



Provided by the author(s) and University of Galway in accordance with publisher policies. Please cite the published version when available.

Title	The Experiences of Irish Nurse Lecturers Role Transition from Clinician to Educator
Author(s)	Dempsey, Laura
Publication Date	2007
Publication Information	International Journal of Nursing Education Scholarship. Volume 4, Issue 1
Link to publisher's version	http://dx.doi.org/10.2202/1548-923X.1381
Item record	http://hdl.handle.net/10379/2602

Downloaded 2024-05-05T00:28:26Z

Some rights reserved. For more information, please see the item record link above.



International Journal of Nursing Education Scholarship

Volume 4, Issue 1

2007

Article 13

The Experiences of Irish Nurse Lecturers Role Transition from Clinician to Educator

Laura M. Dempsey*

*National University of Ireland, Galway, laura.dempsey@nuigalway.ie

The Experiences of Irish Nurse Lecturers Role Transition from Clinician to Educator

Laura M. Dempsey

Abstract

Described in this study are the experiences of six clinical nurses in Ireland who have transitioned to the role of nurse lecturer. Semi-structured interviews were used to gather data from these novice nurse lecturers. Data were analyzed manually and thematically, generating five emerging themes: feelings experienced during the transition; educational preparation for the role; actual and potential support structures available; hindering factors of the role; and the overall transition experience. Negative feelings and experiences encountered were found to decrease as participants accepted their role change, gained experience in their new role, and became more familiar with their work environment.

KEYWORDS: role, transition, clinical, lecturer

Nurse education in Ireland has undergone dramatic changes over the past 10 years, with roots tracing back to 1880 under a traditional apprenticeship model wherein students played a dual role of learner and employee. Much of students' learning comprised a defined area of work, with advanced specialised skills, while knowledge of wider issues was limited, experiential, and students were all but invisible (Fealy, 2005). This apprenticeship model for learning was unsatisfactory, ineffective as to use of time, and unreliable as to outcomes (Burnard & Chapman, 1990).

In 1994, the apprenticeship model was abolished and replaced by a diploma in nursing studies programme, which marked the beginning of a radical change in nurse education and training in Ireland (Nurse Education and Training Evaluation in Ireland (NEATE), 1998). However, the diploma in nursing studies programme came under immense criticism with issues concerning theoretical overload, lack of infrastructure to implement the programme, and of uniformity in interpretation of supernumerary status of students. Consequently, reports by NEATE and The Commission on Nursing (TCN) (1998) recommended the diploma in nursing studies be replaced by a four-year university-based degree in nursing science.

In order to prepare for this transition, nurse tutors were encouraged to complete master's education in nursing (TCN, 1998). To meet the demands of university-based four-year degree programs, the role of the nurse tutor, more commonly referred to in Ireland today as nurse lecturer, evolved. Nurse lecturers are currently expected to teach as well as undertake research and administrative duties, but this expanded role has presented a number of challenges, since traditionally, they functioned primarily as educators. According to Maben and Macleod Clarke (1998), novice nurse lecturers are inadequately prepared for these additional roles, and experience reality shock during the initial stage of role transition. This fact has led to the research question: What are the experiences of novice nurse lecturers in Ireland who have undergone a role transition from clinical nurse to nurse lecturer?

LITERATURE REVIEW

Holmes and Rahe (1967) report that a change in job, irrespective of the nature of the job, is a stressful life event. For inexperienced nurse lecturers, therefore, beginning a teaching position can create stress. Rosser and King (2003) contend that role transitions are often hindered by unrealistically high expectations since any role transition creates uncertainty and anxiety, emotions which are exacerbated when coupled with transition into a stressful specialty.

Transition from practitioner to educator necessitates learning an entirely different body of knowledge (Kelly, 2002). "Becoming a nurse educator is not an additive process; it is not a matter of adding the role of educator to that of nurse; it requires a change in knowledge, skills, behaviours and values to prepare for the new assimilated roles, settings and goals" (p. 2).

In a phenomenological study to uncover the meaning of new faculty member's experiences of their role, a purposeful sample of 12 nurse lecturers in their first year of a new position, from 24 American Association of Colleges of Nursing Schools, were interviewed to gain an understanding of their experiences. Findings revealed that the participants' expectations of what they thought the role would involve, was very different from what it actually was, indicating that neophyte lecturers are rarely prepared educationally or experientially for multiple roles and expectations. The participants were unfamiliar with the language, culture and practices of the new role, and the workload was much more than they expected (Siler & Kleiner, 2001).

Similarly, a study carried out in Finland by Harri (1996), uncovered comparable feelings to those reported by Siler and Kleiner (2001). These participants were asked about the best and worst things regarding their jobs as nurse lecturers. Responses revealed that negative aspects far outweighed positive aspects of their role, specifically, workload, administrative issues, changes, interpersonal relationships, and inadequate personal resources.

As suggested in the literature, a number of feelings are evoked before, during and after the transition from one role to another. Feelings of difficulty in coping, isolation, insecurity, discomfort, role ambiguity, not fitting in, and anxiety during role transition are commonly reported by participants. Role transition from student to staff nurse (Geerish, 2000; Amos, 2001), and staff nurse to specialist nurse (Rosser & King, 2003), are also described. In summary, there is evidence that individuals who undergo role transition, are often inadequately prepared for the role in which they are entering (Rosser & King).

METHODOLOGY

Qualitative methodology using a descriptive design was employed in this study. This methodology was chosen as it focuses on people in their natural settings, in an attempt to make sense of, or interpret, phenomena in terms of the meanings people bring to them (Denzin & Lincoln, 1994). The descriptive design was selected to provide a more thorough understanding of variables and thus of people, ultimately yielding rich data (Byrne, 2001).

Equally essential to the research design, is the selection of a sample that will provide the necessary data for the purpose of the study. Nurse lecturers who had previously worked as clinical nurses, now employed in an Irish university, participated. Six participants from diverse geographical locations across Ireland, were purposefully sampled, as they were most suitable for the issue being researched. All participants were female and had varying degrees of clinical experience ranging from six to 18 years, before they transitioned to nurse lecturer. They were all registered nurses, had completed master's education, and taught at both undergraduate and postgraduate levels in nursing departments of the University where they were currently employed. Ethical approval to conduct the study was obtained from the University ethics committee.

Semi-structured interviews were conducted, which contained predetermined questions as interview schedules or guides (Robson, 2002). The questions which reflected the aims of the study and related literature, probed the nurse lecturers in order to gain an understanding of their experiences of role transition.

Using a comprehensive manual and thematic analysis, interview data were transcribed verbatim and manually analysed. Recurrent highlighted topics emerged which became categories for coding the information in the transcripts. Additionally, Leininger's (1985) systematic framework of conceptual steps for thematic analysis was employed. The aim of this method is to produce a detailed and systematic account of the themes addressed in the interviews and link them together with the data analysis framework. In a qualitative research design, the objective is not to build theory but to describe an experience. True to the study design and Leininger's framework for data analysis, a description of the experiences of the role transition from clinical nurse to nurse lecturer was achieved.

FINDINGS

In order to meet the purpose of the study, participants were asked to describe the experiences they encountered during their role transition from clinical nurse to nurse lecturer. Five dominant themes emerged: 1) feelings experienced during the transition; 2) educational preparation for the role; 3) actual and potential support structures available; 4) hindering factors of the role; and 5) overall transition experience.

Feelings Experienced During the Transition

Despite the fact that each participant came from a different educational institution, they all reported the initial stage of the transition was mostly a negative experience. Feelings such as being frightened, daunted, stressed, and experiencing a sense of loss for the clinical area, were commonly reported. One participant reported, "It was quiet daunting for a few months just after having no experience teaching, the thought of moving into third level education and not having that experience was very frightening!" Another noted, "I was absolutely petrified standing up in a classroom as a newly qualified tutor and lecturing. It was very difficult but you get used to it after a while."

Evidently, this fear was experienced by some participants as a direct result of low self-confidence in their ability to perform their role successfully. One participant's fear was evident when she described experiencing a fear of failure, and not being able to fulfil her role as lecturer. Fear of the unknown, and not knowing what to expect, or what exactly the role of a nurse lecturer entailed, was also described as follows:

I suppose a hindrance is my own fear, my own self-confidence. I was really nervous that I wouldn't be able to do a good job. I had a lot of anxiety in the first year of lecturing because I didn't know what to expect. It was really the fear of the unknown.

Also apparent was that some novice lecturers felt a degree of pressure both from themselves and from their colleagues, to instinctively know how to do their job after having completed an educational course to become a nurse lecturer. For example, one stated:

I think the expectations were quite high and you were left high and dry with that...It's expected that you know...there is this expectation that you have just completed a course for teaching so of course you know what to do.

Some negative feelings were due to the fact that these lecturers were no longer in clinical practice, where they had functioned as nurses and had been extremely familiar with their environment and role. They now found themselves in a new and unfamiliar environment and role. Many felt a loss for the clinical environment and especially the patient contact they had left behind. This was expressed as follows:

It was very different. The whole of my career has been working in clinical practice and doing shift work. The big change was that you weren't working with patients anymore, even though it is the career that I intend to

pursue, in education, that was quite difficult to come to terms with, that I wouldn't be in contact with patients. It's like your students are your patients now.

Negativity towards the role transition changed to a positive one as participants gained more experience in the art of lecturing and becoming familiar with the environment and institution in which they were now working. In addition, talking to colleagues and to other novice nurse lecturers about their experiences, as well as developing coping strategies, also aided their transition. One participant commented, "I would say the biggest thing was talking to people who were experienced teachers and looking to them for guidance."

Despite earlier reports of stress and anxiety, when looking at the change from an overall perspective, on the whole, participants felt that the transition had been a positive experience.

Educational Preparation for the Role

With regard to the educational preparation participants received, the tutoring they obtained prior to beginning nurse lecturer, was of some benefit. However, issues were reported about inadequate practical application of theoretical content to classroom teaching, and under-preparation for the administrative role of lecturer. One respondent noted:

The course I had completed helped a great deal with regard to preparing lectures and presenting lectures, so the support from that, if you like, from the actual education was beneficial. Without educational preparation I would be completely hopeless.

However, while a formal educational course prepared these nurse lecturers for the theoretical aspect of their role, they felt they were deficient and unprepared for the practical side of teaching and their administrative role, as expressed below:

The only thing that I feel that I hadn't been prepared for was perhaps the amount of paperwork, and the marking of exam papers. I suddenly realized that there was so much administration linked around courses, and the whole process of trying to manage that administration, trying to keep on top of what was needed to manage a course, and I found that huge work.

Interestingly, participants felt that after completing an educational course to enable them to become nurse lecturers, they evolved as persons, changing the way they thought, and feeling more confident in their new role, as stated in following example:

My confidence has grown immensely...it has helped me to evolve in a very short period of time...I have grown so much as a person and in confidence...it gave me the theoretical grounding to feel confident to walk into the classroom.

In summary, the focus of this theme was on the educational preparation participants received in order to equip them for their role as nurse lecturers. Overall, participants felt their educational preparation had been of benefit to them. However, there were inadequacies reported such as marking essays and assignments, and insufficient preparation for the administrative role of lecturer. Nonetheless, generally, all participants rated their educational preparation favourably.

Actual and Potential Support Structures Available

Collegial support was identified as most important to their transition. Five of the six participants expressed the desire for support of a mentor during the initial stage of transition, while only one actually had this support. Participant support was expressed as follows:

The one thing that really helped was all my colleagues around me. They came up to me and made me understand that they were there and I could just go and ask them for help and that was good...the support of the people around you is really essential.

In addition, participants commented that heads of departments were a great source of support during their transition, as cited in the following comment:

Where I work, the head of department there has lots of experience, and I did find throughout that she was very helpful in directing me and there's definitely an open door policy there in that if you had any difficulties you could just walk in.

When questioned about other factors these participants would have liked to have available to them, all expressed the desire for a mentoring programme to be established, to guide and orientate new staff. The following comments were noted:

Initially when I started there would have been thirty different nurse lecturers working in the department and what I would have liked is if I had been partnered up with somebody or preceptored by somebody...I definitely think it would have helped ... some kind of buddying system would have assisted.

Having a mentor would have been really useful. Because I felt that there was no one person there to answer questions, you were asking all different people and if you had a mentor that has gone through the experience and had been there for a while you would have that one to one support, you wouldn't have been uncomfortable asking all different people. I think it would have lessened my anxieties.

Additional suggestions such as spending time in the environment, and observing the role of a lecturer before beginning their role as lecturer, and receiving more progress reports from senior staff, would have eased the transition for some of the participants.

Hindering Factors of the Role

After discussing the factors which assisted in the transition from clinician to educator, participants were asked whether they had encountered any factors that hindered their development or role transition. They identified lack of confidence in their teaching ability, being burdened with a heavy workload, inadequate amounts of time, and orientation to their new role and to the university structure, as affecting their role development. The heavy workload of lecturer has been reported as a difficult coping obstacle for new lecturers. Many of the current participants expressed that this huge workload had a negative impact on their transition, as follows: "I suppose the increased workload was difficult...it was a lot more than I was used to because it was all totally new, the increased workload." Another replied: "The other thing is the workload. You know you have loads to do; it's a different kind of workload and a different type of stress".

Others reported difficulties experienced in organizing this workload and having to deal with a new found independence:

I suppose the hardest thing was trying to organize my schedule...I found trying to organize my own time very difficult in the beginning. You do an awful lot on your own, and you have to be completely motivated with what you are doing...because for long periods of time you are working in an office on your own doing your own thing.

Time also appeared to be an obstacle encountered by participants. When they were questioned about hindering factors that were experienced, comments were made such as:

Being inexperienced in preparing lectures took me a lot longer than it would an experienced lecturer to prepare the material. I found time a big thing from the beginning for me, to make sure that what you were delivering was appropriate, current, up to date and relevant.

All participants reported that they received very little orientation to their new role and/or to the university environment and structure. When probed further about this issue, the following was voiced:

I wasn't orientated to the position as such. There was no formal orientation into the position and what was expected of you. I was given a key for an office, and shown where the classrooms were and the library and that's it. It would be good to be orientated, but no, generally no, it didn't happen.

There were many factors which affected the role transition of these participants, particularly during the initial stages. All identified time as a barrier to role implementation, as well as hindering factors such as low self-confidence in their ability to do the job, a large workload, and inadequate orientation to both the role of the lecturer and the university structure.

Overall Transition Experience

After discussing the highs and lows of role transition from clinical nurse to nurse lecturer, participants were asked whether the overall transition had been a positive experience for them. Remarkably, despite having criticisms of the role transition, they noted that in general, the transition had been a challenging but favourable experience. One replied:

It was a good experience but there were pitfalls and anxieties and apprehension, but I think now, two years down the line, I think I have made the right decision and I am looking forward to more challenges even though the responsibility is increasing day by day.

Another explained:

Yes, I am definitely happy I have made the move, but two years on I don't think that I know everything, and I certainly think I still have an awful lot to learn, and it hasn't been without its glitches, but it's where I wanted to go and most people have been supportive. Yes it was fairly positive.

Of note, was that participants specifically mentioned the transition was a positive experience from the point of view of leaving behind a chaotic clinical area, to a more structured, flexible academic environment. This was expressed, below:

Yes, I certainly feel the transition was a good thing to do in the first place, because I was coming from chaos to a somewhat structured area which is definitely what I was looking for. I didn't have a bad experience at all, and I think I got into it smoothly. And the support of the people around you is essential. I think I have learned that if I have anybody new coming up to

you, I would certainly help them. They were good role models and I think I would do the same.

Despite earlier reports of stress and anxiety, when looking at the overall picture of change in career pathway, the participants felt the transition was a positive experience. Some commented they were happy to be leaving the clinical area behind, and move to an academic climate.

DISCUSSION

Generally, findings from the literature indicate that role transition from clinician to educator is a stressful and daunting journey. Brown and Olshansky (1997) observed that transitions are commonly associated with stress, upheaval, and disruption, while Maben and Macleod Clarke (1998) note that new workers find themselves in reality shock when faced with a novel situation for which they had apparently been prepared, but found they were not. Transitions are reported to cause upheaval and disruption, evoke negative feelings, and cause individuals to feel frightened and daunted (Brown & Olshansky; Maben & Macleod Clarke). The findings of the present study are quite similar.

Kavoosi, Elman, and Mauch (1995) found that nurse educators commonly undergo a period of uncertainty as they begin a new academic role. A period of uncertainty was also evident in this study, as participants questioned whether they had made the correct decision in leaving the clinical area to become nurse lecturers. Despite work settings with different organizational cultures and structures, with personal, professional and institutional support, and appropriate academic credentials to advance within higher education and the profession, these novice nurse educators should become more comfortable and experienced in their new role.

In Benner's (1984) novice to expert model, it is proposed that in the acquisition and development of a skill, an individual passes through five levels of proficiency: novice, advanced beginner, competent, proficient, and expert. This model, which offers a practical guide to support transition through nurses' developmental stages, can be applied to the transitional and professional development of nurse lecturers, again from the stages of novice to expert educator. In stage one, the novice practitioner, can be construed as the new lecturer who has recently entered into the world of academia. Novice lecturers have no previous experience in this role, and according to Benner (2001), any individual entering into a new setting with no previous experience is at the novice level of performance, if the goals or roles are different. In Siler and Kleiner's

(2001) study of novice nurse lecturer's expectations of their new roles, they found that "although all participants were experienced nurses, their academic preparation and clinical expertise did not provide them with an understanding of the faculty role" (p.399). However, from the current study, it was anticipated that with time and experience in the role of nurse lecturer, these novices should be able to advance personally and professionally, and gain competence to become proficient lecturers, even reaching expert level.

Much of the recent literature indicates that while transitions are unsettling, this difficult process could be alleviated by formal support structures (Rosser & King, 2003). Furthermore, Amos (2001) professes that key elements in assisting persons during role transition are support and supervision. Glen and Waddington (1998), on the otherhand, posit that individuals who develop personally and professionally during transition are able to adapt and respond to environmental demands or can manipulate the environment to meet personal needs. These authors conclude that for successful transition to occur, individuals must be adequately prepared and informed of the job expectations and demands, prior to the role transition.

Adequate educational preparation for the role of nurse lecturer is evident from the literature and findings of this study. Issues such as management of time, heavy workloads, the administrative role of the nurse lecturer should be seriously considered by those who co-ordinate such programmes in Ireland. The participants in this study requested having an appraisal (evaluation) system implemented to obtain feedback on their role performance, and to identify developmental and future goals. This appraisal system should ideally occur with the nurse educator, mentor, and department manager on a biannual basis. Adequate orientation and socialisation to the new role of nurse lecturer, and mentoring system, should be offered to all new lecturing staff, to ease the transition from clinician to lecturer.

CONCLUSION

The aim of this paper was to examine the role transition from clinical nurse to nurse lecturer. This study revealed that overall, participants considered the role transition to have been positive, despite experiencing anxiety and stress in the early stages. They had reported feeling daunted, frightened and stressed by the role transition, which is considered quite natural in the transition process (Bridges, 1995). Their initial negative feelings and experiences encountered, decreased as they accepted their role change, gained experience in the new role, and became more familiar with their new environment. One might conclude,

therefore, that over time, these nurse lecturers and others will understand more about the expectations and demands of university life, and develop necessary coping skills and de-stressors to face adverse conditions.

REFERENCES

- Amos, D. (2001). An evaluation of staff nurse role transition. *Nursing Standard*, 16, 36-41.
- Benner, P. (1984). *From novice to expert. Excellence and power in clinical nursing practice*. California: Addison-Wesley.
- Benner, P. (2001). *From novice to expert. Excellence and power in clinical nursing practice*. New Jersey: Prentice Hall Health.
- Bridges, W. (1995). *Managing transitions. Making the most of change*. London: Nicholan Brealey Publishing.
- Brown, M., & Olshansky, E. (1997). From limbo to legitimacy: A theoretical model of the transition to the primary care nurse practitioner role. *Nursing Research*, 46, 46-51.
- Burnard, P., & Chapman, C. (1990). *Nurse education: The way forward*. London: Scutari Press.
- Byrne, M. (2001). Understanding life experiences through a phenomenological approach to research. *AORN Online*, 73(4), 830-832.
- Denzin, N. K., & Lincoln, Y. S. (1994). *Handbook of qualitative research*. California: Sage Publications.
- Fealy, G. A. (2005). *History of apprenticeship nurse training in Ireland*. London: Routledge.
- Geerish, K. (2000). Still fumbling along? A comparative study of the newly qualified nurse's perception of the transition from student to qualified nurse. *Journal of Advanced Nursing*, 32(2), 473-480.
- Glen, S., & Waddington, K. (1998). Role transition from staff nurse to clinical nurse specialist: A case study. *Journal of Clinical Nursing*, 7, 283-290.
- Harri, M. (1996). "I love my work, but"...the "best" and the "worst" in nurse educators' working line in Finland. *Journal of Advanced Nursing*, 23 (6), 1098-1109.
- Holmes, T. H., & Rahe, R. H. (1967). The social adjustment rating scale. *Journal of Psychosomatic Research*, 11, 213-218.
- Kavoosi, M. C., Elman, N. S., & Mauch, J. E. (1995). Faculty mentoring and administrative support in schools of nursing. *Journal of Nursing Education*, 34(9), 419-425.
- Kelly, C. M. (2002). Investing in the future of nursing education: A cry for action. *Nursing Education Perspectives*, 23, 24-29.

- Leininger, M. M. (1985). *Qualitative research methods in nursing*. Philadelphia: W. B. Saunders Company.
- Maben, J., & Macleod Clarke, J. (1998). Project 2000 diplomates' perceptions of their experiences of transition from student to staff nurse. *Journal of Clinical Nursing*, 7, 145-153.
- NEATE (1998). *Nurse education and training evaluation in Ireland. Independent external evaluation. Final report*. Southampton: University of Southampton.
- Robson, C. (2002). *Real world research*. Oxford, U.K: Blackwell Publishing Limited.
- Rosser, M., & King, L. (2003). Transition experiences of qualified nurses moving into hospice nursing. *Journal of Advanced Nursing*, 43, 206-215.
- Siler, B. B., & Kleiner, C. (2001). Novice faculty: Encountering expectations in academia. *Journal of Nursing Education*, 40, 397-403.
- The Commission on Nursing (1998). *Report of the Commission on Nursing. A blueprint for the future*. Government of Ireland. The Stationary Office: Dublin.