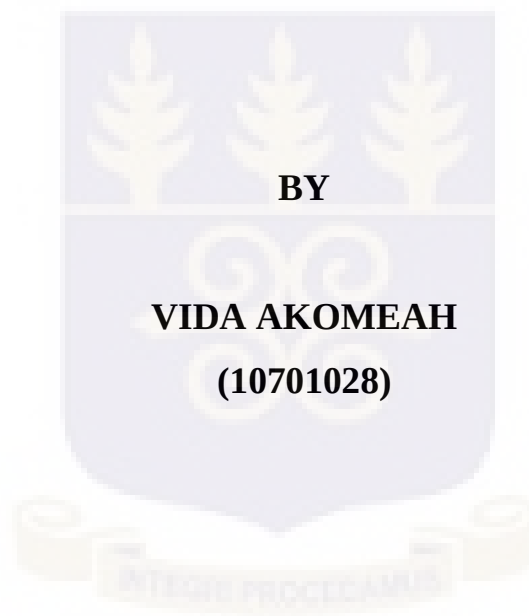


**SCHOOL OF NURSING AND MIDWIFERY
COLLEGE OF HEALTH SCIENCES
UNIVERSITY OF GHANA**

**TRANSITIONAL EXPERIENCES OF NEW NURSE EDUCATORS IN
THE EASTERN REGION OF GHANA**



**THIS THESIS IS SUBMITTED TO THE UNIVERSITY OF GHANA,
LEGON IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR
THE AWARD OF MPhil NURSING DEGREE**

OCTOBER 2020

DECLARATION

This is to certify that this thesis is the results of a research undertaken by Vida Akomeah towards the Award of Master of Philosophy Degree in Nursing at the School of Nursing and Midwifery, University of Ghana.



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ABSTRACT

The transitioning of a clinical nurse expert to a new nurse educator comes with a new experience of different roles, responsibilities, and prospects. The nurse educator role is challenging to the new nurse educators and even more so when preparation, mentorship, orientation and support are lacking or ineffective. New nurse educators who enter the academic environment are expected to demonstrate knowledge of both the clinical and classroom environment. Such an expectation creates anxiety, role ambiguity, role strain, stress and frustration. This study sought to explore the experiences of new nurse educators as they pursue their academic goals. A qualitative exploratory descriptive design was used. Eleven full time new nurse educators who have been teaching for at most two years were purposively sampled from the Nursing and Midwifery Training Schools in the Eastern Region of Ghana. A semi-structured interview guide was used to collect the data and the analysis was done using Braun and Clarke's phases of thematic analysis (Braun & Clarke, 2013). The five themes (5) that emerged from the data were: expectations of new nurse educators, challenges of new nurse educators, information seeking strategies, identity formation strategies and adaptation strategies. The findings of the study revealed that new nurse educators had to deal with numerous challenges such as learning to teach without any formal preparation, poor mentorship and orientation programmes, stressful workload, unclear job description and lack of pedagogical knowledge. The study recommends that nursing education should focus on creation of structured mentorship, orientation, teacher preparation and faculty development programmes at Nursing and Midwifery Training Schools.

DEDICATION

I dedicate this work to my amazing daughter, Nhyira, for her presence wherever I went during proposal writing and data collection stages as I was heavily pregnant with her.

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LIST OF ABBREVIATIONS

BON:	Board of Nursing
CHAG:	Christian Health Association of Ghana
CINAHL:	Cumulative Index of Nursing and Allied Health Literature
COHETI:	Conference of Heads of Health Training Institutions
HETAG:	Health Education Teachers Association of Ghana
HTIS:	Health Training Institutions Secretariat
MOH:	Ministry of Health
NEG:	Nurse Educators' Group
NET:	Nurse Educator Transition
NMC:	Nurses and Midwifery Council
NMTC:	Nursing and Midwifery Training School
NTC:	Nursing Training College
PGDE:	Post Graduate Diploma in Education
UCC:	University of Cape Coast
WHO:	World Health Organization

CHAPTER ONE

INTRODUCTION

This chapter presents the background to the study, the problem statement, the purpose of the study, the objectives of the study, the significance of the study and the operational definitions of the terms used in the study.

1.1 Background to the Study

Clinical nurse experts are excited to contribute to the training of future professional nurses, believing they are equipped with clinical skills and knowledge to assist students' learning (Jetha, Boschma, & Clauson, 2016). But their transition to new nurse educator role comes with a new set of expectations, roles, regulations, and competencies that clinical nurse experts are not accustomed to prior to accepting their new roles (McAllister, Opreescu, & Jones, 2014; Tucker, 2016). Clinical nurses experience challenges transitioning to the nurse educator role. These make working with students in the classroom stressful for the new nurse educator (Link, 2020). Unfortunately, not all new nurse educators recruited into nursing education have educational expertise and many struggle in their new role (Grassley & Lambe, 2015; Luoma, 2013; Paul, 2015; Schaar, Titzer, & Beckham, 2015). Although it is necessary to have clinical expertise, effective teaching involves experiences and skills related to instructional design and learning, as well as educational environment.

Institutions are implementing processes and structures to support the clinical nurse transition to nurse educator role, and to successfully fit into the new role (Jetha et al., 2016). Most times, new nurse educators transitioning to academia lack teaching experience, mentorship, and support. This makes them unprepared and overwhelmed with their new roles and responsibilities, which questions their ability to perform (Heydari, Hosseini, & Moonaghi, 2015; Owens, 2017; Summers, 2017). The lack of preparation of nurse educators adds to poor student feat and graduate nurse outcomes as well as high attrition rates for

students and nurse educators (McDermid et al., 2018; Owens, 2017; Paul, 2015; Summers, 2017). To resolve these difficulties, clinical nurses transitioning to nurse educators should have their new roles well-defined and purposely developed to the specific skills needed for the role (Owens, 2017; Summers, 2017).

New nurse educators have many multiple roles, which include facilitating learning in both the classroom and in clinical simulation, facilitating learner development and socialization, and using assessment and evaluation strategies. Additionally, new nurse educators participate in curriculum plan and evaluation of programme outcomes. They also function as role models and leaders, as well as undertaking quality improvement courses in nursing education, research, and community service (Sodidi & Jardien-Baboo, 2020). These multiple roles have been reported to create frustration, role strain and high turnover within the first few years of teaching for new nurse educators (Carr, 2019; Cranford, 2013). New nurse educators experience organizational structures that demand a formation of a new identity, which suggests a need for mentorship and orientation programmes (Bath, Lucas, & Ward, 2017; Jetha et al., 2016; Logan, Gallimore, & Jordan, 2016; Mann & De Gagne, 2017).

Transitions are normal and experienced worldwide, which have been deliberate and described in various disciplines and professions (Meleis, 2010). Schlossberg (1997) defined transition as any event that causes change in social networks, assumptions, behaviours, routines, and roles. Meleis (2010) added that the transitional process involves acquisition of new knowledge, change in social status and relations. Change in self-identity and role occurs simultaneously, as clinical nurses move to an environment where the know how to perform their jobs competently to a career path is significantly different (Sorrell & Cangelosi, 2015). Subsequently, the change may result in a feeling of anxiety, unsteadiness, identity conflict, and reality shock. As nursing education recruit clinical nurses whose training lack formal

teaching experience, there is the need to support them with a comprehensive orientation to the mission, vision and the schools' programme, during the transitional period (Goodrich, 2014).

The transition period is significant in the development of the new nurse educator's knowledge and skills and plays an important role in influencing professional development (Carr, 2019). Anderson (2009) studied the work role transition of expert clinician to novice academic educator and likened the experience to a river. Anderson identified six patterns, which include sitting on the shore, splashing in the shallows, drowning, threading in the water, beginning strokes, and throughout the water. The first pattern depicts a time of entering the academic setting, which signifies change and loss of expert role. The second pattern is observation. This is like a honeymoon experience. The reality phase characterizes the third pattern, while the fourth pattern involves adjusting to the new role and the environment. The fifth pattern describes regaining comfort, whereas the sixth stage involves complete integration into the new role. This narration (Anderson, 2009) from a decade ago gives a real view of how difficult transition from nursing practice to academia can be. Since Anderson's work, many authors have highlighted the experiences of new nurse educators in many countries (Brown & Sorrell, 2017; Woytowicz, 2018).

In developed countries, studies have shown that clinical nurses face challenging and possibly traumatic situations transitioning to academia (Brown & Sorrell, 2017; Goodrich, 2014; Hinderer, Jarosinski, Seldomridge, & Reid, 2016). For instance, Schoening (2013) identified that new nurse educators go through a period of uncertainties and stress, professional identity issues, educator-student relationship issues, and heavy workload. Similarly, Brown and Sorrell (2017) discovered transitional challenges as lack of mentorship and information to the new role. These challenges also emanate from lack of pedagogical skills and formal preparation (Carr, 2019; Cooley & De Gagne, 2016; Duffy,

2013). As a result of the challenges experienced by new nurse educators, the World Health Organization prescribed that to obtain the title of a nurse educator, there are conditions to be met; these conditions include satisfactory completion of a recognized nursing education programme, have legal recognition for nursing practice, two years' clinical experience and a formal teaching preparation (WHO, 2016).

Several studies in developed countries have shown that comprehensive orientation, mentorship, socialization, and professional development programmes are key approaches that support and increase the competence of new nurse educators in their ability to fulfil their role expectations (Hunter & Hayter, 2019; McDermid, Peters, Daly, & Jackson, 2016; Weidman, 2013). A successful transition is beneficial to adequately prepare and support new nurse educators as they transition into academia to increase job satisfaction, retention, and empower them to become experienced and well-rounded educators (DeRosa, 2016; Roughton, 2013). Similarly, self-directed educational and mentorship (SEM) programme supports clinical nurse transition from a novice to a confident educator (Sheppard-Law, Curtis, Bancroft, Smith, & Fernandez, 2018).

Unfortunately, difficult transition may discourage new nurse educators from developing professional confidence that leads to expertise in the role (Bagley, Hoppe, Brenner, & Weir, 2018; Nguyen, 2016; Paul, 2015). Unsuccessful transition may occur when new nurse educators have unclear role expectations (Whitehead, 2015). This contributes to role ambiguity, which results in role strain, role conflict, role dissatisfaction, and attrition (Bittner & O'connor, 2012; Nardi & Gyurko, 2013; Paul, 2015; Whitehead, 2015). Consequently, nurse educators may fail to impart expert clinical knowledge to the next generation of nurses (Summers, 2017).

In South Africa, Armstrong and Rispe (2015) established that new nurse educators are not adequately prepared to face their new role. Mulaudzi, Daniels, Direko, and Uys

(2012) assert that orientation for novice nurse educators to academic setting and new tasks was inadequate for novice nurse educators to meet role expectations. Again, Sodidi (2018) found that new nurse educators have negative experiences in the first year of teaching practice due to lack of mentorship.

In Ghana, not much is known about the transition experiences of new nurse educators. The gap in clinical nurses transitioning to nurse educators is still unresolved. The nurse educator finds it challenging to adequately perform the role in achieving a prescribed expectation, intrinsically and extrinsically. New nurse educators move to academia with minimal guidance and less formal teaching experience in pedagogical skills, thus, it is imperative to understand the experiences of new nurse educators in Ghana and to provide support for their transition. This is exactly what this current study seeks to achieve.

1.2 Statement of the Problem

New nurse educators face a lot of challenges when transitioning from clinical nurse. The challenges are more when preparation, orientation policies and mentorship is lacking (Schoening, 2013). The transition causes tremendous role strain, role ambiguity, anxiety and identity issues, which may decrease satisfaction in the role and increase turnover (Goodrich, 2014; Tucker, 2016). It is therefore important to outline competencies that are required for nurse educators to offer a foundation for achieving nursing education excellence. In maintaining nurse educators, it is essential to prepare them adequately for their new role in nursing education.

The experience of the researcher as a nurse educator, who transitioned from a clinical nurse, suggests that the transition requires different competencies, knowledge, preparation, support and expectations. New nurse educators are left on their own to practice after recruitment into the various Nursing and Midwifery Training Schools. The new nurse educators who have little pedagogical knowledge and skills tend to learn to teach by trial

and error and imitation. Though new nurse educators start their role at an advanced beginner proficiency level, they are not experts. There is the need for formal preparation, orientation, clear job description, guidance and mentorship (Benner, 1984).

Despite the abundance of information and literature on the transitional experiences of novice nurse educators, there still exists a gap in knowledge about transition of new nurse educators in the Ghanaian context. In addition, most of the studies were conducted in high-income countries such as the United Kingdom, USA, Canada, Australia, China, and Japan, which may not be fully applicable to a lower middle-income country like Ghana. It is evident that poor transition poses a risk to effective teaching and learning of nursing and by extension practice in the country. It is, therefore, essential to conduct this current study to explore the transitional experience of new nurse educators and explicitly interpret their journey as nurse educators in Ghana's Eastern Region using The Nurse Educator Transition (NET) Model by Anne Schoening (2013) as a conceptual framework.

1.3 The Purpose of the Study

The purpose of this study is to explore the transitional experience of new nurse educators from the clinical setting to academia in Nursing and Midwifery Training Schools in the Eastern Region of Ghana.

1.4 Objectives of the Study

The objectives of the study are to:

1. describe the expectations of new nurse educators in their new role in academia.
2. identify the challenges of the nurse educator in the disorientation phase.
3. elicit information seeking strategies used by the new nurse educators.
4. ascertain the identity formation strategies of the nurse educator.

1.5 Research Questions

The following questions are outlined to guide the study.

1. What are the expectations of new nurse educators in their new role in academia?
2. What are the challenges of the nurse educator during the disorientation phase?
3. What are the information seeking strategies of the new nurse educators?
4. What are the strategies used to develop new identity as nurse educators?

1.6 Significance of the Study

The outcome of the study will help uncover the experiences of nurse educators transitioning from clinical practice to academia. The outcome would generate knowledge and strategies to improve human resource retention in training institutions. The results would unearth better understanding of role transitional experiences from clinical practice to academia.

The transitional experience of the new nurse educator is imperative to the development of strategies to help those who are making the transition. Successful and healthy transitional experiences will help address transitional challenges as well as ensure the effective delivery of the nursing programme to produce quality nurses in the country. The findings would also provide the basis for future research on the transitional experience of nurse educators in Ghana. Finally, the knowledge generated will help stakeholders to develop strategies that will prepare new nurse educators to be better informed about supports for effective role transition.

1.7 Operational Definitions of Terms

For the purpose of this study, the following key terms used have been defined as:

Table 1.1: Operational Definitions

TERMS	CONCEPTUAL DEFINITION	OPERATIONAL DEFINITION
New nurse educator	New nurse educator is a nurse who has satisfactorily completed a recognized nursing education programme, have legal recognition for nursing practice, with two years' clinical experience and a formal teaching preparation (WHO, 2016). A nurse who facilitates learning through curriculum design, teaching, and implement appropriate evaluation and assessment methods in an academic institution (Fitzgerald, McNelis, & Billings, 2020).	New nurse educator is a nurse who transitioned from the clinical setting to the classroom with less than two years full-time teaching appointment in a diploma-accredited school of nursing and midwifery training school and has at least a bachelor's degree in nursing.
Transition	Transition is a change from a stable state to another fairly stable state and it is characterized by dynamic stages that differ, turning points and milestones that can be defined through procedures (Meleis, 2010).	A period during which the new nurse educator moves from the clinical setting to academia and undergoes a process of learning and adjustment to a new role, culture and the environment of a training institution.
Experiences	Experiences are events that happened to an individual, influencing the way he or she thinks and behaves (Silins, 2015)	Experiences are the events the new nurse educator goes through that influence his/her teaching, thoughts and behavior in a training institution.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter focuses on the review of relevant literature to the subject of interest and the conceptual framework that guides the study. In relation to the goal of the study, this chapter highlights scholarly works on the transitional experiences of new nurse educators. Electronic databases that were used in this study included ‘Sage’, ‘Science Direct’, ‘PUBMED’, ‘ERIC’, ‘EBSCO’, ‘Google Scholar’, ‘Wiley Online Library’, ‘CINAHL’, and ‘Medline. Search keywords used were “novice nurse educator”, “nurse educator transition experiences”, “new nurse educator”, and new nurse educator transition experiences. Some of the relevant areas reviewed in this chapter include the conceptual framework that guides the study, expectations of new nurse educators in the new role, challenges faced by new nurse educators, information seeking strategies used by new educators, and identity formation strategies used by new educators.

2.1 Conceptual Framework- Nurse Educator Transition (NET) Model

In the search for a conceptual framework to guide the study, the study discusses several models of transition by Meleis (2010), Bridges (2004), Schlossberg (1997) and Schoening (2013). Meleis (2010) identified three primary types of transitions in nursing: developmental, situational, and health- illness. Bridges (2004) provided a clear description of transitions as the psychological adjustment to the change that is more complex and often involves a reorientation to who we are and how we see our identity. Moreover, Schlossberg (2008) categorises transitions into two segments; eventful and non-eventful transitions. He defined transition based on the occurrence of any event that results in change in expectations about one’s self and the world and a corresponding change in one’s behaviour and relationships. According to Schlossberg, major transitions are those that alter an individual’s

roles, relationships, practices, and expectations. Despite the usefulness of these models, their constructs did not explicitly explain the nurse educator transition. Therefore, the Nurse Educator Transition (NET) Model by Schoening (2013) was selected after a strict scrutiny of the constructs of the model.

The NET Model addresses specifically the transition of a clinical nurse to a nurse educator. The NET Model provides a solid base for exploring the transitional experience of clinical nurses from practice to education. This model outlines four phases in the role transition from clinical nurse to nurse educator; The Anticipatory/ Expectation Phase, The Disorientation Phase, The Information Seeking Phase, and The Identity Formation Phase.

Schoening (2009) examined nurse educators who taught in baccalaureate nursing programmes in the Midwest in the United States with the purpose of generating a theory that describes the process of how nurses make the transition to nurse educator. Her analogy of this role transition was a journey with “no roadmap” and “no guide.” The participants described their faculty experiences as unfamiliar and they identified fear of failure, change in identity, student boundary issues, and time constraints. The participants who successfully made the role transition from nurse to educator attributed their success to being self-directed as they sought peer mentors and found needed information. Schoening (2009) defined successful transition as “feeling like a teacher and thinking like a teacher.”

A rising number of scholars have used Schoening’s NET Model as their conceptual framework or referenced the findings in their studies (Harvey, 2020; Kersey, 2012; Owens, 2017; Shapiro, 2018; Wilson, 2017). Owen (2017) studied the role transition phenomenon of part-time nursing faculty in a 2-year nursing programme using a qualitative design. Findings from the study indicated that part-time instructors lack support and knowledge for a successful transition. Owen’s study also found that nursing faculty use their previous

learning experiences and skills to facilitate their transition into the educator role. The study recommended support for the novice instructors to transition successfully.

In a qualitative phenomenological study, Kersey (2012) explored the lived experience of nurses who have transitioned into the educator role as community college nursing faculty, using the NET Model as a conceptual framework. Nine (9) nursing faculties who are in their early stages of their career in Southern California community colleges were interviewed. The study found that the novice nursing faculties experienced all the four phases of the NET Model.

According to Schoening (2013), the anticipatory phase marks the beginning of the new nurse educator transition, which denotes by positive feelings. This phase presents an exciting time of starting a new career path. The nurse enters the field anticipating a difference in the profession by influencing the next generation of nurses with her clinical knowledge and gaining scholarship for self-development. The novice nurse educators are excited at this phase to impart their years of experience to their students by supporting them and showing them the “ropes” of nursing practice. The nurse enters this phase with the following expectations: positive student encounters, a more flexible work schedule in academia and career progression in the educational setting. When the environment does not offer the expected outcome, it leads to the second phase.

The second phase of the NET Model (the disorientation phase) is a period characterized by confusion that starts when the nurse has been employed in an educational setting and begins to work as a nurse educator. This phase is usually associated with absence of mentorship, orientation, policies, procedure and structure. The disorientation phase denotes role ambiguity due to lack of socialization to the new role. Role ambiguity results from moving from an expert clinical nurse to a novice nurse educator. The disorientation also results from the lack of pedagogical skills and curricula knowledge to teach (Schoening,

2013). Again, the disorientation phase in the NET Model is a downward movement characterized by negative feelings from the positive anticipation /expectation phase. Guidance is sought from peers and other avenues to help the nurse get back into the perception and goal that led to the inception of the educator. To reorient into the academia, the third phase is needed.

The third phase of the NET Model is the information-seeking phase. It is a period the novice nurse educator is self-directed to seek out information on their own through formal or informal means such as fact finding, peer mentoring, taking advantage of faculty development activities and learning how to teach. In this phase, the novice nurse educators begin to educate themselves on their own in a bid to become better educators. A lack of guidance and fear of failure at this stage makes the novice nurse educator to over-prepare for instructions because they are uncertain of the students' level of knowledge and fear of not having answers to students' questions. Through the formal and informal activities, the new nurse educator acquires information to develop the self, which leads to the next phase.

The identity formation phase forms the final phase of the nurse educator transition. During this phase, the nurse educator merges the previously held nursing identity with the new educator identity to develop the self. The strategies established by the nurse educator are to establish boundaries with students and to discuss the differences in the nurse-patient and teacher-student relationships. They also build on their nursing knowledge and pedagogical skills through faculty development activities, clinical training and study in order to develop their own teaching style.

Schoening's NET model offers an understanding of the process of transitioning from clinical nurses to nurse educators and practical solutions when incorporated can guide and support nursing school administrators as they endeavor to reduce or remove the disorientation phase of transition. Schoening (2013) suggested emerging strategies, such as

incorporating pedagogical principles into the curriculum of nursing programmes, staff development policies for novice nurse educators, and the improvement of mentoring and orientation programmes.

Schoening's NET Model informed the conceptual framework of the current study. This model explored the expectations of new nurse educators in the expectation phase. The challenges of new nurse educator were identified in the disorientation phase, as well as the strategies used to seek information. Finally, as the new nurse educators form new identities, it was important to elicit the strategies they used to form their identities. The use of NET Model provides insight into the experiences of the new nurse educators. Figure 1 shows the diagrammatic presentation of the NET Model.

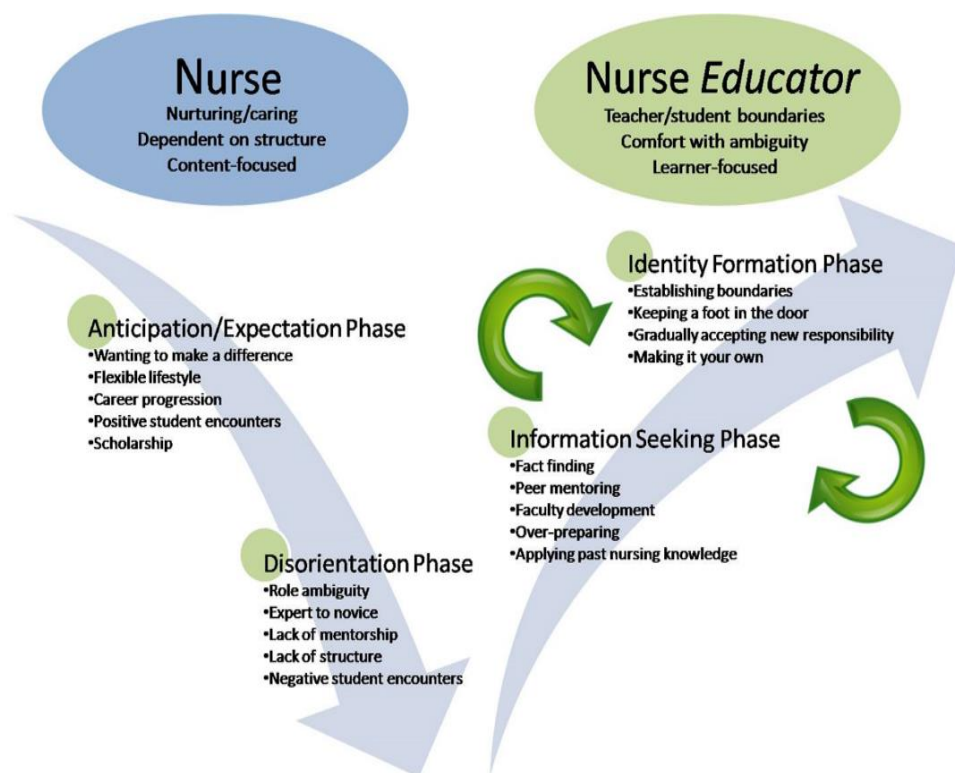


Figure 2.1: Nurse Educator Transition (NET) Model (Schoening, 2013).

2.2 Expectations of the New Nurse Educators

New nurse educators are clinical nurse experts who teach nursing students and have less than three years teaching experience (Kumi-Yeboah & James, 2012). These clinical

nurses go through a process as they transition from an expert role as clinicians to a new nurse educator role as teachers which demands different skill sets (Woytowicz, 2018). The clinical nurse experts advance their education to join academia with a reservoir of expectations for themselves and the integrating system, which is the school (WHO, 2016). As posited by Schoening (2013), the nurse enters the new turf expecting to make a difference by influencing future generation of nurses with clinical expertise.

Many scholars over the years have identified some expectations of new nurse educators. Evans (2018) in an online study of 940 participants in the United States of America revealed the expectations of new nurse educators which included opportunities to work with students, impart knowledge to students, and to influence the future of the profession. Similarly, Weidman (2013) conducted a phenomenological study to explore the transitional experiences of novice nurse educators. The participants included eight (8) novice nurse educators with less than two (2) years of experience in their teaching roles. The results indicated that the expectations of novice nurse educators were to teach and impart their wealth of clinical knowledge to nursing students. The study revealed that new nurse educators have rich clinical experience to share with upcoming nursing students in order to bring a change in patient care and the profession.

Again, Laurencelle et al. (2016) in a qualitative study sampled fifteen (15) nurse educators from universities in Western Canada to explore their lived experiences. The inclusion criteria included nurse educators teaching in a bachelors' or a graduate nursing programme. Their findings revealed a central theme that was considered as the meaning of being a nurse educator. This theme revealed the expectations of nurse educators. The expectations were teaching students, seeing students learn to become professional nurses, and contributing effectively to the profession. The study also revealed that the career goal of nurse educators was moving to academia. In view of this, the nurse educators enjoyed

educating student nurses as part of their clinical practice and wanted to pursue it further. This suggests that nurse educators are gatekeepers to the nursing profession and can make a difference in the professional lives of students, which will ultimately influence the quality of healthcare delivery.

McDermid et al. (2016) also in a qualitative study involving fourteen (14) registered nurses explored the experiences of sessional teachers as they transitioned into full-time academic roles using story-telling approach. The study reports that the expectations of the nurse educators in moving to academia were autonomy and that assisted them make decisions regarding students and practice, ability to make a difference, and be provided with support from their colleagues. The nurse educators had personal expectations which include success in academia and fulfilling the requirement of the educator position. Similarly, DeRosa (2016) found that beginning teachers wanted to impart knowledge to students and impart on their growth. However, DiCicco, Sabella, Jordan, Boney, and Jones (2014) found that beginning teachers who are unable to meet their expectation of imparting knowledge are likely to leave the teaching profession. This implies that when expectations are not met, the new nurse educator is likely to leave nursing education.

Similarly, Bono-Neri (2019) points out that nurse educators expect autonomy and control over practice, which is mostly seen from their distinct teaching preferences and selection of methodologies, evaluation strategies, and influence of student learning. The above findings relating to the expectations of nurse educators reveal their desire to impart knowledge to students, make pertinent decisions regarding teaching methodologies, and control the practice of nursing as well as contribute to the development of the nursing profession. This implies that new nurse educators have positive expectations in the transition phase.

Also, Toll (2020), using a case study design, purposively interviewed six (6) clinical nurse experts on their transitional experience to the Novice Nurse Educator Role. The study revealed the novice nurse educators were expecting to have enough time to prepare and adapt to their role and responsibilities. The study pointed out that learning a new role and performing in the role is a process that requires time. The study also revealed that the unexpected time associated with the transition from clinical expert to novice educator brought about uncertainty, identity issues and hefty workloads. In addition, the study found that novice nurse educators expected that they will be assigned a mentor and that this relationship will ease their transition. However, the reality is that expectations of mentors are not always achieved due to a lack of commonality; some mentors do not teach the same subject or level as the novice and, therefore, cannot support with content issues (DiCicco et al., 2014). This difference may result in educators feeling hesitant to ask for help and feelings of loneliness.

Brown and Sorrell (2017) studied novice nurse educator's transition in a qualitative study. Data collected through review of a Board of Nursing (BON) Self-Study Report, and semi structured interviews. The study discovered that the expectations of novice nurse educators included a flexible work experience, reduced workload, and a balanced work life in academia. Additionally, Woytowicz (2018) found that novice nurse educators were expecting to have a decreased workload and work life balance in academia. The study participants were expecting their new role in academia will only involve teaching and not patient care, which they considered stressful. This suggests flexible work life is a priority of new nurse educators and an attractor of clinical nurses to academia.

Likewise, Holland, Tham, Sheehan, and Cooper (2019) conducted an online survey of the nurse faculty in Australia to assess the impact of perceived workload on nurses' well-being and intention to leave the career. The findings suggest that most clinical nurse

transition to nurse educator anticipate a reduced workload. The study further revealed that participants expected better work balance and family life. Failure to achieve work life balance according to Farber, Payton, and Dorney (2020), have a negative impact on nurse educators general well-being which result in job dissatisfaction.

In Australia, Bartle and Thistlethwaite (2014) carried out a study to explore the motivation for junior doctors to become educators. In analyzing the qualitative data using semi structured interview guide, the findings indicated that the expectations of medical educators were to provide better methods of teaching and to have knowledge in education in the hospital. However, the expectation of the junior doctors in moving into academia was couple with a desire to continue with their clinical roles in the hospital. Berent and Anderko (2011) studied the reasons why nurse educators decide to enter academia and why they choose to stay. Based on participants experience during teacher preparation, the novice educators expected their role in the classroom to be a deliverer of content, without paying much attention to classroom management. Berent and Anderko (2011) also found that nurse educators entered academia to have a sense of self-esteem and expected respect from peers and students.

Similarly, in Iran, Sadeghnezhad and Ghanei Allhosseini (2020) conducted a cross sectional survey on occupational prestige and demographic variables among nurses using a questionnaire. The study found that majority of nurses expected occupational prestige due to their high educational level. The study further indicated that nurse academician demands respect and recognition for their role in nursing education. However, DeRosa (2016) found that novice teachers expecting respect from students experienced reality of shock because the reality is that students sometimes are disrespectful.

Gerolamo, Overcash, McGovern, Roemer, and Bakewell-Sachs (2014) reported on the Nursing Initiative Faculty Preparation Programme implementation and provided

recommendations for thirty-five (35) participants interested in preparing for the nurse faculty role. Entry surveys gathered information about participants' reasons for applying to the programme and their expectations. The study participants recognized the paradigm shift required to integrate clinical content into education tracks and therefore, wanted to pursue a doctoral programme to prepare them for a full-time nurse faculty. The study revealed that the part time nurse faculty was expecting to enroll in a flexible doctoral programme therefore, they could combine with clinical work. Also, the part time nurse faculties were expecting to get scholarships and enroll in a doctoral programme. This suggests that new faculty expectation of pursuing higher education is to develop competencies which are of priority to the new nurse faculty.

Derby-Davis (2014) explored the factors that predicted nursing faculties' job satisfaction and intent to stay in academia in a survey in Florida. The study found that new nurse faculty expected job satisfaction in academia because of motivating factors such as recognition, job responsibility, security, and personal growth in academia. The study further revealed highly educated, and experienced nursing faculty have more intent to stay in academia because they are satisfied with their new career. In addition, the study found that the job satisfaction of faculties was dependent upon factors such as occupational prestige, self-esteem, autonomy at work, and professional development. This suggests career satisfaction in academia influences the intent of new faculties to stay in academia.

Goodrich (2014) investigated the relationships among academic nurse educator's levels of readiness, confidence, personal control, support, perceived independence, general self-esteem, level of locus of control in the work setting in the United States of America. 541 participants completed four self-report electronic surveys. The study revealed novice nurse educators expected financial support in retaining them in academia. Evans (2018) and Ander (2016) also revealed that nurse educators expected financial benefits in academia and

expressed concern regarding the poor salaries in the clinical setting. Both studies reveal that monetary expectations typically drive clinical nurses to seek employment in academia.

However, in an integrative literature review on nursing education challenges and solutions in Sub Saharan Africa, Bvumbwe and Mtshali (2018) discovered that nurse educators ascribed their expectation in academia as non-monetary, and that academia provided more opportunities to build their capacity as nurse educators. The study further revealed that nurse educators wanted scholarship in order to contribute effectively to the growth of the nursing profession. Relatedly, in Nigeria, Salami, Dada, and Adalakun (2016) found that financial incentive is not the main expectation for migration of nurse educators to developed countries but nurse educators wanted to improve professional status and obtain a good education for their children.

In summary, studies in the developed world points that the expectation of new nurse educators in academia can be categorized as personal, teaching responsibilities, administration, and for professional support. However, in Ghana, little is known about the expectations of new nurse educators. The clinical nurse moved to academia for prestige, monetary benefits, flexible work schedule, impart knowledge and to build their capacities. These expectations influence the decision of the nurse to become an educator (Kersey, 2012). DeRosa (2016) also stated that expectations influence satisfaction whereas, career satisfaction also increases retention of new nurse educators.

2.3 Transitional Challenges of New Nurse Educators

The process of transitioning from clinical practice to academia has been studied over the past decades. Research on transitional challenges of new nurse educators have been known to include lack of formal education in pedagogical skills, unrealistic expectations, poor orientation programmes, lack of mentorship, and role ambiguity (Cooley & De Gagne,

2016; Fritz, 2018; Paul, 2015; Schoening, 2013; Whitehead, 2015). Financial constraint such as low remuneration and unfriendly collegial atmosphere leading to poor integration into the academic environment were also found in the literature (Hoffman, 2019; Weidman, 2013). These challenges surface during the disorientation phase of the NET model when the clinical nurse realizes that they are now novice after having been experts in their previous nursing role Schoening (2013).

In a qualitative study, Harvey (2020) identified that new clinical/adjunct instructors face some challenges in their teaching roles in nursing education due to inconsistent orientation practices. The study revealed inconsistencies in orientation as lack of support, preparation, clarity, and poor organization. This resulted in the new clinical instructor feeling frustrated, confused, and isolated in the transitional process. Likewise, Hoffman (2019) explored the lived experiences of clinical nurses as they moved into the nurse faculty role. The study employed a qualitative descriptive design. Participants were purposively sampled from two higher learning establishments in the United States of America. The study revealed challenges with orientation of new nurse faculties as limited, unstructured, and lasting for few minutes. This led to feelings of ambiguity and self-doubt among the new nurse faculty. Similarly, Auseon et al. (2016) found that many novice educators receive jumbled orientation when transitioning into the teaching role. Orientation had deficiencies in the scope, content, and time allocation which led to poor integration of novice nurse educators into the academic culture and environment.

However, Schaar et al. (2015) developed orientation based model for new adjunct clinical faculties in the United States of America. The study reported that transition requires formal orientation programmes that are based on a recognized framework that relates to academic and practice competencies. The findings of the study revealed that adjunct clinical faculty who received orientation are adequately prepared and had lessened role-transition

stressors. Inferring that orientation programmes for new nurse faculties ease some challenges of transition.

Additionally, Toll (2020) conducted a qualitative study in Ohio to examine the perceptions of supports and transition challenges of new nurse educators. The findings revealed the challenges of new nurse educators were lack of clarity and role description to perform their new role. Unclear job description led to an unimaginable workload and prolonged enculturation which affected transition into the new role. Likewise, Ander (2016) revealed that sessional instructors lacked job description to perform their new role. Ander's study found that sessional instructors did not have the information on curriculum, student evaluation and assessment. The lack of role description resulted in prolong enculturation, anxiety, stress and role ambiguity.

Thurgate (2018) conducted a conversational interview at intermittent points in the journey of nineteen (19) assistant practitioners. The author found that transition to assistant practitioner is complex necessitating a change in knowledge and behaviour which requires mentorship. The study revealed availability of mentors to support the assistant practitioners. However, the mentors lacked knowledge and skills to facilitate learning. The mentors were not able to create learning environment and provide structures for arranging and co-ordinating learning activities. Additionally, the mentors lacked expertise to assess learner's knowledge, skills and behaviour and these make it difficult to provide effective feedback. Again, mentors' lack of expertise contributed to uncertainty in the new role and hindered professional role development. This implies that mentors should be experienced nurse educators and formally trained.

Again, Brown and Sorrell (2017) conducted a qualitative case study to address the challenges faced by novice nurse educators in South-Eastern Region of North Carolina. Seven (7) novice nurse educators in an Associate Degree Nursing Programme were

purposely selected. The study confirms the challenges of new nurse educators as lack of mentorship and structured preparation programme to enable new nurse educators settle in their new role. Sousa and Resha (2019) and Shapiro (2018) also espoused that novice nurse educators have lack of formal and informal mentorship. Lack of formal mentorship was mentioned throughout the literature as one major challenge to role transition. The lack of mentorship meant that novice nurse educators were uncertain of their roles, which led to unnecessary errors and an increased workload.

Comparably, Gardner (2014) in a phenomenological study to understand the lived experience of nurse educators with five years working experience described the challenges of nurse educators as lack of mentorship. The novice faculty who did not receive mentoring or support felt they were “falling through the cracks” and “lost in their role” (p. 108). Gardner described novice educators’ mentorship as patchwork, which is irregular, constrained, and deficient in purpose and meaning.. Hence, the study found nurse educators teaching by trial and error, and experiencing difficulties transitioning into the new role. In addition, the study found that nurse educators were unprepared for the teaching role as they lacked the pedagogical skills to teach. Also, novice nurse educators struggling to move from teacher-centred teaching approach to student-centred approach as a result of lack of mentors. New nurse educators need organized mentorship for successful role transitioning.

In addition, Paul (2015) used a comparative qualitative approach to understand the transition from novice adjunct to experienced associate degree nurse educator. Purposively sampled fourteen (14) nurse educators were interviewed. The study results indicated that novice adjunct educators lacked mentorship. The nurse educators felt unprepared for the teaching role and lacked resources, hence, sought assistance from informal mentors. Informal mentorship offered a way to help nurse educators reach their expected goals. MacLaren (2018) defined informal mentorship as a formless relationship that is feeble and

passive. Informal mentorship though not organized provides support for novice adjunct educators.

In another study, Whitehead (2015) conducted a qualitative explanatory case study among twelve (12) faculties at colleges of nursing in the Western North Carolina. Guided by the Kahn's organizational role theory and Schlossberg's transition theory, the study investigated the nursing faculty experience of role ambiguity, role strain, difficulty in transitioning into academia, and job dissatisfaction. The study attributed the following causes to difficult transitions; lack of preparation for academic role expectations, lack of awareness of new role requirements and uncertainty in teaching the content of nursing. The study participants experienced stress because they were unsure of the how, when and what to teach and interact with students. This resulted in the novice nursing faculties experiencing role strain, and job dissatisfaction. Psychologically, the new faculties were overwhelmed and anxious within the first year of teaching. These feelings led to job dissatisfaction and intent of leaving the role.

Cooley and De Gagne (2016) conducted a hermeneutic phenomenological qualitative study to gain insight about the experience of novice nursing faculty in academia. The novice nurse faculty described the challenges with their new role as terrifying and overwhelming. These challenges caused anxiety and therefore required adequate preparation and guidance. Consequently, the study found novice faculty to be handicapped in executing the new roles and responsibilities because of lack of formal training in pedagogy and andragogy. Similarly, Shapiro (2018) found that novice nurses lacked pedagogical knowledge because their graduate courses in education that prepare them for the teaching role were shallow. This implies that formal preparation in education will ease some transitional challenges.

Schoening (2013) used a grounded theory method to describe the challenges experienced by novice faculty. Schoening found out that an expert clinician struggle starting over as novice with new courses, textbooks, and new curriculum. The challenge of starting over as a novice resulted in the feeling of limited ability to build on knowledge, perform, and progress beyond the level of a novice. The study also found novice nurse educators lack formal preparation to teach. Similarly, Oman, Al-Nasseri and Muniswamy (2015) conducted a qualitative study using a descriptive design to examine the needs and challenges of novice nurse educators. The study revealed that novice nurse educators have expert clinical knowledge but lacked coursework and experience in education. In this regard, formal education in teaching will help prepare nurse educators to ensure a smooth transition.

Peters (2014) conducted a study to describe the lived experiences of faculty incivility among novice nurse faculty members. This research used a hermeneutical phenomenological design to provide the outcome of lived experience. The study revealed that novice nurse faculty were bullied by experienced faculty and this resulted in feelings of self-doubt, inadequacy and degraded. Novice nurse faculty were afraid and intimidated when interacting with experienced colleagues. The study found that novice faculty felt belittled because they had no teaching experience. In addition, the experienced faculty were unsupportive and wanted the new faculty to fail. This implies that teaching experience and peer support facilitates transition of new nurse educators should be paramount.

In a qualitative study based on phenomenological approach to uncover the meaning of the lived experiences of novice nursing faculties in Mashhad University of Medical Sciences in Iran, Heydari et al. (2015) identified gaps in novice faculties' knowledge, skill, and confidence. Novice faculties had limited practical experience in the clinical setting prior to their start of their novel role. Novice faculties therefore lacked confidence to teach and interact with students. The study also found that novice faculties lacked knowledge and

skills to teach practical courses. In the same vein, Fontenelle (2013) found classroom management was challenging for novice faculty. The novice faculty had challenges developing appropriate skill sets and understanding the techniques required to manage students' disruptive behaviours. Like other studies, a need for formal training for the teaching role came up as an essential component in successful transition.

In a study to explore the challenges facing newly qualified science teachers in Ghana, Boakye and Ampiah (2017) highlighted the firsthand experiences during transitional period of five (5) novice teachers. The study found challenges such as lack of resources for teaching and learning, and deficiency in content knowledge due to lack of pedagogical skills, and insufficient resources such as stationaries, internet library and books to enable novice teachers complete the syllabus (Boakye & Ampiah, 2017). These findings are similar to a study in South Africa where novice nurse educators lacked resources such as office space, teaching equipment, student and staff support services, recent and updated editions of books, library, internet, technology and transport facilities (Sodidi, 2018). Inadequate resources and deficiency in content knowledge affects the transition of the nurse educators.

2.4 Information Seeking Strategies of New Nurse Educators

Every teacher needs information on how to teach. Information is an essential resource which helps teachers to functions effectively in the school (Umunnakwe & Eze, 2015). Information seeking strategies are formal and informal activities carried out by the new nurse educator to seek information on their novel teaching role (Schoening, 2013). Educators use various strategies to seek information from curriculum, technological facilities and other related areas; such as from college principals, fellow teachers, libraries, books, and periodicals (Umunnakwe & Eze, 2015). Information-seeking strategies in this study is conceptualized as the information sources and activities carried out by new nurse educators to acquire information.

Schoening (2013) studied novice nurse educators who taught in baccalaureate nursing programmes in the United States with the aim of describing how clinical nurses make the transition to education. The novice educators described the transition as a journey with no roadmaps and direction. Furthermore, novice educators claimed to be suffering from crippling anxiety, which stems out of fear of failure, time constraints and lack of information. Schoening (2013) asserts that novice nurse educators use information seeking strategies such as fact finding, looking for peer mentors, taking part in faculty development activities, and relying on past nursing knowledge. This implies that novice nurse educators use self-directed formal and informal actions to seek information needed to perform the new role.

Furthermore, participation in mentorship programmes have been identified by researchers as a strategy new nurse educators engage in to seek out information on their new role (Coffman, Goodman, Thomas, & Roberson, 2013; Gardner, 2014; Jacobson & Sherrod, 2012). For instance, in the United States of America, Jacobson and Sherrod (2012) studied transformational mentorship models for nurse educators and pointed out the strategy new nurse educators use in seeking information is participating in mentorship programmes. The study found that, in addition to acquiring information through mentorship, the new educator gains skills and support to maximise performance. In a similar study, on-going faculty development and mentoring programmes did not only provide information for new nurse educator, but made the nurse educators more poised and optimistic about the need to change their clinical nursing career into a teaching role (Gardner, 2014).

In addressing the myriad of challenges encountered by nurse faculty, Clochesy, Visovsky, and Munro (2019) developed the Institute for Nursing Faculty Recruitment, Retention and Mentoring (INFORM) programme. The INFORM programme focuses on mentoring, developing, and advancing faculty to provide a firm foundation for their

educational career. Reports from the programme indicated that new faculty participated in the activities of INFORM conferences as a strategy to seek information on their teaching role and become productive in their early career as faculty. In addition, new faculty developed other strategies such as writing to develop the skills for writing publications. This infers that new faculties become self-directed in seeking information by participating in educational mentorship programmes.

Similarly, Hinderer et al. (2016) described a collaborative effort to prepare experienced registered nurse clinicians for new roles as part-time clinical faculty in the United States. The study demonstrated that new nurse faculty enrolled and participated in The Eastern Shore Faculty Academy and Mentorship Initiative (ES-FAMI) to acquire information on their new teaching role from experienced mentors. In addition, new educators looked out for informal support from experienced academic educators as a strategy to get information on nursing pedagogies through online or face to face sessions. Additionally, new faculty sought information to help deal with difficult students, classroom management, legal issues in teaching, and appraising students.

Moreover, Ignatavicius and Chung (2016) conducted a survey at a professional development workshop from baseline data of 145 nurse educators. The survey was followed at 90 and 180 days after the workshop to determine if the learning that occurred at the continuing education event was transferred into teaching. The study revealed that the new nurse educators sought information on relevant knowledge relating to nursing education. The new nurse educators relied on information from professional development workshops for teaching. Every profession is connected by unique identifiers of the discipline to which they belong, therefore information from nursing practice can easily be transferred to nursing education (Bono-Neri, 2019). DeRosa (2016) suggests extensive professional development activities are the key secret to ease the learning curve of new nurse educators.

In another study to identify information seeking strategies adopted by novice lecturers in the initial years of teaching, Ibrahim, Mohamad, Rom, and Shahrom (2013) undertook a quantitative study among eighty two (82) novice lecturers using a questionnaire in Malaysia. The study revealed that the information seeking strategies adopted by the novice lecturers included seeking assistance from peers, head of programmes and senior lecturers. The novice lecturers sought information from peers because they are readily accessible. The participants also referred to online information, attending educational talks and using the traditional printed materials such as the curriculum, textbooks and newspaper for extra guidance or attending short courses as part of their own initiatives for further development. The study revealed novice lecturers rated seeking information from books as the most important with the mean score of 4.5. This is because information from books was more factual and authentic. The study revealed that seeking information from the dean or head of institution was less important with the mean score of 3.53. This is because the dean and head of programme were not always accessible to the novice lecturers

Pogodzinski (2012) examined the socialization of novice teachers in Michigan. Data collection was done through interviews with district human resource directors and teacher association presidents, as well as surveys of novice teachers. The study identified the frequency and substance of interactions between novice teachers and their mentors and other colleagues and reported on novices' evaluation of the support that they received. The study revealed novice teachers sought information informally from peers on curricula, student issues, and teaching strategies. Similarly, Du and Wang (2017) through the conceptual lens of dynamic process theory of mentoring found out that new teachers use informal mentoring basically to seek information from colleagues on their role. The study also revealed that novice teachers preferred informal interactions when seeking information and support than the formal support systems created within the academic environment.

Inman, Blevins, Ketterman, and Young (2019) studied information seeking habits of health sciences faculty using a quantitative design in eastern North Carolina. The study found out that there is a shift from reading print literature to dependence on electronic journals which means that online resources are more valued than books. Again, the study revealed 33% of faculty sought information for professional development and to remain relevant in the field. The study found 42% sought information to prepare for student lessons and 30% for research publications. The new faculty preferred online resources to printed books because retrieving information online is easier and has enormous databases to choose from.

Tahira and Ameen (2016) conducted a study involving 156 respondents to determine information needs and seeking behaviour. The study was among Science & Technology Teachers of the University of the Punjab, Lahore. Using a self-completion structured questionnaire, the survey revealed that both libraries and e-resources are playing important role in meeting information needs of respondents; direct access to e-sources has slightly decreased the number of their visits to departmental and central libraries; and faculty spend comparatively more time on searching information on web sources than print sources. Also, Ismail, Mahesar, and Idrees (2017) conducted a study on electronic resource preferences of faculty members at the University of Peshawar in Pakistan. The findings revealed that assistant professors used Electronic Information Sources (EIS) more than associate professors and professors. Faculty who had more current publications to their names were more experienced in using EIS than those who had less. This implies that most of the faculty members used EIS and desired electronic journals to print journals.

Folorunso (2014) examined the information seeking behaviour of social sciences scholars in a research institute in Nigeria. The study found that research scholars seek information for research and abreast with developments in their fields of study. To meet

their information desires, they depend on journals and online sources and they show up for educational conferences. The study showed different patterns of electronic information resource usage among academic ranks. In specific, junior research fellows use electronic resources about twice as much as research professors to meet their research needs. The study further indicated that research scholars younger than age fifty (50) had interest in electronic information resources than their older counterparts. Probably, the younger researchers are at ease with emerging technologies than the older researchers.

Marouf and Anwar (2010) examined the information seeking behaviour of ten professors, twenty-five associate professors, and nineteen assistant professors in Kuwait using a quantitative design. The findings however, showed that majority of the professoriate were deeply reliant on print sources for teaching and research instead of online sources. Since the language of teaching in Kuwait is Arabic, the professoriate in the university were limited to using print sources written in Arabic due to scarcity of online databases that offer scholarly information in Arabic. In a related study in a law faculty in Ghana, Aforo and Lampitey (2012) found that faculty members use law reports, law journals and text to seek information, emphasizing further dependence on print resources than electronic resources by those in the faculty. The reliance on print resources may be due to the unavailability or inadequate online resources relevant to their fields of study.

The above studies on the information strategies adopted by new nurse educators suggest that most new nurse educators and faculties in general preferred online resources for information to help them prepare for teaching and research. Again, they also sought information informally from peers on curricula, student issues and teaching strategies. Others also relied on professional development activities to seek information. Again, many of them also largely relied on mentorship programmes to gain skills and maximize performance.

2.5 Identity Formation Strategies used by New Nurse Educators.

Educator identity is the self that the educator portrays during and after instructional period (Izadinia, 2013). Therefore, identity becomes the diagnostic lens through which different aspects of instructional methodology of a teacher is revealed. Nguyen (2016) asserts that teacher identity is formed through interactions of personal, professional, past, and cultural factors. Studies suggests that teacher identity is not constant (Izadinia, 2013; Reeves, 2018; Tao & Gao, 2018), rather, it is a dynamic self, created during an active process of learning to teach (Trent & Lim, 2010).

New nurse educators are expert clinicians with minimal knowledge in pedagogical skills and teaching (Schoening, 2013). Therefore, in their transition to nursing education, they face several challenges in learning to become teachers and constructing their teacher identity. Many scholars over the years have written about teacher identity, but few have identified strategies new nurse educators use in developing their identity as educators.

For instance, Riveros-Perez and Rodriguez-Diaz (2018) explored ways clinical practitioners experience their journey to become medical educators in a qualitative study in three medical schools in Columbia. The professional identity of the teacher was described as a developmental process through which novices attain explicit knowledge and skills, new attitudes, and ethics, and take on the self-concept associated with the new professional role. The strategy employed by the medical educators to form their identities was to participate in developmental programmes to acquire pedagogical knowledge to teach. The study indicated that having knowledge in adult teaching principles helped the medical educators develop their identity as educators.

In a study in New Zealand, Izadinia (2013) reviewed 29 empirical studies to identify the main emphases of research on identity of student teachers. The study found that student

teachers develop their identity by using critical reflection. This strategy involves probing teaching experiences, asking questions about objective, meaning, and consequences of teaching. In this way, the new teacher creates and becomes aware of the self. Through reflection the student teachers interact with their belief, past knowledge and experiences to construct their identities.

Majority of new nurse educators experience identity conflict between clinical nurse identity and the nurse educator identity. According to Schoening (2013), majority of novice nurse educators overcome this role conflict by learning and recreating a brand new identity to merge the identity of both the “previous clinical nurse” and a new “novice nurse educator”. This is accomplished by establishing limits to student teacher relationship, gradually accepting new responsibility, and acknowledging the differences in patient nurse relationship and student teacher relationship. Relatedly, Cantillon, D’Eath, De Grave, and Dornan (2016) indicated that clinicians merge their identities as teachers with their identities as clinicians by juggling the two to mutually develop the self as educator. Merging the two professional identities minimize the tensions between educational and clinical roles. This helps to prevent identity conflict which hinders on successful transition.

Cruess, Cruess, Boudreau, Snell, and Steinert (2015) studied professional identity formation and socialization of medical students and residents. The study indicated that identity formation is an active social process in which educators create their identity interactively with students and in relation to social context. Riveros-Perez and Rodriguez-Diaz (2018) also pointed out the following strategies medical educator use to form their identity: role modeling, mentoring and experiential learning. The study found that learning from members of the community of practice helps to develop the self as a medical educator. Becoming like them in action, appearance, and beliefs facilitates the move from the medical doctor to an educator. Again, novice nurse faculties form their educator identity in an

environment that supports learning. Support from experienced teachers such as sharing personal work experiences using a narrative approach helps to develop and strengthen the teacher identity (Hoeve, Jansen, & Roodbol, 2014)..

In a related study, Owen (2017) conducted a phenomenological study to explore the transition experiences and identity development of six (6) part-time nurse faculties who transitioned from expert clinicians to instructors. The study found that the strategies for developing teacher identity were having constant interactions with other instructors and being supported during the transition by individuals within the academic environments. Again, the study found that relying on past clinical and present educational experiences and integrating this experience contributed to identity formation as a nurse faculty. The study indicated that part time instructors were able to construct their identity and transition successfully by learning their pedagogical skills, roles, and responsibilities.

Again, Van Lankveld, Schoonenboom, Volman, Croiset, and Beishuizen (2017) in a systematic literature review acknowledged several strategies used by faculty to develop the teacher identity in the university setting. The study found that exhibiting a sense of competence and commitment of the new role helps teachers form their identity. Another strategy found indicated that new teachers should identify with their professional groups in their early years of teaching. These strategies help to build a strong sense of association as well as develop one of them. Similarly, Jetha et al. (2016) reviewed twenty nine (29) scholarly research to identify existing professional development needs for novice clinical teachers as well as supportive strategies to aid the transition into teaching practice. The findings revealed socialization and building relationships with colleagues and students were the strategies for establishing a new identity as a teacher. These strategies assisted a smooth transition from practice to education.

Likewise, In a quantitative study to examine the extent to which perceived connectedness and received appreciation predicted identity as a medical educator at the Health Sciences School at the University of Iceland, Snook, Schram, Jones, and Sveinsson (2019) found that medical educators embraced the culture of academia to form their identity. The study also found openness to learn and improve teaching methods helped medical educators to form their identity. Again, researchers investigating the establishment of a teacher identity within a health science school found a rise in a sense of connectedness and appreciation in new faculty member (van Lankveld, Schoonenboom, Croiset, Volman, & Beishuizen, 2017).

Nguyen (2016) explored the identity of six primary school English language teachers in Vietnam using interviews. The teachers used experiential learning from their colleagues in primary to construct their teacher identity. The study also found that teachers molded their identity by establishing elementary understanding of whom a teacher is and what they practice. Such initial knowledge was seen as a point of departure from previous career and for developing and transforming their teaching careers. The study again, found that teachers construct their identity by forming their own philosophy and pedagogy that is different from mainstream education. These strategies helped the teacher to develop multiple identities to suit the practice and culture.

Mukumbang and Alindekane (2017) studied 50 student nurse educators in South Africa. Using a cross sectional approach, data was collected using a self- administered questionnaire. The strategy the student nurse educators used in constructing their identity is by acquiring knowledge on subject content, pedagogical knowledge and didactic knowledge. The study found that a strategy to develop the self is by acquiring general knowledge in educational theories, subjects to be taught, and curricular arrangements of materials. These organize and embody the content of teaching through formal education. In

this way, the teacher develops competencies in teaching and develops the interest of teaching students which helps to construct the teacher identity. This implies that acquiring professional knowledge formally is integral for the formation of teacher identity.

To form educator identity, new nurse educators employ various strategies such as socialization, reflection, mentorship, experiential learning and self-awareness. New nurse educators either juggled between the two or merged the two identities to better transition in the academic environment. Others also relied on past clinical and present educational experiences to form an identity. Again, some new nurse educators acquired fore knowledge on subject content, pedagogical knowledge and didactic knowledge formally to help them transition smoothly.

2.6 Adaptation Strategies used by New Nurse Educators

Transitioning from clinical nurse expert role to a novice teaching role requires different skill sets. This transition is characterised by change which the new nurse educator must adapt. To perform effectively, the new nurse educators must adapt new strategies to transition smoothly into their new role. These strategies most importantly, include support from direct supervisor, peers, the environment and students and these contribute to successful transition (Nekoranec & Nagyová, 2014).

McDermid et al. (2016) came up with a storytelling approach to study the use of resilience during the transitional process of novice nurse educators. This was through a process of examining the adaptation strategies they used to succeed in nursing education. Data was collected using interview and conversational style. The participants worked at the institutions between six (6) weeks and five (5) years. All participants had postgraduate degree. The following adaptive strategies were found at the end of the study: (a) active development of supportive relationships, (b) embracing positivity, and reflection and

transformative growth. The novice nurse educators described the importance of engaging in peer relationships, both formal and informal. This goes a long way to help them to adjust to their new roles in academia (McDermid et al., 2016). The novice nurse educators experienced conflict and negativity from peers and students, which affected their self-esteem and made them question their decision for the career path. To navigate through this challenge, the novice nurse educators accepted positive feedback from their students. These positive feedbacks assisted them to develop resilience. Finally, reflection and transformative growth was part of developing resilience. Reflection on feedback gave room for the nurse educators to improve on their teaching McDermid et al. (2016). This implies that feedback from students and peers is a corrective measure that is vital during the transitional process.

Several studies assert that adaptation to the role of novice nurse educator from clinical nurse expert is characterised by uncertainty, isolation, and anxiety (Bath et al., 2017; Legare & Armstrong, 2017; Nguyen, 2016; Paul, 2015). Therefore, strategies used include letting go of the expert clinical role, learning the new role and making adjustments to the expectations associated with the new role (Amott, 2018; Jetha et al., 2016). In addition, the period of adaptation during transition require support from peers and management through mentorship and training to adjust to the new cultural (Bagley et al., 2018; Fritz, 2018; Jetha et al., 2016). This implies that through training, the nurse educator in transition learns to let go of former roles in order to adapt to the new role.

Building a community and creating a trusting relationships is another strategy that novice nurse educators use to build confidence and adapt to the novice role (Bath et al., 2017; Jetha et al., 2016). Through mentorship, a trusting relationship is built to provide for novice nurse educators to offer quality education in spite of all the challenges. Creating a connection with mentors also facilitates the ability to build new perspectives, reconcile

competing demands, learn from feedback, and fully adapt to the new professional role. Similarly, Rathmell, Brown, and Kilburg (2019) studied the role of mentorship and executive coaching in academic leadership. The study described the struggle with adapting to change when the line between the dual expert and novice roles are blurred. Though the study participants experienced role confusion, they identified personal strategies to adapt to the situation by seeking support from peers to help make meaning of the barriers experienced during transition. This implies that supporting the novice nurse educator with mentorship will facilitate adaptation to the new role and ensure successful transition.

Cooley and De Gagne (2016) conducted a hermeneutic phenomenological qualitative study to gain insight about the experience of novice nursing faculty in academia. Data consisted of audio recordings and verbatim transcription of interviews, and a number of journal data describing day-to-day experiences as novice nurse academics. The study revealed that the strategy used in adapting to the new role was developing personal leadership characteristics. The study participants transposed their expert clinical leadership characteristics in navigating the new role. Furthermore, it was proven that participants were intrinsically motivated towards becoming competent.

Stubbs et al. (2016) posited that novice nurse educators use strategies such as transferring feedback from leadership behaviours and clinical expertise to adapt to challenges. The study also revealed that having a mentor enhances adaptation. Mentorship provides support and feedback to the novice educator and help build confidence. This implies leadership qualities are essential in embracing the growth that is needed to adapt and transition successfully.

In summary, positive feedback, goal oriented development of supportive relationships, embracing positivity, reflection and transformative growth as well as letting

go of expert clinical role and creating a connection with mentors are some of the adaptation strategies new nurse educators employ in transitioning into academia.

2.7 Summary of Literature Review

The literature reviewed covers articles and studies published on the transition experiences of new nurse educators, new nurse faculty, and adjunct nurse educators. The NET Model was used as the framework for this study. Nursing education trains nurses to be clinicians and not teachers, and because of this, they face numerous challenges in integrating the skill and knowledge of a teacher. The studies reviewed above show the expectations and the many difficulties new nurse educators deal with during their initial stage of teaching. The studies also revealed the information seeking strategies, identity formation strategies and, adaptation strategies of new nurse educators.

Research has shown that the transition from clinical nurse to nurse educator is challenging, resulting from discrepancies in expectations to information and identity issues. Overwhelming workload, stress and anxiety are common among the challenges of new nurse educators. Several factors such as lack of pedagogical skills, structure and differences in expectations, politics and language contribute to these challenges. The new nurse educator therefore seeks information on teaching using varied strategies. Finally, the new nurse educator employs strategies to develop the educator identity which according to Schoening (2013) signify successful transition. The next chapter looks at the methodology of the study.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter discusses the methods and procedures that were used for the study. It describes the research design, research setting, target population, sample size and sampling techniques. Furthermore, this chapter explains the data collection tool and procedure, data management and analysis, methodological rigour and ethical considerations of the study.

3.1 Research Design

Qualitative exploratory descriptive design was used to investigate the transitional experiences of new nurse educators. Qualitative approaches are useful for investigating diverse views of human beings and how they interpret their lived experiences in a natural context (Creswell, 2014). This study was exploratory because it inquired about unfamiliar facets of the experiences of new nurse educators in their first two years of teaching. Several studies exploring the transitional experience of new nurse educators use qualitative approach (Kersey, 2012; Schoening, 2009; Tucker, 2016) and this study draws from such studies.

This design was ideal because it allowed the researcher to have a deeper understanding of the transitional experience of the participants. It also offered the opportunity to thoroughly investigate the full nature of the phenomenon rather than simply observing and explaining the phenomenon. Again, this design was useful as very little is known of the transition experiences of new nurse educators in Ghana and this allowed for an in-depth exploration of the phenomenon.

3.2 Research Setting

Four (4) Nursing and Midwifery Training Institutions in the Eastern Region of Ghana were selected for the study. Eastern Region is one of the 16 Regions in Ghana created

in November 1953, four (4) years before Ghana's independence. The Region currently has thirty-two (32) Municipal and District Assemblies with thirteen (13) of these Assemblies being Municipals and the remaining twenty nine (29) being Districts. Koforidua is the Regional Capital. The Region shares common boundaries with the Greater Accra Region, Central Region, Ashanti Region, Bono, Ahafo and Volta Regions.

It has a land area of 19,323 square kilometres, which is about 8.19% of the total size of Ghana. The Region registered an estimated population of 2,633,154 during the 2010 housing and population census signifying a growth of 1.4% over a period of one decade. The main economic activity in the Region is agriculture which employs about 53% of the active population with the remaining spread among industry and service subsector (GSS, 2012). The main ethnic group in the Region is Akan, followed by Ewe, and Krobo. Akosombo dam and Kpong dam which supply about 50% of the country's electricity is located in the Region.



Figure 3.1: Geographical drawing of Eastern Region

Source: Eastern Regional Health Directorate

In terms of Health Training Institutions, the Region has seven (7) accredited Nursing and Midwifery Training Schools (NMTS) which are spread across its geographical area. The staff strength of these seven NMTS is about one hundred and forty (140) nurse educators and yearly, these institutions receive averagely 25 - 30 new nurse educators from the Ministry of Health (MOH) via the Health Training Institutions Secretariat (HTIS). Additionally, these institutions are regularly staffed based on the specific demands of the institutions. Often, majority of these staff are either nurse educators from the clinical setting who have practiced for a minimum of three years and have at least a degree in nursing or other health related courses or transferred from different NMTS. The Eastern Region was considered a suitable setting for this study because it inhabits both government and Christian Health Association of Ghana (CHAG) accredited NMTS where new Nurse Educators

employed by the government are transferred from the clinical area. The Region also has significant number of new nurse educators. Another reason of choosing this Region was its proximity to the researcher.

The four (4) NMTS where the study was carried out were: Holy Family Nurses' Training School, Nkawkaw, Nursing and Midwifery Training School, Kwahu Atibie, Community Health Nurses' Training School, Akim Oda, and Saviour Church Nursing Training College, Osiem. The selection of these institutions among the seven was purposefully done to include government and mission schools, Registered General Nursing, Registered Midwifery, Registered Community, Nurse Assistant (preventive) and Nurse Assistant (clinical) training Schools in the Region.

The Holy Family Nurses' Training school in Nkawkaw is a public tertiary health institution in the Eastern Region of Ghana. The institution is in the Kwahu West District Assembly. The institution runs only registered general nursing programme. The school is a quasi -government institution established by the Catholic Church about forty-five (45) years ago. The activity of the institution is supervised by CHAG and the HTIS of the MOH. The Kwame Nkrumah University of Science and Technology awards a Diploma in Nursing after students have successfully completed a three-year nursing programme. The institution is accredited by the National Accreditation Board and regulated by The Nursing and Midwifery Council (NMC) of Ghana. The nurse educator population of the school is about fifteen (15). The institution receives about three (3) new nurse educators yearly from the HTIS and from the Catholic Diocese of Koforidua through CHAG.

The Nursing and Midwifery Training School at Kwahu Atibie in the Kwahu South Municipality is a public tertiary health institution established in 1956. The institution runs the Registered General Nursing and Midwifery programmes. The activity of the institution is supervised by the HTIS of the MOH. The Kwame Nkrumah University of Science and

Technology awards a Diploma in Nursing and Midwifery after students have successfully completed a three-year Nursing and Midwifery Training programmes. The institution is accredited by the National Accreditation Board and regulated by The Nursing and Midwifery Council (NMC) of Ghana. The nurse educator population of the school is about twenty-five (25). The institution receives about five (5) new nurse educators yearly from the HTIS.

The Community Health Nursing Training School in Akim Oda is a public tertiary health institution established in 1962 and located in the Birim South Municipal Assembly. The institution runs the Registered Community Health Nursing and Nurse Assistant Preventive programmes. The activity of the institution is supervised by the HTIS of the MOH. The Kwame Nkrumah University of Science and Technology awards a Diploma in Registered Community Health Nursing after students have successfully completed the study programme. The institution is accredited by the National Accreditation Board and regulated by the Nursing and Midwifery Council (NMC) of Ghana. The nurse educator population of the school is about thirty-five (35). The institution receives about three (3) new nurse educators yearly from the HTIS.

Saviour Church Nursing and Midwifery Training College (SCNMTC), Osiem was established on 6th October 2014. It was established by the Saviour Church of Ghana with its Headquarters in Osiem and is a quasi- government institution. The activities of the institution are supervised by CHAG and the HTIS of the MOH. It is currently one of the two government nursing schools that run the Nurse Assistant (clinical) programme in the Eastern Region. Kwame Nkrumah University of Science and Technology awards a diploma for the Registered General Nursing students who have successfully completed a three-year nursing programme. The institution is accredited by the National Accreditation Board and regulated by The Nursing and Midwifery Council (NMC) of Ghana. The institution is yet

to start the Registered Midwifery programme. The nurse educator population of the school is eighteen (18). The institution receives about three (3) new nurse educators yearly from the HTIS and from the Christian Health Association of Ghana.

3.3 Target Population

The target population for this study are all nurse educators teaching in Government and Mission Nursing and Midwifery Schools in the Eastern Region of Ghana.

3.3.1 Inclusion Criteria

Inclusion criteria for this study were:

- Nurse educator working in Government and Mission Nursing and Midwifery Training Schools in the Eastern region.
- Nurse educator with at least a first degree in nursing, midwifery or other health related course.
- Full time nurse educators.
- Full time nurse educators with at least six months working experience and at most 2 years working experience in the school.

3.3.2 Exclusion Criteria

The exclusion criteria for this study were:

- Nurse educators who are not willing to participate in the study.
- Adjunct nurse educators and teaching assistants.
- Nurse educators who have less than 6 months working experience as nurse educator as they may not have enough transitional experience to recount.
- All nurse educators who were once adjunct nurse educators or teaching assistants
- All health educators who are not professional nurses.

3.4 Sample Size and Sampling Technique

A sample in research denotes a quota of the larger population carefully chosen to represent the whole population whiles sampling is a search for typicality of the population (Polit & Beck 2013). To ensure that participants selected for the study reflect the study population, the purposive sampling technique was employed. Purposive sampling involves deliberately handpicking of the cases to be included in the sample on the basis of the researcher's decree of typicality or possession of the particular characteristics being sought within the population (Etikan, Musa, & Alkassim, 2016). In this way, the researcher builds up a sample that is satisfactory to his/her specific needs (Rapley, 2014). Purposive sampling was deemed appropriate for this study because the researcher had the opportunity to intentionally recruit participants from whom appropriate data could be collected in understanding the phenomenon of transitioning of new nurse educators from the clinical setting to academia.

The researcher purposively selected interested new nurse educators using the inclusion criteria. The new nurse educators were allowed to indicate their availability, willingness to participate, and their ability to communicate views, experiences and opinions in an articulated, expressive, and reflective manner after the entire process had been explained to them (Liamputtong, 2019). In qualitative research a guiding principle of data saturation is adapted because the sample size cannot be determined (Polit & Beck, 2013). The researcher identified new nurse educators at their various schools with the help of the principals and the human resources manager. New nurse educators who met the inclusion criteria were recruited for the study. Those who agreed to participate in the study signed the consent form. The participants were interviewed, and data analysis was done concurrently until saturation was reached. At the end of interviewing, the researcher realized that most of the information shared by the participants was along the same lines and no new information

was identified signifying that saturation had been achieved. Therefore, adding on more participants will not result in any additional views, perspectives or information to the phenomenon being studied (Dworkin, 2012).

3.5 Data Collection Tool

The study used a semi-structured interview guide to conduct face to face interviews in exploring the transitional experiences of new nurse educators. The semi-structured interview guide provides an atmosphere for the researcher to ask questions and probing questions depending on the participant's response (Turner III, 2010). The semi-structured interview guide was developed based on the constructs of the NET Model and the objectives guiding this study. The interview guide consisted of opened ended questions and probing questions to elicit in-depth responses from the new nurse educators. The questions were outlined in such a way that they were not leading questions that elicited preconceived answers. The interview guide had five (5) main sections. Section A focused on the demographic and professional background of participants. Section B elicited information about the participants' expectations in the new role. Section C identified the challenges of the new nurse educators, Section D explored information seeking strategies of the nurse educators and Section E explored identity formation of new nurse educators (See appendix A).

To ensure the quality of the data, the research tool was pre-tested with three (3) nurse educators with similar characteristics at Nursing and Midwifery Training School, Korle Bu in the Accra Metropolis. This assisted the researcher to refine the interview guide and to know how the participants react to the set of questions.

3.6 Data Collection Procedure

Interviews reveal in-depth reality of evidence of the nature of the phenomena and rich data relating to participants' experiences and viewpoints on the topic of interest

(Silverman, 2016). A face-to-face interview was conducted with each participant at their own convenient time and venue. Before data collection, ethical clearance was obtained from the Institutional Review Board of Noguchi Memorial Institute for Medical Research (IRB 00001276, see Appendix B) and a formal permission was sought by the researcher from the Health Training Institutions Secretariat to select the study participants(See Appendix C). An introductory letter was obtained from the School of Nursing and Midwifery, University of Ghana (See Appendix D) and sent to the various institutions for data collection. With the approval, the researcher contacted the principals, human resource managers, and programme heads of the various institutions in the identification of the study participants.

Those who met the inclusion criteria and expressed their willingness to participate were given the information sheet containing the research objectives for further clarification and the consent form to sign. Participants were notified of their liberty to withdraw from the study at any point they wish until data analysis is done. The mobile phone numbers of the potential participants were obtained to contact them to arrange the interview date, time, and venue. A convenient place within the institution environment was chosen for the meeting as well as the date and time based on the preference of the participants. The data collection process started on the 3rd December 2019 and lasted for a period of ten (10) weeks. In each interview session, pre-interview demographic information was documented before the main interview.

All interview sessions took a conversational form to ensure that the participants were relaxed and comfortable. Before the interview started, rapport was established with the participants by engaging them in a conversation. This helped in making participants comfortable in expressing their views and building a trusting working relationship. The researcher encouraged the participants to express themselves freely. The researcher started the main interview with a general question on nurse educators' transition from the clinical

setting to the academia. The interviews were conducted in English as all the participants could speak the English language. Probing questions were used to help participants contribute meaningfully to the discussion. All interviews were audio taped and recorded with the participants' consent. Field notes were taken from observations made during each interview session to form part of the full report and reflect the entire discussions held with the participants. At the end of each session, the researcher played back the recorded interview to each participant to ensure that the recording was a representation of their views and thoughts. Interview sessions lasted between forty-five (45) to sixty (60) minutes. Participants were thanked for their cooperation.

3.7 Data Management

Data management is about preserving the purity and completeness of the information collected from the participants. The researcher ensured that the interviews were conducted in an enclosed area to ensure privacy. After each interview session, the researcher played back the audio recording to the participants to ensure that information collected was accurate and a fair representation of the participant's thoughts and experiences. All the information obtained from participants during the interview sessions were assigned pseudonyms, this was to guarantee anonymity. All documents including individual consent forms, demographic data, field notes and all other relevant materials concerning the study were appropriately filed and kept under lock and key. The audio recordings and transcripts have been labelled, stored electronically, and kept safely with a password by the researcher. The information will be accessible to only the researcher and her supervisory team. The data will be destroyed after a five (5) year period.

3.8 Data Analysis

Data analysis was done concurrently with data collection to identify the patterns or trends of the emerging themes. The data was analysed using thematic analysis and it was

manually analysed using Braun and Clarke's phases of thematic analysis (Braun & Clarke, 2013). Interviews, field notes and all entries in the diary were also analysed to provide detailed information from the new nurse educators about their transitional experiences. Each interview was labelled with number codes for easy identification and later replaced with pseudonyms to ensure anonymity of study participants.

The researcher then listened to the entire interview repeatedly to identify key phrases and words and made reflections on the entire process considering the non-verbal clues of the participants, the entire conversation and how it impacted on the session. The recorded interviews were transcribed verbatim after each interview. The researcher read the transcripts severally by reading and re-reading the transcripts. This assisted the researcher to fully "immerse" herself in the data to completely understand the participant (s) narratives to identify like and contrasting ideas. Coding was done deductively through the understanding of the concepts in the guiding conceptual framework and review of literature. Inductive analysis was also done concurrently to identify codes that were outside the guiding framework. Similar thoughts and words within the data were combined to develop a theme, and related ideas formed sub-themes. Attention was given to punctuations and tone of voice. All the themes and sub-themes kept in a file on a laptop, and then each new theme and sub-theme identified were added to the file until the entire interview transcripts were exhausted.

The field notes dairy was used to support the various themes and sub-themes. Attention was again given to punctuations and tone of voice to help bring out non-verbal pieces of participants' transitional experiences. During the analysis of the findings, the connections between the responses were explored and further analysed to give better meaning to the phenomenon. The process continued until all the interview transcripts were exhausted. The final process involved the drawing of conclusion and confirmation. Verbatim quotations from the transcripts were used to illustrate the themes. Conclusions

were drawn from the themes and sub-themes identified to illustrate the viewpoints of new nurse educators about their transitional experiences.

3.9 Methodological Rigour

Methodological rigour is used in establishing integrity and credibility in a qualitative research process (Amankwaa, 2016). To ensure trustworthiness in qualitative research, Lincoln and Guba (1985) identified: credibility, transferability, dependability and confirmability as the major criteria.

3.9.1 Credibility

Credibility explains the degree to which participants and readers of the research recognize the phenomena/experiences described in the research as reality or in some instances similar to their own experiences (Amankwaa, 2016; Lincoln & Guba, 1985; Shaw, 2013). To ensure credibility in the study, the researcher ensures that the research methodology adopted measures what is intended to measure (Amankwaa, 2016). The researcher ensured credibility by selecting the appropriate research methodology and design. The researcher read widely on current literature to develop the right interview guide which elicited accurate answers to the research questions.

The interview guide was piloted among three nurse educators within the inclusion criteria at the Korle- Bu Nursing and Midwifery Training school in the Greater Accra Region. This gave the researcher the opportunity to modify the interview guide and to ensure relevant data is collected. The researcher also ensured a prolonged engagement with the participants throughout the data collection process. This helped the researcher to know more about the staff and to get an in-depth understanding of the organizational culture (Polit & Beck, 2013). Additionally, triangulation was done by adopting several tactics such as prolonged engagements of participants, audit trail and member checking.

The researcher ensured a frequent debriefing session with the supervisor regarding the research methodology and the data collection procedure. The supervisor listened to the recorded interview and compared it to the interview guide. This assisted the researcher to identify gaps in the work and made the necessary corrections. The researcher also presented the work to colleagues and peers for review and made necessary contributions that enriched the work. Member checking was also employed to enhance the credibility of the study. The preliminary research findings and interpretations were presented to the participants to ensure that they truly reflected their experiences (Polit & Beck 2013).

3.9.2 Transferability

Transferability on the other hand refers to the extent to which the results of a study can be applied to other comparable situations or settings (Amankwaa, 2016; Lincoln & Guba, 1985). In the quest to ensure transferability, detailed and rich descriptions of the research setting was done for the four (4) selected Training Schools. This detailed description would ensure applicability of the findings to other settings and population. To accomplish transferability in this study, a vivid description of the methodology, and the characteristics of the participants have been provided.

3.9.3 Dependability

The extent to which similar studies in the same context using the same method among the same participant yields similar results over a period of time determines the dependability of the study (Amankwaa, 2016). To ensure dependability in this study, the same questions in the interview guide were used by the researcher for all the interviews during data collection (Polit & Beck, 2013). This process was repeated using the same interview guide with similar participants yielded similar findings. Again, the researcher worked with the supervisor from the beginning of the study until the end. The research questions were also discussed with the supervisors and more probing questions added to

help generate data to meet the objectives of the study. A detailed description and recording of all stages and methods in the research process have been provided to offer readers the opportunity to follow the guidelines to replicate the study.

3.9.4 Confirmability

Confirmability is the degree to which the findings of a study can be authenticated by others. It is to avoid influence of the researcher's beliefs and assumptions in the interpretation of the data collected (Amankwaa, 2016; Shaw, 2013). The researcher ensured confirmability by reflexivity and bracketing her experiences, views, biases and knowledge. Polit and Hungler (2013) define bracketing as the process of identifying and setting aside any preconceived beliefs and opinions one may have about a phenomenon under investigation and writing them down in a field note. Reflexivity increases the creditability and understanding of the research and also describes the contextual relationships between the researcher and participants (Dodgson, 2019).

Bracketing of the researcher's experiences and presuppositions regarding clinical setting to academic setting transition was instituted during the interview sessions. The researcher was once a clinical nurse who transitioned to academia to become a nurse educator and has been teaching for eight (8) years. Therefore, to ensure confirmability of this study, the researcher developed interview guide based on current literature and the constructs of the Nurse Educator Transition Model. The researcher during the interview sessions did not discuss her professional experiences but asked questions based on the interview guide to elicit responses from participants. Participants had no clue about the researcher's professional experiences to influence their response. The researcher used probes during interview to seek further clarifications depending on the answers provided by the participants.

3.10 Ethical Considerations

Ethics refers to a set of moral values that is directed at doing good and avoiding harm to the study participants (Creswell, 2014). The responsibility of the researcher is therefore to protect the participants, respect their views, develop a trusting relationship and protect the integrity of the study. The guiding principles for ethical consideration include autonomy, confidentiality, beneficence, non-maleficence, and justice. The researcher sought ethical approval from the Institutional Review Board of the Noguchi Memorial Institute of Medical Research at the University of Ghana, Legon (Appendix B.) before embarking on participant recruitment and data collection. An introductory letter from the School of Nursing and Midwifery (SoNM) was also submitted to Health Training Institutions Secretariat (HTIS) for the institutional clearance and the authorization to select the study participants from the schools. The HTIS approved the study and sent copies of the approval to the schools. Upon receipt of the ethical clearance certificates, the researcher presented the certificates and an introductory letter from the School of Nursing and Midwifery (SoNM) to the Principals and the Human Resource Managers of the schools. This was to introduce the researcher, seek formal permission and approval for the selection of the study site and the participants.

The participants' right to make personal choices was respected throughout the process. In order to ensure the full adherence to the principle of autonomy, the researcher met all the prospective participants at the various schools and had a verbal briefing about the purpose, procedure and the benefits of the study and allowed participants to ask questions to clear doubts. New nurse educators who agreed to participate and met the inclusion criteria for the study were given the Comprehensive Information Sheet (see Appendix E) which explained the risks and benefits of the study to peruse for 24 hours and decide on their participation.

The participants who agreed to partake in the study were given the two consent forms to sign. One of the consent forms was kept by the researcher and the other by the participants. Voluntary participation was adhered to without any form of coercion on the part of the researcher. Participants were therefore free to refuse to answer questions they feel uncomfortable with. Interview sessions were arranged at times and locations convenient to participants. The right of participants to withdraw from the research process without any form of intimidation from the researcher was emphasized and adhered to throughout the process. One participant withdrew from the study at Nursing Training School, Nkawkaw.

To ensure privacy and confidentiality, participants were assigned pseudonyms to maintain their anonymity. Participants were assured that information obtained would be used solely for academic purpose. Other identifying features of participants in the data were also removed and participants' demographics were not discussed with the principals and other nurse educators. The researcher carefully saved the raw data on a password protected computer and hard copies of the transcripts were kept under lock and key. Confidentiality was ensured by not discussing the participant (s) personal information with other participants, school management, or any nurse. The raw data, transcripts, consent forms and the recorded audiotapes will only be accessible to the researcher and the supervisors and will be kept for at least 5 years and destroyed afterwards.

The researcher did not expose the participants to any form of harm or injury through acts of commission or omission during interview sessions. No physical or psychological harm was caused to the participants whilst taking part in this study. The researcher did not impose any day or venue. Participants decided when and where they wanted to have the interview. Interview sessions were conducted in the schools. The researcher explained to all participants their right to refuse to answer any of the questions if it had the propensity of causing any emotional disturbance.

The researcher ensured fairness and equality towards all the participants. The same set of interview questions was used for all the participants. After each interview session, participants were appreciated for their time and inputs thus a notepad and pen were given to all participants.

CHAPTER FOUR

FINDINGS OF THE STUDY

4.0 Introduction

This chapter presents the findings of the study. The study was carried out in four selected Nursing and Midwifery Training Schools in the Eastern Region. The study findings have been organized according to the objectives of the study using the constructs of the Nurse Educator Transition Model (Schoening, 2013) as a framework. This chapter further describes the demographic characteristics of the eleven (11) participants who participated in the study; the results have been presented in the form of themes and sub-themes and supported with a verbatim quotation from participants.

4.1 Demographic Characteristics of Participants

Demographic characteristics describe the profile of the study participants. Characteristics obtained included gender, age, specialty, year of completion of nursing and midwifery training school, the highest level of education, years of clinical experience, and years of teaching in their respective nursing and midwifery training schools. A total of eleven (11) new nurse educators were interviewed for the study. Six (6) of the participants were females and five (5) males. The age range of the participants was between thirty (30) and thirty- six (36) years with a modal age of thirty-four (34) years. Participants had all successfully graduated from recognized Nursing Training Institutions in Ghana, six (6) of them are Registered General Nurses, three (3) Midwives, and two (2) are Public Health Nurses. Participants have completed nursing and midwifery schools within 2008 and 2016 and were all licensed and had valid Professional Identification Numbers (PIN) from the Nursing and Midwifery Council (NMC) of Ghana. The work experiences of the participants range from nine (9) months to two (2) years. All participants had BSc. in Nursing. Two (2) of Registered General Nurses have additional master's degree in Advanced Nursing

Practice. Two (2) of the public health nurses also have master's degree in public health. Participants have four (4) to ten (10) years clinical experience. Pseudonyms (numbers) were assigned to each participant to ensure anonymity. The demographic data of the participants is illustrated in Table 4.1.

Table 4.1: Participants Demographic Data

Pseudonyms	Gender	Age	Place of Work	Highest Level of Education	Years of Clinical Experience	Years of Teaching Experience
NE001	Male	36	Osiem NTC	Bachelor's Degree	8	1 ½ years
NE002	Female	34	Osiem NTC	Master's Degree	10	1 ½ years
NE003	Female	30	Osiem NTC	Bachelor's Degree	6	1 year
NE004	Female	34	Atibie NMTC	Bachelor's Degree	6	2 years
NE005	Female	34	Holy Family NTC	Bachelor's Degree	8	1 year
NE006	Male	33	Holy Family NTC	Bachelor's Degree	6	2 years
NE007	Male	34	Atibie NMTC	Master's Degree	8	2 years
NE008	Male	30	Holy family NTC	Bachelor's Degree	4	9 months
NE009	Female	34	Akim Oda CHNTC	Bachelor's Degree	8	1 year
NE010	Male	32	Oda CHNTC	Master's Degree	8	2 years
NE011	Female	33	Oda CHNTC	Master's Degree	7	1 year

SOURCE: Field Data 2020

4.2 Organization of Themes and Sub-themes

Five (5) themes with the corresponding sub-themes were identified from the data based on the constructs of the Nurse Educator Transition Model (Schoening, 2013). The themes were (1) expectations of new nurse educators (2) challenges experienced during the transition period (3) information seeking strategies (4) identity formation strategies and (5) adaptation strategies. The last mentioned theme is an additional theme that emerged from the data analysis. Details of the themes and sub-themes are presented in Table 4.2

Table 4.2: Themes and Sub-themes

Main themes	Sub-themes
Expectations of new nurse educators	• Imparting knowledge • Flexible work schedule • The pursuit of higher education • Promotion • Job satisfaction • Prestige
Transition challenges	• Learning on your own • Unclear job description • Poor mentorship programme • Stressful workload • Poor orientation programme • Teaching ambiguity
Information seeking strategies	• Reliance on peers • Participating in professional development activities • Use of the internet
Identity formation strategies	• Developing teaching style • Learning to teach professionally • Setting limits for students' interactions
Adaptation strategies	• Embracing the positives • Intrinsic motivation

4.3 Expectations of New Nurse Educators

The first objective was aimed at exploring the expectations of the new nurse educators working at the selected Nursing and Midwifery Training Schools in the Eastern Region. The expectation is an event or a belief that is centred on the future and is considered most likely to happen. Expectations of the new nurse educator start with the decision to become a nurse educator. The new nurse educator anticipates having an impact and influence on the next generation of nurses. When participants described their expectations for wanting to be nurse educators, it was clear that they had great intentions in wanting to give back to the nursing profession by educating nursing students and helping them succeed. In addition to these expectations, all participants indicated an interest in teaching, which can

be said to be a driving factor in choosing a career in academia. In answering the first research question, six (6) sub-themes emerged. The sub-themes were imparting knowledge, flexible work schedule, and the pursuit of higher education, promotion, job satisfaction, and prestige.

4.3.1 Imparting Knowledge

The participants expressed how a career as a nurse educator provided them with an opportunity to influence the future of the nursing profession. Many had encountered nursing students in the clinical setting and have had positive first teaching experiences with them, often as preceptors for nursing students during their clinical sessions. Participants reported that they had received positive feedback from both students and colleagues about their teaching abilities. They, therefore, decided that nursing education would be a way to make their mark in the nursing profession by imparting knowledge to make a difference in the next generation of nurses.

Participants were of the view that they moved to academia as a way to succeed and develop students for the future of the profession by “imparting knowledge”. This brought smiles to the faces of the participants as they reminisced about the positive aspects of being a nurse educator. The following were how they put their narratives:

“ I thought I will be more useful in the classroom and be able to impart the knowledge to students” NE003

“I wanted to make a difference in the nursing profession by sharing my experiences with the students. I was hoping to impart my knowledge and my experiences I had in the hospital with students” NE009

Some new nurse educators wanted to make a difference in the nursing profession because of love for the teaching profession. They put their narratives this way:

“I have always loved teaching ...So, basically I wanted to impart the knowledge that I have received throughout my experience at the clinical field to the incoming students to make the nursing profession better” NE005

“Well [errm]... The student nowadays don’t know anything and nursing seems to be going down so I said, why don’t I go to the school and then make it a career to teach so that I can help make the nursing profession better.... I wanted to share my knowledge to the next generation of nurses” NE010

Another new nurse educator indicated that she wanted to move to academia because she had several years’ experience in the ward which she could use to make a difference. With a look of confidence on her face she narrated that:

“With my 8 years’ experience, I moved from the clinical section to the classroom, expecting to use my experience and knowledge to help train up and coming nurses. I wanted to impart knowledge to student nurses” NE001

4.3.2 Flexible Work Schedule

The participants expected moving to academia will allow for a level of autonomy and find a work-life balance that suits them. Most of the participants explained that they moved to academia due to the demanding nature of the clinical practice. The unpredictable schedule of clinical nurses makes it challenging to manage particularly, for those with children or other family commitments. For these participants, they anticipated that the academic calendar will provide them with a flexible work schedule that would give them the chance to spend weekends, nights, and holidays with family. The participants had this to say:

“At the clinical side, sometimes you go for the morning, afternoon, and night shifts and it was interfering with personal issues and family life especially, the night duties. So, I expected when I move here (referring to the school), I can have time for my husband and children” NE002

“... I realized that I didn’t have time for my children, and I used to go for night duties. I didn’t have anyone to leave my kids with during my night duties, so I am hoping moving to the classroom will be flexible. At least in the classroom, there are no night duties so I will have time for them” NE009

“... I moved from the clinical settings because the shift system, is such a way that I did not get the best time for my family and my family is one of my most priority. I believed moving from the clinical setting to the teaching field would give me that free time to attend to my family” NE006

Other participants explained they wanted a convenient and easy work schedule due to existing health challenges. This encouraged them to move to academia as they expected to have a flexible work schedule to facilitate relief from health problems. The participants had this to say:

“Babies were also not forthcoming and of course if you don’t have time how will the babies come so, I was advised by my doctor to slow down else a baby won’t come. That encouraged me to move to the classroom so, I was expecting to have time for myself” NE011

NE010 also explained that ill health made him transition to the school and expectation of flexible work schedule:

“I was having kidney problems then I realized that when I come on night duty I just lie on the nurses’ table that was affecting my back and later my kidneys, so a doctor advised me to stop the night duties. That made to apply after my master’s degree. I was hoping to have flexible work schedules that is why I moved here” NE010

Another participant also shared a similar expectation of flexible work schedule so she could take care of her sick mother:

“Before moving to the classroom I thought there was freedom here, so I can have time for to take care of my sick mother [pause] but I have realized that there is a lot of work here; you have a period for which you are to teach, after that you have other things to do, like marking of scripts, research and case study” NE004

4.3.3 Pursuit of Higher Education

All the participants were of the assertion that a career in academia would help them get study leave to pursue higher education in nursing. Participants described how their work as teachers requires them to be current on new clinical skills and research in the nursing discipline. Participants also indicated they moved to academia because of the availability of opportunities in academia to attain the highest level of education in nursing. Participants shared the following narratives to express these opportunities that academia offered to pursue higher education.

“I was expecting to get the opportunity to do my Ph.D. I realized teaching in the school, I can get the opportunity to do my Ph.D. faster.” NE002

“Before I moved, I asked tutors who have been in the field and they told me that when you are in the classroom it is easier to get study leave and continue your education. Based on that I decided to move and also have that experience”. NE009

“I was hoping and anticipating that I will get the opportunity to upgrade myself because in the ward if you are not careful you won’t get the opportunity to do further studies. Moving to the classroom I was hoping to get the platform to move higher quickly, do my Ph.D., and venture into research” NE010

“Moving to the classroom I was hoping that there will be an opportunity for me to move higher quickly and do my masters and possibly a Ph.D.” NE011

Another participant who stated that her degree was not useful on the ward shared similar expectation:

“... after my first degree, I felt my degree was not useful in the ward. My aim in life is to have a Ph.D. and teach in the university, which motivated me to move to the classroom because whiles here, I can get scholarship to do my masters and a Ph.D.” NE004

Other participants also indicated that the pursuit of higher education in academia was because being a teacher in the Nursing and Midwifery Training School required a commitment to lifelong learning. Participants had this to say:

“I was hoping to have higher degrees.... Moving to the teaching field will help me to learn every day and conduct research. Being a teacher requires lifelong learning and this will motivate me to go to school.” NE008

“I wanted to go far in education, being in the classroom means you have to learn every day because the student will ask questions to keep you on your toes. I have to revise my notes daily, do more research so that the next day I can [errm] teach to the understanding of my students” NE005

Another participant attributed the expectation for the pursuit of higher education to national accreditation requirements for nurse educators. The participant confirmed that:

“I got to know that is mandatory for nurse educators teaching in Nursing Training School to have a master’s degree by the National Accreditation Board. I wanted to continue my education, but the hospital did not grant my study leave. Moving to academia, I was hoping to get the chance to do my master’s degree”. NE006

4.3.4 Promotion

Participants mentioned promotion as one of their expectations as new nurse educators. Participants indicated that in the Nursing and Midwifery Training Schools, their certificates will be recognized and be promoted to higher ranks. Hence, moving to become nurse educators will offer them upward movement from current rank to a position that comes with higher salary and responsibility. Participants recounted how their promotions were delayed as clinicians and expected that moving to nursing education will offer them a greater possibility of future advancement to the next rank after acquiring new knowledge and skills. This is what participants had to say:

“In the clinical setting, I had pursued my degree on a weekend basis. On completion, I went to see my bosses in the clinical field for promotion, but they didn't because they felt that I went to school myself without official notice. Because of that, I decided to also move to the school, hoping to be promoted and fortunately, I was promoted here (referring to the School)” NE009

“I had been due for promotion and it wasn't coming because I went to school without study leave. I thought I was being punished because all my juniors were ahead of me so luckily for me when I applied to the HTIS, it came along with the promotion” NE003

NE005 narrated that her expectation of career promotion:

“I applied for promotion after my first degree but the administrator of the hospital I was working in told me I don't qualify because I did a weekend programme without approval so, I moved to the school, expecting to be promoted and luckily the HTI recognized my certificate and promoted me” NE005

Another participant narrated her similar expectation of career promotion after a higher education:

“hmmm... after school I applied for my promotion and for more than a year, I was still a staff nurse, I complained severally to my matron, but nothing was done[pause]. I was not happy so, I moved here (HTI) hoping to be promoted to a nursing officer” NE011

4.3.5 Job Satisfaction

New nurse educators moving to the classroom will give them a sense of fulfilment and contentment in their work. Participants confirmed that they were not fulfilled as clinicians; this was due to the monotonous nature of clinical work and safety at the workplace. The participants who have had more years of clinical experience stressed that they were not pleased to work in the clinical setting. The prospect of experiencing a variety of approaches to classroom work motivated them to move to the training schools. They believed that it would change the monotonous clinical work and bring job satisfaction. The participants put their narratives in this way:

“I was at the antenatal clinic. Whatever we were doing was a monotonous thing, it was the same every day. I was hoping to do something quite different in the classroom; I am happy and content working here” NE005

“Having worked in the clinical field for several years, the environment was not safe, and it was the same patient care everyday... I was hoping in the classroom, I will get that inner fulfilment and to impart to the new generation.” NE007.

“... teaching gives me satisfaction. And so, once it has been my passion to teach at the level of the nursing training and when I had the chance, I was hoping for that level of satisfaction” NE006

Another participant shared how work place safety was his expectation:

“The hospital environment was not safe anymore, I was working in the medical ward and you can easily contract diseases and the hospital administration will not pay for your medical expenses. I was not happy so, I decided to move here, is safe working in the school”. NE001

Another participant also narrated her expectation of job satisfaction:

“I was not enjoying what I was doing in the ward anymore. There were a lot of frustrations: how can you go for six (6) continuous days, go for off one day... then you resume with a night duty (pause) sometimes the resources were not there to work with. I was hoping to get that satisfaction from teaching”. NE004

4.3.6 Prestige

The participants expected greater respect and social recognition in moving to academia. Participants expressed wonderful experiences at the initial stage of work. Participants acknowledged feeling proud and expressed happiness on their assumption of duty. The participants expected respect from students, family, and their community. Participants also viewed teaching in the Nursing Training School as a great accomplishment that demands social recognition. This is what participants had to say:

“I was hoping to gain respect from my friends and colleagues in the profession...now, my favourite part is when someone says oh good, you moved here, you have done well” NE007

“When you are a nursing tutor, you are respected by students and your colleagues at the hospital. I was hoping to get that respect from my colleagues and family. When friends and family people got to know I was teaching here, they think am a big person and they respect me more” NE005

“You know before moving to the teaching field, I admired the nurse educators so much, they were high up there, so moving to academia, I wanted that respect. I was happy when “I got my appointment letter to come here (referring to the school). Anytime I tell friends and family I am teaching in the Nursing Training School, they give me a lot of respect than when I was working as a clinician.” NE010

The participants also narrated their expectations:

“When you are a clinical nurse and working on the ward, people don’t respect you. Sometimes the way the doctors will shout at you and patient’s relatives will talk to you, tells that we are not respected ... I applied to the HTIS because I know nurse educators are more respected and I wanted to earn that respect” NE011

“I was expecting respect [pause] I told a colleague, I am now teaching in the nursing training school, and her attitude towards me changed: she started calling me “madam lecturer”. She used to call me by my name, but she calls me madam now and shows much respect”. NE009

Another participant who had four (4) years of clinical experience also confirmed that expectation of respect:

“Back at nursing training school, I remember how our tutors were treated; we held them in high status. On the ward, you don’t get that respect even from your colleagues. When I was moving to the school, I expected my students to respect me”. NE008

4.4 Transition Challenges

Transition challenges refer to the difficulties that start when the clinical nurse is employed in an educational setting and begins to work as a novice nurse educator. With every career change, an individual is likely to face challenges. One of the major themes explored was the transition challenges of the participants. Six (6) sub-themes emerged from this theme. These themes generally explain the challenges clinical nurses go through when they begin to work as nurse educators. The sub-themes are learning on your own, unclear job description, poor mentorship programme, stressful workload, Poor orientation programme and teaching ambiguity. All participants discussed challenging experiences related to their transition into the teaching role.

4.4.1 Learning on your own

The participants specified that they had to learn on their own to teach. Participants reported that their close acquaintances or peers asked them to learn on their own because that is how they also learned to succeed. Most of the novice nurse educators stated that they were unprepared for the new role because they lacked teaching skills. Some participants stressed that they needed to be taught the teaching pedagogies before mastering the confidence to teach. Some of the participants reported lack of consultation during course allocation and time to prepare. The participants stated that the challenges were compounded by lack of preparation and guidance by the recruiting agency or the school and they had to struggle to succeed as nurse educators. This is what participants had to say:

“When I came here, they said you learn on the job. All that they did was, “this is your course you are teaching so start”. You are to teach, you are to have quizzes, end of semester exams, mid-semester quizzes.” NE001

“I just managed to go through [pause] I was not told of my roles and responsibility, so I learned it on my own and that was something that was confusing me. Because over here, how you get your lecture notes is no one’s business” NE002

Another participant shared her challenging experience:

“I was given a course to teach, I thought teaching was easy but it was not (pause). The class was large and had difficulty teaching because I didn’t know how to go about it. I was teaching like how I was taught back in the nursing training college. I didn’t understand what I was supposed to do and so I have to learn without any support to teach” NE009

Other participants also recounted the struggles they encountered in learning to teach:

“I was only given a course outline to go and prepare and teach. I had to struggle and learn to teach and perform other responsibilities. I made a lot of mistakes and learned from that. I asked some few questions here and there to be able to fit into the system” NE004

“Just started work and didn’t know my left and right, I was just a clinician, so I had to learn to make it and nobody assisted me [pause]. It was a struggle for me as a beginner” NE005

“Most times in the evenings I have to read and sleep after 100:00pm because I have to learn to teach the next day without any help or guide as a novice. I was always having headaches. To me learning on my own to teach was more of a challenge” NE007

4.4.2 Unclear Job Description

Participants stated that they did not have an explicit and detailed explanation of their new role and needed more structure in the transition process to help them feel more competent. The participants asserted that they were uninformed and they were ignorant of their core roles as educators because most of them were not given job descriptions, hence uncertain of their roles as nurse educator. The participants indicated that they did not know of their co-curricular activities. They added that they were expecting the health training institutions secretariat to give them a printed job description of the nurse educator, for them to know their roles and responsibilities. Other participants stated they felt they will be recruited as teaching assistants first before being given the chance to teach students. Unclear job description resulted in participants relying on peers for basic information and resisting co-curricular responsibilities. The challenges of participants were compounded by lack of support in the schools. The participants had this to say:

“When I started work, the only thing that I was told is you are handling this subject. That is that [pause] no job description, nothing was explained to me. It was just the course outline and curriculum that was given me” NE007

“The whole thing looked new to me, I thought I was coming to teach, but there was more to it. I was not told what to do and what not to do. I was given a course to teach, I thought teaching was easy but it was not (pause). The class was large and there was no job description. Things were not spelled out like in the clinical setting for you to understand so I was just teaching.” NE009

“ I had to learn to make it on my own and then ask some few questions here and there to be able to fit into the system [pause] officially the HTIS did not give any job description. I was only given my appointment letter so, I didn’t know my other roles apart from teaching. No role was officially spelled out to me concerning what to do and what not to do” NE004

Another participant recounted the confusion she experienced:

“I knew my core duty was to teach...the vice principal told me to supervise students to take their lunch in the dining hall. I was confused and didn’t want to do it because I didn’t know it was part of my co-curricular duties” NE011

NE006 also added the confusion of not knowing the tutors responsibility:

Hmm ... the programme head gave me students’ files to calculate their GPA manually. Initially, I was confused, I resisted because I thought that was the duty of the school’s secretary but was told is the tutors’ responsibility. NE006

Another participant narrated his experiences of starting a new role without job description:

“I was moving into a new role without a job description. It was almost like being a brand-new nurse again because I didn’t know what my roles are ... I didn’t know how many years it was going to take me to know my roles” NE004

4.4.3 Poor Mentorship Programme

Mentorship is a connection that exists between a mentor and a mentee, where an experienced and knowledgeable mentor guide and supports the growth of a mentee in an academic institution. Most of the participants indicated that after recruitment into the schools, they had no guidance from the schools to assist them to learn what teaching entails. Due to this, novice nurse educators at the initial stage of their new role use several pedagogies that may not be helpful to whatever topic they teach. Again, participants

indicated that they experienced fear for not having all the correct answers for the students which affected the confidence needed to teach. These were all forms of transition challenges that the nurse educators expressed. The participants expressed their thoughts and experiences related to lack of mentorship during their transition from clinical nurses to novice nurse educators:

“I wasn’t given someone to mentor me. So, I just decided to seek knowledge from those with experience. When I’m faced with any problem, I go to a more experienced tutor, but I wasn’t given someone specifically to mentor me” **NE003**

“I had challenges with preparing my notes and how to get my facts right because it was my first time. [pause] I felt I should have a supervisor or somebody as my mentor to look up to for months or a year before probably I can get through” **NE009**

Another participant, who has a Master’s degree, recounted her experience without a mentor:

“There was no structure... I thought being new in the system you will be taken to the class and someone coaching you or probably somebody’s Teaching Assistant for some time. I was hoping to have all these experiences, but it wasn’t there. I was teaching without a mentor and it was like teaching in the dark. I didn’t know if what I was teaching them was the right things” **NE011**

The participants also acknowledged that they had challenges because they didn’t have a mentor. Participants had challenges using the appropriate teaching method and this affected the students. This is how the participants expressed their experiences:

“... I needed to learn from somebody but there was nobody and the students were always complaining that they don’t understand” **NE009**

“As a first timer, ... I realized that I was using more of the lecture method and it was because I didn’t have a mentor to guide me as a beginner” **NE007**

*“I didn’t have a mentor to support me prepare my notes and teach. It was difficult teaching, and the students were always complaining that they do not understand, I didn’t have anybody to consult or coach me. So, the students went to report me to the principal that when I teach, they don’t understand”. **NE006***

4.4.4 Stressful Workload

Stressful workload relates to overwhelming roles that need to be accomplished within given deadlines. Some of the participants described their workload as *heavy, not easy, a lot, and stressful*. Participants had to deal with heavy workloads because they were new and they had colossal tasks to accomplish. Majority of the participants also described their workload as weighty and demanding. Some participants expressed that their roles were stressful because they were given more courses to teach without any consultation to know their strength and adequate time for preparation. This compelled some participants to close beyond the usual closing time of the institution and usually had to prepare throughout the night to teach the following day. Some participants reported falling sick due to the workload. The participants had earlier thought teaching was easier compared to clinical work. Again, participants were overwhelmed by the magnitude of work involved in teaching and the pressure to meet deadlines. This can be seen in the following quotes.

“There is a lot of work when you close; you still have work to carry home. Initially, I thought it was easy but I had to prepare my lesson notes, set questions and prepare my marking scheme and then learn how to interact well with the students, I wasn’t sleeping initially and it was stressful for me especially combining with family life”
NE004

“I was just given the course and I was given the course outline. And I was asked to go and prepare my notes and start teaching after three days, I had stay overnight for about a month to prepare whiles I was teaching too, it was too stressful for me”
NE007

“I tell you it wasn’t easy, the workload was heavy and demanding, I have to wake up early, to learn before you get to class, always learning ahead of the class because you don’t know what a student will ask you. So, I always had prepared ahead to meet deadlines and was something new to me” **NE011**

The participants also recounted their experiences workload:

“The workload is a lot here and is demanding. Yes, sometimes being forced to work beyond my closing time because I was teaching basic nursing and the practical component. The students were also many and I have to put them into groups. How can one tutor be teaching this course alone Hmmm... I was always tired” **NE009**

“I was given two courses to prepare within one month. It was not easy for me as a family person. I could not work from home because my children will distract me, so I stayed to work in the office till 6 pm” NE005

Similarly, **NE008** who used to be a nurse for a company before transitioning to academia and had three years of clinical experience had to work on the ward per the decision of school management. He described his experience of combining clinical work with teaching and how it affected him medically:

“I was given two new courses to teach and also asked to go to the ward after work because I was teaching surgery and have never worked in the surgical unit so my principal asked that I work in the surgical ward for six months, I stayed throughout the night just to prepare for class, my head was always aching. [pause] It was too stressful for me because I was not sleeping” NE008

4.4.5 Poor Orientation Programme

This sub-theme relates to the absence of a set of organizational guidelines and information designed to guide new nurse educators. Most of the participants indicated there was not a well-established, official orientation programme set up by the principals or administrators of the schools before commencing work. Participants described the experiences as feeling like a stranger or foreigner. Some participants indicated they did not know the names of their colleagues and some departments in the school. Participants’ accounts of the orientation programme varied greatly, even within the same institution. Some participants described the orientation programme as brief, usually lasting only a few hours, and were not comprehensive to meet their needs. As a result, participants indicated that it took them time to adjust to the school environment and to know the mission and vision of their institutions. The participant recounted that lack of support for their orientation needs for them to fit into the workplace. Participants experienced hostile emotions such as frustration and stress of not knowing what was expected of them as a result of the poor orientation programme. This was confirmed in the quotes below:

“Orientation wasn't done, so you come to a strange environment and nobody tells you anything. It makes me feel frustrated. Probably going back to the ward and then getting a different ground to sprout out again could work out for me. It took time for me to know my way around, it was just recently, I got to know the school's history, mission, and vision” NE009

“The day I reported here (referring to the school), I was given my course and some teaching and learning materials. Nobody orientated me, I was only introduced to the tutors during tutors meeting and that was all. I had to find my way around and it was stressful” NE003

The participants also elaborated on how they sought direction from colleagues and students to make up for the poor orientation. This is how participants put their narration:

“I never had the opportunity to be orientated. What I did was to ask a colleague to orientate me because people kept on asking for my name and what I am doing in the school. At a point, I got tired of mentioning my name and asking students for directions, so my colleague took me around the school. The challenge is he was also not orientated ... and we both kept on asking” NE005

“I was not orientated, I had to find my way around and do most of the things myself it wasn't easy for me because I was always asking my office mate my way around and it made things quite difficult. It took about six months for me to know my way around here” NE011

“I wasn't taken through any orientation when I started work. I had to rely on students and colleagues to find my way around here. It took time for me to get adjusted and for the students to recognize me as a new tutor here (referring to the school)” NE004

Another participant from a CHAG institution recounted how he was orientated after two months of assuming duty. This made the participant feel as though he was not a member of the staff. **NE008** shares his experience in the following quote:

“I started work without any orientation till 2 months later, I felt like a foreigner in the school. Two months later, the school administrator called me, and she briefed me on the school's mission, rules, and regulations, it was then, I got to know I have to attend mass every Wednesday. She showed me around and the hospital, that was all” NE008

Another participant felt disappointed when all she received was a brief introduction to the school management team. The participant stated:

“I was only introduced to management and that was all ... I did not know the name of my office colleague and what is expected of me in the school”. **NE006**

Some participants not only reported poor orientation programme but also lack of support regarding their orientation needs and expectations. In the words of a participant:

“I needed somebody who can sit with me and go through the policies, rules, and regulations, promotions, salary and more specifically related to academic work [pause]” **NE010**

4.4.6 Teaching Ambiguity

This sub-theme narrates unclear teaching roles due to lack of educational preparation and knowledge on nursing pedagogies. Participants indicated that despite their degrees, they were uncertain in terms of content they were teaching. Nearly all participants described an absence of preparation for teaching or lack of instructional methods in their various degree and graduate education programs. The participants affirmed that formal preparation in teaching and instructional methods was necessary to ensure a successful transition. The participants narrated the difficulties they encountered with lack of preparation in teaching. The absence of preparation resulted in feelings of ambiguity as illustrated in participants' narrations:

“As a novice nurse educator ... even though there are course descriptions and the objectives for the course for each class, I still had difficulty teaching the content” **NE001.**

Another participant had this to say about his choice of teaching methodology:

“I was new and didn't know anything about teaching methodology; I was not given any preparation in education. At times I became confused and asked myself severally if am teaching the right things” **NE007**

Another participant narrated the lapses in her bachelor's degree programme:

“In my bachelor's degree programme, I was educated to be a clinician. As a teacher now, without any educational background, I find it difficult trying to figure out how to do teach”. **NE005**

The participants shared an understanding of how to teach patients in the ward but were at a loss about how to formally teach students in the classroom. Without having any experience in the formal academic setting, participants described the need for learning.

NE011 recalled:

“I remember I was taught how to educate patients on the ward in school and I could do it confidently ... Nobody taught me how to teach students and set questions ... I had to learn that with time”. **NE011**

Another participant shared his challenging experience of not having training in teaching in formal institution:

“I was teaching students on the ward and it was easy ... coming to the school, there are a lot of the formalities in teaching ... which I was not trained for ... but I guess will learn” **NE008**

Another participant thought acumen for the course being taught was also a necessary preparation. The participant described that clinical knowledge was not enough but rather a specific knowledge in the subject matter was necessary to deliver course content. The participant explained:

“I was teaching advanced nursing and some of the topics, I did not know about it ... though I had worked on the surgical and medical ward, I felt I needed time to read and prepare well before going to teach the class” **NE004**

4.5 Information Seeking Strategy

This theme narrates the self-directed activities used by the novice nurse educator to seek out information on how to teach. Participants mentioned the formal or informal means of acquiring information such as using peer mentors, taking advantage of facility development activities, preparing excessively, and past nursing experience in learning how to teach. Participants used these strategies to develop their teaching styles. Participants

indicated that they were new and uncertain of students' level of knowledge and this made them over-prepare during instructional hours. The participants again indicated that they used the information to improve their knowledge because of fear of not having answers to student questions.

In analysing the data, three (3) sub-themes emerged. These sub-themes explain the strategies new nurse educators use to seek information. The sub-themes included reliance on peers, participating in professional development activities, and the use of the internet.

4.5.1 Reliance on Peers

The novice nurse educators in this study acquire information about their teaching role from their peer nurse educators because of lack of guidance and information. Usually, this informal peer mentor was a colleague or senior nurse educator from another school with similar interests. The new nurse educator did not use principals or administrators of the school as their source of information. Some participants indicated that they relied on colleagues who were also new for information on teaching from other nursing schools. The participants indicated that they practice their teaching with peers for them to critique and ask questions before instructional hours. The participant indicated that their peers were willing to give them information and to help them develop their confidence in class. The commonality is all the participants described the relationship with peers positively. This is what participants had to say:

“I was always asking for information from my colleague back in Nursing Training School and my sister-in-law at Nkawkaw Nursing Training College. They taught me the other teaching styles, I only knew of the lecture method, which helped improve my teaching. I also relied on them for books as well” NE005

A participant recounted her experiences with informal mentors:

“I was going to one tutor who is respected by students and tutors, for any information concerning teaching. I normally tell her what I am going to teach, and she tells me how to go about it for students to understand.” NE004

“I had to contact a colleague at Korle Bu Nursing and Midwifery Training College for lecture notes. She is the first person I consult when I am given a new course to teach and she directs me to where I can get information to prepare” NE011

NE002 shared her experience of peer mentoring:

“I was going to teach empyema and emphysema. It sometimes confuses me back then in NTC so, I went to the office and with a colleague, we sat down and decided to teach ourselves and explain things further, asked all the possible questions students can ask. My colleagues helped me form an acronym before going to teach the students”. NE002

Another participant also stated the help he had from his colleagues. NE008 stated that:

“I asked for information whenever I am preparing my lecture notes from my officemates. They tell me what to add and what not to add because in this school, the principal inspects our lecture notes.” NE008

NE003 also had this to say about peer support:

“I normally ask for books and lecture notes from my friends. I teach obstetrics so I normally do the procedure with my friend for her to correct me before I go to the class to teach”. NE003

When asked what was most helpful to her during his first year of teaching, this is what one of the participants interviewed described his peer mentor:

“... I would say having a colleague that I could go to and talk about teaching issues with.” NE006

4.5.2 Participating in Professional Development Activities

Professional development activities relate to learning activities undertaken by new nurse educators to gain information to improve the teaching skills and boost student outcomes. Participants stated that they attended workshops, conferences, courses to enhance their knowledge and teaching skills. Participants stressed that participating in these activities

increased their knowledge and improved their confidence and their teaching ability. Some participants were of the view that staff development activities connected them with experienced educators, with whom they could test ideas and exchange ideas. Most of the participants indicated that professional development activities helped them to learn educational language and policies which make them develop unique personalities in the classroom. This is how participants recounted their experiences:

“UCC organized a one-week training programme for teachers; I spoke to my Vice-principal about it and went for the training. It was on teaching methods and assessment, after the programme, I became confident as a teacher and could express myself freely” **NE005**

“I attended a seminar on test construction and communication skills; it helped build my confidence in my first year of teaching. Anytime there is a workshop I attend because as a teacher you always have to learn and be abreast with new information” **NE006**

NE009 also added the benefit institutional programmes he received:

“The school organized a three-day workshop for the staff, it was basically on teaching and use of interactive boards, so anytime there is a seminar or training programme in the school outside I attend. It is helping me acquire knowledge and skills, so now I can teach every subject and teach the large classes.” **NE009**

Some of the participants in one of the schools did not have the opportunity to participate in any professional development activity organized by the school, but through the internet, they participated in informal professional development activities. This is what the participant had to say:

“I have not attended any workshop since I came here, but through the internet, I learned the teaching strategies and class control. Like initially I could not face the student and talk, so I have to read on the internet and improve. Now is better, I can face them, and class control is better” **NE010**

NE011 shared her experience with experienced colleague:

“I had a chat with one of the experienced tutors here (referring to the school) in the staff room, she gave me tutorials on effective teaching. One thing I remember from our conversation is that the students are not empty vessels, and I am there to help unwrap what they know already. Her statement has changed my teaching style, now I involve the students a lot in discussions.” NE011

4.5.3 Use of the Internet

Most participants reported that they used the internet to access information on the subject they were teaching since it is readily available in the school and contained all the information needed. In one CHAG institution, participants were given laptops which also helped them to search for information on the courses they were teaching. Some participants again, acknowledged the important role played by their school Wi-Fi. It served as another alternate to accessing the internet and it was a useful means to get information or fact right in preparation of lecture notes. A participant indicated that he used the internet to access information on teaching pedagogies and that helped him teach well. This is what participants had to say:

“The school gave me a laptop when I started working. Without a laptop you can’t teach; there is a Wi-Fi too which helped me search for information to prepare my lesson notes” NE002

“The school didn’t have a Wi-Fi, so they bought Vodafone chip and credit to access the internet. I used it to download videos on the internet to help me teach because I was teaching basic nursing and it was difficult getting information on some of the procedures” NE011

The participants recounted how the internet made access to information easy:

“The school has the internet and interactive boards which make access to information very easy. I use the information to prepare my lecture notes and set questions when I started; I learned the teaching styles from there” NE006

“The internet is helping me a lot and it has made learning easy for me, anytime I read something, and I don’t understand, I search for information about that particular thing on the internet. The internet is my reference point when am looking for information to prepare my lecture notes” NE003

4.6 Identity formation strategies

One of the objectives of the study was to explore strategies of novice nurse educators in identity formation. Identity formation strategies relate to strategies used by the nurse educator to merge the previously held clinical nursing identity with the new educator identity. Identity formation strategies also refer to how novice nurse educators develop distinct characteristics for which the individual is known in their teaching career. Moving from an expert clinical nurse to novice nurse educator brings about identity change. This theme also narrates approaches the novice nurse educators used to individualize classroom, clinical content, and learning experiences to find their teaching style and philosophy.

Generally, all participants stated that they strongly identified with the nursing profession. Participants explained that the development of teacher identity is an on-going process of interpretation of who one considers oneself to be and what one would like to become. Participants espoused diverging views concerning the strategies they use to develop their teacher identity. Three (3) sub-themes emerged from this theme: developing teaching style, learning to teach professionally, and setting limits for students' interactions.

4.6.1 Developing Teaching Style

The participants described this strategy as a way of taking ownership of their new role. The participants stated that it was a process that allowed them to find their teaching style and philosophy by individualizing classroom activities to fit their teaching style. The participants described how this strategy helped improve their teaching. They described how trusting in themselves helped them to take ownership of the classroom. Another participant stated that his expertise helped him to discover his style of teaching. This is what participants had to say:

"I said to myself ... going forward I have to develop confidence, trust myself and use my style of teaching without reading from the computer" NE006

Another participant also narrated how he developed teaching style:

‘By the first semester no training has been done so, I had to learn the hard way, I have to learn how to teach without copying how the experienced educators teach. I put the student into small groups and give them questions to solve. After we discuss and clarify when necessary. It helped because I was able to express myself well for the students to understand’ **NE007**

A participant narrated that pursuing post-graduate diploma in education contributed to the formation of her identity as a nurse educator. NE010 narrated that:

“PGDE helped me to discover myself as a teacher after one year of teaching... teaching the course now, I feel very comfortable teaching. I am not reading anymore, I have formed my style and student knew that you have to read before you attend my class. I know my stuff now”. **NE010**

NE011 recounted how she developed her teaching style with time:

“Having taught for some time now, I said to myself, how can I make this better? I have to find what worked and develop my teaching style ... I started engaging the students more in class and now, I can teach any number of students, no matter how large the class is. I can control my class and flow well when teaching” **NE004**

Another participant shared how his clinical experience in the ward helped him develop his identity:

“Nursing is an apprenticeship, and you tend to learn on the job. Initially, I asked a few tutors how they teach and tried to learn from them. After the first six months, I realized I have to find my style of teaching ... For me, I don’t nurture the students, I only assist them to learn and that is my style”. **NE008**

NE009 narrated how her clinical expertise helped her to develop her teaching style:

“I knew I was a new tutor but being an expert at the bedside meant that I am an expert and can learn easily and that’s true,... eventually I developed my teaching style without going to ask”. **NE009**

4.6.2 Learning to Teach Professionally

Learning to teach narrates the learning approach participants used to acquire knowledge, skills, and unique characteristics of a teacher. Most of the participants admitted that they enrolled in a formal institution to abreast themselves with teaching methodologies to enhance their teaching and develop their teacher identity. All participants acknowledged that developing an identity as a teacher requires pursuing a post-graduate diploma in education from a recognized institution. The participants acknowledged that learning to teach helped them to individualize classroom, clinical content, and learning experiences to find their teaching style and philosophy. This is what participants had to say:

“My philosophy as a teacher is to improve my skills and be an effective teacher ... I had to learn to teach to achieve the goal I had set for myself ... I did a diploma in education to develop my skills as a teacher” NE006

“I wanted to be a teacher, so one of the things I did was to learn to teach so, I enrolled in the PGDE programme at UCC. After the programme, I learned to support the students to learn and develop their skills.” NE010

A participant also had this to say about formal training in education:

“I didn’t understand what I was teaching them...I was confused myself. I learned how to teach in the PGDE programme. It has changed my style of teaching. Now I know the entire students are not the same, so I need to vary my style of teaching.” NE007.

Another participant who confessed her love for teaching had this to say after a formal educational programme in education:

“I love teaching and I learned professionally to be a teacher. Initially, I was harsh on my students but after PGDE, my values and style has changed, I am ready to assist them to learn and pass their exams” NE004

4.6.3 Setting Limits for Students Interactions

Setting limits narrates the strategy participants used in their interaction with students to develop their identity. This strategy often surfaced when the participants were asked about

how their interaction with students had changed over time. Participants acknowledged the need to create a different relationship with students than they had with their patients. Participants confirmed setting limits with student relationships made them unique as teachers and helped them develop teacher identity. They stated that it was necessary to set limits with students to ensure a successful transition to the educator role. Another participant noted that setting limits to student interaction were to ensure discipline. The participants also asserted that despite all the difficulties they faced in establishing limits in student interaction, they still wanted to ensure tht they developed their identity as a teacher. Another participant also confirmed that setting limits after the first year of teaching have helped raise standards for students. For example, NE004 recounted her experience:

“Some of the students knew me from the ward and had friends among them so, was difficult for them to accept me as a teacher. After the first semester, I set boundaries and made them aware ‘I’m the teacher and these are the rules, and we are going to play by the rules. I am quite flexible but not like when I started” **NE004**

A participant also confirmed how she set limits:

“The students felt probably I am their age mates or not a teacher, but with time I made them aware I am their teacher. I gave them rules in class and they obeyed.... I think now I have raised the standard. And they see me as their tutor.” **NE005**

Another participant also narrated that he set limit with student’s interactions:

“Students were familiar with me, probably from the ward so, seeing me in the school as a tutor they thought I was the same person. Initially, it was I help you and you help me thing, but after a year I began to set limits in our interaction. I am not flexible, but they can approach me. They know me as a teacher and what I stand for”. **NE009**

A participant who had ten years of clinical experience shared experience of how she developed her identity over time:

“On the ward, I was very free with the students and shared jokes with them. When I came here, (referring to the school) I was green and wanted to be liked by the students. After some time, I changed my style, I began to set rules. It was difficult initially and they have realized the change. Now they address me properly as the other teachers”. **NE002**

Another participant also narrated how he developed his identity:

“A senior advised me that if you want to stay here and do well, be careful the way you relate with the student especially the ladies so I kept that in mind and so my relationship was formal. After studying the student for a semester, I set boundaries for them. I think I am stricter as a teacher.” **NE008**

4.7 Adaptation Strategies

A unique theme that emerged from the data was adaptation strategies. Adaptation strategies are direct or indirect activities that the participants used to adapt despite the challenges they faced as novice nurse educators in their new role in the environment. Becoming familiar and acculturated to the work demands of the new role resulted in an overall positive appraisal of the transition. The adaptation strategies were identified as skills carried from the clinical expert role to the novice educator role. Adaptation to the new role also involved unravelling what they could control over what they could not control. Participants were expected to learn and adapt to their new roles within a short time and practice as nurse educators, however, they faced many challenges in their new role hence, adopted adaptation strategies to help them develop knowledge, skills and improve their teaching. Strategies used by participants include embracing the positive and intrinsic motivation.

4.7.1 Embracing the Positives

Embracing the positives is a self-supportive and adaptation strategy that relates to how participants embraced feedbacks to meet their needs despite all the challenges in academia. Meeting a range of negative experiences contributed to participants' feelings of

stress, anxiety, and uncertainty. They embraced and created positivity as a corrective measure, which allowed them to be optimistic in the new role. The participants chose not to rely entirely on positive feedbacks from peers alone but from students. The participants stated they conducted a student's survey to learn from feedback from students. These participants indicated how feedbacks were a source of encouragement and opportunities for professional development which made them feel good about their aptitudes. A participant described the feedback from one student as the "highlight" of the semester for her. This is what participants had to say:

"I had one student in the class who is very close to me...one day I asked her to give me feedback after class and her comments was the highlight for me that semester. It really helped me improve" **NE011**.

"...I conduct student feedback surveys by giving them pieces of papers to assess my teaching every semester and I always read over the comments that students make and try to improve on what I can.... Sometimes some of the comment are negative and insulting but I concentrate on the positive feedback to gets better and better" **NE002**

A participant narrated how leadership at the clinical setting has helped him formed his identity:

"It's been a difficult transition ... but my clinical leadership have taught me a lot of things. I sometimes rely on my own effort without my friends ..., I normally ask the class prefect of my teaching methods in order to improve ... I think am doing better, now I can confidently say I am a teacher" **NE006**

NE009 also conveyed that importance of student's feedback in his identity development:

".... I'm a nurse, not a teacher! I didn't know how to teach and am trying my best...and there was no one to tell me if I was doing well. Student feedback was important for me" **NE009**

Another participant recounted how he management students in class:

“I am always seeking new opportunities to learn and improve on my teaching. There was one student I had, and she was quite aggressive towards me and it was in front of the whole class! The way she will ask question [pause] ... I was feeling uncomfortable anytime she raised her hand to speak, but I knew I was imparting knowledge ... I concentrated on the good and ignored her most times” NE010

The positive experience communicated by this participant authenticated her efforts in preparation for class and contributed to her sense of optimism and self-accomplishment, which are necessary components for developing resilience. Participant’s story indicated that it was worth seeing students excel that created feelings of pride and accomplishment.

“... This was the second class I was teaching for the same course, I relied on the feedback from the previous class and prepared very well. My effort was worth it. All of them passed and was happy for this achievement because I learnt it was one of the best pass rates” NE007

Another participant shared his positive experiences and how feedback made him to feel good:

“... like one student told me, I was one of best teachers ... It made me feels great” NE006.

4.7.2 Intrinsic Motivation

Participants expressed joy and self-fulfilment despite the numerous challenges they encounter in their new teaching role. The participants mostly moved to academia because of “passion” and “love” they had for teaching. They expressed joy in training nurses and were happy to see their students pass examinations. One participant stated that the joy in knowing that she is training somebody to become a nurse and care for patient is what is keeping her in the school despite the challenges. For example, NE011 stated that:

“It all about seeing your students excels in their examinations. That is what brings me joy knowing that you have done something good.” NE011

NE005 also adds the love for teaching profession as intrinsic motivation:

“I have always loved to teach. I am happy to be involved in training nurses who will care for patients. I may be a patient one day, and my student will be the one nursing me ... I am passionate about” NE005

NE007 also acknowledged the benefits of teaching students:

“I know one day when I meet my student, they would acknowledged that this is the teacher who took taught me ... that thought makes me better and is keeping me here(referring to the school) ” NE007

NE009 also stated that teaching is his calling:

“... I feel this is my calling. I wanted to be here right after my first degree because I felt is better here ... to impart knowledge and contribute to the nursing profession. I am happy teaching and hoping things will get better in future”. NE009

NE006 stated the love for teaching:

“The major motivating factor in the world of work is really having the opportunity to do what you really love ... I am happy teaching” NE006

4.8 Summary

In summary, this chapter analyzed eleven interviews conducted with novice nurse educators. The chapter discusses their transitional experience within their first two year of practice. An interview guide was used to moderate the interviews. The principle of thematic content analysis was used to analyze the data. Five (5) major themes and seventeen sub-themes emerged from the analysis. The major themes were expectations of novice nurse educators, transition challenges, information seeking strategies and identity formation strategies. The findings of this study revealed that novice nurse educators experiences numerous challenges.

Expectation of novice nurse educator identified the following: imparting knowledge to make a difference, flexible work schedule, pursuit of higher education, promotion, job satisfaction and prestige. Transition challenges reported by the novice nurse educator

included learning on your own, unclear role description and poor mentorship programme. Regardless of the challenges that participants faced, majority of the participants sought ways to increase their knowledge and understanding and get the support they needed. Participants also reported the use of internet, reliance on peers and attending professional development programmes in seeking information about their role. Identity formation strategies included continuous education, students' interactions and participating in staff development activities. Majority of the participants reported lack of support and pedagogical preparation for the new role.

Participants reported that while this experience was frustrating and stressful, it was the challenge that prompted them to figure out how to teach in a way that would provide students with a positive learning experience. The challenge also afforded them the opportunity to grow and learn as nurse educators. Despite the challenges, participants revealed some adaptation strategies. Adaptation strategies include embracing the positives and intrinsic motivation strategies were used by participant to transition successfully. The findings of this study are discussed in the following chapter and they are compared to findings of other studies that discussed transitional experiences of new nurse educators and in general, transitioning into academia. The discussion in the next chapter was centered on these narrations.

CHAPTER FIVE

DISCUSSION OF THE FINDINGS

5.0 Introduction

This chapter draws a connection between the existing literature and the findings of this study. The chapter discusses the findings from the study participants in conjunction with the study objectives and the constructs of the NET Model. The main themes in line with the objectives of the study were expectations, challenges, information seeking strategies and identity formation strategies. Also, adaptation strategies was the additional theme derived from the data analysis.

5.1 Demographic Characteristics of Participants

All the participants were between the ages of 30 to 36 years. This is consistent with the average age of professional nurses in Ghana which is said to be between 25 to 35 years (Asamani et al., 2019). This suggests that transition of clinical nurses to academia mostly take place during their productive age. Most of the participants used in this study were females which is in line with the notion that Nursing is a female dominated profession. However, this trend is changing gradually with many males taking up nursing as a career due to the perceived job opportunity it offers after school. All the participants had first degree in a health-related programme which is in line with the minimum qualification to be a nurse educator in Ghana. In addition, all participants have worked for at least three years which is also in line with the requirement by the World Health Organisation requirement for a nurse educator (WHO, 2016).

5.2 Expectations of New Nurse Educators

The nurse educators in this study joined the academia with various expectations such as to impart knowledge to future nurses in order to make a difference in the profession,

flexible work schedule, pursue higher education, promotion, job satisfaction, and prestige. Expectation is a belief that something is likely to happen or will happen depending on the teaching environment (DeRosa, 2016).

The new nurse educator joined the academia with the expectation that they would impart knowledge to students and influence the future of the nursing profession. This finding concurs with other studies which found that sharing knowledge in order to bring a change in the nursing profession is the main expectation of new nurse educators (Evans, 2018; Laurencelle, Scanlan, & Brett, 2016; McDermid et al., 2016; Schoening, 2013; Weidman, 2013). This is in line with DeRosa (2016) who also found that new teachers wanted to impart knowledge to students in order to positively affect their growth. Additionally, Schoening, (2013) noted that novice nurse educators felt that the act of teaching students was more important than caring for patients. This demonstrates a coherent expectation that new nurse educators place students as the most important aspect of their job. It appears that teaching is a rich and rewarding pursuit for clinical nurses who want to share their clinical expertise and knowledge with student nurses to project a good image of the profession. New nurse educators, therefore, move into academia to share knowledge and experiences acquired at the clinical setting with students.

In contrast, Ander (2016) expressed that personal desires such as monetary benefits influence nurses to switched careers from the clinical setting to academia. This signifies that some clinical nurses are moving into the academic world because of financial gains. However, none of the participants in this study attributed their transition from nurse clinician to nurse educator due to financial benefits. This may be attributed to the single spine salary structure in Ghana which has streamlined the salary structure such that a clinician and a nurse educator in the same designation earn the same basic salary. The findings of this study

suggest that the primary goal of clinical nurses' transition to academia is to make a positive contribution to the nursing profession and not for financial incentives.

Again, the participants switched to the academia because work schedule in academia is flexible which allows for some level of autonomy and work-life balance. This is consistent with other studies where new nurse educators expected flexible work schedules that would allow them to meet their family needs (Brown & Sorrell, 2017; Toll, 2020; Yedidia, Chou, Brownlee, Flynn, & Tanner, 2014). This suggest that flexible work schedule would allow for weekends, nights, and holidays with family and reduced workload as compared to the strict work schedules in the clinical area. The clinical nurse attributes stress to the shift work and work demands because patient needs take precedence over nurses' needs. The inability to meet personal expectations such as flexible work schedules, pushes several clinical nurses into academia or increases beginning teachers intent to leave the profession (DeRosa, 2016). Again, the novice nurse educators struggle managing time to perform various duties involved in teaching (Laurencelle et al., 2016). Findings from another study reported that novice teachers' expectations of flexible job are often thwarted which ensue in a reality shock and intent to leave teaching (DiCicco et al., 2014). Flexible work schedules will increase new nurse educators' intent to stay in academia.

Findings from the study also indicate that majority of the new nurse educators expect that moving to academia would provide them with opportunity to pursue higher education in nursing. These findings from the study is consistent with a study where new nurse faculty were expecting scholarships and opportunity to enroll in a doctoral programme (Gerolamo et al., 2014). New nurse educators that had the opportunity to further their studies are likely to be retained in academia whereas another study recounted that highly educated nurse educators have the intent to stay in academia because they have career satisfaction (Derby-Davis, 2014; Evans, 2018). This implies that clinical nurses move to academia because they

want opportunities such as study leave, flexible study loans and scholarship to pursue high degrees in nursing. In the clinical setting, the study leave policy gives fewer opportunities to clinical nurses who want to embark on additional graduate studies. The quota system for study leave in the clinical setting offer fewer opportunities for graduate programmes. On the other hand, Health Training Institutions (HTI), and the National Accreditation Board (NAB) expect all new nurse educators to have at least a bachelor of science degree in either nursing or midwifery, therefore, creating the opportunity for nurse educator to pursue a degree or graduate studies to meet their expectations.

The present study identified that clinical nurses move to academia expecting to be promoted to higher designations in academia. This finding is consistent with the results of a study where most of the new nurse educators were expecting career promotion because of the variety of skills they have acquired (Sheikhi, Fallahi-Khoshnab, Mohammadi, & Oskouie, 2016). In addition, a study indicated that this expectation is rooted from school where beginning teachers were told by their supervisors that attaining higher qualification is a requirement for promotion (Bogler & Nir, 2015). The new nurse educators' transition to academia where promotion is partly based on achieving higher degrees can also be deluding at times even though promotion in academia is not based on availability of vacancies. Promotion nonetheless, is a motivating factor which determines new nurse educators' intent to stay in academia. In Ghana, the MOH has a policy for nurses' career advancement and promotion which aims at improving staff productivity and motivation.

Again, the participants expected respect and admiration from friends and family because nursing education is associated with prestige. This finding is similar to studies which ascertained that new nurse educators' expectations include respect and social recognition (Berent & Anderko, 2011; Bono-Neri, 2019; Sadeghnezhad & Ghanei Allhosseini, 2020). However, in another study, DeRosa (2016) reported that novice teachers

expecting respect from students normally experience reality shock because the reality is that students are sometimes disrespectful. Teaching in the Nursing and Midwifery Training school is ranked as a prestigious occupation in nursing because teaching is considered to be a high cognitive endeavour and the preserve of intellectuals.

Furthermore, the participants in this study expected job satisfaction in academia. These findings from the study concur with other studies where nurses were not satisfied as clinician but have higher job satisfaction working in academia because of motivating factors such as recognition, job responsibility, security, and opportunity for personal growth (Derby-Davis, 2014; Westphal, Marnocha, & Chapin, 2016). Given the findings such as safe environment, opportunities for growth and better conditions of service influence novice nurses transition and intent to stay in academia. This implies that nursing education must develop strategies to promote factors which would lead to the retention of nurse educators and attract more experience clinical nurses to academia. Hence, improving and maintaining these motivating factors in academia will ensure quality nursing education.

5.3 Transitional Challenges of New Nurse Educators

The transitional process from the clinical practice to academia is fraught with many challenges thus, has been studied over the past decade. Studies on transitional challenges of new nurse educators have discovered some factors which include lack of formal education in pedagogical skills, unrealistic expectations, poor orientation programmes, lack of mentorship, and role ambiguity (Cooley & De Gagne, 2016; Fritz, 2018; Paul, 2015; Schoening, 2013; Whitehead, 2015). The current study findings identified that majority of new nurse educators learnt to teach on their own without any educational preparation. This finding is similar to other studies where the new nurse educator learns to teach without any formal or informal educational preparation (Al-Nasseri & Muniswamy, 2015; Cooley & De Gagne, 2016; Schoening, 2013; Shapiro, 2018). This implies that teaching in the nursing

school is very different from practicing nursing. Many clinical nurses become nurse educators with little preparation, which many studies have recognised can result in stress, anxiety and overwhelming workload during the first few years of teaching (Gardner, 2014; Paul, 2015; Schoening, 2013). Additionally, DiCicco et al. (2014) reported that novice teachers are not able to meet their expectations because of lack of teacher preparation programmes.

Formal preparation of nurse educators is essential to the development of knowledge, skills and attitudes of nurses. The educational system cannot individually bring the required changes in the Nursing Training Colleges. The World Health Organization, therefore, developed a document on Nurse Educator Core Competencies which specifies the knowledge, skills and attitudes that are needed by the new nurse educators to enable efficient contribution to the realization of high-quality nursing education. The document stressed on the need for formal preparation of the educator to learn curriculum design, assessment and evaluation as well as nursing pedagogies before assumption of the nurse educator role (WHO, 2016). The core competencies are appropriate to diploma and degree level nurse educators. Though this document specifies the competencies that clinical nurses are to acquire before selection and the Health Training Institutions is yet to implement it.

In Ghana, new nurse educators are not given any preparation after selection and they are left on their own to teach to muddle their way through the educational system. There are no supervisors that are responsible for these new nurse educators, unlike the Ghana Education Service where every district has a circuit supervisor that monitors the activities of teachers. This permits the new nurse educator to struggle to teach through trial and error.

The new nurse educators were unclear about their job description. The study found that the new nurse educator did not have any explicit detailed explanation of their new role. This finding is supported by other studies that unearthed the lack of job description as an

issue for unimaginable workload, prolong enculturation, poor student achievement, and high attrition rates for students and new faculty (Fontenelle, 2013; Shapiro, 2018). When roles are not explicitly explained to the new nurse educators, they experience what Schoening (2013) refers to as a culture shock and a great deal of stress. The findings noted stress and other emotional factors play a significant role in a teacher's decision to leave or stay in the profession (Woytowicz, 2018). In the clinical setting, nurses have job description based on the prevailing hierarchical designations, which helped clinical nurses to know their role expectation, guide them to perform their roles accordingly, and clarify the basis for appraising job performance. However, the lack of clear job description in the Nursing Training schools promotes insecurities and uncertainties. Educators therefore rely on peers for basic information.

Furthermore, the study found that participants lacked mentors and mentorship programmes. Similarly, other studies have reported lack of mentorship programme for the new nurse educators (Gardner, 2014; Link, 2020; Paul, 2015; Toll, 2020; Weidman, 2013). The absence of mentorship in the Nursing and Midwifery Training schools leads to challenges with student assessment and needless errors (Sodidi, 2018). Again, the lack of mentorship can lead to nurse educators teaching by trial and error, and difficulties transitioning into the new role (Mann & De Gagne, 2017). The lack of mentorship led participants to be using teacher centred pedagogies such as lecture at the initial stage of their new role. This is in line with another study that reported that lack of mentorship led to the use of teacher centred pedagogies and poor student assessment (Shapiro, 2018).

On the contrary, Thurgate (2018) found that new nurse educators have mentors to support them, however, the mentors lacked knowledge and skills to facilitate learning. This contributes to uncertainty in the new role and hinders professional role development. Mentors should be experienced nurse educators who have been trained formally to assist the

new nurse educator. As posited by Benner (1984), the clinical nurse starts the nurse educator role at an advanced beginner proficiency level, hence, they need direction and formal mentorship. Also, another study found that novice teachers who had mentors and participated in mentorship programmes had career satisfaction (DeRosa, 2016). Ensuring mentorship programmes for new educators will provide them with direction and guidance to ease transitional challenges.

The study found that the new nurse educator experienced stress due to increase workload. This was due to the overwhelming roles that needed to be accomplished within a given deadline. This finding support a study that found new nurse educators experienced stress and were overwhelmed by workload (Cooley & De Gagne, 2016). The new nurse educator did not have adequate time to prepare their lesson notes. This compelled the new nurse educator to work overtime beyond the eight (8) hours allowed for Public Sector Workers in Ghana. This finding corresponds with another study that found that new nurse educators felt being exploited for working overtime without any compensation (Sodidi & Jardien-Baboo, 2020). Additionally, new nurse educators experienced stress due to heavy workload (Spencer, 2013; Whitehead, 2015). The new nurse educators experienced stress because they were teaching more than the two courses that the HTIS prescribes thus, increasing the workload.

The study discovered that new nurse educator had poor orientation. This finding is consistent with other studies where the orientation process was informal, brief, and limited, lasting for a few minutes (Auseon et al., 2016; Harvey, 2020; Hoffman, 2019). Poor orientation programmes result in prolong enculturation and the new nurse educators usually, feel isolated. This is similar to a report that state that lack of orientation contributes to feelings of frustration, and isolation (Harvey, 2020). The findings were contrary to a study that found that adjunct clinical faculty who received orientation were adequately prepared

and that lessened role-transition stressors (Schaar et al., 2015). The nurse educators who had poor orientation are more stressed and not adequately prepared for the new role. The new nurse educators that receive orientation are adequately prepared and have smooth transition. In Ghana, the Health Training Institution does not have a formalized orientation programme that supports the new nurse educator. Orientation practices involve introducing the new faculty to staff which varies in terms of scope, content and time allocation even within the same school. Orientation is important because it lays the foundation for the new educators' entire career in nursing education. The new nurse educator learns about the mission and vision of the institution and aligns his/her vision to that of the institution.

Furthermore, the findings from the study showed that new nurse educators were uncertain in terms of the content they were teaching. This finding is supported by other studies where the new nurse educator experienced uncertainty in teaching the subject matter of nursing (Ibrahim et al., 2013; Whitehead, 2015). Also, the new nurse educator experienced stress because they were unsure of the how, when and what to teach the students (Ibrahim et al., 2013; Legare & Armstrong, 2017; Paul, 2015; Summers, 2017; Whitehead, 2015). The new nurse educator attributed the feelings of ambiguity and self-doubt to limited preparation for the teaching role. Similarly, another study attributed deficiencies in content, knowledge and self-doubt to lack of pedagogical knowledge in graduate educational programmes (Boakye & Ampiah, 2017). Contrary to this findings, a study reported that new faculty who are well prepared for teaching role exhibits teaching prowess (Ore, 2020). Knowledge on clinical nursing is not enough to teach nursing, hence, new nurse educators need educational preparation to ensure a successful transition. The new nurse educators should be consulted to know their strength and expertise during courses allocation to prevent non-performance.

5.4 Information Seeking Strategies Used by the New Nurse Educators

The new nurse educators in this study acquire information about their teaching role from their colleagues. This finding is consistent with other studies where novice educators depend on their peers as an avenue to seek for information (Ibrahim et al., 2013; Schoening, 2013; Singh & Mahapatra, 2016). Reliance on colleagues for practice and for information may allow them the opportunity to convey freely their anxiety and challenges without feeling inadequate and incompetent. Additionally, allowing their peers to critique their work provides them the opportunity to correct lapses in their presentation before instructional hours. This leads to good interpersonal relationship with peers as suggested by Singh & Mahapatra (2016). Furthermore, seeking for information from peers may simply be attributed to the fact that peers are readily available and are ready to offer support.

The study further revealed that participants rarely depended on their principals or administrators for information. This finding is line with a study that indicated that novice teachers hardly rely on their principals for basic information (Bogler & Nir, 2015). This may be due to the fact that these group of people are usually very busy and not easily available, hence, gaining access to them may be difficult as suggested by (Ibrahim et al., 2013). Again, the organizational structure and lack of management support in the institutions delay communication and information flow hence, new nurse educators prefer to depend on their peers for information about their roles using informal means, consistent to findings (Pogodzinski, 2012) that projected that new educators choose to depend on informal support. This finding points to the fact that investing in the development and training of nurse educators may successfully assist in the transition into their role as established educators. This does not only influence students but also it goes a long way to help new colleagues adjust when they join the institution, since they play a crucial support role for new recruits.

Majority of the new nurse educators indicated that participating in professional development activities was the strategy they used to acquire information about nursing education and develop educational language which made them develop unique personality in the classroom. This is similar to several studies where new nurse educators participated in workshops and seminars to seek information about their role (Clochesy et al., 2019; Coffman et al., 2013; Gardner, 2014). Consistent exposure and participation in these activities provide new nurse educators with support and information on their new role. It also allows them to learn teaching skills, develop social networks with both peers and experienced educators, and provide the opportunity to clarify what is expected of them, which help to increase knowledge and improve their confidence and teaching skills.

In Ghana, new nurse educators in the Nursing and Midwifery Training Colleges participate in workshops, seminars, and meetings to acquire information about their roles. These programmes are normally organized at the national and regional levels by private organizations. The various institutions occasionally organize some of these activities for both experienced and new nurse educators. Due to resource constraints, there are few mentorship organizations that support new nurse educators with information, particularly on research. The MOH and HTIS, as a matter of concern, must institute educational programmes specific for new nurse educators such as induction and orientation day like the universities, where handbooks are given to the new educators to assist them with relevant information about their teaching role.

Another strategy identified was seeking information from online resources. This finding was consistent with the results of several other studies where participants sought information using the internet (Inman et al., 2019; Ismail et al., 2017; Tahira & Ameen, 2016). This may be related to the fact that online resources are readily available, easily accessible and contained up to date information. Furthermore, in Ghana, most of the Health

Training Institutions have access to the internet and e-resources with no cost to the educator. Furthermore, most institutions prefer electronic resources because it provides updated information, which is easy to carry and store as compared to hard copies and books. This is because most libraries are now stocked with out-dated books which do not support current research evidence. Contrary to this finding, other studies have reported that faculty preferred print media than online journals due to the scarcity of internet services, lack of reliable online databases, poor publishing in the field, language restrictions and the age of the faculty member (Folorunso, 2014; Marouf & Anwar, 2010). This implies that the new nurse educators have access to technological resources and are comfortable with searching for information online. This is because they are young and are computer literate. Also, they favoured online resources because of the dynamic nature of the nursing field which has numerous research publications suggesting new ways for patient care.

5.5 Identity Seeking Strategies

According to Izadinia (2013), educator identity is the self the educator portrays during and after instructional period. Thus, identity becomes the diagnostic lens through which different aspects of the teachers' instructional methodology is revealed. Nguyen (2016) also asserts that teacher identity is formed through interactions of personal, professional, past, and cultural factors. The identity of the participants is developed through their philosophy of teaching which informs their teaching style. This style may impact on the capabilities of the teacher since it directs the language and the interactions with the students making them develop a unique style of teaching. The participants acknowledged that their philosophy assisted them to develop their teaching style. One's philosophy of teaching may be guided by various reasons such as students interaction, personal believes, experience, and the philosophy of an institution. Personal philosophy, thus, is developed and shaped over a period of time. This finding is consistent with other studies which

ascertained that creating and recreating the individual teaching style is a way to develop the teacher identity (Izadinia, 2013; Reeves, 2018). Contrary to this, other studies reported that participants developed their philosophy and identity by merging the clinician and educator identity (Cantillon et al., 2016; Schoening, 2013). As clinical nurses enter academia, ‘who they are’ in terms of identity has already begun, this identity is however modified when the individual interacts with the teaching environment and students. By examining the educator after clinical experience, educators refine their experience, knowledge, or perception of themselves. The new nurse educator therefore, merges the educator and clinical identity to develop a unique identity. In Ghana, most teachers enroll in academic institutions to learn unique skills to form a professional identity.

The participants admitted that they developed their teacher identity through formal education, by enrolling in a post graduate diploma programme. This finding concurs with Riveros-Perez and Rodriguez-Diaz (2018) who confirmed that forming an identity is a developmental process that involves acquiring explicit knowledge and skills in teaching, new attitudes and ethics as well as taking on the self-concept associated with the new professional. Similarly, Hunter and Hayter (2019) asserted that developing the art of teaching as a strategy, helps the new nurse educator to form an identity to transition smoothly in academia. Contrary to this finding, studies have reported intrinsic motivation to learn pedagogical skills, roles, and responsibilities as a way of developing teacher identity (Jetha et al., 2016; Legare & Armstrong, 2017). In Ghana, most new nurse educators are encouraged to enrol in the University of Education to learn how to teach and develop the unique qualities of a teacher. Participants acknowledged that to develop one’s identity one needed to have expertise in teaching, thus, pursuing a post-graduate diploma in education. Knowledge in education is critical for successful role transition and the development of professional identity. Though the new nurse educators assumed they have content

knowledge and knowledge in pedagogies, classroom management was important in developing the professional identity. Furthermore, learning of teaching methods, class management, and pedagogical skills make the new nurse educator speak the language of an educator. The knowledge acquired through formal education helps the new nurse educator develop unique philosophy and pedagogy.

Participants asserted that limiting interactions with students allowed them to develop their unique character and teacher identity. The result is similar to a study where new faculty developed their identity by limiting interaction with students (Schoening, 2013; van Lankveld, Schoonenboom, Croiset, et al., 2017). Contrary to this finding, Cruess et al. (2015) found that identity formation is an active social process where educators create their identity by interacting with students and within the social context. This is also confirmed by a study where beginning teachers reported that strong student-teacher relationship was the strategy they used in forming their identity (DeRosa, 2016). These contradicting findings may suggest that teacher-student interaction is beneficial in the academia as novice teachers reaffirmed that the most determining factor for job satisfaction is their relationship with students (DeRosa, 2016). However, the educator must clearly define some limitations for the student interaction. Setting limits to teacher-student interaction is an important part of classroom management and it helps the nurse educator develop control over students' behaviour and influence learning.

5.6 Adaptation Strategies Used by New Nurse Educators

Participants espoused various strategies they resorted to successfully adapt to the changes and challenges to transition. Regarding ways participants use to adapt to changes, the study ascertained that most of the nurse educators chose to embrace positive feedback from peers and students. This made participants optimistic in the new role. This finding is consistent with results from other studies where the novice nurse educators accepted positive

feedback from their students to develop resilience and navigate through the challenges (Amott, 2018; Legare & Armstrong, 2017; McDermid et al., 2016). Through feedback, the new nurse educators learn and critically analyse challenges to develop corrective measures to become better educators. In contrast, other studies have reported that new nurse educators transfer information from leaders in the clinical field and clinical expertise as an adaptation strategy in their new role as educators (Rathmell et al., 2019; Stubbs et al., 2016). This implies that having prior clinical experience also helps novice nurse educators develop adaptive strategies for their new role. Again, constructive feedback from peers and students help the new nurse educator to adapt to the new role.

Participants expressed joy and self-fulfilment despite the numerous challenges they encountered in their new teaching role. Participants mostly moved to academia because of the “*passion*” and “*love*” they have for teaching. It was clear during the interviews and the review of the data analysis, that these new nurse educators all demonstrated attributes related to passion to teach. The passion to teach is an intrinsic motivation that helps the new nurse educators to learn and manoeuvre through the new role. This is supported by previous studies which reports that new nurse educators have a passion for the teaching career (Cooley & De Gagne, 2016; Laurencelle et al., 2016). Intrinsic motivation which stems from the inner desire to help students, to impart knowledge, and to create an effective learning environment is critical in helping new nurse educators to adapt to their new role. Passion has a motivating factor; therefore, to ensure quality training of nursing students to provide quality care to patients, passion is an indispensable need that should be sought when recruiting new nurse educators.

In conclusion, the findings identified were in line with the findings of previous studies. Furthermore, the conceptual framework adapted from Schoening (2013) guided the study and aided the researcher to answer the research questions. However, external to the

conceptual framework, the study yielded an additional theme that was not part of the scope of the Nurse Educator Transition Model. This theme was adaptation strategies adopted by new nurse educators during the transition process.

CHAPTER SIX

SUMMARY, IMPLICATION, LIMITATION, CONCLUSION AND RECOMMENDATIONS

6.0 Introduction

This chapter presents the summary of the study, implication for nursing, limitation of the study, conclusion, and recommendations. The implications are discussed to reflect on nursing education, nursing research, and health policy. The chapter further explains the lessons the researcher has gained from the study,

6.1 Summary

Clinical nurses are excited to contribute to the training of future professional nurses, believing that they are equipped with clinical skills and knowledge to assist with students' learning (Jetha et al., 2016). Transitioning from experts clinical nurse to new nurse educator represents a new experience with different roles, responsibilities, and expectations. The clinical nurses experience challenges transitioning to the nurse educator role (McAllister et al., 2014; Tucker, 2016). These challenges are due to the differences between the hospital environment and academic environment. This makes working with students in the classroom stressful for the new nurse educator (Link, 2020). In Ghana, transition from a clinical nurse role to the educator role comes with minimal formal preparation, support, mentorship, and orientation programmes. This results in role ambiguity, role strain, increase workload, prolong enculturation and poor student outcomes. The study, therefore, sought to explore the transitional experiences of new nurse educators in the Eastern Region of Ghana.

The Nurse Educator Transition (NET) Model by Schoening (2013) was adopted for this study after strict scrutiny of the constructs of other models identified. The NET Model was used as an organizing framework to explore the transition experiences of eleven new

nurse educators with at most two years teaching experience in four (4) selected Nursing and Midwifery Training Schools in the Eastern Region of Ghana.

A qualitative exploratory descriptive design was used to explore the transitional experiences of new nurse educators. Ethics clearance was sought from the Noguchi Memorial Institute for Medical Research (IRB 00001276). Again, an introductory letter from the School of Nursing and Midwifery, University of Ghana, and the HTIS were sent to the selected schools to seek permission. A purposive sampling method was used to select nurse educators who had at most two (2) years of teaching experience in the Nursing and Midwifery Training School. Data was collected using a semi-structured interview guide developed based on the constructs of the NET model (Schoening, 2013) and the study objectives. The interview guide was pre-tested at the Nursing and Midwifery Training School, Korle-Bu. Informed consent was sought from the participants before data collection. The interviews were conducted between December 2019 and February 2020 at the various schools of the participants. The interviews were audio-recorded and transcribed verbatim. The interview lasted between 45 minutes to 60 minutes. Saturation was achieved at the eleventh participant. Data was manually analysed using Braun and Clarke's phases of thematic analysis.

The main themes for the study were derived from the objectives and conceptual framework of the study. The major themes identified were expectations of new nurse educators, challenges of new nurse educators, information seeking strategies used by new nurse educators, identity formation strategies of new nurse educators, and adaptation strategies adopted by new nurse educators. The last theme, 'the adaptation strategies adopted by the new nurse educators' emerged after the analysis of data. The result revealed that new nurse educators in Ghana have varied expectations which are mainly focused on the students and the profession. The new nurse educators are confronted with several challenges such as

lack of support, preparation, pedagogical skills, orientation, mentorship, unclear job description and stressful workload. Nurse educators use the internet, participate in professional development programmes, and relied on peers for information. The new nurse educators also formed their identity through the development of their teaching philosophy which pre-empt their teaching style. Acquisition of the teaching style is attained through formal teaching knowledge and setting limits with students interactions. Despite all the challenges, the new nurse educators were able to adapt to the change by embracing positive feedback and intrinsic motivation.

6.2 Implication of the Study

The findings of the study have implications for Nursing education, Nursing Research and Nursing Policy.

6.2.1 Implication for Nursing Education

Although clinical nurses move to academia with a lot of clinical experiences, nursing education has a different culture, expectations, and responsibilities. The study findings show that new nurse educators have expectations which influence their decision to join academia. Their expectations were not just focused on themselves but the integrating system which is the school and the students. These expectations of the new nurse educators influence their satisfaction and intent to stay in academia.

The study results provide clarity on the challenges that affect new nurse educators' transition and set an opportunity to dialogue for new nurse educators and administrators. It is, therefore, imperative for the new nurse educators to comprehensively prepare before transitioning to academia. Both administrators and peers share in the responsibility to facilitate the smooth transition of new nurse educators in achieving the skills and knowledge necessary for their role. Nursing education must make an intentional approach to enhance

the transition to academia and support the advancement of new nurse educators to a proficiency level in teaching. There should be clear description of the role expectations of the nurse educator. Again, reassurance should be offered that both administration and the peers will serve as resources during the transition. Also, an expanded, formal, and progressive orientation period for new nurse educators should be implemented. The expanded orientation should be structured to allow for gradual development of efficiency and effectiveness in teaching and learning. The orientation should be led by a well-experienced educator. Team teaching and peer reviews can be used as resources to overcome teaching difficulties.

The findings of the study also bring to the fore the need to institute formal mentorship programmes in the various schools purposely to mentor new nurse educators. Professional development programmes were identified throughout the literature to provide the needed education and support to new nurse educators. Again, the nurse educator has many roles to accomplish. He or she is a facilitator, mentor, course developer, advisor, and advocate for nursing students. Therefore, participation in a professional development programme specific to the needs of newly recruited nurse educators will provide the needed support.

The findings also suggest some implications for the inclusion of teacher preparation courses such as teaching methods, microteaching and assessment in all health-related bachelor degree programmes in the university to prepare new nurse educators who would want to transition to academia. The findings again, suggest that the new nurse educator should be allowed to teach the same course within their clinical expertise and to use the same course materials during the transition period to overcome teaching difficulties.

The study results on information seeking strategies used by new nurse educators also has implications on for the school's library, peers and professional development programmes. The findings indicate that there is a gradual change from print media in the academic community. The use of internet is popular among new nurse educators, with many of them using audiovisual materials and electronic documents in delivering their lectures in the classroom. It is imperative for re-engineering of the schools' library and its services, by enhancing internet facilities and electronic resources. Again, collegial support for new nurse educators should be promoted by encouraging team teaching and knowledge sharing between new nurse educators and experienced nurse educators.

Educational administration can aid in the examination of factors that promote professional identity development by providing relevant content knowledge through professional development programmes. Allowing students ample time to practice teaching in a non-threatening environment will help to create a space where participants can adapt to the changes so that identity development can happen.

6.2.2 Implication for Nursing Research

Literature is mainly focused on role transitions within the healthcare setting in terms of moving between academia and practice. For instance, student nurse to staff nurse, or clinical nurse expert to novice academic faculty. Besides, role transition is usually examined as exiting one role and moving into a new role (Schlossberg, Goodman, & Anderson, 2012). More research focusing on the transition of new nurse educators in the Nursing and Midwifery Training Schools offering the basic programmes in nursing is needed. A replication study should include new nurse educators in private institutions to see if the results would be similar. The findings of the study imply there is a need for quantitative studies to make the findings generalized. Additional research is needed to determine

whether experiences identified are representative of other educator roles, such as clinical or adjunct educators.

6.2.3 Implication for Policy

At policy level, the criteria for recruiting nurse educators should be revised starting from a minimum of master's degree with at least 5 years of clinical experience, as most of the challenges of transition will be taken care of by higher education and longer clinical experience, which will benefit nursing students immensely.

From the study, it was evident that new nurse educators need educational preparation. The educational preparation would specify the number of teaching practice nurses are to have before they are finally recruited into the schools to teach. This will help build the confidence of new nurse educators and their pedagogical knowledge. The MOH in collaboration with the universities should design post-graduate programmes in nursing education purposely to train nurse educators. The MOH and HTIS should develop a policy for nurse educator induction, orientation, and mentorship for all Schools of Nursing. The new nurse educator should be taken through these programmes before they are posted to the schools. These policies will help new nurse educators to grow into proficient teachers who would produce a better generation of nursing students and ultimately make their contribution towards organizational' growth and the growth of the entire profession.

6.3 Insight Gained

Exploring the transitional experiences of new nurse educators has been a great experience for the researcher. As a researcher, I was personally motivated to study the transitional experiences of new nurse educators because studies on transition are more in the advanced countries such as in the USA, Australia, Canada, and United Kingdom. It was also realised that there is paucity of literature on nurse educator transition.

This study has aided the researcher to gain a lot of understanding into the research process right from identifying a problem and developing a proposal through to the end of the entire work. Additionally, the use of a model as a basis for conducting the study was very insightful as it helped in setting the objectives, reviewing the literature, and discussion of findings. The researcher equally has gained a lot on the subject studied and this has been an eye-opening experience.

Finally, the researcher has also learnt a lot in analysing and reporting qualitative data. In conclusion, this study has shown the researcher the fundamental principles of carrying out a study by considering an area of study interest, writing out the proposal and subsequently, the thesis. The experience gained will help the researcher in identifying problems in the area of work and apply the research skills acquired through this study to provide solutions.

6.4 Limitations of the Study

Though the study identified important findings, there are limitations to this study. The first limitation is the inability of the researcher to recruit participants from all the schools because some schools were on vacation and time constraint was a factor. Exploring the transitional experiences of new nurse educators from other different schools in the region may have elicited similar or different responses that could have supported or altered the study findings.

A second limitation of the study was the lack of diversity of the sample studied. Seven (7) out of eleven (11) participants were female. If a longer recruitment time was feasible, there would have been the potential for acquiring a more diverse sample. However, engaging the participants for a longer period helps with triangulation of data.

6.5 Conclusion

Numerous studies have been conducted on the transition experiences of new nurse educators in developed countries but limited data was found in Africa. This study set out to explore the transitional experiences of new nurse educators within their first two years of teaching. This study sought to achieve four (4) objectives. These include expectations of new nurse educators, challenges of new nurse educators, information seeking strategies, and identity formation strategies of new nurse educators. Participants' adaptation strategies also emerged from the data.

Findings from the study revealed participants had varied expectations which influenced their transition to academia. Expectations centred on the nurse educator, the institution and administration. The study found several challenges of the new nurse educators which included new nurse educators learning to teach on their own without preparation, poor mentorship and orientation programme, unclear job description, teaching ambiguity and stressful workload. Participants sought information about their role informally through peers, participating in professional development activities and use of internet. The new nurse educators formed their identity by developing teaching style, learning to teach professionally, and setting limits to students' interaction. The participants adapted to the change that came with the transition by embracing positive feedback and intrinsic motivations.

The conclusions drawn from the study provide valuable insight into the transition of a clinical nurse to a nurse educator role. Participants' experiences were explicitly described offering an understanding of transition through the lens of the new nurse educator who experienced the process. Overall, the new nurse educator experiences that surfaced in the study were remarkably similar despite the geographic setting or context in which the experiences took place.

This finding offers a common ground for policymakers, higher learning institutions, and educational administrators to collaborate to find innovative strategies to support clinical nurses as they transition to the role of nurse educator. Although it may be unrealistic to expect all graduate nursing programs to include educational courses within their curriculum, it is realistic for educational administrators to incorporate an expanded orientation and mentorship programmes for nurses who transition to academia. Policies to enhance the transition process by including and expanding the orientation period, nurse educator preparation and mentorship programmes may lead to a successful transition.

6.6 Recommendations

Based on the findings of the study, the following recommendations were made to regulatory bodies, interest groups, and the administrators of the schools.

6.6.1 Nursing and Midwifery Council (NMC)

NMC should:

- Monitor and supervise new nurse educators in various Nursing and Midwifery Schools.
- Assist new nurse educators with professional development programmes.
- Ensure all new nurse educators have logbooks and be made part of their teaching assessment.
- Ensure there are teaching and learning resources in the school.

6.6.2 Ministry of Health (MOH)

MOH should:

- Review nurse educator requirements for recruitment.
- Institute teacher preparation programme in all Nursing and Midwifery Schools.
- Train well-experienced nurse educators as mentors.

- Institute orientation and induction programme for new nurse educators.
- Provide job description for all nurse educators.
- Compensate nurse educators who serve as mentors.
- Ensure that Nursing and Midwifery Schools have mentorship programmes.
- Ensure clinical nurses have knowledge in education before they are recruited as educators.
- Offer job shadow days to nurses who are interested in becoming nurse educators.
- Ensure Nursing and Midwifery schools have internet access to enhance the growing needs for internet usage.
- Ensure that school libraries are re- engineered to meet the growing needs for electronic materials.
- Work in collaboration with public universities to introduce post graduate programmes in nursing education.
- Recruit nurses who the faculty have observed to possess effective teaching skills.

6.6.3 Administrators of the Schools

This study brings to fore the need for adequate support for new nurse educators to reduce the stress associated with their transition into academia. This can be achieved through the following. The administrators of the schools should:

- Ensure that all new staffs are orientated and inducted before commencing work.
- Ensure that monitoring and supervision be made compulsory to all new nurse educators.
- Ensure that new nurse educators worked under experienced nurses for at least one year before assuming full teaching roles.

- Ensure that there are regular workshops and in-service training for all new nurse educators to make them abreast with pedagogical knowledge, the mission and vision of the school.
- Promote a cordial working relationship among peers.
- Identify expertise of new nurse educators and allocate courses based on expertise.
- Ensure the new nurse educator is given enough time to prepare lessons.
- Encourage team teaching for new nurse educators to learn from experienced educators.

6.6.4 Future Research

The following recommendations are made based on the findings of the study:

- Further exploration is needed to clearly define and measure the factors that contribute to a healthy transition at all levels of nursing education.
- Additional research is needed to determine whether experiences identified are representative of other roles such as clinical or adjunct educators.
- Future research should investigate nurse administrators' perspectives related to transition.
- Future quantitative studies should examine transitional experiences of new nurse educators in Ghana so as to make the studies generalizable.
- Future research should focus on the transitional experiences of adjunct educators to ascertain if the experiences are the same as the nurse educators.
- Future study is needed on the perspectives of heads of schools on the performance of new nurse educators.
- Future studies should explore transition with nurse educators at different stages in years of experience from cultural, social, and economic perspectives.

- Future research should investigate nurse administrators' perspectives related to transition.
- Further studies aimed at determining the impact of nurse educators' identity development on teacher effectiveness is needed.

6.6.5 Interest Groups (HETAG, NEG, COHETI)

Based on the findings of the study, the following recommendations are made:

- Identify all nurse educators in the various schools.
- Offer support in the form of peer mentorship.
- Provide constructive feedback to new nurse educators.
- Organize professional development programmes for new nurse educators.
- Periodically check on new nurse educators and offer emotional support.
- Provide electronic learning materials to new nurse educators.
- Encourage closer collaboration among the schools so as to promote shared educational philosophies between new nurse educators and experienced educators.

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APPENDICES

Appendix A: Interview guide

Participant background information form

Section A: Participants Personal Information

Code number

Please fill in the spaces.

1. Gender
2. Age
3. Year of completion of Nursing and midwifery school
4. Highest level of Education.....
6. Name of tertiary institution where you completed your studies.....
7. How long did you work in the clinical setting.....



INTERVIEW GUIDE

Guiding Questions

Section B- Expectations of new nurse educators

1. Please what made you move from the clinical setting to the academia?

Probes:

- Please what were your expectations in moving to academia?
- Please describe the extent to which these expectations have been met?
- Please how were you expecting moving to the classroom will help you make a difference?
- Please how you were expecting to have encounter students in academia

2. How do you see your future in academia?

Section C- Challenges encountered during the transitional period.

3. Please describe the challenges you encountered during the transitional period?

Probes:

- Please what are the challenges you had with the performance of your role as a new nurse educator?
- Please describe how your roles and responsibilities were explained to you?
- Please describe the kind of mentorship you had?
- Kindly describe the kind of support you had from peers.
- Please describe the orientation programme organised for you
- Please describe the support offered by the Ministry of Health to help you in your new role as a nurse educator?
- Please describe the structures put in place by the school to assist you in your new role as a nurse educator?

4. Please what are some of the challenges you encountered with respect to mentorship?

Probes:

- Please what are some of the challenges you encountered from your peers
- Please what are the challenges you encountered with respect to the assistance you received from the school management to help you in your new role?

- Please what are the challenges you encountered with the support from the Ministry of Health to help you in your new role as a nurse educator?
- Can you please describe the challenges you encountered with students.
- Please describe the challenges you encountered with structures put in place by the school to assist you in your new role as a nurse educator?

Section D- Information seeking strategies of new nurse educators

5. Please describe the strategies you employed in seeking information on your new role as a nurse educator?

Probes:

- Please describe the strategies you used in your search for information as a new nurse educator?
- Kindly tell me what helped you to acquire information on your new role as a nurse educator?

Section E: Identity formation of new nurse educators

6. Please how would you describe yourself as a nurse educator having taught in the school for some time now?

Probe:

- Please what are the strategies you used to develop your identity as a nurse educator?
 - What approaches have you developed in your interactions with students?
 - Please what integrity have you established as a nurse educator?
7. Kindly tell me about your teaching philosophy.
 - What inspired this philosophy?
 - How is this philosophy helping you in your role as a nurse educator?
 8. Please can you describe how the transition process has influenced you?
 9. Please is there any other thing you would like to share with me?

Thank you.

Appendix B: IRB Ethical Clearance

NOGUCHI MEMORIAL INSTITUTE FOR MEDICAL RESEARCH <i>Established 1979A Constituent of the College of Health Sciences</i>		
Phone: +233-302-916438 (Direct) E-mail: nirb@noguchi.ug.edu.gh Telex No: 2556 UGL GH My Ref No: DF22 Your Ref. No:	INSTITUTIONAL REVIEW BOARD 	University of Ghana Post Office Box LG 581 Legon, Accra Ghana
6 th November, 2019		
ETHICAL CLEARANCE		
FEDERALWIDE ASSURANCE FWA 00001824		IRB 00001276
NMIMR-IRB CPN 035/19-20		IORG 0000908
On 6 th November 2019, the Noguchi Memorial Institute for Medical Research (NMIMR) Institutional Review Board (IRB) at a full board meeting reviewed and approved your protocol titled:		
TITLE OF PROTOCOL	: Transition experiences of new nurse educators in the Eastern Region of Ghana	
PRINCIPAL INVESTIGATOR	: Vida Akomeah, MPhil Cand.	
Please note that a final review report must be submitted to the Board at the completion of the study. Your research records may be audited at any time during or after the implementation.		
Any modification of this research project must be submitted to the IRB for review and approval prior to implementation.		
Please report all serious adverse events related to this study to NMIMR-IRB within seven days verbally and fourteen days in writing.		
This certificate is valid till 5 th November, 2020. You are to submit annual reports for continuing review.		
Signature of Chair:		
Mrs. Chris Dadzie (NMIMR – IRB CHAIR)		

Appendix C: Letter of Introduction- HTIS

In case of reply the number and the date of this letter should be quoted

Our Ref: *MOH/HTI/IF/GG*



Republic of Ghana

MINISTRY OF HEALTH

P.O. BOX M-44, ACCRA

GPS: GA – 517 - 9828

Tel: +233-030-290-8355

Email:

mohhealthtrainingunit@gmail.com

Date: 8TH January, 2020

AS PER ATTACHED LIST

LETTER OF INTRODUCTION

I write to introduce to you **Vida Akomeah** a second year MPhil student of the School of Nursing and Midwifery at University of Ghana, Legon.

She intends to use the Health Training Institutions within Eastern Region as her Research Site for her Thesis Topic: **“Transition Experiences of New Nurse Educators in the Eastern Region”**.

You are by this letter requested to grant her the needful assistance to enable her conduct her research work.

Counting on your usual cooperation.

Thank you.

KWESI ASABIR (PhD)
AG. DIRECTOR, HRHD
FOR: MINISTER FOR HEALTH

Cc: The Minister of Health
The Deputy Ministers
The Chief Director
Ag. Head, Health Training Institutions Unit
Ms. Vida Akomeah

Appendix D: Letter of Introduction, School of Nursing



UNIVERSITY OF GHANA
DEPARTMENT OF RESEARCH, EDUCATION
AND ADMINISTRATION
SCHOOL OF NURSING

Ref. No.: 10701028

November 20, 2019

The Head
Health Training Institutions Unit
Ministry of Health
Accra

Dear Sir/Madam,

LETTER OF INTRODUCTION

I write to introduce to you Vida Akomeah an MPhil second year student of the School of Nursing and Midwifery.

The Scientific Review Committee of the School has approved her thesis topic: "**Transition Experiences of New Nurse Educators in the Eastern Region**". She intends to use the Health Training Institutions in the Eastern region as her research sites. This comes to request for the permission to enable her do data collection.

I hope that your unit will consider her request and the grant her permission to enable her collect data.

I count on your usual co-operation.

Thank you.

Yours faithfully,

Dr. Adelaide Ansah Ofei
for Head of Department

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