Strategies Adopted by Novice Nurse Educators to Facilitate Their Transition From Practice to Academia: A Qualitative Study in Ghana

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Abstract

Introduction: The successful transition of nurses from clinical practice to academia is essential to the training of a proficient future nursing workforce. However, deprived of requisite support and guidance, novice nurse educators often find the transition from bedside nursing practice to the classroom challenging and hence, adopt some coping strategies to facilitate their transition. Yet, little is known about the strategies adopted by Ghanaian novice nurse educators to facilitate their transition.
Objective: This study explored the strategies adopted by novice nurse educators to facilitate their transition from practice to academia in three nursing training colleges in Ghana.
Methods: This study adopted a descriptive qualitative study design. The study used a purposive sampling technique to recruit 12 novice nurse educators. Data were generated through individual in-depth interviews using a semistructured interview guide. Interviews were audio-recorded, transcribed verbatim, and analyzed manually through thematic analysis.
Results: Novice nurse educators adopted a wide range of strategies to facilitate their transition from practice to academia. Four major themes emerged: (1) seeking support from peers, (2) attending workshops and conferences, (3) relying on performance appraisal and feedback, and (4) applying past clinical nursing knowledge.
Conclusion: The strategies adopted to facilitate the transition were mostly self-inspired and informal, which calls for more formal and evidence-based strategies to facilitate the transition process. College authorities must create, or adopt and modify faculty mentorship models to mentor novice nurse educators, develop and implement college-specific orientation programmes for novice nurse educators, and implement regular online tutor appraisals by students.

Keywords

strategies, novice nurse educators, facilitate, transition, practice, academia

Introduction

The global mission of nursing schools is to train competent and qualified nurses with adequate knowledge, attitude, and skills to strengthen health systems to meet population needs and improve public health (World Health Organization, 2009). The education of health workers, including nurses, is constantly evolving and the appropriate preparation of nurse educators is critical to the development of knowledge, skills, and attitudes of nurses (World Health Organization, 2016). For the nursing profession to be successful, competent educators are required in academia, and the successful transition of

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nurses from clinical practice to academia is critical to this agenda (Spencer, 2013). Many nurses with expertise in the clinical area are being recruited for faculty positions, however, for these clinicians to become expert teachers require strategies that will foster pedagogical development because clinical competence does not automatically translate into teaching expertise in the academic setting (Smith et al., 2019; Spencer, 2013). Many nurses who leave the hospital setting, where they are skilled clinicians, to teach in the academic setting often find the transition challenging (Legare & Armstrong, 2017; McFadden & Sims, 2017; Parris & Moss, 2016).

Becoming an adept teacher takes a sufficient amount of time (Murray et al., 2014), and just as new nurses require support and guidance to mature in their professional practice, nurse educators need support in their novel roles (Spencer, 2013). The critical role of nurse educators in preparing the nursing workforce justifies much more comprehensive strategies to support their adaptation to faculty (World Health Organization, 2006). To successfully transition from the nurse–patient role to the teacher–student role, novices need satisfactory mentorship support (Kalensky & Hande, 2017; Lynch et al., 2017; Seekoe, 2016), individualized faculty orientation support (McKinley, 2009; Ross & Silver Dunker, 2019), adequate pedagogical skills training (Booth et al., 2016), higher nursing degrees (Owens, 2018) among others. However, without the requisite support and guidance, novice nurse educators (NNEs) encounter difficulties in transitioning from their role at the bedside to the classroom and consequently adopt some self-inspired and informal coping strategies to facilitate their transition into academia (Schoening, 2013).

In Ghana, most nurses and midwives are trained in Nursing Training Colleges (NTCs), which are often but not necessarily, affiliated with teaching hospitals (Bell et al., 2013). These NTCs run certificate and diploma programmes in nursing and/or midwifery and the core teaching staff are tutors mostly with first degrees. At the time of data collection, there were five public universities that run baccalaureate nursing programmes in Ghana which award a bachelor's degree upon completion. Unlike the NTCs, the core teaching staff in the universities are lecturers often with PhDs. However, all nursing tutors in the NTCs and lecturers in nursing departments of the universities were previously clinical nurses and midwives who transition into the academic role as educators.

Studies from countries other than Africa exploring facilitators of the transition from clinical practice to academia have revealed remarkable findings (Grassley & Lambe, 2015). Some cited facilitators of the transition from practice to academia as reported by NNEs in Texas, USA were: attending continuing education conferences, prior working experience, and receiving help from coworkers, other faculty, mentors, and supervisors (Mann & De Gagne, 2017). Also, a qualitative study on transition to faculty in Massachusetts and New Hampshire, USA revealed that when support and guidance

were needed, NNEs sought information from several sources; these included relying upon past experiences, applying knowledge from past clinical skills, reading textbooks, and attending professional development activities. The study concluded that the most effective adaptive strategy associated with the experience of transition was peer guidance and support (Shapiro, 2018).

Some integrative reviews on the transition from clinical to educator roles in developed countries have identified several facilitators of the transition including comprehensive and individualized faculty orientation plans, constant high-quality mentorship, pedagogical preparation for the job, and time to develop teaching abilities (Fritz, 2018). Also, formal preparation for teaching, guidance on navigating the academic philosophy, and structured mentorship programmes are all cited as facilitators of the transition to academic nurse faculty (Grassley & Lambe, 2015). Again, organized mentorship and good mentoring relationship, professional development via faculty development programmes, faculty socialization, inclusion in faculty activities, and interpersonal and organizational assistance have all been recorded as facilitators of the transition from practice to academia (Legare, 2013).

Other facilitators of the transition have been reported in Australia including setting goals for professional development, developing skills in handling difficult conversations, identifying learning needs in advance, networking to decrease isolation, mentoring, and collaborating with a mentor on shared projects (McAllister et al., 2014). A similar study in Ireland found that seeking support from colleagues, educational preparation, formal mentoring and orientation programmes, and regular performance appraisal facilitated the transition from practice to academia (Dempsey, 2007). These studies demonstrate that the transition of NNEs from practice to academia in high-income countries is often facilitated by a wide range of formal institutional strategies.

Studies on the facilitators of the transition from practice to academia are limited in Africa (Mulaudzi et al., 2014). For instance, a South African study involving neophyte nurse educators revealed that attending conferences and in-service training, and formal mentorship was the most common assistance offered to South African neophytes nurse educators (Mulaudzi et al., 2014). Also, through a qualitative and theory-generating study, a model for mentoring newly appointed nurse educators in nursing education institutions in South Africa was developed and has been a major facilitator of the transition from practice to academia in South Africa (Seekoe, 2014).

In Ghana, like many countries in West Africa, no single study has been done on the facilitators of NNEs' transition from practice to academia. To fill this gap, the current study seeks to explore and describe the strategies adopted by novice nursing educators to facilitate their transition from practice to academia in Ghana. Findings will form a

groundwork for the development of formal and evidence-based strategies to ensure a stress-free and successful transition from practice to academia. However, this paper reports one objective of a larger qualitative study that explored the transitional experiences of NNEs in Ghana.

Methods

Design

A descriptive qualitative study design was used to explore the strategies adopted by NNEs to facilitate their transition from practice to academia. This design was chosen because the researchers tended not to penetrate their data in any interpretive depth (Polit & Beck, 2017).

Research Question

The research question was as follows: What strategies are adopted by NNEs to facilitate their transition from practice to academia?

Setting

The study was conducted in the Upper East Region of Ghana. The region has 15 administrative districts and municipalities. The Upper East Region is located in the northeastern corner of Ghana with Bolgatanga as its capital and is primarily (79%) rural (Ghana Statistical Service, 2012). The Upper East Region is home to five NTCs sited in four districts and municipalities (Nursing and Midwifery Council of Ghana, 2018). Participants were recruited from three purposively selected NTCs in the Upper East Region. The selection of these NTCs among the five was purposefully done to include public NTCs that run Registered General Nursing, Registered Midwifery, Registered Community Health Nursing, Nurse Assistant Preventive, and Nurse Assistant Clinical programmes in the Region. These NTCs also had enough NNEs to sample from. The region is home to the regional branch of the Nurse Educators Group, which is an affiliate of the Ghana Registered Nurses and Midwives Association. The group sometimes organizes workshops for its members to enhance their teaching abilities.

Population

The study population constituted NNEs in the three selected NTCs in the Upper East Region, Ghana.

Inclusion and Exclusion Criteria

The inclusion criteria for the study were nurse educators who had been teaching for less than three years and had at least three years of previous clinical practice experience before becoming nurse educators. However, part-time nurse educators and those on study leave were excluded from the study.

Sampling and Sample Size

Study participants were selected through purposive sampling. Purposive sampling is used to explore the opinion of experts on a particular topic of interest (Martínez-Mesa et al., 2016). This enabled the researchers to select participants based on a personal judgment about which ones will be most representative and informative based on their experiences in the phenomenon under study (Polit & Beck, 2017). A sample size of 12 participants was used for the study. This was determined by data saturation as no new information or theme emerged after interviewing the 12th participant (Hennink et al., 2017).

Recruitment Process

The first author visited the selected NTCs to meet the principals of the colleges who helped identify NNEs who met the inclusion criteria of the study. The first author approached these potential participants individually, discussed the study with them, and gave them participant information sheets which offered them a detailed explanation of the study. Subsequently, written informed consent was obtained from participants who willingly agreed to participate in the study before interviews were conducted.

Data Collection Instrument

The researchers designed a semistructured interview guide based on the study objectives. The guide contained a loose set of guidelines and provided a unique chance for extensive follow-up questioning and probing to gain clear and detailed opinions of participants (Hyland, 2016). The interview guide was pretested with three NNEs in the Upper East Region to sharpen interviewing skills, detect a few flaws in the guide, and make modifications to ensure consistency and accuracy (Majid et al., 2017).

Data Collection Method and Procedure

Data were collected through individual in-depth interviews which commenced on June 29, 2020, and were completed on August 7, 2020. Participants signed a written informed consent form and filled a brief questionnaire to elicit their demographic data before interviews were conducted. The interviews were conducted by the first author in the English language lasting between 60 and 90 min. Due to the busy work schedule of the participants, the venue for the interviews (participants' offices), date, and time (after lectures) were planned and arranged based on the convenience of participants. During interview sessions, questions were asked about the strategies they adopted to facilitate their transition

into academia. Iterative questioning was also employed to re-question participants in instances of ambiguous and/or vague statements to elicit clearer responses. The interviews were audio-recorded with permission from participants and important nonverbal expressions and gestures were documented in a field notebook.

Data Analysis

Data were manually analyzed simultaneously with data collection through thematic analysis following the six steps described by Braun and Clarke (2006) for identifying, analyzing, and reporting themes within qualitative data. Each recorded interview was analyzed before moving on to the next one. Codes were identified with an inductive approach using the following steps: (1) each audio-recorded interview was transcribed verbatim (by TTL) and read several times to familiarize with the data. (2) Initial codes were then generated by two of the authors (TTL and FA) individually, to ensure credibility and consistency of coding. (3) The codes were sorted into potential themes and a thematic map was prepared to ensure that the themes were in relation to the coded extracts. (4) The potential themes were reviewed and discussed by the two authors (TTL and FA) and some potential themes were further broken down. (5) Defining and naming of the themes were set (Figure 1) and (6) the final report was then produced.

Trustworthiness/Rigor

To ensure trustworthiness, the authors applied Lincoln and Guba's criteria of credibility, confirmability, transferability, and dependability (Polit & Beck, 2017). Credibility was ensured through member checks where the authors returned to each participant to validate statements attributed to them. Also, collecting data from multiple sites (space triangulation) enhanced credibility. Transferability was ensured through thick description by giving a detailed description of the research methods, design, background of the sample, and setting so that future researchers can evaluate the applicability of the data to other contexts. Dependability was ensured through peer debriefing where the authors had sessions with experienced peers to review various aspects and processes of the study. The authors also bracketed their minds through notes in a reflexive journal (we identified areas in which we could be biased, and identified feelings we had that may indicate a lack of neutrality).

Ethical Considerations

Ethical clearance to conduct the study was obtained from the Committee on Human Research, Publication, and Ethics (CHRPE) at the Kwame Nkrumah University of Science and Technology (KNUST) with reference number: CHRPE/AP/195/20. Written permission letters were also obtained from the principals of all the three NTCs before data collection commenced. Each participant was given a participant information leaflet which briefed them on the study and their rights to voluntary participation and withdrawal from the study without penalties. Study participants who gave written consent to be interviewed and audio-recorded were included in the study. To ensure anonymity and confidentiality, the identities of the participants were excluded from the transcripts, and codes (NNE1,…, NNE12) were assigned to each transcript.

Results

Demographic Features of Participants

The NNEs were on average 34.4 years old, with a range of 32 to 39 years comprising 10 males and two females. Nine participants obtained a bachelor's degree in nursing, two participants obtained a bachelor's degree in public health, and one participant obtained a bachelor's degree in midwifery. The participants had engaged in professional clinical practice for an average of 7.25 years, with a range of 6 to 10 years. Participants also had an average of 1.75 years of teaching experience (range 1–2 years) and no participant had formal education in teaching.

Themes and Subthemes

The study explored strategies adopted by NNEs to facilitate their transition from practice to academia. Four major themes emerged: (1) seeking support from peers, (2) attending workshops and conferences, (3) applying past clinical nursing knowledge, and (4) relying on performance appraisal and feedback. The themes and their corresponding subthemes are presented in Figure 1.

Theme 1: Seeking Support From Peers

All the NNEs sought support from their peers to facilitate their transition from practice to academia. They mostly sought support from their peers within their respective colleges and in some instances from their peers outside their colleges.

Subtheme 1: Support Within the College. The NNEs reported that the support they got from their peers within their colleges played a huge role in facilitating their transition to their new nurse educator role. The support offered to them by their peers within their colleges included: helping them to search for information, assisting them to set questions, as well as helping them to prepare lecture slides. This is evident in the quotes below:

> I have learnt a lot from some of my peers in the school here, there were times I had to go to some of them [peers within the
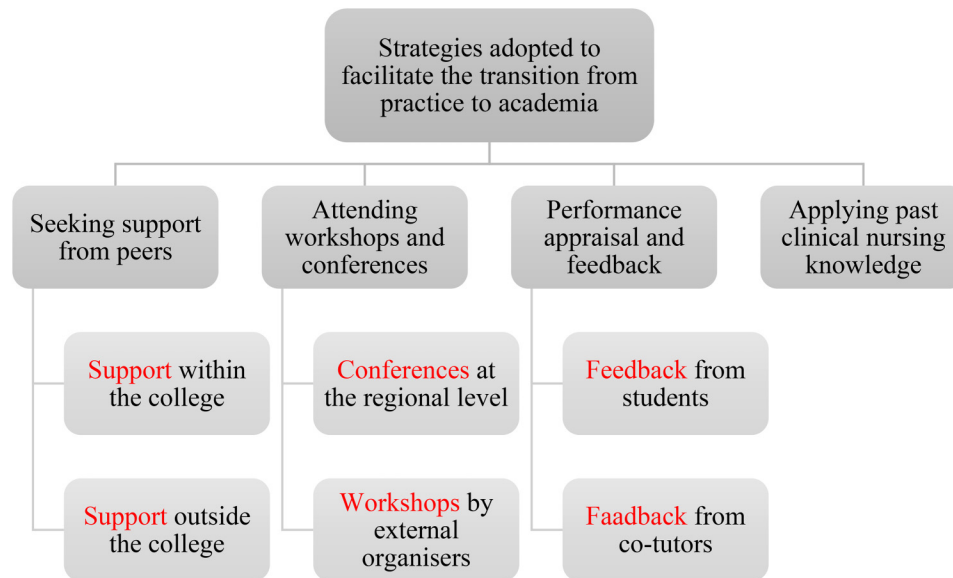
Figure 1. Theme map.

college] for help or tutorials on how to set questions and how to prepare my slides for lectures. So from time to time, I do consult some of my colleagues here and they have been very helpful (NNE10).

Since I am new here, whenever I am asked to teach a certain course that is not familiar to me like nursing informatics, I always rely on my colleague tutors in the school here especially my senior colleagues to get me some information on such courses. Some of them [peers within the college] were very supportive and they made things easier for me especially in the beginning (NNE8).

Also, the NNEs described the support they perpetually sought from their peers. They stated that they mostly relied on their senior colleague tutors in their respective colleges to mark patient/family care studies and plan lessons. Examples of the views of the NNEs are presented as follows:

I was posted to this college at the time they were preparing for the Nursing and Midwifery Council licensing examinations and I was given care studies to mark, it was my first time so I had to rely on some senior tutors in the school to help me. I depended on them [peers within the college] to learn most of the things (NNE9).

Because it was my first time here [in the college] I didn't know how to plan a lesson, so I constantly sought help from a senior colleague who had a background in education to help me draw my lesson plans, and he is always ready and willing to help me at any time I call on him. In fact, he helped me to cope with this job [academia] (NNE2).

Subtheme 2: Support Outside the College. The NNEs revealed that they also sought support from their peers in other colleges other than the colleges in which they were teaching. Some of them mentioned that they were more comfortable seeking support from their friends who were also tutors in other colleges outside the region and described the support they had as vital to their transition to the academic setting. The following are the expressed views of the NNEs:

I have a friend who is also a nursing tutor down south so I often call on him when I have challenges especially preparing my slides to teach. You know it is not easy so sometimes I beg him to prepare my slides for me and he always helps me. Sometimes too he guides me to prepare my slides using the recommended books (NNE6).

For me, I feel comfortable asking for support from some of my former classmates in other schools, not in Upper East here, but in other regions. I asked some of them to guide me to set objective questions and they really helped me, they supported me a lot in the beginning (NNE4).

Some NNEs reported that they constantly sought support and guidance from university lecturers to help facilitate their transition to academia. They believed that university lecturers were better positioned to help them and hence, relied on them for support.

I am always in touch with a colleague who is a lecturer in one of the universities in the south, he [university lecturer] always supports me with some soft copies of recommended books and he sometimes helps me to identify which teaching method is good for a particular topic (NNE1).

Theme 2: Attending Workshops and Conferences

The NNEs stated that they resorted to attending workshops and conferences on relevant topics to build their teaching capacity, a major strategy they adopted to facilitate their transition to academia. They however mentioned that these workshops and conferences were mostly organized outside the school thus, at the regional level, and even externally, that is, outside the region.

Subtheme 1: Conferences at the Regional Level. Without support and guidance from college administrations, NNEs resorted to attending workshops and conferences organized at the regional level for nurse educators. NNEs learned interesting things about teaching and learning, and test item construction in such conferences which helped facilitate their transition into academia.

> If you are here [in the college] you will get the chance of attending conferences, there are a lot of training that happens during vacations even during school time. I can say that within a year of my stay here I have attended more than six or seven workshops and conferences at the regional level mostly on teaching and learning methods (NNE7).

> During the last vacation we [tutors] had a workshop on test construction within the Upper East here, I think it was for all tutors, not for those who came freshly alone, and from there I learned a lot of things on test construction (NNE3).

> Another NNE said:

> From time to time, conferences are organised for nurse educators within this region and as we meet, a lot of wonderful ideas come up and suggestions also come up as to how to effectively teach in the classroom, and it has really helped me throughout the process (NNE12).

Subtheme 2: Workshops by External Organizers. The NNEs mentioned that workshops organized externally on the use of Information Communication and Technology (ICT) in teaching, how to set questions, competence-based learning, test construction, neonatal care, and new pedagogical skills facilitated their transition. The narratives below were most prevalent among NNEs.

> From last year I have been attending the Netherlands Initiative for Continuous and Higher Education (NICHE) workshops, basically on how to teach nursing informatics and the use of IT in teaching. Because I teach informatics I always attend their workshops regularly, and it is helping me to become competent in teaching (NNE11).

> I have attended a couple of workshop in Accra on test construction, how to set questions, and new pedagogical skill and I think it is helping me to adapt to this work [teaching] (NNE8).

> When there are workshops pertaining to my area, I make efforts to attend because that is the best way to learn the teaching stuff. For example, I have attended workshops on competence-based learning, test construction, and neonatal care. They were all organised by external people (NNE5).

Theme 3: Performance Appraisal and Feedback

The NNEs described regular performance appraisal and feedback as a key strategy they adopted to facilitate their transition to nursing academia. To facilitate their transition from practice to academia, participants mentioned that they often resorted to obtaining performance appraisals and feedback from their students as well as their co-tutors to improve upon bad performing areas.

Subtheme 1: Feedback From Students. Participants stated that they relied on obtaining written appraisals and feedback from their students. They periodically gave pieces of paper to students to write good and bad observes about their teaching, and worked on areas that needed improvement. The following are narrations from some NNEs.

> sometimes on a random basis, I give pieces of paper to them [students] after my lesson and I tell them [students] to write what is good about my teaching and also write the bad things so that I can improve upon them, so I always work on the negative comments and that has kept me on the right track (NNE9).

> From time to time, let's say every month, I tear papers and give to a few of them [students] to write down the positives and negatives about my teaching, especially the negatives (Laughing at the recollection). Getting feedback from the students is a good thing because it has actually helped me to change some of the bad things I didn't even know I did in the past, and that has been my strategy from day one (NNE2).

Some NNEs also adopted the strategy of obtaining verbal appraisals and feedback from their students on a semester basis and went on to describe it as a strategy that helped them to improve upon their delivery in the classroom. A participant's narrations are presented as follows:

> At the end of last semester, I asked some of the students to verbally rate the way I teach and I have had both positive and negative comments from them [students], some comments nearly broke me down because they were terrible. So

I worked on the bad comments and continued with the good ones (NNE10).

Subtheme 2: Feedback From Co-tutors. Performance appraisal and feedback were also obtained from co-tutors of NNEs. It is worth mentioning that senior and experienced tutors such as academic officers were contacted by novices for appraisal and feedback. The following responses of NNEs explain the foregoing point:

Last semester like this, I personally sat with the tutor in charge of academic affairs to evaluate my performance by checking to see if I indeed covered all my course outline. He [academic officer] also gave me some comments that needed improvement. So this semester I am working on improving some of them (NNE6).

Our academic officer here [in the college] is sometimes available to appraise some of us in the school here upon request, so me too I sometimes contact him to appraise me. So I have changed the way I deliver my lectures because he [academic officer] said some of my methods were not fit for the topics (NNE4).

Theme 4: Applying Past Clinical Nursing Knowledge

For all the NNEs, applying their past clinical nursing knowledge in teaching their students was a strategy they adopted to facilitate their transition from practice to academia. They fell upon their previously acquired rich practical nursing skills in teaching their students some nursing procedures such as: checking vital signs, wound dressing, and administration of intramuscular (IM) injections. Their narrations were as follows:

Because of my clinical experience at the ward, I always apply that experience whenever I am teaching and that makes things a little better for me. For example, when I was teaching vital signs, from beginning to end, I literally applied my nursing knowledge (NEN1).

Sometimes when I run out of ideas too, I just apply my past clinical experiences to cite as examples for them [students] in class, like when I was teaching wound dressing, I relied heavily on what I used to do in the ward to teach them (NNE7).

With the experience I had in the ward, when I am having difficulties with teaching I am able to relate it to what happens in the ward, an example is teaching them how to give an IM injection (NNE3).

Other NNEs applied their previous clinical expertise in teaching their students how to manage obstetric emergencies in the classroom as well as bed making.

At the clinical setting I was very versatile in the management of most obstetric emergencies, so in teaching those topics I teach it with ease because of the experience that I had when I was in the ward (NNE5).

Because I have previously made all sorts of beds in the ward when I am teaching bed making and I encounter problems, I just apply my previous knowledge and they understand it well (NNE12).

Discussion

This is the first study to explore and describe the strategies adopted by NNEs to facilitate their transition from practice to academia in Ghana. The study findings showed that deprived of administrative support and guidance, NNEs adopted a wide range of self-inspired and informal strategies to facilitate their transition from practice to academia. The implications of this current study are discussed in light of previous studies.

NNEs adopted the strategy of seeking support from their peers within the college to help them to search for information, assist them to set questions, help them to prepare lecture slides, assist them to learn how to mark patient–family care study, and plan lessons. In some instances, novices sought support from their peers in other colleges outside the region and even from lecturers in some universities. The current study finding is consistent with earlier studies conducted that identified that NNEs often sought support from their peers to help facilitate their transition from practice to academia (Jeffers & Mariani, 2017; Mann & De Gagne, 2017; Spencer, 2013). The importance of peer support as a facilitator of the transition from practice to academia cannot be overemphasized, because, when support and guidance are needed, NNEs often seek information from many sources, and by far, the most effective adaptive strategy related to the experience of transition is peer guidance and support (Shapiro, 2018). However, a significant finding in the current study is that the support novices sought from their peers was mostly self-motivated and informal and in most instances outside their respective colleges. This, therefore, highlights the need for mentors within the colleges. Some studies in other countries including the USA have found contrary findings and reported that a more formal strategy in the form of formal mentorship for NNEs within their colleges is a better strategy to facilitate the transition from practice to academia (Grassley & Lambe, 2015; Hinderer et al., 2016; Martin & Douglas, 2018; Shieh & Cullen, 2019). Therefore, we recommend that administrators of NTCs should create and implement faculty mentorship programmes to mentor NNEs. College authorities can also adopt and modify already existing faculty mentoring models from other countries such as South Africa (Seekoe, 2014) and Australia (Slatyer & Kimberley, 2017) to help facilitate the transition process.

Attending workshops and conferences organized at the regional level was an important strategy adopted by NNEs to facilitate their transition from practice to academia. Left without support and guidance from college administrations, NNEs resorted to attending workshops and conferences organized at the regional level on teaching and learning methods, and test item construction. NNEs also attended some workshops on the use of ICT in teaching, how to set questions, competence-based learning, neonatal care, and new pedagogical skills which were organized outside the region. It was evident that NNEs learned a lot about their novel profession through these workshops and conferences but these workshops were on broad topics and not based on the individual needs of participants. These findings corroborate existing scholarly studies (Mulaudzi et al., 2014; Owens, 2018; Shapiro, 2018). This finding is not different from a phenomenological study in Iran where Iranian novice faculty members had to attend a set of educational workshops on teaching and assessment methods to facilitate their transition process (Heydari et al., 2015). However, the study emphasized that the workshops were not based on the specific needs of novices and proposed more formal strategies such as orientation and mentorship to help novices safely transit into academia under the supervision of experienced colleagues (Heydari et al., 2015). What is significant in the current study is that, albeit NNEs learned a lot of teaching and learning methods from these workshops and conferences, they were mostly informal and organized outside their colleges and even outside the region. This highlights the need to identify better and more appropriate strategies within the colleges, such as faculty orientation programmes to facilitate novices' transition to academia as done in some developed countries including the USA (Lynch et al., 2017; Reid et al., 2013; Ross & Silver Dunker, 2019). We recommend that administrations of NTCs should develop, evaluate, and implement college-specific orientation programmes for NNEs to include important components such as mission and vision of the college, organogram, curriculum, syllabi, lesson planning, teaching methods, and grading of students.

Performance appraisal and feedback are commonly reported by previous researchers as facilitators of the transition from practice to academia (Anderson, 2009; Dempsey, 2007; Fritz, 2018) and, in the current study, it was a common strategy adopted by NNEs to facilitate their transition to academia. NNEs periodically gave pieces of paper to students to write good and bad observations about their teaching and worked on areas that needed improvement. They also obtained verbal appraisals and feedback from their students on a semester basis and went on to describe it as a strategy that helped them to improve upon their delivery in the classroom. Again, NNEs in this study obtained performance appraisals from their co-tutors. Our study finding is consistent with a study conducted by Cooley and De Gagne (2016) where the participants used student evaluations of their teaching performance to help them identify and understand where and how they needed to improve. They recognized the value of feedback from the students to guide their professional advancement as nurse educators, and their constant analysis of student comments enabled them to be self-evaluative and presented them with the opportunity to become better teachers over time (Cooley & De Gagne, 2016). This finding of our study suggests that even though NNEs relied on appraisals and feedback as a strategy to facilitate their transition, the verbal method used in collecting the feedback was informal and inconsistent with best practices, as it did not protect the anonymity of the students. According to Mower (2017), performance appraisals and feedback are best collected in the form of a checklist or anonymous online survey, at the end of the learning session where everyone contributes. Therefore, we recommend that college authorities should consider implementing an evidence-based method of tutor appraisals such as regular online appraisals by students, preferably, at the end of each semester as is done by most public universities in Ghana.

In this study, all participants relied heavily on their past clinical nursing knowledge to facilitate their transition from practice to academia. Novices mostly applied their previously acquired rich clinical skills to teach some nursing procedures such as: checking vital signs, wound dressing, and administration of IM injections. Others applied their previous clinical expertise in teaching their students how to manage obstetric emergencies in the classroom as well as bed making. Past studies also confirm the findings of our study (Fritz, 2018; Mann & De Gagne, 2017; Schoening, 2013). According to Parris and Moss (2016), identifying and applying skills that nurse clinicians acquired at the hospital setting, helps in facilitating the transition to novice nursing educator role. New nurse educators can apply many of their previously acquired clinical skills in the academic setting. Appling these past clinical skills will foster confidence in NNEs and lay the foundation for a successful transition into their novel nurse educator role (Parris & Moss, 2016). Therefore, this finding comes as no surprise because all NNEs in the current study had enormous clinical experience (average: 7.25 years, range: 6–10 years), and it was expected that they would fall on such rich experience to teach their students (Schoening, 2013).

Strengths and Limitations

A strength of the study was the integration of multiple sites of data collection (space triangulation) which enhanced the credibility of the study. However, a limitation of the study was the lack of diversity of the sample studied. Most NNEs were males, only one participant had a midwifery background, and only two NNEs had a public health background. These limit the transferability of the study findings to other nurse educator populations.

Conclusions

The study explored the strategies adopted by NNEs to facilitate their transition from practice to academia. NNEs adopted a wide range of strategies to facilitate their transition from practice to academia such as seeking support from peers, attending workshops and conferences, relying on performance appraisal and feedback, and applying past clinical nursing knowledge. However, this study indicates that the strategies were mostly self-inspired and adopted informally, which calls for more formal and evidence-based strategies to facilitate the transition process. Administrators of NTCs must create or adopt and modify faculty mentorship models to mentor NNEs. Also, Administrations of NTCs should develop and implement college-specific orientation programmes for NNEs to include important components such as the mission and vision of the college, curriculum, syllabi, planning of lessons, teaching methods, and student assessment. Finally, college authorities should consider implementing an evidence-based method of tutor appraisals such as regular online appraisals by students, preferably, at the end of each semester. Future studies should include more midwives and nurse educators with other nursing specialty backgrounds.

Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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References

Anderson, J. (2009). The work–role transition of expert clinician to novice academic educator. *Journal of Nursing Education*, *48*(4), 203–208. https://doi.org/10.3928/01484834-20090401-02

Bell, S. A., Rominski, S., Bam, V., Donkor, E., & Lori, J. (2013). Analysis of nursing education in Ghana: Priorities for scaling-up the nursing workforce. *Nursing and Health Sciences*, *15*(April 2012), 244–249. https://doi.org/10.1111/nhs.12026

Booth, T. L., Emerson, C. J., Hackney, M. G., & Souter, S. (2016). Preparation of academic nurse educators. *Nurse Education in Practice*, *19*, 54–57. https://doi.org/10.1016/j.nepr.2016.04.006

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

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

Dempsey, L. M. (2007). The experiences of Irish nurse lecturers role transition from clinician to educator. *International Journal of Nursing Education Scholarship*, *4*(1), 1–12. https://doi.org/10.2202/1548-923X.1381

Fritz, E. (2018). Transition from clinical to educator roles in nursing: An integrative review. *Journal for Nurses in Professional Development*, *34*(2), 67–77. https://doi.org/10.1097/NND.0000000000000436

Ghana Statistical Service. (2012). 2010 Population and Housing Census: Summary report of final results. Accra, Ghana. Retrieved from http://ghana.countrystat.org/fileadmin/user_upload/countrystat_fenix/congo/docs/2010_Population_Report.pdf%0Ahttp://census.go.kr/hcensus/index.jsp

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. https://doi.org/10.3928/01484834-20150617-01

Hennink, M. M., Kaiser, B. N., & Marconi, V. C. (2017). Code saturation versus meaning saturation: How many interviews are enough? *Qualitative Health Research*, *27*(4), 591–608. https://doi.org/10.1177/1049732316665344

Heydari, A., Hosseini, S. M., & Karimi Moonaghi, H. (2015). Lived experiences of Iranian novice nursing faculty in their professional roles. *Global Journal of Health Science*, *7*(6), 138–145. https://doi.org/10.5539/gjhs.v7n6p138

Hinderer, K. A., Jarosinski, J. M., Seldomridge, L. A., & Reid, T. P. (2016). From expert clinician to nurse educator: Outcomes of a faculty academy initiative. *Nurse Educator*, *41*(4), 194–198. https://doi.org/10.1097/NNE.0000000000000243

Hyland, K. (2016). Methods and methodologies in second language writing research. *System*, *59*, 116–125. https://doi.org/10.1016/j.system.2016.05.002

Jeffers, S., & Mariani, B. (2017). The effect of a formal mentoring program on career satisfaction and intent to stay in the faculty role for novice nurse faculty. *Nursing Education Perspectives*, *38*(1), 18–22. https://doi.org/10.1097/01.NEP.0000000000000104

Kalensky, M., & Hande, K. (2017). Transition from expert clinician to novice faculty: A blueprint for success. *Journal for Nurse Practitioners*, *13*(9), 433–439. https://doi.org/10.1016/j.nurpra.2017.06.005

Legare, T. L. (2013). Transitioning from practice to academia: An integrative review of facilitators and barriers. *International Journal of Nursing Education Scholarship*, *10*(1), 2747. https://doi.org/10.1515/ijnes-2012-0018

Legare, T. L., & Armstrong, D. K. (2017). Critical reflective teaching practice for novice nurse educators. *Teaching and Learning in Nursing*, *12*(4), 312–315. https://doi.org/10.1016/j.teln.2017.05.004

Lynch, S., Barrere, C., O'Connor, L., Karosas, L., & Lange, J. (2017). A faculty teaching mentor program: Supporting, engaging, and retaining new faculty. *The Department Chair*, *28*(1), 15–18. https://doi.org/10.1002/dch.30147

Majid, M. A. A., Othman, M., Mohamad, S. F., Lim, S. A. H., & Yusof, A. (2017). Piloting for interviews in qualitative research: Operationalization and lessons learnt. *International Journal of Academic Research in Business and Social Sciences*, *7*(4), 1073–1080. https://doi.org/10.6007/ijarbss/v7-i4/2916

Mann, C., & De Gagne, J. C. (2017). Experience of novice clinical adjunct faculty: A qualitative study. *Journal of Continuing Education in Nursing*, *48*(4), 167–174. https://doi.org/10.3928/00220124-20170321-07

Martin, J. B., & Douglas, D. H. (2018). Faculty mentorship: Making it work across the career continuum through development, implementation, and evaluation of a formal mentorship program. *Nursing Education Perspectives*, *39*(5), 1–2. https://doi.org/10.1097/01.NEP.0000000000000310

Martínez-Mesa, J., González-Chica, D. A., Duquia, R. P., Bonamigo, R. R., & Bastos, J. L. (2016). Sampling: How to select participants in my research study? *Anais Brasileiros de Dermatologia*, *91*(3), 326–330. https://doi.org/10.1590/abd1806-4841.20165254

McAllister, M., Oprescu, F., & Jones, C. (2014). Envisioning a process to support transition from nurse to educator. *Contemporary Nurse*, *46*(2), 242–250. https://doi.org/10.5172/conu.2014.46.2.242

McFadden, P. T., & Sims, T. F. (2017). A journey through wonderland: A novice, her mentor, tea parties, and tenure. *Nursing Forum*, *52*(2), 107–110. https://doi.org/10.1111/nuf.12172

McKinley, G. M. (2009). Go to the head of the class: Clinical educator role transition. *Architectural Record*, *20*(1), 91–101. https://doi.org/10.4037/15597768-2009-1011

Mower, J. (2017). Transitioning from perioperative staff nurse to perioperative educator. *AORN Journal*, *106*(2), 111–120. https://doi.org/10.1016/j.aorn.2017.06.005

Mulaudzi, F. M., Daniels, F. M., Direko, K. K., & Uys, L. (2014). The current status of the education and training of nurse educators in South Africa. *Trends in Nursing*, *1*(1), 79. https://doi.org/10.14804/1-1-26

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. https://doi.org/10.1016/j.nedt.2013.06.010

Nursing and Midwifery Council of Ghana. (2018). List of Approved Institutions and Programmes. Retrieved September 29, 2019, from http://www.nmcgh.org/t3f/en/documents-forms?limit=20&start=20

Owens, R. A. (2018). Two-year institution part-time nurse faculty experiences during role transition and identity development: A phenomenological study. *Nursing Education Perspectives*, *39*(1), 10–15. https://doi.org/10.1097/01.NEP.0000000000000250

Parris, K., & Moss, J. A. (2016). From clinical practice to nursing education: Using old skills in a new way. *International Journal for Innovation Education and Research*, *4*(5), 146–150. https://doi.org/10.31686/ijier.vol4.iss5.546

Polit, D. F., & Beck, C. T. (2017). *Nursing research: Generating and assessing evidence for nursing practice* (10th ed.). Wolters Kluwer Health.

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*(4), 288–293. https://doi.org/10.1016/j.nepr.2013.03.022

Ross, J. G., & Silver Dunker, K. (2019). New clinical nurse faculty orientation: A review of the literature. *Nursing Education Perspectives*, *40*(4), 210–215. https://doi.org/10.1097/01.NEP.0000000000000470

Schoening, A. M. (2013). From the bedside to classroom: The nurse educator transition model. *Nursing Education Research*, *34*(3), 167–172. https://doi.org/10.5480/1536-5026-34.3.167

Seekoe, E. (2014). A model for mentoring newly-appointed nurse educators in nursing education institutions in South Africa. *Curationis*, *37*(1), 132, 8. https://doi.org/10.4102/curationis.v37i1.132

Seekoe, E. (2016). Mentoring needs of newly appointed nurse educators in nursing education institutions in South Africa. *Africa Journal of Nursing and Midwifery*, *17*(S), S56–S70. https://doi.org/10.25159/2520-5293/218

Shapiro, S. (2018). An exploration of the transition to the full-time faculty role Among associate degree nurse educators. *Nursing Education Perspectives*, *39*(4), 215–220. https://doi.org/10.1097/01.NEP.0000000000000306

Shieh, C., & Cullen, D. L. (2019). Mentoring nurse faculty: Outcomes of a three-year clinical track faculty initiative. *Journal of Professional Nursing*, *35*(3), 162–169. https://doi.org/10.1016/j.profnurs.2018.11.005

Slatyer, S., & Kimberley, A. (2017). *Piloting a programme to support the transition from clinical nurse to novice nurse educator*. Centre for Nursing Research, Sir Charles Gairdner Hospital, Nedlands

Smith, S., Karosas, L., & Beauchesne, M. A. (2019). Preparing for the transition from clinical practice to academia. *Journal of the American Association of Nurse Practitioners*, *31*(2), 82–84. https://doi.org/10.1097/JXX.0000000000000190

Spencer, C. (2013). From bedside to classroom: From expert back to novice. *Teaching and Learning in Nursing*, *8*(1), 13–16. https://doi.org/10.1016/j.teln.2012.10.004

World Health Organization. (2006). *Working together for health: World Health report*. World Health Organisation.

World Health Organization. (2009). *Global standards for the initial education of professional nurses and midwives*. World Health Organisation.

World Health Organization. (2016). *Nurse educator core competencies*. World Health Organisation. Retrieved from www.who.int/hrh/nursing_midwifery/en/