

RESEARCH ARTICLE

Easing the transition from nurse clinician to nurse educator in Ghana: Exploring novice nurse educators' perspectives

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Abstract

Aim: To explore novice nurse educators' perspectives on easing the transition from nurse clinician to nurse educator in Ghana.

Design: A descriptive qualitative study.

Methods: In total, 12 novice nurse educators (NNEs) were recruited from three health training institutions in the Upper East Region of Ghana. Between June and August 2020, individual in-depth interviews were conducted using a semi-structured interview guide. The audio-recorded interviews were transcribed verbatim and analysed manually using thematic analysis.

Results: Four themes emerged: mentoring, orientation to educator role, pedagogical preparation and postgraduate studies. To ease the transition, NNEs stressed on developing individual mentoring programmes to mentor novices before they start to teach. They endorsed the development of college-specific orientation programmes to orientate novices before they assume full teaching roles. Participants also urged nurse clinicians to obtain pedagogical preparation and postgraduate degree before moving into academia or immediately after being employed.

KEYWORDS

academia, easing, novice nurse educators, practice, transition

1 | INTRODUCTION

Considering the complexity of the nurse educator role, experienced nurse clinicians who choose to transition to the novice nurse educator (NNE) role ought to be adequately prepared with the requisite pedagogical knowledge, attitudes and skills to make the transition easier and successful (Booth et al., 2016; Marfell et al., 2017; Smith et al., 2019). However, international studies have revealed that not all NNEs recruited into Health Training Institutions (HTIs) are adequately prepared and they often struggle to transition into their new educator role (Brown & Sorrell, 2017; Cooley & De Gagne, 2016; Grassley & Lambe, 2015; Miner, 2019). This contributes to role

strain, frustration and dissatisfaction (Cranford, 2013; McFadden & Sims, 2017). Consequently, NNEs are unable to efficiently impart professional nursing knowledge to student nurses in the classroom (Summers, 2017). The current study explored NNEs' perspectives on easing the transition from nurse clinician to nurse educator in the Ghanaian context.

2 | BACKGROUND

The transition of experienced nurse clinicians to the NNE role is receiving global attention as HTIs continue to rely on these nurse

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clinicians to take up faculty roles (Hoeksel et al., 2019). However, transitional support programmes and interventions are mostly in the developed countries (Nowell et al., 2017; Shieh & Cullen, 2019) with little emphasis placed on interventions required to ease the transition in Africa (Seekoe, 2016; Sodidi & Jardien-Baboo, 2020). In the Ghanaian context, the situation is no different and often results in difficult and stressful transitions (Laari, Apiribu, Gazari, et al., 2021). The absence thereof and inadequate transition support programmes also deepen the challenge of suboptimal teaching competencies in this novice population of nurse educators (Heydari et al., 2015).

International studies on easing the transition in high-income countries other than Africa have proven that transition support programmes play a major role in easing the transition of nurses from the clinician to the educator role (Dunker & Manning, 2018; Hinderer et al., 2016; Lynch et al., 2017; Ross & Silver Dunker, 2019). The findings of an integrative literature review on easing the transition from clinician to nurse educator revealed that formal preparation for teaching, guidance navigating the academic culture and a structured mentoring programme were key interventions that contributed to easing the transition (Grassley & Lambe, 2015). Whereas those studies did not focus on developing and implementing faculty transition interventions, the findings of other researches have underscored the urgent need to develop and implement faculty development, orientation and mentorship programmes aimed at easing the transition (Flanigan, 2016; Martin & Douglas, 2018; Owens, 2018; Shieh & Cullen, 2019).

A successful transition is imperative and beneficial to both faculty and students as novice faculty can offer the best assistance to students when they transition to academia with ease (Nelson et al., 2016). Therefore, nurse educators must be supported to attain optimal proficiency in assisting student nurses to acquire all the knowledge, skills, and attitudes necessary to practise nursing effectively in the 21st century (World Health Organization, 2016). In line with this, the World Health Organisation (WHO) spells out the core competencies required to be a nurse educator including; satisfactorily completing a recognized nursing education programme and acquiring formal teaching preparation either before, or immediately after recruitment (World Health Organization, 2016). Again, the WHO specifies that the core academic faculty in diploma and degree accredited HTIs are nurses and midwives who demonstrate pedagogical knowledge as educators and have preferably a minimum of graduate degrees (World Health Organization, 2009).

Most nurses and midwives in Ghana are trained in HTIs commonly called Nursing and Midwifery Training Colleges (NMTCs) and are usually but not necessarily affiliated with hospitals (Bell et al., 2013). As of 2018, Ghana had a total of 118 HTIs which offer certificate, diploma, and post-basic diploma in various nursing programmes (Nursing and Midwifery Council of Ghana, 2018). Currently, baccalaureate nursing programmes are offered in public and private universities with only three universities offering master's degrees in nursing, and none offering PhD. Unlike lecturers in the universities who usually have doctoral degrees, the nurse educators in HTIs usually have first degrees and previously practised as nurse clinicians in

the clinical setting. Nurse educators in Ghana play multiple roles in both clinical and academic settings. They facilitate learning in both the classroom and during clinical sessions, facilitate learner development and socialization, participate in curriculum planning, evaluate programme outcomes and function as role models to students.

In Ghana, nurse educators are usually recruited from the clinical setting and posted to HTIs to teach (Laari, Apiribu, Amooba, et al., 2021). However, the absence of transition support programmes coupled with failure to meet the WHO requirements for nurse educators makes the transition more difficult (Laari, Apiribu, Gazari, et al., 2021). Hence, it is imperative to explore NNEs' perspectives on easing the transition from nurse clinician to nurse educator in Ghana. This paper reports part of a larger qualitative study which explored the transitional experiences of NNEs in Ghana. The findings will inform policy change and help in the development and implementation of a transition support programme that is well-designed and useful to meet the needs of NNEs within the Ghanaian setting. Thus, the research question was: What are the perspectives of NNEs on easing the transition from nurse clinician to nurse educator in Ghana?

3 | METHODS

3.1 | Study design

The study employed a descriptive qualitative study design to explore NNEs' perspectives on easing the transition from practice to academia without penetrating the data in any interpretive depth (Polit & Beck, 2017). The Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist guided the study design and write-up (Tong et al., 2007).

3.2 | Setting and participants

We conducted the study in three different HTIs in the Upper East region of Ghana. The Upper East Region has five HTIs established in four municipalities and districts. Four of these institutions are government-owned while one is missionary. Three of the HTIs were purposively selected as the study site because they represented institutions that run various nursing and midwifery programme classifications (certificate, diploma and baccalaureate) and are located in the rural, peri-urban and urban districts of the region. For anonymity and confidentiality, the selected HTIs were labelled as follows: college A, college B and college C. These HTIs are independently accredited by the Nursing and Midwifery Council (NMC) of Ghana. Collectively, these institutions run certificates in Nurse Assistant Clinical (NAC), Nurse Assistant Preventive (NAP), Post-NAC/NAP diploma in Midwifery, Diploma in Registered General Nursing (RGN) and Bachelor of Science in Public Health Nursing programmes. Each of the HTIs is staffed with nurse educators who perform a host of duties including the planning of lessons, teaching nursing students

in the classroom and demonstration rooms, test item construction, marking of scripts, student assessment, class management, conducting practical exams, among others.

The nurse educators teaching in the selected HTIs were selected to participate in the study. Inclusion criteria were have been a nurse clinician for at least three years before becoming a nurse educator and have been a nurse educator for less than three years (novice). However, part-time nurse educators were excluded from the study. Twelve participants were recruited into the study using the purposive sampling technique and no participant dropped out of the study.

3.3 | Data collection

After obtaining ethical clearance and site approval, the principals of the selected HTIs introduced the researchers to the NNEs. The purpose and all procedures of the study were explained to the potential participants and they gave their written consent for voluntary participation by signing consent forms. The date, time (after lectures), and venue (participant's office) for the individual interviews were determined by the consenting participants.

Between June and August 2020, individual in-depth interviews were conducted in the quiet offices of the NNEs with no one else present. A semi-structured interview guide with open-ended questions developed by the researchers and pilot tested, was used to explore NNEs' perspectives on easing the transition from nurse clinician to nurse educator. The interviews were conducted in the English language lasting 60–90 minutes per session and audio recorded with the permission of the participants. Important gestures and non-verbal observations were also captured in a field notes book. The interviews were conducted by the first author, a male qualitative researcher with clinical and teaching experience. The interviewer does not work at any of the three selected HTIs; hence had no direct influence on the study participants and setting. During each interview session, NNEs were asked to narrate based on their transitional experiences, the measures and interventions required to ease the transition from nurse clinician to nurse educator. Iterative questioning and probes were used to elicit more information. Data saturation was achieved on the twelfth participant as no new information relevant to the study emerged (Saunders et al., 2018).

3.4 | Data analysis

Data analysis occurred concurrently with data collection until data saturation was achieved within and across all three HTIs. The data were analysed manually via thematic analysis as outlined by Braun and Clarke (2006). Initial interviews were analysed before subsequent ones. The first author transcribed each audio-recorded interview verbatim. The first and second authors read through the transcripts several times to familiarize themselves with the data and separately coded them for their basic units of meaning. The generated codes were discussed and discrepancies resolved. Codes were

then grouped to form larger meaningful units until the themes and sub-themes were derived from the data. Verbatim quotations from the study participants were used to support the emerging themes.

3.5 | Rigour

The researchers adopted Lincoln and Guba's (1985) criteria of credibility, dependability, transferability and confirmability. The researchers ensured credibility through member checking by returning the transcripts to five participants to validate statements attributed to them. To ensure confirmability, the researchers had peer debriefing with experienced colleagues to review the study processes. Detailed field notes were taken to enhance dependability. Transferability was ensured by providing a rich and thorough description of the research processes, setting, design and participants' background (thick description).

3.6 | Ethics

Ethical approval for the study was obtained from the Committee on Human Research Publication and Ethics (CHRPE) at the Kwame Nkrumah University of Science and Technology (CHRPE/AP/195/20) before commencing the study. Institutional approval was also given by all three principals of the selected HTIs before data were collected. The study processes were explained to all participants including their rights to voluntary participation and withdrawal without penalties. All the participants gave their individual written informed consent to participate in the study. To ensure anonymity and confidentiality, all personal identifying information of participants were removed and unique identification codes (NNE1...NNE12) were assigned to each participant.

4 | RESULTS

In all, 12 NNEs were purposefully selected and interviewed from these three HTIs. Five of them were chosen from college A, four from college B and three from college C. They were ten males and two females, their ages ranged from 32 to 39 years (average: 34.4 years), and they were all ($n = 12$) married. Nine participants had a bachelor's degree in nursing, two had a bachelor's degree in public health, one had a bachelor's degree in midwifery, and no participant had a formal education in teaching methodology. The NNEs had previously worked as nurse clinicians for a minimum of six years and a maximum of ten years (average: 7.25 years) before moving into academia and had an average of 1.75 years (range 1–2 years) of teaching experience as seen in Table 1.

Four main themes emerged from the analysis of the qualitative data which explored NNEs' perspectives on easing the transition from nurse clinician to nurse educator. These themes were as follows: mentoring, orientation to the educator role, pedagogical

TABLE 1 Participants' Demographic features

Code	Age (years)	Sex	Marital status	Highest degree attained	Formal education in teaching	Years in previous clinical practice	Years in nursing academia
NNE1	33	Male	Married	BSc. Nursing	No	7	2
NNE2	39	Male	Married	BSc. Nursing	No	10	2
NNE3	33	Male	Married	BSc. Nursing	No	6	1
NNE4	34	Male	Married	BSc. Public Health	No	7	2
NNE5	32	Female	Married	BSc. Midwifery	No	6	2
NNE6	32	Male	Married	BSc. Nursing	No	6	2
NNE7	35	Male	Married	BSc. Nursing	No	8	2
NNE8	36	Male	Married	BSc. Nursing	No	8	1
NNE9	34	Male	Married	BSc. Nursing	No	7	2
NNE10	37	Male	Married	BSc. Nursing	No	9	2
NNE11	35	Female	Married	BSc. Public Health	No	7	1
NNE12	33	Male	Married	BSc. Nursing	No	6	2

TABLE 2 Themes and sub-themes

Themes	Sub-themes
Mentoring	Access to experienced mentors Individual mentoring programmes
Orientation to the educator role	Orientation before assuming the educator role College-specific orientation programmes
Pedagogical preparation	PGDE as a prerequisite Enrol for PGDE immediately after being recruited
Postgraduate degree	Master's degree as a prerequisite Enrol for a master's degree soon after employment

Abbreviation: PGDE, Post Graduate Diploma in Education.

preparation, and postgraduate studies. Table 2 presents the main themes and their corresponding sub-themes.

4.1 | Mentoring

All participating NNEs recognized the importance of mentoring in easing the transition from nurse clinician to nurse educator. They described mentoring as a vital strategy that could help mitigate transitional challenges and support novices to become proficient educators. Two subthemes emerged: access to experienced mentors and individual mentoring programmes.

4.1.1 | Access to experienced mentors

The participating NNEs recommended that new nurse educators should be formally attached to experienced educators for some time before assigning them to classrooms to teach. This they believed would enable novices to learn the tenets of the nurse educator role from the experienced educators thereby easing the transition.

Possibly, for the first few months if they can attach a new tutor to someone to mentor him or her. Like somebody who has a rich teaching experience for at least one semester so that new tutors can learn a lot to be able to stand on their own.

(NNE5, College B)

Management of the college should endeavour to assign new tutors to experienced ones so that they can mentor them for a considerable period so that they can become competent in teaching.

(NNE11, College B)

4.1.2 | Individual mentoring programmes

The NNEs recommended the creation and implementation of individual mentoring programmes in the various HTIs to help ease the transition. They highlighted the need to design and implement appropriate individual mentoring programmes to mentor new nurse educators before they begin teaching independently.

The college administration should develop or design an appropriate mentorship template or protocol such that it can be used to mentor and support individual new tutors posted to the college.

(NNE1, College A)

The principal should ensure that a template for mentoring individual new tutors is created and implemented so that whenever new tutors are posted here, they can at least receive some form of mentorship or guidance before they start teaching on their own.

(NNE2, College B)

4.2 | Orientation to the educator role

With regards to easing the transition, participating NNEs recommended orientation to the educator role. Most of the participants had the conviction that orientating new nurse educators to their new educator role would make them acquainted with all relevant aspects of the nurse educator role, thereby easing the transition. The sub-themes generated from this theme were orientation before assuming the educator role and college-specific orientation programmes.

4.2.1 | Orientation before assuming the educator role

To ease the transition, NNEs recommended that newly recruited nurse educators should be orientated to the faculty role before they commence their novel role.

The college should get a facilitator to organise formal faculty orientation for all newly recruited tutors for at least one week before they start to teach. Through that, the new tutors can learn how they start lectures and how they prepare for lectures.

(NNE7, College A)

Of course, the school should introduce something like an orientation for new tutors, so that any new tutor recruited and posted to this school will go through it before they start teaching.

(NNE9, College C)

Just as clinical nurses go through one-year orientation (national service) before they are posted to the hospitals to practice, I will recommend that the college authorities should ensure that new nurse educators also go through faculty orientation before them starting to teach.

(NNE12, College A)

4.2.2 | College-specific orientation programmes

According to the sampled NNEs, college-specific orientation programmes need to be created and implemented at the college level to help ease the transition from nurse clinician to nurse educator. Participants believed that the orientation programmes when developed according to the needs of individual colleges would help meet the needs of novices and ease the transition. They also proposed the inclusion of components such as lesson planning, curriculum design, lecture preparation, teaching and learning methods, student assessment and test construction into the orientation programmes.

I think the best way to ease the transition is for the college to develop and implement an orientation programme that is specific to the needs of the tutors in this college. The programme should also highlight lesson planning and lecture preparation for newly recruited tutors.

(NNE3, College C)

To ease the transition, I recommend that a formal and detailed orientation programme should always be conducted for newly recruited tutors in this college and things like teaching and learning methods, student assessment, and test construction should feature in such a programme.

(NNE1, College A)

4.3 | Pedagogical preparation

All the participating NNEs emphasized the relevance of pedagogical preparation to easing the transition from nurse clinician to nurse educator. They described pedagogical preparation as a vital intervention to ease the transition. The sub-themes generated from pedagogical preparation were PGDE as a prerequisite and enrol for PGDE immediately after being recruited.

4.3.1 | PGDE as a prerequisite

To ease the transition from nurse clinician to nurse educator, the participants recommended that clinicians should acquire pedagogical preparation before moving from practice to academia. They emphasized that all clinical nurses who wish to have an easier transition to academia should obtain a Post Graduate Diploma in Education (PGDE) to gain insight into how to handle a class, classroom control, basic teaching methodology and how to manage difficult students.

Having a qualification in pedagogy like a PGDE is very important before you make a transition into the nurse educator role because when you come

with a qualification in teaching, it will make things easier for you.

(NNE9, College C)

I will recommend that clinical nurses who also intend to make a transition to academia especially those who do not have formal education in teaching to acquire a PGDE because it makes the role transition easier.

(NNE6 College A)

Some NNEs recommended that the health training institution secretariat should recruit only nurse clinicians who possess a qualification in education preferably a PGDE.

The health training institution secretariat should make it a must that nurse clinicians must have a certificate in education before they are recruited. They should make sure that you have at least a PGDE before they recruit you.

(NNE4, College A)

4.3.2 | Enrol for PGDE immediately after being recruited

The participating NNEs also recommended that the college administration and principals should mandate novices to enrol for a PGDE immediately after they are recruited and posted to the college.

Even if new tutors are posted to the college without formal education in teaching, the principal should force them to pursue a PGDE as soon as they come.

(NNE3, College C)

The college administration through the principal should let new tutors who do not have an educational background get it immediately they are posted, and that will help them.

(NNE11, College B)

4.4 | Postgraduate degree

Obtaining a postgraduate degree in nursing was a recommendation made by NNEs to ease the transition from nurse clinician to nurse educator. The participants emphasized that having a post-graduate degree better prepares nurses for faculty and eases the transition. Two sub-themes emerged under this theme: master's degree as a prerequisite and enrol for master's degree soon after employment.

4.4.1 | Master's degree as a prerequisite

Most participants recommended that clinical nurses who wished to have an easier transition to the nurse educator role should obtain a master's degree in nursing. They mentioned that obtaining a master's degree would make nurses better teachers.

I will inform clinical nurses who want to make a transition to the nurse educator role that they should first think of acquiring a master's degree before making a transition to academia because it will ease their transition and make them better teachers.

(NNE8, College B)

Nurse clinicians who are planning to transition into the classroom should have a minimum of master's degree preferably in nursing if not, they will have a tough time during the transition.

(NNE10, College C)

Other participants also recommended that only nurses with at least MPhil in nursing should be recruited by the health training institution secretariat as nurse educators.

The HTI secretariat should make sure that only nurses with at least MPhil in nursing are recruited as tutors in the various colleges of nursing because MPhil will make nurses understand the nurse educator role better and make the transition easier.

(NNE11, College B)

To make the transition easier I think the MOH and the HTI secretariat should recruit and post only those who have master's degrees like MPhil in nursing.

(NNE4, College A)

4.4.2 | Enrol for a master's degree soon after employment

The participants also detailed areas that required further improvements to ease the transition and recommended that college authorities and principals should direct new nurse educators without master's degrees to enrol for same. One NNE said:

When tutors are recruited and posted to the college without master's degrees, the college authorities and principal should mandate them to immediately enrol for one. That is what is needed for a successful transition.

(NNE12, College A)

5 | DISCUSSION

As expert nurse clinicians transition into the NNE role, they are expected to benefit from transitional intervention programmes to make the transition process easier and successful (Grassley & Lambe, 2015). This current study aimed at exploring NNEs' perspectives on easing the transition from nurse clinician to nurse educator at three selected Ghanaian HTIs.

From the perspective of the sampled NNEs in this study, mentoring is necessary to ease the transition from nurse clinician to nurse educator. They opined that having access to experienced mentors and assigning NNEs to experienced educators within the training institutions for a substantial period would help novices to learn the educator role and become expert educators thereby easing the transition. This finding corroborates that of an integrative review of studies that overwhelmingly reported the need for mentoring during the transition from a nurse clinician role to an educator role (Fritz, 2018). Earlier studies have also shown that having access to experienced mentors has a positive influence in easing the transition because by pairing with experienced faculty members (mentors), the novices can develop competence and experience positive transitions (Cooley & De Gagne, 2016; Miner, 2019). However, in Ghana, especially in our study setting, most nurse clinicians who transition from practice to academia are usually left on their own to teach with no mentorship support which deepens the stress during the transition period. Based on this, we recommend that administrators of HTIs should identify experienced mentors within their institutions and assign newly posted nurse educators to them to be mentored before they assume full educator roles. By pairing with experienced mentors, NNEs can efficiently learn the educator role and easily acclimatize to the academic setting.

The development of individual mentoring programmes was predominantly mentioned by the participating NNEs as a way of easing the transition. The development and implementation of mentoring programmes have been proven as an effective way of easing the transition (Lynch et al., 2017; Nowell et al., 2015). Consistent with previous literature (Kalensky & Hande, 2017) the NNEs in the current study specified that mentoring programmes should be individualized to meet the specific needs of each novice. It is worth noting that mentorship programmes have been successfully developed and implemented in some developed countries including the United States of America (USA) (Hinderer et al., 2016; Lynch et al., 2017; Martin & Douglas, 2018), Australia (Slatyer & Kimberley, 2017), and South Africa (Seekoe, 2014) to help in easing the transition. However, these mentorship programmes are non-existent in low- and middle-income countries (LMICs) including Ghana. Therefore, we recommend the development and implementation of formal individual mentoring programmes based on current best evidence to help ease the transition from nurse clinician to nurse educator.

The NNEs in the current study reported the need for newly recruited nurse educators to be properly orientated to the nurse educator role before they commence full teaching roles. According to

Marfell et al. (2017), orientation is an educative experience intended to support NNEs to begin their new roles, usually in a formal workshop format. Earlier studies have reported that orientating NNEs before they begin teaching is vital to easing the transition (Dempsey, 2007; Gilbert & Womack, 2012; Mann & De Gagne, 2017; Mower, 2017). Participating NNEs also recommended the development and implementation of college-specific orientation programmes tailored at easing the transition. Developing and implementing current faculty orientation programmes can assist new faculty in transitioning from their role as clinicians to educators (Nelson et al., 2016). Albeit some faculty orientation programmes have been developed and implemented to ease the transition in advanced countries such as the USA (Brown, 2015), such programmes are non-existent in LMICs, especially in Ghana. In developing an orientation program for new nursing faculty, their unique needs must be considered (Ross & Silver Dunker, 2019). Hence, we recommend the creation and continuous implementation of faculty orientation programmes that address the specific needs of individual colleges to include components such as curriculum development, lesson planning, teaching methods, test-item construction, student assessment methods and management of students' issues, among others.

From the perspective of the participating NNEs, pedagogical preparation is essential to easing the transition from nurse clinician to nurse educator. They indicated that obtaining a Post Graduate Diploma in Education (PGDE) should be a prerequisite for recruiting new nurse educators. They articulated that new nurse educators should enrol for PGDE before or immediately after being recruited and posted to the HTIs. They believed that enrolling for a PGDE would enable novices to gain insight into how to handle a class, classroom control, basic teaching methodology and how to manage difficult students. As pointed out by earlier studies (Booth et al., 2016; Flanigan, 2016; Owens, 2018) obtaining pedagogical preparation is critical to easing the transition and aids the development of instructor skills. The results of some integrative reviews have also overwhelmingly endorsed obtaining pedagogical preparation to ease the transition (Fritz, 2018; Grassley & Lambe, 2015). In the developed countries such as the United Kingdom and Australia, the primary criteria for teaching in nursing schools include the attainment of a teaching diploma (Jackson et al., 2011). The WHO Nurse Educator Core Competencies also stipulates that NNEs acquire formal teaching preparation either before or soon after recruitment (World Health Organization, 2016). Yet, in Ghana, most NNEs who teach in the HTIs still fall short of this requirement.

In Ghana, the PGDE is a diploma programme designed to equip personnel from all fields with the basic concepts of teaching and learning. Even though the PGDE is not designed specifically for nurse educators, it enhances the capacity of nurse educators to be more productive in teaching. Therefore, Ghana's Ministry of Health (MOH) through the health training institution secretariat should review the policy on nurse educator recruitment to ensure that only nurse clinicians with formal pedagogical preparation are recruited as educators. Existing nurse educators without formal training in pedagogy ought to enrol for a PGDE. We also recommend the creation of

a nurse educator preparation and faculty development programme to be implemented for all the NNEs before they commence full teaching roles.

The sampled NNEs in the current study underscored the importance of a postgraduate degree in easing the transition from nurse clinician to nurse educator. To ease the transition, participants indicated that a master's degree is made the minimum academic requirement for educators and urged novices to enrol for a master's degree soon after employment. This finding concurs with earlier studies that have recommended obtaining graduate-level education to ease the transition (Pegg, 2018; Tucker, 2016). The findings of some reviews also endorsed that at minimum, nurse educators should hold a master's degree in nursing (Dipo et al., 2013) or even PhDs (Bullin, 2018). This perspective of our study participants also reaffirms the WHO's requirement that the core academic faculty are nurses and midwives who demonstrate knowledge as educators and have preferably a minimum of a postgraduate degree (World Health Organization, 2009). Nonetheless, in the Ghanaian context, recruited NNEs usually have bachelor's degrees and lack postgraduate qualifications.

In Ghana, a minimum of a postgraduate degree, especially a research master's degree is well designed to prepare nurses for academia. Unlike the PGDE which focuses on teaching and learning methods, the master's degree programme prepares the nurse educator in other facets of the faculty role including research. Therefore, we recommend a review of the policy on nurse educator recruitment in Ghana to consider only nurses with at least master's degrees for faculty positions. We also recommend that existing nurse educators without postgraduate degrees be as a matter of urgency, directed to enrol for a master's degree.

The findings of the current study are relevant to nursing education in Ghana. These recommendations, when implemented, will not only ease the transition process but will also lead to the attraction and retention of more competent nurse educators in Ghana. This will significantly improve the quality of nurses trained in Ghana.

6 | STRENGTHS AND LIMITATIONS

The recruitment of NNEs from three HTIs (space triangulation) permitted the exploration of the subject across the region and contributed to the strengths of the study. A limitation was that the study only explored the perspectives of NNEs and did not include college administrators and principals whose perspectives could have added more value to the study. Also, the involvement of only two female participants and one midwifery participant was a limitation since the inclusion of more female and midwifery participants could generate novel findings.

7 | CONCLUSION

The current study highlighted the development and implementation of individual mentoring programmes and college-specific orientation

programmes as essential to easing the transition from nurse clinician to nurse educator. Pedagogical preparation and acquisition of postgraduate degrees are also essential to easing the transition from nurse clinician to nurse educator. The findings of this study serve as a groundwork for future development and implementation of a transition support programme to ease the transition from nurse clinician to nurse educator in Ghana.

AUTHOR CONTRIBUTIONS

Timothy Tienbia Laari: Conceptualized and designed the study, collected and analysed data, and drafted the manuscript. Felix Apiribu: Contributed to the study design, assisted with data analysis and critically revised the final manuscript. Veronica Millicent Dzomeku and Adwoa Bemah Boamah Mensah: Contributed to the study design, reviewed and revised the final manuscript. Philemon Adoliwine Amooba: Contributed to reviewing and revising the manuscript. All the authors read the final manuscript and gave approval for publication.

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CONFLICT OF INTEREST

The authors declare that they have no conflict of interest.

DATA AVAILABILITY STATEMENT

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

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