

Expert nurse to novice academic: reflections on the first year of transition from practitioner to academic.

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EXPERT NURSE TO NOVICE ACADEMIC: REFLECTIONS ON THE FIRST YEAR OF TRANSITION FROM PRACTITIONER TO ACADEMIC

Keywords

Nurse, Nurse Lecturer, Nurse Academic, Transition, Academic Careers

Globally, it is widely acknowledged, changing population demographics require increased numbers of registered nurses to meet the increasingly complex health and social care needs of people living longer but not necessarily healthier lives. Due to an ageing workforce and existing international shortage of registered nurses this increase can only be achieved by increasing the number of student places available in universities. Inevitably, this will result in an increased need for nurse academics to deliver this education. Recent Scottish Government (2017) policy highlights the need to increase the availability of student nurse education. However, this policy fails to address who will deliver this education and how nurse academic careers will be promoted. Whilst this policy direction is within a Scottish context this will resonate internationally and it is timeous to stimulate a scholarly discussion on how registered nurses can be encouraged to transition from practice to academia to meet this demand. Simultaneously, there is limited literature promoting an academic career pathway for registered nurses, further stimulating the need for this discussion.

While the current literature mentions the possibility of academic career pathways for registered nurses this is often written by experienced nurse academics several years into their roles, utilising terminology that may be unfamiliar and unsupportive to registered nurses and does little to encourage a transition from a clinical to an academic role. This article aims to capture personal reflections and provide a stimulus for further discussion within the scholarly debate about how to promote and support academic career pathways for registered nurses. This will be achieved by considering the journey of two senior District Nurses who have recently transitioned from practice to academia, with a focus on capturing

initial transitional reflections that would otherwise have been superseded by academic experience and will be supportive to registered nurses considering this transition.

In context, nursing is a relatively new academic profession compared to more established professions such as medicine or law (Logan, Gallimore & Jordan 2016). Historically, the transition to nurse education would have been more gradual with the role of clinical practice teacher occurring within hospital attached colleges of nursing and midwifery (United Kingdom Central Council (UKCC) 1986). However, since 2013 nurse education in the United Kingdom has been an entirely degree based qualification, with universities and service providers assuming joint responsibility for the delivery of curricula and clinical learning opportunities which meet professional body regulations (Nursing and Midwifery Council 2018). This shift to the university sector evolved from The Project 2000 Report recognising the preparation of nurses needed to change, effectively combining elements of both an apprenticeship and educative model (UKCC 1986).

Arguably, this seismic shift marked the beginning of a practice academia divide with a new requirement for nurse academics. There is evidence to support this claim with Seal (2017) identifying that this academic practice divide results in practitioners being reluctant to transition to academia due to feelings of inadequacy and insecurity related to teaching within the university sector. This divergence could potentially widen further with recent increased emphasis on the attainment of doctoral level qualifications for academic positions (Seal 2017; Logan, Gallimore & Jordan 2016).

Arguably, a joint appointment as a registered nurse and academic could bridge this perceived divide. However, in reality, from personal experience, this can lead to immense professional pressure from two separate employers with varied and competing expectations and priorities. Whilst we were both experienced clinical mentors and had an integral and accountable role in the education, development and assessment of student nurses within a practice setting, it was surprising that the transition from practice education to academic education still felt so alien. At times the transition felt complicated and convoluted, resulting

in us questioning how this transition could be encouraged and facilitated to support a future nursing academic workforce. The literature affirms these reflections, recognising these feelings are also shared by post transitional academics three years into their academic careers (Seal 2017; Logan, Gallimore & Jordan 2016; Duffy 2013). As nurse education continues to evolve, it is imperative the preparation of a future nurse academic workforce becomes a priority to ensure that this does not become a contributory factor to future nursing shortages.

This article was intentionally written prior to reviewing the relevant literature, to ensure that the reflections remained valid and authentic to our lived experiences. However, subsequently personal reflections have been compared and critiqued within the context of published literature. This has identified gaps within the literature pertaining to the recruitment and support of registered nurses to academic careers. Duffy (2013) highlights a model of identity transformation consisting of five phases of transition (Figure 1). With reference to this model, and at the time of writing, we are now entering the third phase; surmounting. This involves a growing feeling of belonging within an academic community and gaining a sense of academic credibility. This supports the existing literature that a complete transition endures beyond one year. Similarly, Logan, Gallimore & Jordan (2016) identify four themes that emerge during the transition from practice to academia;

- adapting to change
- external pressures
- teaching
- progression up the academic ladder

These themes closely align to our lived experience. Therefore, the following personal themes have been selected to structure this article;

- expert to novice
- understanding procedures, processes and regulations

- role in learning and teaching
- research

Figure 1 – Model of Identity Transformation

INSERT FIGURE 1 HERE

Expert to novice

Our initial observations were related to the university environment, culture and role identity. On entering the university environment this felt welcoming, professional and encouraging. In contrast Seal (2017) identifies a lack of support within academic settings during transition. However, the nursing practice context surrounding our transition comprised a negative culture, attributed to a time of reducing district nursing staffing levels and increasingly complex caseloads.

In contrast, within the academic context, there was a pervading culture of positivity, coupled with a genuine enthusiasm and excitement by academic colleagues in recognition of the knowledge, expertise and experience new registered nurses would bring to enhance future learning, teaching and research. This was further corroborated by consistently meeting inspirational colleagues in the university environment, which left us feeling inspired and motivated about future academic possibilities. In clinical practice, we both felt whilst we aspired to deliver person-centred care our roles had become more operational, driven by audits, targets and budgets. Surprisingly, despite holding a clinical role it was not uncommon to attend meetings where there was no reference to patient care. In sharp contrast and immediately apparent was the fact, within the university culture the student is wholeheartedly at the centre of the academic role. Interestingly, these observations were not concurrent with the literature reviewed, where there was no reference to students being at the centre of an academic role (Seal 2017; Logan, Gallimore & Jordan 2016; Duffy 2013).

Despite this positive environment and culture, internal feelings were those of a role identity crisis. Collectively, we held over 45 year's clinical nursing experience. However, on entering

the university environment we both experienced feelings of inadequacy and uncertainty relating to our future academic roles. Transitioning from one career pathway to another meant shifting from a senior clinical level to that of a junior academic. However, the difference for us, at this juncture, was we were older and more experienced than when commencing our nursing careers and stood to potentially lose more. We had currency and recognition within clinical practice, were clinical leaders, on the midpoint of a clinical career pathway. Not unsurprisingly the transition resulted in feelings of fear and panic. There were concerns that the transition could prove unsuccessful. Further anxieties were triggered by the potential loss of clinical currency without a comparable gain in academic standing. Hunter and Hayter (2019) resonate with these experiences and suggest, whilst non-nursing academics enter university roles early in their careers, this is not the case for registered nurses, who tend to transition much later in their careers. Hunter and Hayter (2019) promote the following supportive strategies for transitioning academic roles;

- Mentorship
- Collegiate Relationships
- Career Planning and Personal Development
- Clinical Supervision.

From the above list, mentorship and collegiate relationships were both influential in enabling and supporting during the transition from expert practitioner to novice academic. However, while these strategies might support academic attrition, how is this transition encouraged and promoted in the first place to registered nurses in clinical practice?

Understanding procedures, processes and regulations.

A concurrent phase of the transition involved navigating the complexities of procedures, processes and regulations in academia. Even one year into the transition this continues. At times it has felt overwhelming, incorporating the complexity of programmes and their structures, academic regulations and quality. In comparison with the literature reviewed,

three year post transitional academics did not identify academic processes impacting on their transition (Seal 2017; Logan, Gallimore & Jordan 2016; Duffy 2013). This highlights the importance of this article capturing initial transitional reflection and there is a clear difference between these reflections and post transitional reflections of more experienced academic colleagues. While completing a teaching qualification in higher education could help overcome these complexities (Seal 2017), this is not commonly commenced prior to employment in academia. Arguably, completing a teaching qualification would have enhanced our roles as clinical mentors and helped to bridge the gap in the transition to academia. Additionally, reverting to being a student added another dimension during a major transition. While many of the skills gained and utilised as a practitioner have served us well within academia, for example; documentation, communication and prioritisation, linking these skills to the new landscape has been complicated by trying to learn and navigate complex academic processes. Seal (2017) identifies that clinical transferable skills can enhance the transition from practice to academia. However, perceiving the value of these skills as transferable is unclear to both registered nurses and novice academics.

Role in learning and teaching

One barrier preventing the transition to academia is the loss of direct patient contact (Hunter & Hayter 2019). Anecdotally, experienced academic colleagues, who previously transitioned from practice to academia, with the same concerns informed us 'do not worry students will replace your patients'. Indeed, this was the case and, as previously mentioned, many practice attributes have proven to be invaluable during the transitional phase. It cannot be underestimated that in fact, as novice academics, we are supporting student nurses on their transitional journey between academia and practice throughout the entirety of their nursing programme, so the aforementioned experiences enhance empathy and compassion for nursing students. Skills in caring, compassion, listening and communication are all invaluable and seamlessly transposed from a clinical skillset to an academic role. Working with students as partners has been extremely enlightening and rewarding.

Nursing students value new academics current clinical experience. While recognising the value of this experience this does raise anxieties about how to retain clinical currency and practice links (Hunter & Hayter 2019). Never have processes like networking, conferences and partnerships seemed so relevant to retaining currency whilst enabling the dissemination and sharing of evidence from a much wider perspective. While retaining practice currency has caused anxiety to us both, it is now appreciated as new academics we have a growing and developing role in shaping future practice, thereby giving greater opportunities than previously held in practice. Arguably, new academics have a greater opportunity than previously held in clinical practice to influence future nursing practice and this realisation has eradicated some initial concerns about the transition.

Research

As practitioners research, although relevant, felt like an elusive concept. This is supported by Strickland (2017) who promotes clinically active research careers in an attempt to bridge the divide between clinical and academic roles. All new academics have an expectation to be research active and we felt our nursing experience had not equipped us with the skillset to partake in this aspect of an academic role. However, approaching the end of the first year in the transition, research feels more tangible, exciting and achievable, with us both becoming research active. We now realise the potential of our academic role to contribute to the body of nursing knowledge. This next phase in the transition from practice to academia presents an exciting chapter of engaging in clinical and pedagogical research that can influence and shape practice from a local, national and global perspective, this reflection has been echoed by Seal's (2017) observations.

In conclusion, this article stimulates contemporary discussion, based on the lived experiences of two novice academics, relating to the barriers and enablers experienced as registered nurses selecting academic careers. What is apparent is the challenge for registered nurses to recognise and embrace their professional skill set and contribution that their nursing experience can bring to an academic career. Concurrently, these professional

skills need to be highlighted and viewed as invaluable to the education and support of student nurses within university contexts. Until registered nurses feel part of the academic community the journey into academic careers will continue to feel alien for many registered nurses.

There are exciting academic roles for registered nurses brave enough to harness this transitional journey. However, current limited literature focuses on attrition of existing academic staff whilst failing to consider and identify how to promote academic careers within practice settings.

Additionally, the literature does not illuminate the feelings and experiences of registered nurses during the first year of transition. Therefore, this article provides valuable insights which would not have been captured if we had not reflected during this first year of transition from clinical practice to academia. These insights will be valuable for both registered nurses considering and transitioning into academic roles and those who support newly appointed academics. While this article has added to the insights surrounding this topic, it would be prudent to recommend further scholarly research on how to promote academic career pathways to practicing registered nurses during Duffy's (2013) pre-entry phase of identity transformation to an academic career.

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