Original Article

Journal of Advances in Medical Education & Professionalism

Transition to the Faculty Role: A Qualitative Study into the Experiences of Nursing Faculty

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Abstract

Introduction: The quality of nursing education depends on the availability of faculty members with great professional knowledge and clinical work experience. Thus, novice faculty may face challenges in providing quality education. The aim of this study was to explore the experience of transition to a faculty role among a sample of Iranian nursing faculty.
Methods: This qualitative study was conducted in 2022. A total of fifteen faculty members of the nursing and midwifery schools participated in this study. Participants were recruited through purposeful sampling. Data were collected through semi-structured interviews and analyzed through Graneheim and Lundman's conventional content analysis approach.
Results: 704 primary codes were generated and grouped into 35 subcategories, nine main categories, and three main themes, namely unpreparedness for the faculty role, abandonment in a non-empathetic workplace, and a road to resilience.
Conclusion: Nursing faculty members with limited work experience are unprepared for the transition to faculty roles, receive limited support at work, and rely on personal resources and support networks to facilitate their transition to the faculty role. Further studies are needed to assess the effects of preparation and support programs on the transition to faculty roles among the faculty members with no previous clinical work experience.

Keywords: Education; Graduate; Faculty; Nursing; Qualitative research

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Please cite this paper as:
Vagharseyyedin SA, Sabeghi H. Transition to the Faculty Role: A Qualitative Study into the Experiences of Nursing Faculty. J Adv Med Educ Prof. 2025;13(1):59-66. DOI: 10.30476/jamp.2024.103841.2028.

Received: 27 August 2024
Accepted: 19 November 2024

Introduction

The focus of healthcare systems is on providing quality care. The core of quality nursing care is quality nursing education (1). Nursing education includes both theoretical and clinical education (2). Quality nursing education can prepare competent nurses for safe and quality care provision (3). Contrarily, low-quality nursing education can lead to nurses' poor performance and poor patients' outcomes (4, 5).

A key prerequisite to quality nursing education is the availability of competent nursing faculty (1). The faculty members are the heart and the soul of nursing education (6). The National League for Nursing holds that the main competencies for nursing faculty are the facilitation of students' learning and socialization, use of appropriate evaluation strategies, participation in developing nursing curriculum and evaluating its outcomes, role playing as an agent for change, continuous quality improvement, and engagement in nursing research (7).

Some previous studies show that nursing faculty do not have the necessary competencies for quality education (8, 9), mainly due to the lack of a structured and clear program for preparing competent faculty (9, 10). For example, while faculty positions in nursing schools in Iran are mainly occupied by master's and PhD graduates, master's and PhD programs in Iran do not include

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comprehensive courses on nursing education, educational pedagogy, learning theories, and student evaluation.

Transition to a faculty role (TFR) is very challenging and causes worry and tension (11-13). Role transition is the process of transition from one role to another through a set of events and episodes. Role transition may be a continuous development process (11). Successful TFR is associated with satisfaction for faculty and increases their motivation to stay in their faculty position (14). In contradiction, unsuccessful TFR may have negative consequences such as cultural shock (characterized by symptoms such as uncertainty, confusion, disorientation, and anxiety), occupational strain, low job security, and a sense of being overwhelmed (12, 13).

Previous studies on the experiences of TFR were mainly conducted on nurses who moved from clinical positions to faculty positions. The results of these studies revealed that TFR was a multifactorial phenomenon for which the applicants were not ready. These studies found unrealistic expectations, role ambiguities, and limited knowledge and skills as the barriers to successful TFR and reported adequate skill development opportunities, good mentoring, and appropriate orientation programs as the main facilitators to successful TFR (13, 15-17).

Lastly, globalization is an inevitable process that can lead to many challenges such as nursing emigration. According to the Supreme Council of the Iranian Nursing Organization, about 1000 nurses annually migrate abroad (18). It is evident that there are many nurses with MSc and PhD degrees among migrated nurses. Therefore, if authorities do not address the needs of nursing faculty members, these faculties can find competing professional opportunities and leave their academic positions. Thus, studying the experiences Iranian nursing faculty face with as they transition to the faculty role can provide valuable information about their concerns, needs, and expectations. Nonetheless, to the best of our knowledge, there is limited information in this area. The present study was conducted to explore the experiences of TFR among a sample of Iranian nursing faculty.

Methods

Design

This qualitative study was conducted in 2022.

Participants and setting

The study population consisted of the faculty members of the nursing and midwifery schools of Birjand University of Medical Sciences, Birjand, Iran. Inclusion criteria were educational work experience of at least one year and agreement for participation. The only exclusion criterion was voluntary withdrawal from the study. Sampling was performed purposefully with maximum variation in gender, age, work experience, and field of education.

Data collection

Semi-structured interviews were held for data collection. The main interview questions were, "May you please explain your first experiences in a faculty role?", "Which factors helped you feel or not feel success in your faculty role?", and "How did you cope with the concerns and problems in transition to faculty role?". Based on the participants' responses to these questions, exploring questions such as "Can you explain more about this?" and "What do you mean by this?" were used to collect more detailed data. The interviews were audio recorded.

Data analysis

Interviews were transcribed word by word and analyzed through Graneheim and Lundman's conventional content analysis approach. Each whole interview was considered as a unit of analysis. The meaning units were identified, condensed, and labeled with codes. Then, the codes with conceptual similarity were grouped into subcategories, and subcategories with conceptual similarity were grouped into main categories. Finally, the categories were grouped into main themes based on their similarities and interrelationships (19). Following the two last interviews, no new insights were obtained, and no new categories were identified, suggesting that data saturation was reached. MAXQDA software version 20 was used to facilitate data management and analysis.

Trustworthiness

Credibility was ensured through member checking by several participants and peer debriefing by several peers. In member checking, the participants confirmed the similarity between their experiences and our findings. Moreover, reflective memos were written to prevent the potential confounding effects of our assumptions on findings. Confirmability was ensured by creating an audit trail, in which all data collection and analysis activities were documented. Dependability was ensured through data analysis by two of the authors. Any disagreement between them was resolved through group discussion. Thick descriptions of participants' characteristics, study context, and sampling were also provided to ensure transferability.

Ethical considerations

The Ethics Committee of Birjand University of Medical Sciences, Birjand, Iran, approved this study (code: IR.BUMS.REC.1401.121). The aim of the study was explained to the participants, and they were assured of data confidentiality and their freedom to voluntarily withdraw from the study. Written informed consent was also obtained from all participants.

Results

The participants were fifteen nursing faculty with a mean age of 36.6±2.3 years and a mean work experience of 5.10±1.2 years. Moreover, 45% of them had PhD degrees and were assistant professors, and 55% of them had master's degrees.

A total of 704 primary codes were generated during data analysis which were grouped into 35 subcategories, nine main categories, and three main themes. The main themes of the study were unpreparedness for the faculty roles, abandonment in a non-empathetic workplace, and a road to resilience (Table 1).

1. Unpreparedness for the faculty roles

Rapid transition from studentship to the faculty roles without adequate preparedness was one of the main challenges for participants. Inadequate clinical work experience and encountering different professional and managerial situations for the first time in life were common experiences among them. The unpreparedness for the faculty role's main theme had four main categories, namely limited clinical competence, stressful initial experiences, excessive effort to convince others of one's abilities, and inefficiency in managing challenging students.

Table 1: Subcategories, categories, and themes of the experience of transition to the faculty roles

Subcategory	Category	Themes
Unpreparedness for clinical skills during university education.	Limited clinical competence	Unpreparedness for faculty role
Sense of incompetence in doing clinical procedures.		
Receiving limited education during university education to become a faculty.		
Lack of self-confidence for teaching different clinical courses.		
Family-work conflict.	Stressful initial experiences	
High levels of stress due to cultural differences at work.		
Concerns over job security.		
Stressfulness of the first clinical education experiences.		
Difficulty of the first clinical education experiences.		
Great effort to be accepted as a competent faculty by students.	Excessive effort to convince others of one's own abilities	
Effort to be accepted as a competent faculty by healthcare providers.		
Dissatisfaction with students' disrespectful behaviors.	Inefficiency in managing challenging students	
Sense of incompetence in managing students' challenging behaviors.		
Precarious class management strategies based on personal experience.		
Employing an inflexible and rigid approach.		
Unfamiliarity with official rules and regulations.	Lack of an integrated empowerment approach	Abandonment in a non-empathetic workplace
Inattention to faculty empowerment at the time of employment.		
Personal effort as the only option to develop research competence.		
Managers' instrumental view towards novice faculties for covering different courses.	Managers' non-professional conduct towards novice faculties	
The necessity of organizational support.		
Non-recognition by authorities.		
Managers' autocratic behaviors.		
Sense of discrimination at work.		
Allocation of courses without attention to novice faculties' interest and expertise.	Random allocation of courses to novice faculties	
Challenges in managing a large number of assigned courses.		
Inner satisfaction with teaching.	Reliance on personal resources	A road to resilience
The positive role of personal interest in teaching.		
The effects of positive studentship experiences on transition to faculty role.		
The positive effects of positive feedback on self-confidence.		
The positive effects of role models on coping with faculty role.		
The positive effects of peers on the clarification of professional roles.	Use of social support networks	
Sharing experiences with colleagues to facilitate professional development.		
Receiving the support of experienced colleagues.		
The positive effects of interaction with healthcare providers.		
The positive effects of family support on family-work conflict.		

1.1. Limited clinical competence

Most participants believed that their academic courses had not adequately prepared them for clinical practice; hence, they had limited self-confidence for skillfully doing different clinical procedures as a faculty.

"When I was employed, there was a faculty shortage;hence, I had to teach different clinical courses in both medical and surgical wards. I still remember that I had a fear of having limited clinical competence. For example, establishing an intravenous line is a very important skill and students greatly value it. Hospital nurses may easily do this skill, while I felt that I didn't have this skill." (P. 12)

1.2. Stressful initial experiences

Participants reported high levels of stress at the beginning of assuming faculty roles due to factors such as difficulty in creating a balance between professional and familial responsibilities, cultural differences at work, and limited familiarity with different clinical settings. Moreover, they reported limited job security as a main source of their stress and one of their main concerns.

"I have a small baby. School authorities assigned numerous courses to me and I had limited preparedness for teaching them. I had to miss some of my baby's needs to be able to get ready for teaching these courses and perform my professional tasks; hence, I feel I was treating my baby with negligence." (P. 6)

"I had no job security when I started my post-graduate mandatory service as a faculty. I had to apply for permanent employment which needed a good CV. I had continuous stress and didn't know what I could do after my post-graduate. mandatory service. Concern over occupational prospect was very stressful." (P. 14)

"I feel that the first months of my employment as a faculty was like an indetermination period."(P. 2)

1.3. Excessive effort to convince others of one's abilities

Participants made excessive efforts beyond their assigned responsibilities to convince healthcare providers of their competence, win their trust, and foster their collaboration.

"For example, when I saw that they were poor in patient education or did not have patient education posters in their ward, I recommended that my students prepare educational posters or pamphlets. Therefore, I strengthened my relationships with healthcare providers and fostered their collaboration." (P. 4)

1.4. Inefficiency in managing challenging students

Participants referred to their unpleasant experiences of managing challenging students as a factor contributing to their sense of unpreparedness for faculty roles. Most participants reported that some of their students had disrespectful behavior towards them, particularly in the first years of their work as a faculty. They noted that they attempted to manage such behaviors using strategies with doubtful effectiveness such as inflexibility and rigidity.

"It was my first year of work. In an internship course, one of my students entered the surgery ward with a one-hour delay. I told him I could not let him come to the ward with this delay... Suddenly, he started shouting in an insulting manner. He threatened me in the ward while everyone was looking at us.... I was really shocked." (P. 14)

2. Abandonment in a non-empathetic workplace

At the first days of their work as a faculty member, the participants expected their managers and colleagues to support them. However, unfamiliarity with rules and regulations, limited support by managers and colleagues, managers' consideration of novice faculty as instruments to cover different courses, and lack of consideration of their interest and expertise in course allocation gave them a sense of abandonment in a non-empathetic workplace. The main categories of this theme were lack of an integrated empowerment approach, managers' non-professional conduct towards novice faculty, and random allocation of courses to novice faculty.

2.1. Lack of an integrated empowerment approach

Most participants noted that despite their unfamiliarity with administrative rules and regulations in the first years of their work, there was no integrated program for their empowerment. Consequently, they had to make a personal effort to improve their competencies in education and research.

"I don't know whether this is the approach of our university or all universities that nobody helps you and you should personally attempt to understand and find everything. For example, I didn't know the maximum number of units of a faculty, the number of work hours of a faculty, the number of leave hours per month, the responsibilities of a faculty, etc. I collected data in these areas." (P. 10)

"As we are novices, nobody considers us as a colleague in research activities. We should personally ask them for collaboration. I had no

option but to find colleagues in other universities and start research works with them." (P. 5)

2.2. Managers' non-professional conduct towards novice faculty

Most participants highlighted that the managers had a poor understanding of their conditions and considered them as instruments to cover different courses. Moreover, they believed that managers did not appropriately appreciate their efforts, did not seek their opinions about different school affairs, and treated them with discrimination. Managers' autocratic conduct towards novice faculty caused them dissatisfaction with their experiences of TFR.

"The department manager looked down on me and considered me as an inferior faculty who had to cover different courses." (P. 5)

"You have seen in these accreditation checklists some items on educational justice or on helping other faculty members in career advancement. However, educational justice in our school belonged to some male faculty who were in the interest of the school dean. For example, the dean preferred a man to be the department manager." (P. 5)

2.3. Random allocation of courses to novice faculty

Most participants highlighted that courses were allocated to them without paying any attention to their preferences and expertise. Moreover, the allocation of numerous courses to them was one of their main concerns in the first years of their work.

"I was not familiar with working in the operating room, but they allocated the clinical course of the operating room to me at the beginning of my work in this school. It was very stressful for me because I didn't know much about the operating room. The managers should not consider novice staff as staff who should cover courses that have no instructor." (P. 10)

3. A road to resilience

This theme referred to the factors the participants used to make their faculty role pleasant. These factors were reliance on personal resources and the use of social support networks.

3.1. Reliance on personal resources

Inner satisfaction with the faculty roles and personal interest in teaching were among the personal resources that facilitated the participants' TFR.

"I have been interested in teaching since childhood and this interest helped me tolerate the difficulties of becoming a teacher." (P. 6)

Some participants also noted that their personal studentship experiences as well as their students' positive feedback facilitated their TFR.

"My chance was that I earned my master's and PhD degrees from a good university, where there were diverse clinical settings, and I got experiences that helped me when I started my work as a faculty." (P. 14)

"I have a very good experience of my first clinical course. Students told the educational administrator of our school that my clinical education was very different, and they were very satisfied with my education. These positive reactions can improve one's self-confidence." (P. 8)

Participants also highlighted that their role models greatly helped them cope with their faculty roles.

"I had good role models during my own education. When I faced a problem during my work as a faculty, I thought about how my role models would manage this problem. Most of the time, I contacted them and asked for their guidance." (P. 10)

3.2. Use of social support networks

Participants emphasized the role of their peers in clarifying their professional development, particularly in their first experiences as a faculty. They highlighted that their peers' experiences greatly facilitated their professional development. Moreover, the support of their experienced colleagues gave them a sense of strong support in their faculty role.

"When I started a research project with my colleague, I learned how to draft and review a manuscript and how to find a credible journal." (P. 6)

"I had great stress on the first day I wanted to teach a class. One of my experienced colleagues saw me and rapidly noticed the problem. He really helped me, and my stress reduced; I felt empowered. I would have had an awful experience if I had attended the class with such great stress." (P. 7)

Participants also highlighted the importance of family support in managing their family-work conflicts, particularly during TFR.

"Well, my spouse sometimes approves my conduct. This is a very good help for me. He works at a hospital and I ask him many questions about my work. Now, we are doing research work together. This helps us grow together." (P. 1)

Discussion

This study aimed to explore the experience of

TFR among a sample of Iranian nursing faculty. Scare studies have evaluated the experience of Iranian nursing faculty TFR. This recent research can contribute to a more detailed understanding of how to improve the experience of TFR in this group of faculty.

Participants' experiences of TFR came into three main themes, namely unpreparedness for the faculty roles, abandonment in a non-empathetic workplace, and road to resilience. Novice faculty in a phenomenological study into their experiences at university also reported that the transition period was an "exciting" and "intriguing" but "terrifying" experience that was "a little overwhelming" and was associated with a wide range of challenges (20).

Unpreparedness for faculty role

One of the main categories of unpreparedness for the main theme of the faculty role was limited clinical competence. In agreement with this finding, a previous qualitative study reported that nursing faculty with a work experience of less than four years considered their limited clinical skills and lack of clear guidelines for their development as their challenges at the beginning of their teaching experience (21). Another study on novice nursing faculty in Iran revealed a wide theory-practice gap in doing their responsibilities (22). A study in the United States also reported that academic nursing faculty need to be prepared for different educational, research, and clinical roles (1). Novice nursing faculty members need to develop their clinical education skills and get familiar with clinical settings (23) because clinical skillfulness has always been a key attribute of competent medical sciences faculty (24, 25). Therefore, clinical skill development programs are necessary for the faculty to facilitate their TFR.

The second main category of the unpreparedness for the main theme of the faculty roles was stressful initial experiences. The most stressful experiences of participants were limited time for family affairs due to heavy workload, perceived cultural differences at work, and job insecurity. Similarly, some previous studies reported that faculty had concerns over their professional commitments, were dissatisfied with their educational role, needed to learn practical skills, and experienced stress due to role ambiguity and disappointment (20, 26, 27). Overall, these findings highlight the need for providing strong organizational support to novice faculty with limited clinical work experience. The present study findings can be used to develop support programs for these faculty members.

The study findings also showed that participants needed to make excessive effort to convince healthcare providers and students of their abilities. The results of a rapid evidence assessment also indicated that novice nursing faculty felt isolated and had limited professional interactions with their colleagues at the beginning of their work. That assessment also highlighted that identification of the roles, environment, society, academic policies, acceptance in the new organization, and professional communication with students can help novice faculty members convince others of their abilities (23). Improvement of interprofessional collaboration between novice faculty and healthcare providers in clinical settings can also improve their understanding of each other's roles.

We also found that participants felt inefficient in managing challenging students. Most faculty face different challenging behaviors of their students. These experiences are inevitable, and the faculty members need to have the necessary skills to manage such behaviors. Strategies such as effective communication with students, provision of strong support to them, clarification of learning objectives and expectations, and enactment of understandable and logical regulations can facilitate the management of students' challenging behaviors (28). Nursing education authorities need to empower the faculty members to accurately understand and manage students' challenging behaviors.

Abandonment in a non-empathetic workplace

Lack of an integrated empowerment approach, managers' non-professional conducts towards novice faculty, and random allocation of courses to novice faculty had given participants a sense of abandonment in a non-empathetic workplace. Previous studies showed that the novice faculty who attended empowerment programs had a better TFR (26), while the faculty who did not receive any official support suffered from role ambiguity and high levels of stress and anxiety (29). Fulfilling a faculty's roles is very challenging for novice ones, particularly when there is no clear guideline for their role fulfillment (21). Our participants' experiences showed that at the beginning of their work as faculty, they were not familiar with clinical settings, organizational structure, organizational rules and regulations, and their roles in their organization. Similarly, previous studies have reported that educational managers and authorities need to employ empowerment programs for the novice faculty to familiarize them with their workplace, rules and regulations, teaching and evaluation skills, learning theories, and curriculum development strategies (21-23, 26, 30). It is noteworthy that novice faculty's

unfamiliarity with organizational structure and career advancement process may increase the likelihood of an unsuccessful TFR (21).

Study findings also showed that managers' non-professional and autocratic conduct towards novice faculty was associated with unpleasant feelings about the workplace for novice faculty. In the same line with this finding, a study reported that novice faculty commonly experienced managerial problems such as delays in providing a clear job description to novice faculty and determining their roles, inappropriate relationships with them, and inappropriate allocation of clinical courses to them (21).

A road to resilience

The findings of this study showed that participants attempted to cope with a difficult TFR in a non-empathetic environment by relying on their resources and using the available family, peer, and colleague support. The personal resources that facilitated TFR in the present study were positive personal experiences of studentship, positive feedback from students, and positive role models. In agreement with this finding, a previous study reported the significant role of personal effort for learning, adequate support, and appropriate mentoring in facilitating TFR (26). Another study reported official education, personality characteristics, and support as the facilitators of competency development among faculty (20). Studies showed that novice faculty needed support, guidance (21, 30), positive and effective mentoring (20, 30), and effective communication with clinical and academic colleagues (23).

Healthcare organizations undergo constant changes as well as reforms due to such factors as technological advancements and social and economic transformations. As a result of these changes, nursing faculty experience varying needs and concerns at different stages, particularly when they are transitioning into a faculty role. Regarding the experience of transition to the faculty role among Iranian nursing faculty, the present study provided more updated data compared to previous studies conducted on this topic, which is one of the strengths of the present work.

The findings of the present study have limited generalizability to other cultures and contexts due to the qualitative design of the study.

Conclusion

This study shows that nursing faculty are unprepared for TFR, receive limited support at work, and rely on personal resources and support networks to facilitate their TFR. Purposeful planning to improve their clinical skills, reduce their stress, provide them with strong support, promote healthcare providers' collaboration with them, and improve their abilities to manage the students' challenging behaviors can facilitate their TFR. Further studies are recommended to assess the effects of preparation and support programs on TFR among novice faculty.

Acknowledgment

This article is the result of the research project approved by Birjand University of Medical Sciences; thus, the authors offer their special thanks to the vice-chancellor for Research of Birjand University of Medical Sciences and all faculty members who participated in this study.

Authors' Contribution

All authors designed the study, collected the data, contributed to the discussion, read and approved the manuscript and agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Conflicts of Interest

The authors declare no conflicts of interest.

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