., & Moran, K. R. (2020). Faculty and allied health providers. In B. Mahoney, R. D. Minehart, & M. C. M. Pian-Smith, (Eds.), *Comprehensive healthcare simulation: Anesthesiology. Comprehensive healthcare simulation* (pp. 171–183). Cham, Switzerland: Springer Nature. doi:10.1007/978-3-030-26849-7\_15

- Kyriakoulis, K., Patelarou, A., Laliotis, A., Wan, A. C., Matalliotakis, M., Tsiou, C., & Patelarou, E. (2016). Educational strategies for teaching evidence-based practice to undergraduate health students: Systematic review. *Journal of Educational Evaluation for Health Professions, 13*, 34–43. doi:10.3352/jeehp.2016.13.34
- Labrague, L. J., McEnroe-Petitte, D. M., Papathanasiou, I. V., Edet, O. B., & Arulappan, J. (2015). Impact of instructors' caring on students' perceptions of their own caring behaviors. *Journal of Nursing Scholarship: An Official Publication of Sigma Theta Tau International Honor Society of Nursing, 47*(4), 338–346. doi:10.1111/jnu.12139
- Lacasse, M., St-Pierre, A., Lalumière-Saindon, A., Dufour, M., Giguère, A., & Béland, G. (2019). Supporting early academic family medicine careers with the clinician scholar enhanced-skills program. *Canadian Medical Education Journal, 10*(4), e62–e79.
- Lake, A. C. (2018). *Development of an orientation resource guide to enhance the transition from expert clinician to novice collegiate educator* (Publication No. 10830778) [Doctoral dissertation, Wilmington University]. Retrieved from ProQuest Dissertations & Theses Global.
- LaMorte, W. W. (2019). *The health belief model*. Behavioral Change Models. Retrieved from <https://sphweb.bumc.bu.edu/otlt/MPH-Modules/SB/BehavioralChangeTheories/BehavioralChangeTheories2.html>
- Langelier, M. (2017). Top-of-license dental hygiene practice. *Dimensions of Dental Hygiene, 4*(10), 18–21.
- Langelier, M., Continelli, T., Moore, J., Baker, B., & Surdu, S. (2016). Expanded scopes of practice for dental hygienists associated with improved oral health outcomes for adults. *Health Affairs, 35*(12), 2207–2215. doi:10.1377/hlthaff.2016.0807

- Laurencelle, F. L., Scanlan, J. M., & Brett, A. L. (2016). The meaning of being a nurse educator and nurse educators' attraction to academia: A phenomenological study. *Nurse Education Today, 39*, 135–140. doi:10.1016/j.nedt.2016.01.029
- Lavanya, S. H., Kalpana, L., Veena, R. M., & Kumar, V. D. (2016). Role-play as an educational tool in medication communication skills: Students' perspectives. *Indian Journal of Pharmacology, 48*(Suppl 1), S33–S36. doi:10.4103/0253-7613.193311
- Lavigne, S. E. (2019). The multiple faces of dental hygiene. *Canadian Journal of Dental Hygiene, 53*(1), 3–4.
- Lawrence, D. (2019, August 7). *The mentoring paradigm shift*. Talent C. Retrieved from <https://talentc.ca/2019/the-mentoring-paradigm-shift/>
- Leadbeatter, D., & Gao, J. (2018). Engaging oral health students in learning basic science through assessment that weaves in personal experience. *Journal of Dental Education, 82*(4), 388–398. doi:10.21815/JDE.018.041
- Lee, C., Wu, J., & Du, J. (2019). Work stress and occupational burnout among dental staff in a medical center. *Journal of Dental Sciences, 14*(3), 295–301. doi:10.1016/j.jds.2019.01.006
- Lee, E. S., & Bong, E. J. (2017). The influence of self-leadership, academic self-efficacy and instructor-student interaction on self-directed learning in nursing students. *Journal of East-West Nursing Research, 23*(2), 107–114. doi:10.14370/JEWRN.2017.23.2.107
- Lee, J., & Kwon, S. (2015). Influencing factors on health education performance of nurse in health promoting hospitals. *Journal of the Korean Data and Information Science Society, 262*(2), 455–464. doi:10.7465/jkdi.2015.26.2.455

- Lee, P., Miller, M. T., Kippenbrock, T. A., Rosen, C., & Emory, J. (2017). College nursing faculty job satisfaction and retention: A national perspective. *Journal of Professional Nursing, 33*(4), 261–266. doi:10.1016/j.profnurs.2017.01.001
- Lee, S., Kwon, H., & Kim, C. (2019). Analysis of dental hygiene instructions based on the importance and satisfaction of dental hygiene students. *Journal of Korean Society of Dental Hygiene, 19*(3), 437–438. doi:10.13065/jksdh.20190039
- Legare, T. L., & Armstrong, D. K. (2017). Critical reflective teaching practice for novice nurse educators. *Teaching and Learning in Nursing, 12*(4), 312–315. doi:10.1016/j.teln.2017.05.004
- Leung, L. (2015). Validity, reliability, and generalizability in qualitative research. *Journal of Family Medicine and Primary Care, 4*(3), 324–327. doi:10.4103/2249-4863.161306
- Levin, M. (2016, March 31). Dental program targets national faculty shortage. *University Times*. Retrieved from <https://www.utimes.pitt.edu/archives/?p=38594>
- Levin, S., O'Mahony, S., Baron, A., Ansari, A., Deamant, C., Frader, J., . . . Preodor, M. (2017). Training the workforce: Description of a longitudinal interdisciplinary education and mentoring program in palliative care. *Journal of Pain and Symptom Management, 53*(4), 728–737. doi:10.1016/j.jpainsymman.2016.11.009
- Levy, M., Koppula, S., & Brown, J. B. (2018). Transitioning to academia: Exploring the experience of new family medicine faculty members at the beginning of their academic careers. *Canadian Family Physician, 64*(12), 907–913.
- Liew, S. C., Sidhu, J., & Barua, A. (2015). The relationship between learning preferences (styles and approaches) and learning outcomes among pre-clinical undergraduate medical students. *BMC Medical Education, 15*, 44. doi:10.1186/s12909-015-0327-0

- Liew, S. C., Sidhu, J., & Barua, A. (2017). No more live lectures – Quixotism or realism? Association between learning preferences and attendance at live lectures. *Journal of Advances in Medicine and Medical Research*, 20(12), 1–10.  
doi:10.9734/BJMMR/2017/33051
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage.
- Lindstrom, D. D. (2019). *From community college faculty to dean: Using Schlossberg's transition theory to understand the transition experience* [Doctoral dissertation, St. Cloud State University]. Retrieved from [https://repository.stcloudstate.edu/hied\\_etds/31](https://repository.stcloudstate.edu/hied_etds/31)
- Link, L. (2020). *Novice nurse educators receiving mentoring* [Doctoral thesis, University of Missouri-Kansas City]. Retrieved from <https://mospace.umsystem.edu/xmlui/handle/10355/73568>
- Lockhart-Keene, L., & Potvin, M. (2018). Occupational therapy adjunct faculty self-perceptions of readiness to teach. *The Open Journal of Occupational Therapy*, 6(2), 1–11.  
doi:10.15453/2168-6408.1415
- Lockwood, S. N., Compton, S. M., Green, J. L., & Rasmussen, K. (2018). Dental hygiene students' clinical skill acquisition: Activity theory and the use of videos. *Journal of Dental Hygiene*, 92(2), 15–21.
- Logan, P. A., Gallimore, D., & Jordan, S. (2015). Transition from clinician to academic: An interview study of the experiences of UK and Australian registered nurses. *Journal of Advanced Nursing*, 72(3), 593–604. doi:10.1111/jan.12848
- Lokanath, M. (2016). Focus group discussion in qualitative research. *TechnoLearn: An International Journal of Educational Technology*, 6(1), 1–5. doi:10.5958/2249-5223.2016.00001.2

- Helms-Lorenz, M., van de Grift, W., Canrinus, E., Maulana, R., & van Veen K. (2018). Evaluation of the behavioral and affective outcomes of novice teaches working in professional development schools versus non-professional development schools. *Studies in Educational Evaluation*, 56, 8–20. doi:10.1016/j.stueduc.2017.10.006
- Helms-Lorenz, M., van de Grift, W., & Maulana, R. (2015). Longitudinal effects of induction on teaching skills and attrition rates of beginning teachers. *School Effectiveness and School Improvement*, 27(2), 178–204. doi:10.1080-09243453.2015.1035731
- Lou, H., & Wu, B. (2017). Self-awareness of “gum disease” among US adults. *Journal of Public Health Management*, 23(2), e1–e7. doi:10.1097/PHH.0000000000000408
- Love, L. M., Haggar, F. L., McBrien, S. B., Buzalko, R. J., Hartman, T. L., Shope, R. J., & Dallaghan, G. L. B. (2018). Supporting the professional identity of medical science educators: Understanding faculty motivations for quality improvement in teaching. *Medical Science Educator*, 28, 655–665. doi:10.1007/s40670-018-0609-3
- Lucas, C. J., & Murry, J. W., Jr. (2011). *New faculty* (3rd ed.). New York, NY: Palgrave MacMillan.
- Luongo, N., & O'Brien, S. T. (2018). Empowering faculty using distance learning mentoring programs. *Journal on Empowering Teaching Excellence*, 2(2), 32–42. doi:10.26077/9dg9-mh69
- Lyle, D. M., Grill, A., Olmsted, J., & Rothen, M. (2016). National dental hygiene research agenda. *The Journal of Dental Hygiene*, 90(S1), 43–50. Retrieved from [https://jdh.adha.org/content/jdentyg/90/suppl\\_1/43](https://jdh.adha.org/content/jdentyg/90/suppl_1/43)

- Lyle, D. M., Stolberg, R. L., & Gurenlian, J. R. (2016). Integrating the updated dental hygiene research agenda into dental hygiene education. *The Journal of Dental Hygiene*, Special Commemorative Issue, 1–45.
- Lynch, C. D., Blum, I. R., & Wilson, N. H. F. (2019). Leadership in dental education. *Journal of Dentistry*, 87, 7–9. doi:10.1016/j.jdent.2019.07.011
- Lynch, M. (2016, August 3). *Examining the impact of culture on academic performance*. The Edvocate. Retrieved from <https://www.theedadvocate.org/examining-the-impact-of-culture-on-academic-performance/>
- Lyon, L. J. (2015). Development of teaching expertise viewed through the Dreyfus model of skill acquisition. *Journal of the Scholarship of Teaching and Learning*, 15(1), 88–105. doi:10.14434/josotl.v15i1.12866
- Lyon, L. J., Hoover, T. E., Giusti, L., Booth, M. T., & Mahdavi, E. (2016). Teaching skill acquisition and development in dental education. *Journal of Dental Education*, 80(8), 983–993. doi:10.1002/j0022-0337.2016.80.8.tb06179.x
- Maart, R., & Gordon, N. (2018). Dental clinical teachers' perceptions of their teaching role. *South African Dental Journal*, 73(4), 304–308.
- Mangan, K. (2015, March 12). Keeping adjuncts engaged is key to helping community-college students stay on track. *The Chronicle of Higher Education*. Retrieved from <https://www.chronicle.com/article/keeping-adjuncts-engaged-is-key-to-helping-community-college-students-stay-on-track/>
- Mann, C., & De Gagne, J. C. (2017). Experience of novice clinical adjunct faculty: A qualitative study. *Journal of Continuing Education in Nursing*, 48(4), 167–174. doi:10.3928/00220124-20170321-07



- Marshall, C., & Rossman, G. B. (2016). *Designing qualitative research* (6th ed.). Thousand Oaks, CA: Sage.
- Martin, D., & Jamieson-Proctor, R. (2019). Development and validation of a survey instrument for measuring pre-service teachers' pedagogical content knowledge. *International Journal of Research & Method in Education*, 42(0), 1–14.  
doi:10.1080/1743727X.2019.1687669
- Martin, J. B., & Douglas, D. H. (2018). Faculty mentorship: Making it work across the career continuum through development, implementation, and evaluation of a formal mentorship program. *Nursing Education Perspectives*, 39(5), 317–318.  
doi:10.1097/01.NEP.0000000000000310
- Mattos, L. B., Mattos, M. B., Barbosa, A. P. O., Bauer, M., Strack, M. H., Rosário, P., . . . Magalhães, C. R. (2018). Promoting self-regulation in health among vulnerable Brazilian children: Protocol study. *Frontiers in Psychology*, 9(651), 1–12.  
doi:10.3389/fpsyg.2018.00651
- Maxey, H. L. (2018). Change is in the wind: What research tells us about the future of dental hygiene. *Journal of Dental Hygiene*, 92(3), 4–5.
- Maxwell, L. (2018, May 14). *How to be a successful dental hygiene applicant*. ADEA GoDental. Retrieved from [https://adea.org/GoDental/Dental\\_Blogs/Health\\_Professions\\_Advisor\\_VIEWS/How\\_to\\_Be\\_a\\_Successful\\_Dental\\_Hygiene\\_Applicant.aspx](https://adea.org/GoDental/Dental_Blogs/Health_Professions_Advisor_VIEWS/How_to_Be_a_Successful_Dental_Hygiene_Applicant.aspx)
- Mays, K. A., & Branch-Mays, G. L. (2016). A systematic review of the use of self-assessment in preclinical and clinical dental education. *Journal of Dental Education*, 80(8), 902–913.

- McAndrew, M., Horvath, Z., & Atiyeh, L. E. (2018). A survey of faculty development in U. S. and Canadian dental schools: Types of activities and institutional entity with responsibility. *Journal of Dental Education*, 82(11), 1127–1139.  
<https://doi.org/10.21815/JDE.018.116>
- McAndrew, M., Motwaly, S., & Kamens, T. E. (2013). Long-term follow-up of a dental faculty development program. *Journal of Dental Education*, 77(6), 716–722.
- McAndrew, M., Motwaly, S., & Kamens, T. E. (2015). The role of organizational context in the creation and sustainability of dental faculty development initiatives. *Journal of Dental Education*, 79(11), 1339–1348.
- McCann, A. L., & Schneiderman, E. D. (2019). Creating a supportive educational research culture at a dental school by identifying obstacles and solutions. *Journal of Dental Education*, 83(3), 265–274. doi:10.21815/JDE.019.027
- McDermid, F., Peters, K., Daly, J. J., & Jackson, D. (2013). I thought I was just going to teach”: Stories of new nurse academics on transitioning from sessional teaching to continuing academic positions. *Contemporary Nurse*, 45(1), 46–55. doi:10.5172/conu.2013.45.1.46
- McDermid, F., Peters, K., Jackson, D., & Daly, J. (2012). Factors contributing to the shortage of nurse faculty: A review of the literature. *Nurse Education Today*, 32(5), 565–569.  
doi:10.1016/j.nedt.2012.01.011
- McDermid, J., Peters, K., Daly, J., & Jackson, D. (2016). Developing resilience: Stories from novice nurse academics. *Nurse Education Today*, 38, 29–35.  
doi:10.1016/j.nedt.2016.01.002

- McDermid, J. M., & Worden, M. K. (2019). Teaching and practicing cultural competency skills with medical students using nutrition-focused case scenarios. *Medical Science Education*, 29, 5–6. doi:10.1007/s40670-018-00651-8
- McEvoy, P. M., Van Ness, C. J., Simmer-Beck, M. L., Branson, B. G., Hunt, K., & Gadbury-Amyot, C. C. (2017). Experiences of the Kansas extended care permit providers: A descriptive study. *The Journal of Dental Hygiene*, 91(4), 12–20.
- McGaghie, W. C. (2015). Mastery learning: It is time for medical education to join the 21st century. *Academic Medicine*, 90(11), 1438–1441. doi:10.1097/ACM.0000000000000911
- McGaghie, W. C., Adler, M., & Salzman, D. H. (2020). Instructional design and delivery for mastery learning. In W. C. McGaghie, J. Barsuk, & D. B. Wayne (Eds). *Comprehensive healthcare simulation: Mastery learning in health professions education* (pp. 71–88). Cham, Switzerland: Springer Nature. doi:10.1007/978-3-030-34811-3\_4
- McGuinness, M. A. (2016). *Adult-learning focused on professional development for dental hygiene clinical instructors* (Publication No. 3743606) [Doctoral dissertation, Walden University]. Retrieved from ProQuest Dissertations & Theses Global.
- McLaughlin, R. J., O'Brien, C. W., Weinstein, M., Anderson, R. B., Cameron, J., Romig, B. D., . . . O'Sullivan-Maillet, J. (2019). Clinical education in transition: Recommendations and strategies: A report of the ASAHP clinical education task force. *Journal of Allied Health*, 48(4), 237–247.
- McLennan, B., McIlveen, P., & Perera, H. N. (2016). Pre-service teachers' self-efficacy mediates the relationship between career adaptability and career optimism. *Teaching and Teacher Education*, 63, 176–185. doi:10.1016/j.tate.2016.12.022

- McMillan, J. L. (2020). *Participation in an online faculty development program to support novice nursing faculty* (Publication No. 27958483) [Doctoral dissertation, Northern Arizona University]. Retrieved from ProQuest Dissertations & Theses Global.
- McNelis, A. M., Dreifuerst, K. T., & Schwindt, R. (2019). Doctoral education and preparation for nursing faculty roles. *Nurse Educator, 44*(4), 202–206.  
doi:10.1097/NNE.0000000000000597
- McPherson, S. (2019). Part-time clinical nursing faculty needs: An integrative review. *The Journal of Nursing Education, 58*(4), 201–206. doi:10.3928/01484834-20190321-03
- McPherson, S., & Candela, L. (2019). A Delphi study to understand clinical nursing faculty preparation and support needs. *The Journal of Nursing Education, 58*(10), 583–590.  
doi:10.3928/01484834-20190923-05
- Meador, D. (2019, July 23). *Using effective instructional strategies*. Thought Co. Retrieved from <https://www.thoughtco.com/building-an-arsenal-of-effective-instructional-strategies-3194257>
- Meenakshi, S., Raghunath, N., & Shreeshyla, H. S. (2017). An assessment of teaching and learning practices: A questionnaire study for dental educators of Karnataka. *Journal of International Society of Preventive & Community Dentistry, 7*(S3), S179–S185.  
doi:10.4103/jispcd.jispcd\_407\_16
- Meeuwissen, S. N. E., Stalmeijer, R. E., & Govaerts, M. (2019). Multiple-role mentoring: Mentors' conceptualizations, enactments, and role conflicts. *Medical Education, 53*(6), 605–615. doi:10.1111/medu.13811

- Menatnia, F., Dehkordi, S. N., & Dadgoo, M. (2017). Problems of clinical education from the viewpoints of the physiotherapy students in Iran universities. *Journal of Modern Rehabilitation, 11*(4), 245–250.
- Merisier, S., Larue, C., & Boyer, L. (2018). How does questioning influence nursing students' clinical reasoning in problem-based learning? A scoping review. *Nurse Education Today, 65*, 108–115. doi:10.1016/j.nedt.2018.03.006
- Mentor. (2020). *Merriam-Webster Online*. Retrieved from <https://www.merriam-webster.com/dictionary/mentor>
- Messina, D. (2019). *Social media usage by dental hygiene educators* (Master's thesis, Ohio State University). Retrieved from [http://rave.ohiolink.edu/etdc/view?acc\\_num=osu1554307853537486](http://rave.ohiolink.edu/etdc/view?acc_num=osu1554307853537486)
- Meyer, D. (2019, February 14). *4 reasons to love teaching* [Web log post]. Elmhurst University. Retrieved from <https://www.elmhurst.edu/blog/4-reasons-to-love-teaching>
- Meyer, G., Nel, E., & Downing, C. (2016). Basic student nurse perceptions about clinical instructor caring. *Health SA Gesondheid, 21*, 444–452. doi:10.1016/j.hsag.2016.09.004
- Meyerhoefer, C. D., Panovska, I., & Manski, R. J. (2016). Projections of dental care use through 2026: Preventive care to increase while treatment will decline. *Health Affairs, 35*(12), 2183–2189. doi:10.1377/hlthaff.2016.0833
- Mikkonen, K., Koskinen, M., Koskinen, C., Koivula, M., Koskmäki, M., Lähteenmäki, M., . . . Kääriäinen, M. (2019). Qualitative study of social and healthcare educators' perceptions of their competence in education. *Health and Social Care in the Community, 27*(6), 1555–1563. doi:10.1111/hsc.12827

- Miles, R., & Knipe, S. (2018). “I sorta felt like I was out in the middle of the ocean”: Novice teachers’ transition to the classroom. *Australian Journal of Teacher Education*, 43(6), 105–121. doi:10.14221/ajte.2018v43n6.7
- Milheim, K. (2017). A fundamental look at cultural diversity and the online classroom. *eLearn Magazine*. doi:10.1145/3041614
- Miller, J., Vivona, B., & Roth, G. (2017). Work role transitions – Expert nurses to novice preceptors. *European Journal of Training and Development*, 41(6), 559–574. doi:10.1108/EJTD-10-2016-0081
- Miner, L. A. (2019). Transition to nursing academia: A positive experience. *Journal of Continuing Education in Nursing*, 50(8), 349–354. doi:10.3928/00220124-20190717-05
- Mishler, S. K., Inglehart, M. R., McComas, M. J., Murdoch-Kinch, C. A., & Kinney, J. S. (2018). General dentists’ perceptions of dental hygienists’ professional role: A survey. *Journal of Dental Hygiene*, 92(1), 30–39.
- Moerer-Urdahl, T., & Creswell, J. W. (2004). Using transcendental phenomenology to explore the “ripple effect” in a leadership mentoring program. *International Journal of Qualitative Methods*, 3(2), 1–28. doi:10.1177/160940690400300202
- Moffett, J., Crawford, R., & Pawlikowska, T. (2019). Enhancing clinical educator well-being. *The Clinical Teacher*, 16(4), 306–311. doi:10.1111/tct.13046
- Mohaimeed, A. A. (2015). Medical faculty development: Perceptions about teachers’ characteristics. *Journal of Taibah University Medical Sciences*, 10(4), 405–410. doi:10.1016/j.jtumed.2015.09.002

- Mortensen, D. H. (2020). *How to do a thematic analysis of user interviews* [Web log post]. International Design Foundation. Retrieved from <https://www.interaction-design.org/literature/article/how-to-do-a-thematic-analysis-of-user-interviews>
- Moser, A., & Korstjens, I. (2016). Series: Practical guidance to qualitative research. Part 3: Sampling, data collection and analysis. *European Journal of General Practice, 24*(1), 9–18. doi:10.1080/13814788.2017.1375091
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.
- Mower, J. (2017). Transitioning from perioperative staff nurse to perioperative educator. *AORN Journal, 106*(2), 111–120. doi:10.1016/j.aorn.2017.06.005
- Moystad, A., Lycke, K. H., Barkvoll, T. A., & Lauvås, P. (2015). Faculty development for clinical teachers in dental education. *European Journal of Dental Education, 19*(3), 149–55. doi:10.1111/eje.12115
- Mukhalalati, B. A., & Taylor, A. (2019). Adult learning theories in context: A quick guide for healthcare professional educators. *Journal of Medical Education and Curricular Development, 6*, 1–10. doi:10.1177/2382120519840332
- Murphy, L. J., & Janisse, L. (2017). Optimizing transition to practice through orientation: A quality improvement initiative. *Clinical Simulation in Nursing, 13*(11), 583–590. doi:10.1016/j.ecns.2017.07.007
- Murphy, S. E. (2020). *Exploring the role transition from registered nurse to clinical instructor: A narrative inquiry* (Publication No. 28387734) [Master's thesis, Queen's University]. Retrieved from ProQuest Dissertations & Theses Global.

- Musgrave, R. (2019). *Developing pedagogical expertise in athletic training faculty*. (Publication No. 27552957) [Doctoral dissertation, The University of Findlay]. Retrieved from ProQuest Dissertations & Theses Global.
- Myers, S. A. (2017). The instructor-student relationship as an alternative form of superior-subordinate relationship. *Communication Education, 66*(1), 110–112.  
doi:10.1080/03634523.2016.1221513
- Nash, E., & Crowther, J. (2018). Enhancing student learning by combining problem-based learning and human patient simulation. *MedEdPublish, 7*(4), 1–13.  
doi:10.15694/mep.2018.0000263.1
- Nathe, C. (2017, May 1). *Fones and Nightingale: Understanding the evolution of education in nursing and dental hygiene*. RDH. Retrieved from <https://www.rdhmag.com/career-profession/students/article/16409873/fones-and-nightingale-understanding-the-evolution-of-education-in-nursing-and-dental-hygiene>
- Nathe, C. (2019, March 12). *The 100-year evolution of the science and practice of dental hygiene*. DentistryIQ. Retrieved from <https://www.dentistryiq.com/dental-hygiene/clinical-hygiene/article/16363590/the-100-year-evolution-of-the-science-and-practice-of-dental-hygiene>
- Navickis, M. M., & Mathieson, K. (2016). U.S. dental hygiene students' perceptions of interprofessional collaboration. *Journal of Dental Education, 80*(9), 1041–1048.
- Nazir, M. A., Al-Ansari, A., & Farooqui, F. A. (2018). Influence of gender, class year, academic performance and parental socioeconomic status on learning style preferences among dental students. *Journal of Clinical & Diagnostic Research, 12*(6), 4–8.  
doi:10.7860/JCDR/2018/35692.11660



- Nazir, M. A., Izhar, F., Akhtar, K., & Almas, K. (2019). Dentists' awareness about the link between oral and systemic health. *Journal of Family & Community Medicine, 26*(3), 206–212. doi:10.4103/jfcm.JFCM\_55\_19
- Netanel, S., Luria, S., & Langer, D. (2020). Musculoskeletal disorders among dental hygienists and students of dental hygiene. *International Journal of Dental Hygiene, 18*(2), 210–216. doi:10.1111/idh.12428
- Neubauer, B. E., Witkop, C. T., & Varpio, L. (2019). How phenomenology can help us learn from the experiences of others. *Perspectives on Medical Education, 8*(2), 90–97. doi:10.1007/s40037-019-0509-2
- Ng, M. W., & Fida, Z. (2016). Dental hygienist-led chronic disease management system to control early childhood caries. *Journal of Evidence-Based Dental Practice, 16*(Supplement), 20–33. doi:10.1016/j.jebdp.2016.01.015
- Nguyen, V. N. B., Forbes, H., Mohebbi, M., & Duke, M. (2018). The effect of preparation strategies, qualifications and professional background on clinical nurse educator confidence. *Journal of Advanced Nursing, 74*(10), 2351–2362. doi:10.1111/jan.13737
- Nica, E. (2018). Has the shift to overworked and underpaid adjunct faculty helped education outcomes? *Educational Philosophy and Theory, 50*(3), 213–216. doi:10.1080/00131857.2017.1300026
- Nietzel, M. T. (2021, February 26). *Pandemic toll: More than half of college faculty have considered a career change or early retirement*. Forbes. Retrieved from <https://www.forbes.com/sites/michaelt Nietzel/2021/02/26/pandemic-toll-more-than-half-of-college-faculty-have-considered-a-career-change-or-early-retirement/?sh=654ee8e912da>

- Nor, M. Z. M. (2019). Contribution of faculty development programmes to professional identity development of medical educators in Malaysia: A phenomenological study. *Journal of Taibah University Medical Sciences*, *14*(4), 324–331. doi:10.1016/j.jtumed.2019.06.001
- Norman, P., Sherwood, S. A. S., Delgado, R., & Siller, M. (2019). Taking the mentoring of new teacher educators seriously: Lessons from a clinically-intensive teacher preparation program. In D. Yendol-Hoppey, N. F. Dana, D. T. Hoppey (Eds.), *Preparing for the next generation of teacher educators for clinical practice* (pp. 25–48). Charlotte, NC: Information Age Publishing.
- Nottingham, S., & Mazerolle, S. M. (2018). Mentoring processes in higher education: Perspective of junior athletic training faculty members. *The Internet Journal of Allied Health Sciences and Practice*, *16*(4), 1–14.
- Nowell, L., Norris, J. M., Mrklas, K., & White, D. E. (2017). A literature review of mentorship programs in academic nursing. *Journal of Professional Nursing*, *33*(5), 334–344. doi:10.1016/j.profnurs.2017.02.007
- Nunn, P. J., & Frese, P. A. (2001). *Oral health care: A whole new language*. Dental Care. Retrieved from <https://www.dentalcare.com/en-us/professional-education/ce-courses/ce21>
- Nyumba, T. O., Wilson, K., Derrick, C. J., & Mukherjee, N. (2018). The use of focus group discussion methodology: Insights from two decades of application in conservation. *Methods in Ecology and Evolution*, *9*(1), 20–32. doi:10.1111/2041-210X.12860
- Ocegueda, D. R., Van Ness, C. J., Hanson, C. L., & Holt, L. A. (2016). Cultural competency in dental hygiene curricula. *American Dental Hygienists' Association*, *90*(Supp 1), 5–14.

- O’Flaherty, J., & Beal, E. M. (2018). Core competencies and high leverage practices of the beginning teacher: A synthesis of the literature. *Journal of Education for Teaching*, 44(4), 461–478. doi:10.1080/02607476.2018.1450826
- Oh, S.-L., Liberman, L., & Mishler, O. (2017). Faculty calibration and students’ self-assessments using an instructional rubric in preparation for a practical examination. *European Journal of Dental Education*, 22(3), e400–e407. doi:10.1111/eje.12318
- Onyura, B., Baker, L., Cameron, B., Friesen, F., & Leslie, K. (2016). Evidence for curricular and instructional design approaches in undergraduate medical education: An umbrella review. *Journal of Medical Teacher*, 38(2), 150–161. doi:10.3109/0142159X.2015.1009019
- Owens, R. A. (2017). Part-time nursing faculty perceptions of their learning needs during their role transition experiences. *Teaching and Learning in Nursing*, 12(1), 12–16. doi:10.1016/j.teln.2016.10.002
- Owens, Y. A., DeStaffany, A. M., Crow, M. E., Johnson, L. R., Tilliss, T. S., Johnson, R. L., & McNair, B. K. (2019). Examining the case for dental hygienists’ teaching predoctoral dental students: A two-part study. *Journal of Dental Education*, 83(2), 1427–1735. doi:10.21815/JDE.019.14
- Ozga, K. I., Kenyon, L., Engel, A. J., Kool, P. A., Sievers, M., & Stephenson, P. (2016). Physical therapist students’ perceptions of effective clinical instructor behaviors: A pilot study. *Journal of Physical Therapy Education*, 30(4), 35–43. doi:10.1097/00001416-201630040-00006
- Palatta, A. M. (2018). Change management in dental education: A professional learning community. *Journal of Dental Education*, 82(6), 549–556. doi:10.21815/JDE.018.061

- Parker, J. L., & Dolce, M. C. (2017). Defining the dental hygienist's role in improving population health through interprofessional collaboration. *Journal of Dental Hygiene*, *91*(2), 4–5.
- Partido, B. B. (2017). Ergonomics calibration training utilizing photography for dental hygiene faculty members. *Journal of Dental Education*, *81*(10), 1187–1193.  
doi:10.21815/JDE.017.078
- Parvan, K., Hosseini, F. A., & Bagherian, S. (2018). The relationship between nursing instructors' clinical teaching behaviors and nursing students' learning in Tabriz University of Medical Sciences in 2016. *Education for Health*, *31*(1), 32–38.  
doi:10.4103/1357-6283.239044
- Patterson, B. J., Dzurec, L., Sherwood, G., & Forrester, D. A. (2020). Developing authentic leadership voice: Novice faculty experience. *Nursing Education Perspectives*, *41*(1), 10–15. doi:10.1097/01.NEP.0000000000000494
- Patton, M. Q. (2014). *Qualitative research & evaluation methods: Integrating theory and practice* (4th ed.). Thousand Oaks, CA: Sage
- Peacock, J. (2018, April). *Dr. Nancy Schlossberg and her career transition theory* [Podcast]. Retrieved from <https://www.transitionsthroughlife.com/about/videos>
- Pearlin, L. I., & Schooler, C. (1978). The structure of coping. *Journal of Health and Social Behavior*, *19*, 2–21. doi:10.2307/2136319

- Pelletreau, K. N., Knight, J. K., Lemons, P. P., McCourt, J. S., Merrill, J. E., Nehm, R. H., . . . Smith, M. K. (2018). A faculty professional development model that improves student learning, encourages active-learning instructional practices, and works for faculty at multiple institutions. *CBE Life Sciences Education*, *17*(es5), 1–11. doi:10.1187/cbe.17-12-0260
- Pennanen, M., Bristol, L., Wilkinson, J., & Heikkinen, H. L. T. (2016). What is “good” mentoring? Understanding mentoring practices of teacher induction through case studies of Finland and Australia. *Pedagogy, Culture & Society*, *24*(1), 27–53. doi:10.1080/14681366.2015.1083045
- Pennbrant, S. (2016). Determination of the concepts “profession” and “role” in relation to “nurse educator.” *Journal of Professional Nursing*, *32*(6), 430–438. doi:10.1016/j.profnurs.2016.02.003
- Peoples, K. (2020). *How to write a phenomenological dissertation: A step-by-step guide*. Thousand Oaks, CA: Sage.
- Peres, M. A., Macpherson, L. M. D., Weyant, R. J., Daly, ., Venturelli, R., Mathur, M. R., . . . Watt, R. G. (2019). Oral diseases: A global public health challenge. *Lancet*, *394*(10194), 249–260. doi:10.1016/S04140-6736(19)34446-8
- Perez, A., Green, J. L., Starchuk, C., Senior, A., Compton, S. M., Gaudet-Amigo, G., . . . Patterson, S. (2020). Dental faculty and student views of didactic and clinical assessment: A qualitative description study. *European Journal of Dental Education*, *24*(4), 628–636. doi:10.1111/eje.12541
- Perry, A. L., Dean, S. R., & Hilton, A. A. (2019). New faculty transitions and obstacles: An auto-ethnographic exploration. *The Journal of Professoriate*, *10*(2), 43–72.

- Persky, A. M., & Robinson, J. D. (2017). Moving from novice to expertise and its implications for instruction. *American Journal of Pharmaceutical Education*, *81*(9), 72–80.  
doi:10.5688/ajpe6065
- Pfund, C., Byars-Winston, A., Branchaw, J., Hurtado, S., & Eagan, K. (2016). Defining attributes and metrics of effective research mentoring relationships. *AIDS and Behavior*, *20*(Suppl 2), 238–248. doi:10.1007/s10461-016-1384-z
- Phillips, C. (2016). The experience of the new nurse educator: The first year of transition: A review of the literature. *Acta Scientiae et Intellectus*, *2*(6), 7–14.
- Phillips, C., Bassell, K., & Fillmore, L. (2019). Transforming nursing education through clinical faculty development. *Teaching and Learning in Nursing*, *14*(1), 47–53.  
doi:10.1016/j.teln.2018.09.007
- Pielmeier, M., Huber, S., & Seidel, T. (2018). Is teacher judgment accuracy of students' characteristics beneficial for verbal teacher-student interactions in the classroom? *Teaching and Teacher Education*, *76*, 255–266. doi:10.1016/j.tate.2018.01.002
- Pilnick, A., Trusson, D., Beeke, S., O'Brien, R., Goldberg, S., & Harwood, R. H. (2018). Using conversation analysis to inform role play and simulated interaction in communications skills training for healthcare professionals: Identifying avenues for further development through a scoping review. *BMC Medical Education*, *18*(267), 1–10. doi:10.1186/s12909-018-1381-1
- Pintrich, P. R. (2000). The role of goal orientation in self-regulated learning. In M. Boekaerts, P. R. Pintrich, & M. Zeidner (Eds.), *Handbook of self-regulation* (pp. 451–502). San Diego, CA: Academic Press.

- Pizanis, V. G. (2017). *Effective and ineffective clinical teaching and instruction in dental hygiene school* [Doctoral dissertation, University of New Mexico]. Retrieved from [https://digitalrepository.unm.edu/educ\\_teelp\\_etds/163](https://digitalrepository.unm.edu/educ_teelp_etds/163)
- Pizanis, V. G., & Pizanis, C. (2019). Effective and ineffective clinical teaching in dental hygiene education: A qualitative study. *Journal of Dental Education, 83*(8), 904–913.  
doi:10.21815/JDE.019.087
- Polkinghorne, D. E. (1989). Phenomenological research methods. In R. S. Valle & S. Halling (Eds.), *Existential-phenomenological perspectives in psychology: Exploring the breadth of human experience, with a special section on transpersonal psychology* (pp. 41–60). New York, NY: Plenum.
- Ponto, J. (2015). Understanding and evaluating survey research. *Journal of the Advanced Practitioner in Oncology, 6*(2), 168–171.
- Pope, J. E. (2018). Mentoring women in medicine: A personal perspective. *Lancet, 391*(10120), 520–521. doi:10.1016/S0140-6736(18)30243-5
- Poulou, M. S. (2016). An examination of the relationship among teachers' perceptions of social-emotional learning, teaching efficacy, teacher-student interactions, and students' behavioral difficulties. *International Journal of School & Educational Psychology, 5*(2), 126–136. doi:10.1080/21683603.2016.1203851
- Powers, S. C., Morris, M. H., Flynn, H., & Perry, J. (2019). Faculty-led role-play simulation: Going live to teach patient-centered care to nursing students. *Journal of Nursing Education, 58*(11), 665–668. doi:10.3928/01484834-20191021-10

- Prabhu, S., John, V., Blanchard, S., Eckert, G. J., & Hamada, Y. (2019). Assessing effectiveness of an audiovisual educational tool for improving dental students' probing depth consistency. *Journal of Dental Education*, 83(4), 429–436. doi:10.21815/JDE.019.052
- University of Illinois, Chicago. (2016, November 2). *The value of preventive oral health care*. Retrieved from <https://dentistry.uic.edu/news-stories/the-value-of-preventive-oral-health-care/>
- Prusinski, R., Batross, D., & Zamaripa, C. (2018, September 17). *Bridging the gap from clinical expert to academic educator*. Sigma Global Nursing Excellence. Retrieved from <https://stti.confex.com/stti/lc18/webprogram/Paper92710.html>
- Puryer, J., McNally, L., & O'Sullivan, D. (2015). The views of part-time clinical teachers regarding their role in undergraduate education at the University of Bristol Dental School. *British Dental Journal*, 218(2), 79–83. doi:10.1038/sj.bdj.2015.30
- Quay, S., & Lockwood, M. (2019). Sustaining a continuous improvement culture in educator preparation: A higher education network based on data-wise. *Journal of Practitioner Research*, 41(1), 1–19. doi:10.5038/2379-9951.4.1.1092
- Quick, K. K. (2016). Conversation salons: A flexible format for open discourse in dental education. *Journal of Dental Education*, 80(4), 466–472.
- Quinn, M. M., Smith, T., Kalmar, E. L., & Burgoon, J. M. (2018). What type of learner are your students? Preferred learning styles of undergraduate gross anatomy students according to the index of learning styles questionnaire. *Anatomical Sciences Education*, 11(4), 358–365. doi:10.1002/ase.1748



- Radford, D. R., Hellyer, P., Meakin, N., & Jones, K. A. (2015). Identifying and preparing the next generation of part-time clinical teachers from dental practice. *British Dental Journal*, *219*, 319–322. doi:10.1038/sj.bdj.2015.748
- Radford, D. R., Hellyer, P., Meakin, N., & Jones, K. (2014). Experienced general dental practitioners as clinical teachers: A qualitative study of their experience over the first three years as novice clinical teachers in an outreach setting. *Journal of Interdisciplinary Medicine and Dental Science*, *2*(6), 1–7. doi:10.4172/2376-032X.1000147
- Raffoul, M., Bartlett-Esquilant, G., & Phillips, R. L., Jr. (2019). Recruiting and training a health professions workforce to meet the needs of tomorrow's health care system. *Academic Medicine*, *94*(5), 651–655. doi:10.1097/ACM.0000000000002606
- Ragovin, H. (2019). The case for teaching dentistry. *Tufts Dental Medicine*. Retrieved from <https://sites.tufts.edu/dental/spring-2019/the-case-for-teaching/>
- Rahmati-Najarkolaei, F., Rahnama, P., Fesharaki, M. G., Yahaghi, H., & Yaghoubi, M. (2016). Determinants of dental health behaviors of Iranian students based on the Health Belief Model (HBM). *Shiraz E-Medical Journal*, *17*(7–8), e39268. doi:10.17795/semj39268
- Rahmatullah, M. (2016). The relationship between learning effectiveness, teacher competence, and teacher's performance Madrasah Tsanawiyah at Serang, Banten, Indonesia. *Higher Education Studies*, *6*(1), 169–181. doi:10.5539/hes.v6n1p169
- Rainchuso, L., & Salisbury, H. (2017). Public health dental hygienists in Massachusetts: A qualitative study. *Journal of Dental Hygiene*, *91*(3), 31–36.

- Ran, F. X., & Sanders, J. (2019). *Early academic outcomes for students of part-time faculty at community colleges: How and why does instructors' employment status influence student success?* (Working Paper No. 112). Retrieved from <https://ccrc.tc.columbia.edu/publications/early-outcomes-students-part-time-faculty.html>
- Reid, H. J., Thomson, C., & McGlade, K. J. (2016). Content and discontent: A qualitative exploration of obstacles to elearning engagement in medical students. *BMC Medical Education*, *16*, 188. doi:10.1186/s12909-016-0710-5
- Reid, P., Miloslavsky, E. M., & Dua, A. (2020). Teacher training for rheumatology fellows: A national needs assessment of fellows and program directors. *Clinical Rheumatology*, *39*(3), 673–680. doi:10.1007/s10067-019-04829-2
- Reimschisel, A., Herring, A. L., Huang, J., & Minor, T. J. (2017). A systematic review of the published literature on team-based learning in health professions education. *Medical Teacher*, *39*(12), 1227–1237. doi:10.1080/0142159X.2017.1340636
- Reinders, J. J., Krijnen, W. P., Onclin, P., van der Schans, C. P., & Stegenga, B. (2017). Attitudes among dentists and dental hygienists towards extended scope and independent practice of dental hygienists. *International Dental Journal*, *67*(1), 46–58. doi:10.1111/idj.12254
- Reising, D. L., James, B., & Morse, B. (2018). Student perceptions of clinical instructor characteristics affecting clinical experiences. *Nursing Education Perspectives*, *39*(1), 4–9. doi:10.1097/01.NEP.0000000000000241

Retrouvey, M., Grajo, J. R., Awan, O., Catanzano, T., Cheong, L. H. A., Mankoff, D., . . .

DeBenedectis, C. M. (2020). Transitioning from radiology training to academic faculty: The importance of mentorship. *Current Problems in Diagnostic Radiology*, *49*(4), 219–223. doi:10.1067/j.cpradiol.2019.02.011

Rhodes, D., Fogg, Q. A., & Lazarus, M. D. (2018). Dissecting the role of sessional anatomy teachers: A systematic literature review. *Anatomical Sciences Education*, *11*(14), 410–426. doi:10.1002/ase.1753

Rice, G. (2016). An orientation program for clinical adjunct faculty. *The ABNF Journal*, *27*(1), 7–10.

Rich, T. (2017). The value of adjuncts: A study of the intrinsic factors impacting field seminar instruction. *Field Educator*, *7*(1).

Richter, E., Lazarides, R., & Richter, D. (2021). Four reasons for becoming a teacher educator: A large-scale study on teacher educators' motives and well-being. *Teaching and Teacher Education*, *102*, 1–9. doi:10.1016/j.tate.2021.103322

Rideout, M., Held, M., & Holmes, A. V. (2016). The didactic makeover: Keep it short, active, relevant. *Pediatrics*, *138*(1), 1–4. doi:10.1542/peds.2016-0751

Roberts, E. P., Delapp, J. A., Florento, G., Kramer, R. T., Brownstein, S. A., & Stein, A. B. (2020). Preclinical competency testing in North American dental schools and opinions about possible standardization. *Journal of Dental Education*, *84*(2), 143–150. doi:10.21815/JDE.019.168

Robinson, C. D., Scott, W., & Gottfried, M. A. (2019). Taking it to the next level: A field experiment to improve instructor-student relationships in college. *AERA Open*, *5*(1), 1–15. doi:10.1177/2332858419839707

- Rodriguez, A., & Smith, J. (2018). Phenomenology as a healthcare research method. *Evidence-Based Nursing, 21*(4), 96–98. doi:10.1136/eb-2018-102990
- Rogers, J., Ludwig-Beymer, P., & Baker, M. (2020). Nurse faculty orientation: An integrative review. *Nurse Educator, 45*(6), 343–346. doi:10.1097/NNE.0000000000000802
- Romaniuk, S. N. (2018, March 14). *Collaborative and active learning in higher education classrooms*. eLearning Industry. Retrieved from <https://elearningindustry.com/collaborative-and-active-learning-higher-education-classrooms>
- Romig, B. D., Tucker, A. W., Hewitt, A. M., & O'Sullivan Maillet, J. (2017). The future of clinical education: Opportunities and challenges from allied health deans' perspective. *Journal of Allied Health, 46*(1), 43–55.
- Rønning, S. B., & Bjørkly, S. (2019). The use of clinical role-play and reflection in learning therapeutic communication skills in mental health education: An integrative review. *Advances in Medical Education and Practice, 2019*(10), 415–425. doi:10.2147/AMEP.S202115
- Rosala, M. (2019, September 29). *How to analyze qualitative data from UX research: Thematic analysis*. Nielson Norman Group. Retrieved from <https://www.nngroup.com/articles/thematic-analysis/>
- Ross, J. G., & Silver-Dunker, K. (2019). New clinical nurse faculty orientation: A review of literature. *Nursing Education Perspectives, 40*(4), 210–215. doi:10.1097/01.NEP.0000000000000470
- Ross, P. T., & Bibler Zaidi, N. L. (2019). Limited by our limitations. *Perspectives on Medical Education, 8*(4), 261–264. doi:10.1007/s40037-019-00530-x

Rothwell, E., Anderson, R., & Botkin, J. R. (2016). Deliberative discussion focus groups.

*Qualitative Health Research*, 26(6), 734–740. doi:10.1177/1049732315591150

Roulston, K., & Choi, M. (2018). Qualitative interviews. In U. Flick (Ed.), *The SAGE handbook of qualitative data collection* (pp. 233–249). London: SAGE.

doi:10.4135/9781526416070

Rowan, S., Newness, E., Tetradis, S., Prasad, J., Ko, C., & Sanchez, A. (2017). Should student evaluation of teaching play a significant role in the formal assessment of dental faculty?

Two viewpoints: Viewpoint 1: Formal faculty assessment should include student

evaluation of teaching and Viewpoint 2: Student evaluation of teaching should not be part of formal faculty assessment. *Journal of Dental Education*, 81(11), 1362–1372.

doi:10.21815/JDE.017.093

Rowbotham, M., & Owen, R. M. (2015). The effect of clinical nursing instructors on student self-efficacy. *Nurse Education in Practice*, 15(6), 561–566.

doi:10.1016/j.nepr.2015.09.008

Rudolph, C. W., Katz, I. M., Lavigne, K. N., & Zacher, H. (2017). Job crafting: A meta-analysis of relationships with individual differences, job characteristics, and work outcomes.

*Journal of Vocational Behavior*, 102, 112–138. doi:10.1016/j.jvb.2017.05.008

Russell, L. S. (2016). *Converting clinician to education: Preparation for dental education by continuing professional education* (Publication No. 10587608) [Doctoral dissertation,

The University of Memphis]. Retrieved from ProQuest Dissertations & Theses Global .

Russell, L., & Misawa, M. (2016). What the novice dental educator needs. Perceptions of the new faculty member. *Dentistry: Advanced Research*, 1, 106.

- S. H. Y., Chen, P. P., Wong, G., & Chan, T. (2019). Simulation in medical education. *The Journal of the Royal College of Physicians of Edinburgh*, 49(1), 52–57.  
doi:10.4997/JRCPE.2019.112
- Saba, M., Metry, I., Lucas, C., & Saini, B. (2019). Evaluation of a flipped examination model implemented in a final-year undergraduate pharmacotherapeutics course. *American Journal of Pharmaceutical Education*, 83(3), 323–333. doi:10.5688/ajpe6568
- Sabato, E., DeCastro, J. E., & Fenesy, K. (2017). An innovative, comprehensive faculty recruitment and development program at one U.S. dental school: Early results. *Journal of Dental Education*, 81(6), 649–657. doi:10.21815/JDE.016.029
- Safdar, N., Abbo, L. M., Knobloch, M. J., & Seo, S. K. (2016). Research methods in healthcare epidemiology: Survey and qualitative research. *Infection Control and Hospital Epidemiology*, 37(11), 1272–1277. doi:10.1017/ice.2016.171
- Sailor, J. L. (2013). A phenomenological study of falling out of romantic love. *The Qualitative Report*, 18(19), 1–22. doi:10.46743/2160-3715/2013.1521
- Saldaña, J. (2013). *The coding manual for qualitative researchers* (2nd ed.). Thousand Oaks, CA: Sage
- Sánchez-Gómez, M. C., & Martín-Cilleros, M. V. (2017). Implementation of focus group in health research. In A. P. Costa, L. P. Reis, F. Neri de Sousa, A. Moreira, & D. Lamas (Eds.), *Computer supported qualitative research: Studies in systems, decision and control* (Vol. 71, pp. 49–61). Switzerland: Springer International. doi:10.1007/978-3-319-43271-7\_5

- Santiago, L. J., Freudenthal, J. J., Peterson, T., & Bowen, D. M. (2016). Dental hygiene faculty calibration using two accepted standards for calculus detection: A pilot study. *Journal of Dental Education, 80*(8), 975–982. doi:10.1002/j.0022-0337.2016.80.8.tb06178.x
- Santos, L. M., Oliveira, R. M. O., Dutra, V. F. D., & Porto, I. S. (2017). The process of knowledge transference: A matter concerning teaching of psychiatric nursing. *Escola Anna Nery, 21*(3), e20160356. doi:10.1590/2177-9465-ean-2016-0356
- Saravo, B., Netzel, J., & Kieseewetter, J. (2017). The need for strong clinical leaders – Transformational and transactional leadership as a framework for resident leadership training. *PLoS One, 12*(8), e0183019. doi:10.1371/journal.pone.0183019
- Sargent, A. G., & Schlossberg, N. K. (1988). Managing adult transitions. *Training and Development Journal, 42*(12), 58–60.
- Saunders, B., Sim, J., Kingston, T., Baker, S., Waterfield, J., Bartlam, B., . . . Jinks, C. (2018). Saturation in qualitative research: Exploring its conceptualization and operationalization. *Quality and Quantity, 52*(4), 1893–1907. doi:10.1007/s11135-017-0574-8
- Schadenhofer, P., Kundi, M., Abrahamian, H., Stummer, H., & Kautzky-Willer, A. (2018). Influence of gender, working field, and psychosocial factors on the vulnerability for burnout in mental hospital staff: Results on an Austrian cross-sectional study. *Scandinavian Journal of Caring Sciences, 32*(1), 335–345. doi:10.1111/scs.12467
- Schatz-Oppeneheimer, O. (2017). Being a mentor: Novice teachers' mentors' conceptions of mentoring prior to training. *Professional Development in Education, 43*(2), 274–292. doi:10.1080/19415257.2016.1152591
- Schiekirka-Schwake, S., Anders, S., von Steinbüchel, N., Becker, J. C., & Raupach, T. (2017). Facilitators of high-quality teaching in medical school: Findings from a nation-wide

- survey among clinical teachers. *BMC Medical Education*, 17(1), 1–8.  
doi:10.1186/s12909-017-1000-6
- Schlossberg, N. K. (1981). A model for analyzing human adaption to transition. *The Counseling Psychologist*, 9(2), 2–18. doi:10.1177/001100008100900202
- Schlossberg, N. K. (2011). The challenge of change: The transition model and its applications. *Journal of Employment Counseling*, 48(4), 159–162. doi:10.1002/j.2161-1920.2011.tb01102.x
- Schlossberg, N. K., Waters, E. B., & Goodman, J. (1995). *Counseling adults in transition: Linking practice with theory* (2nd ed). New York, NY: Springer.
- Schlossberg, N. (1984). *Counseling adults in transition: Linking practice with theory*. New York, NY: Springer.
- Schnabel, K. P., & Stosch, C. (2016). Practical skills en route to professionalism. *GMS Journal for Medical Education*, 33(4), 1–8. doi10.3205/zma001065
- Schneider, M., & Preckel, F. (2017). Variables associated with achievement in higher education: A systematic review of meta-analyses. *Psychological Bulletin*, 143(6), 656–600.  
doi:10.1037/bul0000098
- Schoening, A. M. (2022). The transition from clinician to educator. In M. Oermann, J. C. De Gagne, & B. C. Phillips (Eds.), *Teaching in nursing and role of the educator: The complete guide to best practice in teaching, evaluation, and curriculum* (3rd ed., pp. 17–30). New York, NY: Springer.



- Schouten, B. C., Cox, A., Duran, G., Kerremans, K., Banning, L. K., Lahdidioui, A., . . . Krystallidou, D. (2020). Mitigating language and cultural barriers in healthcare communication: Toward a holistic approach. *Patient Education and Counseling, 103*(12), 2604–2608. doi:10.1016/j.pec.2020.05.001
- Schunk, D. H. (2016). *Learning theories: An educational perspective* (7th ed.). Upper Saddle River, NJ: Pearson.
- Seal, J. (2017). Multiple professional identities: A personal exploration of the transition from nurse to lecturer. *Journal of Health Visiting, 5*(2), 94–99.  
<https://doi.org/10.12968/johv.2017.5.2.94>
- Seki, N., Moross, J., Otsuka, H., Sunaga, M., Naito, M., Kondo, K., . . . Kinoshit, A. (2020). Dental hygiene learning outcomes obtained through computer-assisted simulation modules. *Journal of Dental Hygiene, 94*(1), 32–38.
- Sethi, A., Ajjawi, R., McAleer, S., & Schofield, S. (2017). Exploring the tensions of being and becoming a medical educator. *BMC Medical Education, 17*(62), 1–10.  
doi:10.1186/s12909-017-0894-3
- Shaikh, S., Kannan, S. K., Naqvi, Z. A., Pasha, Z., & Ahamad, M. (2020). The role of faculty development in improving the quality of multiple-choice questions in dental education. *Journal of Dental Education, 84*(3), 316–322. doi:10.21815/JDE.019-189
- Sharifi, K., Mirbagher, N., & Aghanjani, M. (2019). Mentorship method in clinical education of nursing students: A systematic review. *Development Strategies in Medical Education, 6*(2), 39–49. doi:10.29252/DSME.6.2.39

- Sharpe, J. E., & Akpinar-Elci, M. (2016). Interprofessional collaboration between dental hygienists and registered nurses: The time is overdue. *Journal of Dental Hygiene, 90*(1), 5.
- Shaterjalali, M., Yamani, N., & Changiz, T. (2018). Who are the right teachers for medical clinical students? Investigating stakeholders' opinions using modified Delphi approach. *Advances in Medical Education and Practice, 8*(9), 801–809.  
doi:10.2147/AMEP.S176480
- Scheerman, J. F. M., van Loveren, C., van Meijel, B., Dusseldorp, E., Wartewig, E., Verrips, G. H. W., . . . van Empelen, P. (2016). Psychosocial correlates of oral hygiene behaviors in people aged 9 to 19: A systematic review with meta-analysis. *Community Dentistry and Oral Epidemiology, 44*, 331–341. doi:10.1111/cdoe.12224
- Shen, Q., Peltzer, J., & Teel, C. (2016). Assessment of retirement intentions among Kansas nursing faculty. *The Kansas Nurse, 91*(1), 9–11.
- Sheppard-Law, S., Curtis, S., Bancroft, J., Smith, W., & Fernandez, R. (2018). Novice clinical nurse educator's experience of a self-directed learning, education, and mentoring program: A qualitative study. *Contemporary Nurse, 54*(2), 208–219.  
doi:10.1080/10376178.2018.1482222
- Shiraishi, A., Yoshimura, Y., Wakabayashi, H., Tsuji, Y., Yamaga, M., & Koga, H. (2019). Hospital dental hygienist intervention improves activities of daily living, home discharge, and mortality in post-acute rehabilitation. *Geriatrics & Gerontology International, 19*(3), 189–196. doi:10.1111/ggi.13583

- Shoaib, L. A., Safii, S. H., Naimie, Z., Ahmad, N. A., Sukumaran, P., & Yunus, R. M. (2018). Dental students' perceptions on the contribution and impact role of a clinical teacher. *European Journal of Dental Education*, 22(1), e26–e34. <https://doi.org/10.1111/eje.12252>
- Showalter, D. S. (2018). Reflections on the transition from practice to academia: The nuts and bolts. *Issues in Accounting Education*, 33(3), 43–60. <https://doi.org/10.23085/iace-52144>
- Silk, H., & Kwok, A. (2017). Addressing adolescent oral health: A review. *Pediatrics in Review*, 38(2), 61–68. doi:10.1542/pir.2016-0134
- Sim, J., & Waterfield, J. (2019). Focus group methodology: Some ethical challenges. *Quality & Quantity*, 53, 3003–3022. doi:10.1007/s11135-019-00914-5
- Simmer-Beck, M., Wellever, A., & Kelly, P. (2017). Using registered dental hygienists to promote a school-based approach to dental public health. *American Journal of Public Health*, 107(S1), S56–S60. <https://doi.org/10.2105/AJPH.2017.303662>
- Singe, S. M., Pike, A. M., Coleman, K. A., Myers, S. L., Barrett, J., Belval, L. N., . . . Katch, R. K. (2019). Doctoral education in athletic training: Pursuit of the degree and its influence on career aspirations. *Athletic Training Education Journal*, 14(2), 99–107. doi:10.4085/140299
- Sinkford, J. C., & Valachovic, R. W. (2019). Growing our own: Mentoring in the dental academic pipeline. *Journal of Dental Education*, 83(8), 981–987. doi:10.21815/JDE.019.127
- Sinkford, J. C., & West, J. F. (2020). Mentoring dental faculty: A survey of faculty with early development funding and supports. *Journal of Dental Education*, 84(10), 1173–1178. doi:10.1002/jdd.12432

- Smethers, R. D., Smallidge, D. L., Giblin-Scanlon, L. J., & Perry, K. R. (2018). Experiences and challenges of clinical dental hygienists transitioning into teaching roles. *Journal of Dental Hygiene*, 92(6), 40–46. Retrieved from <https://jdh.adha.org/content/92/6/40>
- Smith, A. N., Boyd, L. D., Rogers, C. M., & LeJeune, R. C. (2016). Self-perceptions of value, barriers, and motivations for graduate education among dental hygienists. *Journal of Dental Education*, 80(9), 1033–1040.
- Smith, C. D., & Baik, C. (2021). High-impact teaching practices in higher education: A best evidence review. *Studies in Higher Education*, 46(8), 1696–1713.  
doi:10.1080/03075079.2019.1698539
- Smith, C. B., Hamner, J., Hession, C., Granier, C., Lewis, T. P., & Thibodeaux, A. (2020). Simulation: An effective tool for mentoring the novice nursing faculty. *Online Journal of Interprofessional Health Promotion*, 2(2), 1–10. Retrieved from <https://repository.ulm.edu/ojihp/vol2/iss2/5>
- Smith, C. A., Zhou, G., Potter, M., Wang, D., Pecoraro, M., & Paulino, R. (2019). Variability by individual student characteristics of student satisfaction with promising international student teaching practices. *Literacy Information and Computer Education Journal*, 10(3), 3160–3169. doi:10.20533/licej.2040.2589.2019.0415
- Smith, K. (2016). *E-monitoring: A strategy to reduce role stress in novice faculty* [Unpublished doctoral dissertation]. Loyola University.
- Smith, S. P. (2017). Adult learners: Effective training methods. *Professional Safety*, 62(12), 22–25.

- Smith, S., Karosas, L., & Beauchesne, M. A. (2019). Preparing for the transition from clinical practice to academia. *Journal of the American Association of Nurse Practitioners*, *31*(2), 82–24. doi:10.1097/JXX.000000000000190
- Smith, T. L. (2018, October 23). *Mentorship in dental hygiene*. Today's RDH. Retrieved from <https://www.todayrdh.com/mentorship-in-dental-hygiene/>
- Smolowitz, J., Speakman, E., Wojnar, D., Whelan, E. M., Ulrich, S., Hayes, C., & Wood, L. (2015). Role of the registered nurse in primary health care: Meeting health care needs in the 21st century. *Nursing Outlook*, *63*(2), 130–136. doi:10.1016/j.outlook.2014.08.004
- Snook, A. G., Schram, A. B., & Arnadottir, S. A. (2020). “We have different needs”: Specifying support for classroom and clinical sessional educators. *Medical Education*, *54*(8), 748–757. <https://doi.org/10.1111/medu.14135>
- Snook, A. G., Schram, A. B., Sveinsson, T., & Jones, B. D. (2019). Needs, motivations, and identification with teaching: A comparative study of temporary part-time and tenure-track health science faculty in Iceland. *BMC Medical Education*, *19*, 1–10. doi:10.1186/s12909-019-1779-4
- Sonnino, R. E. (2016). Health care leadership development and training: Progress and pitfalls. *Journal of Healthcare Leadership*, *8*, 19–29. doi:10.2147/JHL.S68068
- Sorrell, J. M., & Cangelosi, P. R. (2015). *Expert clinician to novice nurse educator. Learning from first-hand narratives*. New York, NY: Springer.
- Sousa, M. P., & Resha, C. A. (2019). Orientation learning needs of adjunct clinical faculty in the United States. *Nursing Education Perspectives*, *40*(4), 222–227. doi:10.1097/01.NEP.0000000000000462

- Spirko, J. (2019, May 17). *How to use bracketing in qualitative research*. The classroom. Retrieved from <https://www.theclassroom.com/use-bracketing-qualitative-research-7850523.html>
- Springfield, E. C., Smiler, A. P., & Gwozdek, A. E. (2015). Measuring curricular impact on dental hygiene students' transformative learning. *Journal of Dental Education*, 79(12), 1418–1428. doi:10.1002/j.0022-0337.2015.79.12.tb06041.x
- Stankey, O. (2018, March 5). Theory review part III: Schlossberg's transition theory. *NWACUHO*. <http://nwacuho.org/2018/03/theory-review-part-iii-schlossbergs-transition-theory/>
- Stanley, J. L., Hanson, C. L., Van Ness, C. J., & Holt, L. (2016). Assessing evidence-based practice knowledge, attitudes, access, and confidence among dental hygiene educators. *Journal of Dental Hygiene*, 89(5), 321–329.
- Stanton, M. T., Guerin, S., & Barrett, T. (2017). The transfer of problem-based learning skills to clinical practice. *The Interdisciplinary Journal of Problem-Based Learning*, 11(2), 1–17. doi:10.7771/1541-5015.1678
- Steinert, Y., O'Sullivan, P. S., & Irby, D. M. (2019). Strengthening teachers' professional identities through faculty development. *Academic Medicine: Journal of the Association of American Medical Colleges*, 94(4), 963–968. doi:10.1097/ACM.0000000000002695
- Stichbury, J. (2017, May). *What is ontology? The simplest definition you'll find . . . or your money back*. KDNuggets. Retrieved from <https://www.kdnuggets.com/2017/05/ontology-simplest-definition.html>

- Stirling, B. V. (2017). Results of a study assessing teaching methods of faculty after measuring student learning style preference. *Nurse Education Today*, *55*, 107–111.  
doi:10.1016/j.nedt.2017.05.012
- Stolberg, R. (2015, April 15). *Responding to the looming faculty shortage in allied dental education* [Webinar]. American Dental Education Association. Retrieved from <http://www.adea.org/facultyshortage/>
- Stolberg, R. L., & Tilliss, T. (2016). The baccalaureate-educated dental hygienist. *The Journal of Evidence-Based Dental Practice*, *16 Suppl*, 136–143. doi:10.1016/j.jebdp.2016.01.025
- Strickland, M., Duda, P., Merdad, H. E., Pelaez-Shelton, R. E., Rosivack, R. G., & Markowitz, K. (2017). The clinical performance of chairside caries risk assessment kits. *Quintessence International*, *48*(2), 161–171. doi:10.3290/j.qi.a37152
- Stronge, J. H. (2018). *Qualities of effective teachers* (3rd ed.). Alexandria, VA: ASCD
- Sturges, D., Dickey-Laprocido, G., Gallegos, I., Bratcher-Rasmus, B., Greenlee, Q., Hart, P. L., . . . Wiginton, K. (2018). Influence of health educators in clinical settings: Addressing social determinants of health. *The Journal of Physician Assistant Education*, *29*(4), 239–243. doi:10.1097/JPA.0000000000000229
- Sullivan, G. M. (2015). Resources for clinicians becoming clinical educators. *Journal of Graduate Medical Education*, *7*(2), 153–155. doi:10.4300/JGME-D-15-00098.1
- Sullivan, S. E., & Ariss, A. A. (2021). Making sense of different perspectives of career transitions: A review and agenda for future research. *Human Resource Management Review*, *31*(1), 1–17. <https://doi.org/10.1016/j.hrmr.2019.100727>

- Summers, J. A. (2017). Developing competencies in the novice nurse educator: An integrative review. *Teaching and Learning in Nursing, 12*(4), 263–276.  
<https://doi.org/10.1016/j.teln.2017.05.001>
- Sutton, J., & Austin, Z. (2015). Qualitative research: Data collection, analysis, and management. *The Canadian Journal of Hospital Pharmacy, 68*(3), 226–231.  
doi:10.4212/chjp.v68i3.1456
- Swart, R., & Hall, M. (2021). From clinical practice to academic student instruction: Understanding the clinical instructor’s perspective using a mixed-methods approach. *The Canadian Journal of Nursing Research, 53*(2), 114–123.  
doi:10.1177/j0844562120904167
- Sweet, K. C. (2018). *The implementation and evaluation of a new faculty orientation in a postsecondary allied health school: An action research study* (Publication No. 10810724) [Doctoral dissertation, Capella University]. Retrieved from ProQuest Dissertations & Theses Global.
- Talbott, G. A. (2019). *A quantitative study of the influence of career transition variables on transitioning veteran life satisfaction* (Publication No. 22624862) [Doctoral dissertation, Northcentral University]. Retrieved from ProQuest Dissertations & Theses Global.
- Tamberelli, L. A., Buch, K., & Gordon, C. (2017, March 24). *Teaching teachers: Targeted professional development for adjunct faculty*. Paper presented at the Winthrop Conference on Teaching and Learning, Winthrop, SC. Retrieved from [https://digitalcommons.winthrop.edu/tlcconference/conference\\_schedule.pdf](https://digitalcommons.winthrop.edu/tlcconference/conference_schedule.pdf)



- Tanner, K. G. (2019). *Identifying leadership development needs of dental hygienists using an online Delphi technique* (Publication No. 138649640 [Doctoral dissertation, Regent University]). Retrieved from ProQuest Dissertations & Theses Global.
- Tausch, A. P., & Menold, N. (2016). Methodological aspects of focus groups in health research: Results of qualitative interviews with focus group moderators. *Global Qualitative Nursing Research*, 3, 1–12. doi:10.1177/2333393616630466
- Taylor, H. (2016). Parallels between the development of the nurse practitioner and the advancement of the dental hygienist. *Journal of Dental Hygiene*, 90(1), 6–11.
- Tekian, A., Watling, C. J., Roberts, T. E., Steinert, Y., & Norcini, J. (2017). Qualitative and quantitative feedback in the context of competency-based education. *Medical Teacher*, 39(12), 1245–1249. doi:10.1080/0142159X.2017.1372564
- Terblanche, N. H. D. (2019). Transformative transition coaching: A framework to facilitate transformative learning during career transitions. *The International Journal of Human Resource Management*, 1–28. doi:10.1080/09585192.2019.1688376
- Teshima, J., McKean, A. J. S., Myint, M. T., Aminololama-Shakeri, S., Joshi, S. V., Seritan, A. L., & Hilty, D. M. (2019). Developmental approaches to faculty development. *The Psychiatric Clinics of North America*, 42(3), 375–387. doi:10.1016/j.psc.2019.05.008
- Theile, C. W. (2017). Strengths and weaknesses of the current dental hygiene educational system. *Journal of Dental Education*, 81(9), eS38–eS44. doi:10.21815/JDE.017.034
- Theofanidis, D., & Fountouki, A. (2018). Limitations and delimitations in the research process. *Perioperative Nursing*, 7(3), 155–162. doi:10.5281/zenodo.2552022

- Thevissen, E., De Bruyn, H., & Koole, S. (2017). The provision of oral hygiene instructions and patient motivation in a dental care system without dental hygienists. *International Journal of Dental Hygiene*, *15*(4), 261–268. doi:10.1111/idh.12211
- Thornberg, R., Forsberg, C., Chirac, E. H., & Bjereld, Y. (2020). Teacher-student relationship quality and student engagement: A sequential explanatory mixed-methods study. *Research Papers in Education*, *35*, 1–20. doi:10.1080/02671522.2020.1864772
- Tillis, T. (2016). Beyond the operatory and into opportunity. *The Journal of Evidence-Based Dental Practice*, *16*, 2–3. doi:10.1016/S1532-3382(16)30041-0
- Toll, C. (2020). *Clinical nurse experts' experience of transitioning to the novice nurse educator role* (Publication No. 27838250) [Doctoral dissertation, Walden University]. Retrieved from ProQuest Dissertation & Theses Global.
- Tolsgaard, M. G., Kulasegaram, K. M., & Ringsted, C. V. (2016). Collaborative learning of clinical skills in health professions education: The why, how, when and for whom. *Medical Education*, *50*(1), 69–78. doi:10.1111/medu.12814
- Tomazoni, F., Vettore, M. V., Zanatta, F. B., Tuchtenhagen, S., Moreira, C. H. C., & Ardenghi, T. M. (2017). The associations of socioeconomic status and social capital with gingival bleeding among schoolchildren. *Journal of Public Health Dentistry*, *77*(1), 21–29. doi:10.1111/jphd.12166
- Torre, D. M., & Durning, S. J. (2018). Making the transition: Clinical practitioner to health professions educator. *New Directions for Adult and Continuing Education*, *2018*(157), 87–95. doi:10.1002/ace.20271

- Trico, J. A., Montt, J. E., Ormeño, A. P., Del Real, A. J., & Naranjo, C. A. (2017). Impact of faculty development workshops in student-centered teaching methodologies on faculty members' teaching and their students' perceptions. *Journal of Dental Education, 81*(6), 675–684. doi:10.21815/JDE.017.014
- Trochim, W. M. K. (2020). *Research methods knowledge base: Qualitative validity*. Conjoint.ly. Retrieved from <https://conjointly.com/kb/qualitative-validity/>
- Trusson, D., Rowley, E., & Barratt, J. (2021). Anticipating, experiencing and overcoming challenges in clinical academic training. *British Journal of Healthcare Management, 27*(8), 1–10. doi:10.12968/bjhc.2020.0135
- UKEssays. (2018, November). *The purpose of phenomenology*. Retrieved from <https://www.ukessays.com/essays/psychology/purpose-of-phenomenology.php?vref=1>
- Uma, B. (2019). Transitioning from practitioner to professor: A conceptualized learning transfer framework. *Training & Development Journal, 10*(2), 115–124. doi:10.5958/2231-069X.2019.00012.X
- U. S. Census Bureau. (2020). *Quick facts: North Carolina*. Retrieved from <https://www.census.gov/quickfacts/fact/table/NC/PST120219>
- U. S. Department of Health and Human Services of Oral Health Coordinating Committee. (2016). U.S. Department of health and human services of oral health coordinating strategic framework, 2014–2017. *Public Health Reports, 131*(2), 242–257. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/26957659/>
- Valiee, S., Moridi, G., Khaledi, S., & Garibi, F. (2016). Nursing students' perspectives on clinical instructors' effective teaching strategies: A descriptive study. *Nurse Education in Practice, 16*(1), 258–262. doi:10.1016/j.nepr.2015.09.009

- van Ginkel, G., Oolbekkink, H., Meijer, P. C., & Verloop, N. (2016). Adapting mentoring to individual differences in novice learning: The mentor's viewpoint. *Teachers and Teaching, Theory and Practice*, 22(2), 198–218. doi:10.1080/1354602.2015.1055438
- van Ginkel, G., van Drie, J., & Verloop, N. (2018). Mentor teachers' views of their mentees. *Mentoring & Tutoring: Partnership in Learning*, 26(2), 122–147. doi:10.1080/13611267.2018.1472542
- Vanduine, S., Ridley, K., Bashutski, J., Snyder, M., Powell, C., & Taichman, S. (2018). Gingival bleeding and oral hygiene in women with von Willebrand Disease (VWD): A pilot study. *The Journal of Haemophilia Practice*, 4(1), 49–57. doi:10.17225/jhp00096
- Vasileva-Stojanovska, T., Malinovski, T., Vasileva, M., Jovevski, D., & Trajkovik, V. (2015). Impact of satisfaction, personality, and learning style on education outcomes in a blended learning environment. *Learning and Individual Differences*, 38, 127–135. doi:10.1016/j.lindif.2015.01.018
- Veersamy, A., Loch, C., Adam, L., Howe, B. J., & Brunton, P. A. (2018). Challenges in clinical teaching investigated: Toward sustainable staff recruitment and retention in dentistry. *European Journal of Dental Education*, 22(4), 234–242. doi:10.1111/eje.12336
- Vela, M., Fritz, C., & Jacobs, E. (2016). Establishing medical students' cultural and linguistic competence for the care of Spanish-speaking limited English proficient patients. *Journal of Racial and Ethnic Health Disparities*, 3(3), 484–488. doi:10.1007/s40615-015-0165-0
- Vick, B. (2016). Career satisfaction of Pennsylvania dentists and dental hygienists and their plans to leave direct patient care. *Journal of Public Health Dentistry*, 76(2), 113–121. doi:10.1111/jphd.12119

- Virtanen, J. I., Pellikka, E., Singh, S., & Widström, E. (2016). The professional role of a dental hygienist in Finland – Educators' views. *International Journal of Dental Hygiene, 14*(3), 231–238. doi:10.1111/idh.12166
- Vizeshfar, F., & Torabizadeh, C. (2018). The effect of teaching based on dominant learning style on nursing students' academic achievement. *Nurse Education in Practice, 28*, 103–108. doi:10.1016/j.nepr.2017.10.013
- Vizeshfar, F., Zare, M., & Keshtkaran, Z. (2019). Role-play versus lecture methods in community health volunteers. *Nurse Education Today, 79*, 175–179. doi:10.1016/j.nedt.2019.05.028
- Vogell, S. L. (2019). *The lived experiences of clinical adjunct dental hygiene faculty* [Doctoral dissertation, The University of New England]. Retrieved from <https://dune.une.edu/theses/207/>
- Voytko, M. L., Barrett, N., Courtney-Smith, D., Golden, S. L., Hsu, F. C., Knovich, M. A., & Crandall, S. (2018). Positive value of a women's junior faculty mentoring program: A mentor-mentee analysis. *Journal of Women's Health, 27*(8), 1045–1053. doi:10.1089/jwh.2017.6661
- Wagner, L. B. (2019). *Experiences of novice nursing faculty in formal mentoring programs and their retention* (Publication No. 138864630 [Doctoral dissertation, Capella University]). Retrieved from ProQuest Dissertations & Theses Global.
- Waldron, S. K., Walker, J., Kanji, Z., & von Bergmann, H. (2019). Dental hygiene clinical instructors' pedagogical beliefs and described practices about student-centered education. *Journal of Dental Education, 83*(9), 1019–1029. doi:10.21815/JDE.019.106

- Walker, S. E., Singe, S. M., & Cavallario, J. M. (2021). The role mentoring plays in the transition to practice of newly credentialed athletic trainers. *Journal of Athletic Training, 56*(3), 227–233. doi:10.4085/1062-6050-2420-20
- Wanchek, T., Cook, B. J., Slapar, F., & Valachovic, R. W. (2017). Dental schools vacant budgeted faculty positions, academic year 2015–16. *Journal of Dental Education, 81*(8), 1033–1043. doi:10.21815/JDE.017.056
- Wang, Q., Li, H., Pang, W., Liang, S., & Su, Y. (2016). Developing an integrated framework of problem-based learning and coaching psychology for medical education: A participatory research. *BMC Medical Education, 16*(2), 1–14. doi:10.1186/s12909-015-0516-x
- Wang, R., & Liu, C. (2019). The relation of dental students' learning styles to their satisfaction with traditional and inverted classroom models. *BMC Medical Education, 19*(1), 1–8. doi:10.1186/s12909-019-1749-x
- Wanyonyi, K. L., Radford, D. R., Harper, P. R., & Gallagher, J. E. (2015). Alternative scenarios: Harnessing mid-level providers and evidence-based practice in primary dental care in England through operational research. *Human Resources for Health, 13*, 78. doi:10.1186/s12960-015-0072-9
- Ward, A., & Stanulis, R. (2020). Improving medical education through targeted coaching. *Medical Science Educator, 30*, 1255–1261.
- Warren, D. L. (2019). *Interprofessional collaboration among dental hygiene and nursing students on the oral health of cancer patients* (Publication No. 13859171) [Master's thesis, The University Of North Carolina at Chapel Hill]. Retrieved from ProQuest Dissertations & Theses Global.

- Watt, R. G., Daly, B., Allison, P., Macpherson, L. M. D., Venturelli, R., Listl, S., ... Benzian, H. (2020). *the lancet* oral Health Series: Implications for oral and dental research. *Journal of Dental Research*, 99(1), 8–10. doi:10.1177/0022034519889050
- Webb, L. J. (2017, May 1). *Transitioning to dental hygiene educator: Resources can help recast a career into a faculty position*. RDH. Retrieved from <https://www.rdhmag.com/patient-care/article/16409874/transitioning-to-dental-hygiene-educator-resources-can-help-recast-a-career-into-a-faculty-position>
- Weber, R. A., Cable, C. T., & Wehbe-Janek, H. (2016). Learner perspectives of a surgical educators faculty development program regarding value and effectiveness: A qualitative study. *Plastic and reconstructive Surgery*, 137(3), 1057–1061. doi:10.1097/01.prs.0000475825.09531.68
- Weese, M. M., Jakubik, L. D., Eliades, A. B., & Huth, J. J. (2015). Mentoring practices benefiting pediatric nurses. *Journal of Pediatric Nursing*, 30(2), 385–394. doi:10.1016/j.pedn.2014.07.011
- Wenner, T. A., & Hakim, A. C. (2019). Role transition of clinical nurse educators employed in clinical and faculty positions. *Nursing Education Perspectives*, 40(4), 216–221. doi:10.1097/01.NEP.0000000000000468
- Wenner, T. A., Hakim, A. C., & Schoening, A. M. (2020). The work-role transition of part-time clinical faculty: Seeking to validate the nurse educator transition model. *Nurse Educator*, 45(2), 102–105. doi:10.1097/NNE.0000000000000704
- Westin, L., Sundler, A. J., & Berglund, M. (2015). Students' experiences of learning in relation to didactic strategies during the first year of a nursing program: A qualitative study. *BMC Medical Education*, 15(49), 1–8. doi:10.1186/s12929-015-0338-x

- Wexler, L. J. (2018). "I would be a completely different teacher if I had been with a different mentor": Ways in which educative mentoring matters as novices learn to teach. *Professional Development in Education*, 46(2), 211–228.  
doi:10.1080/19415257.2019.1573375
- Whalen, C., Majocha, E., & Van Nuland, S. (2019). Novice teacher challenges and promoting novice teacher retention in Canada. *European Journal of Teacher Education*, 42(5), 591–607. doi:10.1080/02619768.2019.1652906
- Wicker, D. (2018). *An exploration of dental hygiene students' experiences with and perceptions of the effectiveness of the clinical learning environment for dental hygiene practice preparedness* [Doctoral dissertation, Texas Tech University]. Retrieved from <https://ttu-ir.tdl.org/bitstream/handle/2346/74376/WICKER-DISSERTATION-2018.pdf?sequence=1&isAllowed=y>
- Wild, L., Canale, A. M., & Herdklotz, C. (2017). The power of many: Mentoring networks for growth and development. *College and University*, 92(2), 37–41.
- Wilkie, K. (2000). The nature of problem-based learning. In S. Glen & K. Wilkie (Eds.), *Problem-based learning in nursing: A new model for a new context?* (pp. 11–35). London: Macmillan Press.
- Williams, B. (2005). Case-based learning: A review of the literature: Is there scope for this educational paradigm in prehospital education? *Emergency Medical Journal*, 22(8), 577–581. doi:10.1136/emj.2004.022707
- Williams, F. S., Scott, E. S., Tyndall, D. E., & Swanson, M. (2018). New nurse graduate residency mentoring: A retrospective cross-sectional research study nurse residency programs. *Nursing Economic*, 36(3), 121–127.



- Wilson, D. S. (2017). *Teachers at heart: A case study exploration of the role transition from clinical nurse to community college adjunct clinical nursing instructor* (Publication No. 10263750) [Doctoral dissertation, Morgan State University]. ProQuest Dissertations & Theses Global.
- Wilson, J., Sweet, J., & Pugsley, L. (2015). Developmental guidelines for good chairside teaching – A consensus report from two conferences. *European Journal of Dental Education*, 19(3), 185–191. doi:10.1111/eje.12120
- Wilson, N. H. F., Verma, M., & Nanda, A. (2019). Leadership in recruiting and retaining talent in academic dentistry. *Journal of Dentistry*, 87, 32–35. doi.:10.1016/j.jdent.2019.05.005
- Wolf, M. J., Lee, E. K., Nicolson, S. C., Pearson, G. D., Witte, M. K., Huckaby, J., . . . Mahel, W. T. (2016). Rationale and methodology of a collaborative learning project in congenital cardiac care. *American Heart Journal*, 174, 129–137. doi:10.1016/j.ahj.2016.01.013
- Wolpert-Gawron, H. (2018, March 18). *Every teacher needs a mentor*. Edutopia. Retrieved from <https://www.edutopia.org/article/every-teacher-needs-mentor>
- Wong, B. M., & Holmboe, E. S. (2016). Transforming the academic faculty perspective in graduate medical education to better align educational and clinical outcomes. *Academic Medicine*, 91(4), 473–479. doi:10.1097/ACM.0000000000001035
- Wyllie, A., Levett-Jones, T., DiGiacomo, M., & Davidson, M. (2019). Exploring the experiences of early career academic nurses as they shape their career journey: A qualitative study. *Nurse Education Today*, 76, 68–72. doi:10.1016/j.nedt.2019.01.021

- Wyman, J. F., Abdallah, L., Baker, N., Bell, C., Cartwright, J., Greenberg, S. A., . . . Van Son, C. R. (2019). Development of core competencies and a recognition program for gerontological nursing educators. *Journal of Professional Nursing, 35*(6), 452–460. doi:10.1016/j.profnurs.2019.04.003
- Wynn, S., Holden, C., Romero, S., & Julian, P. (2021). The importance of mentoring in nursing academia. *Open Journal of Nursing, 11*(4), 241–248. doi:10.4236/ojn.2021.114021
- Xerri, M. J., Radford, K., & Shacklock, K. (2018). Student engagement in academic activities: A social supportive perspective. *Higher Education, 75*, 589–605. doi:10.1007/s10734-017-0162-9
- Xiao, N., Thom, D., Zheng, M., Baek, J., & Kim, G. (2018). Flipped classroom narrows the performance gap between low- and high-performing dental students in physiology. *Advances in Physiology Education, 42*(4), 586–592. doi:10.1152/advan.00104.2018
- Xu, D. (2019). Academic performance in community colleges: The influences of parttime and full-time instructors. *American Educational Research Journal, 56*(2), 368–406. doi:10.3102/0002831218796131
- Xu, M., & Zhang, J. (2019). Research on motivation of transferring secondary vocational schoolteachers from enterprise. *Science Insights Education Frontiers, 1*–18. doi:10.2139/ssrn.3488376
- Yahav, L., & Thorson, J. (2017). Universal demographic data collection standardization for better decision-making. *American Journal of Management, 17*(4), 119–132.
- Yeoman, B. (2011). The high price of for-profit colleges. *Academe, 97*(3), 32–37.
- Yew, E. H. J., & Goh, K. (2016). Problem-based learning: An overview of its process and impact on learning. *Health Profession Education, 2*(2), 75–79. doi:10.1016/j.hpe.2016.01.004

- Yoon, M. H., Blatt, B. C., & Greenberg, L. W. (2017). Medical students' professional development as educators revealed through reflections on their teaching following a student-as-teachers course. *Teaching and Learning in Medicine, 29*(4), 411–419. doi:10.1080/10401334.2017.1302801
- Young, H. M., Bakewell-Sachs, S., & Sarna, L. (2017). Nursing practice, research and education in the West: The best is yet to come. *Nursing Research, 66*(3), 262–270. doi:10.1097/NNR.0000000000000218
- Young, J. (2018). Using a role-play simulation game to promote systems thinking. *Journal of Continuing Education in Nursing, 49*(1), 10–11. doi:10.3928/00220124-20180102-04
- Yukawa, M., Gansky, S. A., O'Sullivan, P., Teherani, A., & Feldman, M. D. (2020). A new mentor evaluation tool: Evidence validity. *PLoS One, 15*(6), 1–13. doi:10.1371/journal.pone.0234345
- Zamani-Alavijeh, F., Araban, M., Harandy, T. F., Bastami, F., & Almasian, M. (2019). Sources of health care providers' self-efficacy to deliver health education: A qualitative study. *BMC Medical Education, 19*(16), 1–9. doi:10.1186/s12909-018-1448-z
- Zeichner, K. M. (2018). *The struggle for the soul of teacher education*. New York, NY: Routledge.
- Zepke, N. (2015). Student engagement research: Thinking beyond the mainstream. *Higher Education Research & Development, 34*(6), 1311–1323. doi:10.1080/07294360.2015.1024635
- Zheng, M., Bender, D., & Nadershahi, N. (2015). Faculty professional development in emergent pedagogies for instructional innovation in dental education. *European Journal of Dental Education, 21*(2), 67–78. doi:10.1111/eje.12180

Zhou, G., Sun, C., Knoll, N., Hamilton, K., & Schwarzer, R. (2015). Self-efficacy, planning and action control in an oral self-care intervention. *Health Education Research*, 30(4), 671–681. doi:10.1093/her/cyv032

**APPENDIX: A – LU IRB APPROVAL LETTER****LIBERTY UNIVERSITY.**  
INSTITUTIONAL REVIEW BOARD

April 13, 2021

Kay Porter  
James Eller

Re: IRB Exemption - IRB-FY20-21-415 TRANSITIONING FROM CLINICAL PRACTITIONER TO EDUCATOR WITHIN THE FIELD OF DENTAL HYGIENE: A PHENOMENOLOGICAL STUDY

Dear Kay Porter, James Eller:

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46: 101(b):

Category 2.(ii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording). Any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation.

Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification

submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at [irb@liberty.edu](mailto:irb@liberty.edu).

Sincerely,

**G. Michele Baker, MA, CIP**

***Administrative Chair of Institutional Research***

**Research Ethics Office**

**APPENDIX B: SITE LETTER GIVING PERMISSION TO CONDUCT RESEARCH**

Date:

To: [REDACTED], Dept Head Dental Hygiene  
From: Kay Davis-Porter  
Re: Permission to Conduct Research in the Dental Hygiene Department

Good morning Mrs. [REDACTED],

As we have previously discussed, I am working on my dissertation through Liberty University. I am working on my doctorate in Curriculum & Instruction. The purpose of this email is to request permission to utilize your staff members in my research study. I am interested in interviewing present and former instructors in your department. I know that you have given your verbal consent to use current staff members; however, as a precautionary measure, I would ask that a written response also be given to be included in the research study.

The purpose of my study is to explore the experiences of dental hygienists who have transitioned from clinical dental hygiene to dental hygiene educator, what they experienced as they made the transition, what the instructors are currently experiencing, and what they would share with teachers considering the transition from clinical dental hygiene to dental hygiene education. I am requesting permission to interview current and previous staff members regarding their transition in one-on-one interviews and use a virtual online focus group. This study will not harm any participant, nor will it bring harm to the dental hygiene department. The study is designed to further explore the experiences of dental hygiene educators in a manner that will render each participant anonymous.

If you have any further questions, I would be happy to answer them. I am emailing to ask if I can use your current staff members (with their written informed consent) as research

participants. Thank you in advance for your attention to this matter, and I look forward to hearing from you.



**APPENDIX C****DEMOGRAPHIC SURVEY (EMAIL)****Screening Survey through Survey Monkey to be Completed by Potential Study Participants**

1. Which race/ethnicity best describes you? (Please choose only one)

- American Indian or Alaskan Native
- Asian/Pacific Islander
- Black or African American
- Hispanic
- White/Caucasian
- Multiple Ethnicity / Other (please specify)

2. What is your age?

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+

3. What is the highest level of education that you have completed?

- 2 – year college degree
- 4 – year college degree
- Graduate-level degree
- Masters-level degree
- Doctorate level degree

4. In which manner did you complete your dental hygiene education?

- Community College (traditional 2 – year program)
- College or University (traditional 4 – year program)
- For-profit university or college (Fortis, ECPI, etc.)

5. How long have you worked as a clinical dental hygienist?

- 0 - 1 years
- 2 - 10 years
- 11 - 20 years
- 21 - 30 years
- 31 years or more

6. How long have you worked as a dental hygiene educator?

Less than 1 year

1 – 5 years

6 – 10 years

11 – 15 years

16 – 20 years

More than 20 years

7. How many hours per week do you work in dental education?

0 – 5 hours per week

6 – 10 hours per week

11 – 15 hours per week

16 – 20 hours per week

20 -25 hours per week

More than 25 hours per week

8. Do you teach dental education in any other capacity? If so, what type?

9. If you are interested in participating in a study on the experiences of dental hygienists that have transitioned from clinical dental hygiene to dental hygiene education, please provide the following information below:

Name \_\_\_\_\_

Email address \_\_\_\_\_

Telephone number \_\_\_\_\_

## APPENDIX D: INFORMED CONSENT FORM

### TRANSITIONING FROM CLINICAL PRACTITIONER TO EDUCATOR WITHIN THE FIELD OF DENTAL HYGIENE: A PHENOMENOLOGICAL STUDY

**Kay-Trenia Davis-Porter**

**Liberty University Graduate School of Education**

You are invited to be in a research study aimed at describing the transition of a clinical dental hygienist to dental hygiene educator and the experiences as you moved into the role, what you have experienced as a dental hygiene educator, and what you would share with clinical dental hygienists considering the same transition. You were selected as a possible participant because you made the transition from clinical dental hygienist to dental hygiene educator and have been a clinical dental hygienist for a minimum of two years and a dental hygiene educator for at least six months. Please read this form and ask any questions you may have before agreeing to be in the study.

Kay-Trenia Davis-Porter, a doctoral candidate in the School of Education at Liberty University, is conducting this study.

**Background Information:** The purpose of this study is to describe the experiences of clinical dental hygienists who have transitioned from clinical dental hygiene to the role of a dental hygiene educator.

#### **Procedures:**

If you agree to be in this study and sign the consent form, you are requested to do the following tasks:

- Participate in a 45-60-minute interview with the researcher. The interview will occur during a mutually agreed-upon time and venue using Zoom, FaceTime, Microsoft Teams, or Web-Ex. The interview will be audio and/or video recorded.
- Each participant will review the transcribed interview questions they answered to ensure the accuracy of the information. The expected time for completion of the review is 15 – 30 minutes.
- Participate in a virtual online focus group with other dental hygiene educators and the researcher. The virtual online focus group will utilize a web application using Zoom, FaceTime, Microsoft Teams, or Web-Ex. Participate in a focus group interview lasting approximately one hour and consisting of 3- 5 other participants. This interview may take place utilizing a video-conferencing application. During this interview, notes will be taken, and the interview will be audio recorded for the researcher to review later. All information will remain confidential throughout the entire process and will

later be destroyed.

- Construct a hypothetical letter to a clinical dental hygienist who may be considering the transition from clinical dental hygiene to dental hygiene education. The letter will be written directly to a dental hygienist considering a career transition. You will share your experiences, including your decision to change roles, experience before the transition, during the transition, and what you have experienced after the transition. Additionally, the letter should include any suggestions you have regarding your decision to transition. The researcher has prepared a list of questions you may use to construct the letter. The letter should take approximately 45 minutes to complete and will be the final procedure for this study. Participants will be given a week to compose the hypothetical letter.

**Risks and Benefits of Being in the Study:** The risks involved in this study are no more than the participant would encounter in everyday life. Participants should not expect to receive a direct benefit from participation in this research; however, the research study will benefit dental hygiene programs during their recruitment, interviewing, hiring, and retention phase of employment. Benefits to society may include understanding why clinical dental hygienists transition from clinical dental hygiene to dental hygiene educators. There is currently limited research giving a voice to clinical dental hygienists' experiences and why they decided to transition from clinical dental hygiene to dental hygiene education; therefore, this study will give voice to those interested in the same career transition.

**Compensation:** Participants will not be compensated for participating in this study.

**Confidentiality:** The records of this study will be kept private. In any report I might publish, I will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the documents.

- Research records, recordings, and associated transcripts will be stored securely in password-protected data files. Written and hard copy records will be kept in a secure file cabinet until they are converted to electronic form and stored on a password-protected computer. All electronic files will be backed up using an online backup service. Access to data will be limited to the researcher. It will not be used for purposes outside of this study without the research participants' additional consent. After three years, all electronic records will be deleted.
- Pseudonyms will be assigned to all participants and used in all written or electronic records and reports to protect participant identity.
- Interviews will be recorded and transcribed. Recordings will be stored on a password-locked computer for three years and then erased. Only the researcher will have access to these recordings.
- I cannot assure participants that other group members will not share what was discussed with persons outside of the group; however, a request will be made before starting the focus group meeting.

**Voluntary Nature of the Study:** Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free not to answer any question or withdraw from the study at any time without affecting those relationships.

**How to Withdraw from the Study:**

If you choose to withdraw from the study, please contact the researcher by email at kporter26@liberty.edu. Should you decide to withdraw, data collected from you, apart from the virtual online focus group data, will be destroyed immediately and will not be included in this study. The virtual online focus group data will not be destroyed. However, your contributions to the focus group will not be included if you choose to withdraw from the study.

**Contacts and Questions:**

The researcher conducting this study is Kay-Trenia Davis-Porter. You may ask any questions you have now about this study via email to kporter26@liberty.edu or by calling (336) 847-3175. If you have questions later, you are encouraged to contact the researcher at the same email address or telephone number. This study is being conducted under the supervision of Dr. James Eller at jeller2@liberty.edu, a professor at Liberty University.

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd, Suite 2845, Lynchburg, VA 24515, or email at [irb@liberty.edu](mailto:irb@liberty.edu).

*Please notify the researcher if you would like a copy of this information to keep for your records.*

**Statement of Consent:**

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

The researcher has my permission to audio-record and/or video-record me as part of my participation in this study.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

**APPENDIX E: RECRUITMENT LETTER**

[Date]

[Potential Participant]

Dental Hygiene Educator

Dear [Potential Participant]:

As a graduate student in the School of Education at Liberty University, I am conducting research as part of the requirements for a doctoral degree in Curriculum & Instruction. The purpose of my study is to explore the individual experiences of a clinical dental hygienist's transition to the role of dental hygiene educator, what they experienced as they moved into the role, what they are currently experiencing in the role, and what they would share with clinical dental hygienist considering a transition to dental hygiene educator. I am writing to invite you to participate in my study.

If you are a registered clinical dental hygienist and you have worked at Cobb County Community College as a dental hygiene educator for at least six months and are willing to participate, you will complete a Google demographic survey for necessary information (this task should take approximately 10 minutes and will have a one-week window to complete). The requirements of the research study participants include the following:

- Participate in an online video interview (45-60 minutes, using Zoom, Microsoft Teams, Web-Ex, or an online video forum accessible to both of us).
- Review the researcher's transcription of your answers to interview questions for accuracy, which will be emailed to you (this task should take approximately 15 - 30 minutes and will have a one-week window for completion).
- Participate in a virtual online focus group via Zoom, Microsoft Teams, and Web EX, in which you will respond to questions and engage in a discussion group with other educators. (There will be 2 focus group meetings, which will last approximately 60 minutes over 10 days for the task to be completed)
- Write a letter based on your experiences to a teacher considering the transition to dental hygiene educator (there are prompts/questions to help guide you as you write, and this task should take approximately 45 minutes to compose, and you will have a window of one week to email the letter to me).
- Your name and/or other identifying information will be requested as part of your participation, but this information will remain confidential. You will be assigned a pseudonym to protect your confidentiality.

Please complete the screening survey in this [link] to be chosen as a possible participant in this study. If you are selected for the study, I will email you a consent form. The consent document contains additional information about my research. Please sign the form if you would like to participate in the study. The document is set up for you to sign electronically, either by drawing your signature or typing it using DocuSign. After you have read, completed, and signed the consent form, please click on the link at the bottom of the consent form and complete the demographics survey. In the survey, there is a place for you to indicate the times/dates you are available to interview and participate in a focus group. Additionally, I would like to know which online video venues you can access. If you are not chosen for the study, you will receive an email indicating you have not been selected.

Thank you in advance for your assistance in completing this audacious task. I am greatly appreciative of all your help.

Sincerely, Kay-Trenia Davis-Porter  
Liberty University Doctoral Candidate

## APPENDIX F: FOCUS GROUP QUESTIONS

### Focus Group Discussion Questions (Sample Questions)

1. What internal or external factors helped you to transition from clinical dental hygienist to dental hygiene educator?
2. What are some of the successes and/or challenges you faced when deciding to transition from a clinical hygienist to a dental educator?
3. What are some of the successes and/or challenges you experienced as you transitioned into the role of dental hygiene educator? Did your attitudes about education and instruction change or remain the same, and if so, in what ways?
4. After completing at least six months as a dental hygiene educator, what are some successes and/or challenges you would share with other clinical dental hygienists considering transitioning into dental hygiene education?
5. How do the experiences/situations you have encountered as a clinical dental hygienist who has transitioned to dental hygiene educator influence your role as an educator?

*Disclaimer: These are sample questions for proposal purposes only. Actual focus group questions will evolve during data collection and data analysis. This appendix will be updated once data collection and data analysis are completed.*



**APPENDIX G: [EMAIL]. GUIDELINES FOR HYPOTHETICAL LETTER FROM A  
DENTAL HYGIENE EDUCATOR TO A CLINICAL DENTAL HYGIENIST**

Participant:

Please create a personal letter using a Microsoft Word document to a dental hygienist who may be considering transitioning from clinical practice to dental hygiene educator. In the letter, please share your experiences before, during, and after the transition with the dental hygienist. The letter is hypothetical and will not be shared with another educator without permission. If you would like to share your letter with other dental hygienists considering the transition, please note it in the following manner at the end of the letter:

- I want this letter to be shared with dental hygienists considering a transition from clinical dental hygiene to dental hygiene education.

The following questions can help you as you create your letter to the clinical dental hygienist.

1. What motivated you to transition from clinical dental hygiene to dental hygiene education?
2. What have you experienced thus far as a dental hygiene educator? Please include your successes, stressors, struggles, or failures before, during, or after your transition?
3. What thoughts/questions do you still have regarding your transition? Please indicate any information that would have improved or changed your decision to transition.
4. What are the critical lessons learned from the transition, having experienced it?
5. What advice would you give a clinical dental hygienist considering transitioning to a dental hygiene educator?

The letter should contain information that you desire to share and should be completed by

\_\_\_\_\_, 2020. If you have any questions, please feel free to email me at

\_\_\_\_\_. Upon completion of your letter, please email it to me. Thank you in advance for your time and reflections shared with other potential educators.

Your experiences will significantly benefit this research study and assist other dental hygienists, considering the transition you have made.

**APPENDIX H: THANK YOU AND MEMBER CHECK EMAIL**

Dear Participant:

Thank you for participating in the interview/focus group and sharing your experiences as a clinical dental hygienist who has transitioned to a dental hygiene educator. I appreciate your willingness to share your unique and personal thoughts, feelings, and experiences.

I have attached a transcript of your interview/focus group discussion. I ask that you review the document(s) to ensure that the information contained within it is accurate and has fully captured the essence of your experience. After reviewing the transcript(s), you may realize that pertinent information has been overlooked or omitted. Please use the Track Changes feature located under the Review tab in Microsoft Word to edit the document. Please utilize the following link if you are not familiar with making corrections in Microsoft Word.

- <https://wordaddins.com/wp-content/uploads/track-changes-tools-on-review-tab.png>.

Please feel free to make corrections to any incorrect information and add comments that further elaborate or clarify your experience. Please do not change or edit grammar as it is essential to this study that readers hear your voice and how you tell your story despite grammar. Please send your revised document to [REDACTED]

I am grateful for your participation in this study and your willingness to share your experiences.

If you have any questions or concerns, now or in the future, please do not hesitate to contact me via email or telephone at [REDACTED].

Thank you,

Kay Davis-Porter

## APPENDIX I: RESEARCHER REFLEXIVE JOURNAL

\*Journal Information will continue to evolve with data collection and analysis

Date	Entry Details
October 2020 -	I am so overwhelmed but thankful for this dissertation. Writing these first three chapters has been stressful. I have written this manuscript a minimum of 5 times now, but I know I have to finish it.
November 22, 2020	I submitted my manuscript for a final review (I hope). Writing and revising was not as difficult as I thought it would be. Dr. Eller has been a tremendous help, and I feel a lot better about my document this time. I am ready to start IRB, finish IRB approval, and start the fun part of collecting and analyzing data.
November 24, 2020	I received a response from Dr. Eller indicated a few revisions (whew). He will be able to send a clean copy for Dr. Michael-Chadwell. Hopefully, I will be able to defend in a few weeks.
December 2020	Submitted work to my chair and committee for formal review. It is approaching the end of the term, so I know I will not defend my proposal before the holiday.
January 2021	I am completing information so that I can defend my proposal.
February 2021	I successfully defended my proposal, and now my goal is to get thru the IRB review. Have to submit the application to LU and CCCC.

- March 2021 CCCC IRB has been approved. I am still working on revisions for LU IRB. They are very picky about the way this information is submitted. Fingers crossed it will be approved soon.
- April 2021 It seems like it took an act of Congress lol to get through IRB review. That was tough. I am not too fond that almost 6 weeks have gone by, and it was a waiting game. Revision after revision after revision but guess what that was God's plan. Now onto collecting and analyzing this data.
- May 2021 All data has been collected, and the analysis has started. Working on this analysis is a beast, and Nvivo is tough to understand. Watching lots of videos and reaching out to others that I know that have used. The cool thing is that LU will give the latest version to use. Step 4 is time-consuming, but I am learning so much info. My research participants are wonderful and willing to accommodate my strict, self-imposed schedule. God is my guide right now because this is another learning curve, but I am up for the task.
- June 2021 Completed chapter 4 and submitted it for the first review. I need to correct some things and add some more information. I feel like I have an excellent workable document, but I will know more once I receive feedback from Dr. Eller.
- July 2021 I have completed revisions on Chapter 4 and finishing Chapter 5 for formal submission by the 15<sup>th</sup> of the month. I will be cutting it close; I hope to be ready to defend before the end of the semester. This journey has been exciting as I learn about the experience of others. Dr. Eller noted several places that I needed to quiet my voice and allow the participants' voices to be heard. Amazingly, their voice sounds very similar to my own experience.

August 2021

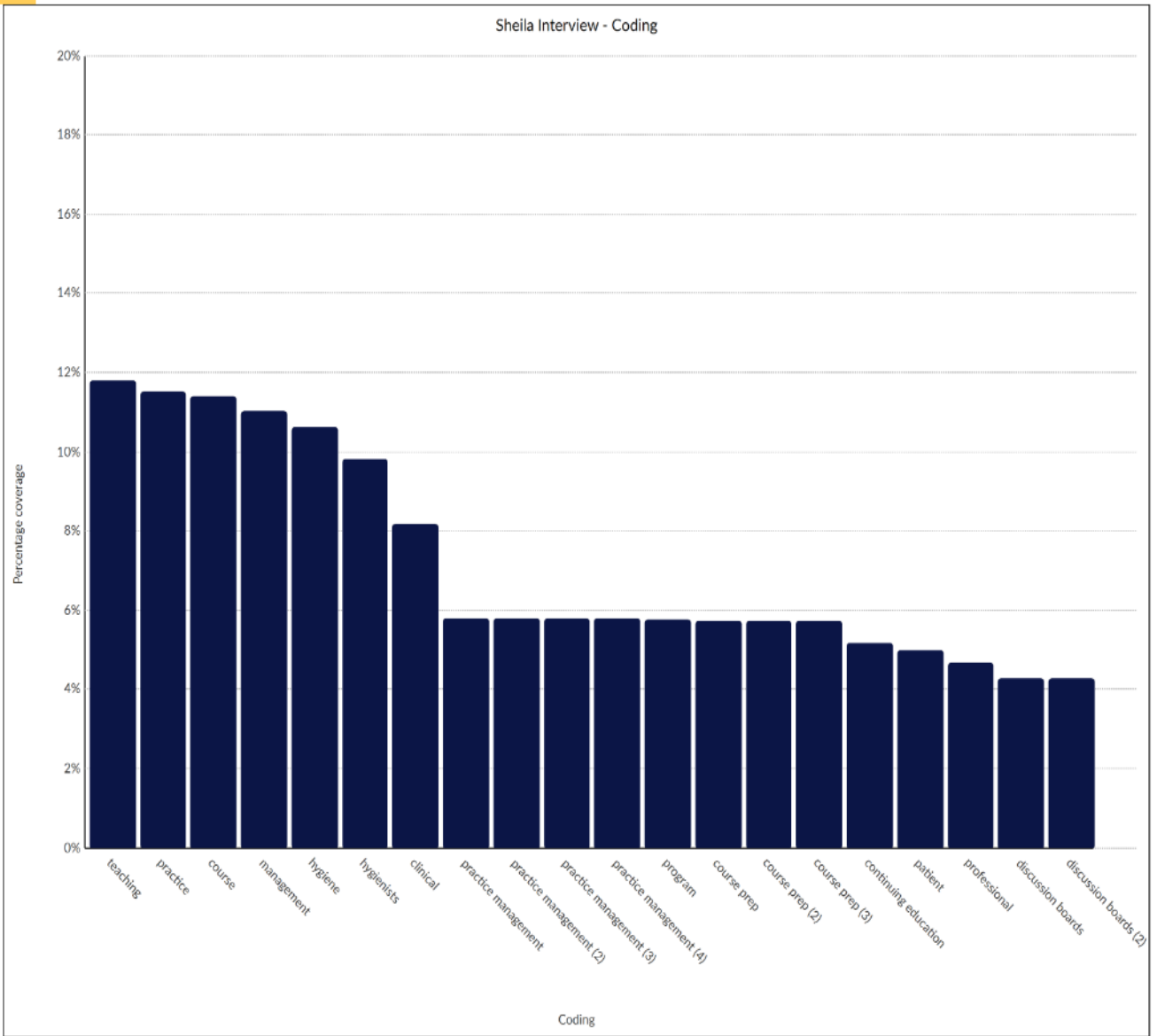
I have completed all chapters and submitted them for revision. Now the wait begins, and I will need to revise as Dr. Eller and Dr. Sharon send information back. This is probably the hardest part, but I know that the end is near.

September 2021

It almost done. I completed all edits, had my manuscript professionally edited, and I have been approved for defense. It is finally over. I give God all the glory because without him none of this would have been possible. Sept 10, 2021, at 5 pm!

### APPENDIX J: NVIVO AND HAND CODING

#### NVivo Coding



## Instructional & Experience

## Practice

- ② teaching - <sup>①</sup> real life university/college experience  
<sup>②</sup> philosophy  
 - personal - real life experience
- ① - clinical - patient care
- ③ - practical experience

## Preparation

Dental hygiene  
 - clinical

## Education

- cont' educ.
- adv. educ.
- dental hyg. educ.



