



Experiences of Novice Educators with the Role Transition from Clinical Practice to Academia: A Phenomenological Study in Ghana

Timothy Tienbia Laari *¹

1. Department of Nursing, Faculty of Allied Health Sciences, College of Health Sciences, Kwame Nkrumah University of Science and Technology, Kumasi, Ghana
Correspondence: Timothy Tienbia Laari, Presbyterian Primary Health Care (PPHC), Bolgatanga, Ghana. Tel: +233246698220, Email: tmlaari@yahoo.com

ARTICLE HISTORY

Received: Mar 22 2022
Received in revised form: July 27 2022
Accepted: Aug 16 2022
Published online: Nov 15 2022
DOI: [10.29252/jgbfmm.19.2.18](https://doi.org/10.29252/jgbfmm.19.2.18)

Keywords:

Novice Educators
Role transition
Clinical practice
Academia

Article Type: Original Article



Abstract

Background: The transition from clinical practice to academia comes with diverse experiences and challenges for novice educators, which causes stress, frustration, and role strain. This study aimed to describe the experiences of novice educators With the role transition from clinical practice to academia in Ghana.

Methods: This descriptive phenomenological study was conducted with 12 novice educators in three health training institutions in the Upper East Region of Ghana in 2020. The purposive sampling method was used to select participants, and data were collected through a semi-structured interview guide. Each audio-recorded in-depth individual interview was transcribed verbatim and analyzed using Colaizzi's descriptive phenomenological method.

Results: Based on the data analysis, three themes and six subthemes emerged including tutor-student interaction, role transition challenges, and role transition support. The subjects had negative student encounters and were overwhelmed with the workload and lack of transition support.

Conclusion: Novice educators in Ghana have diverse experiences that affect their role transition into academia. Creating and implementing faculty orientation and mentorship programs for these individuals would improve the experience and ensure their smooth role transition into nursing academia.

Highlights:

What is current knowledge?

The transition from clinical practice to academia comes with diverse experiences of stress, frustration, and role strain.

What is new here?

This study shows that the role transition is stressful and challenging, especially when formal transition support is lacking.

Introduction

Novice educators (NEs) are usually experienced clinical nurses who teach nursing students and have been in the academic setting for less than three years (1, 2). These clinical nurses go through a process as they are transitioning from an expert clinician role to a novel educator role, which requires a new set of skills, attitudes, and competencies that clinical nurses are not familiar with (1, 3, 4). Although nurse educators need to have clinical skills, effective teaching requires skills and competencies related to curriculum and the domains of teaching and learning (5). Regrettably, not all clinical nurses who transition to academia have pedagogical competencies (6, 7), which results in stressful working relationships with students (8, 9).

Nurses transitioning from clinical practice to academia often lack tutorial experience, mentorship, guidance, and support (10), which exposes their ineptitude to function effectively in the classroom (11–13). This leads to poor nursing students' performance, job dissatisfaction, and high attrition rates (12, 13). As experienced clinical nurses change to a setting where the skills needed to perform their jobs are significantly different, a change in self-identity and role occurs (14). Consequently, this change may result in anxiety, identity conflict, and transition shock (15). To resolve these challenges, nurses who choose to shift from the clinical role to the educator role should be adequately prepared and be purposely supported with the requisite skills and expertise (12,13,16). An unsuccessful transition may ensue when NEs have unclear guidelines and role expectations and lack job descriptions (10,19). This may fail NEs to impart nursing knowledge to the next generation of nurses (20). Not only NEs act as role models for students, but they also facilitate learning in the classroom and use appropriate assessment and evaluation tools to measure learning outcomes. In addition, they contribute to designing nursing curriculum, evaluating program outcomes, and aiding quality improvement in nursing education, research, and

practice (5). As a result, NEs experience role strain and frustration during the transition period (21).

Albeit a plethora of studies has been published on the experiences of NEs during the role change from clinical practice to academia in developed countries (6,10,11,22–24), a limited number of studies have been conducted in this regard in low- and middle-income countries.

A study on the transitional experiences of NEs in South Africa revealed the lack of orientation in both the academic and clinical environments, resources, and mentoring, which lead to unnecessary errors and increased workload (25). In Ghana, experienced clinical nurses are usually recruited and posted to nursing and midwifery training colleges as tutors. These individuals often have no pedagogical training and are left on their own to teach with very minimal guidance and support (17). Yet, little is known about the experiences of NEs' role transition in the Ghanaian community. Hence, the objective of this study was to investigate the experiences of Ghanaian NEs With the role transition from clinical practice to academia.

Methods

This study was conducted on three health training institutions (HTIs) in the Upper East Region of Ghana between June and August 2020. The descriptive phenomenology design was considered most appropriate for the study as the researcher sought to describe the transitional experiences of NEs without interpretation (26). The Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist guided the write-up (27). The inclusion criteria were educators who had a minimum of 3 years of post-clinical practice experience before becoming tutors and had been teaching for less than 3 years. The purposive sampling technique was used to select 12 NEs which was determined by data saturation (28).

In-depth individual interviews were conducted with a semi-structured interview guide developed by the researcher. All interviews were conducted in the English language, at the offices of the participants, and after lectures (participants' choice). The interviews lasted between 60 and 90 minutes, and open-ended questions with follow-up probes were asked such as; what student encounters influenced your role transition to academia? What challenges did you encounter during your role transition to academia? What is supporting your role transition into academia? The interview guide was pretested with three participants to improve the researcher's interviewing skills, identify errors, and make revisions to ensure reliability and accuracy (29). With permission from participants, all

interviews were audio-recorded, and field notes were taken for important gestures and non-verbal observations.

Concurrent data analysis was done manually using Colaizzi's descriptive phenomenological method (30). The researcher transcribed each audio-recorded interview verbatim. From each transcript, all statements about NEs' experiences during transitioning from practice to academia were identified. Meanings were then formulated for each identified statement and the formulated meanings were categorized into clusters of themes and subthemes that are common across all the transcripts. Field notes were also used to corroborate the emergent themes. Finally, the extracted statements were returned to the participants for validation (member checking).

Lincoln and Guba's criteria of credibility, transferability, dependability, and confirmability ensured the study's trustworthiness (31). By using the purposive sampling method, only participants who had relevant experience in the transition were recruited into the study. The findings of the study were returned to the participants for validation (member checking) to ensure credibility (32). The study setting, methodological processes, and sample characteristics were explained in detail (thick description) to ensure transferability (33). The researcher also had sessions with experienced colleagues to review all aspects of the study (peer debriefing). Mind bracketing and maintaining a reflexive journal to prevent bias and enhance data objectivity ensured confirmability (34).

Ethical approval was obtained from the Committee on Human Research, Publication, and Ethics (CHRPE) of the Kwame Nkrumah University of Science and Technology (KNUST) (reference number: CHRPE/AP/195/20). Institutional approvals were also obtained from the principals of all three HTIs before data collection. Written informed consent was taken from all participants after giving a detailed explanation of the study. For confidentiality and anonymity, participants' names were omitted from the transcripts and replaced with codes.

Results

Twelve NEs in the field of nursing, midwifery, and public health participated in this study. The majority of them were male (83.3%) and with a bachelor's degree in nursing (75%). The mean age of participants was 34.42±2.11 years. The average clinical and teaching experience of the subjects was 7.25 years and 1.75 years, respectively (Table 1). The transitional experiences of NEs were organized into three emergent main themes and six subthemes (Table 2).

Tutor-student interaction

Tutor-student interaction started immediately after NEs started their new teaching roles. While the interaction with students was a positive experience for some NEs, most NEs described student encounters as a negative experience contrary to what they encountered with patients in the clinical setting. This theme had two subthemes, "positive student encounter" and "negative student encounter".

Positive student encounters

Some NEs experienced positive encounters with their students which were akin to their encounters with patients in clinical practice. These encounters were experienced both in the classroom and outside the classroom. "Coming from the clinical area, I was anxious about how I would relate with my students in the classroom. But since I stepped into the classroom, I have always encountered students in a positive way just as I did with my patients" (NE4). "My encounter with students has been amazing. I often have good interactions with students, especially in my office... They always come to ask for clarifications about things they don't understand" (NE10).

Negative student encounters

Most NEs in the study expressed negative encounters with their students which were contrary to their expectations. These negative encounters were mostly experienced in the classroom. "Back in the clinical setting, I had very good encounters with my patients so I expected to have the same encounters with my students here but that is not the case. The appreciation and respect I had from patients are contrary to what I am getting from students" (NE7).

Role transition challenges

This theme explains the challenges nurse clinicians encountered when they began to work as novice educators. All NEs narrated some challenges they experienced during their transition from clinical to academic roles. Two subthemes emerged under this theme including "overwhelming workload" and "lack of transition programs".

Overwhelming workload

All participants were overwhelmed with the workload as nurse educators. The subjects described the nurse educator role as demanding and stressful due to its associated workload. This forced some NEs to work at night and at home to meet timelines. "I go through a lot of stress because this job is very demanding. I am often given timelines to work with...so when my timelines are not being met, I always carry my official work to the house to complete them" (NE3).

"I have a lot of work on me right now but all cannot be done during the day. So I have to send part of the work home like marking scripts and do it over the night. I do that frequently" (NE 11).

Lack of transition programs

All the NEs bemoaned the lack of well-designed transition support programs to facilitate their transition from the clinician role to the educator role. While some NEs did not know what was expected of them due to the lack of a faculty orientation program, other NEs felt inept due to the lack of a faculty mentorship program. "When I first came to this place [institution], I did not know the tasks to carry out as a nurse educator and I didn't know what was expected of me. I experienced a lot of uncertainties because I did not get any form of faculty orientation" (NE1). "I was left on my own because I wasn't assigned to a mentor... immediately I come here, I was assigned a course to teach and I felt inept in the role because I wasn't mentored" (NE6).

Role transition support

The NEs in the study described how their role transition from clinical practice to academia was supported. Participants mentioned that tutor-to-tutor support and the internet supported their role transition.

Tutor-to-tutor support

Some NEs sought information about their novel teaching role from other tutors and mentioned that other tutors helped them to understand the nurse educator role and improve their pedagogical skills in class. "I had a lot of support from other tutors in this institution. I often contact them [tutors] for support on how to teach certain topics and the right teaching methods to use...they are always ready to help me" (NE12). "The other tutors helped me to understand the job [teaching] better. I often call on them for any support I need and they are always supportive" (NE5).

Reliance on the internet

The NEs mentioned that they relied on the internet for information on preparing for lectures and teaching methods. "My greatest support is from the internet. I basically depend on the internet to perform my role as a nurse educator. Whenever I have difficulties in preparing for lectures on certain topics, I rely on the internet for help" (NE9). "I depend on the internet for everything...like choosing the appropriate teaching method to teach my students" (NE2).

Discussion

The findings of the present study revealed that the NEs had some experiences with their students in the classroom and outside the classroom. While some NEs experienced positive encounters with their students, most NEs experienced negative encounters which were contrary to their expectations. In fact, their good nurse-patient relationship was not translated into a good tutor-student relationship. In line with this finding, a previous study also indicated that NEs often find themselves unprepared for teacher-student relationship issues and experience negative encounters with students (8). This is because the positive encounter with patients in the clinical setting differs from the stresses experienced in student interactions (35). Therefore, NEs must recognize the differences in the nurse-patient and teacher-student relationships and integrate their clinician and educator identities to make their transition successful.

In this study, NEs were overwhelmed with the workload and described their role as demanding and stressful. Consequently, to meet timelines, the majority of the NEs were compelled to work at night at home to perform tasks like marking scripts. This overwhelming workload adversely impacts the role transition and adaptation to nursing academia. Other studies have also reported that nurse educators experienced a huge workload which negatively impacted their transition to academia (36,37). This is because nurse educators usually have unrealistic expectations about workload (38). Therefore, NEs must be given lighter tasks in the first few years, and employers must allow gradual performance of roles during the transition period.

The results from this study indicate the lack of well-designed transition programs to support their role transition from clinical practice to academia. The NEs in this study did not know their exact roles because they were not given formal faculty orientation and others experienced the feeling of ineptitude because they were not mentored. This finding is in agreement with the finding of previous studies which reported that nurse educators experienced challenges with the performance of their roles due to the lack of formal faculty orientation and mentorship programs (36,39). Getting faculty orientation and mentorship support during the transition period is necessary for nurse educators to acclimatize to the academic setting (22).

In the present study, the NEs relied on other tutors and the internet to support their role transition. Through these, the NEs understood the nurse educator role, improved their pedagogical skills, and learned new teaching methods. This finding is consistent with the findings of a study that reported that the most supportive strategy that aided the role transition into academia was seeking guidance from other tutors (40). However, this finding highlights the urgent need

to formally mentor NEs. Therefore, college administrators should formally assign NEs to other tutors with vast experience to learn from them.

Conclusion

The study revealed that NEs in some selected HTIs in Ghana have diverse experiences as they transitioned from clinical practice to academia. Negative student encounters, overwhelming workload, and the lack of transition support programs affect NEs role transition to academia. There is an urgent need to lessen the workload of NEs during the transition until they acclimatize to the academic role. Moreover, they need to be formally orientated and mentored before assuming full educator roles. Future research should focus on the role of college authorities in facilitating the transition from practice to academia.

Acknowledgements

The author wishes to thank all the nurse educators who participated in the study and the principals who gave institutional approvals.

Funding source

The author received no financial support for the research.

Ethical statement

Ethical approval was obtained from the Committee on Human Research, Publication, and Ethics (CHRPE) of the Kwame Nkrumah University of Science and Technology (KNUST) (reference number: CHRPE/AP/195/20). Institutional approvals were also obtained from the principals of all three HTIs before data collection. Written informed consent was taken from all participants after giving a detailed explanation of the study. For confidentiality and anonymity, participants' names were omitted from the transcripts and replaced with codes.

Conflict of interest

The author declares that there are no competing interests.

Author contributions

Conception and design of the study, analysis of the findings, drafting, revising, and approving the manuscript were done by TTL.

References

- Tucker K. The lived experience of clinical nurse experts transitioning to the role of novice educators. *University of Northern Colorado*; 2016. [View at publisher] [DOI] [Google Scholar]
- Brown T, Sorrel J. Challenges of a Novice Nurse Educator's Transition from Practice to Classroom. *Teaching and Learning in Nursing*. 2017; 12(3):207-211. [View at publisher] [Google Scholar]
- Woytowicz E. Leaving an Expert and Returning a Novice: Exploring the Transition of Clinical Nurse Experts to Novice Nurse Educators. St. John Fisher College; 2018. [View at publisher] [Google Scholar]
- McAllister M, Oprescu F, Jones C. Envisioning a process to support transition from nurse to educator. *Contemporary Nurse*. 2014; 46(2):242-50. [View at publisher] [DOI] [PMID] [Google Scholar]
- World Health Organization. Nurse Educator Core Competencies. *Geneva: World Health Organisation*; 2016. [View at publisher] [Google Scholar]
- Grassley JS, Lambe A. Easing the transition from clinician to nurse educator: An integrative literature review. *Journal of Nursing Education*. 2015; 54(7):361-6. [View at publisher] [DOI] [PMID] [Google Scholar]
- Miner LA. Transition to Nursing Academia: A Positive Experience. *The Journal of Continuing Education in Nursing*. 2019; 50(8):349-54. [View at publisher] [DOI] [PMID] [Google Scholar]
- Schoening AM. From the bedside to classroom: The nurse educator transition model. *Nursing Education Perspectives*. 2013; 34(3):167-172. [View at publisher] [DOI] [PMID] [Google Scholar]
- Link L. Novice Nurse Educators Receiving Mentoring. *University of Missouri-Kansas City, USA*; 2020. [View at publisher] [Google Scholar]
- Fritz E. Transition from Clinical to Educator Roles in Nursing: An Integrative Review. Vol. 34, *Journal for Nurses in Professional Development*. 2018; 34(2):67-77. [View at publisher] [DOI] [PMID] [Google Scholar]
- Heydari A, Hosseini SM, Moonaghi HK. Lived Experiences of Iranian Novice Nursing Faculty in Their Professional Roles. *Global journal of health science*. 2015; 7(6):138-45. [View at publisher] [DOI] [PMID] [Google Scholar]
- Owens JM. Secondary Stress in Nurse Educators. *Teaching and Learning in Nursing*. 2017; 12(3):214-5. [View at publisher] [DOI] [Google Scholar]
- Summers JA. Developing Competencies in the Novice Nurse Educator: An Integrative Review. *Teaching and Learning in Nursing*. 2017; 12(4):263-76. [View at publisher] [DOI] [Google Scholar]
- Smith S, Karosas L, Beauchesne MA. Preparing for the transition from clinical practice to academia. *Journal of the American Association of Nurse Practitioners*. 2019;31(2):82-4. [View at publisher] [DOI] [PMID] [Google Scholar]
- Duchscher JEB. Transition shock: The initial stage of role adaptation for newly graduated Registered Nurses. *Journal of Advanced Nursing*. 2009; 65(5):1103-13. [View at publisher] [DOI] [PMID] [Google Scholar]
- Mower J. Transitioning From Perioperative Staff Nurse to Perioperative Educator. *AORN Journal*. 2017; 106(2):111-20. [View at publisher] [DOI] [PMID] [Google Scholar]
- Laari TT, Apiribu F, Gazari T, Akor MH, Mensah ABB, Atanuriba GA, et al. Strategies Adopted by Novice Nurse Educators to Facilitate Their Transition From Practice to Academia: A Qualitative Study in Ghana. *SAGE Open Nursing*. 2021; 7:1-10. [View at publisher] [DOI] [PMID] [Google Scholar]
- Bagley K, Hoppe L, Brenner GH, Crawford M, Weir M. Transition to Nursing Faculty: Exploring the Barriers. *Teaching and Learning in Nursing*. 2018; 13(4):263-67. [View at publisher] [DOI] [Google Scholar]
- Legare TL. Transitioning from Practice to Academia: An Integrative Review of Facilitators and Barriers. *International Journal of Nursing Education Scholarship*. 2013; 10(1):2747. [View at publisher] [Google Scholar]
- Laari TT, Apiribu F, Amooba PA, Mensah ABB, Gazari T, Kuunibe JK, et al. Exploring the reasons for novice nurse educators' transition from practice to academia in Ghana. *PLoS ONE*. 2021; 16(10):1-14. [View at publisher] [DOI] [PMID] [Google Scholar]
- Cranford JS. Bridging the gap: Clinical practice nursing and the effect of role strain on successful role transition and intent to stay in academia. *International Journal of Nursing Education Scholarship*. 2013; 10(1):2013-5. [View at publisher] [DOI] [PMID] [Google Scholar]
- Wongpimoln B, Pholputta L, Ngernthaisong C, Samkhaowkhom C. Transitional Experiences from Clinical Nurse Experts to Novice Nurse Lecturers in the University for Local Development in Thailand: A Phenomenological Study. *Nurse Media Journal of Nursing*. 2021; 11(2):197-209. [View at publisher] [DOI] [Google Scholar]
- Hoffman DME. Transitional experiences: From clinical nurse to nurse faculty. *Journal of Nursing Education*. 2019; 58(5):260-5. [View at publisher] [DOI] [PMID] [Google Scholar]
- Logan PA, Gallimore D, Jordan SE. Transition from clinician to academic: An interview study of the experiences of UK and Australian Registered Nurses. *Journal of Advanced Nursing*. 2016; 72(3):593-604. [View at publisher] [DOI] [PMID] [Google Scholar]
- Sodidi K, Jardien-Baboo S. Experiences and mentoring needs of novice nurse educators at a public nursing college in the Eastern Cape. *Health SA Gesondheid*. 2020; 25(0):1-8. [View at publisher] [DOI] [PMID] [Google Scholar]
- Polit DF, Beck CT. *Nursing Research: Generating and Assessing Evidence for Nursing Practice*. 10th ed. Philadelphia: Wolters Kluwer Health; 2017. [Google Scholar]
- Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*. 2007; 19(6):349-57. [View at publisher] [DOI] [PMID] [Google Scholar]
- Saunders B, Sim J, Kingstone T, Baker S, Waterfield J, Bartlam B, et al. Saturation in qualitative research: exploring its conceptualization and operationalization. *Quality and Quantity*. 2018; 52(4):1893-907. [View at publisher] [DOI] [PMID] [Google Scholar]
- Majid MAA, Othman M, Mohamad SF, Lim SAH, Yusof A. Piloting for Interviews in Qualitative Research: Operationalization and Lessons Learnt. *International Journal of Academic Research in Business and Social Sciences*. 2017; 7(4):1073-80. [View at publisher] [DOI] [Google Scholar]
- Morrow R, Rodriguez A, King N. Colaizzi's descriptive phenomenological method. *The Psychologist*. 2015; 28(8):643-4. [View at publisher] [Google Scholar]
- Korstjens I, Moser A. Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *European Journal of General Practice*. 2018; 24(1):120-4. [View at publisher] [DOI] [PMID]
- Birt L, Scott S, Cavers D, Campbell C, Walter F. Member Checking: A Tool to Enhance Trustworthiness or Merely a Nod to Validation? *Qualitative Health Research*. 2016; 26(13):1802-11. [View at publisher] [DOI] [PMID] [Google Scholar]
- Hadi MA, José Closs S. Ensuring rigour and trustworthiness of qualitative research in clinical pharmacy. *International Journal of Clinical Pharmacy*. 2016; 38(3):641-6. [View at publisher] [DOI] [Google Scholar]
- Gill MJ, Gill DJ, Roulet TJ. Constructing Trustworthy Historical Narratives: Criteria, Principles and Techniques. *British Journal of Management*. 2017; 00(1):1-15. [View at publisher] [DOI] [Google Scholar]
- Anderson J. The Work-Role Transition of Expert Clinician to Novice Academic Educator. *Journal of Nursing Education*. 2009; 48(4):203-8. [View at publisher] [DOI] [PMID] [Google Scholar]
- Mann C, De Gagne JC. Experience of novice clinical adjunct faculty: A qualitative study. *Journal of Continuing Education in Nursing*. 2017; 48(4):167-74. [View at publisher] [DOI] [PMID] [Google Scholar]
- Dempsey LM. The experiences of Irish nurse lecturer's role transition from clinician to educator. *International Journal of Nursing Education*

- Scholarship*. 2007; 4(1):1–12. [[View at publisher](#)] [[DOI](#)] [[PMID](#)] [[Google Scholar](#)]
38. Weidman NA. The lived experience of the transition of the clinical nurse expert to the novice nurse educator. *Teaching and Learning in Nursing*. 2013; 8(3):102–9. [[View at publisher](#)] [[DOI](#)] [[Google Scholar](#)]
39. Duphily NH. The experience of novice nurse faculty in an associate degree education program. *Teaching and Learning in Nursing*. 2011; 6(3):124–30. [[View at publisher](#)] [[DOI](#)] [[Google Scholar](#)]
40. Shapiro S. An Exploration of the Transition to the Full-Time Faculty Role among Associate Degree Nurse Educators. *Nursing Education Perspectives*. 2018 Jul; 39(4):215–20. [[View at publisher](#)] [[DOI](#)] [[PMID](#)] [[Google Scholar](#)]

Table 1: Demographic characteristics of NEs

Code	Gender	Age (years)	Clinical experience (years)	Teaching experience (years)	Education level	Marital status
NE1	Male	33	7	2	BSc in Nursing	Married
NE2	Male	39	10	2	BSc in Nursing	Married
NE3	Male	33	6	1	BSc in Nursing	Married
NE4	Male	34	7	2	BSc in Public Health	Married
NE5	Female	32	6	2	BSc in Midwifery	Married
NE6	Male	32	6	2	BSc in Nursing	Married
NE7	Male	35	8	2	BSc in Nursing	Married
NE8	Male	36	8	1	BSc in Nursing	Married
NE9	Male	34	7	2	BSc in Nursing	Married
NE10	Male	37	9	2	BSc in Nursing	Married
NE11	Female	35	7	1	BSc in Public Health	Married
NE12	Male	33	6	2	BSc in Nursing	Married

Table 2: An overview of the themes and subthemes of transitional experiences of NEs

Themes	Sub-themes
Tutor-student interaction	Positive student encounters
	Negative student encounters
Role transition challenges	Overwhelming workload
	Lack of transition programs
Role transition support	Tutor-to-tutor support
	Reliance on the internet

How to Cite:

Timothy Tienbia Laari. Experiences of Novice Educators with the Role Transition from Clinical Practice to Academia: A Phenomenological Study in Ghana. *Journal of Research Development in Nursing & Midwifery*. 2022; 19(2):18-21



© The author