UNIVERSITY OF CAPE COAST

TRANSITION TO NURSE EDUCATOR ROLE; EXPERIENCES OF NOVICE NURSE EDUCATORS IN CENTRAL REGION OF GHANA

KWEKU AGYEI-AYENSU

2022

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BY

KWEKU AGYEI-AYENSU

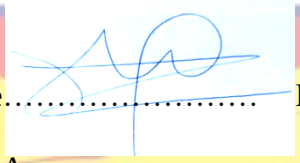
Thesis Submitted to the School of Nursing and Midwifery, College of Health and Allied Sciences, University of Cape Coast in Partial Fulfilment of the Requirement for the Award of Master of Nursing degree.

JUNE, 2022

DECLARATION

Candidate's Declaration

I hereby declare that, this thesis is the result of my own original research and that no part of it has been presented for another degree in this University or elsewhere.



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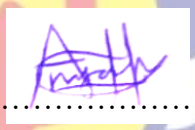
Supervisors' Declaration

We hereby declare that, the preparation and presentation of the thesis were supervised in accordance with the guidance on supervision of thesis laid down by the University of Cape Coast.



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Co-Supervisor's Signature……. Date…….

Name: Dr. Nancy I. Ebu Enyan

ABSTRACT

Nursing workforce shortage and corresponding scaling up of training leads to increasing numbers in schools and corresponding need for faculty. Faculty are usually recruited from the clinical area and undergo transition into academia which could be challenging affecting both the faculty (educator) and students. Ghanaian "novice" nurse educators undergo additional preparation and undergo transition like colleagues in other jurisdictions, yet their experiences have been less explored and documented. The study sought to explore the transition experiences of these nurse educators in the Central Region of Ghana. The study was a qualitative exploratory case study, and its population were "novice" nurse educators, who were purposively sampled from Nursing and Midwifery Training Colleges in the Central Region. Data was collected using semi-structured interview guide, transcribed, and analysed using thematic analysis. Ethical clearance was sought and granted by the Institutional Review Board of the University of Cape Coast. The participants described their transition as stressful stating feelings of anxiety and ambivalence about their new role despite their prior preparation. Overwhelming workload, difficulty in maintaining practice, inadequate orientation and ineffective mentorship were described as main contributory factors to the stressful transition. Establishing and maintaining relationship with colleagues as well as personal reflection were described as the main coping strategies. The study concluded that the transition of novice nurse educators in Ghana is stressful (despite the prior preparation received experience) and there is therefore the need for them to be supported through effective and structured mentorship, orientation, and organisational support.

Nursing workforce shortage and corresponding scaling up of training leads to increasing numbers in schools and corresponding need for faculty. Faculty are usually recruited from the clinical area and undergo transition into academia which could be challenging affecting both the faculty (educator) and students. Ghanaian "novice" nurse educators undergo additional preparation and undergo transition like colleagues in other jurisdictions, yet their experiences have been less explored and documented. The study sought to explore the transition experiences of these nurse educators in the Central Region of Ghana. The study was a qualitative exploratory case study, and its population were "novice" nurse educators, who were purposively sampled from Nursing and Midwifery Training Colleges in the Central Region. Data was collected using semi-structured interview guide, transcribed, and analysed using thematic analysis. Ethical clearance was sought and granted by the Institutional Review Board of the University of Cape Coast. The participants described their transition as stressful highlighting feelings of anxiety and ambivalence about their new role despite their prior preparation. Overwhelming workload, difficulty in maintaining practice, inadequate orientation and ineffective mentorship were described as main contributory factors to the stressful transition. Establishing and maintaining relationship with colleagues as well as personal reflection were described as the main coping strategies. The study concluded that the transition of novice nurse educators in Central Region of Ghana is stressful (despite the prior preparation) and there is therefore the need for them to be supported through effective and structured mentorship, orientation, and organisational support.

KEY WORDS

Nurse educator, Novice, Transition,

ACKNOWLEDGEMENT

My earnest gratitude is to my supervisors; Dr. Akwasi Anyanful (Principal Supervisor) and Dr. Nancy Ebu Enyan (Co-Supervisor) for their immense contribution towards the production of this report.

I further with to thank the Principal and Staff of Cape Coast and Twifo Praso Nursing and Midwifery Training Colleges for their cooperation and support during the collection of the data.

I would also like to express my gratitude to the faculty of the School of Nursing and Midwifery for their support and contribution.

To my family and friends especially Dr. Sussana Abraham and Kofi Fosu, I say thanks to you all.

DEDICATION

This is dedicated to all nurse educators striving to produce quality nurses for Ghana and the world at large.

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CHAPTER ONE

INTRODUCTION

Nurses are critical to the provision of quality healthcare that is equitable and responsive to the changing needs of patients. They constitute most of the health sector workforce, making them critical to the attainment of the goal of equitable healthcare for all. However, this depends on the level of preparation the receive during their training as well as the quality of faculty they encounter. The faculty are usually nurses who have practiced nursing in the clinical setting and undergo transition into the academic setting. However, the process of transition could be challenging for the faculty and may even affect the students they teach. This could therefore result in far reaching consequences including ill prepared nurses who consequently will render care that is deficient in quality and standard. In the absence of documented evidence of studies within the Ghanaian context on the transition process of nurse educators, the transition process of novice nurse educators was explored. The results of the study serve will serve as foundation for further studies which could culminate in the crafting of policies geared towards improving the transition process of faculty, improving their overall performance in their role.

1.1 Background to the Study

The provision of quality and universal healthcare is a major goal of both the World Health Organisation (WHO) and its member states. Healthcare of countries is expected to be of the highest quality and should be universally accessible and affordable to every person (WHO, 2013). For this goal to be realised, there is the need for countries to have adequate workforce that are

highly skilled and competent. The health sector workforce has its majority being nurses hence making nursing a critical profession to it (Mosadeghrad, 2014). Although the goal is to provide universally quality and equitable healthcare by adequate and competent workforce, the opposite is the case, as the health sector of most countries is characterized by shortage of various professionals including nurses (Omoni & Smith, 2012). Nursing, despite its critical importance to the health sector, is no exception to this phenomenon of shortage as this shortage appears to be the picture worldwide (Nardi & Gyurko, 2013).

The effect of this shortage of healthcare professionals is largely felt in developing countries especially those in sub-Saharan Africa. Specifically, although the region has only 3% of the global workforce yet, it assumes 25% of the global burden of disease (WHO, 2006; Mooketsane & Phirinyane, 2015). A skilled workforce that is required to provide quality and universally accessible healthcare in turn requires good faculty that will train them adequately (Ghana Health Workforce Observatory, 2011). This faculty are usually recruited from the clinical setting and are professionals who have worked in the clinical site for couple of years. However, need for increased health sector workforce has led to an increase in the admission of students who study the courses despite the inadequate number of faculty to teach this increased numbers (Omoni & Smith 2012; Bvumbwe & Mtshali, 2018). Faculty shortage is a major worldwide phenomenon and even the developed countries are not exempted from this phenomenon (Clark, Alcala-Van Houten, & Perea-Ryan, 2010).

The problem of nursing faculty shortage is again compounded by the increased rate of staff attrition owing to the fact that the clinical site among other things appears to be more lucrative than being part of academia (Bell, Rominski, Bam, Donkor, & Lori, 2014; Tourangeau, Wong, Saari, & Patterson, 2014). Most schools as indicated earlier recruit nurses who have worked in the clinical setting for extended period and may not have necessarily undergone any special training to teach (Schoening, 2013). Transition into these faculty roles could be a very challenging process for nurse educators and is more pronounced among novice educators (Brown, 2017). Thus, specialised training of nurses with the intention to become part of faculty, is critical to allowing them gain competencies which would make them efficient educators or faculty (Jacobson & Sherrod, 2012). It again helps them to successfully transition into their new roles as nurse educators (Jacobson & Sherrod, 2012).

Shortage of skilled healthcare personnel is a global phenomenon and Ghana is no different and this has been reinforced by policies that such as the National Health Insurance Scheme which has increased the access to health services in most part of the country thus requiring more nurses (Blanchet & Fink, 2012). Increasing access would ordinarily demand increased number of staff, yet the quality of these staff cannot not be overlooked as that ensures quality care delivery.

Formal training of nurses in Ghana begun in the early part of 20th century with nursing students being trained on the job in selected hospitals within the country but has changed over time (Opare & Mills, 2000). These changes come with a corresponding review of the curriculum used in the

training of nurses in line with meeting the core objective of the Nursing and Midwifery Council of Ghana (N&MC) to train nurses who are polyvalent (N&MC, 2016).

Nurse educators in Ghana like others in most parts of the world are recruited from the clinical area (Brown & Sorrell, 2017; Timmins, 2014) and are usually nurses who have practiced for some time and may undergo additional preparation before their recruitment. Majority are found in the training colleges (which forms majority of the training institutions and admits most prospective nursing students) and are expected to have undergone mandatory additional training in higher education prior to their appointment. They are also expected to have been practicing in the clinical setting for a period thus giving them enough experience which they could impart onto the students.

These nurse educators undergo transition into novice faculty and become experts over time; a process which has been reported to be fraught with challenges that may negatively affect themselves and the students they teach (Billings & Halstead, 2012). Some studies have shown that the process of transition is very challenging for nurse educators who have even undergone additional preparation (usually postgraduate level of training or schooling) for the role although they had been expert nurses in the clinical setting (Weidman, 2013; Anderson, 2009; Tucker, 2016). In the case of Ghanaian nurse educators, although they also undergo additional preparation (usually undergraduate training in health education or post graduate-qualification in education) prior to their appointment and undergo transition, their experiences have been barely investigated and published in literature.

Problem Statement

Nurse educators are usually recruited from the clinical setting and in most of the cases are persons who have the passion to impart knowledge and are expected to possess certain competencies such as facilitating teaching and learning, assessment, curriculum design and evaluation (Clark, Alcala-Van Houten, & Perea-Ryan, 2010; Evans, 2013; NLN, 2012; Schoening, 2013). Once recruited, they undergo transition; a normally challenging process owing to the complex and demanding nature of the nurse educator role (even for the clinical experts who might have undergone additional preparation to gain competencies) (Starnes-Ott & Kremer, 2007; Spencer, 2013). Transition is the passage from one phase of life to another triggered by critical events and changes in the person or the environments (Meleis, 2010). For nurses from the clinical setting, the process of transition into the academic setting is usually requires period of adjustment (Danna, Schaubhut, & Jones, 2010) and socialization into the academic community (Jacobson & Sherrod, 2012). Novice nurse educators (who are normally educators that have spent less than three years in their new role) who lack development of the full core competencies of a nurse educator, the process of transition is more challenging (Kumi-Yeboah & James, 2012; McDonald, 2010). Although additional training may help in developing the competencies and aid in transition, nurses who have undergone additional preparation face difficulty during their transition (McArthur-Rouse, 2008; Tucker, 2016; Weidman, 2013; Piondexter, 2013). They may still lack the confidence in their teaching capabilities and also in misunderstand the administration, colleague faculty and students' expectation of them leading to feeling uncertainty, overwhelmed, nervous,

ambivalent and uncertainty and subsequently stress (Chapman, 2013; Duphily, 2011; Anderson, 2009; Ross, 2016; Weidman, 2013, Roughton, 2013). Ghanaian nurse educators are usually nurses who have worked in the clinical setting for period and undergo mandatory additional preparation prior to their appointment by the Ministry of Health. This preparation is expected to among other things helps to equip them to become function efficiently in their role and prevent the adverse effects on the students they teach. Like their counterparts in other parts of the world, they undergo transition, but their experiences have been barely studied and documented in literature. The study therefore seeks to explore the transition experiences of novice nurse educators in the Central Region of Ghana.

Purpose of the Study

The purpose of the study was to explore the transition experiences of novice nurse educators in Nursing and Midwifery Training Colleges (in the Central Region of Ghana), from their previous role as nurses in clinical practice setting.

Specifically, it will

1. Explore the factors that influenced change in roles of (from clinical setting to academic setting) novice nurse educators in Nursing and Midwifery Training College in the Central Region of Ghana.
2. Explore and describe transition experiences of novice nurse educators of Nursing and Midwifery Training Colleges in the Central Region of Ghana from the clinical to the academic setting.

3. Describe the challenges faced by novice nurse educators in Nursing and Midwifery Training Colleges in the Central Region of Ghana during their transition into their new role.
4. Explore the strategies for adjustment used by these novice nurse educators during the transition process.

Research Questions

1. What factors contributed to being a nurse educator in the Nursing and Midwifery Training Colleges in the Central Region of Ghana?
2. What are the transition experiences of novice nurse educators in Nursing and Midwifery Training Colleges in the Central Region Ghana?
3. What are the challenges they faced during their transition?
4. What strategies for adjustment were used by the novice nurse educators during the transition to their new role?

Significance of the Study

This study will provide an insight into the decision of novice nurse educators to become nurse educators and unearth the challenges they face as they go through the transition phase into the academic setting. The findings will help nursing training colleges and faculties of universities put in place policy interventions (such as orientation or mentorship programmes) that will help smoothen the transition process and avert consequences of difficult transition that can affect both the nurse educator and students they teach.

Again, it will help policy makers put in place clearly spelt out policies that that will guide recruitment into various nursing faculties as well as provision of support for novice nurse educators in the form of structured

mentorship and orientation. It will help nurse educators realise that the experiences of the transition process might not be unique to them but common with novice educators hence encouraging and boosting their confidence of going through the process successfully. For the nurses who are aspiring to be educators, knowledge on the experiences of other nurse educators will arm certain strategies for adjustment during their transition.

Delimitation

The study participants were selected from various Nursing Training and Midwifery Colleges in the Central Region (specifically Cape Coast and Twifo Praso). Thus, the findings of the study will be enriched as different environment exists in all the schools sampled for the study. The study also focused on only novice nurse educators hence narrowing the scope to the transition experiences.

Limitation

The study looked at the transition experiences of novice nurse educators in Ghana. However, the study could have looked at the effect of the transition on the students they teach. The study population was nurse educators found in the Nursing and Midwifery Training Colleges, most of whom had undergone some level of preparation prior to their appointment. The universities are equally admitting larger numbers of students and could have considerable number of novice nurse educators hence their inclusion in the study will have given a better overall picture for Ghana (regarding the transition of nurse educators in Ghana).

Definition of Terms

Nurse educator: A nurse or midwife that teaches in nursing and midwifery training college

Novice nurse educator: A nurse or midwife that teaches in nursing training college or forms the faculty of a school or department of nursing in a university but is within the first three years of practice.

Clinical Nurse: A nurse or midwife that practices in the hospital or the clinic setting.

Transition: the process where a nurse or a midwife moves from the traditional role of practicing nursing to a new role.

Clinical Expert: A nurse or a midwife with a minimum of ten years of clinical practice and is also an advanced practice nurse or midwife.

Organisation of Study

This study was divided into five chapters. The first chapter covered the introduction, background to the study, statement of the problem, objectives of the study, research questions, significance of the study, delimitation, limitation and organization of the study. Chapter two dealt with a review of previous literature relevant to the topic as well as the theoretical framework whilst chapter three dealt with the study methodology. The fourth chapter essentially dwelt on the results of the interviews, discusses and interprets it whilst the fifth chapter concluded the study with summary of findings, conclusion and recommendations.

CHAPTER TWO

LITERATURE REVIEW

Introduction

The study explored the experiences of novice nurse educators transition from their previous role as nurses in clinical practice. This chapter discusses the published literature that is related to the study. Although various literature on the subject were reviewed from different settings, there was paucity in the ones from the developing countries especially Ghana where studies in nursing education (specifically transition of nurse educators) has been barely conducted and published. Publication on the subject that was identified during the search dated as far back as 1960 but publications reviewed for inclusion in the study were between 2008 and 2018. The search was conducted using Google Scholar, Pubmed, Medline via Ebscohost, CINHAL, Science Direct and Wiley online. Searches key words were combined using Boolean search operators: Nurse Educators OR Nurse Academic OR Nurse Tutor OR Nurse Faculty AND Novice OR Beginner OR New AND Evolution OR Transition AND Role. Searches were also conducted on various concepts that were related to the study, transition, role transition, and mentorship and orientation. The study's framework was the novice to expert model by Patricia Benner and is based primarily on the acquisition of skills. This model will additionally serve as the framework that will guide the review of the literature.

Overview of Nursing Education in Ghana

Nursing education in Ghana has been influenced greatly by the practice of nursing in the country. Nursing in Ghana became more formal in the

colonial era with much of influence on it fuelled by the policy direction of the colonial masters who at the time was focused on caring for the expatriates, civil servants and soldiers that would have their health compromised (Patterson 1981). Although the practice of nursing was done mainly by the indigenes with the whites playing supervisory roles, education of these nurses were carried out mainly by the colonial nursing sisters (whites) who focused the training on equipping the nurses with the basic skills needed in the care of the sick in hospitals (Opare & Mill, 2000; Akiwumi, 1971). The nurses trained by these colonial nursing sisters were former orderlies who were working in the hospitals (Andrews & Donkor, 2011).

Their education was based on a curriculum that had fewer subjects and also was geared towards equipping them with the basic skills needed to be an able assistant to the doctors since nursing practice in the country was yet to become a full-fledged profession. The curriculum was also akin to that of Wales and Great Britain; permitting the nurses to work in these countries after completing a top-up programme hence fuelling brain drain (Kisseih, 1968). The training of these nurses happened at the time when nursing as profession was seen as subservient to the medicine hence focused more on clinical skills than the theoretical aspects of nursing which connotes a profession (Walker & Holmes, 2008). The training of nurses however underwent transformation with the setting up of schools at Kumasi and later Korle-Bu which surprisingly accepted only women although most nurses in the country at the time were men (Addae, 1997; Kisseih, 1968). Two programmes were run concurrently in these schools; the State Registered and Qualified Registered Nursing with the former being higher (with regards to academic qualification) than the latter.

The shift from hospital-based training to one situated in established nursing training colleges was in response to the demands of the healthcare system at the time (Addae, 1997).

The practice of nursing and training of nurses however took a major turn when the nursing post-independence with the appointment of the first Ghanaian chief nursing officer in 1968 in response to national policy of replacing the white workforce with Ghanaian ones (Rose, 1987). The setting up of the Nurses and Midwives Council whose mandate was mainly to regulate the education and practice of nurses in Ghana, additionally further transformed nursing education post-independence. Despite all these transformation, the curriculum however on the contrary still was aligned to that of United Kingdom hence did not critically meet the needs of the country (Opare & Mill, 2000). In a way to address this challenge, the University of Ghana at the request of the Ministry of Health and the World Health Organisation instituted a 2-year post basic diploma courses for the nurses that had earlier gone to the training college (Kisseih, 1968). The university later (in 1980) begun to run an undergraduate nursing programme which was geared towards preparing nurses leadership roles in nursing education and practice (Aziato & Adzo, 2014). This therefore supplied the nursing profession with the needed human resource for both the education and practice of nursing. This paved the way for other universities who similarly run undergraduate nursing programmes that continue to train nurses who mainly play leadership (in practice) and educator roles in nursing.

In modern times, the enactment of the Health Professions Regulatory Bodies Act, 2013 (Act 857) further brought changes to the name and structure

of the nurses and midwives council; changing the original name to Nursing and Midwifery Council and reducing the number of members of the governing council (NMC, 2016). Although it still remains responsible for the regulation of the training and practice of nurses in the country through the designing of curriculum and the setting up of standards. The inception of the postgraduate courses in nursing in recent years continues to provide universities with the required faculty (with the relevant skills) needed to adequately teach undergraduate nursing students whilst they provide nurses with advanced skills such as appraising and using evidence in rendering nursing care. The training colleges continue to be the dominant training school taking in majority of nursing students in the country despite the fact that the universities also continue to run nursing programmes.

In recent times there has been the proliferation of training schools in response to the increasing demands and policy drive of the authorities and improving the nurse to patient ratio of the country (Gbande & Owusu, 2016). Despite the various interventions by the authorities and policy makers, nursing education in the country both (before and post-independence) still faces challenges mainly with the training of nurse educators and supply of the requisite textbooks and infrastructure needed in adequately teaching the students (Opare & Mill, 2000; Talley, 2006). It is however worthy to note that improvement has been made with regard to this position over time. Currently, nursing education has undergone several changes evidenced by the addition of the National Accreditation Board play the additional role of external regulation (NMC, 2016). The setting up of the health training institution secretariat and the signing of memorandum of understanding between the

Kwame Nkrumah University of Science and Technology to supervise the training of student nurses further influenced nursing education in Ghana. All these bodies helped shaped nursing education in Ghana and specifically influenced the type and qualification of nurse educators that teach the students in these schools (MOH, 2013).

Nurse educators in Ghana play similar roles like their counterparts in other parts of the world primarily by teaching nursing students. Yet, the path to becoming nurse educator in Ghana is quite different from that of other places as nurse educators in the Ghana basically expected to possess Bachelor's degree in Health Science Education or Post Graduate Diploma in Education in addition to a Bachelor's degree in Nursing. It also has to be noted that other nurse educators basically hold Bachelor's degree in nursing without any additional qualification in education. Although those with only Bachelor's Degree in Nursing lack additional qualification and may not have any skills in education or teaching strategies, they are made to attain this additional qualification later and this is consistent with the requirements of being a nurse educator as stipulated by the World Health Organisation (WHO, 2016).

Contrary to our settings, nurse educators are in other setting are nurses who usually hold doctorate and master's in nursing (although some community colleges running practical and vocational nursing have their faculty holding bachelor's degree in nursing). According to the National League for Nursing (NLN) helps this qualification better foster scholarship in teaching and learning as well as advance the science of nursing education (NLNAC, 2013; NLN, 2017). It is however worthy of note that unlike other countries where the basic entry qualification for Registered Nurse is

bachelor's degree, that of Ghana is a Diploma; thus the requirements for educators for both level of qualification would be obviously different. This could be the reason for the lower qualification for the nurse educators in Ghana although it has implications on the number of nurses prepared for the job market as well as the quality of the nurses produced (Gazza, 2018).

Also, graduate preparation also helps them gain competencies expected of nurse educators such as facilitate learning, facilitate learner development and socialization, use assessment and evaluation strategies as well as participate in curriculum design and evaluation of programs (Oermann, 2015; NLN, 2012). Additionally, graduate preparation Booth, Emerson, Hackney and Souter (2016) contends, forms the foundation for academic practice equipping nurse educators with graduate-level knowledge of evidence-based research and practice, teaching methods, and curriculum design and development. Therefore, although the alternative practiced in other certain is ideal, the qualification and the credentials required to be a nurse educator ensures that the educators acquire certain skills required for competent practice.

In conclusion, the entire education aspect of nursing in Ghana, the development of nurse educators as well as the roles of the nurse educators has largely been shaped by changes in the practice of nursing (over time), the policy directions of the country as well as the demands of the healthcare sector.

Becoming a Nurse Educator

Nurse education is a specialty of the nursing profession and nurse educators are expected in addition to clinical experience possess other

competencies. Nurse educators could be either academic or clinical in nature depending of the needs of the employing school or organisation. Clinical nurse educators are primarily stationed at the hospitals and are normally responsible for teaching students during clinical placements whereas academic nurse educators are primarily in classrooms teaching students. Both clinical and academic nurse educator as indicated earlier are specialty areas and requires standards for preparation with regards to instruction (Benner, Sutphen, Leonard, & Day, 2010; McCoy & Anema, 2012; NLN, 2011).

This preparation, the National League of Nursing (2012) posits that it should be formal and should include education in curriculum design or development, teaching strategies, and evaluation methods (NLN, 2012; Jackson Peters, Andrew, Salamonson, & Halcomb., 2011). It should additionally offer nurse educators the requisite knowledge and skills needed for teaching, provision of leadership for transforming education and health care systems, and for the conduction or translation research in nursing education (NLN, 2013). This preparation is usually provided through additional education after working in the clinical nursing practice for some number of years in order to gain expertise in clinical nursing practice or right after their employment a nurse educator (WHO, 2016). The number years in clinical practice before undergoing additional preparation to become nurse educator remains unclear.

In the development of the nursing educator core competencies, the World Health Organisation (2016) puts the requirements for becoming nurse educator as that the future nurse educator should have satisfactorily completed a recognized nursing education programme (including both theoretical and

practical components), held a current licence/registration or other form of legal recognition to practise nursing and must completed a minimum of two years' full-time clinical experience across the scope of practice within the last five years. Although they specified a minimum of two years' full time, most nurse educators assume the role after being in clinical practice for numerous years hence becoming experts in that field. Nurse educators in Ghana like their counterparts in other parts of the world, begin their career in the clinical practice role initially before they assume the educator role as it is one of the requirements to becoming a nurse educator.

They usually undergo additional preparation before assuming their new role although their additional preparation is health science education contrary to the recommendation of the World Health Organisaton which recommended preparation in nursing education (WHO, 2016). Formal preparation in nursing education equips the nurse educator with skills in teaching strategies related to curriculum, teaching strategies, evaluation methods in nursing education and classroom management (Cangelosi, Crocker & Sorrell, 2009; McCoy & Anema, 2012; Shanta, Kalanek, Moulton, & Lang, 2012; Staykova, 2012). The formal preparation for nurse educator as indicated in these studies although is not clearly stated but graduate preparation has been proposed to be more beneficial equipping nurse educators with certain core skills including use of evidence based approaches in teaching (Booth, Emerson, Hackney & Souter, 2016; Oermann, 2015; Cannon & Boswell, 2015; McCoy & Anema, 2012; Patterson & Klein, 2012). This is however contentious as although evidenced based practice or approaches is critical and connotes professionalism of both nursing practice and nursing education, application of

the latter remains unclear as there is varied definition globally hence affecting its implementation and inclusion (Patterson & Klein, 2012).

Nardi and Gyurko (2013) affirms the graduate preparation of nurse educators as they contend that the role of nurse educators should be viewed as and comparable to that of advanced roles of graduate level prepared nurses who are in direct patient care. However, Schluter (2014) graduate preparation has been criticised as lacking courses related to pedagogy as well as other pertinent skills such as curriculum development. Knowledge in curricula development is imperative for the preparation of course content effective for the facilitation of teaching and learning which is deemed one of the competencies of the nurse educator (Billing & Halstead, 2012; NLN, 2016) Furthermore, others contend that graduate curricula lack content that prepares the nurse educator for other roles and responsibilities of nurse educators (Jaimes, Keane, Sfiligoj, Weaver, Willhause, Drifuerst, K, & Tagliareni, 2014; McCoy & Anema, 2012). The possession of these competencies accordingly helps improve the confidence of the nurse educator hence improving their performance in the role.

Preparation of nurse educators helps them to acquire certain competencies that are pertinent to meeting the needs of nursing students. The World Health Organisation (2016) after review of literature as well as a global Delphi survey puts the nurse educator competencies on under eight domains; theories and principles of adult learning, curriculum and implementation, nursing practice, research evidence, communication collaboration and partnership, ethical or legal principles and professionalism, monitoring and evaluation and management leadership and advocacy. These domains comes

with competencies for which the nurse educators are expected to gain, helping them to better educate the students into becoming highly efficient and effective nurses who possess the requisite skills, knowledge and attitude (World Health Organisation, 2016). The competencies under the domains are outlined below;

a. Nurse educators possess a sound understanding of contemporary educational theories, principles and models underlying the design of curricula and the value of adult learning.
b. Nurse educators demonstrate the skills and abilities to design, implement, monitor and manage curricula based on sound, contemporary educational models, principles, and best evidence.
c. Nurse educators maintain current knowledge and skills in theory and practice, based on the best available evidence.
d. Nurse educators develop their critical inquiry and the ability to conduct research and utilize findings to identify and solve educational and practice-based problems.
e. Nurse educators demonstrate effective communication skills that promote collaborative teamwork and enhance partnership among health profession educational and clinical practice.
f. Nurse educators demonstrate professionalism including legal, ethical and professional values as a basis for developing nursing education policies, procedures and decision making.
g. Nurse educators utilize a variety of strategies to monitor and evaluate nursing programmes, the curricula and mastery of student learning.

h. Nurse educators demonstrate the skills of system management and leadership to create, maintain and develop desired nursing programmes and shape the future of education institutions.

Similarly, the National League of Nursing (2012) outlined the competencies expected of the nurse educator and this according to them makes the nurse educator more efficient in meeting the needs of the students. These competencies were, facilitates learning, facilitate learner development and socialization, use assessment and evaluation strategies, participate in curriculum design and evaluation of program outcomes, functions as a change agent and leader, pursue continuous quality improvement in the nurse educator role, engage in scholarship and function within the education environment.

Also formal preparation helps in the acquisition of these competencies and in the absence of formal education new nurse faculty or academic may suffer (McDonald, 2010). There is therefore need for the nurse educator to be adequately prepared for the required role in order to gain the competencies outlined by the two bodies especially those ones related to pedagogy (Booth, Emerson, Hackney & Souter, 2016). These competencies are critical to ensuring best practices in nursing education as outlined by Cannon and Boswell (2015); engaging students through faculty-student contact, collaborative learning, active learning, prompt feedback, time on task or time management skills, setting high expectations for achievement, and respecting student diversity. Most educational institutions expect that the new nurse educators they employ possess competencies although novice nurse educators usually may have attained just few such competencies (Poindexter, 2013). This is because these competencies are usually developed over time and

requires time and effort of both the nurse educator, the school or organisation and other faculty members (Poindexter, 2013). This therefore makes the position of the schools quite contentious and difficult to understand.

In summary although most international nursing schools have their faculty having post graduate education in nursing, nurse educators in Ghana have Bachelor's degree in health science education. The reason being that the diploma level of education is the mainstay training of nursing workforce in Ghana although other forms of training exist. This arrangement equips them with skills in teaching strategies, curriculum design and assessment and evaluation but on the contrary it does not adequately prepare them for other roles and responsibilities that comes with the nurse educator roles such as nursing scholarship. This level of preparation for the role could partly affect the way the nurse will subsequently play the intended role.

Transition Experiences of Novice Nurse Educators

Nurses usually begin their professional practice in the clinical area as it offers them the opportunity to practice what they had been taught at school. Although the transition from being a student to a professional nurse is quite challenging, support systems are usually available for them to successfully transition and become efficient nurses (Timmins, 2014). They begin their journey as novices eventually becoming experts after practicing nursing for several years and learning from the daily experiences. The choice of being a nurse is usually based on a passion and desire to care for the sick although other reasons such as salary may influence the choice (Wilkes et al., 2015). Career progression by the nurses after appointment is usually the result of careful career planning by the nurses and is dependent on many factors

including personal interest or desire in a chosen specialty, knowledge on career planning and organisational factors such as availability of vacancies (Price & Reichert, 2017). Although career planning has been demonstrated to be helpful, few nurses carefully plan their career although they end up choosing and being in one specialty or the other (Wilkes, Cowin, & Johnson, 2015).

Having various nursing specialties, nursing education appears to be one that usually does not involve direct patient care and is situated outside the clinical setting. Nurse educators like all other nurses usually start their nursing profession in the clinical environment working for some years and usually become experts before they choose nursing education as a specialty. Although some barely work in the clinical setting before becoming nurse educators, this setting offers them opportunity to acquire clinical expertise which is integral in being an effective and efficient nurse educator (Foster, 2018). Clinical expertise also offers them experiences that could be utilised in mitigating challenges that may be encountered in the future as nurse educators (Ander, 2016). Having worked for several years in the clinical setting, they decide their career progression based on the reasons of which education of nurses is one.

Nurse educators as indicated earlier, begin their practice in the clinical area or the hospital and they get into nursing education as a means of fulfilling a desire, vision or way giving back to the profession. Tucker (2016) explored the transition experiences of novice educators who hitherto were clinical experts and found out that the desire to teach as the main reason for being a nurse educator but also an interest in nursing education as a specialty as well

as wanting to give back to the profession were given by them as the reasons for being a nurse educator. This desire to teach and interest in nursing education is usually inherent and subjective usually based on the perceptions they carry about the specialty and that influences the quest to give back to the profession. Similarly, Beres (2006) in her reflection asserted that the decision to trade place from the clinical practice (as a critical care instructor) to the academic setting offered her the chance to fill the void created by the shortage of nurse educators and also an opportunity for her personal growth hence making the process of transition intriguing.

Also, in a study by Weidman (2013) the novice nurse educators the inherent desire to give back to the nursing profession was seen as they main reason for being in nursing education. They asserted that they materialised the desire after they were presented with the opportunity or better still an avenue was created for them to fulfil this inherent desire of having something they could give back to the nursing profession's future nurses. Giving back to the nursing profession is perceived by the educators to mean teaching, imparting the knowledge to the next generation of nurses or the nursing students, impacting the learning experiences of the students, inspiring passion in the next generation of nurses in order to effect the changes in the practice of the profession (Roth, 2010; Ander, 2016; Gazza & Shellenbarger, 2010). Although the desire to teach has been seen in above as the reason for being in nursing education, yet for other educators being in the role is a realisation of a vision or a dream they set for themselves at the beginning of the career (Laurencelle, Scanlan, & Liners, 2016; Schluter, 2014).

Lastly for others, they were drawn to nurse education by a role model (an instructor or faculty) they looked up to as they began their journey in nursing (Evans, 2013; Chapman, 2013). The reasons for being a nurse educator is necessary as it is the driving force and serve as the motivation for the nurse educators to continue in that role even in the face of difficulties. This was demonstrated in the study by Tucker (2016) and Laurencelle, Scanlan and Liners (2016) in which the participants expressed the joy in seeing the success of the student and the desire they had as the main driver for still playing the role of nurse educator although they talked about various challenges. Having made the decision to be nurse educators, they move from clinical nursing practice into the classroom and undergo transition.

Transition is the process of that time and involves movement through stages and involves how one reacts to change mentally (Bridges, 2004). Bridges further states transition could be situational the stages to be ending, a neutral zone, and a new beginning. Meleis (2010) also gave developmental, situational, and health illness as the types of transition and the process happens over time, involves changes in identity, roles, relationships, ability and patterns of behaviour, and development or movement from one state to another. The process of transition is influenced by perceived meaning of change, expectations, knowledge level and skill, environmental factors, planning, and emotional/physical well-being (Paul, 2015; Meleis, 2010). These factors could affect the process of transition (which could either be positive or negative) which alters the individual's roles, relationships, routines, and assumptions (Schlossberg, 2008; Meleis, 2010). Novice nurse educators who previously were nurses in clinical practice undergo transition once they

get employed as nurse educators as the process involves transition from one phase to the other.

It could therefore be concluded from the above that the transition experiences of the novice nurse educators are perceived as stressful, uncomfortable or smooth depending on the circumstances that surround the entire process. Nurses become better with time and over the years in clinical setting eventually becoming competent or experts (Benner, 2001). Yet although they are experts, the become novice again even though they have enough experience in nursing practice and may have been preceptors. Novice nurse educators have been defined as nurse educators that have been in the role within three years of their practice (Kumi-Yeboah & James, 2012). Although they are experts, nursing education goes beyond just teaching in classroom to include meeting the needs of the students, socializing students and development of syllabi. These tasks in addition to day-to-day ones that could be very new to the novice nurse educator and could affect their transition (Grassley & Lambe, 2015).

The process of transition for nurse educators have been described to be negative with various connotations. Novice nurse educators transition from the clinical setting which has a different work culture, student culture, organisational vision and procedure which might be different from what that of the institutions that employ them. on their appointment (Foster, 2008). This difference between the culture of the two settings demands adjustment from the novice nurse educators and that could be challenging for them resulting in a stressful transition process and frustration (Gazza & Shellenbarger, 2010; White Brannan, & Wilson, 2010). This process of adjustment could be

difficult for almost all nurse educators even those irrespective of their experiences or area of expertise in the cllinical area. This assertion was the response of participants who were new nurse educators reported that their managerial or clinical experiences were of little importance in their adjustment to the culture of the schools they were teaching (McArthur-Rouse, 2008). Novice nurse educators usually carry perceptions about the faculty role prior to their appointment and (although these may be false) include the flexibility, responsibilities or the demands of the new role as well as the nature of work (Roth, 2010; Bagley, Hoppe, Brenner, Crawford, & Weir, 2018). New nurse educators prior to their appointment perceive their primary role of teaching as the only expected role although other equally important responsibilities (such as attending meetings and counselling of students which require new skills other than clinical expertise) are expected of them (Schluter, 2014).

Anderson (2009), using a descriptive explanatory study design, studied the work-role transition of nurse educators 18 full time nurse educators who had maximum of two years working experience. They described their journey throughout the nurse educator and six themes (sitting on the shore, splashing in the shallows, drowning, treading water, beginning strokes, and throughout the waters) were identified after the data analysis. Their experienced were described in terms of a journey that begun with the contemplation about the decision of leaving the ward as well as an expectation which differed from the reality; leading to a state of ambivalence. Learning from experienced faculty through conscious observation, trying to establish and maintain relationships, trying to affirm their appointment and the prevention of being undervalued by covering up their ignorance. They also highlighted the challenge of learning

the hierarchy within the school, evaluation of students and provision of counselling for same as other characteristics of the transition process. The latter stages of their transition process was characterized by a shift from they trying to survive to they trying to impart their environment. This included identification and initiation of changes regarding teaching strategies, reaching out to others and being recognised whilst developing vision for themselves (which in their early stages they barely did). Time management as well as asking as well as receipt of feedback were used as strategies for adjustment to the challenges that come with the process.

. The study's participants were clinical experts who had a minimum of five years of working experience as a nurse in clinical practice. Additionally they had no prior teaching experience as well as academic preparaton as nurse educator. The participants were selected from 14 different nursing programs making the findings of the study quite rich and diverse. However, study participants as part of their incusion criteria should have not had any additional preparation but partiicipants with additional preparation could have the findings more relevant since that is the status quo currently.

Schluter (2014) also used semi-structured interviews with focus group discussion to explore the transition experience of nurses in clinical practice to academic setting. Participants in the study reported being inadequately prepared for the role although they had received additional education which gave them additional skills in teaching and curriculum design. The absence of certain skills made assumption of the new role which demanded additional skills very challenging, leading to stress. Again, the move from their previous role as experts in the clinical setting to a novice was challenging the process

led to role confusion. The difficulty in learning of new skills, the overwhelming workload associated with the nurse faculty role, coming to terms with the change from being an expert on the clinical setting to becoming a novice in the academic setting (leading to confusion and uncertainty) and challenges with evaluation and assessment of the students they teach were seen by the participants as the difficult part of the transition. They alluded to the difference but flexibility nature of the academic culture from that of the clinical setting and how stressful it was for them to adjust by learning policies. They said that time constraints and workload impaired engagement in active scholarship and in addition made them feel isolated from the broader university. Mentoring was named as integral to successful transition although it differed from one institution to another whereas faculty assignment in a familiar clinical facility, teaching basic nursing skills in a laboratory setting, prior teaching experience in a staff educator role, serving as a preceptor for students, and faculty friendship were identified as factors that eased their transition from clinical practice.

The participants involved in this study had a minimum of master's degree and were teaching only in bachelor's programme hence did not capture the views of educators teaching in diploma and hospital based programme. Again, the author of this study was a colleague to the participants hence there could be the tendency of that affecting how they express themselves. However, the focus on the faculty that had that level of preparation helped highlight the extent it influenced their transition.

Tucker, (2016) sought to explore the experiences of clinical nurse experts transitioning to the role of novice educator and the transition was

described as complex and challenging. The participants stated that they entered the nurse educator role as result of their desire to teach, being offered the opportunity to teach and being dissatisfied and frustrated with the practice role. Orientation and mentoring (which were absent, shortened or inadequate) according to them were required to help them adjust to this new environment since they were experiencing an environment different from what they originally perceived prior to their appointment. They also felt they were unprepared for the role and this lack of adequate preparation also made them require knowledge especially with regards to how to teach. They alluded to being given additional responsibility and the enormous amount time needed to prepare for class; these making the workload overwhelming. Again, the lack of preparedness was highlighted as they tried to figure out how they were to teach right and that according to them made them frustrated. as they but in addition they sought feedback as guidance as they taught. They named lack of preparedness, workload, orientation, mentoring, salary and knowledge skills and attitude of the faculty as factors that influenced the transition process. Despite the many challenges they faced, participants exhibited perseverance and started to identify growth, recognize rewards, find satisfaction in their role, and a desire to continue in the role of nurse educator.

The participants of the study had less than three years working experience hence legitimising the definition of novices. The nine participants of the study were sampled using convenience sampling, it is not entirely out of the ordinary for qualitative research although it can affect the findings of the study. However, unlike the participants in the study that preceded this one, the participants were clinical nurse specialists which is an advanced nursing

practice roles hence they might not have been trained as nurse educators hence their struggle with teaching and preparedness were not out of the ordinary.

Brown (2015) also studied the transition experiences of novice nurse educators but focused on the challenges they face during the transition process. Like other studies, various themes were identified; wanting to give back by helping others succeed, making a difference, teaching in the dark and a shoulder to lean on. The participants in the study entered nurse educator role wanting to give back to the profession by sharing their knowledge and helping students succeed although they struggled in making the decision initially. They stated that the overwhelming workload that came with nurse educator role and the lack of skills in teaching as well as classroom management made the transition process challenging. Like other findings the participants in the study felt unprepared and they needed orientation and mentorship to make the transition process less challenging. The positive experiences of transition were mainly the ability to make put smiles on the faces of the students they handled during the transition process thereby fulfilling their goal of giving back to the profession. According to the participants, they had some support from experienced faculty although they only had it on request and therefore desired a more structured mentorship and orientation process to make the transition very smooth.

This was a qualitative case study, and the participants of the study were novice nurse educators that taught an associate degree nursing programme which is similar to a diploma in nursing in Ghana making the findings of this study is very relevant to this current study. Additionally, the participants were teaching in both academic and the clinical setting hence

broadening the scope and making the findings of the study much pertinent. Furthermore, in addition to the interviews which was a data collection tool of the study, there was also the review of self-study reports which made the findings of the study more relevant.

Weidman (2013) also conducted a study to describe and interpret the experience of nurses without any educational theory as they transition from the role of the clinical nurse expert to the novice nurse educator in the academic and clinical setting. Like other studies the participants in this study gave their reason for being nurse educators as wanting to give back to the profession, having the desire to teach and being offered employment by the school. They talked about the stressful nature of the transition in the absence of educational preparation. They further described the process of transition as difficult, stressful, frightening, awful, scary, different. The stressful and difficult nature of the process was brought to bear when they had to utilize additional skills that were not required of them in the clinical setting. These skills were related to lecture writing, teaching strategies, examination writing, and student evaluation. They expressed frustration with the process of evaluation, and this was compounded by the absence of guidance. There was the absence of formal mentors as well as mentoring program in the some of the schools and among the participants. They therefore had to find mentors and they verbalised feeling more competent after having a mentor. The mentors they had also helped them to cope with the stress that came with the transition process. The participants also said their ability to cope with the stress associated with the fact stress reduced over time.

The participants in this study were clinical nurse specialists who had transitioned into the nurse educator role but had no educational theory or preparation and had spent the past two years in the role of nurse educator. These made the findings more relevant as it highlighted the need for preparation as well as experience in the transition process. The participants in the study were also drawn from various schools improving the relevance of the findings of the study unlike other studies in which the participants were usually drawn from one school.

Duphily (2011) used phenomenology to understand the experiences of six novice nursing educator in an adjunct degree nursing program. They had undergone education prior to their appointment but they claimed that did not prepare them enough for the roles including, teaching, student advising, committee work, and service learning. This made them feel less confident and ill prepared and therefore needed for guidance and support as well listen and learning from an experienced faculty. Although they did not entirely agree with some of the actions of the experienced faculty with regards to the performance of their roles and handling of challenges (claiming they were old), they still learnt from them in one way or the other. Salary, workload, and additional responsibilities impacted the way they perceived their new role. They described the move from the clinical setting as one apprehensive, ambivalent and uncertainty about the career move were associated with the transition from their previous role as expertise. The responsibility of preparing students with diverse learning needs for entry into the nursing profession was described by the participants as overwleming especially balancing these needs with the other additional commitments which comes with the roles. They

experienced frustration with maintaining student-faculty relationship whlist esablishing and respecting boundaries with same. The desire to continue in the educator role came from their sincere love of the job, imparting knowledge, and of effecting positive change in students' lives.

The participants of the study were also nurse educators that teach in associate degree nursing programmes and had been in the role for less than three years. This therefore makes the study relevant for this particular study since the sample for this study are novice nurse educators that had spent less than 3 years. The study also had two settings hence the findings of the study would be made very relevant as the different setting will help improce accuracy of the study. However, although the participants in the study had spent less than three years in the nurse educator role, three participants had spent some years being adjunct clinical faculty hence could have resulted in biases in the responses.

Dempsey, (2007) similarly using descriptive qualitative identified five themes; feelings experienced during the transition, educational preparation for the role, actual and potential support structures available, hindering factors of the role and overall transition experience. The participants reported feeling frightened, daunted, stressed, anxiety and experienced a sense of loss during the transition process. These were because of lack of preparedness and experience, unfamiliarity with the academic environment and leaving the clinical environment in which they were experts. They coped with these negative feelings by talking to their colleagues as these changed to positive as they gained experience in facilitating learning and also becoming familiar with the environment. They alluded to the fact that they had been educational

preparation but had difficulty in implementing the theoretical knowledge in the classroom and performing other administrative functions. They found challenges with assessment and evaluation and educational preparation boosted their level of confidence. They again talked about the absence of support, mentorship, and orientation although they desired these were present. The absence of time, and orientation programme, heavy workload, lack of confidence in their teaching abilities were identified as the barriers to their transition. They labelled their overall transition experience as challenging but an opportunity to learn.

This study involved six novice nurse educators who had six to eighteen years of working experience in clinical practice, and they had been sampled from various schools. This made these made the findings of the study very relevant as the years of experience in the clinical setting had given them enough clinical expertise. Although the difference in the work experience yielded differences in the perception of their individual experience, this on the other hand contributed to the making the meaning drawn from the themes richer.

Heydari, Hosseini, and Moonaghi (2015) also studied the transition experiences of Iranian five novice nursing faculty in their professional roles using phenomenology. The findings of the study revealed the lack of teaching skills (although they had received additional education) and need to gain experience in that area through support from experienced faculty. They were also assigned courses without considering their skills making the need for support very pertinent although this support was absent. They expressed anxiety about not being able to efficiently play the expected roles resulting in

stress as well as the increased work roles and numerous expectations expected of them. However, there was the lack of opportunity to adjust to the new role, and also time to meet expectations. The increased workload and the lack of adequate time to meet the expectations could lead to the uncertainly, stress and negative work-life balance (especially for participants who had family). There was lack of clarity with regards to expectations leading to conflict and confusion among the participants. They talked about the concerns over acceptance by colleague faculty as well as incivility of same which was quite unusual of them. Clinical training was seen as very challenging due to the unpredictable nature of such environment.

This study utilized phenomenology and involved the nine faculty members who had less than three years working experience in the role. Like the previous study cited, the participants were selected from multiple setting using purposive sampling. Yet unlike the other studies, this study had males as part of the participants for the study and that brought a different perspective to the findings of the study. As nursing is usually a female dominated profession and the handling of stress for both group of persons differ. However, the section of the eligible participants was left to the discretion of the deans of the various schools and this process could lead to bias as the deans by acting as gatekeepers may fail to select persons which may hold contrary views. Thus, the findings of the study may be biased if the discretion of the deans was ill exercised.

In her qualitative phenomenological study, Woytowicz (2018) using convenience sampling assessed the lived experiences of clinical nurse experts who transitioned novice nurse educators. The study used convenience

sampling and the study explored the facilitators as well as the hindering factors. The participants in the study had different educational preparation but this preparation was deemed insufficient in effectively playing their expected roles. They were drawn to nursing education by their passion for teaching and their clinical expertise was however seen as critical in playing their roles especially in teaching clinical skills. They alluded to the overwhelming workload associated with the role and how these did not reflect in their compensation. The participants viewed relationship with the leadership as very important and the received support from them helping them learn certain policies of the institution. However, orientation and mentorship from experienced faculty although this was mostly informal and lacked a laid down guideline. They stated that the joy of their transition was the difference they made in the lives of the students especially passing their examination.

This study also studied the transition process of nurse educators in associate degree nursing programme, and they had been sampled using both convenience and snowball sampling. The study participants were sampled from two schools, and this could have affected the study the dearth of experience. On the contrary these setting run programmes that are akin to that of the Ghanaian setting. Also, the author used bracketing to prevent herself from biasing the findings of the study.

Goodrich (2014) conducted study to describe the nurse transition to the role of academic nurse educator and to investigate the resources and barriers that nurses experience during this career transition, specifically the relationships among levels of readiness, confidence, personal control, support, decision independence, general self-esteem, and work locus of control. A total

of 541 nurse educators were sampled and questionnaire (career transition inventory) was used as the main data collection instrument. The findings of the study revealed that most of the respondents had taken graduate level coursework with 32% of the respondents having spent less than five years in the nurse educator role. The data further revealed that most of the nurses had mixed feelings about the career transition they had made contemplating on staying in their original role as nurses working on the ward and being nurse educators. Higher level of confidence of the nurses was related to an increased likelihood of coping with the challenges that comes with the transition process. Similarly, respondents who had spent less than five years in the role of nurse educator had lower level of control hence they were more likely to have a healthy transition process. For support, the findings of the study revealed that although they received the support, it was not to their expectation. The study found a significant relationship between the age less than five years and the readiness of the nurse educator roles. Success of transition was impacted by negative and positive experiences and internal motivators such as effort, interest, and personal energy were identified as important factors to a healthy career transition.

This study sought to describe the transition of the nurse academics and sampled 541 nurse academics using survey method although they had they used convenience sampling. Although the study sought to describe the transition process, the use of the quantitative methodology may fail to bring the subjective descriptions of the nurse academics to bare. However, the selection of choice was the due to the focus of the study which was to bring

out barriers of the transition process thus those that were identified could be generalised although that the study comprised of female participants.

Paul (2015) studied the transition of novixce nurse adjuncts to experienced associate degree nurse educator and used a comparative qualitative approach. The study involved both experienced and novice nurse educators and the following themes were identifed after analysis of the reponses of the respondents. Like other studies, the participants of the study reported understanding of nursing curriculm and syllabi, learning about the policies of the school or the hospital, commitment to student success as necessary requirement for the role. The experienced faculty alleged the failure of novice faculty to read the materials offered them to assist them gain the knowledge although a counter assertion of absence of these materials was made by the novice faculty. The adjuncts alluded the importance of prior experience in preceptoring of students as it makes the transtion process smoother although they found it difficult to balance the roles of working as nurses and teaching students. Informal mentorship was stressed as necessary by the experienced nurse educators and identified the length of the time for mentorship as imperative for success of the process. Both experienced faculty and novice adjuncts experience challenges with evaluation of students, maintaining student faculty boundaries and self-management. The experiences were described as easy and less stressful by the participants that had access to and communicated to other experienced faculty. This helped them to transition through the process without difficulty.

The study as mentioned earlier had both novice (fourteen in number) and experienced faculty (ten in number) of an associate degree nursing

programme. The participants were selected using purposive sampling, but they were both from the same school. Although the programme they teach is similar to that of the Ghanaian diploma programme, the participants were selected from the same school hence the novice may fail to give the accurate and vivid information due to the fear of being victimized. Again, the participants had adjunct faculty members hence their experiences could be the different from that of a full time nurse faculty and could also not be the true picture.

McArthur-Rouse (2008) studied the experiences of 7 novice nurse educator during the transition process. The study employed a qualitative phenomenological approach and involved nurse educators from different schools. The participants similarly described the nature of the transition as stressful and was the source was due lack of clarity about their new role, lack of understanding regarding their role and need to honour additional duties. Additionally, they reported the lack of structure with regards to the work and together with the aforementioned factor made the transition into the role overwhelming and stressful. The performance of additional responsibility apart from the teaching of students was less understood by these nurse educators prior to their appointments thus affecting the transition process.

This study was also conducted using nurse educators from different schools and who had spent two years in that role. This makes the findings of the study very pertinent to this current study. The data for the study was collected through interviews, but the author failed to allow participants validate after the transcription; thus affecting the validity of the results of the study.

In summary, the review of the various studies regarding the transition process of nurse educators found that the process has been described as challenging, stressful, and filled with uncertainties. Additionally, the novice nurse educators have reported the lack of confidence, overwhelming workload and lack of clarity regarding their work role. Yet, although the transition was usually challenging, the positive impact they made in the life of the students they taught was deemed as the positive aspects of the study. Also, for most nurse educators, they quest to make an impact in nursing profession, passion for teaching were seen as the main reason for being nurse educators. Although most of the novice nurse educators in the studies had undergone additional educational preparation, and used to be clinical experts, these were not enough to help them efficiently play the role of nurse educator. They therefore expected structured orientation and mentorship programme, which was mostly either absent, inadequate (if present) or mostly informal.

Challenges (Barriers) to Transition

The transition experiences of nurse educators have been described as stressful and frustrating and is due to the various challenges that they encounter during the process. Novice nurse educators usually understand the full extent of their role only on their appointment and this could be different from their expectations. This role expectation and their expectation could be different and role ambiguity, role strain, frustrations and stress during the transition process (Summers, 2017; Anderson, 2009; Boyd & Lawley, 2009; Cooley & De Gagne, 2016; Duffy, 2013; Manning & Neville, 2009; McDermid, Peters, Daly, & Jackson, 2016; McArthur-Rouse, 2008).

The lack of understanding about the academic settings which is relatively new to the novice nurse educator (who has gained expertise from working in the environment) could also contribute to the lack of clarity since understanding of the role is critical to successful transition. (Kalensky & Hande, 2017). Again, transition from being a clinical nurse expert to a nurse educator involves a formation of new identity which for which could be difficult and could lead to uncertainty and lack of clarity (Tucker, 2016). This is very common in novice nurse educators who usually feel anxious about meeting the needs of the students they teach and how they could utilise their clinical expertise (Duffy, 2013).

Meleis (2010) defined the transition as a process that is characterized by critical events and causes changes in the person. The lack of clarity about the roles and expectation in influenced in part by the inadequate knowledge of the nurse educator role which arises from lack of adequate preparation (Duffy, 2013). Faulty role expectation due to inadequate preparation also stifles the transition process with nurse educators and vice versa (Mann, 2013).

Inadequate Preparation

Adequate preparation entails sufficient knowledge on the expectations regarding the role but this on the contrary is absent among novice nurse educators (Anderson, 2009; Sawatzky & Enns, 2009, Chapman, 2013). To effectively play the complex role of nurse educator, novice nurse educators are expected to possess certain skills and competencies that require thorough preparation (NLN, 2012; NLN, 2013). Nurse educators usually attain additional qualification (aside their basic qualification) prior to the appointment although this has been reported as inadequate by nurse educators

(Weidman, 2013; Tucker, 2016). However, despite this inadequate preparation for the new role, institutions usually appoint them to be competent or they are expected to learn the needed skills (Manning & Neville, 2009). Nurse educators are expected to possess skills in instructions, assessment and evaluation and these form the basic competencies expected of the nurse educator role prior to or after their appointment (Dattilo, Brewer, & Streit, 2009).

Adequate preparation in these aforementioned areas in addition to curriculum design has been shown to result in smoother transition (Muniswamy, & Maskari, 2017). An expert clinical nurse does not necessarily translate into an expert nurse educator since the nurse educator role is complicated and requires additional skills aside clinical expertise (Starnes-Ott & Kremer, 2007; Spencer, 2013). Nurse educators who previously were experts in their previous roles and possess certain pertinent skills, but these are of little use in their new role owing to various reasons including differences in the culture of the staff and the student (Bailey, 2012; Cangelosi, Crocker & Sorrell, 2009; McArthur-Rouse). The nurse educator although may have acquired certain skills whilst they were in clinical practice, these may not be useful in helping them adjust to the culture of the student (which impacts the education of patients) and makes the transition process difficult (Schriner, 2007).

Clinical teaching is one of the most difficult and challenging aspects of nurse education as the environment is entirely different from the classroom (Ross, 2016). Yet, although previous expertise is usually of little use, expertise in a particular clinical specialty area however contributes immensely to the

success especially when the nurse educator's clinical teaching is in that area (Testut, 2013). Most nurse educators worked in an area of specialty area prior to becoming nurse educators and they feel very uncomfortable when they are made to teach in that area than their area of specialty (Tucker, 2016; Duffy, 2013).

Inadequate preparation especially with regard to skill such as teaching of students (which they might barely know) usually results in greater self-doubt and low self-confidence as novice nurse educators since most that one of the basic role of nurse educators (Paul, 2014; McAllister, Williams, Gamble, Malko-Nyhan, & Jones, 2011; Anderson, 2009; Cangelosi, Crocker & Sorrell, 2009). Low self-confidence and self-doubt do not only lead to frustration, and anxiety but also of job dissatisfaction amongst the novice nurse educators (Boyd & Lawley, 2009; Tucker, 2016). Inadequate preparation for the nurse educator role additionally usually results in faulty role expectation leading to role ambiguity which could cause reduced role strain and subsequently lack of confidence and job dissatisfaction (Duphily, 2011; (Cooley, 2013). For some nurse educators they receive additional preparation in teaching, the nurse educator is expected to use diverse strategies in meeting the learning needs of the students since they may have different learning styles (Gardener, 2014; Valiee, Moridi, Khaledi, & Garibi, 2016)

As indicated nurse educator feel they teach better in their area of expertise; yet for such nurse educators' assessment and evaluation of the students become challenging (Anibas, Brenner, & Zorn, 2009). Competencies in assessment and education have a strong relationship with the overall preparedness of the novice nurse educators (Al-nasiri et al., 2017). The

challenge with evaluation of students is laid bare especially in instances where the student has to be failed for poor performance (Ander, 2016; Brown & Sorrell, 2017). Additionally, the process of test construction, administration and analysis has also been described as being difficult to grapple with even for the nurse educators who had had some level of preparation (Weidman, 2013; Laurencelle, Scanlan, Liners, 2016). This challenge could be due to the failure to make put the theoretical knowledge in practice; a common phenomenon for most educational preparation (Dempsey, 2007).

Similarly, in certain instances, the novice nurse educators function to the best of their ability only to receive unfavourable and undesirable feedback from the students or other faculty. This feedback was described as frustrating, hurting and discouraging by nurse educators (Anderson, 2009; Salminen, Melender, Leino-Kilpi., 2012; Tucker, 2016). The nurse educator role has three basic dimensions: teaching, community service and scholarship (NLN, 2012). Nurse educators are expected to possess skills in instructions, assessment, and evaluation and these form the basic competencies expected of the nurse educator role prior to or after their appointment (Dattilo, Brewer, & Streit, 2009). Despite these assertions, Cooley and DeGagne (2016) contend that these negative evaluations should be reviewed by the nurse educators as a means for self-evaluation to improve the performance in these roles.

Workload

Most nurse educators report heavy workloads as part of assuming their role during the transition process (Bittner & O'Connor, 2012). Nurse educator role is primarily made up of three main roles; teaching, scholarship and community service (NLN, 2012). In addition to these, nurse educators are

expected to play other roles in the wider university community such as serving on committees and boards whilst they go through transition (Anderson, 2009). The increased workload could also be due to the shortfalls in the nurse faculty position which demands the nurse educator to take on additional responsibilities (Gazza, 2009; Bittner & O'Connor, 2012). Having students with various learning needs demands the use diverse strategies and careful planning to ensure these needs are met. For the novice nurse educator, this process takes immense time and makes the workload overwhelming leaving them little time to work (Tucker, 2016).

Poindexter (2013) contends that new nurse educators are expected to attain certain competencies prior to the appointment (although few may have attained such expected competencies) thus faculty expects they perform all the responsibilities without difficulty. However, the absence of these pertinent skills coupled with the expectation of honouring the additional commitments by the university aside the primary role teaching students makes the work overwhelming; hence negatively affecting the transition process (Bagley, et al, 2018; Weidman, 2013; Brown & Sorrell, 2017). Participants in the study by Duphily (2011) named the combination of meeting student needs and undertaking committee assignments as overwhelming workloads. Foster (2008) described her transition as stressful and difficult and she workload of the nurse educator role was overwhelmng and arose from the dfference in the workrole from that of clinical nursing practice as well as the commitment expected to be made. The assertion was an anecdotal evidence from a personal reflection; yet similar findings have been reported in other studies.

Duffy (2013) used grounded theory to study the role of the academic nurse educators and how it influenced their role identity. The particpants reported the overwhelming nature of meetng the needs of the students and commitments to other faculty roles as major factors that influenced their roles. The stress from the overwhelming workoad is made worse in intances where the nurse educator has other commitments such as family (especially those with young children) and could result in negative work-life balance leading to dire consequences (Gerolamo & Roemer, 2011; Gazza, 2009; Poronsky, Doering, Mkandawire-Valmu, & Rice., 2012). In addition to performing their roles, nurse educators are expected to meet the requirement of the regulatory bodies as well which include clinical practice. This regulatory requirement of clinical prctice also helps the nurse educator maintain clinical competence although it was quite difficult to maintain (Moulton & Wakefield, 2007). Wray and Wild (2011) shared their experience in balancing their commitment in the classroom with that of the clinical practice which is mandatory by the nursing and midwifery council as requisite for regular update as nurse educators (NMC, 2008). They expressed their challenge in balancing their regular commitment in the classroom with being in the clinical practice as they mainly faced challenges with being seen as an observer rather than as a staff on clinical practice. In conclusion, the workload of the nurse educator role is very different from the expectations of novice nurse educator prior to their appointment. The workload although has been reported to be flexible, lacks structure and is overwhelming for them. The overwhelming workload effects the transition and even the personal lives of novice nurse educators. In all the studies cited, the participants in the studies expressed various challenges that

may not be peculiar to the setting that had been cited in these studies. Nursing in Ghana despite being a different policy environment and setting, the educators may be facing similar problems.

Faculty Incivility

The stress related to the transition process could be worsened by uncivil behaviour by colleague faculty members. Unlike the clinical setting where novice nurse educators work in teams (hence get support from other members), they work in isolation in the academic setting making them more isolated hence being need of support from colleagues (Timmins, 2014). However, these faculty colleagues may put up uncivil behaviours such as disrespecting, belittling, condescending, threatening or intimidating, and undermining towards these novice educators; making the transition process very difficult and stressful (Caza & Cortina, 2007; Hershcovis, 2011). These behaviours actually negatively affects the novice nurse educator making them feel devalued feeling inadequate, devalued, dismissed, and embarrassed (Peters, 2014).

Lack of Orientation and Mentoring

Lack of or inadequate orientation remains one of the barriers to successful transition of novice nurse educators. In the face of lack of preparedness and lack of knowledge, novice nurse faculty require orientation to make their transition successful (Boyd & Lawley, 2009). Orientation is critical to the development and successful transition of the novice nurse educator the ability to adapt to the new environment which is different from the one they are used to and also equips them with skills such as teaching and curriculum development (Roberts, Chrisman, & Flowers, 2013; Billings &

Halstead, 2012; Baker, 2010; Spencer, 2013). Orientation could be formal (structured) or informal (unstructured) and is usually centred on general roles of the faculty in the academic setting, the organisational culture and details of the curriculum, programs and courses (Duphily, 2011; Dunphy Suplee & Gardner, 2009). Orientation is usually carried out by pairing the novice nurse educator with an experienced faculty with a gradual increase in the workload of the novice educator (Boyd & Lawley, 2009; Weidman, 2013). However, in most schools, orientation programs are usually absent and even if they are, they are unstructured (in certain instances being just meeting with the experiences faculty and offering orientation booklet), not needs specific, lacks adequate time as a result of competing interest and priorities (Brown & Sorrell, 2017; Tucker, 2016; Dempsey, 2007; Dunphy, Suplee & Gardner, 2009). Tucker (2016) reported lack of experienced faculty, breakdown in interpersonal interactions, absence of structure for orientation process as factors that negatively impacted the orientation programs which made it less useful and subsequently.

Participants in the study by Ander (2016) reported that the orientation to the new role was less efficient as they reported the orientation only provided them with the general information lacking specifics. Additionally, they reported the provision of resources although they these were insufficient and negatively afftected the process of orientation. The need for the orientation has also been highlighted in the study by Alhassan, Beyere and Nketiah-Amponsah (2017) in which the participants (nurse tutors of Nursing Training Colleges in Ghana) demonstrated the need for concurrent orientation for the tutors as means to promote their development although that was absent.

So essentially, the recurring theme with regards to the orientation of new nurse is that the process is inadequate and usually superficial (Murray et al., 2014).

Lack of mentoring negatively affects the transition of novice nurse educators and makes it stressful from the feeling of isolation (Duphily, 2011; Timmins, 2014; McArthur-Rouse, 2008; Boyd & Lawley, 2009). Mentoring ideally involves an experienced person who guides a novice into attaining competence with regard to a new role. Like orientation, the process of mentorship could be formal or informal and irrespective of the type, it usually impacts the transition process positivley. Mentoring promotes acquaintance of nurse educators to their new environment, assists in gaining the skills such as teaching and meetng th needs of students (Mann, 2013; Bailey, 2012; Weidman, 2013). Mentoring could be formal or informal but irrespective of the type, the process is beneficial to both the mentor and the mentee although in most schools a structured mentorship program is usually absent (Cook, 2011; Nowell, White, Benzies & Rosenau, 2017). The transition of nurses has been stated to be difficult and stressful for novice nurse educators who do not undergo mentorship, have little of or less quality of it in which the mentor was less accessible (Weidman, 2013; Duphily, 2011; Schluter, 2014). On the other hand, formal and structred mentorship have also been said to be very beneficial as it facilitates the process whilst an unstructured or informal mentoring yields little benefit for both the mentor and mentee if the goals are not clearly stated. The absence of formal or ineffective mentorship is usually due to the absence or failure to allocate the needed funds by the leadership of various institutions, lack of understanding of mentorship by management, lack of interest by mentors, lack of, or unavailability of mentors and absence of

clearly defined goals for mentorship (Nowell, White, Benzies, & Rosenau., 2017).

Facilitators

Effective Orientation

Orientaton is imperative for novice nurse educator since they are originally coming from the practice setting whose environment is different from that of the academic setting. An orientation process that is comprehensive, systematic and carefully implemented according to the plan eases the transition process of nurse educators (Baker, 2010). Generally, the orientation process provides information on the procedure and the policies, the mission and vision of the institution, teaching and instructions technologies, curriculum, assessment and evaluation methods or procedures, rights and responsibilites of the faculty, as well as the clinical and teachng facilities available in the school (Billings & Halstead, 2012; Santisteban & Egues, 2014; Cleary, Horsfall, & Jackson, 2011). The process of orientation is necessary for the successful develoment of the novice nurse educator. Essentially, a good orientation results in successful socializaton into the new role, adequate information on the policy and procedures of the school, learning of basic but pertinent skills, clarity on the expectation required of them, leading to a less stressful transition process and decreased turnover of nurse educators (Gazza & Shellenbarger, 2005; Reid, Hinderer, Jarosinski, Mister, & Seldomridge, 2013; Nguyen, Forbes, Mohebbi, & Duke, 2018).

Orientation could be structured or unstructured with the structured one taking place within a particular place, time and involing a designated experienced faculty. The whole process of orientation requires commitment

from the faculty in the form of resources which might be lacking in most schools (Nowell et al., 2017). For the orientation process to be efficient, the process should be tailored to the needs of the novice nurse educator (especially in case of poorly resourced institution), extensive and should have a clearly spelt out plans and goals (Shanta, Kalanek, Moulton, & Lang, 2012; Anderson, 2009).

Structured orientation is cherished by novice nurse faculty as it helps them adjust to their new role appropriately. Hutchinson, Brown and Longworth (2012) showed this in the study in which a two day structured orientation program for new clinical nurse facullty and the findings of the study revealed that they deemed the orientation as very helpful and made them retain in their position. Similarly, Dunphy Suplee and Gardner (2009) assessed the structured orientation process of a nursing school for which the participants were new novice nurse educator and the process was based on needs assessment. The participants of the study revealed that they benefitted from the process and helped them cope and continue in the nurse educator role and helped ease transition process. In the study by Baker, (2010), the formal faculty program of a nurse educator was examined. The orientation program included goals, pre- and post-assessment, a group-determined instructional plan, support and mentoring, and outcomes evaluation. The study had eleven novice nurse educators and the findings of the study revealed their competency in teaching skills had increased and increased satisfaction as well as perceived support from faculty was also reported.

Effective Mentoring

Effective mentorship is highly cherished by, and is critical to the successful transition of the novice nurse educator (Bailey, 2012; Cangelosi, Crocker & Sorrell, 2009). The process of mentorship helps in the acquisition of skills and competencies such as teaching, allow for effective socialization (settling in) and entry into faculty, promotes faculty development, promotes job satisfaction and staff retention (Roughton, 2013; McDonald, 2010; Chung & Kowalski, 2012; Mann, 2013; Sawatzky & Enns, 2009; Danna, Schaubhut, & Jones, 2010; Dunham-Taylor, Lynn, Moore, Daniel, & Walker., 2008). Like orientation, mentorship could be formal or informal with the formal being of much benefit to the nurse educator. Although mentorship is usually formal mentors usually also use informal mentorship relationships to help smoothen the process (Sawatzky & Enns, 2009).

Again, peer mentoring which is another form of mentoring is usually utilized by nurse educators when this formal mentorship process breaks down (Schoening, 2009). In both forms the process is affected by various factors which could originate from the mentor, mentee, or the institution. Hubbard, Halcomb, Foley, and Roberts (2010) conducted a study involving 163 nurse educators and supportive environment, collegiality, positive past experience, professional commitment and open communication were seen as the facilitators whereas the lack of time and availability, fear and insecurity, lack of mentoring plan, horizontal violence, non-supportive environment were seen as the barriers. The process of mentorship involves assigning a mentee to a mentor (who is usually an experienced person) with the hope that the inexperienced will learn from the experienced one. This process of learning is

usually dependent on various factors including the mentorship relationship between the mentor and the mentee that encourages interaction between the two, nurse educator that demands support and planned activities that takes place in a formal atmosphere and promotes growth (White et al., 2010).

The mentorship relationship which forms the basis of mentorship, is affected by workload of the mentors, clarity of communication, readily available resource (which the mentee could be lacking), compatibility and of the mentor and mentee with both sharing similar interest, commitment on the path of both persons as well as support from the leadership of the department or school (Hadidi, Lindquist, & Backwater, 2013; Martin & Hodge, 2011; Race & Skees, 2010; Slimmer, 2012).

Additionally, the mentorship relationship is also influenced by certain qualities of the mentor. In the study to assess the mentoring needs of schools, Sawatzky and Enns (2009) identified the trustworthiness, honesty, positive attitude/enthusiasm, non-judgmental, respectful, experience in teaching, excellent interpersonal skills, and caring as the qualities of a good mentor. So in essence the need for support from the faculty or their mentors is critical to the successful transition of the novice nurse educator.

Theoretical Framework

The study is based on the theory of transition and seeks to describe the experience of novice nurse educators of the process. Transition is a process that involves the movement of a person through different stages and causes changes in identities, roles, relationships, abilities, and patterns of behaviour (Im, 2011). Various theories have been used in the study of the transition experiences of the novice nurse educators. Meleis' theory of transition,

Schoening nurse educator transition model and Benner's novice to expert model are the notable ones that have been cited in literature.

Meleis transition theory defines transition as a process of which occurs over time and involves the passage through phases and leads to disruption of the different phases of life. Meleis identified developmental, health and illness, situational and organisational transitions as the types of transition. Developmental transition focused on developmental events, health and illness involves events such as discharge, hospitalisation and diagnosis of chronic illness, situational involves changes in life such as entry to an educational program and organisational transition involves changes in the environment that affect clients and workers. Meleis (2010) posited that separate events could initiate different transition and transition could also take place simultaneously or sequentially (complexity), have a degree of overlap among the multiple transition and association between them (multiplicity) as the patterns of transition. Self–awareness and engagement, time span and critical points and events are properties that connotes the transition experiences.

Schoening, (2009) used a grounded theory approach to develop a theory for the transition of novice nurse educators; nurse educator transition theory. She described the transition process of the nurse educator in four stages; identity formation phase, information-seeking phase, disorientation and the anticipation or the expectation phases. The first stage is anticipation or the expectation involves the decision to be the nurse educator, an anticipation to make a difference in the profession through impartation of knowledge and scholarship whilst having the expectation of positive student encounter, career progression and flexible work schedule.

The next stage of this theory is the disorientation phase which is characterized by the absence of structured mentorship, role ambiguity from the absence of knowledge on the work and the organisational structure and finally a challenge in moving from an expert back to the novice role. the information seeking phase involves the search for information that will facilitate independent functioning in the role. This process involves the formation of formal and informal activities such as fact finding, peer mentoring, utilisation of institutionalised faculty development and mentoring programs and putting in effort to learn how to teach. The identity formation phase which is the last stage has the recognition of the nurse educator of the difference between the nurse patient-relationship and the faculty-student relationship. The nurse educator gradually accepts the new responsibilities of the role, establish of boundaries with the students they teach and try to establish their unique teaching style.

Although the theory is quite contemporary, the samples involved in the study were conveniently sampled and they also had different level of experience hence may not be applicable to nurse educators in small degree or associate degree programs. Thus for this particular study, the utilization of this theory as the framework will be quite difficult.

For this study, the theory that underpins it is the novice to expert model proposed by Benner. The model as proposed by Benner has five main stages and is a derivative of the Dreyfus model of skill acquisition (developed in 1980). The Dreyfus model of skill acquisition is based on the premise that skill acquisition is developmental in nature, based on situational performance, underpinned by experiential learning and focuses on the outcome of the given

situation with little consideration to the trait or competencies of the individual (Benner, 2004; Benner, Tanner, & Chesla, 2010). According to Dreyfus, the acquisition and the development of skill goes through five stages (novice, advanced beginner, competent, proficient and expert) and usually reflects changes in two main concepts; reliance on abstract principle to the use of past concrete experience and change in the perception and understanding of a given situation (Benner, 1982). This therefore allows the professional to be at various stages of development giving the opportunity for them to be viewed in that space.

The application of this model in nursing practice provided a framework with which the clinicians could be defined as either being experts or novices. Thus a nurse could be an expert in a particular field and a novice in another once they had changed from one specialty to another. This theory although originally made for the clinical nursing practice, it could be applied in the disciplines such as medicine, social work, teaching and occupational therapy (Benner, Tanner, & Chelsea, 2009). Subsequently, additional work has been carried out to further add up to the theory and make it very practicable in the nursing profession. In the initial theory, Benner tried to throw light on the role of practical knowledge in addition to theoretical knowledge and how they contribute in making an expert nurse. According to her, practical knowledge is gained through experience and that this could be gained in the absence of theoretical knowledge. Additionally, she contended that experience is a requisite for expertise and defined it as the refinement of preconceived notions and theory encounters with many actual practical situations that add to the

nuances of difference to theory (Benner, 1982). The stages together with their descriptions are described in the subsequent paragraphs

Novice

Benner (1982) described the novice as the one who had no experience with a given situation in which they are expected to perform tasks. Thus in order to give them entry to these situations, they are taught in terms of objective attributes (which are the features of the task) that can be recognised without situational experience. They are also taught rules to guide actions in respect to different attributes but these make their actions rigid and makes them inflexible. Benner (2009) stated that these rules should provide a safety net which could form the beginning of learning for the novice educator. According to her, the main difficulty of the novice nurses is the inability to use discretion or judgement hence use context-free rules to guide their practice allowing them to focus on pieces rather than the whole picture. Although the novice nurse educator lacks experience and basically usually utilize theoretical knowledge, Benner (2009) said that certain theoretical knowledge requires ability to apply certain knowledge.

Advanced Beginner

Benner (1982) defined the advanced beginner as the one that can put up a marginally acceptable performance and have coped with enough real situations to note (pointed out by a mentor) the recurrent meaningful components of the situation. The advanced beginner has the ability to formulate guidelines for the actions in terms of attributes and aspects, and can integrate the two treating each of them with equal importance (Benner, 1982). Although they form guidelines, mentors can also construct specific guidelines

for them. Since there is increased awareness of the different aspects of the situation, they usually experience fatigue and finds it difficult to prioritize the tasks expected of them (Benner et al, 2009). Like novices, they also usually apply theoretical knowledge hence seek information about their practice from colleagues. The focus on the various aspects of the situation and struggle with prioritization could result in fatigue and anxiety (Benner et al, 2009).

Competent

The competent nurse according to Benner (1982) feels more mastery sees her action in the long-range goals and plans. Also the competent nurse is aware of the plans and this determines the attributes or the aspects that are considered. The plan establishes a perspective, and is based on considerable conscious, analytical contemplation of the problem. Additionally, through careful analysis, and the prediction of the needs in order to prevention uncertainties the competent nurse plans for the future by (Benner et al, 2009). Again the deliberate and conscious planning results in greater organizational efficiency (Benner, 1982). Yet, like the novice nurse, the competent nurse also experience anxiety although they cope by selectively addressing the various elements of the situation.

Proficient

With continued practice, the competent nurse moves to the proficient stage which is mainly characterized by viewing of a situation as a whole rather than in aspects (Benner, 1982). Additionally, they are able to do this through the exhibition of critical thinking skills and the setting of priorities (Benner et al, 2009). The performance is guided by maxims which provide guidance as to what to consider as important although a deep understanding of the condition

situation is required for successful utilization of these maxims. Again with an increased level of experience the proficient nurse is able predict what to expect in a situation and draws or modify plans to respond to these events. They practice with context-free principles and rules although it could result in frustration (Benner, 1982).

Expert

The expert nurse has a depth of experience thus barely relies on analytical principle but more on intuition and takes a long time to become. The expert nurse spends little time on a given situation as they focus on the core of the given situation, ignore the less relevant aspects of the situation, ask very relevant question and proffer pertinent solutions (Benner, 1982). Intuition was defined as ability which we use in our everyday life and it is neither a wild guess nor a supernatural inspiration (Benner et al., 2009).

Application of the Novice to Expert model in Education

Although the theory was made for clinical nursing practice as it sought to describe the features of novice and expert nurses in the clinical practice setting. In the clinical nursing practice several studies have been conducted to show how the model has been utilized. Specifically, the model has been used in explaining the importance of the intuition in clinical decision making (Lyneham, Parkinson & Denholm, 2008), the need for knowledge on delegation in nursing practice (White, Brannan, & Wilson., 2011) and the understanding the training needs of students during clinical placement which will improve the experience (Gentile, 2012). Benner (1982) defined novice as the nurse who is new to the environment and also has no prior experience in

that environment. The novice to expert model by Benner (1982) has also been applied in studies regarding the nursing education.

Poindexter (2013) applied the model in the study to identify the perceptions of administrators about the expected competency of novice nurse educators. The study used a quantitative approach and the model was incorporated in the scale to assess the required proficiency for each of the competencies. The findings of the study revealed that the administrators expect entry level educators to possess competency in teaching but the expectations differed with the position type and setting. Weidman (2013) similarly used the model as a framework for the study to describe and interpret the transition experience of nurses without any educational theory from the clinical setting. The study findings showed that the participants who were clinical nurse experts had difficult transition process reported feeling stressed and frustrated. This because the use of intuition which hitherto was common with them was of no use in the academic setting and they had to break down information they came across.

Dempsey (2007) also used the model as the guiding framework for the study the transition experience of the nurse educators as they transition from clinical nursing. The findings of the study showed that novice nurse educators reported feeling anxious and stressed in the earlier part of the transition but these feeling reduced as they gained experience over time. Brown and Sorrell (2017) found also used the model as a guiding framework to assess the challenges faced by the nurse educators during the transition process. The study found that the transition process of the participants was made less

stressful by mentorship and orientation as well as support from experienced faculty.

Mangum (2013) used the model in developing and evaluate a structured nursing facility orientation development system for novice nurse educators. The scale that was developed was used to assess the individual goals of nurse educators which could be used to assess the competency of novice nurse educators thus helping in the planning for the mentoring for these novice nurse educators.

Critique of the theory

Although she has been credited with the theory, Gardner (2012) argued that Benner has been given too much credit for the work that has been done by the previous authors (Dreyfus and Dreyfus). The theory is the product of the narratives of nurses who were interviewed using the qualitative approach, hence questions has been raised about the quantitative validation of the theory. Altman (2007) further argue that the trustworthiness is questionable specifically raising objections to the accuracy of the narratives of the respondents. In the theory, Benner posited that the analytical skills were more utilized in the early stages of the model hence making the case that experts use more intuition which is born out of experience. Gobet and Chassy (2008) argue that analytical skills are important and are utilized by all persons including experts, hence the premise that it is more important in the early stages is quite difficult to accept.

Intuition is the main concept that was highlighted by Benner as the main concept upon which the expert nurse acts (Benner, 1982). Although Benner showed that the expert based clinical judgement on intuition she did

not actually show how unique the concept was to the expert nurse. Higham and Arrowsmith (2013) further argue that the expert nurse carries some amount of power and status which enables them to claim intuitive knowledge without any expectation to justify their decisions and judgement. Additionally, the concept of intuition may just be the case of a nurse choosing personal knowledge over technical knowhow hence that could have been the case for banner's participants. Cash (1995) in his study argued that Benner (1982) on one hand said that expertise is contextual and that being an expert cannot be personalized yet on the other hand she posited that a unique way of thinking connotes being an expert; labelling this as an inconsistency of the theory.

Specifically, he argued that the theory failed to categorically state what constitute an expert practice as although one could be an expert, she could not be practicing with high level of expertise in all situations. Again, he argues that the critical incident analysis which was used as the main instruments for the formulation of the theory was quite challenging as certain incidents which could be typical to nursing practice could be deemed as not being critical hence affecting the outcome of the theory. Additionally, the position of an expert has both experience and subjective recognition hence the in the analysis of the data to establish expert practice the aspects of the critical incidents could have been ignored. Finally, like most critics of the theory, cash also talked about the role intuition arguing that since intuition lacks immediate confirmation with evidence, the claim of intuition will be based to a larger extent on the power of the person claiming to use it. Thus intuition could also be used by the nurses at the earlier stages of the model but may not be able to say so due to the absence of power.

In summary, the theory has been criticised mainly on the basis of the gathering of the data for the study, the absence of a quantitative verification and issues regarding the use of intuition. Additionally, the failure to clearly spell out what constitute expert practice and being an expert has been addressed. However, despite these criticisms the theory continues to be a major tool for the development of nurses in both practice and academia.

CHAPTER THREE

RESEARCH METHODS

The study sought to explore the experiences of novice nurse educators as they transitioned from clinical practice to the classroom or academia. This chapter focused on the research methods employed in the study. It specifically looked at the study design, research setting, the data collection procedure and instruments and data analysis. Additionally, the chapter addressed the study population and participants, the sampling process and the ethical considerations and issues of rigour (specifically trustworthiness and credibility).

Research Design

The study was a qualitative explorative case study as it sought to explore the experiences of the participants under study. Qualitative approach to research takes its roots from the constructivism paradigm which believes that there are multiple realities that are usually constructed by the individual and also places emphasis on subjective and non-quantifiable data (Polit & Beck, 2012). Qualitative study generally is of five kinds; narrative, case studies, ethnography, phenomenology and grounded theory (Denzin & Lincoln, 2011). This approach as described Creswell (2009) gives the researcher the opportunity to gain insight into a phenomenon by discovering meaning and also focuses on the message conveyed by the participants and not that of the researcher (van Manen, 2014). Curry, Nembhard, and Bradley (2009) also posit that the qualitative approach is employed in situations where the phenomenon under the study is multifaceted, there is the need for data gathering for understanding of a phenomenon and to explore specific

individuals or organisations. This study sought to explore the experiences of the nurse educators which might not be quantified and is subjective to each of the participants. Additionally, these experiences which cannot be quantified is multifaceted hence making the qualitative approach appropriate for this study.

Case studies are in-depth examination of people or group of people and focuses on the meaning of experiences to the subjects themselves rather than generalization of the results to other groups (Nieswiadomy, 2012). They additionally permit the studying of the participants in their natural setting and in nursing education provides an avenue to identify objective statements such as explore, understand, and evaluate (Anthony & Jack, 2009). They could be of three main types; exploratory, explanatory, and descriptive and could be single or multiple in nature.

This study employed an exploratory case study design as it sought to understand the phenomenon of transition process of novice nurse educators into their new role (since this concept has been scarcely studied in the Ghanaian context). Exploratory case studies seek to investigate a phenomenon that is little understood in order to identify or discover the important sets of meaning (Creswell, 2009). They also provide in depth investigation of a concept that has been scarcely studied (Woods & Ross-Kerr, 2011).

Research Setting

The study setting was Nursing Training Colleges in the Central Region of Ghana. Researcher's enquiry at the human resource department of the Central Regional Health Directorate indicated that, Twifo Praso and Cape Coast Nursing and Midwifery Training Colleges had participants that met the inclusion criteria set for the study. The other health training institutions were

Winneba Community Health, Dunkwa on Offin, and Ankaful Nursing Training Colleges. All the schools are Ministry of Health sponsored Health Training Institutions that are responsible for training general, mental and community health nurses, and midwives. Twifo Praso and Cape Coast Nursing Training Colleges are in the Twifo Hemang, and Cape Coast, district, and metropolis respectively. The schools involved in the study are all headed by a Principal and have tutors who teach the various courses outlined in the curriculum provided by the Nursing and Midwifery Council of Ghana. These nurse educators in these schools were of various backgrounds including midwifery, nursing, nutrition, psychiatry and biostatistics. Together, the schools had a total of 60 tutors with 10 of them being novice nurse educators (ones who had spent not more than three years in their current position) with backgrounds in nursing (general, mental health or community health) or midwifery. The schools were selected due to the difference in the cadre of nurses they produce, nurses and midwives, as well as community health nurses.

Although the total number of schools located in the region were five, the two aforementioned schools had novice nurse tutors with the rest having all the staff being nurse educators who had spent more than three years at the time of conducting the interview or had backgrounds other than nursing or midwifery. Moreover, Twifo Praso Nursing Training College also runs community health nursing programme and therefore permitted the study of the concepts among nurse educators teaching different programmes of nursing run in the country.

Study Population

Population of a study denotes a complete set of persons who possess common characteristic of interest to the researcher (Polit & Beck, 2012). The target population of the study were nurse educators who had been nurses in clinical practice but were currently teaching in nursing training colleges in the Central Region of Ghana. Additionally, each of the participant had spent less than three years teaching in the Nursing Training Colleges.

Sampling and Sampling Technique

Sampling involves the selection of the population elements that are usually a subset of the population (Nieswiadomy, 2012). Sampling methods are generally of two types; probability and non-probability sampling methods. Participants of the study as indicated earlier were nurse educators and they were selected using non-probability sampling technique, purposive sampling. Purposive sampling involves the selection of participants of a research who possess qualities that are of interest to the researcher (Polit & Beck, 2012). They were purposively sampled after participant enquiry was conducted at the various school.

Sampling in qualitative studies is usually carried out with the richness of the data collected as well as data saturation as the guiding principles as there are no fixed sample size for qualitative studies (Guest, Bunce, & Johnson, 2006; O'Reilly & Parker, 2013). A total number of 6 novice nurse educators were involved in the study and they were drawn from two of the schools involved in the study (Cape Coast and Twifo Praso). This number was reached after data saturation was achieved during the data collection process. The selected schools were the only schools that had participants that met the

inclusion criteria set for the study. Despite having few of participants, Bogdan and Biklen (2010) posits that qualitative studies should be conducted with smaller sample size as this permits the use of in-depth interviews for data collection ensuring efficient time frame is spent with the participants (Curry, Nembhard, & Bradley., 2009; Creswell, 2009). The inclusion criteria for the selection of the participants of the study were as follows;

a. The participants at the time of the study should have been nurse educators with less than 3 years working experience in the academic setting.
b. The participants should have been nurse educators teaching in any of the Nursing and Midwifery Training Colleges involved in the study.
c. The participant should have worked in the clinical setting or hospital for at least 3 years prior to their recruitment as nurse educator.

Novice as defined by Benner (1982) lacks experience and knowledge about situation (usually within the first 3 years of experience) and for this study the novice nurse educators were nurses who had undergone additional education (Bachelor's or master's in nursing, Education or Health Science Education) and had worked in academic setting as educator for less than three years (Cooley, 2013).

Data Collection Instrument

Data was collected using in-depth semi structured interview with the participants who were involved in the study. An interview guide was used as the framework to guide the conduction of the interview as part of the data collection procedure. Semi-structured interviews present a more flexible way of conducting interview and involves the use of lesser structured questions

(Merriam & Tisdell, 2016). The interview guide was developed by the author after review of related literature on the topic and was done in line with the set objectives of the study as the guide. The interview guide was tested with 3 novice nurse educators who taught in the similar Nursing Training Colleges (Asanda, Esiama and Asankragwa) in the Western Region of Ghana. The findings from the pilot showed that the questions regarding the "support during the transition" needed to be made clearer and open ended. The guide was then amended from the results of the pilot carried out. The questions in the guide were open ended and were designed that way to help explore the transition experiences of the participants as well obtain as much information as possible from them.

Data Collection Procedure

The participants involved in the study were identified after a participant enquiry was conducted at the various schools involved in the study. Data was then collected from these participants after gaining permission from the Principals (having submitted the ethical clearance from the University of Cape Coast). An introductory letter was also taken from the School of Nursing and Midwifery and presented to the schools involved in the study. The identified participants for the study were initially approached physically (face to face) and the interviews were scheduled with them. The interview took place in their respective offices (with only the participant and primary investigator) to prevent interference from other nurse educators, using an interview guide and lasted approximately 45 minutes. The participants were asked to share their experiences in transitioning from practice to academia by using open-ended questions with as little interruption as possible. Follow-up

questions were employed to elicit more information as well as clarify details given by the participants. Data saturation was achieved at the end of the interview with the 6th participant of the study.

Data Management

The data of the participants on their experiences was audio recorded at the consent of the participants. The data were stored on a computer using the Microsoft Outlook that was password protected as well; with the password known only to the researcher. The transcribed or textual data (verbatim) was initially stored under lock and key which is accessible to the researcher. These were done to maintain the confidentiality of the respondents.

Data Analysis

Data from the interviews was analysed using thematic analysis to bring out the real meaning and essence of the collected data. Thematic analysis involves identification, examination, recording and reporting of themes in order to describe the phenomenon (Braun & Clarke, 2006). Data was analysed using the framework outlined by Braun's and Clarke; familiarising with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing report (Braun & Clarke, 2006). The data analysis was carried out concurrently as the data was being gathered allowing for identification of gaps necessary for follow up interviews. The data was transcribed verbatim and was returned to the respondents for them to go through to eliminate misrepresentation as well as to comment on them. No misinterpretation was reported by the respondents after the transcripts were given back to them. There after the transcribed data was then read through and took note of repeated patterns and meanings (Liamputtong, 2009). The data

was coded by labelling or giving names to the relevant words or segments that were identified whilst reading through the transcribed data. These constituted the initial codes that were generated for the data that had been transcribed. Having done the coding, the data was re-examined to identifying the links between the codes whilst establishing some general concepts. The process of reconstruction involved repetitive reading of the transcribed data (at least four times), making comments and identifying the main ideas and concepts of the statements. The initial codes were later organised into themes by identifying relationships between similar codes and categorizing the statements. These themes were then reviewed, defined, and named taking cognisance of the previous codes and themes that had been generated. The result of the process was a report that contained themes which were in line with the purpose of the study.

Trustworthiness

Rigour in qualitative studies is concerned with quality of the entire study. Lincoln and Guba (1985) proposed four criteria for ensuring quality or rigour in qualitative studies; credibility, confirmability, transferability and dependability.

Credibility

This refers to confidence in the truth value of the data and interpretations of the data or findings of the study (Polit & Beck, 2012). Credibility of the study was promoted by immersing himself in the world of the participants (Bitsch, 2005). To ensure this, extensive time was spent with the participants involved in the study by visiting them thrice (before and after) the collection of the data. In spending time with the participants their trust was

gained, and greater understanding of their context was gained (Onwuegbuzie & Leech, 2007). Again, to ensure that their views are exactly what has been has presented by the research during the interview, the participants were offered time to review the data and feedback was sought from them during the visit after the data collection. This helped eliminate potential biases that may arise during the analysis of the data (Anney, 2014)

Transferability

This addresses the ability of the research to yield similar results if repeated in other settings or groups. Lincoln and Guba (1985) assert that it is the responsibility of the researcher to provide sufficient descriptive data that consumers can evaluate the applicability of the data to other context. It also enables another competent researcher to reproduce the same result to some extent. In this study, transferability was ensured by writing a thick, detailed and extensive report on the entire research process thus allowing other researchers to employ similar methods to (Nieswiadomy, 2012). The data collected from the interview were audio recorded and stored well on a password protected software (computer) whereas its transcription was stored under lock and key for future comparison. Again, the participants for the study were selected using purposive sampling to select key informants that had first-hand experience on the process of transition to nurse educator role (Schutt, 2006).

Confirmability

This aspect deals with establishing that the collected data represents the information participants provided, and the interpretations of the collected data are not imagined by the researcher (Lincoln & Guba, 1985). In the

conduction of the study, objectivity was maintained during the data collection and analysis through triangulation (Bowen, 2009). With this, after the collection and analysis of the data, a second person with a minimum of Master's degree and skill in thematic analysis also coded and analysed the data collected after which both results, when compared, were similar. The electronic and textual data were stored on a password protected software computer and a cabinet with lock and key respectively. Again, reflexive journal that contained a documentation of all the events that occurred whilst undertaking the study (Koch, 2006) was kept as an audit trail (Bowen, 2009).

Dependability

This deals with the consistency and reliability of the findings of the data collected from the participants of the study (Polit & Beck, 2012). In the conduction of the study, an audit trail was developed and kept allowing for drawing of conclusion about the trustworthiness by another person outside the research. The trail contained documentation of any decision that were made regarding the methodology and how the data were collected, recorded and analysed (Bowen, 2009). The data was again coded having coded it the first time and results were compared (for which it turned out to be the same (Chilisa & Preece, 2005)

Ethical Considerations

Ethical clearance was sought from the Institutional Review Board of the University of Cape Coast. Also, an introductory letter was taken from the School of Nursing and Midwifery, University of Cape Coast and sent to the various schools where the study was conducted. The considerations outlined

by the World Medical Association (2013) on the use of human subjects in research were also adhered to.

Autonomy

In the conduction of the study, the participants were informed through a written letter which outlined the description, purpose and the methods that were employed in conducting the study. They were informed participation is voluntary and they were at liberty to discontinue participation in the study at any time. They were later given a consent form which, they signed to indicate their consent to participate in the study.

Non-Maleficence

The study did not pose any harm to the participants especially during the conduction of the interview. Again, since they are tutors and by engaging in the study, the learning periods of the students could have been affected, hence arrangements were made with they and their principals to conduct the interview during their "free periods" ensuring the it did not interfere with their teaching or lecture periods.

Beneficence

The study was quite beneficial to the participants in that it offered them an avenue for them to ventilate their feelings regarding the transition process. Additionally, the data that was collected is expected to help policy makers and even the schools put in place policies that will help the transition process of novice nurse educator.

Confidentiality

In the conduction of the study, the identities of the respondents were protected by assigning them numbers. They were informed of this practice and

were told is to protect their identity whilst maintaining their confidentiality. In the analysis and presentation of the data the participants were assigned pseudonyms also to maintain their confidentiality.

Justice

In the conduction of the study, the participants were interviewed in a common language, English since all of them were educators and English is the medium of instruction for the students they teach. This was to allow for equal chance of expression of themselves and not disadvantaging any of them.

CHAPTER FOUR

The chapter entails the analysis and presentation of the findings that were identified from the study. The study explored the transition experiences of novice nurse educators from their previous role as nurses in the clinical setting. The study was an exploratory case study and employed a qualitative approach in exploring the transition of the novice educators. The study was conducted in the Central Region of Ghana and involved two Nursing and Midwifery Training Colleges (Twifo Praso and Cape Coast Nursing and Midwifery Training Colleges). Data was collected from six nurse educators using a semi-structured in-depth interview conducted face-to-face using an interview guide at the setting of the study. The data was transcribed verbatim, read through twice, coding was done, and the following themes were identified from the study. The themes identified in the study were the following; beginning an end, staying afloat and surviving the role with support. The sub-themes teased out from the main themes are illustrated with the narrations of the participants to enhance understanding of the findings.

Description of Sample

Six participants that were involved in the study were full time nurse educators in the nursing and midwifery colleges of Ghana. They were assigned pseudonyms to protect their identity and maintain their confidentiality.

Table 1 presents the sociodemographic characteristics of participants involved in the study.

Table 1: Sociodemographic Data of Participants (*N=6)*

Characteristics	Frequency
Gender	
Male	2
Female	4
Highest Level of Education	
Bachelor's degree	5
Master's degree	1
PhD (doctorate)	-
Years of Clinical experience	
4-6 years	1
7-10 years	3
Above 10 years	2
Previous Clinical Specialty	
Midwifery	2
General Nursing	3
Psychiatry	1

Table 2: Themes and subthemes identified in the study

Themes Identified	Sub-Themes Identified
Beginning the journey from an end	• Passion to impart knowledge and make a change • Leaving the bedside • Preparation for nurse educator role Anticipations • Starting afresh • Understanding the role • Transition stress
Staying Afloat	• Overwhelming workload • Need for additional skills • Inadequate mentorship • Insufficient orientation process Difficulty maintaining practice competence.
Support for Survival	• Learning to cope • Relationship with colleagues.

Transition Experience of Novice Nurse Educators

A. Beginning the journey from an end.

This is the first theme of the study, and it is based on the objectives that was set for the study; the experiences of the role transition of novice nurse educators. This theme generally depicted the processes and the factors that led or contributed to the participants becoming nurse educators (as nurses who formerly worked in the clinical setting). The following sub themes were identified from the theme; *passion to impart knowledge and make a change, leaving the bedside, preparation for nurse educator role, anticipations, starting afresh, understanding the role and transition stress.*

Passion to Impart Knowledge and Make a Change

Becoming a nurse educator is primarily based to a larger extent on having the passion to impart knowledge and teach people which was developed prior to becoming a nurse educator. This usually occurs over time and happens years prior to the decision to become a nurse educator and becoming one. The participants in the study had the desire to become teachers in the nursing training college. They were engaged in clinical teaching of students and colleagues whilst they worked on the ward and that was further increased their interest in the role.

"Whenever students came on clinicals I loved to gather them and teach them. I also gave them assignments and we had discussions with them and they were always appreciative of it. I enjoyed doing that and over time I realised I was becoming good since the students preferred coming to shift with me." Participant 1

"I used to teach students and volunteer nurses whilst I was working on the ward. I did so because I realised that I can help improve nursing profession by teaching the students the right things. I prefer to teach, love it when I do the teaching and others do the writing whilst they listened to me. Most of my colleagues said I would be a good teacher and I would best fit the classroom." Participant 2

"I developed the interest in teaching after I realised that students that came on clinical placements left much to be desired. They had to be further educated on basic principles pertinent to nursing practice. I also wondered whether the problem was their teachers or the students themselves. I developed the interest to pursue career in

teaching in order to make a difference in the lives of the nursing students". Participant 3

Leaving the Bedside

Traditionally, most nurses enter profession with the aim of caring for sick persons who seek health care. However, various factors related to working in the clinical setting causes a change in this interest hence the desire to leave the bedside. The participants reflected on the desire to leave the bedside partly due to the dissatisfaction with working in the clinical setting. They felt they could effect changes in the profession and the lives of the students by being a tutor

"I always had the dream of becoming a midwife and helping mothers to deliver and became one. But as time went on, the work became overwhelming for me and you had to improvise most of the times the things you need are not there. The work became too much to carry out and made it difficult for me to render quality care to the pregnant women despite my personal effort." Participant 4

"I love nursing patients and get satisfied when the patients get better and discharged home. The main thing I dislike about the ward is that you don't get what you need to work with and that prevents you from doing your best for the patients. This was becoming too much so I decided to leave and become a tutor." Participant 5

"Nursing has been a dream because I grew up seeing my mum working as a nurse. I always dreamt of becoming one so chose to train as one but however left in pursuit of a dream I had developed later in the course of my practice. hence was difficult for me to leave the hospital ward. It was also difficult because I am used to caring

for patient through establishing and maintaining contact with patients and will miss that". Participant 3

Preparation for Nurse Educator Role

The participants realised they had to acquire the necessary qualification demanded by the Ministry of Health and for recruitment as a nurse educator in the Nursing or Midwifery Training Colleges. But that required that they granted study leave for which working for more than three years was a major criterion. The participants of this study were aware they needed to improve their level of knowledge and skills if they had to teach in the Nursing Training College hence went to pursue further studies. They were also aware of the policy of the Ministry of Health regarding the requirement to be a nursing educator and teaching (which is to have studied health science education or post graduate diploma in education). Their pursuit for the additional education was partly to develop themselves as well as conform to the policy direction of the Ministry.

"I realised that to teach in the classroom, I needed to further my education to improve my knowledge and get other needed skills. Hence I decided to do BSc. Nursing but was told that if I had to gain appointment in NMTC, I had to go and do PgDE (Post graduate diploma in education), hence I went to do that as well just to be a tutor in NMTC." Participant 5

"I wanted to be a tutor in NTC and had the desire to teach students, so whilst working in the hospital, I used the teaching of the students as a learning curve. I knew that I had to do additional courses so I decided to apply for study leave and pursue Bachelor of Education

Health Science in the university. Education I realised taught me how to deliver in the classroom." Participant 1.

I made the decision to get additional training in education after deciding to leave the ward. I applied for study leave and did Bachelor in Health Science although I knew I could teach students. But having undertaken the course I realised I wasn't equipped to teach students as I initially thought and the course helped me lot". Participant 6

Starting Afresh

This denotes the beginning of the nurse educator role although the participants had spent more than five years working as a nurse. Over this period, they had developed relationships with colleagues and had attained certain feat such as unit managers. On the contrary, they were leaving these achievements attained in the clinical setting and beginning from the scratch again in the same profession (but this time around in the school). This was seen by the nurse educators as being quite challenging but were willing to go through the phase since they were fulfilling their inherent desire to be in the classroom as nurse educators.

I spent 9 years working on the ward and became the in charge of my unit. But choosing to become a nurse educator meant that I was going to start like a newly posted staff who lacks experience. This was not easy considering that I knew how junior staffs were treated by the senior in certain instances. Although it is quite uncomfortable, believe it is necessary since it is new place." Participant 1

"Moving from the ward to the classroom was not an easy thing to do but I had to do it because that's where my passion is and that's what I wanted to do. Ten years working in the ward is not an easy thing to but my colleagues were very helpful. Although I was happy I was realising the dream, I felt quite sad leaving these colleagues and relationships we had built with them behind." Participant 2.

I had been a nurse for 8 years and in that period, I developed relationships with colleagues and patients. There some of the patients that still check on me once a while and whenever they need advice on their health. I also developed my skill by attending workshops and being sponsored to attend some of them. The thought of it was not easy to handle as I thought the clinical skills and knowledge gained over time could be of little use in the classroom". Participant 3

Anticipations

This depicted the feeling of the participants prior to and in the early parts of assumption of the role. Although they had undergone additional preparation, they expressed feelings such as anxiety and doubtful self-confidence.

"The first day I was about going to class, I felt very uneasy although I had spent the whole night preparing my notes. I wondered if I would be able to deliver and prayed that no student asked any question that was out of the ordinary." Participant 4

I didn't even know where the school was located when I was given the posting. I tried to imagine how I would be received by the students and staff, the attitude of the staff especially the principal

and whether I would be able to cope with the attitude and even live there." Participant 3

"My first day on appointment to the school was quite uncomfortable. I realised that things were different from what of the nursing school I had done my teaching practice. Although I was anxious about the treatment by the student and colleagues, I chose to remain optimistic about it". Participant 6

Understanding the Role

This sub-theme represents the views and understanding of the participants about their new role as nurse educators. Although the nurse educator role primarily comprises teaching, scholarship and community service, most participants understood their role as mainly teaching. They therefore did that aspect well whilst they gave less attention to the other two. They also paid less attention to it because the institution generally gave less attention to the other two. They also highlighted the lack of skills in these areas.

"Being a nurse educator, your main role is to impart knowledge through teaching and encouraging the students to learn. As for scholarship, since it is not mandatory, I actually do not do research for publication. I also don't have much knowledge on it that's why I actually don't do it." Participant 6

"I believe that as a nurse educator, I am supposed to facilitate teaching and learning, be a role model for the students and impart knowledge and skills to the students. Aside these I don't think I have other roles as a nurse educator. …… I haven't heard of

community service and for research I mostly do it when preparing my notes". Participant 5

"I think my role as a nurse educator is to help student get the concept of nursing in order to become better nurses in the future. Aside these I am supposed to be a role model to the students and advice them on issues that surround their life as students when the needs be whilst performing other activities instructed by the principal" Participant 4

Transition Stress

This denotes the overall perspective of the participants regarding the transition roles. They generally labelled the transition as stressful and associated it to certain factors. Chief among these factors is the workload that came with the role and playing it efficiently.

"For me I will say that the initial part of the process was very stressful for me. Combining my responsibilities with that of my personal life was not easy for me at all. I struggled to get used to the way things are done but over time l learnt to adjust to the situation." Participant 2

"I thought the classroom was a bit ok than the ward when I was working on the ward. When I came in, I realised that tutors go through a lot and that teaching is really tedious. The workload is just too much and it makes the entire process very stressful." Participant 6

"Although I had done teaching practice here, I had found out things were quite different from how I perceived it. The work entailed more than I had been used to during my teaching practice. The work was

just too much and always had issues from students to deal with" Participant 3

Challenges of Transition

B. Staying Afloat

This theme depicts the challenges that the participants felt affected their transition into their new role. It further denotes the measures they took in ensuring they effectively played the new role as well as how they dealt with the challenge. The sub themes identified under this theme were; *overwhelming workload, the need for additional skills, inadequate mentorship, insufficient orientation process and difficulty maintaining practice competence.*

Overwhelming Workload

Participants in the study talked about the overwhelming workload that came with the role. Originally, they understood their role to be teaching students in the classroom and that required they prepared adequately. Yet, it appeared that this prior preparation was quite overwhelming for them due to various factors. According to them other tasks (such as student counselling aside the primary role of teaching students, made the workload very overwhelming.

"I take two courses and for each of them you always have to prepare your notes for each lesson everyday. This is not an easy thing to do and if you don't do so you will have to skip class. You also have to do marking of assignments, quizzes, mid-semester exams, group work, care study and research in addition. I always have to go home with work, hence there is little time for yourself and at times even

cooking is difficult since you have a lot of things to do." Participant 1

"I was given a course just before school reopened and had to bring my kids from my former station. The course was new to me and the materials for the preparation of the notes were not in the library hence preparing the notes is becoming difficult for me. The students are also on me for their care study and research as their supervisor, and that is another challenging thing for me. Combining the two is making the work too much for me currently." Participant 3

"For me the workload from the teaching is quite hectic and tedious. I always have to prepare for class since I want to give the students my best. But I am a mother with two young children and combining their care with my official work hasn't been easy. Despite resolving not to take work stuff home, I usually do and I feel it prevents me from spending quality time with my children. Despite all these I'm grateful to God that I haven't suffered ill health from the stress". Participant 2

Inadequate Mentorship

Mentorship is key to the successful transition process of novice nurse educator. As novice nurse educators, they will need mentorship for them to smoothly transition from the ward. Transition ideally should be structured having a well laid down plan agreed by both mentor and mentee, having benchmarks tailored to the needs of the novice nurse educator. Participants involved in the study described their experiences in the mentorship process and they generally described the process as inadequate.

"The mentorship process comprised mainly sitting in her class and she also in mine and correcting me when I went wrong. It didn't go beyond the classroom It stopped after three weeks but I still go to her when I get the chance." Participant 3

"It was however easy to sit in her class though she was always busy. After sometime I stopped following her since she was very busy and wasn't having time for me. We didn't draw a plan or set time lines which I think it would have been better if we had agreed on one." Participant 5

"I was fortunate to have someone who took me in as her daughter of a sort during the first few weeks. She was available and taught me a lot of things for a while and also sat in her class when I was free. She only sat in mine only twice and it ended when she found a personal problem with me for which was related to the official work". Participant 4

Insufficient Orientation

Orientation likewise mentorship is needed for the successful transition into the new role. Classroom and the ward are different in terms of structure and way of doing things hence the need for orientation. Orientation could be formal and informal and for either of them, it is important they are based on the needs of the person. The participants in the study described their orientation process to be mainly formal and took a day. The orientation process comprised introduction to unit and the personnel

"I was given an orientation when I came and lasted for a day. I was introduced to the other teachers, departments of the school and

afterwards I was made to fill some forms which I subsequently submitted to the administrator of the school. The process was just for a day which is too short" Participant 6

"I was introduced to the other tutors and the people at the administration when I came. I was also given a student handbook which I was told to read and was made to fill some forms; all these were done within a day which is insufficient in a way" Participant 2

I don't know how much time that would have been enough for me to be orientated but certainly what I had wasn't enough. I and my colleagues were just handed over to the secretary when we came for orientation to be done. She just introduced us to the other staff and said that proper orientation would be done. This never happened and I struggle to find the needed help with issues that confronted me such processing my salary. Participant 5

Need for Additional Skills

This sub theme describes the participants' view that they needed extra skills that were pertinent in playing their role well. Although all the participants had undergone additional preparation before they had been recruited, they felt they had to learn new skills if they were to be efficient nurse educators. They all also acknowledged the role the additional education or preparation played in making them effective nurse educators. Challenges with testing and evaluation was one named as one of the things they dealt with additional skills learnt on the field

"Education will tell you how students behave, the methods used in teaching. For example, if you are able to use the right method of

teaching, the student will get the concept well. But things such as supervision of care study and research, and doing practical exams, they don't teach in education so you have to learn it yourself." Participant 6

"I learnt a lot of things when I went to do education but there some of the things that I still struggle with. Setting objective questions was one of the things I had difficulty with because it was very tedious to do it well and my questions were mostly rejected. I was only fortunate that when I came they had a workshop on setting questions and I learnt a lot from that." Participant 1

As a practicing nurse, I had the habit of reading everyday and that made me teach the students well. Having the gone for the training in University and undertaking teaching practice as part of it made me feel well prepared for the role. Yet, when I got to the classroom I realised there is more I needed to be learnt. I realised I lacked skills in supervising practical work, setting of questions and also teaching in such a manner that no student is left behind". Participant 5

Difficulty Maintaining Practice

Although the participants are teachers, they are expected to undertake clinical practice that is supposed to be logged. This is to ensure that they learn new skills and trends in the clinical practice setting helping to prevent theory practice gap. The participants generally were not aware of this but occasionally visited the ward as part of clinical supervision, enquiries and not necessarily to practice.

"I am not aware that the Nursing and Midwifery Council requires that I do clinical practice and get it logged. I occasionally go to the ward to learn about the current trends that is happening and also during supervising the clinical placement of the students. I do so usually once a month, the enormous work I have to do will make it impossible to do it often." Participant 2

I am a community mental health personnel by training and our work involves visitation and field work. I teach mental health nursing and psychology in the school handling both courses isn't an easy task. I am aware that I need to go the ward in order to be abreast with the current trends but its quite impossible for me. The nature of community mental health practice makes it difficult for me to undertake it hence I barely do so". Participant 6

C. Support for Survival

This category denotes the support and resources the nurse educators had received and how that had helped their transition. Although mentorship and the subthemes that were deduced from this category are *learning to cope and relationship with colleagues.*

Relationship with Colleagues

The participants in the study saw their colleagues as very vital resource to their survival. They specifically named the good relationships that existed between themselves and other colleagues as one of the support systems that aided their transition.

"My colleagues with whom I came here, have been very supportive and helpful. They understand how things could be that tough and therefore they become better support persons." Participant 4

"Aside my mentor, the colleagues I had were the main source of information and assistance during the difficult times. For instance, my colleagues were around when I had challenges with the former principal of school after having a problem with her initially." *Participant 1*

"When I had the challenge with my salary, life was difficult for me to cope. I was expected to teach to best of my ability and was a daunting task since mentally I wasn't ok because of the financial problems. I had to travel back and forth but had immense support from my colleagues who swapped class periods with me to enable me travel. They also helped me financially while I waited for the issue to be resolved". Participant 5

Learning to Cope

Coping is important and key to the effective dealing of the stress associated with the transition. This depicts the strategies that participants used to mitigate the challenges that they faced as well as the stress. According to the participant effective time management was key to adjusting to the new role. Altruism was also adopted by most of the participants with the students being the pivot around which all other decision made are centred. They said by doing this they ensured the students were not affected by their personal difficulty with the transition process. Also, they additionally engaged in

personal reflection to assess their strengths and their weaknesses and the reasons for the choice they made to them.

"Although the transition hadn't been easy I have come to understand that effective time management helps a lot. This is because I know I have a lot to do, I don't waste time at all; the little time I get I use it to either prepare my notes or care study. That way I'm able to reduce the pressure that comes from the workload." Participant 4

"I have learnt to let go some personal stuffs so that I can perform my expected duties well. I mostly forgo weekday church services in order to adequately prepare for class the subsequent days. This I feel it isn't right because as a committed Christian I should be going to church but I believe God understands". Participant 2

"I engage in reflection most of the time; always reminded myself that the stress would be over pretty soon after some time. I always think about the desire to make an impact in the lives students and the fact that they might be taking care of me in the future should I be ill. But I also evaluate my actions to identify my strengths and weakness so that I can become more efficient in my capacity as an educator and reduce the stress." Participant 1

Discussion

Reasons for Becoming Nurse Educator

The study findings showed that most participants of the study prior to their current appointment as nurses, had worked for more 6 years in the hospital which according to the novice to expert model, makes them clinical experts (Benner, 2001). This clinical expertise according to the participants of

the study allowed them to teach the students by making their teaching very relevant and practical. Foster, (2018) contends that the clinical expertise enhances the confidence of novice nurse educators and makes them much efficient. Yet, the role of additional preparation cannot be understated as shown in studies (McCoy & Anema, 2012; Shanta, Kalanek, Moulton, & Lang, 2012). These were both highlighted in the study findings as the participants verbalised the importance of their expertise in the clinical setting in their delivery in the classroom. The result of the study showed that the participants became nurse educators based on the desire to teach or impart knowledge to students as well as bring change in the profession. They also in one way or the other were undertaking clinical teaching and felt they could be better in the classroom. These are similar to the findings of other studies which saw participants giving the same reasons (Cangelosi et al., 2009; Chapman, 2013; Duphily, 2011). Woytowicz (2018), Ander (2016) as well as Gazza and Shellenbarger, (2010) reported similar finding in their study in which the participants involved in the study gave the desire to teach as the reason they became nurse educators. Also quest to fulfil their personal goals or aspirations also influenced their decision to become as nurse educators; similar to the findings of other (Laurencelle, Scanlan, & Liners, 2016; Schluter, 2014). However, despite the role of the above mentioned in their decision to leave the hospital wards, certain conditions such as stress associated to the work also influenced their decision. Hence it could be concluded that they might have seen the teaching as the main role of the nurse educator. Although traditionally three roles of the nurse educator comprise teaching, community service and scholarship (conduction and publishing

original research), the study findings suggest that the participants just understood the role to be just teaching in the classroom. The perception that the classroom is less stressful could be partly due to their subjective understanding of the role of nursing educator which was quite different from the reality hence contributing to the feeling of stress from the transition process. This understanding of the role result in an expectation which if not met could contribute to a stressful transition (Duffy, 2013). Similar findings were also realised in a study by Cooley (2013) in which they also understood their roles to be only teaching. The participants in the study did not engage in scholarship and community service aspect of the nurse educator roles because they had little idea about the two and also were not mandatory for them whilst the contrary is the case for the other studies. Again, it could be argued that since the setting is a training college the other two areas would not be much emphasized on. The participants also talked about the fact that they lacked competency in scholarship despite the fact that they had gained additional preparation for the role. This is not different from the findings seen in other studies in which despite additional preparation nurse novice nurse educators were still in need to acquire additional competencies (Manning & Neville, 2009).

Transition Process

Transition to the nurse educator role has been described as a process that entails various forms of emotions. Emotions such as ambivalence, anxiety and uncertainty, stress have been identified by various studies in literature to have impact of the students and entire transition process (Anderson, 2009: Duphily, 2011; Weidman, 2013; Poindexter, 2013).

However, the reasons cited for the aforementioned emotions differ for each of the studies in literature. Similarly, in this study, the emotions identified are similar to those identified in the studies but the reason differ slightly from other studies. Firstly, the findings of the study suggest that the participants also experienced this sense of ambivalence associated with the exit from the ward as recorded in other studies (Anderson, 2009; Duphily, 2011). Yet on the other hand, they were quite happy with the actualization of their personal dream of teaching and making impact on the profession (Anderson, 2009). Ambivalence has an overall effect on the process of transition of the nurse educators and they do affect the entire transition process (Duphily, 2011). This study showed the participants experienced anxiety that was mostly related to the fact that they were new in the area and also wondered how they will be received by the students and the staff. However, despite the fact that the participants had engaged in teaching practice in similar schools as part of their training, they still perceived the environment their respective schools as different. The feeling of anxiety among the novice nurse educators has been reported in other studies which sought to assess the transition experiences of novice nurse educators (Heydari, Hosseini, & Moonaghi, 2015). Also, it could be findings of the study showed that the participants experienced some level of uncertainty which could have contributed to the anxiety which they felt. The uncertainty was much related to the different environment and people they were to come across in their new workplace. Chapman, (2013) and Duphily, (2011) also reported in their study that novice nurse educators usually experience uncertainty during the transition period. Finally, in the study, the overarching feeling of stress which was highlighted by the

participants of the study that had been documented in various literature (Gazza & Shellenbarger, 2010; White Brannan, & Wilson, 2010; Weidman, 2013). They associated the stress to the environment, the workload and the need for support and additional skills.

Challenges

The process of transition is influenced by various factors or challenges including the heavy workload and has consequences on both the transition process and the personal life of the nurse educators (Gerolamo, 2011). Similar to these other studies, the participants in the study also reported overwhelming workload as one of the challenges with the role. Weidman (2013) reported that the overwhelming workload contributed to stressful transition process, negative work life balance which was reported in this study (Gerolamo & Roemer, 2011; Gazza, 2009). The increasing workload mainly resulted from the challenges with the processes to facilitate the teaching and learning process and not the community service which happens to be the case in the studies reported literature. Also, an overwhelming workload according to the available literature could result in health problems on the part of the nurse educators (Gerolamo & Roemer, 2011; Gazza, 2009). Yet in this study, the negative effect of the overwhelming workload on the health of the participants was highlighted in the study. The role of nurse educator comes along with heavy workload that transcends beyond teaching and learning.

The finding of the study revealed that they had challenge in maintaining clinical competence although they were expected to undergo such. According to the participants they were unaware it was mandatory, but

they seldom visited the ward. Even with that they went there just usually to supervise them. They continued that including that in their work would be exceedingly difficult considering the workload they had. Similar findings were reported by Moulton and Wakefield (2007) in which they experienced challenges with the undergoing clinical practice. Additionally, the participants expressed challenge concerning the reception they received during the time they went to the ward. This was similar to a study realised by Wray and Wild (2011) which reported that nurse educators were seen as observers rather than as a staff on clinical practice during their visit to the ward to maintain clinical competence.

Salary level has been reported widely in literature as one of the challenges that the novice nurse educators face during the process of transition (Evans, 2013; (McDonald, 2010). The salary offered to the nurses in the clinical setting was more than that was offered by the schools. Hence transitioning into the nurse educator role implied the reduction in the amount of salary earned by the nurses leading to a sense of loss. Yet in this study salary never came up as a challenge as the salary of both the nurse in the classroom and the ward was the same with the classroom offering some pecks absent in the clinical setting. The explanation for this is the fact that both the school and hospital in the Ghana are controlled by the Ministry of Health, hence they remuneration for the nurse educator is similar to the nurse who works on the ward. Faculty incivility was also seen as another challenge to successful transition into the nurse educator role. Incivility such as belittling, bullying and harassment has been reported in literature as examples of faculty incivility experienced by the novice nurse educator (Caza & Cortina, 2007;

Hershcovis, 2011). In this study however, such was not reported but on the contrary, the novice nurse educators reported they had enjoyed good relationship with the colleagues. The good relationship that existed between the novice nurse educators and the other faculty members could be a contributory factor for the absence of the faculty incivility.

In this study the participants talked about the absence of benchmarks, an agreed plan and a process centred mainly on the teaching and learning process excluding other aspects of the nurse educator role. This finding is similar to other studies in which inadequate mentorship as one of the challenges that affect the transition process (Weidman, 2013; Duphily, 2011; Schluter, 2014). Mentorship could be formal or informal but irrespective the type, all is key to the successful transition as the mentors serve as the guide for the nurse educators till, they can fully function. For formal mentorship, the management assign the novice nurse educator to an experienced faculty who together with the novice decide on a plan that is based on the needs of the mentee (Ssemata, Glacking, John & Kiguli, 2017). They also set benchmarks and goals that allow the novice and the expert faculty work efficiently in meeting that goal.

The study showed that the orientation process was not linked to the needs of the participant and bothered mainly on the location of the various departments. It failed to touch on other aspects such as the school's policy and procedures and was held for just a day; considered short by the participants. The finding also showed all of them were given the same orientation implying the process was not tailored to the needs of the novice nurse educators similar to findings of other studies (Shanta, Kalanek,

Moulton, & Lang, 2012; Anderson, 2009). Like mentorship, orientation helps to smoothen the transition process by preventing the frustration that comes with the difficulty in assessing available resources (Cangelosi, Crocker & Sorrell, 2009). Orientation could be structured or unstructured and usually based on the needs of the novice nurse educators but has been reported otherwise in similar study (Ander, 2006).

The study highlighted the challenge with testing and evaluation especially with regards to construction, designing and administration of tests including practical examination, grading of care study and research. This finding is similar to other ones that have been reported in literature in which novice nurse educators have been reported to be in need of additional skill and competencies such as skills in testing and evaluation (Dattilo, Brewer, & Streit, 2009). Another challenge which has been cited in literature (yet not seen in this study) was the difficulty with nurse educators to fail students especially during practical assessment (Al-nasiri, Muniswamy, & Maskari, 2017).

Adjustment

The participants had expressed stress regarding the transition process but also expressed some level of adjustment to the process. The findings showed that they had engaged in personal reflection as well as assuming an altruistic approach to managing students. Personal reflection helped them to cope with the stress associated to the transition process by helping them reflect on the good aspect of the transition process whilst strengthening the areas they felt needed improvement. They put the profession and the student first leading them to sacrifice their personal stuffs for the good of same

students (Gazza, 2009; Schoening, 2013). The participants also talked about the need to effectively manage the time in order to avoid the work pilling up and becoming over whelming. They also talked about the use of evaluation either by themselves or the students they teach, through this they are also able to identify the weakness and strengths which would help them improve their skills in the teaching and learning. The findings from the study also showed that they had they coped with the difficulty by being there for each other through communication. This is because they had good relationship amongst themselves. This was similar to the study by Weidman (2013) in which the participants cope with the stress from transition by communicating amongst themselves.

Transition process is also influenced by the support from the management of the schools. In this study, the findings showed the participants had some amount of support from the administration (management) in the form of provision of the resources necessary to help them play their role well such as textbooks. Similar findings were seen in the study by Timmins, (2014) in which the management of the organisation were readily available to participants and helped them adjust to their new environment. Support, irrespective of the source is essential for the successful transition of the novice nurse educator (Bailey, 2012, Crocker & Sorrell, 2009). Also in this study, the findings showed that the support system was mainly from the mentorship and orientation that were given to them (although it was not all that sufficient). It showed that the participants were assigned mentors that guided them in their initial stages only. This helped their socialisation which promotes faculty development, promotes job satisfaction and staff retention

thus the finding of this study affirms this assertion. Billings and Halstead (2012) contend that mentees should be assigned to mentors who are very experienced in order for mentorship to be of quality and achieve the intended purpose.

The study finding showed that the mentorship was mainly centred on matters regarding the teaching and learning process. Although this is not entirely good (as mentorship should transcend beyond this area), the mentors were always present when they were needed. This availability is considered by Hubbard, Halcomb, Foley, and Roberts (2010) as one of the determinates of quality mentorship programme. Again this could be seen as similar to the finding of the study which showed that the mentorship was quality although it had been restricted to the classroom only. In this study, the findings of the study depicted a good relationship between the mentee and the mentor and that also could have contributed to the good mentorship that was related to the classroom. The qualities of the mentors is was highlighted by the participants pertinent to promoting learning as indicated by the study Sawatzky and Enns, (2009) in which excellent interpersonal skills, and caring attitude enhanced the process. This confirms the finding of White, Brannan and Wilson (2010) which stated that good relationship between the two was a determinant of the success of a mentorship scheme.

The findings of this also study revealed that the participants were given orientation when they first arrived at the school. However, the orientation was unstructured in the larger sense and they failed to take cognisance of the goals and the needs of the novice nurse educators. Orientation is one of the support systems through which the novice nurse

educator gets a smooth transition process (Billings & Halstead, 2012). This finding is similar to that of Ander (2016) in which the orientation given to the staff lacked specifics and gave general information. Also the process of orientation was shortened and inadequate; a phenomenon similar to that reported in literature (Mann, 2013; Parslow, 2008; Schoening, 2013; Woytowicz, 2018). The process lacked integral aspects such as pre- and post-assessment, a group-determined instructional plan, support and mentoring, and outcomes evaluation. The aforementioned components when included in an orientation program results in increased satisfaction and increased competency in teaching (Baker, 2010). Shanta, Kalanek, Moulton, & Lang (2012) and Anderson (2009) also contended that orientation should be extensive with clearly spelt out plans and goals but in this study, the findings of the study showed that it lacked the components mentioned earlier.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

The study was conducted to mainly explore experiences of novice nurse educators as they transition from the clinical setting into the academic setting. It sought to explore the experiences of the novice nurse educators during their transition, challenges they faced during the transition process, how they adjusted to the transition process and the factors that facilitated their transition. The study used a qualitative approach and was specifically an exploratory case study carried out in Nursing and Midwifery Training Colleges located in the Central Region of Ghana. The study involved 6 novice nurse educator who had less than three years working experience in the role as nurse educators. Data was collected through in-depth interview using an interview guide.

The findings of the study showed that the nurse educators were nurses who have worked in the ward for more than five years and gained their expertise through experience. Whilst on the ward, they used to teach students and even their colleagues and developed the passion for teaching. They left for the classroom after they had made a personal decision and had undergone formal preparation and training. They labelled their transition as stressful after they felt ambivalent and anxious prior to and being recruited. Their anxiety was born from the uncertainty regarding their new role and the preparation they had undergone whilst the ambivalence was about their sense of loss due they leaving the ward as well as they following their passion. The findings further indicated that they were mainly affected by overwhelming

workload, difficulty in maintaining practice, inadequate orientation and ineffective mentorship. The overwhelming workload was mainly related to the work regarding the teaching and learning process especially preparation of notes, testing and evaluation as well assessment. The preparation according to them helped them in a way as it helped them improve their delivery.

They coped with the stress associated to the transition process through establishing and maintaining relationship with colleagues and engaging in reflection (which was mainly personal in nature). The personal reflection was used to assess their weakness and strength in order to strengthen their weakness and improve their skills. They also coped with support that were offered them through mentorship and orientation. Although the mentorship was restricted to the classroom, the mentors were accessible, available and supportive. The mentorship however lacked laid down plans and they were not tailored to the needs of the novice educators. For the orientation, it was a carried out in a day and focused mainly on the identification of various department without touching on the policy on the procedures of the school. On the whole, the mentorship and orientation could be labelled as the superficial and not tailored to the needs of the participants.

Conclusion

Transition from the clinical setting to the classroom is not smooth and comprises of feelings of anxiety, ambivalence, uncertainty and stress. Although overwhelming workload was related to the stress of the transition process, the difficulty in engaging in scholarship was a key aspect to the overwhelming workload, the participant barely engaged in the scholarship. This could be due to the fact that it is not mandatory for them at that level.

However, I believe that when made mandatory, it will better help in generation and consumption of evidence hence promoting the teaching and practice evidence based nursing practice. With regard to maintaining clinical practice, the participants' failure to engage in it was not unusual. Yet, their reason for lack of engagement (being the lack of knowledge about it being mandatory for them) was quite surprising as the Nursing and Midwifery Council of Ghana makes it mandatory for them to engage in that. Hence, it would not be out of place to suggest the that their lack of engagement could have increase the theory practice gap, a common yet negative phenomenon in nursing. The challenges they encounter during their transition could have effect on the students they teach and other roles they perform which could result in job dissatisfaction and eventually turnover. They coped with the challenges through the communication with colleagues and engaging in reflection. Yet, effective mentorship and orientation could have been of much more help in terms of making the transition very smooth. It will therefore be good that mentorship and orientation programmes are well structured to include components such as well laid down plan and timelines whilst taking into consideration the needs of the novice nurse educators. The study also showed that despite the additional preparation given to the nurse educators schools have the responsibility of ensuring that they assess the needs of the nurse educators when they are posted to their schools and make provision for them through laid down policies such as structured orientation and mentorship.

Recommendations

The findings for the study showed that the novice nurse educator was very stressed during the transition process whilst they are performing the roles. The following recommendations are proposed

- The novice nurse educators should be given well-structured orientation and mentorship programmes that will include agreed plans with benchmarks by the management of the schools they are posted to.
- Formal teaching of students independently by novice nurse educators should be permitted by principals of Nursing and Midwifery Training Colleges only after undergoing the structured mentoring programmes.
- Further studies should be conducted to assess the effect of the stressful transition on the students.
- Principals of Nursing and Midwifery Training Colleges should put in place systems that will have enable the novice nurse educators visit the ward and engage in clinical practice which will help bridge theory practice gap
- Principals of Nursing and Midwifery Training Colleges should organise training on scholarship and encourage the novice nurse educators engage in scholarship or research to improve the consumption and generation of evidence thereby enhancing evidence based nursing practice.
- The Ministry of Health working through the training colleges and other stakeholder should make mentorship and orientation programme compulsory for newly posted nurse educators.

REFERENCES

Addae, S. (1997). History of Western medicine inGhana:1880-1960. Edinburgh, Scotland: Durham Academic Press.

Akiwumi, A. (1971). Higher education for nurses. An inter-faculty lecture delivered at the University of Ghana, Legon, December, 1, 1970. Accra, Ghana: Ghana Universities Press

Al-nasiri, Y., Muniswamy, V., & Maskari, J. Al. (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.

Alhassan, R. K., Beyere, C. B., & Nketiah-amponsah, E. (2017). Perceived needs of health tutors in rural and urban health training institutions in Ghana : Implications for health sector staff internal migration control, 1–17.

Ander, K. H. (2016). *Exploring The Experiences Of Novice Sessional Clinical Nursing Instructors*. University of Lethbridge.

Anderson, J. K. (2009). The Work-Role Transition of Expert Clinician to Novice Academic Educator. *Journal of Nursing Education*, *48*(4), 203–208.

Andrews, L. D., & Donkor, N. T. (2011). 21st century nursing practice in Ghana : challenges and opportunities. *International Nursing Review*, *58*, 218–224.

Anibas, M., Brenner, G., Zorn, C., 2009. Experiences described by novice teaching academic staff in baccalaureate nursing education: a focus on mentoring. *Journal of Professional Nursing*, 25 (4), 211–217

Anney, V. N. (2014). Ensuring the Quality of the Findings of Qualitative Research : Looking at Trustworthiness Criteria. *Journal of Emerging Trends in Educational Research and Policy Studies*, *5*(2), 272–281.

Anthony, S., & Jack, S. (2009). Qualitative case study methodology in nursing research: an integrative review. *Journal of Advanced Nursing*, *65*(6)

Aziato, L. & Kwashie, A. (2014). *Footprints of the Nursing Profession: Current Trends and Emerging Issues in Ghana.* Oxford: African Books Collective.

Bailey, P. D. (2012). From clinical to academia: The lived experience of the advanced practice nurse transition to nurse educator (Doctoral dissertation). Retrieved from ProQuest Dissertations and Theses database. (UMI No. 354665)

Bagley, K., Hoppe, L., Brenner, G. H., Crawford, M., & Weir, M. (2018). Transition to Nursing Faculty : Exploring the Barriers, *Teaching and Learning*, *13*, 263–267.

Baker, S. L. (2010). Nurse Educator Orientation: Professional Development That Promotes Retention. *Journal of Continuing Education in Nursing*, *41*(9), 413–417.

Bell, S. A., Rominski, S., Bam, V., Donkor, E., & Lori, J. (2014). An Analysis of Nursing Education in Ghana: Priorities for Scaling-up the Nursing Workforce, *15*(2), 244–249.

Benner, P. (1982). From Novice to Expert. *The American Journal of Nursing*, *82*(3), 402–407.

Benner, P., Sutphen, M., Leonard, V., & Day, L. (2010). *Educating nurses: A call for radical transformation.* San Francisco, CA: Jossey-Bass.

Benner, P. (2001). *From novice to expert excellence and power in clinical nursing practice (Rev.ed.)* Upper Saddle River, New Jersey: Prentice Hall Health.

Benner, P. (2004). Using the Dreyfus model of skill acquisition to describe and interpret skill acquisition and clinical judgment in nursing practice and education. Bulletin of Science, Technology & Society, 24(3), 188–199

Benner, P. E., Tanner, C. A., & Chesla, C. A. (2009). *Expertise in nursing practice: caring, clinical judgment, and ethi*cs. New York, NY: Springer Publishing Company.

Beres, J. (2006). Staff Development to University Faculty: Reflections of a Nurse Educator. *Nursing Forum, 41*(3), 141 - 145.

Billings, D., & Halstead, J. (2012). Teaching in nursing: A guide for faculty (3rd ed.). St Louis, MO: Saunders.

Bittner, N. P., & O'Connor, M. (2012). Focus on retention: Identifying barriers to nurse faculty satisfaction. *Nursing Education Research*, 33(4), 251-254.

Bitsch, V. (2005). Qualitative Research : A Grounded Theory Example and Evaluation Criteria, *Journal of Agribusiness*, 23(1), 75–91.

Bittner, N. P., & O'Connor, M. (2012). Focus on retention: Identifying barriers to nurse faculty satisfaction. *Nursing Education Perspectives*, *33*(4), 251–254.

Blanchet, N. J., & Fink, G. (2012). The effect of ghana ' s national health insurance scheme on health care utilisation, *Ghana Medical Journal*, *46*(2), 76-84.

Bogdan, R.C., & Biklen, S.K. (2007). *Qualitative research for education: An introduction to theories and methods*. Boston, MA: Allyn & Bacon

Booth, T. L., Emerson, C. J., Hackney, M. G., & Souter, S. (2016). Nurse Education in Practice Preparation of academic nurse educators. *Nurse Education in Practice*, *19*, 54–57.

Bowen, G. A. (2009). Supporting a grounded theory with an audit trail: An illustration. *International Journal of Social Research Methodology*, 12(4), 305- 316

Boyd, P., Lawley, L., 2009. Becoming a lecturer in nurse education: the work-place learning of clinical experts as newcomers. *Journal of Nursing Education*, *54*(7), 361–366

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101.

Bridges, W. (2004). *Transitions Making Sense of life's Changes.* Cambridge, MA: Da Capo Press

Brown, T. (2015). *Challenges of a Novice Nurse Educator ' s Transition From Practice to Classroom*. Walden University.

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.

Bvumbwe, T., & Mtshali, N. (2018). Nursing education challenges and solutions in Sub Saharan Africa : an integrative review. *BMC Nursing*, *17*(3), 1–11.

Cangelosi, P. R., Crocker, S., & Sorrell, J.M. (2009). Expert to novice: Clinicians learning new roles as clinical nurse educators, nurse to educator. *Nursing Education Research*, 30(6), 367–371.

Cannon, S., & Boswell, C. (2015). *Evidence-based Teaching in Nursing: a Foundation for Educators (2nd ed).* Burlington, MA: Jones & Bartlett Learning

Cash, K. (1995). Benner and expertise in nursing : a critique. *International Journal of Nursing Studies*, *32*(6), 527–534.

Caza, B. B., & Cortina, L. M. (2007). From insult to injury: Explaining the impact of incivility. *Basic and Applied Social Psychology*, *29*(4), 335–350.

Chapman, L. (2013). *A Perspective on Role Transition from Practitioner to Educator among Clinical Nurse Faculty*. Walden University.

Chung, C., & Kowalski, S. (2012). Job stress, mentoring, psychological empowerment, and job satisfaction among nursing faculty. *Journal of Nursing Education*, 51(7), 381–388.

Cleary, M., Horsfall, J., & Jackson, D. (2011). Mental health nursing: transitions from practice roles to academia. *Perspectives in Psychiatric Care*, 47, 93–97

Clark, N., Alcala-Van Houten, L., Perea-Ryan, M. (2010). Transitioning from clinical practice to academia: university expectations on the tenure track. Nurse Educator 35 (3), 105–109.

Cooley, S. S. (2013). *The lived experience of novice nursing faculty in academia.* Capella University. Retrieved from Retrieved from ProQuest Dissertations and Theses database. (UMI No. 3602782

Cooley, S. S., & De Gagne, J. C. (2016). Transformative experience: Developing competence in novice nursing faculty. *Journal of Nursing Education*, *55*(2), 96–100. https://doi.org/10.3928/01484834-20160114-07

Creswell, J. W. (2009). *Research Design: Qualitative,Quantitative, and Mixed Methods Approaches* (3rd ed.). Thousand Oaks, California: SAGE Publications. Inc.

Curry, L. A., Nembhard, I. M., & Bradley, E. H. (2009). Qualitative and mixed methods provide unique contributions to outcomes research. *Circulation*, *119*(10), 1442–1452.

Danna, D., Schaubhut, R. M., & Jones, J. R. (2010). From Practice to Education : Perspectives From Three Nurse Leaders. *Journal of Continuing Education in Nursing*, *41*(2), 83–87.

Dattilo, J., Brewer, M. K., & Streit, L. (2009). Voices of Experience : Reflections of Nurse. *Journal of Continuing Education in Nursing*, *40*(8), 367 - 370

Dempsey, L. (2007). The Experiences of Irish Nurse Lecturers Role Transition from Clinician to Educator. *International Journal of Nursing*, *4*(1), 1-12

Denzin, N., & Lincoln, Y. (2011). *Handbook of qualitative research* (4th ed.). Thousand Oaks, California: SAGE Publications. Inc.

Duffy, R. (2013). Nurse to educator? Academic roles and the formation of personal academic identities. *Nurse Education Today*, *33*(6), 620–624.

Dunham-Taylor, J., Lynn, C. W., Moore, P., Daniel, S. M. C., & Walker, J. K. (2008). What goes around comes around : improving faculty retention through more. *Journal of Professional Nurs*ing, *24*(6), 337–346.

Duphily, N. H. (2011). The experience of novice nurse faculty in an associate degree education program. *Teaching and Learning in Nursing*, *6*(3), 124–130.

Evans, J. D. (2013). Factors influencing recruitment and retention of nurse educators reported by current nurse faculty. *Journal of Professional Nursing*, 29 (1), 11– 20

Foster, J. (2018). The transition from clinical practice to education, B*ritish Journal of Midwifery*, 26(1), 51 - 56.

Gardner, L. (2012). From Novice to Expert: Benner's legacy for nurse education Like. *Nurse Education Today*, *32*(4), 339–340.

Gazza, E. A. (2019). Alleviating the nurse faculty shortage : designating and preparing the academic nurse educator as an advanced practice registered nurse. Nursing Forum, 54(2), 144-148

Gbande, S., & Owusu, O. (2016). The proliferation of auxiliary nursing education in ghana and its impact on the standard of nursing care: a study at korle-bu and ridge hospitals and kaneshie polyclinic. Proceedings of INCEDI 2016 Conference. Accra, Ghana: INCEDI

Gentile, D. L. (2012). Applying the novice-to-expert model to infusion nursing. *Journal of Infusion Nursing*, 35, 101- 107

Gerolamo, A. M., & Roemer, G. F. (2011). Workload and the nurse faculty shortage : Implications for policy and research. *Nursing Outlook*, *59*(5), 259-265.

Ghana Health Workforce Observatory (2011): Human Resources for Health, Country Profile. Ministry of Health. Accra, Ghana,

Global Health Workforce Alliance (2013). A universal truth: no health without a workforce. Geneva: World Health Organization;

Gobet. F. & Chassy, P. (2008). Towards an alternative to Benner's theory of expert intuition in nursing: A discussion paper. *International Journal of Nursing Studies*, 45(1), 129-139

Goodrich, R. S. (2014). Transition to academic n urse educator : a survey exploring of controL. *Journal of Professional Nursing*, *30*(3), 203–212.

Grassley, J. S., & Lambe, A. (2015). Easing the Transition from Clinician to Nurse Educator : An Integrative Literature Review *Journal of Nursing Education*, 54(7), 361–366.

Guest, G., Bunce, A., & Johnson, L. (2006). How Many Interviews Are Enough?: An Experiment with Data Saturation and Variability. *Field Methods*, *18*(1), 59–82.

Hadidi, N.N., Lindquist, R., & Buckwalter, K. (2013). Lighting the fire with mentoring relationships. *Nurse Educator*, 38(4), 157-163

Hershcovis, M. S. (2011). '"Incivility, social undermining, bullying...oh my!"': A call to reconcile constructs within workplace aggression research. *Journal of Marriage and Family*, *32*(3), 499–519.

Heydari, A., Hosseini, S. M., & Moonaghi, H. K. (2015). Lived Experiences of Iranian Novice Nursing Faculty in Their Professional Roles, *7*(6), 138–145.

Higham, S., & Arrowsmith, V. (2013). A response to : Gardner (2012) From Novice to Expert : Benner ' s legacy for nurse. *Nurse Education Today*, *33*(1), 8–9.

Hubbard, C., Halcomb, K., Foley, B., & Roberts, B. (2010). Mentoring : A

nurse educator survey. *Teaching and Learning in Nursing*, *5*(4), 139–142.

Hutchinson D., Brown J. & Longworth K. (2012) Attracting and maintaining the Y Generation in nursing: a literature review. *Journal of Nursing Management*, 20(4), 444–450

Im, E. (2010). A situation-specific theory of Asian immigrant women's menopausal symptom experience in the U.S. *Advances in Nursing Science*, *33*(2), 143–157.

Jacobson, S., & Sherrod, D. (2012). Transformational mentorship models for nurse educators. Nursing Science Quarterly, 25(3), 279-284. doi:10.1177/0894318412447565

Jackson, D., Peters, K., Andrew, S., Salamonson, Y., & Halcomb, E. J. (2011). "If you haven't got a PhD, you're not going to get a job": The PhD as a hurdle to continuing academic employment in nursing. *Nurse Education Today* 31, 340 – 344.

Jaimes, L., Keane, K., Sfiligoj, R., Weaver, A., Willhause, J., Drifuerst, K.T., & Tagliareni, M.E. (2014). Headlines from the NLN: NLN-Jonas scholars present on doctoral education and preparation for teaching at national meeting. *Nurse Education Perspectives*, 35 (1), 66

Kalensky, M., & Hande, K. (2017). Transition From Expert Clinician to. *Journal for Nurse Practitioners*, *13*(9), e433–e439.

Kisseih, D. A. N. (1968). Developments in nursing in Ghana. *International Journal of Nursing Studies*, 5, 205-219.

Koch, T. (2006). Establishing rigour in qualitative research: The decision trail. *Journal of Advanced Nursing*, 53(1), 91-100.

Kumi-Yeboah, A., & James, W. (2012). Transformational teaching experience of a novice teacher: A narrative of an award-winning teacher. *Adult Learning*, 23(4), 170–177.

Laurencelle, F. L., Scanlan, J. M., & Liners, A. (2016). The meaning of being a nurse educator and nurse educators' attraction to academia : A phenomenological study. *Nurse Education Today, 39*, 135–140.

Liamputtong, P. (2009). Qualitative data analysis: conceptual and practical considerations. *Health Promotion Journal of Australia, 20*(2), 133–139.

Lyneham, J., Parkinson, C. A., & Denholm, C. J, (Explicating Benner's concept of expert practice; Intuition in emergency nursing, *Journal of Advanced Nursing*, 64, (4) pp. 380-387

Mangum, D. R. (2013). *A Structured Orientation Development System for Nursing Faculty*. (Doctoral dissertation, Gardner-Webb University). etrieved from ProQuest Dissertations and Theses database. (UMI No. 3589087)

Mann, C. (2013). Experience of adjunct novice clinical nursing faculty: An interpretive case study (Doctoral dissertation). Retrieved from ProQuest Dissertations and Theses database. (UMI No. 3590545)

Martin, C.T., & Hodge, M. (2011). A nursing department faculty-mentored research project. *Nurse Educator*, 36(1), 35-39.

McAllister, M., Williams, L. M., Gamble, T., Malko-Nyhan, K., & Jones, C. (2011). Steps towards empowerment: An examination of colleges, health services and universities. *Contemporary Nurse*, *38*(1–2), 6–17.

McArthur-Rouse, F. J. (2008). From expert to novice : An exploration of the experiences of new academic staff to a department of adult nursing

studies. *Nurse Education Today*, *28*, 401–408.

McCoy, J. & Anema, M. (2012). *Competency-based nursing education: Guide to achieving outstanding learner outcomes.* New York, NY: Springer.

McDonald, P. J. (2010). Transitioning from clinical practice to nursing faculty: Lessons learned. *Journal of Nursing Education*, *49*(3), 126–131.

Meleis, A. I. (2010). Transitions Theory. New York, NY: Springer Publishing Company.

Merriam, S., & Tisdell, E. (2016). *Qualitative research: A guide to design and implementation*. San Francisco, CA: Wiley-Bass

Mosadeghrad, A. (2014) Factors influencing healthcare service quality (2014). International Journal of Health Policy Management, 3(2):77–89

Mooketsane, K. S., & Phirinyane, M. B. (2015). Health governance in Sub-Saharan Africa. Global Social Policy. 15(3):345–8.

Murray, C., Stanley, M., & Wright, S. (2014). The transition from clinician to academic in nursing and allied health : A qualitative meta-synthesis. *Nurse Education Today*, *34*(3), 389–395.

Nardi, D. A., & Gyurko, C. C. (2013). The Global Nursing Faculty Shortage : Status and Solutions for Change. *Journal of Nursing Scholarship*, *45*(3), 317–326.

National League for Nursing (2011). *A Vision for post-baccalaureate nursing education: a living document from the National League for Nursing.* Retrieved from http://www.nln.org/aboutnln/livingdocuments/pdf/nlnvision_3.pdf.

National League for Nursing (2012). *The scope and practice for nurse educators.* New York: National League for Nursing.

National League for Nursing (2013). *A Vision for Doctoral Preparation for Nurse Educators*. (Retrieved March 15th 2017) www.nln.org/aboutnln/livingdocuments/ pdf/nlnvision_6.pdf.

National League for Nursing Accrediting Commission (2013). *Standards and criteria Master's/Post-Master's certificate.* Retrieved from http://nlnac.org/manuals/SC2013

National League for Nursing Certification Commission Certification Test Development Committee. (2012). *The scope of practice for academic nurse educators: 2012 revision.* New York, NY: National League for Nursing. Okougha,

National League for Nursing. (2017). *Graduate preparation for academic nurse educator: A living document from the National League for Nursing.* Retrieved from the www.nln.org/docs/default-source/about/nln-vision-series

Nguyen, V. N. B., Forbes, H., Mohebbi, M., & Duke, M. (2018). The effect of preparation strategies , qualification and professional background on clinical nurse educator confidence. *Journal of Advanced Nursing*, *74*, 2351–2362.

Nieswiadomy, R. M. (2012). *Foundations of Nursing Research* (Sixth Edit). New York: Pearson Education.

Nowell, L., White, D., Benzies, K., & Rosenau, P. (2017). Factors that impact implementation of mentorship programs in nursing academia : A sequential-explanatory mixed methods study, *7*(10), 1–11.

Nursing and Midwifery Council of Ghana (2016). *Mandate of Nursing and Midwifery Council of Ghana*. Retrived from: https://www.nmcgh.org/t3f/en/mandate

Oermann, M. H. (2015). *Teaching in nursing and role of the educator the complete guide to best practice in teaching, evaluation, and curriculum development*. New York: Springer Publishing Company.

Omoni D. G., & Smith B. (2012) 'Scaling Up Nursing Education in Two African Countries'. Presented at the Sigma Theta Tau International's 23rd International Nursing Research Congress in Brisbane, Australia on July 31, 2012.

Onwuegbuzie, A. J., & Leech, N. L. (2007). Validity and qualitative research: An oxymoron? *Quality & Quantity: International Journal of Methodology*, *41*(2), 233–249

Opare, M., & Mill, J. E. (2000). The Evolution of Nursing Education in a Postindependence Context — Ghana From 1957 to 1970, *22*(8), 936–944.

O'Reilly, M., & Parker, N. (2013). 'Unsatisfactory Saturation': A critical exploration of the notion of saturated sample sizes in qualitative research. Qualitative Research, 13(2), 190-197.

Patterson, B. J., & Klein, J. M. (2012). Evidence for teaching: what are faculty using? *Nurse Education Perspective*, 33 (4), 240 - 245.

Paul, P. A. (2015). Transition from novice adjunct to experienced associate degree nurse educator : A comparative qualitative approach. *Teaching and Learning in Nursing*, *10*(1), 3–11.

Peters, A. B. (2014). Faculty to faculty incivility: experiences of novice nurse faculty in academia. *Journal Professional Nurse*, *30*(3), 213–227.

Poindexter, K. (2013). Novice nurse educator entry-level competency to teach: A national study. *Journal of Nursing Education, 52*(10), 559–566.

Polit, D. F., & Beck, C. T. (2012). *Nursing research : generating and assessing evidence for nursing practice* (9th ed). Philadelphia: Lippincott Williams & Wilkins.

Poronsky, C. B., Doering, J. J., Mkandawire-Valmu, L., & Rice, E. I. (2012). Transition to the tenure track for nurse faculty with young children: A case study. *Nursing Education Perspectives,* 33, 255–259.

Price, S., & Reichert, C. (2017). The Importance of Continuing Professional Development to Career Satisfaction and Patient Care: Meeting the Needs of Novice to Mid- to Late-Career Nurses throughout Their Career Span. *Administrative Sciences*, *7*(2), 17. https://doi.org/10.3390/admsci7020017

Reid, T. P., Hinderer, K. A., Jarosinski, J. M., Mister, B. J., & Seldomridge, L. A. (2013). Expert clinician to clinical teacher : Developing a faculty academy and mentoring initiative. *Nurse Education in Practice*, *13*, 288–294.

Roberts, K. K., Chrisman, S. K., & Flowers, C. (2013). The perceived needs of nurse clinicians as they move into an adjunct clinical faculty role. *Journal of Professional Nursing,* 29, 295–301.

Ross, B. J. (2016). *Stories of becoming and being an associate degree nurse educator : A narrative inquiry study examining how participants ' ways of knowing evolved through their experiences*. Rowan University.

Roth, K. (2010). *From Bedside Care Expert to Novice Educator : Perceptions of New Nurse Educators*. Proceeding from 43rd Biennial Convention of Sigma Theta Tau International, the Honor Society of Nursing. Las Vegas,

Nevada, USA: Sigma Theta Tau International, the Honor Society of Nursing

Roughton, S. E. (2013). Nursing faculty characteristics and perceptions predicting intent to leave. *Nursing Education Perspectives,* 34(4), 217–225

Salminen, L. K., Melender, H. L., & Leino- Kilpi, H. (2009). The competence of student nurse teachers. International *Journal of Education Scholarship*, 6(1), 1–15

Santisteban, L., & Egues, A. L. (2014). Cultivating adjunct faculty: Strategies beyond orientation. *Nursing Forum*, 49, 152-158.

Sawatzky, J.-A. V, & Enns, C. L. (2009). A mentoring needs assessment: validating mentorship in nursing education. *Journal of Professional Nursing*, *25*(3), 145–150.

Schluter, V. S. (2014). *The Transition from Clinical Practice to Academic Citizenship in Nursing Faculty*. Louisiana State University.

Schoening, A. M. (2009). *The Journey from Bedside to Classroom : Making the Transition from Nurse to Nurse Educator*.

Schoening, A. M. (2013). From Bedside to Classroom: The Nurse Educator Transition Model. *Nursing Education Perspectives*, *34*(3), 167–172.

Schriner, C. L. (2007). The Influence of Culture on Clinical Nurses Transitioning into the Faculty Role. *Nursing Education Perspectives*, *28*(3), 145–150.

Slimmer, L. (2012). *A Teaching Mentorship Program to Facilitate Excellence in Teaching and Learning*. University of Illinois at Chicago College of Nursing.

Spencer, C. (2013). From bedside to classroom : From expert back to novice. *Teaching and Learning in Nursing*, *8*(1), 13–16.

Starnes-Ott, K., & Kremer, M. J. (2007). Recruitment and retention of nurse anesthesia faculty: Issues and strategies. *American Association of Nurse Anesthetists Journal*, *75*(1), 13–16.

Talley, B. (2006). Nurses and nursing education in Ghana : creating collaborative opportunities. *International Nursing Review*, *53*, 47–51.

Testut, T. A. (2013). Practice to pedagogy: A study of the lived experiences of part- time nursing faculty transitioning from expert nurse to novice educator (Doctoral dissertation). Retrieved from ProQuest Dissertations and Theses database. (UMI No.3557439)

Timmins, F. (2014). Is the baby drowning in the bathwater ? Exploring the fate of nurse educators in the modern university. *Nurse Education Today*, *34*(3), 285–286. https://doi.org/10.1016/j.nedt.2013.10.015

Tourangeau, A. E., Wong, M., Saari, M., & Patterson, E. (2014). Generation-specific incentives and disincentives for nurse faculty to remain employed. *Journal of Advanced Nursing*, *71*(5), 1019–1031. https://doi.org/10.1111/jan.12582

Tucker, K. A. (2016). The Lived Experience of Clinical Nurse Experts Transitioning to the Role of Novice Educators, *75*(1), 13–16.

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.

Walker, K. & Holmes, C. A. (2008). The order of things': Tracing a history of the present through a re-reading of the past in nursing education. *Contemporary Nurse*, 30, 106-118.

Weidman, N. A. (2013). The lived experience of the transition of the clinical nurse expert to the novice nurse educator 1 , 2. *Teaching and Learning in Nursing*, *8*(3), 102–109. https://doi.org/10.1016/j.teln.2013.04.006

White, A., Brannan, J., & Wilson, C. B. (2010). A Mentor-Protégé Program for New Faculty, Part I : Stories of Protégés. *Journal of Nursing Education*, *49*(11).

White, M. J., Gutierrez, A., Davis, K., Olson, R., & McLaughlin, C. (2011). Delegation knowledge and practice among rehabilitation nurses. *Rehabilitation Nursing: The Official Journal of the Association of Rehabilitation Nurses*, *36*(1), 16–24

Wilkes, L., Cowin, L., & Johnson, M. (2015). The reasons students choose to undertake a nursing degree. *Collegian*, *22*(3), 259–265. https://doi.org/10.1016/j.colegn.2014.01.003

World Health Organisation. (2016). *Nurse educator core competencies*. Geneva.

Woods, M. J., & Ross-Kerr, J. C. (2011). *Basic steps in planning nursing research (7th ed.)*. Sudbury, MA: Jones and Bartlett

Woytowicz, E. (2018). *Leaving an Expert and Returning a Novice : Exploring the Transition of Clinical Nurse Experts to Novice Nurse Educators Leaving an Expert and Returning a Novice : Exploring the Transition of*. St. John Fisher College.

Wray, J., & Wild, K. (2011). Nurse Education in Practice Maintaining

practice : Challenges for nurse educators. *Nurse Education in Practice*, *11*(1), 4–5.

World Medical Association (2013). WMA declaration of Helsinki – Ethical Principles for medical research involving human subjects. Retrieved from www.wma.net/policies/HelsinkiDeclaration

Shanta, L., Kalanek, C., Moulton, P., & Land, T. (2012). Evidence for policy and regulation: a model to address development of unqualified faculty. Policy Polit. Nursing Practice. 12, 224.

Moulton P, & Wakefield, M. (2007). Nurse faculty recruitment and retention project report fall Center for Rural Health, North Dakota Centre for Health Workforce Data. Available at: http://ruralhealth. und.edu/pdf/nfr_report.pdf. Accessed January 14, 2019.

Creswell, J.W. (2009). Research Design: Qualitative, Quantitative, and Mixed Methods Approaches. 3rd ed. Sage, Los Angeles.

Nursing and Midwifery Council (2008). Standards to Support Learning and Assessment in Practice, NMC, Standards for Mentors, Practice Teachers and Teachers. NMC, London.

Staykova, M. P. (2012). A pilot Delphi study: competencies of nurse educators in curriculum Design. Teaching and Learning in Nursing, 7, 113–117.

Van Manen, N. (1997). Researching Lived Experience: Human Science for a Action Sensitive Pedagogy (2nd ed.). London, Ontario, Canada: Althouse Press.

Altmann, T. K. (2007). An evaluation of the seminal work of Patricia Benner: Theory or philosophy? *Contemporary Nurse*, *25*, 114-123.

Lincoln, Y. S., & Guba, E. G. (1989). *Fourth generation evaluation*. Newbury Park, CA: Sage Publication.

Shellenbarger, T, & Chunta, K. (2007). The curriculum vitae: Sending the right message. *Nurse Educator,* 32(1), 30 - 33.

World Health Organization. (2016). Nurse educator core competencies. http://apps.who.int/iris/bitstream/handle/10665/258713/9789241549622 - eng.pdf;jsessionid=45C8A4260C182C3B5CFC6F1B99598A4E?sequence=1. Accessed 2 February 2018.

National League for Nursing. (2017). Graduate preparation for academic nurse educator: A living document from the National League for Nursing. http://www.nln.org/docs/default - source/about/nln - visionseries - (position - statements)/vision - graduate - preparation2.pdf? sfvrsn=8. Accessed 25 September 2018.

World Medical Association (2013). WMA declaration of Helsinki – Ethical Principles for medical research involving human subjects. Retrieved from www.wma.net/policies/HelsinkiDeclaration

O'Reilly, M., & Parker, N. (2013). 'Unsatisfactory Saturation': A critical exploration of the notion of saturated sample sizes in qualitative research. Qualitative Research, 13(2), 190-197. https://doi.org/10.1177/1468794112446106