

Academic nurses' transition across an academic career: A qualitative study

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Abstract

Aim: The aim of this study was to gain a deeper understanding of nurse academics' experiences with the transition from clinical practice to academia and throughout their whole career trajectory.

Design: Qualitative study design.

Methods: Three focus group interviews with 17 nurse academics employed at a University in Norway were conducted in May and June 2020. Data were analysed using qualitative content analysis.

Results: Nurse academics experienced several diverse career transitions that continued throughout their whole career trajectory, affecting their daily life. Three interconnected themes were identified: 'clinically confident, yet academically uncertain', 'balancing the academic role' and 'lost in academic transition'.

Conclusion: This study contributes to a deeper understanding of nurse academics' experiences of transitioning into their academic role and identity. Transition was found not as separate occurrences but was described as several ongoing and concurrent processes throughout their whole career trajectory regardless of seniority level or academic experience. These transitions encompass shifts in identity, new responsibilities and increased tasks, yet often occur without adequate support. As a result, nurse academics may lack the essential skills and knowledge of the academic role.

Impact: This study provides insights into nurse academics' transition from clinical practice to academia and throughout their whole career trajectory. This is not a one-time occurrence but a continuous process that takes place throughout their entire career trajectory. This transition is embedded within a complex environment that requires careful consideration and attention. To address challenges regarding career transitions for nurse academics, universities should provide more training and preparation opportunities for all nurse academics when facing different career transitions.

Reporting Method: Consolidated Criteria for Reporting Qualitative Research.

Patient or Public Contribution: No patient or public contribution.

KEYWORDS

academia, identity, nurse academic, qualitative research, transition

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1 | INTRODUCTION

There is a global need for more nurses (WHO, 2022) and consequently an increasing demand for nurse academics in nursing education (Yedidia et al., 2014). Most nurse academics are recruited from clinical practice with limited knowledge and understanding of the academic world (McDermid et al., 2016). Consequently, nurse academics can feel unprepared for the transition from clinical practice to an academic work environment (Fritz, 2018; Grassley & Lambe, 2015; Singh et al., 2020). However, nurse academics' role and adaptation of a new identity are not only challenging in the initial years but also a persistent issue throughout their career, regardless of seniority and level of experience in academia (Barrow & Xu, 2021b).

2 | BACKGROUND

Nurse academics may face multiple expectations and challenges and struggle with the expectations of their new role (McDermid et al., 2016) and the adaptation to a new identity (Barrow & Xu, 2021b). Even though they often are expert clinicians, they may have limited pedagogical and academic experience (Jetha, Boschma, & Clauson, 2016; McDermid et al., 2013). Hence, finding the transition experience demanding (Singh et al., 2020). Transition is defined as a shift from one relatively stable condition to another relatively stable condition, initiated by a change in circumstances. Transition is recognized through various dynamic stages, milestones and turning points and can be defined as a process (Meleis, 2010). The nurse academic role includes various stages and dimensions (Brown & Sorrell, 2017), involving teaching, student interaction, supervising and engaging in clinical practice. Furthermore, they have other responsibilities such as committee participation, advocacy, writing grants, preparing manuscripts, undertaking research, expectation to publish, attending conferences (Jackson et al., 2015).

Nevertheless, the issue of the transition process for clinical nurses to the academic context is not only related to a lack of academic skills but also involves a transition from one identity to a new one (Hunter & Hayter, 2019). It could be characterized as a feeling of loss (Duffy, 2013) and a loss of the security provided by the familiar (Anderson, 2009). According to Barrow and Xu (2021b), a nurse academics identity is often created as an extension of the clinical one. The construction of a new nurse academic identity is therefore found to occur in a process of moving back and forth between clinical and academic spaces (Barrow & Xu, 2021a). While the new role of nurse academics and their adaptation of a new identity is challenging in the initial years, identity work is also found to be an issue throughout their career regardless of seniority and level of experience in academia (Barrow & Xu, 2021b). For some, it might take several years until the new identity is acknowledged (Chargualaf et al., 2017).

In addition to issues regarding identity work, various studies has also revealed that nurse academics face other challenges within the academic context, such as feelings of isolation, anxiety (McDermid et al., 2016), workload issues and a lack of resources and

support (Bittner & O'Connor, 2012; Brown & Sorrell, 2017; Singh et al., 2020). Consequently, because of constant changes in universities (Barrow & Xu, 2021b) and a variety of tasks that implies a complex academic work environment (Bittner & O'Connor, 2012), nurse academics must frequently construct or reconstruct their academic identity (Barrow & Xu, 2021b).

To date, several studies have investigated the experiences of clinical nurses' identity work (Barrow & Xu, 2021b) and transition process from practice to academia (Anderson, 2009; Fritz, 2018; Singh et al., 2020). Most studies of the career transition from practice to academia have focused on novice nurse academics in their initial years of teaching at the university level (Anderson, 2009; Brown & Sorrell, 2017; McDermid et al., 2013; Singh et al., 2020). However, the experience of established mid-to-late career nurse academics has been insufficiently explored (Singh et al., 2020). Nurse academics often experience occupational stress, pressure and burn-out (Singh et al. 2020) due to difficulties in maintaining work-life balance (Brown & Sorrell, 2017; Singh et al., 2020, 2022). Hence, it is crucial to recognize the conditions that impact the long-term sustainability of the academic nursing workforce by exploring a broader whole-of-career trajectory (Singh et al., 2020). Therefore, this study seeks to gain a deeper understanding of novice and senior nurse academics experiences transitioning from clinical practice to academia and beyond.

3 | THE STUDY

3.1 | Aim

The aim of this study was to gain a deeper understanding of nurse academics' experiences with the transition from clinical practice to academia and throughout their whole career trajectory.

3.2 | Design

A qualitative design with a phenomenological-hermeneutic approach within the interpretative paradigm (Lincoln & Guba, 1985) was chosen to gain insight into participants' subjective life world (Graneheim et al., 2017) and increase understanding of the whole experience (Polit & Beck, 2021). Focus group interviews were chosen to create discussion and reflection among participants regarding their experiences (Krueger & Casey, 2015). The study is reported in accordance with the guidelines of the Consolidated Criteria for Reporting Qualitative Research (Tong et al., 2007).

3.3 | Participants and recruitment

The participant was recruited using purposive sampling, which is a sampling technique in which the researcher selects participants based on their relevance according to inclusion criteria (Polit &

Beck, 2021). The inclusion criterion was being a registered nurse with former clinical experience and currently employed as an academic nurse at a university. The authors were employed at the same university as the participants, thus, to avoid bias through coercion, the head of the department, via email, invited all academic nurses working at a university to participate in the study. The email included information about the study and that participation was voluntary. Those who fulfilled the criterion and were willing and able to participate, contacted the authors of the study. The authors offered them the opportunity to ask questions and give their consent to participate.

3.4 | Data collection

Three semi-structured focus group interviews (with five to six participants in each group) (Krueger & Casey, 2015) were conducted by the two authors between May and June 2020. Due to the COVID-19 pandemic, the interviews were conducted using Zoom video communications. One author acted as a moderator and the other as an observer. The moderator informed the participants about the study and asked the interview questions. The observer asked follow-up questions to clarify or elaborate on the participants' experiences and kept track of those who wanted to contribute with their experiences. Interview questions were designed based on previously research about the theme and were devised to obtain a deeper understanding of nurse academics' experiences of the transition from clinical practice to academia and throughout their whole career trajectory. Examples of questions are 'Describe your experience concerning the transition from clinical practice to teaching and supervising at university level' and 'Describe your experience about your role as a nurse academic, teaching, and pedagogy throughout your whole career trajectory'. The interviews lasted between 78 and 84 min. All focus group interviews were audio-recorded using external recording equipment and then transcribed verbatim by the authors. Transcription was checked against the audio recordings to ensure that text and audio corresponded. Furthermore, transcription was anonymised, and identifiers removed during transcription.

3.5 | Data analysis

A qualitative content analysis developed by Graneheim and Lundman (2004) was used to analyse the data. First, the text was read several times by both authors to develop a thorough understanding of the whole. Second, the transcribed interviews were divided into meaning units and thereafter condensed (to reflect participants' statements). Condensed meaning units were further abstracted and grouped into codes with common characters. The codes were then organized into subcategories and categories. The latent analysis involved an interpretation of the underlying meaning of the text, leading to three overall themes. Furthermore, the

analytical process involved going back and forth between the steps to gain a deeper understanding. The material was sorted using NVivo 12 Pro (QSR International, 2018) An example of the analytical process is presented in Table 1.

3.6 | Ethical considerations

This study was designed and performed in accordance with the Declaration of Helsinki (Declaration of Helsinki, 2013) and common principles used in clinical research (Beauchamp & Childress, 2013). Ethical approval was obtained from the Norwegian Centre for Research Data (project number: 101296), the Research Ethics Committee at a University in Norway, and the management of the department at the university. Before conducting the focus group interviews, participants were informed about the study, and their written consent to participate was obtained. In addition, they were notified that they could withdraw from the project at any point and their confidentiality and anonymity were assured. All data were stored securely, and identifying information (e.g. name, place of work) was removed from the data.

3.7 | Rigour and reflexivity

Rigour and reflexivity are prerequisites for scientific knowledge (Lincoln & Guba, 1985). Hence, we have systematically reflected on the research process as well as the trustworthiness and relevance of the findings. We have also reflected on our own role as nurse academics throughout all stages of the research process and included reflexive elements as part of the research method. To ensure the trustworthiness of our findings, we employed the criteria from Lincoln and Guba (1985). To ensure credibility, we thoroughly described the analysis process. An example of the analysis process and participants' quotations is presented to ensure transparency. Furthermore, dependability was assured using the same interview guide in all three focus groups ensuring that all groups were asked the same questions. Furthermore, the findings of this study can be transferred to similar settings in the academic context.

4 | FINDINGS

Eighteen nurse academics working at two different nursing institutes at a university in Norway were recruited for the study. One participant withdrew after participating in the interview due to personal reasons. Hence, 16 female and one male participants with an age range of 34–64 years participated in the study. In addition, participants had a range of 3–33 years of experience as registered nurses and a range of 1–27 years as nursing academics. Three interconnected themes were identified: 'clinically confident, yet academically uncertain', 'balancing the academic role' and 'lost in academic transition'. The first theme depicts the initial transition from clinical

TABLE 1 Illustration of the analytic process.

Meaning unit	Category	Theme
<i>I think it is very exciting to have contact with students, and be involved in shaping new nurses and being able to influence (novice academic)</i>	Clinical proximity in teaching	Clinically confident, yet academically uncertain
<i>I was asked by my manager to give a lecture, that could fit (me) nicely, and it was about elimination. And then I seriously thought I was going to die! So, I thought, yes... elimination... it is far beyond my field, and the only experience I have (with elimination), they are purely private in a way (novice academic)</i>	Unprepared in new role as teacher	
<i>You are so replaceable (as a nurse), and then you start working at a university, and you are not anymore, and you have to work around the clock (novice academic)</i>	Challenging work-life balance	Balancing the academic role
<i>The employer is pushing and pushing, and it's never enough. I believe it's important for the younger.... Take control yourself, and decide the pace, but you must accept the premises. That's how I see it (senior academic)</i>	Pressure and responsibility	
<i>One of the most frustrating things at the beginning of the first year was that there were so many focus areas. You had to have first-year students in groups and practice, and first, second and third year in practice with three different focus areas. Then I attended a course in pedagogy, and I had to learn to supervise bachelor thesis, and then there were censorship and there was no guidance in how to censure except for a small manual (senior academic)</i>	Struggled to balance an ever-changing focus	Lost in academic transitions
<i>I can become physically unwell at the dissertation parties when they are having their [management] speaks: Congratulations, everything is so good, everything is so great and here you are, but now we have arranged for you to attend a school for professor – So the night you have defended your dissertation, the pressure starts. It never stops. I become completely suffocated by the thought of it (novice academic)</i>	Academic pressure can lead to poor mental health	

practice to academia. However, the other two themes represent several diverse career transitions that progressed and continued throughout their whole career trajectory, influencing the nurse academics in their daily life.

4.1 | Clinically confident, yet academically uncertain

The transition from practising nursing in a clinical setting to an academic role was described as engaging but challenging. The participants considered themselves experienced, competent and qualified nurses. Therefore, in their new role as nurse academics their clinical confidence represented an important part of their academic role and identity. In addition, the participants' involvement, and commitment to the individual student, such as teaching, supervision and practical learning, was experienced positively as it reminded them about their former time caring for patients. The nursing identity, embodied in the act of caring, was considered a vital component of nursing and crucial to impart to students. Thus, the participants went to great lengths to engage and teach their students how to care for patients and become excellent nurses. One participant said:

I think it is very exciting to have contact with students, and be involved in shaping new nurses and being able to influence (novice nurse academic in focus group 1).

The participants experienced clinical nursing confidence, yet they simultaneously felt academic uncertainty as novice academics.

This academic uncertainty was challenging as several participants experienced feeling unprepared for their new role as nursing academics and were assigned tasks that they did not anticipate or were not prepared for. Hence, they described an expectation to have expertise in a broad field of nursing, and their specialized nursing competence was not prioritized. Consequently, the academic expectations exceeded their competence. One participant said:

I was asked by my manager to give a lecture, that could fit (me) nicely, and it was about elimination. And then I seriously thought I was going to die! So, I thought, yes... elimination... it is far beyond my field, and the only experience I have (with elimination), they are purely private in a way (novice nurse academic in focus group 2).

Furthermore, in the career transition from a clinical setting to academia, several participants experienced being pedagogical novices with limited academic skills. The participants actively used their experience and competence as nurses yet lacked an understanding of academic tasks and pedagogy. For support and guidance, they often turned to colleagues. Several participants described the need for a mentor with more experience in the academic setting. One participant said:

And I was a bit like that... but, are you not going to make sure I can actually swim, before I go swimming? So that incredible... sort of... confidence in... yes, you... now you have responsibility... you are

employed here, so we reckon that you cope with this very well! It was very unusual! (novice nurse academic in focus group 3).

4.2 | Balancing the academic role

The transitions in academia were perceived as challenging, yet also positive in several ways. The participants experienced flexibility and independence in their academic roles. Flexibility consisted of freedom to decide their everyday work, and independence was described as a positive opportunity to some extent specialize and choose their own work tasks. Despite experiencing positive aspects of academic flexibility and independence, the academic role also required greater availability and accessibility, which presented challenges in establishing boundaries and prioritizing self-care. Even with years of work experience at the university, different career transitions continued to be an ongoing process. Notably, senior nurse academics had developed better-coping strategies to manage transition challenges:

The employer is pushing and pushing, and it's never enough. I believe it's important for the younger... Take control yourself, and decide the pace, but you must accept the premisses. That's how I see it (senior nurse academic in focus group 1).

Despite the positivity, independence and flexibility were often perceived as a lonely state that no one could relieve. Furthermore, flexibility, independence and availability were experienced inhibiting and facilitating, leading to a greater sense of responsibility. As a result, this was experienced as a burden, which resulted in an absence of work-life balance. One participant said:

You were so replaceable [clinical setting], and then you start working at a university, and you are not anymore, and you have to work around the clock (novice nurse academic in focus group 2).

4.3 | Lost in academic transition

Transition was depicted in the metaphor of being caught in a spiderweb, experienced as influencing, dominating and stretching the academic nurses in various directions. Both novice and senior nurse academics reflected retrospectively on the transition from practice to academia as challenging. However, the participants, despite academic experience, described several other challenging transitions throughout their careers in academia. For example, they described the continuous changes in tasks, such as relocating work and shifting between bachelor, master and PhD levels, which involved academic skills, supervision and management:

You have first year students in groups and practice, and first, second and third year in practice with three different focus areas. Then I attended a course in pedagogy, and I had to learn to supervise bachelor thesis, and then there were censorship and there was no guidance in how to grade, except for a small manual (senior nurse academic in focus group 1).

In addition, the participant struggled to manage the pressure of having an academic path (e.g. progressing from assistant professor to professor). This was a transition that required new tasks, developing a new identity and role which the participants felt that they were not prepared for, with no support. Consequently, the increasing academic responsibility, entailing demands of academic progression and diverse work tasks, was experienced to influence both internal and external pressures, frequently generating feelings of stress. Hence, some participants experienced a feeling of never being good enough and were concerned that the academic pressure could eventually lead to poor physical and mental health:

I can become physically unwell at the dissertation parties when they are having their [management] speaks: Congratulations, everything is so good, everything is so great and here you are, but now we have arranged for you to attend a school for professor – So the night you have defended your dissertation, the pressure starts. It never stops. I become completely suffocated by the thought of it (novice nurse academic in focus group 1).

As a result, transition was experienced not only as a one-time event but as ongoing and concurrent events throughout their whole career trajectory. Consequently, the participants frequently struggled to balance the transitions and change in work tasks and felt lost in academic transition.

5 | DISCUSSION

The aim of the study was to gain a deeper understanding of nurse academics' experiences with the transition from clinical practice to academia and throughout their whole career trajectory. One of the main findings of this study was that nurse academics experienced being clinically confident, yet academically uncertain. This theme depicts the initial transition from clinical practice to academia. The nurse academics experienced being unprepared for their new role, resulting in a feeling of being pedagogical novices with limited academic skills and therefore experiencing academic uncertainty. These findings are in accord with several studies revealing that many novice nursing academics have unsatisfactory educator skills (Fritz, 2018; Grassley & Lambe, 2015). Managing the academic demands and embracing skills such as learning principles, learning styles, teaching techniques, evaluation and providing feedback are

important (Fritz, 2018) and require specialized training in research and pedagogy (Aguayo-González & Weise, 2021). The World Health Organization (WHO, 2016) introduced the Nurse Educator Core Competencies to prepare educators for contributing to high-quality education. These competencies include (1) theories and principles for adult learning, (2) curriculum and implementation, (3) nursing practice, (4) research and evidence, (5) communication, collaboration and partnership, (6) ethical/legal principles and professionalism, (7) Monitoring and evaluation and (8) Management, leadership and advocacy (WHO, 2016). This study indicates that novice nurse academics face high expectations but may lack the necessary prerequisites to meet them.

In addition, this study found that being clinically confident represented an important part of the nurse academics' role and identity, both for novice and senior academics. Although clinical experience is important, it does not prepare nurse academics for the academic role (Anderson, 2009). Consequently, nurse academics are often unprepared transitioning into their new role (Fritz, 2018; Grassley & Lambe, 2015). This raises the question of whether the challenge of transition not only is about acquiring pedagogical skills but also involves a loss of identity, including searching, becoming and 'owning' the identity of an academic (Hunter & Hayter, 2019). While the identity and clinical confidence of many clinical nurses are well established, this identity is insufficient in the context and expectations of academia (Barrow & Xu, 2021b). To adapt to the academic context, nurses must therefore shift their identity to nurse academics and this transition can take several years (Murray et al., 2014). Several studies have described that the identity work of nurse academics is an issue throughout their whole career trajectory (Barrow & Xu, 2021b).

Furthermore, this study found that the academic work entailed flexibility and independence, however, it also resulted in greater responsibility and availability. The participants often struggled to balance their academic role and identity despite years of work experience. Subsequently, this often negatively affected their work-life balance throughout their whole career trajectory. This finding is consistent with a recent scoping review, which revealed that nurse academics were dissatisfied with their work-life balance. One contributing factor was the heavy workload, which compelled nurse academics to work beyond regular hours, subsequently impacting their personal family life (Moyer, 2022). The academic autonomy and flexibility of academic culture can be overshadowed by a lack of awareness and understanding of what the position of a nurse academic entails (McDermid et al., 2013). Consequently, nurse academics need orientation to academic culture, mentoring and development in academia (Grassley & Lambe, 2015).

In addition, this study revealed that nurse academics struggled to manage the continuous pressure and responsibility to make progress when transitioning in the academic trajectory, frequently leading to feelings of stress. Consequently, they were concerned that academic pressure and balancing the career transitions would eventually lead to physical and mental health issues. This is supported by a recent systematic review that found evidence that academics'

mental health is being negatively impacted by the demands of the higher education sector (Urbina-Garcia, 2020). Clearly, the academic burden on nurse academics is undeniable with the potential to negatively impact their mental health (Urbina-Garcia, 2020). Compared with other populations, academics often experience higher levels of stress (Gui et al., 2009), and work-related stress is a common health problem in today's society and nursing education (Thomas et al., 2019; Yedidia et al., 2014).

Earlier studies have focused on the initial transition from practice to academia (Manning & Neville, 2009; McDermid et al., 2013) with less focus on mid-to-late nurse academics and the whole career trajectory (Singh et al., 2020). Our findings revealed that the transition was not only found as separate occurrences yet described as several ongoing and concurrent events throughout their whole career trajectory, regardless of seniority levels and academic experience. These can be viewed as a series of dynamic stages, milestones, and turning points, according to Meleis (2010). For instance, the constant transition process within an academic trajectory and path, involves continual shifts in responsibilities, changes in work tasks and movement between different academic tiers. Consequently, the nurse academics were not prepared or supported in these transitions. Hence, with a continuous feeling of being lost in an academic transition. The participants experienced the various transitions as challenging for their academic confidence, role and work-life balance. This shows that nurse academics work in a challenging, complex and demanding environment (Bittner & O'Connor, 2012; Bono-Neri, 2019).

5.1 | Strengths and limitations

The present study has some limitations. First, it was conducted during the COVID-19 pandemic, and all nurse academics were working from home. Since physical meetings were not allowed, the focus group interviews were conducted via Zoom. Digital interviewing could be a limitation of the study as there is a risk that participants find it difficult to be spontaneous or interrupt each other. Nevertheless, the nurse academics provided rich descriptions of their experiences and the conversations flowed well, and data saturation was achieved. In addition, the focus group interviews facilitated a meeting point and discussion among the academic nurses, both novice and senior, which promoted a broader experience regarding the academic context.

While our sample comprised only one male participant, which could have influenced the findings, the sample size represents the normal distribution of female and male nurses in Norway (Avdeling utdanning og personell, 2014) and in the USA (Auerbach et al., 2017).

Moreover, the authors have a background understanding of nurses and nurse academics and are employed at the same university as the participants. In addition, the authors were co-workers with some of the participants. However, there were no hierarchical or dependency relationships between the participants and authors. Hence, our knowledge, experience and familiarity within the academic context can be both a strength and a limitation of the study.

A strength could be that the participants felt confident enough to express their thoughts and experiences in a trusting and safe environment with their colleagues. However, we cannot be sure of our knowledge of the topic or context and the participants may influence the findings. Nevertheless, the authors have been aware of their possible influence and have discussed it through all stages of the study.

6 | CONCLUSION

The aim of the study was to gain a deeper understanding of nursing academics' experiences with the transition from clinical practice to academia and throughout their whole career trajectory. Accordingly, the transition was found not as separate occurrences but was described as several ongoing and concurrent processes throughout their whole career trajectory regardless of seniority level or academic experience. These transitions encompass shifts in identity, new responsibilities and increased tasks, yet often occur without adequate support. As a result, nurse academics may lack the essential skills and knowledge of the academic role. To address this challenge, universities should provide more training and preparation opportunities for all nurse academics when facing different career transitions. Our findings have confirmed and extended the complexity of the academic career and its environment, thereby contributing to a deeper understanding of nurse academics' experiences of transitioning into their academic role and new identities. Further research should delve into the complex environment and the entire career trajectory, exploring ways to facilitate a smoother transition from practice to academia and beyond.

AUTHOR CONTRIBUTIONS

Made substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data; TLB, NR. Involved in drafting the manuscript or revising it critically for important intellectual content; TLB, NR. Given final approval of the version to be published. Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content; TLB, NR. Agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved; TLB, NR.

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PEER REVIEW

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DATA AVAILABILITY STATEMENT

Data available on request from the authors. The data that support the findings of this study are available from the corresponding author upon reasonable request.

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