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No Longer Expert: A Meta-Synthesis Describing the Transition from Clinician to Academic

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Abstract

Background: Recruitment of nurse clinicians into academic nursing has been important in addressing the faculty shortage. A description of their experiences as novice faculty could provide insights into easing their transition and improving faculty retention.

Method: A systematic review of existing qualitative evidence was conducted in order to describe how nurses experience the transition from clinical practice to nursing academic. Criteria established by the Joanna Briggs Institute guided the review.

Results: The meta-synthesis of the 12 selected qualitative studies yielded 11 themes and four meta-themes, which included: *Unprepared, No Longer an Expert, In Search of Mentoring, and Beginning to Thrive*.

Conclusions: The transition from expert clinician to novice faculty was difficult; teaching is different than practicing nursing. Often unprepared for the demands of the faculty role, they missed being experts. To begin to thrive, they needed orientation to the academic culture, intentional mentoring, and professional development in teaching and learning.

The United States (U. S.) faces a crisis in health care due to a growing need for a baccalaureate prepared nursing workforce. The Institute of Medicine (IOM, 2010) set a 2020 goal to increase the proportion of nurses with a bachelor's degree or higher to at least 80% of nurses in the U. S. workforce. Between 2004 and 2017, the average proportion of nurses with a baccalaureate degree who were in working acute care settings grew from 44% to 56%. However, nursing faculty shortages have tempered this growth. AACN (2019) estimated that in 2018 75,029 qualified applicants were turned away from baccalaureate and graduate programs due to insufficient numbers of faculty.

Recruitment of nurse clinicians into academic nursing has played an important role in addressing the faculty shortage (Laurencelle, Scanlon, & Brett, 2016; Lee, Miller, Kippenbrock, Rosen, & Emory, 2017). A desire to influence the next generation of nurses motivated many expert clinicians to make the transition into academic nursing as novice teachers (Evans, 2018; Hunter & Hayter, 2019; Laurencelle et al., 2016). A positive transition into academic nursing may influence their job satisfaction and subsequent intent to stay (Lee et al., 2017). Understanding their experiences as new faculty could provide insights into how to ease their transition and improve faculty retention (Laurencelle et al., 2016). Therefore, a meta-synthesis of existing qualitative evidence was undertaken to answer the following question. How do graduate prepared nurse clinicians (population) experience the transition from clinical practice to nursing faculty (phenomenon of interest) in an academic setting (context)?

Methods

Search Strategy

The search strategy was designed to identify publications from peer-reviewed journals (See Figure 1). The following databases were searched: Academic Search Premier, CINAHL, PSYCInfo, PubMed, Medline, and ProQuest. The reference lists of identified articles were searched for additional studies and yielded one additional study. Key search terms included role, transition, nursing education, clinician, lecturer, and academic nurse educator. An initial search

began in September 2014 and was updated in January 2019. All studies identified during the database search were assessed for relevance to the review based on information provided in the title, abstract, and descriptor/MeSH terms. A full report was retrieved for all studies that met the following criteria.

Types of Studies. This review searched for studies that drew on qualitative data to describe experiences of nurse clinicians as they transitioned to academic nursing, and included, but were not limited to, study designs such as phenomenology, grounded theory, ethnography, action research, thematic analysis, feminist research, and mixed methods.

Types of Participants or Population (P). The population of interest included masters or doctorally prepared nurse clinicians who were in their first 2 to 5 years as nursing faculty in an institution of higher education (e.g. college or university). Due to differences in role expectations, studies were excluded if their primary participants were hospital clinical educators, adjunct faculty, or faculty teaching in associate degree programs.

Types of Phenomena of Interest (I). The phenomena of interest were the actual experiences of nurses in their role transition from a clinical to an academic focus. Transition was defined as a cultural shift needing differing skills and knowledge, such as a change from a primary role as a clinician to a new role as academic nursing faculty.

Types of Context (Co). The context of this review was the academic setting of colleges and universities that educate students to practice as bachelor's-prepared nurses. Studies whose context included a community college or clinical setting (e. g. hospital) were excluded.

Assessment of Methodological Quality

Qualitative papers selected for retrieval were assessed by three independent reviewers for methodological validity prior to inclusion in the review using standardized critical appraisal instruments from the Joanna Briggs Institute Qualitative Assessment and Review Instrument (JBI-QUARI) (Lockwood et al., 2017) (See Table 1). Any disagreements that arose between the reviewers were resolved through discussion.

Data Collection

Qualitative data were extracted from papers included in the review using the standardized data extraction tool from JBI-QARI. The data extracted included specific details about the phenomena of interest, participants, study methods, and outcomes of significance to the review question and specific objectives (See Table 2).

Data Synthesis

Qualitative research findings were aggregated and categorized based on similarity in meaning. These categories were then subjected to a meta-synthesis in order to produce a single set of synthesized findings (e. g. meta-themes and themes) that could illuminate the transition experience of expert clinicians who enter academic nursing and facilitate recommendations for easing this transition.

Results

Description of Studies

The structured search strategy is described in Figure 1. The search identified 120 studies that matched the preferred study methodology, such as phenomenology or grounded theory. The screening process yielded 14 studies that met the inclusion criteria. The critical appraisal process resulted in exclusion of two studies due to no documentation of institutional ethics review (Schriner, 2009) and issues with methodology (Cooley & De Gagne, 2015) (See Table 1). The reviewers selected 12 studies to include in the meta-synthesis (See Table 2). Sample size for individual studies ranged from six to 45 participants with a total of 193 overall.

Methodological Quality

The 12 selected studies were appraised as generally having moderately high methodological quality; only five clearly described the cultural setting of the study and only five clearly addressed the influence of the researcher on the study.

Findings of the Review

Figure 2 summarizes the 11 themes and four meta-themes that emerged from the metasynthesis of the 12 primary qualitative research studies included in this systematic review. The synthesized findings provided insight into clinicians' experience of their transition to academic nurse educator. Expert clinicians described their transition to novice nursing faculty as unprepared (three themes), missing being an expert (three themes), in search of mentoring (three themes), and beginning to thrive (two themes).

Unprepared

Feeling unprepared was a consistent experience of the transition from expert clinician to academic nurse educator (Anderson, 2009; Dempsey, 2007; Gardner, 2014). Clinicians often entered academic nursing to give back to the profession by influencing and preparing the next generation of nurses. Having developed positive relationships with students as a preceptor, they saw nursing education as a way to make their mark on the profession (Schoening, 2013). They admitted having an idealized impression of the nurse educator role; they expected teaching in an academic setting would be similar to the teaching they had done as clinicians (Chargualaf, Elliot, & Patterson, 2017; Schoening, 2013). As a result of these unrealistic expectations, novice faculty found themselves feeling unprepared for the faculty role, for the cultural differences between practice and the academy, and for student encounters.

Faculty Role. Very few novice educators received formal preparation for teaching during their graduate programs, which affected their transition. Although experienced as clinicians, participants found that teaching nursing required a different skill set than practicing nursing (Cangelosi, Crocker, & Sorrell, 2009). Graduate education had prepared them to practice but not to teach nursing; however, they found themselves in academic settings where they were expected to teach with no formal teacher education or prior teaching experience (Schoening, 2013).

Participants felt unprepared for the workload expected of faculty. They were surprised that teaching a course took so much time to prepare and to manage with grading papers and extra paperwork (Gardner, 2014; McDermid, Peters, Daly, & Jackson, 2013). Having idealized the faculty role, they were surprised by the other demands placed on faculty to publish, to write and receive grants, and to participate in service to the department, the college, the university, the community, and the nursing profession. A participant described her surprise at:

“how hard they [academics] worked, how much was involved, that it never ever ends. On my bad days I was like. ... I'm going back to nursing because I don't care how hard I work at that bedside for that 12 hours; when I go home it's over” (McDermid, et al., 2013, p. 50).

Cultural Differences. New faculty were unprepared for the cultural differences between the clinical and academic settings. One participant commented, “...it's an entirely different culture than anything I've ever been exposed to. There...is a different language and different expectations that you don't encounter in the hospital setting or the business world” (Siler and Kleiner, 2001, p. 399). Participants found the emphasis on individual achievement foreign to their experience as clinicians. They were accustomed to working as a team with shared goals to improve patient outcomes rather than as individuals pursuing promotion and tenure. A retired U. S. military officer described this phenomenon: “In the military, we're not about us. We're about the team. We're about the mission...In academia ...you have to do these individual things in order to move up the chain and be recognized” (Chargualaf et al., 2017, p. 5).

Accustomed to having their clinical competence assessed by supervisors and colleagues, participants were surprised by the weight given to student evaluations of faculty (Chargualaf et al., 2017). A participant said, “I figured out real quick...that students have... a lot of power with their evaluations. This was distinctly different from the military where the only evaluation that matters is your supervisor's evaluation and your colleagues” (Chargualaf et al., 2017, p. 6). As a result, they found themselves unprepared for managing student encounters.

Student Encounters. As clinicians, positive experiences with students motivated many to become faculty so they could influence the next generation of nurses. However, they were not prepared for the negative encounters that occurred when they became teachers (Anderson, 2009, Chargualaf, et al., 2017; Schoening, 2013). Being responsible for student evaluations changed the dynamic (Schoening, 2013). A participant told a story about a difficult student encounter:

[O]ne student I had... was quite aggressive towards me and...in front of the whole class...[s]he told me I couldn't fail her because she had 'paid for her degree'...and she only failed because of me...I didn't know what to say...I was devastated and felt really responsible (McDermid, Peters, Daly, & Jackson, 2016, p. 32)

Expert clinicians entered the academic setting unprepared for the realities of the faculty role. Surprised by the demands of teaching and changes in their relationships with students, they were not ready for the differences between teaching in an academic setting and nursing practice.

No Longer an Expert

Clinicians as teachers were no longer experts (three themes). Teaching elicited uncomfortable feelings about being a novice again. They missed the ease of the clinical environment and their status as experts and were afraid they would fail. Many experienced second thoughts about their decision to become an academic nurse educator. "Participants had a secure environment in which they operated as expert clinicians. Transitioning to a new context removed that security and comfort" (Anderson, 2009, p. 205).

Being a Novice Again. Participants left the security of clinical settings where they understood expectations for advancement and were recognized for their expertise as nurses to become novice nurse educators. They experienced both excitement and fear as they traded the familiar for the unknown. While some felt excitement for the new challenges posed by the academic environment, many experienced a fear of failure (Cangelosi et al., 2009). They wondered how they would cope with being novices. A participant described her experience:

I look back and I remember being terrified. I got sent the class outline a couple of days before.... I stood in front of this classroom of students thinking 'I can't do this; I'm a nurse not a teacher!' but you know as nurses we tend to just roll with the punches and we just sort of go in and do itand I did. (McDermid et al., 2016, p. 33)

These novice nurse educators feared they might fail as a teacher by being unable to answer student questions. They responded to this fear by spending significant time preparing for student encounters and anticipating student questions, which added to their workload. They wanted students to see them as expert teachers (Cangelosi, 2014; Siler and Kleiner, 2001).

Missing Being an Expert. Participants missed the safety of feeling confident in their skills as expert nurses where they knew how to handle challenges (Anderson, 2009). They missed being recognized for their expertise. One participant said, "I had a lot of respect and authority where I worked, and I had no juice here and felt very incompetent and unprepared" (Gardner, 2014, p. 108). Another aspect of missing being an expert focused on teaching assignments that did not utilize their areas of expertise. Many thought they had been hired because of their strong clinical skills and expected to use those in teaching. However, many times they were assigned to teach unfamiliar material or new classes, which added to their workloads (Hoffman, 2019; McDermid et al., 2013).

Questioning My Decision. Questioning their decision to enter teaching was a common experience during their first year as new faculty. They often wondered how they would meet all that was expected of them and questioned if academic teaching was what they wanted to do (Siler & Kleiner, 2001). A participant explained, "There was a time where both of us...were really overloaded with all these new preps and... having all these complaints from these students where we were really thinking, do we really want to do this?" (Siler & Kleiner, 2001, p. 401). Many saw the assumptions about workload as excessive and unrealistic. Expectations in clinical practice seemed more realistic and less intrusive into family life, causing participants to question their decision to enter teaching. A return to the more realistic responsibilities of the clinical setting was tempting (McDermid et al., 2013).

In Search of Mentoring

Mentoring was the essential component in easing the transition from expert clinician to novice faculty (three themes). Participants benefitted from formal mentoring programs and informal mentoring by supportive faculty colleagues. Unfortunately, participants reported being left on their own to figure out their new role.

The Benefits of Formal Mentoring. Formal mentoring facilitated the transition into the faculty role; participants across studies consistently identified the importance of an experienced faculty mentor to guide them as they learned to teach. White, Brannan, and Wilson (2010) described how new faculty experienced a formal mentoring program:

T[t]he informants felt they gained skills and knowledge in the ‘how to’ of teaching, as well as being able to go to their mentor for practical help. Participation in the mentorship program seemed to help them overcome some of the frustrations as they learned useful strategies to become better teachers. (p. 604)

An assigned mentor can facilitate the transition from clinician to nursing faculty (McDermid et al., 2016). A participant described the role her mentor played in her transition:

I really didn’t know what I was supposed to be doing...I had no confidence in my new role...Thank God for her (my mentor). She always has the time for me whenever I was not sure of something...She has clarified so much about the job...it did help my confidence.” (McDermid et al., 2016, p. 31)

The desire for a formal mentor was a common finding, but when a formal mentor was not available, participants identified the importance of supportive faculty colleagues (Dempsey, 2007; Gardner, 2014).

Supportive Faculty Colleagues. Supportive faculty colleagues aided the transition into the academic setting. Participants felt supported when faculty colleagues were available to answer questions and offer feedback. These colleagues often helped them to develop coping strategies and to understand the institutional environment of the university (Dempsey, 2007; McDermid et al., 2016). One participant described this support:

The one thing that really helped was all my colleagues around me. They came up to me and made me understand that they were there, and I could just go and ask them for help ...the support of the people around you is really essential.” (Dempsey, 2007, p. 6)

Participants reported actively seeking out support from more experienced colleagues for help when teaching new content. One participant said, “...my mentor didn’t teach it. I had to find someone who did...I went right to her...I learnt to go to different people for different things. Between them all, I managed to get what I needed” (McDermid et al., 2016, p. 31). Not all participants had the advantage of effective formal mentoring or supportive colleagues. They described being left to navigate the transition on their own.

Left Alone to Navigate Faculty Role. Mentoring clearly facilitated the transition from expert clinician to novice nurse educator. However, participants reported inadequate mentoring and the lack of a structured orientation as their common experience (Anderson, 2009; Cangelosi, 2014; Chargualaf et al., 2017). Novice faculty expected that their colleagues would help them learn how to fulfill the responsibilities of the faculty role (Cangelosi, 2014; Chargualaf et al., 2017; Dempsey, 2007; Schoening, 2013). However, they often were assigned to develop courses with no institutional or collegial guidance. Even if they had an assigned mentor, the mentor often seemed a poor fit or too overloaded with their own teaching responsibilities to be helpful (Chargualaf et al., 2017). A participant said, “I just wish I had someone to bounce things off...On the units I have worked, we always consulted each other, but here it is hard to find someone who can take the time” (Cangelosi, 2014, p.328). Another participant who had been in the military described her attempts to get questions answered as “...reconnaissance work--you have to pull teeth to get the information” (Chargualaf et al., 2017, p. 6). Despite feeling on their own to figure out the faculty role, participants began to thrive rather than just survive.

Beginning to Thrive

A healthy transition was characterized by beginning to thrive as a teacher (2 themes). Characteristics of thriving included increased comfort in establishing boundaries with students and managing expectations of themselves as faculty (Schoening, 2013). Participants learned to manage negative student feedback as well as the inherent ambiguity of the academic setting (Hoffman, 2019; McDermid et al., 2016). As they developed an identity as nurse educators, they became more comfortable and confident in their new roles (Schoening, 2013).

Managing Student Feedback. Learning to manage student evaluations and feedback was crucial to a successful transition. Participants learned to see both positive and negative student responses as opportunities to think about their teaching (McDermid et al., 2016). One participant said, “My first SFTs (student evaluations) weren’t that great..., but I look at the comments and...I learn from them...now I can improve and change what I need to change” (McDermid et al., 2016, p. 33). Faculty who established boundaries with students learned to thrive in their new role (Schoening, 2013). A participant described how she made this transition:

The first year I was really green and timid...I wanted to work with the students, but it was almost like a friendship...Now...I'm the teacher...we are going to play by the rules. I'm flexible, but not as flexible as when I first started. (Schoening, 2013, p. 170)

Learning to manage student feedback facilitated participants’ confidence as teachers.

Gaining Confidence as a Teacher. Over time new faculty grew more confident in their ability to teach; they began to think creatively about teaching and their teaching style (Gardner, 2014). One participant stated, “... I've crossed...from surviving to thriving.. I feel the space to be creative. During that first year you are so busy surviving...and now it feels fun” (Anderson, 2009, p. 206). As novice faculty gained confidence in their teaching, they were able to expand their goals for student learning. A participant explained, “I finally realized that it isn't the facts I give them, but it's ...getting them to make the connection and to see the bigger picture” (Schoening, 2013, p. 171). As they learned to manage student feedback and gained confidence in their ability to teach, novice educators began to enjoy their new role as faculty.

Discussion

The findings of this systematic review add to the literature that describes how graduate prepared nurse clinicians experienced the transition from clinical practice to nursing faculty in an academic setting. Aggregation of findings from multiple studies provided the following insights into the experience. New faculty felt *unprepared*. Although comfortable with clinical skills, they discovered teaching nursing was different than practicing nursing. The cultural differences between the clinical and academic settings surprised them, particularly a perceived emphasis on individual achievement and devaluing of clinical competence within academic nursing. Faculty workload and negative encounters with students were unexpected. Being a novice again was unsettling for new faculty. *No longer an expert*, they questioned their ability to manage all the expectations of the faculty role; they missed the ease of the clinical environment and their status as experts. Transitioning to the faculty role was enhanced by participating in formal mentoring programs and having supportive faculty colleagues. They often found themselves *in search of mentoring*. Many described being left alone without a consistent mentor. Novice faculty *began to thrive* as they learned to establish boundaries with students and gained confidence.

Limitations

The decision to include only peer-reviewed published studies, whose participants taught at the baccalaureate level, could have resulted in missing literature that might have contributed to the analysis. However, the included studies had been rigorously peer reviewed previously. Also, the three authors collaborated in all steps of this systematic review using the defined JBI criteria (Lockwood et al., 2017). Seven studies were published over 5 years ago; however, themes identified by Siler and Klein in 2001 (e. g. *expectations, learning the game, being mentored, fitting in*) share similarities to those identified by Hoffman in 2019 (e.g. *perpetual novice; faculty as resource; teaching ambiguity; student as patient*). These findings suggest that the experience of transition from expert clinician to novice nurse faculty has not changed in almost 20 years.

Recommendations for Nursing Education

The review findings offered insights into creating supportive environments where clinicians can begin to thrive as teachers (Lee et al., 2017). First, schools of nursing can invest in helping their novice faculty develop teaching expertise. They can provide opportunities to develop teaching skills through orientation to the nursing curriculum, workshops on managing and evaluating students’ learning, and professional development opportunities (Cangelosi et al., 2009; Schoening, 2013). Hoffman (2019) identified the need for consistency in course assignments; continuously changing teaching assignments places new faculty in the role of “perpetual novice” (p. 262).

Second, schools of nursing need to recognize and value the clinical expertise that clinicians bring to their new teaching roles and to implement practices that acknowledge their struggles with being a novice teacher. Entering nursing education requires an identity shift and development of new skills (Cangelosi et al., 2009). Encouraging reflection about this experience may help novice faculty focus on the transferable skills they bring to their new role rather than what they left behind (Cangelosi et al., 2009; Chargualaf et al., 2017). Discussions about the structure of the university and expectations about teaching, service, and research need to take place early to help novice faculty understand and successfully navigate the complexity of the faculty role and ambiguous nature of academic nursing (Hoffman, 2019; McDermid et al., 2016).

Third, supportive environments include access to ongoing formal and informal mentoring for 2 to 5 years (Dempsey, 2007; Hoffman, 2019). New faculty need the support of designated and available faculty colleagues who can help normalize their experiences. For example, student evaluations can be devastating (McDermid et al., 2016); encouraging new faculty to review student evaluations with a trusted colleague can bring perspective. Not all faculty members make effective mentors; a cohort of faculty mentors needs to be carefully identified, trained, and provided workload credit for their important role in facilitating a positive transition into academic nursing from clinical practice (Cangelosi et al., 2009; White et al., 2010). A focus of further investigation could be to identify and evaluate cost-effective models that adequately prepare clinicians as teachers who can thrive in the academic setting.

Conclusions

Teaching nursing is different than practicing nursing, making the transition from expert clinician to novice faculty difficult. Academic nursing requires acquisition of new skills and adaptation to a different culture. Many clinicians who enter the academy as novice teachers are unprepared for the faculty role. They miss being experts and often navigate this transition without support. Schools of nursing can ease their transition by offering supportive environments characterized by ongoing orientation to the academic culture, intentional mentoring, and professional development in teaching and learning. They can create welcoming communities that acknowledge the strengths expert clinicians bring to their new faculty role. This initial, labor intensive investment by schools of nursing to facilitate a successful transition is critical to retaining faculty and addressing the faculty shortage.

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Figure Legends

Figure 1. Search Strategy.

Figure 2. Meta-themes and Themes.