

Review Article

Understanding the Transition from Clinical Nurse to Nurse Educator in Oman

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Abstract: Nursing faculty is an essential pillar for the nursing profession, necessitating well-preparation for better teaching, training, guiding, mentoring, and supporting students and novice faculty. Proper orientation and mentoring of novice faculty would allow the novice faculty to become competent and comfortable within their educational roles to facilitate the students' learning needs. The forecasted global nursing shortage requires immediate action to enrich the profession with well-prepared practitioners. The outbreak of pandemic diseases such as COVID-19 and the aging current nurses and nursing faculty contribute to the shortage within the profession. The shortage will negatively impact quality work and quality education of nursing taskforces and nursing faculty alike. Additional impacts are frustration, attrition, and dissatisfaction, which lead to turnover and even more shortage. Bedside care nurses should be attracted to become nurse faculty to overcome the nursing faculty shortage. Meleis' Transitions Theory (2015) and Schoening's Nurse Educator Transition (NET, 2009) Model were used to guide nurses' transition from bedside care to classroom teaching faculty.

Keywords: nursing profession, Clinical Nurse, COVID-19, Nursing faculty.

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INTRODUCTION

Nursing is a noble profession that is obligated to educate and prepare future nurses with the necessary knowledge and skills to work in various healthcare institutions and care for sick/healthy people. Nursing faculty is an essential pillar for the nursing profession. Therefore, it is necessary to have well-prepared nursing faculty who can teach, train, and guide students and mentor and support the novice faculty. Proper orientation and mentoring of novice faculty would allow the novice faculty to become competent and comfortable within their educational roles to facilitate the students' learning needs.

The recent outbreak of the novel coronavirus COVID-19 exaggerated pressure on the health care taskforces. The World Health Organization (WHO) announced 2020 the "International Year of the Nurses and the Midwife," which emphasized the importance of the front-line nursing workers to fight the outbreak of any pandemic diseases such as COVID-19. Globally, nurses constitute the most significant number of healthcare workers. Nurses play an essential role in meeting individual and societal demands for safe and evidence-informed quality care [1-4]. According to the

WHO, there are nearly 28 million nurses in the world who constitute 59% of the total healthcare workers [5]. However, the WHO projected 5.7 million shortage in the nursing taskforce by the year 2030, which will impact the care provided to individuals and societies. It is also important not to forget the aging of the current nursing workers who will face retirement in a few years. As a result, it is essential to enrich the profession with well-prepared practitioners. In the United States of America (USA), the projected shortage of nursing workforce is 1.1 million by the year 2022, which is fueled by the aging nursing workforce [6].

In recent years, there is an increased need for health care services associated with an increased number of students seeking admission to nursing programs. However, there is a general shortage of nursing faculty. According to 2019 – 2020 report of the American Association of Colleges of Nursing (AACN), baccalaureate and graduate nursing programs denied admission of 80,407 qualified applicants in 2019 due to an insufficient number of faculty, clinical sites, classroom space, clinical preceptors, and budget constraints [7]. An inadequate number of nursing faculty available was the primary reason for not

accepting all qualified applicants into baccalaureate programs.

Impact of Nursing Faculty Shortage

Faculty shortage impacts education quality and qualified nursing students' admission into nursing programs [8]. As a result, faculty shortage will reduce the production of an adequate number of nurses to enrich the nursing profession, which in turn increases the ongoing nursing shortage. Faculty shortage can increase faculty workload, decrease nursing education quality, and increase the potential for losing the nursing program's approval and accreditation. This shortage will even be more with the loss of the senior nursing faculty. Another impact of faculty shortage is increased frustration, attrition, and dissatisfaction [9-11], leading to faculty turnover and even more shortage.

Besides, according to AACN's report, there is a clear pattern of full-time nursing faculty vacancies increased from 16,444 to 21,533 from 2014 to 2018, respectively. To overcome the faculty shortage, the employed nurse educators encountered with extreme workload and faculty exceeded students contact hours, which limited the ability of the faculty to address the needs of the students [12]. Likewise, the National League for Nursing (2014) estimated a requirement of 34,200 nursing faculty members by the year 2022 to enrich the nursing profession in the United States. Fang et al. found out that the percentage of faculty who are expected to retire at aged 65 and older increased from 36% to 64.1% between 2005-2006 and 2014-2015. The percentage is expected to increase in the next ten years. Likewise, approximately 30% of nursing faculty with a master's or doctoral degree in Oregon and about one-third of nurse faculty in Kansas are expected to retire in 2020-2021 [13, 14], which necessitates the recruitment of more nursing faculty. The number of doctorally prepared nursing faculty is insufficient to fill the needs of the nursing faculty. Therefore, new nursing faculty's enrollment must be done in a well-planned preparation program to facilitate their transition to the new position.

Nurse faculty Shortage in Asian countries and Oman

The World Health Organization's report (2020) on nursing status has recognized the faculty shortage, infrastructure limitations, and clinical sites' availability as constraining factors for producing the nursing workforce [5]. The recruitment and retention of qualified nurse faculty are considered the biggest challenge in nursing education in many countries such as Indonesia and China [15, 16]. In China, Yun *et al.*, stated that nurse faculty shortage could be caused by job dissatisfaction due to workload, reduced wages, and social status, which are common causes in many Asian countries [15, 17]. However, searching in the literature revealed scarce information regarding the shortage of nurse faculty in the Middle Eastern countries. Most of the studies found in the literature discussed the issue of the nursing shortage in hospitals.

The Sultanate of Oman maintained steady but slow growth in the number of the nursing workforce. As of the 2018 Ministry of Health annual report, there is a 20,267-nursing workforce in Oman, including 15217 nurses working in the MOH healthcare institutions [18]. More than 50 nursing Ph.D. holders are working in the country, mostly in Oman College of Health Sciences (OCHS) and Sultan Qaboos University (SQU). Also, 389 nursing faculty members are working in various nursing colleges, of which many of them are not Omani nationals [19].

The Sultanate of Oman is no different from the global issue of the nursing faculty shortage. It is crucial to mention the current Royal order that urges at least 70% of government employees to have early retirement after completing 30 years in the service. Besides, many non-Omani nursing faculty's contracts will end soon due to the current worldwide economic crisis. These measures will contribute to the fact that most nursing faculty will face retirement within a few years. Therefore, as a contingency plan, it is probably essential to attract more Omani nurses from bedside care settings to teach in the classrooms with formal preparation, orientation, and guidance.

Novice Nurse Faculty

The novice nurse faculty join academia with less formal preparation for teaching. Studies reported that novice educators experience a high level of stress and role strains as they assume classroom teaching, which may negatively impact the retention of novice educators [20]. Most novice faculty find themselves challenged to teach in the classroom setting, especially those with no prior teaching experience. On the contrary, novice faculty who participated in preparation programs for classroom teaching experienced a smooth transition from the clinical setting to classroom teaching [20, 21]. Therefore, it is essential to implement a positive transition experience to increase novice nursing faculty members' competence and retention. Accordingly, this article would guide nurses in their transition from bedside care into classroom teaching. Meleis' Transitions Theory and Schoening's Nurse Educator Transition (NET) Model were used as theoretical frameworks to guide this paper's discussion.

Theoretical Framework

The widespread faculty shortage in nursing and its impact on the sustainability of the profession and the recruitments of nursing students has played a significant role in a paradigm shift in nursing practice. Therefore, to understand this paradigm shift and the responses to change, Meleis' Transitions Theory (2015) [22] and Schoening's Nurse Educator Transition (NET, 2009) [23] Model were used as theoretical frameworks to guide this paper.

Transition is "a passage from one life phase, condition, or state to another" [24]. Transitions Theory

provides a step-by-step process to better understand the process of transition from one state to another. In this article, the transition is the process of moving from being a clinical nurse to a nursing educator, from being a bedside nurse to a classroom teacher. With a greater understanding of the transition process, strategies for a smooth transition can help resolve the nursing faculty shortage.

There are six major domains for Transitions Theory; (1) change triggers, (2) properties, (3) conditions, (4) process patterns, (5) outcomes patterns, and (6) intervention framework. This paper is the first to discuss the nursing faculty shortage in Oman. It will only apply the first and second nursing faculty shortage's elements (the change triggers and properties). The change triggers are to understand the need for transition from a clinical nursing basis to a classroom teaching basis. The need to explore the novice educators' transition toward being effective teachers is considered a change trigger.

In the first domain, changes in life phases or roles (e. g., clinical nurse and novice nurse educator) are developmental triggers for the transition. These changes require support from various stakeholders such as administrators and expert faculty who can mentor novice educators. Therefore, academic college leaders need to understand the novice educators' developmental transitions to provide the necessary materials and support for successful transition [22].

The current situation of the global nursing shortage and the Royal Decree of giving early retirement for all government employees who completed 30 years in the service leads to the second change trigger; situational transition. Situational transitions are experiences and responses to situational changes such as the early retirement of nursing faculty

and the nursing faculty's movement to private sectors. Understanding situational transitions can help people establish strategies for nurse educators' effective transition [22].

The second domain in Transition Theory is the transition properties, including process, time span, disconnectedness, and awareness. Meleis *et al.*, emphasized that these properties are interconnected [25]. Transition to the role of a nurse educator is a steps-process that needs time. The novice nurse educators need to know more things about academia, including how to construct exam questions, evaluation, advisement, working in various academic committees, and others; which requires a lot of time to move from the period of uncertainty to a period of stability [22].

Despite that the transition process is a complex and multi-dimensional process with patterns of multiplicity and complexity [26], Meleis described it as a dynamic and fluid process [22]. The period between the beginning of the transitions process and its end might be unique, or it may connect with other similar processes [22, 26].

Disconnectedness and awareness are other properties of Transitions Theory [22]. Transitioning from being a bedside nurse to be a classroom teacher can lead to a disruption in the lives of those experiencing the transition and a change in their comfort levels. Therefore, proper orientation and the mentoring process would help increase novice educators' awareness and ease their transition. It would also help clarify roles, competencies, and meanings as nursing strategies to promote the transition from bedside nurse to the classroom teacher. Thus would enhance the feeling of security associated with the new transition.

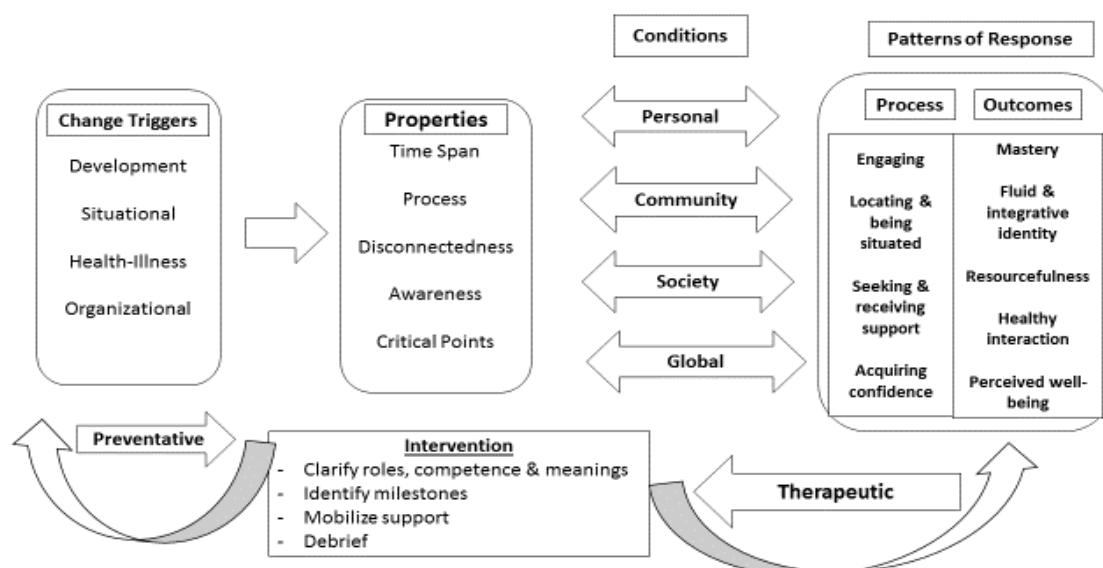


Fig-1: Transitions: A Middle-Range Theory. Adapted from Meleis, A. I. (2015). Transitions Theory. In M. C. Smith, & M. E. Parker (Eds.). *Nursing theories and nursing practice* (pp. 361-380). Davis. Reprinted with permission. *The Nurse Educator Transition (NET) model:*

Using a grounded theory approach, Schoening (2013) created the NET model to describe the role transition from clinical practice nurse to classroom nursing faculty [21]. The NET model has four phases in the transition to a nursing faculty; anticipation/expectation, disorientation, information-

seeking, and identity formation phases. In the anticipatory/ expectation phase, novice educators expect a lifestyle to be flexible. There is an opportunity for career progression, having positive student-encounters like he/she used to do in the clinical settings, and wants to make a difference in teaching the nursing students.

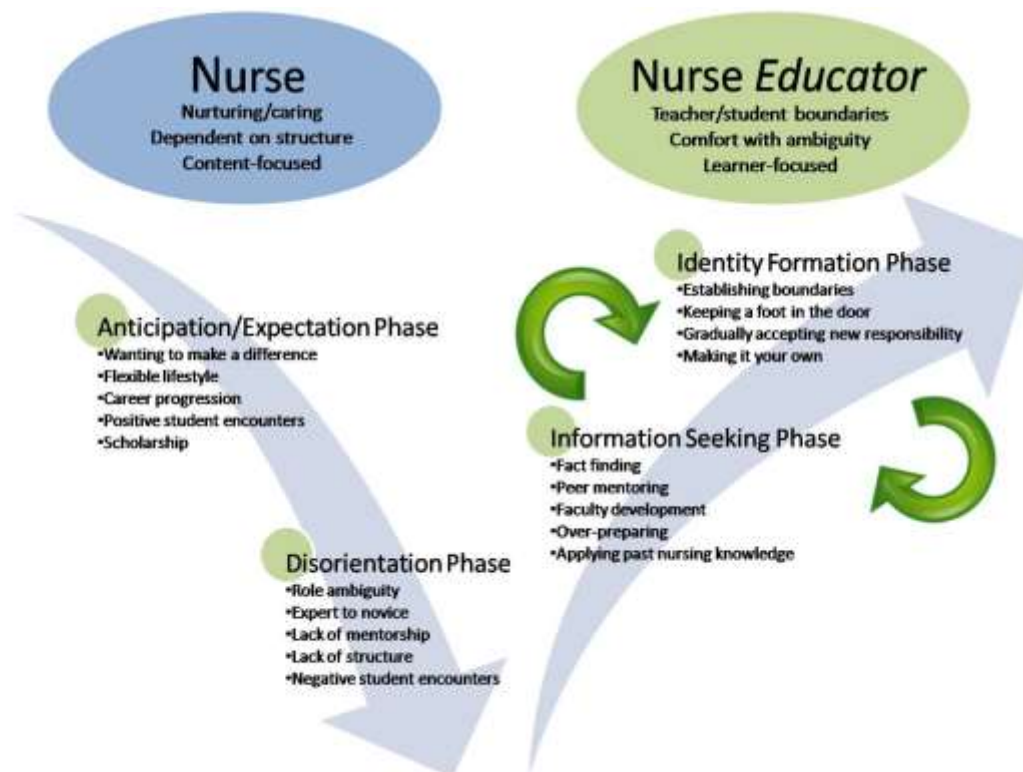


Fig-2: Nurse Educator Transition Theory (NETT) model. Adapted from Schoening, M. (2009). Reprinted with permission

However, many novice educators face the real fact that being a teacher is not an easy job, which leads to the second phase in the NET model (disorientation phase). In this phase, the novice educator will face role ambiguity, the shift from being expert to being a novice, negative student-encounter, and, most importantly, the lack of mentorship. The lack of orientation regarding the new role can be overwhelming, especially with learning a new skill and knowledge set. Besides, the novice educator will feel that the faculty role is less structured than the clinical nurse's role. Therefore, Schoening (2013) emphasized the significance of having support, a right orientation, and a mentorship program to facilitate the nurse-educator role transition.

The information-seeking phase is the third phase of the transition to the nurse educator role. In this phase, the novice educator will seek more information to help in the transition, such as involvement in faculty development programs, over-preparing for classes, applying past nursing knowledge to the new role, and using more mentor assistance. Also, some novice educators may pursue their higher education for better self-preparation [21]. Consequently, these strategies can lead to the fourth phase of the NET model (identity

formation phase). In this phase, the novice educator will start to establish more boundaries, become more confident, gradually accept more responsibilities, and develop comfort in the student-teacher relationship.

Strategies to Address Faculty Shortage

A well-prepared faculty is considered one of the National League for Nursing (NLN) *hallmarks of excellence in nursing education* [8]. Therefore, a plan for staff development continuing education should be prepared for the novice faculty that might include sending the novice faculty to formal teaching preparation programs (e.g., graduate nursing programs) and to national and international teaching conferences for nursing [21]. The focus of continuing education should be more on the practical application of knowledge (i.e., teaching practicum) and less on theoretical models. The novice faculty can use the available online courses provided by some nursing education professional organizations such as the American Association of College of Nursing (AACN)'s Education Scholar and the National League for Nursing (NLN).

A well-structured orientation and mentorship program can help support clinical nurses' transition into

the nursing faculty [27]. During the first year of employment, an orientation program should be carefully designed to transition to an academic setting effectively. It should include pedagogical knowledge such as different teaching strategies, engaging in scientific research studies, participating in curriculum development activities, and working in quality assurance and accreditation committees. A preceptor/mentor should be assigned to the novice faculty to help facilitate the process of transition. The preceptor/mentor can act as a peer-reviewer during the clinical evaluation of students and test item development. Besides, continuous constructive feedback about the novice faculty's performance can be discussed with the novice faculty to improve their performance. The college administrators should work collaboratively with the novice faculty to reduce barriers such as knowledge deficit regarding the new role, low salary, poorly defined workload policies, the unclear scope of practice, and dissatisfaction with the nursing faculty role [21, 27]. Therefore, college administrators should establish strategies to overcome those barriers and provide the necessary support for the novice faculty.

National Nursing Boards or healthcare organizations should have a clear scope of practice for the nursing faculty to encourage more nurses to join academia. The scope of practice includes but is not limited to, compensations, workload, mentorship program, and various faculty roles (e.g., teaching, scholarly work quality assurance, and curriculum development). Clear job descriptions and role expectations in both the classroom and clinical settings should be provided to the new faculty to improve job performance and reduce role uncertainty. Also, assisting novice faculty in establishing their career path helps equip them with the necessary knowledge and skills to ensure their new faculty role competency.

Conclusion: Do it Before it is Too Late

Nurses are the angles of Mercy, and the nursing faculty are the ones who nurture those angles. Therefore, it is essential to have well-prepared, knowledgeable, and competent faculty members who can teach and train future nurses. Well-planned orientation and mentorship program for the novice faculty can promote a positive transition from bedside nursing to classroom teaching. The novice faculty can initiate their new role by teaching small groups, preparing small teaching lessons, supervising students in the clinical settings, and participating in scholarship activities. Then, when he/she becomes more confident, he/she can be given a full-time position as an educator. Nursing education offers many options and can be the dream job for many nurses. Therefore, do it before it is too late.

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