

Research Article

Challenges of Novice Nurse Educators' Transition from Clinical Practice to Academia in Ghana: A Qualitative Study

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Abstract

Background: The recruitment of experienced clinical nurses into vacant faculty positions is a global strategy for preparing, employing, and retaining competent nurse educators. As clinical nurses transition to academia, many struggle with unique challenges that affect their adaptation to the academic setting. Thus, understanding novice nurse educators' transitional challenges is critical to addressing this threat.

Aim: This study aimed to explore the challenges of novice nurse educators' transition from clinical practice to academia in Ghana.

Methods: A descriptive qualitative study design was employed for this study. A purposive sampling technique was used to recruit 12 novice nurse educators from three health training institutions in the Upper East Region of Ghana. A semi-structured interview guide was used to collect data through in-depth individual interviews. The interviews were audio-recorded, transcribed verbatim, and thematically analyzed.

Results: Four themes emerged: poor administrative support, poor preparation, increased workload and stress, and role ambiguity. Novice nurse educators lacked formal orientation, formal mentorship, formal education in teaching, and post-graduate education. Novices were also challenged by increased workload and role ambiguity.

Conclusion: Supporting novice nurse educators' transition from clinical practice would be better served by college administrators' creation and implementation of formal orientation and mentorship programs.

Introduction

The 2006 World Health Report categorized Ghana amongst other nations in Sub-Sahara Africa (SSA) as threatened with a health personnel crisis, which called for specific efforts to train sufficient nurses and midwives [1]. Hence, Ghana's Ministry of Health (MOH) established the Human Resources for Health (HRH) plan, 2007–2011 targeted at producing more nurses and midwives and reintroducing auxiliary nursing programs [2]. The past two decades saw the establishment of five general nursing schools. New programs were introduced for direct entry into midwifery and health assistants (clinical) courses as well as a

diploma in community health nursing. The MOH established a total of 21 training institutions between 2001 and 2006. The Christian Health Association of Ghana (CHAG) and the private sector together established 7 new schools to run general nursing and health assistants (clinical) programs [3].

Albeit the policy of the MOH to strengthen capacity in most Health Training Institutions (HTIs) has resulted in a 50% increase in admissions into HTIs and a 20% increase in all admissions into universities since 2001, the policy saw most HTIs having high student educator ratios and this affects the quality of teaching and learning [3]. The increased student intake without corresponding recruitment of nursing

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faculty members has led to academic teaching staff vacancies, especially in community health and health assistant training schools [3]. To fill the resultant large faculty vacancy, the HTI secretariat periodically recruits experienced clinical nurses into various HTIs across the country as nurse educators because the Ministry recognizes nurse educators as key elements in producing a high-quality nursing workforce [3].

The WHO Global Standards for the Initial Education of Professional Nurses and Midwives recommends that the core academic faculty in nursing and midwifery training institutions should be nurses and midwives who demonstrate knowledge as educators and have preferably a graduate degree with advanced preparation [4]. The WHO Nurse Educator Core Competencies also mandate nurse educators to satisfactorily complete a recognized nursing education program, acquire formal teaching preparation either before or soon after employment as an educator, demonstrate the skills and ability to design and implement curricula, possess a sound understanding of contemporary educational theories, principles, and models, analyze domains of learning (cognitive, affective and psychomotor) and their application in different academic contexts, demonstrate knowledge of curriculum development which incorporates educational theories, principles and models [5].

Globally, colleges of nursing rely on experienced nurses in the clinical setting to take up teaching roles to fill vacant faculty positions, however, pedagogical preparation may be inadequate in nurses recruited from the clinical setting, which may deepen the stress and exacerbate the challenges of transitioning to the nurse educator role [6,7]. Although teaching is a core element of good clinical practice, expert clinical nurses are not automatically competent nurse educators because expertise in bedside nursing does not guarantee proficiency in the academic field [8]. Hence, the transition from practice to academia is mostly hectic and challenging, especially when clinical nurses move into academic roles with insufficient training and preparation [9]. To adequately prepare, recruit, and retain competent nursing faculty, understanding the transitional challenges of Novice Nurse Educators (NNEs) is necessary [10].

Most studies exploring the challenges of the transition from practice to academia are conducted in countries outside SSA, mainly in high-income countries, particularly in North America and Europe, and have revealed interesting findings [9]. A study in Texas, United States of America (USA) reported that new American nurse faculty contended with several challenges including inadequate orientation, poor relationships with staff, heavy workload, performance pressure and inadequate pay [11]. Another study in the USA reported that the transition was challenging due to inadequate preparation in education (preparing course content, teaching, and student evaluation), unrealistic expectations related to workload and salary, and lack of orientation [12]. Other

studies in the USA have also reported challenges including inadequate orientation to policies/procedures and isolation [13], inadequate preparation in teaching techniques and use of learning theory [14], role ambiguity [15], identity issues related to changing roles and changes in relationships due to change in role [16].

From a qualitative study in Ireland, it was conclusive that new Irish nurse educators encountered several challenges during their transition to academia including heavy workload with too little preparation time, lack of confidence in teaching skills, unrealistic expectations, inadequate orientation, inadequate training in student evaluation and administrative tasks, and inadequate feedback/performance appraisal [17]. New Iranian nurse educators also reported challenges including lack of support from school administration, inadequate teaching skills, scanty time for novice teacher preparation, unfamiliarity with new teaching methods, little opportunity to adapt to roles and situations, too much work, scanty time to meet expectations, unclear expectations from authorities, and incivility from senior colleagues [18]. The lack of credentialing requirements for nurse educators leading to inadequate guidance for professional development is reported in Australia [19]. In a similar study in Australia and the United Kingdom (UK), the transition was mostly challenging and scary due to lack of support, absence of postdoctoral research teams to provide support and identity, absence of mentors and role models, and a decrease in income that was more noticeable in Australia than the UK [20].

In Africa, very few studies exist on the challenges of NNEs' transition from practice to academia. Notably, a study on the experiences and mentoring needs of NNEs in South Africa reported that the lack of mentoring causes difficult transition by NNEs from the nursing role into the nurse educator role [21]. However, like many countries in SSA, there is yet to be a study on the transitional challenges from practice to academia in Ghana. Therefore, the current study sought to explore the challenges of NNEs' transition from practice to academia in Ghana. This article presents one objective of a bigger qualitative study which explored the transition of Ghanaian NNEs' from practice to academia. Specifically, the study was guided by the following research question: What are the challenges of NNEs' transition from practice to academia?

Methods

Study design

This study employed a descriptive qualitative study design and was reported in line with the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist [22].

Study setting

This study was conducted in three selected HTIs in the Upper East Region of Ghana. The Upper East Region was



created in 1983 with Bolgatanga as the capital town. The region is situated in the north-eastern part of Ghana and divided into 15 administrative districts and municipalities with a projected population of 1,301,221 representing 2.9% of Ghana's total population [23]. The region has five HTIs situated in four districts and municipalities [24]. Participants were recruited from three selected HTIs in the Upper East Region. The three HTIs were purposively selected out of five to include institutions that run certificate, diploma, and or degree courses in nursing and or midwifery. The selection of the three institutions was also informed by their location in the rural, peri-urban, and urban districts of the region. Each of the institutions is accredited by the Nursing and Midwifery Council (N&MC) of Ghana. Collectively, these institutions offer programs such as a certificate in Nurse Assistant Clinical (NAC), Nurse Assistant Preventive (NAP), post-NAC/NAP diploma in Midwifery, Diploma in Registered General Nursing (RGN), and Bachelor of Science in Public Health Nursing. These institutions are staffed with nurse educators who were previously in clinical practice before transitioning to nursing academia [25].

Population, sampling, and sample size

The study population consisted of NNEs. The inclusion criteria were nurse educators who had less than three years of teaching experience and had at least three years of clinical practice experience before becoming educators. A purposive sampling technique was employed to select NNEs for the study. This allowed the researchers to handpick participants for the study because of their knowledge and experience in the phenomenon being studied [26]. The sampling process started with visits to the selected HTIs (recruitment link) to meet the college principals to assist with identifying nurse educators who met the inclusion criteria. The researchers then contacted (face-to-face) the potential study participants who met the inclusion criteria, individually, discussed the study with them, and participant information leaflets were given to them ahead of data collection to offer them adequate time to decide on their participation in the study. Consequently, only participants who willingly agreed to participate in the study were recruited. The sample size for the study was 12 participants which was determined by data saturation as no new information emerged and data redundancy occurred with the 12th participant [27]. However, no participant dropped out of the study.

Data collection method and procedures

Data were collected through individual in-depth interviews using a semi-structured interview guide which was piloted with 3 NNEs prior to data collection. Data were collected by the first author, a male qualitative researcher with vast clinical nursing experience and had no prior relationship with the participants. The place and time of the interviews were at the convenience of the participants. Thus, in their respective offices, usually after the last

lectures, and in the absence of anyone else. Each participant signed a written informed consent form before starting the interview. Twelve interviews were conducted in the English language lasting between 60 minutes - 90 minutes. During the interviews, open-ended questions were asked with probes that allowed participants to thoroughly express themselves. Iterative questioning was also employed by re-questioning participants in cases of contradictory and/or unclear statements to elicit clarity of responses. However, no repeat interviews were carried out. The interviews were audio-recorded with a digital voice recorder, and field notes were documented during interviews.

Data analysis

Data analysis was done concurrently with data collection and guided by Braun & Clarke's approach [28]. No software was used to analyze the data in this study. This was to allow the first author to gain mastery of manual qualitative data analysis as the availability of qualitative data analysis software may not always be guaranteed in his location [29]. Audio-recorded interviews were transcribed verbatim by the first author immediately after each interview. The transcripts were read and re-read several times by the first and second authors to familiarise themselves with the data and independently coded them for their basic units of meaning. The generated codes were discussed and discrepancies were resolved. Codes were then grouped to form larger meaningful units until the themes and sub-themes were derived from the data. For confidentiality, the personal identifying information of participants such as names was omitted from the data. On a later date, transcripts were returned to participants for feedback and correction but, no corrections were made. Verbatim quotations from the study participants were used to support the emerging themes. Soft copies of the transcripts were saved in a secured folder in the password-protected computer of the first author as well as a flash drive to ensure that the data were safe for easy retrieval.

Rigour

Rigour was ensured by applying a framework of credibility, dependability, confirmability, and transferability [30]. Credibility was ensured through space triangulation where data were collected from three sites. Confirmability was ensured through member checking throughout the concurrent data analysis period to ensure that the participants' statements were accurately presented. Transferability was ensured through thick description by providing sufficient details about the study setting, inclusion and exclusion criteria, sample features, and methods of data collection and analysis [31]. Peer debriefing and strict adherence to verbatim quotes further ensured rigour in the study.

Ethical considerations

Ethical approval for the study was obtained from the



Committee on Human Research, Publications, and Ethics (reference number: CHRPE/AP/195/20) at the Kwame Nkrumah University of Science and Technology (KNUST) before data collection. Written administrative approval to carry out the study was obtained from all heads of the three HTIs before the data were collected. All participants gave written informed consent to be interviewed and audio-recorded. The study processes were explained to all participants including their rights to voluntary participation and withdrawal from the study without consequences. Confidentiality and anonymity of participants were ensured as participants' names were omitted from the data and unique identification codes were assigned (NNE1...NNE12).

Results

Participants' profile

A total of 12 NNEs including 10 males and 2 females participated in the current study. Participants were between the ages of 32 and 39 years. Regarding educational level, 9 participants had BSc. Nursing, 2 had BSc. public health and 1 had a BSc. Midwifery. However, no participant had formal education teaching. Participants had between 6 and 10 years of previous clinical practice experience before transitioning to academia and had either 1 or 2 years of work experience in nursing academia.

Themes and sub-themes

Four themes emerged from the data: (i) poor administrative support, (ii) poor preparation, (iii) increased workload and stress, and (iv) role ambiguity. The themes with their respective sub-themes are presented in Table 1.

Poor administrative support

Administrative support is a vital element every novice will need to successfully transition from practice to academia. All participants identified poor administrative support as one of the challenges they encountered during their transition from practice to academia. Two subthemes emerged from this theme and these are lack of formal orientation and lack of formal mentorship.

Lack of formal orientation: Lack of formal orientation was identified as a major challenge encountered during the transition from practice to academia as revealed by most participants. Some participants indicated that they did

not get any form of formal orientation from their college administration.

"I actually thought there would be some kind of an orientation to the school environment and teaching methodology, but when I came here it was the contrary. I wasn't given any form of orientation and I was expected to teach like someone who had been teaching for the past ten years" (NNE3).

"Honestly, I wasn't given any orientation when I first came to this school to teach, not even orientation to the school environment. I was just assigned a course, and straightway, I started teaching" (NNE11).

Some participants did not receive any orientation from the HTI secretariat even though they were recruited and posted by the HTI secretariat. A participant had this to say:

"I was recruited and posted to this college by the HTI but they never gave me any form of orientation to help me transition from my role as a clinician to a teacher [nurse educator]. If the HTI had given us some form of orientation or support like bringing in a seasoned educator to orientate us to our new teaching role, it would have helped us a lot. But it was the opposite, they just posted us to the school and that ended it" (NNE7).

"Even though I was posted to this school by the health training institutions secretariat, I didn't get any form of formal orientation from them" (NNE9).

Other participants had some sort of orientation from their college administration but described those orientations as inadequate and informal due to the absence of important components.

"To some extent, I was given some informal orientation when I first came because I was taken through the school environment and introduced to other nurse educators. However, this was inadequate because I was not taken through the college rules and regulations, administrative processes, and the mission and vision of the college. In fact, it was just an empty thing that lasted less than 10 minutes. I will rate the orientation 2 out of 10 because it neglected vital components" (NNE6).

"I wouldn't call it proper orientation because it was informal and woefully inadequate since it was focused on orientation to the physical environment but lacked critical components such as teaching methodologies, curriculum, student assessment, mission and vision of the college" (NNE4).

Lack of formal mentorship: From the findings of the study, participants mentioned the lack of formal mentorship from college administration as a challenge they encountered during their transition from practice to academia. Some participants mentioned that they were assigned to start

Table 1: Themes and sub-themes derived from the data.

Themes	Sub-themes
Poor administrative support	<ul style="list-style-type: none"> Lack of formal orientation Lack of formal mentorship
Poor preparation	<ul style="list-style-type: none"> Lack of formal education in teaching Lack of post-graduate education
Increased workload and stress	
Role ambiguity	



teaching immediately after they were posted to their colleges but were not assigned to any mentor to learn from.

"There was no form of mentorship from the college authorities and I was not mentored into my new role as a nurse educator. Immediately after I reported, I was asked to go and teach basic nursing and I was just confused because I thought the principal would have attached me to another teacher to observe for some time. But that didn't happen, and so I struggled to teach in the beginning" (NNE12).

"When I first came here to teach I didn't get any form of mentorship from the principal or any other senior educator. I think not having a mentor to learn from in the beginning really hindered my transition and made things difficult for me at the initial stages" (NNE1).

"I didn't get formal mentorship here [in the school] or even externally. I think if I was attached to a mentor to follow him or her to observe and learn from the person, things would have been smoother in my transition" (NNE5).

Other participants got some kind of mentoring from senior nurse educators for a short duration and described it as informal, insufficient, and unstructured. One participant had just three days of mentoring while another had mentorship for only two lessons.

"When I came, the academic officer attached me to the anatomy and physiology tutor and I think he first supervised my first lesson and it was impressive, the comments he gave me were wonderful, so I was attached to him I think for about three days before finally given an independent role. It was not really a formal mentoring thing, and the duration was very short, I think it was insufficient and unstructured" (NNE10).

"The very first day I came, the principal asked me to teach nursing informatics. But I told him I needed to observe how other educators teach for some time. So he asked the academic officer to assign me to the medical nursing tutor for two lessons. After that, I was asked to start teaching. Just like that! So I wouldn't say I was mentored, maybe I can say it was informal mentorship because it lacked structure and the duration was too short" (NNE2).

Poor preparation

Adequate preparation is essential for a smooth transition from practice to academia. In line with this, poor preparation on the part of the participants was a challenge encountered during their transition from practice to academia. This theme contains two subthemes: lack of formal education in teaching (pedagogical skills) and lack of post-graduate education.

Lack of formal education in teaching: Participants did not acquire formal education in teaching before transitioning from practice to academia. This resulted in great difficulty in adapting to the nurse educator role because they lacked

formal pedagogical skills. Owing to the lack of formal education in teaching, some participants did not know how to set questions and mark them, and others did not know any teaching method.

"In the beginning, I had great difficulty in teaching, I didn't even know how to set good questions and even mark them. I still remember how I fumbled in front of my students to deliver lectures, all because I didn't have any education in teaching. It actually made my transition to the nurse educator role very stressful and challenging" (NNE8).

"My biggest challenge was that I did not have any teaching skills and the absence of having knowledge in teaching methodology in a way adversely affected my delivery in class" (NNE11).

Another participant did not know the appropriate teaching method to use in the demonstration room to teach basic nursing procedures.

"During my first few months in this college, I really had a tough time teaching my students in the demonstration room. I didn't know the appropriate teaching method to use in teaching the various nursing procedures, but I think if I had a certificate in teaching I would have done better. So for me, the lack of this vital component really hindered my transition process" (NNE5).

A participant lamented poor class control due to a lack of formal education in teaching.

"Class control was a very big problem for me when I first started teaching, and this was so evident largely because I did not have an educational background. So I was always struggling with my students in the class" (NNE10).

Lack of postgraduate education: The lack of postgraduate education was another challenge encountered by participants during their transition from practice to academia. Participants stressed the importance of having a post-graduate education and mentioned the lack of it as a barrier to their smooth transition into academia.

Some participants noted that they didn't understand the nurse faculty role and could not plan lessons owing to a lack of master's degrees.

"Right now I am having just a BSc. and that didn't really prepare me for teaching as a master's degree would. Because I don't have a master's degree, I find it really hard to understand the faculty role, and I face a lot of challenges during the planning of lessons" (NNE7).

"I learned that MPhil and PhD are meant to prepare people for faculty or academia, and you know I only have a first degree which is woefully inadequate for the teaching role, and so I am really suffering. Sometimes I don't know which teaching method is appropriate for a particular topic" (NNE4).



Two participants reported that they had challenges in understanding the curriculum and contemplated enrolling in Master's and even Ph.D. programs in the short term.

"I need to go for an MPhil in nursing and hopefully go for a PhD later in life so that I will be able to deliver efficiently in class, because the first degree alone has not been helpful at all, at all! To date, I still don't understand the curriculum very well and I struggle to deliver my lessons" (NNE2).

"Because I don't have a master's, I had challenges in understanding the curriculum, and drawing a lesson plan was something I didn't even know, and I heard all these are taught at the master's degree level. I think I would definitely pursue these courses to lessen the challenges I am going through in this teaching job" (NNE9).

Increased workload and stress

Increased workload and stress was a challenge the participants encountered during their transition from practice to academia. Most of the participants lamented working during weekends and vacations due to their increased workload. Two participants had this to say:

"Even [during] vacations you have to be here, and there are other jobs you have to do, even on Saturdays, you are called to come and do certain things assigned to you by the principal. There is so much pressure and stress here, the workload is too much" (NNE12).

"The stress in this place [college] is abundant, too much stress, I hardly rest because there is always work on me. Even during weekends and even Sundays, I work after Church service because the work is too much during weekdays. Sometime[s] I come to my office to work on Saturdays and Sundays, to mark papers and do some research and prepare for my lessons for the ensuing week" (NNE3).

Another participant said:

"In this place [college], we work throughout the year even on vacations we work. We don't usually teach during vacations but we supervise students on clinical schedules, we do conference marking, we attend meetings, workshops, and conferences, and all that. We always overwork during vacations" (NNE6).

Role ambiguity

Most of the participants were emphatic that their role was ambiguous due to a lack of job descriptions from college authorities. This is what two participants said:

"Sincerely, since I came to this school and till date, I have not been given my job description, so I don't even know my exact role as a nurse educator" (NNE8).

"I was not given a job description so it was difficult for me

to know exactly the things I was supposed to do and things I was not supposed to do. To date, I still face the same problems because I still don't have a job description and it clearly affects my work output because I am working in the dark" (NNE4).

Some of the participants revealed that their teaching role itself was ambiguous due to unclear communication and lack of role clarity. This is what a participant said:

"I was paired with another nurse educator to teach a certain course I think it was pediatric nursing, but there was no clear communication on the portion of the course content I was supposed to teach, so it resulted in a slight conflict between us" (NNE9).

In a related excerpt, a participant had this to say:

"Whenever the academic officer assigns me with another educator to teach a certain course, he doesn't clearly state the portion of the syllabus each educator should handle. So we end up coinciding on some of the topics" (NNE11).

Discussion

The objective of this study was to explore and describe the challenges of NNEs' transition from practice to academia. All participants lacked formal education in teaching methodology. This demographic characteristic of the study participants supports earlier studies [16,32,33] that attributed transitional challenges to the lack of formal education in teaching. Postgraduate education is the gold standard for nursing academia, and graduate nurses with PhDs are the most qualified and suited to be nurse educators [34]. However, all participants only had a Bachelor of Science (BSc.) degree as their highest degree attained and lacked postgraduate education, a major challenge they encountered as they transitioned from practice to academia. Several previous studies [35-37] have reported the lack of postgraduate education as a transitional challenge for NNEs.

In this study, poor administrative support was a challenge encountered during the transition from practice to academia. Most NNEs did not get any formal orientation from the college administration or even from the HTIs' secretariat, and this led many novices to figure out things on their own. This finding concurs with the evidence of previous studies [11,17,32] where the lack of formal orientation hindered the transition of NNEs from practice to academia. Contrary to this finding, a study in Eastern Pennsylvania, USA, discovered that NNEs who benefitted from faculty orientation programs had a smooth transition from practice to academia [38]. This could be attributed to the fact that there are existing faculty orientation programs for novices in most developed countries including the USA. Ideally, orientation programs happen before a semester starts to ensure that novice faculty are ready for teaching at the very beginning and must include various components such as mission and vision, policies and



procedures, curriculum, job description, role expectations, pedagogy, and teaching strategies [39-41]. However, this was completely missing in this study as some novices described the orientation they had from college administration as informal and inadequate since orientations were short-lived and without important components.

Again, NNEs in this study cited a lack of formal mentorship from college administration as a challenge to their transition from practice to academia as novices were immediately assigned courses to teach without being assigned mentors to learn from. This finding is supported by two integrative reviews [9,42] that identified that the lack of well-organized and consistent mentoring did not foster a feeling of competency and hindered the transition from practice to academia. This finding is also corroborated by the findings of a study involving novice nurse faculty in the USA where a lack of mentorship for NNEs resulted in the feeling of abandonment and ineptitude [43]. In response to this challenge, some authors have developed and implemented mentorship programs for NNEs in South Africa [44], Australia [45], and the USA [46,47] and several studies have also reported the positive influence of formal mentorship programs on the transition from practice to academia [48-50]. Contrary findings in Canada revealed that novices who were assigned mentors with several years of teaching experience had a positive and successful transition [51]. Again, formal mentorship and support shown by other faculty members was an important consideration in the successful transition and the professional development of NNEs in the USA [6]. This is because by pairing with mentors, the novices were able to concentrate on day-to-day course management, learned teaching methods, class control, test item construction, and student evaluation. However, it was not the case in this study, since some novices in this study only had brief, informal, insufficient, and unstructured mentoring, which did not foster a feeling of competency in them. Therefore, administrators of HTIs need to create and implement comprehensive evidence-based faculty orientation and mentorship programs for NNEs before they assume their role as educators.

Poor preparation for the academic role was another challenge encountered during the transition from practice to academia. NNEs in this study did not have formal education in teaching methodology before transitioning from practice to academia. This turned out to be a major transitional challenge because some novices did not know how to set questions, others did not know the appropriate teaching methods to use, and some could not control their classes. This finding concurs with previous studies [11,16,17,33] that identified the lack of formal pedagogical preparation to be a challenge to the transition from practice to academia. Without formal pedagogical preparation, NNEs are often inept in evidence-based teaching strategies, course content

preparation, exam writing skills, student management, and student evaluation [9,14,42,52]. Contrary to our findings, a study involving nurse educators in the USA revealed that novices who acquired formal education in teaching went through a stress-free transition from practice to academia [53]. Our study findings also contradict the WHO nurse educator core competencies which recommend that new nurse educators acquire formal education in teaching either before or soon after they are employed as nurse educators [5]. It was therefore not surprising that novices in this study were unable to function in their new role as expected because they all lacked this vital preparation. This highlights the need for policy interventions to ensure that existing nurse educators without pedagogical preparation obtain at least a Post Graduate Diploma in Education (PGDE) immediately, and make the possession of a qualification in teaching a prerequisite for employing new nurse educators.

This study revealed that all participants felt unprepared for the role of academia due to a lack of post-graduate education. While some novices in the current study had challenges in understanding the curriculum and the nurse faculty role, others could not plan lessons owing to a lack of master's and PhD degrees. Several other studies [35,36,52,54] have all corroborated this finding. However, this finding contradicts the findings of a study in Canada which reported that novices who acquired a master of nursing education degree had positive transitional experiences and recommended that new nurse educators pursue post-graduate education to have easier transitions [51]. Our findings also conflict with the WHO's recommendation that the core academic faculty in nursing schools must be nurses and midwives who have preferably a post-graduate degree [4]. Obtaining a post-graduate degree continues to be a prerequisite for a teaching job and is critical in preparing nurses for academia [35,55]. Nonetheless, none of the nurse educators in this study met this important requirement, hence, the challenges they encountered during the transition. This challenge highlights the need for a policy intervention to allow existing nurse educators in various HTIs to pursue higher degrees in nursing and make post-graduate degrees a prerequisite for recruiting new educators into colleges.

Undoubtedly, increased workload was a challenge NNEs contended with as they transitioned from practice to academia. This finding concurs with several other studies [12,17,56,57] that identified heavy workload as a challenge that hindered the transition from practice to academia. In this study, activities identified as contributing to novices' workload included working during weekends and vacations. These findings are consistent with challenges identified in the United States of America (USA) where NNEs were overwhelmed with the workload, a situation that hindered the transition from practice to academia [11]. The impact of increased workload on transitional experiences has a



decisively negative tone, and therefore, NNEs must be given a lighter teaching load and be less involved in extra-teaching roles, in the beginning, to allow additional time to prepare lectures and develop competencies over time.

Role ambiguity was a challenge NNEs contended within this study specifically due to unclear communication and lack of role clarity. This is supported by two integrative reviews [9,42] where role ambiguity, unclear guidelines, unclear expectations, poorly defined roles, and unclear institutional policies were found to be significant predictors of role strain and led to role conflict, stress, and discomfort for NNEs. This has also led to job dissatisfaction among NNEs [58]. A significant finding in this study is that novices identified a lack of job descriptions as the main cause of their role ambiguity. The first step to a successful transition to the nurse educator role is to understand the dynamics and expectations of the job, and the job description clearly defines the responsibilities and expectations of the nurse educator job [59]. Therefore, we recommend that college authorities should, as a matter of urgency, provide job descriptions to NNEs and clearly define their roles to avert this challenge immediately.

Limitations of the study

The first limitation of the study is that only one midwifery educator and two females participated in the study. The deficient number of midwifery educators and females in this study is a limitation since the involvement of more midwifery educators and females could generate new results. Also, the study is limited by the few number of participants ($n = 12$) and HTIs.

Conclusion

In this study, major challenges encountered by NNEs during their transition from practice to academia were identified. These include lack of formal orientation and mentorship from college administration, poor preparation in pedagogical skills, the lack of post-graduate education, increased workload and stress, and role ambiguity. Identifying these challenges has uncovered areas in the transition process that require urgent improvement to permit a stress-free and more successful transition from practice to academia. There should be an attractive environment and stimulating education climate appealing and pleasing to the novices, with clear job descriptions. These findings provide administrators of HTIs with a holistic understanding of areas to prioritize to ensure the successful transition of nurses from practice to academia.

Recommendations

Based on the findings of the study, we recommend that:

College administrators should create a college-specific faculty orientation program based on the needs of NNEs. The program should be implemented for newly recruited nurse educators before they begin their teaching roles.

College administrators should create or adopt and modify mentorship programs to mentor newly recruited nurse educators before they commence full teaching roles.

College administrators should compel existing nurse educators to acquire postgraduate degrees and formal education in teaching as early as practicable.

A postgraduate degree and formal education in teaching should be made a prerequisite for recruiting new nurse educators into HTIs.

College administrators should ensure NNEs are given a lighter workload and given job descriptions to clearly define their roles.

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Author contribution

Timothy Tienbia Laari: Conceptualization; Data curation; Formal analysis; Investigation; Methodology; Resources; Validation; Writing - original draft. Gideon Awenabisa Atanuriba: Methodology; Formal analysis; Writing - review & editing. Joseph Kuufaakang Kuunibe: Methodology; Writing - review & editing. Rumana Saeed Mohammed: Methodology; Writing - review & editing. John Faragben Sateen: Methodology; Writing - review & editing.

Data availability

The transcripts used for the analysis of the study are available from the corresponding author upon reasonable request.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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