



From expert to novice: An exploration of the experiences of new academic staff to a department of adult nursing studies

Fiona J. McArthur-Rouse *

*Director of Academic Planning and Quality, Faculty of Health and Social Care,
Canterbury Christ Church University, North Holmes Road Campus, Canterbury, Kent CT1 1QU,
United Kingdom*

Accepted 24 July 2007

KEYWORDS

Novice nurse
educators;
Mentoring;
Transition

Summary This study explores the experiences of new academic staff to ascertain what they found difficult about adapting to their new roles and to evaluate the effectiveness of the mentorship system in addressing these difficulties. A semi-structured interview approach was used focusing on prior experiences and reasons for applying for their new post; formal induction and mentorship systems; and main concerns on commencing the new role. All academic staff employed in the department for less than two years were invited to participate with the exception of the researcher's own mentee; six out of seven agreed. The interviews were audio-taped and subjected to thematic analysis.

Key themes included a lack of understanding regarding the functioning of the organization and a lack of clarity about the new role and their effectiveness in undertaking it. Participants identified a need for more practical guidance regarding the functional aspects of teaching. Although, they reported positive mentoring experiences these were variable.

The study concludes that the transition from expert practitioner to novice lecturer can be problematic. Recommendations for facilitating the process include the introduction of a more robust mentoring system, specific preparation for the mentors, and the development of a positive departmental learning culture.

© 2007 Elsevier Ltd. All rights reserved.

Introduction

Recent initiatives in the United Kingdom National Health Service (UK NHS) have provided experienced nurses with increasing choice of clinical career

* Tel.: +1 227 782726.

E-mail address: fiona.mcarthur-rouse@canterbury.ac.uk

structures and incentives to continue working in the NHS (UK Department of Health, 1999a,b). The UK Royal College of Nursing (RCN, 2005) has raised concern about the difficulties recruiting and retaining nurse educators in higher education (HE). Despite financial pressures within some NHS Trusts resulting in the loss of a number of senior nursing posts, the demographic situation points towards high levels of retirement amongst academic staff.

The department of adult nursing studies in which this study took place employs approximately fifty academic staff. The recruitment and retention of appropriately qualified lecturers is vital to the delivery of a number of programmes and the support of adult nursing students. In order to provide the relevant expertise it is necessary not only to recruit new staff but to retain and develop them so that effective succession planning can take place.

The majority of new academic staff recruited to the department are experienced practitioners in their field but may have limited experience in education. To facilitate a smooth transition, they are allocated a mentor who is an experienced academic selected as being an appropriate 'match' in terms of personality and expertise. Additionally, new staff are provided with an opportunity to attend the University induction day and are given a staff handbook that provides relevant information about the department. Whilst there have been no complaints about this system, it has been observed that the support and mentorship that new staff receive is variable, and informal discussion has indicated a lack of clarity amongst mentors regarding their role.

This study set out to explore the experiences of new academic staff to ascertain what they found difficult about adapting to their new roles and why; to evaluate the effectiveness of the mentorship system in addressing these difficulties; and to consider ways in which the process of transition may be facilitated.

Literature

The literature search was undertaken to access previous studies exploring the experiences of new nurse educators. However, few publications were found and they were mostly American studies which, whilst relevant, are not directly transferable because of the differences in nursing and nursing education in the USA. Personal contact enabled access to an unpublished PhD thesis. A vast amount of material is available on the subject of mentorship, both in nursing and in education. However, the majority focuses on the mentorship of nursing

students in the practice arena or on the mentorship of trainee teachers in schools. There is a limited amount of literature focusing on the mentorship of new academic staff in Higher Education Institutions (HEIs) and even less that is specific to new nurse educators. This literature review focuses on the studies that are most relevant to the discussion.

As part of a 12 year study, Diekelmann (2004) reports the experiences of new nurse educators, highlighting the limited support they received from colleagues and identifying their feelings of isolation and alienation on entering a 'new culture'. The new nurse educators raise concerns about their lack of understanding of the hierarchy of the organization, lack of clarity about their new role, and whether they are undertaking it effectively. Young and Diekelmann (2002) discuss how the new lecturers report feeling inadequately prepared in the skills, strategies and practices of lecturing and Diekelmann (2002) suggests that a system of peer partnering may assist teachers in understanding their teaching practices.

Chester and Espelin (2003) argue that mentoring novice nurse educators is a successful strategy for fostering a collegial, caring environment, whilst in a personal account of the journey from experienced clinician to nurse educator, Neese (2003) discusses the importance of mentored teaching practice and critical reflection. She argues that "...clinical expertise alone is not a qualification for being an educator..." (p. 260).

In a longitudinal, biographical study exploring the experiences of new nurse educators in UK schools of nursing (prior to the transfer of nursing education into HEIs), Prosser (1997) discusses how participants experienced difficult transitions from a clinical role into an educational one. They had limited support in their new roles and a sense of isolation and 'muddling through' were common features. Prosser argues that the move from clinical practice into education constitutes a career change and that those who enter the new work are only indistinctly aware of the nature of the difference – hence the transition is more of a shock than anticipated. Although carried out prior to the transfer of nursing education into HEIs, this study raises issues that are still relevant today.

Similarly, in another qualitative study carried out prior to the transfer of nursing education into HEIs, Jolly (1997) describes how first-year nurse tutors found the transition from college, where they undertook their initial nurse teacher preparation, into their first post in a school of nursing, unsettling. This larger study involved seventy-one first-year nurse tutors whose experiences were variable

and signified an absence of formalised induction and support programmes and again a sense of 'muddling through' (Jolly, 1997, p. 241).

Whilst it could be argued that support for new academic staff is more developed now than some of these studies have demonstrated, it appears that new nurse educators still experience difficulty in adapting to their new roles. This may be associated with the transition processes involved in career change and the need to redefine one's sense of self.

A number of models or theories relating to transition exist and Hill and MacGregor (1998) suggest that any transition process has three phases which they identify as challenge, confusion and adaptation. Broome (1998) refers to them as 'letting go' of the previous situation and the old identity; the 'neutral zone' between the old and the new reality; and the 'new beginning'. Whilst the phases may be named differently from one model to another, there appears to be some agreement regarding their content. The extent to which an individual is affected by the transition is influenced by a number of internal and external factors including locus of control, social circumstances and degree of support. When applying the models to the transition from one career to another it is possible to anticipate how individuals will be affected in each phase.

The first phase of the transition process is characterized by feelings of anxiety and loss of the previous role, relationships with colleagues and familiarity with the working environment. The second phase involves internal confusion and conflict and a sense of lost identity. The third phase occurs when the individual is able to reassess his or her skills and interests and develop in the new role as well as redefine his or her identity (Morris, 2005).

Method

A qualitative approach was adopted in keeping with the study's aims to understand the experiences of the new academic staff. All those who had been employed in the department of adult nursing studies for a period of two years or less were invited to participate, with the exception of the researcher's own mentee. This amounted to seven individuals and six agreed to take part. The mean length of time that participants had been employed in their current post was 12.6 months and ranged from 3 weeks to 2 years. Three participants were appointed as senior lecturers; two were lecturers and one was a lecturer-practitioner. Appointment to the post of senior lecturer was in recognition of

academic qualifications and clinical experience and did not necessarily relate to a more senior position within the organization. Including all members of a research population ensures that the results obtained are representative of the population, however the fact that one person chose not to participate may weaken the reliability of any claims made as a result of the study. Participants were sent a written letter of invitation accompanied by an information sheet that explained the purpose and remit of the study. Written consent was obtained in accordance with the Faculty Research Governance procedures and approval was obtained from the Faculty Research Ethics Committee (FREC).

Data were gathered using semi-structured individual, audio-taped interviews. The interview schedule covered three main areas of questioning: prior experience and reasons for applying for the new post, formal induction mechanisms and the mentorship system, and main concerns on commencement of their new posts. The schedule was piloted on a member of staff who was not included in the study and minor adjustments made as a result.

The interviews were carried out in a private office to minimise interruptions. Due to the time constraints of the study the tapes were not transcribed but were analysed and paraphrased with the direct transcribing of some particularly illuminative comments. It is acknowledged that because of this some nuances of the tapes may be lost; however Bassey (1999) argues that this does assist in reducing the data to manageable proportions. The content of the tapes was subjected to preliminary analysis and inconsistencies and common themes were noted. Key emergent themes were then identified for further analysis.

Findings

Prior experience and reasons for applying for the new post

One participant had been appointed from another HEI, the remaining five were from the NHS and whilst education may have formed part of their roles, the main focus was clinical and/or managerial. All were in senior positions in the NHS and had extensive clinical experience. Those with some experience of teaching felt that this helped them to adjust to their new roles; however all of those appointed directly from the NHS felt that their extensive clinical and managerial experience was of little benefit when it came to acclimatizing to

the HEI. Participants suggested that possible reasons for this were the fact that the jobs, culture and organizations are so different. Geography and disillusionment with the National Health Service (NHS) were identified as contributory factors in applying for their new posts.

Formal induction mechanisms/mentorship system

Three participants already had a teaching qualification whereas two were enrolled on the post-graduate certificate in learning and teaching (PGCLT). All participants were given the departmental staff handbook which provides general information about the department and whilst they found this useful, two participants felt that the information it provided could have been more specific.

Two recruits were consulted about the choice of their mentor, probably because they were already familiar with the institution and some of the staff, either as a student or as a colleague in practice. Those who were new to the institution had their mentor chosen for them and felt this to be appropriate as they would not have known who to choose. None of the participants shared a mentor.

Four mentors suggested particular experiences that would be useful for their mentees (the participants) to gain. These included attending examination board meetings, observing some teaching sessions, and being peer reviewed. Two mentors did not suggest any such experiences, allowing their mentees to be more self-directed. In one instance it was suggested that this reflected the experience of the mentee prior to being appointed (previous experience in HE). However, in both cases the mentees acknowledged that with hindsight some of these experiences would have been useful. One participant described how observing someone teaching had helped:

“...I’m very apprehensive about it...when I first realised that I would be taking a group sometimes for the whole day, that was a bit unnerving; but having seen [M] with them for the day and seen how it works and the relationships they build up, I now feel that that’s a really nice way to do it...”

Relationships between the mentors and mentees/participants varied in their formality. Some arrangements were very informal whilst others arranged to meet with mentees on a regular basis and agreed the boundaries of the relationship and what it entailed:

“...I’m definitely aware that I’m in a proper formal relationship... so that makes it feel trusted, it

makes it feel safe and makes it feel I can say what I like... I’d be different if we were just having a coffee...”

All participants stated that they were happy with the arrangements made and felt able to approach their mentor whenever they needed. None of the participants were aware of any specified time limit to the mentoring relationship. Most assumed it was for the first year only, one assumed it would last as long as needed. One participant stated that they would appreciate some clarity on this issue.

Regarding the effectiveness of the relationship, one participant stated “...*the mentorship was as comprehensive as it could be... [but] there was this gap for me that I was constantly grappling with...*” and another felt that experiential learning was more effective “...*you have to experience it...work it out for yourself...*”.

Also four participants said that they had not shared their main concerns with their mentors. Reasons for this may include the fact that they did not feel safe enough to expose their weaknesses as one participant stated:

“...well I haven’t actually broadcast it...you don’t do you? You wouldn’t go into a new team and say [what main anxiety is]... I prefer to keep that personal...”

Only one participant shared an office with the mentor, however none of the remaining participants found this a problem as they also developed informal relationships with their office mates. Participants felt that most staff they met were helpful and friendly; office mates were frequently cited as providing informal support. Some felt that support networks were geographically located, for example along a corridor or the floor of a particular building.

Main concerns on starting in new post and ways in which the experience could be improved

Key themes that emerged from this area of questioning related to a lack of clarity about the new role and whether they were undertaking it effectively, and a lack of understanding regarding the functioning of the organization. They also felt a need for more practical guidance regarding the functional aspects of teaching and supporting students. Interestingly, when asked to what extent these concerns were addressed by the mentorship systems, four participants stated that they had

not been addressed because they (the participants) had not shared their concerns with their mentors.

Regarding the lack of clarity about the new role and what was expected of them as new lecturers:

“...Not knowing what’s a good lecturer and that’s not just a good teacher is it? ...In the classroom I wasn’t that unhappy but it was – what is reasonable performance for a lecturer so what am I aiming towards? ...How much do I need to be involved in other things?”

The relative lack of structure to their daily work contrasted greatly with their roles as clinicians:

“...The work balance is very different...its not so defined...you almost feel with the degree of freedom...that no-one seems...that concerned with where you are... It’s a bit disconcerting at first-its less structured and it can make you feel like you don’t belong, especially when you’ve just joined and you haven’t got a lot of work anyway... I look in my diary and I’ve got nothing for the whole week... where should I be? What should I be doing? Should I be doing something? Am I missing something?”

For staff new to HE concerns about whether they would be able to fulfil the role of a lecturer effectively were also evident and indicated a need for practical guidance on the functional aspects of being a lecturer:

“...I’m going to be a personal tutor...and there seems to be huge amounts of paperwork to do...and I keep finding new things... Also just hoping that although you want to teach and you think this is what you want to do it’s hoping that you’ll be able to do it in a way the students enjoy and appreciate...”

“...Staff here are like experts in practice, they take things for granted that they do and don’t realise that you don’t know... It’s little things like... How do you prep? What’s a sensible structure for a meeting with a personal student to make sure you cover what you should cover...?”

“... [certain] teams I found very difficult to teach with... they’re not very good at sharing what they teach... it’s in their heads what they do... so they might not have materials or anything... people I like to work with are the new teachers...who are just a year ahead of you so they’ve already gone through it... they would have everything in a file. People who have been around longer are not that helpful – they don’t mean to be, but they’re not that helpful”

Interestingly, research and scholarship were not identified as concerns for the participants of this study. For four of the participants this was possibly because they already had research and publication experience, whilst the other two were very new to HE and therefore may not yet have considered this aspect of their work.

Understanding how the organization worked was something the participants seemed to find particularly challenging:

“...I think understanding how the organization works...How one builds up ones teaching load... Who to go to and who was leading on what... The organization, the machinery, the mechanics, the workings of it... I don’t know if it’s possible to actually define it in a hugely formal way...at the time it did seem complex.”

One reason suggested for this difficulty included the contrast between their experiences in the NHS and the HEI:

“...I’m very used to there being established procedures and protocols in place and lines of responsibility are very, very clear... whereas in HE it seems to be...very much more blurred... and sometimes protocol and procedure are much more elusive and that can be quite uncomfortable...”

Discussion

The concerns identified by the new nurse lecturers in this study are consistent with those discussed by Diekelmann (2004) and include a lack of understanding regarding the functioning of the organization and a lack of clarity about the new role and whether they are undertaking it effectively. There are also parallels with Prosser’s (1997) study regarding the process of transition from one career pathway to another.

Possible reasons for the difficulties that the new nurse educators had in adapting to their new roles include the fact that the jobs, culture and organizations are very different and possibly more different than they had anticipated. Apart from one participant, all were new to HE and felt that, whilst able to use their clinical experience in the classroom, their managerial and organizational knowledge were not directly transferable to the HEI. It is interesting here to consider Prosser’s (1997) contention that “... [transferring into] nursing education has tended to involve deskilling...so the teacher of nursing is likely to become socialized away from the role as a practitioner...” (p. 330). This ‘deskilling’ of the nurse may cause symptoms

of the second stage of the transition process such as confusion, conflict and loss of identity (Hill and MacGregor, 1998) as illustrated by one participant thus, "...I struggled in the first year to drop who I was..."

Such statements indicate the extent to which self-identity can be affected and how difficult it can be to move out of the familiarity of one's 'comfort zone'. For many years the new lecturers may have described themselves as 'nurses', achieved a certain amount of respect and power associated with a senior role in the NHS and generally be regarded as an expert in their field. To move from this position to that of a novice in higher education can have a greater impact on them than is often anticipated and thus can take the newcomer by surprise. New staff who successfully move into the third phase of the transition process are able to reassess their skills and interests and develop in their new roles as well as redefine their identity as 'nurse lecturers'. Some new staff never achieve this transition and, realising that education is not for them, return to work in the practice arena.

It is possible that if the new nurse educators did not immediately identify themselves as lecturers this may account for the fact that, despite their extensive clinical experience, they had doubts about their ability to teach effectively. This reflects the findings in Diekelmann's (2004) study in which the new lecturers interpreted the trust that their colleagues had in them as a lack of care. Preparing teaching sessions did cause some anxiety for those new to education with over preparing being common. One participant suggested that a 'hints and tips' section in the staff handbook would be helpful including suggestions on 'how to prep', 'how to conduct a personal student tutorial' and 'how to develop a module outline for validation'. These suggestions highlight the need for practical guidance on undertaking the role and possibly reflect the new lecturers' desire for more structure and direction.

The lack of clarity regarding what was expected of them as new lecturers and the relative lack of structure to their daily work also caused some anxiety. This may be because they were used to having a great deal of structure in their working lives with clear boundaries and responsibilities within a hierarchical organization. This lack of structure could potentially emphasise feelings of loss that some may experience during the transition process; an empty diary can have a negative impact on an individual's self-esteem causing them to feel underemployed and undervalued. One participant identified a desire for specific objectives or competences to be achieved within a given time span so that she could be reassured that she was undertaking her role satisfactorily.

Understanding how the organization works in terms of both structure and culture was a concern of all the participants and is relevant at institutional, faculty and departmental levels. The contrast between working in the NHS and the HEI was felt acutely, with some participants feeling somewhat bewildered. In particular, accessing information and lines of communication were seen to be problematic. This reflects the findings of other studies (Diekelmann, 2004; Barkham, 2005) and is not surprising given the complexity of learning organizations.

In order to operate efficiently in such an organization it is necessary to be immersed in the culture for some time so that the implicit information can be 'absorbed'. One could argue that NHS institutions are similarly complex organizations and that the participants of this study were unaware of the degree to which they had absorbed the values and attitudes inherent in their previous working environments. It was not until they entered the new institution that they became aware of the differences in culture.

It is clear from some of the participants' comments that whilst the majority of staff in the department were very welcoming a few appeared to exclude the new academics, whether consciously or unconsciously. Various reasons for this can be suggested such as the possible threat that the new staff may pose with their current clinical knowledge. Alternatively, it could be that established staff have become so familiar with what they do that they underestimate the anxieties of the new staff or, like experts in nursing practice, are unable to articulate the tacit knowledge and practices that have become embedded in their teaching practice.

Whatever the reason, the perception of exclusion is significant in terms of the effect it has on new staff and the culture of the department. It is suggested that when used effectively a system of mentorship can assist in creating a culture of caring and community by facilitating reflection on teaching practice and, through the appropriate use of support and challenge, encourage creativity and innovation. Several participants in the study made reference to the need to be accepted as a member of a team and the lack of structure to the working day could sometimes lead to feelings of isolation and not 'belonging'. This could be emphasised by the apparent 'busyness' of one's colleagues.

Effectiveness of the mentorship system

All the participants in the study believed that the mentorship system was helpful and, although expe-

periences were variable, all were reported as positive. However, the effectiveness of the system is clearly limited. It could be argued that a more structured, formal system with clearly defined boundaries regarding confidentiality and the nature of the relationship, as used in clinical supervision contracts, would assist the mentees in feeling safe enough to reveal their concerns, reflect upon them, and deal with them positively. Interestingly one participant who did share her main concerns was the one who stated that the relationship was formal.

In order to develop such relationships the mentors would need some development. It could also be argued that such a system should not only apply to new nurse educators as staff at all levels in the organization may benefit from reflecting on their practice through peer mentoring or supervision and this could assist in the development of a positive learning community.

Recommendations

Experiencing difficulties adapting to a new career path is not new and to some extent a period of transition is inescapable. Raising awareness of it as a potential problem may help the new staff and their mentors to anticipate problems and to realize that what they are experiencing is normal. Providing opportunities for them to share their experiences with peers may also assist this process.

In addition to a more robust system of mentoring the staff handbook could be developed into a more practical guide. A great deal of effort is expended providing study skills and support for new students when they first attend university, yet new academic staff are expected to have the requisite skills when they start in their new roles. Preparing a lesson, classroom management, using PowerPoint, structuring a meeting with a personal student and developing a module for validation have all been identified by participants in this study as anxiety inducing. Whilst these may seem to be somewhat functional aspects of the lecturer's role, it could be argued that unless the new educators feel comfortable undertaking these tasks they will be unable to develop their identities as new academics and successfully complete the transition process.

Making the newcomers feel welcome and valued as members of a team within a departmental culture that is enthusiastic, innovative and supportive may also ease the transition process. This can be difficult in a department where staff are spread

over different campuses, locations and individual offices leading to potential isolation. As participants in this study identified, support networks are often geographically located. In an open plan area it is much easier to feel part of a team than in an individual office and consideration needs to be given to this when placing new staff and developing office spaces. Throughout this study several references have been made to the importance of developing a positive learning culture. It is important to note that such a culture is dependent on the continued development of all staff within the department, not just those who are new. Career progression and succession planning are essential for the development and retention of all academic staff.

Limitations of the study

Whilst it is acknowledged that the findings of this study are representative only of those staff who were interviewed, they are useful in planning ways in which support at departmental level can be improved. The validity of the study would have been enhanced by asking the participants to confirm the interpretations of the data. Whilst focusing on mentorship and support within the interview schedule enabled the study to remain manageable, a less structured approach would have allowed the participants to lead the direction of the discussion. The focus on mentoring appears to assume a cause-effect relationship between mentorship support and the transition process, whilst in reality the relationships are much more complex and involve a greater number of variables, such as home circumstances and personal working preferences. Were the study to be repeated, a biographical approach may enable greater depth of understanding of the participants' experiences.

Conclusion

This study provides some insight into the experiences of new academic staff to a department of adult nursing studies. Staff who are recruited to the department need to be retained and developed in order to ensure effective succession planning – it is costly to recruit staff who remain in post for short periods of time only. Understanding their concerns and difficulties can assist in designing effective support mechanisms for them in order to ease the transition process and lead to increased job satisfaction and retention.

Previous studies investigating the experiences of new nurse educators are limited and this paper adds

to the body of knowledge by providing insight into the specific experiences of a group of new nurse educators to HE in the UK. Potential areas for further research include an exploration of the transition process, possibly comparing the experiences of those who remain in HE with those who return to practice. Also a longitudinal study analyzing the career development of nurse lecturers would be useful.

References

- Barkham, J., 2005. Reflections and interpretations on life in academia: a mentee speaks. *Mentoring and Tutoring* 13 (3), 331–344.
- Bassey, M., 1999. *Case Study Research in Educational Settings*. OUP, Buckingham.
- Broome, A., 1998. *Managing Change*, second ed. Macmillan Press Ltd., Basingstoke.
- Chester, E.A., Espelin, J.M., 2003. Nurture novice educators. *Nurse Educator* 28 (6), 250–254.
- Department of Health, 1999a. DoH, *Agenda for Change* London.
- Department of Health, 1999b. *Making a Difference*. DoH, London.
- Diekelmann, N., 2002. Pitching a lecture and reading the faces of students: learning lecturing and the embodied practices of teaching. *Journal of Nursing Education* 41 (3), 97–99.
- Diekelmann, N., 2004. Experienced practitioners as new faculty: new pedagogies and new possibilities. *Journal of Nursing Education* 43 (3), 101–103.
- Hill, Y., MacGregor, J., 1998. Charting the course of change. *Journal of Clinical Nursing* 7, 189–194.
- Jolly, U., 1997. *The First-Year Nurse Tutor: A Qualitative Study*. Quay Books, Salisbury.
- Morris, J.A., 2005. Preparing to thrive during career transitions. *AAOHN Journal* 53 (5), 218–223.
- Neese, R., 2003. A transformational journey from clinician to educator. *The Journal of Continuing Education in Nursing* 34 (6), 258–262.
- Prosser, S., 1997. *Shifts and transitions – career histories of teachers of nursing* Unpublished PhD thesis.
- Royal College of Nursing, 2005. *Edlines (Summer)*. RCN, London.
- Young, P., Diekelmann, N., 2002. Learning to Lecture: exploring skills, strategies and practices of new teachers in nursing education. *Journal of Nursing Education* 41 (9), 405–412.

Available online at www.sciencedirect.com

