

Title Page

Title: The Transition of Clinical Nurses to Academic Roles: An interpretative phenomenological inquiry into identity development.

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Abstract

Background

The transition from clinical practice to academia represents a profound career shift for nurses, involving significant changes in professional identity, skill application, and work environment.

Aim

To explore the experiences of nurses who had recently made the transition from a clinical nursing role to an academic teaching role.

Methods:

An interpretive phenomenological approach was adopted. This was enhanced through using communities of practice as a theoretical lens. Semi-structured interviews were conducted with seven (7) nurses from across the UK. Interviews were participant led, allowing them to discuss elements of their professional identity, both old and new. Reflexive Thematic Analysis was used to analyse the collected data.

Results:

The following themes were identified within the analysis: finding my passion; institutional and colligate support; and acceptance of new(er) identity.

Conclusions:

There is a need for structured onboarding programs and robust peer support networks to effectively integrate and sustain communities of practice; ongoing professional development opportunities, particularly in areas such as Information Technology, were identified as pivotal to aiding adaptation to academic roles.

Highlights

- New to faculty staff struggle with conflicting identities.
- Professional development opportunities include IT development as well as traditional teaching roles.
- Peer support networks are key to integration.

Key Words

Role Transition, Academic, Clinical, Professional Identity

Introduction

Nursing has traditionally been a profession grounded in clinical practice, characterized by direct patient care, clinical decision-making, and the application of evidence-based practices. Nurses are central to the delivery of high-quality care, with their roles encompassing a wide range of responsibilities from administering medications to providing emotional support to patients and their families (Kelly & Porr, 2018). The profession is deeply rooted in the practical application of professional knowledge, where nurses are trained to respond to a variety of healthcare scenarios, making critical decisions that directly impact patient outcomes (Bittner & O'Connor, 2012). However, as the field of nursing evolves, so too do the career pathways available to those within the profession. One such pathway is the transition from clinical practice to academia. The focus of this paper are those nurses who have a primary role within a higher education institution (as distinct from those who provide support in a practice setting). This shift marks a significant departure from the hands-on patient care environment to a role focused on teaching, research, and service within academic institutions. For many nurses, this transition represents not just a change in job title, but the addition of an academic identity (Kalensky & Hande, 2017). The skills and knowledge that made them successful in clinical settings must now be complemented by new competencies in pedagogy, curriculum design, and scholarly research (Shellenbarger & Gazza, 2020).

All academics take on a broad range of tasks that extend beyond their traditional disciplinary boundaries. For example, nurse academics are required to blend their traditional bedside care and clinical expertise with traditional academic roles in teaching, research, leadership, mentoring faculty staff and community service. All academics within a teaching role are responsible for classroom instruction (delivering lectures, leading discussions) and designing curricula that incorporate current advancements in their discipline (Jobst et al., 2022). In addition to this, nursing academics must also manage the clinical supervision of students during rotations, run clinical simulation and liaise with professional and statutory regulatory bodies (PSRB). These are additional key parts of their role, ensuring students are able to apply theoretical knowledge in practice (Koukourikos et al., 2021).

Nursing academics also assess student performance through exams and provide academic mentorship, offering guidance on career, academic, and personal development (Voss et al., 2022). In research and scholarship, nurse academics often lead or participate in studies that explore nursing practice, patient outcomes, and healthcare systems, while some also engage in grant writing, publishing findings, and mentoring students through their dissertation projects (Zaccagnini & Pechacek, 2019).

Administrative tasks such as coordinating nursing programs, serving on academic committees, managing budgets, and ensuring accreditation standards are met, also fall within their scope. Continuous professional development is essential, and involves attendance at conferences, ongoing certification renewal, alongside efforts to innovate teaching methods, such as through online learning or new healthcare technologies (Johnson & Smith, 2018). Nurses in academia often collaborate across disciplines, contributing to cross-departmental teaching and joint research efforts as well as engaging with wider communities by providing public health education and participating in advocacy for improved health policies (Berland et al, 2020). They also integrate technology into nursing education and promote ethical decision-making (Oermann, 2022). Finally, there is a need to participate in global health initiatives and champion cultural competency, preparing students to deliver equitable care in diverse settings. These varied responsibilities within a new context (i.e., higher education institutions) allow nurse academics to shape the future of the profession and ensure that their students are equipped to meet the dynamic needs of the healthcare industry.

The transition towards an academic role is not merely a lateral career move; it involves a fundamental shift in professional identity. In academia, the focus moves away from direct patient care to activities centred on education of pre- and post-licensure nurses (and other health professionals), research, and academic service (Cangelosi and Sorrell, 2017). This shift can be particularly challenging for nurses who have spent their careers in patient facing clinical settings, developing their clinical communication skills, where the immediacy of patient care provides a clear and direct sense of purpose, whilst clinical educators must balance patient support with professional education. In the academic context, the nurse's role is more abstract, involving the preparation of future nurses,

contributing to the body of nursing knowledge through research, and participating in the governance and administration of academic institutions. The shift therefore is towards focusing on the student and indirectly influencing patient care through facilitating the attainment of registered practitioners for those students. This transition towards developing their research and pedagogic skills is a complex one (Crider, 2022). For instance, nurse academics must apply pedagogical principles, understand how to effectively convey complex information to students with varying levels of experience and knowledge. They must also engage in curriculum design, ensuring that educational programs meet the accreditation standards and effectively prepare students for the demands of clinical practice (Garner, 2020). Therefore, this new role requires considerable new learning within it.

Previous research has highlighted some of the issues within this process such as the level of mentoring and support for new academic staff, particularly in the more challenging areas of curriculum design (Barken and Robstad, 2024) or delivering content not related to previous clinical work such as research methods (Halton et al., 2024). This also extends to the pressure that some academics must publish scholarly works which may be a very new concept for new nursing academics (Carr, 2019). Therefore, given the challenges that transitioning nurse academics have, this study aims to explore the experiences of nurses who had recently made the transition from a clinical nursing role to an academic teaching role.

As this transition is focused on nurses' professional practice this study has drawn upon communities of practice (CoP) to further explore the lived experience of those nurses making the transition. A CoP is a theory of learning which places social interactions at the forefront of that learning (in this analysis, the learning of a new role). Identity is an important part of this learning, as it links with how the CoP links with who we are in the world (Ramazan et al., 2023). CoP rest on three interrelated assumptions of shared practice, mutual goals and working together (Tummons, 2018). Wenger (1999) also highlights the identity elements to CoP and the importance of legitimate peripheral participationⁱ and the impact of competence on those who are new to an area of practice. The engagement in legitimate peripheral participation will enable those new to the community to develop

their competence, and their competence development will transform their experience of the community (Wenger-Trayner & Wenger-Trayner, 2015). It is these elements of CoP (identity, knowledge, legitimate peripheral participation, etc.) that have informed the analysis.

It is worthwhile noting within this study, that the transition of all the participants happened during COVID-19 pandemic and a period of homeworking (Brown et al., 2022). This, along with the changes within the working practices, such as flexible working, that have developed in academia ‘post-COVID’ (Aamodt et al., 2025) set a contextual picture for this work.

Materials and Methods

To achieve the aim of this research an interpretative phenomenological approach was employed to investigate the lived experiences and identity development of nurses transitioning from a clinical practice role to an academic role. Phenomenology, as a broad research methodology, is particularly suited to exploring the richness of individual experiences by examining how people interpret and make sense of significant life changes (Gill, 2020), with an interpretive approach suited to unpicking the complex and emotionally laden topic areas (Smith and Osborn, 2015). The focus of this research was to gain a deep understanding of how these nurse academics navigated both the personal and professional transformations inherent in their shift to academia. Throughout the research a reflexive diary was kept by the first author, which informed the approaches, methodology/methods employed, and the data analysis/write up.

Participant Recruitment

Participants were recruited for the study following the receipt of ethical approval from the university’s Research Ethics Committee (ref: 025922). Recruitment was conducted through digital platforms, specifically X (formerly known as Twitter) and LinkedIn. These social media platforms allowed access to a pool of potential participants who met the inclusion criteria: nurses who had transitioned into academic roles within the past five years. In total $n = 7$ were recruited primarily from LinkedIn ($n = 6$) and X (formally Twitter) ($n = 1$).

All interviews were facilitated via *Microsoft Teams* (Microsoft Corporation, 2025). This virtual interview format was particularly beneficial, not only in ensuring the inclusion of participants from different geographic locations across the UK but also in offering a flexible and accessible means of data collection. The use of Microsoft Teams allowed participants to engage from their respective institutions or homes, fostering a more comfortable and convenient environment for sharing their experiences. All nurse academics were recruited from five different higher education institutions across the UK to take part in the study ($n = 7$). Each of these participants had transitioned into their academic roles within the last five years, making them particularly relevant to the research focus on early career academic experiences.

All the interviews, anonymization, transcription, coding and analysis were conducted through June - July 2024. The first author (TJ) conducted all interviews. The interview questions were developed through a review of relevant literature on the transition of nurse professionals from clinical practice to academia. This process involved identifying key themes, challenges, and strategies commonly reported in existing studies, such as career motivations, the professional shift from hands-on practice to academic work, and the adaptation to new institutional and pedagogical roles. Drawing on this literature, the questions were designed to elicit in-depth responses that would capture both the personal and professional dimensions of the participants' experiences. All the interviews were transcribed verbatim.

Data Analysis

Braun and Clarke (2022) reflexive thematic analysis was utilised for data analysis. Braun and Clarke (2021) emphasized the importance of the first stage in thematic analysis, noting that initial readings provide researchers with a comprehensive understanding of the content and tone of the data. For instance, codes like "lack of technical knowledge" and "lack of an assigned mentor" were organized under a theme such as "Challenges in the new role" (Saldaña, 2021). The identification of overarching themes followed, encapsulating the broader insights that emerged from these categories. This process

required refining the themes by merging overlaps, clarifying definitions, and omitting any that did not significantly contribute to the overall understanding of the data (Kiger & Varpio, 2020). Reflexive thematic analysis was employed rather than interpretative phenomenological analysis as the research is interested in wider socio-cultural contexts through communities of practice (Braun and Clarke, 2021).

Each theme was explicitly defined and supported by direct quotes or examples from the interviews, grounding the themes in the participants' voices and enhancing the findings' trustworthiness (Castleberry & Nolen, 2018). The final themes were then organized into a coherent structure that facilitated a clear presentation of the results, yielding an interpretable and accessible representation of the data. This structured approach ensured that the findings were not only meaningful but also represented participants' perspectives comprehensively and authentically.

Data were analysed by both authors initially independently. Author 1 (TJ) utilised a traditional approach to coding and thematic development without Computer-Assisted Qualitative Data Analysis Software (CAQDAS), whilst *ATLAS.Ti 24* (ATLAS.Ti Scientific Software Development GmbH, 2024) was employed by the second author (MW) to independently code and analyze. TJ is a nurse academic currently undertaking their first role within a university setting, and MW is diagnostic radiographer with over 10 years of experience teaching within higher education. Both authors came to agreement on all themes following discussions.

Findings

The three main themes have been identified below as finding my passion, institutional and collegiate support and acceptance of new(er) identity. Each theme is further discussed below using *verbatim* quotations from the participants interviews and links to the wider literature, where appropriate.

Finding My Passion

The desire to teach was frequently discussed by the participants. It appeared that their clinical experience and mentoring/supervising of students within this arena had given them a taste of learning teaching that they wished to explore further:

“...I was always teaching the students when they were on the shift, and I always really enjoyed that sort of educational role...” [Participant 6]

There was a clear passion for learning and teaching that was ignited within the majority of participants when they were in the clinical practice area. Sharing their knowledge with others seems to have been a key part of their nursing identity. As one participant stated:

“...that I was able to share my skills, knowledge and talents to them. Yeah, it's I think it's rooted in me...” [Participant 1]

The participant thought of, and regraded, the sharing of knowledge and skills as being paramount within the clinical practice area. This desire to guide and educate connects closely with the concept of communities of practice (Wenger, 2018). The concept of identity is inherent within this as it connects with the concept of shared practice and knowledge (Tummons, 2018). It may therefore be viewed as the building block of any community of practice; the notion that there is a shared identity around education and knowledge. Sharing is integral not only to the process of teaching and learning, but also to the development of any practice community. This community development may, however, may require further investment from individuals and institutions.

Institutional and Collegiate Support

The participants encountered significant difficulties in adjusting to new work systems and environments including new information technology (IT) systems, marking processes, and administrative requirements. These challenges illustrate the adjustments that professionals often face when moving into academia, particularly those coming from non-academic backgrounds:

“.... I think the main challenge was just getting thrown into it straight away and maybe not having it scaffolded for us....” [participant 5]

“...and I remember going into that room and nobody had showed us how to set up the IT systems, how to set your PowerPoint up on the screen. And I've never taught before, and I assumed coming into it that somebody would watch me or....” [participant 7]

“.... but I think that would be a point, some formal structured training...mm...beyond what is offered in terms of induction to people who... to people who are starting new...” [participant 3]

The lack of a formal onboarding process, which provides clear guidance and incremental support, is a barrier that has been identified in the literature as a key factor contributing to the difficulties of this career shift (Scheese et al., 2023). The participant's experience suggests a feeling of being left alone, as the quotes above intimate, and that there is a certain degree of shock at the level of autonomy given and technical skills assumed. The lack of formal induction and preceptorship experience was evident within the experiences of the participants. The lack of pedagogical and technological support can hinder this process, leaving newcomers to navigate these new practices with limited guidance, which may delay their integration into the academic community.

Participants described the support they received from colleagues and mentors, which helped them adapt to their new roles, particularly when learning new academic responsibilities, such as the marking system and providing constructive feedback:

“...sort of workshops... where four of us... would all mark the same essay, talk about it, try and work out what we would give it. That was really helpful at the start...” [participant 6]

This type of collaborative peer support aligns with activities that can help build communities of practice. This emphasizes the importance of shared practices, knowledge and mutual engagement in the learning processes. The marking workshops described by the participant illustrate a form of legitimate peripheral participation, where less experienced academics were able to gradually take on more responsibility, gaining confidence and knowledge through interaction with their peers (Lave & Wenger, 2001). The significance of mentorship and peer support also resonates with the work of Vygotsky (Xi & Lantolf, 2021), particularly the concept of more knowledgeable other, where more experienced individuals provide guidance to help newcomers navigate challenges that they cannot yet solve independently. However, this was not universally experienced across the participants:

“...not exactly [...] for each module, the module leader would do moderation...” [participant 2]

Marking appeared to be initially anxiety inducing, which is perhaps not surprising given the inherent subjectivity and pedagogical experience required to perform the role (Haines, 2021). However, the lack of support appeared not just to be related to marking student's assessments, but also to other elements of the academic role:

“...I expected some sort of, um, structured induction or, you know, someone to guide me through things...but um that didn't really happen...I had a go-to person...so I had to actively go and find support myself...” [participant 4]

From a community of practice perspective, those experiences where the participants felt supported included the provision of opportunities and support to discuss elements of the role with another more experienced individual. This underpins the importance not just of legitimate peripheral participation but also of creating a space where the intricacies of the role can be discussed. For example:

“...we were having drop-in sessions...we were having online tutorials on marking on assessment and moderation...” [participant 5]

The sharing of knowledge, the understanding and a shared conceptualisation of the goals of an academic were evident from those participants who felt supported, with differing ways of engaging with others over a longer period of time. Those who experienced a more fluid or unstructured approach to induction, felt that they were being left alone to their own devices, without the opportunity of support from peers. This coupled with the lack of autonomy in their previous roles could influence their support seeking behaviour, as one participant noted:

“...I didn’t even know what I didn’t know...” [participant 4]

Acceptance of New(er) Role Identity

The ambivalence that many participants in this study exhibited about their professional identities highlights the complex nature of transitions from clinical practice to academia, particularly in the healthcare field. One participant, for example, continued to identify as a nurse and had even registered to join the nursing bank to maintain her clinical skills, which reflects an ongoing struggle to balance her professional identity as both a clinician and an educator:

“...she [line manager] told me...I am a haemodialysis nurse ...you can just do once a month just to polish your skill...I've just registered myself [on the nursing bank]...” [participant 1]

This dual identity is a common experience for individuals transitioning between these two roles, as they attempt to reconcile their clinical background with their emerging academic responsibilities. This sense of ambivalence and role conflict is consistent with role theory (Agyei-Ayensu, 2022), which posits that individuals in professional roles navigate multiple identities, and the expectations attached to them. The participant in the above quote was justifying their nursing role explicitly here, possibly due to this giving currency within the academy (Barrow, 2023).

For nurse academics, transitioning to academia can create role strain, as they must navigate the different demands of clinical practice and academia while maintaining a sense of coherence in their professional identity. The participant's decision to maintain part-time clinical work through the National Health Service (UK) bank is significant because it reflects an attempt to preserve their clinical identity while simultaneously developing their academic role. Nursing academics in the UK do not necessarily need to maintain their clinical practice to remain on the register (Nursing Midwifery Council, no date). This dual engagement illustrates that professionals in healthcare may have trouble in letting go of their clinical identities, even as they transition into teaching and research roles in academia (Sobiechowska, 2016) and possibly why nurses in different geographical locations may attempt to maintain a clinical role even within academic environments.

Here, the participant's decision to stay connected to patient care can be seen as an effort to sustain the values and sense of purpose associated with nursing practice, which remains central to their identity despite the shift to academia. This ongoing connection to clinical practice may also serve as a way to retain credibility and relevance within both the healthcare and academic communities, as it allows the educator to stay grounded in the realities of patient care and nursing practice while also fulfilling the teaching and research demands of academia.

When asked how they identify themselves now, the participant's statement,

"...it depends on who's asking... I'd say lecturer if I was asked generally, but... I'd say I was a nurse by trade [or] a lecturer now..." [participant 6]

further emphasizes this dual identity, where they seem to navigate their professional self in response to external expectations and contexts.

This reflective ambivalence aligns with Mezirow's (2018) transformative learning theory, which explores how individuals experience profound shifts in perspective when they encounter new roles, challenges, or environments. In this case, the transition from clinical practice to academia involves not just a shift in professional duties but a transformation in how one identifies within the professional landscape. Mezirow's theory emphasizes the role of critical reflection in this transformation, where individuals reassess their assumptions and adapt their identities accordingly.

For the participant, this process of reflection is ongoing, as they balance the pride in their clinical background with the developing identity of an academic educator. The complexity of balancing clinical and academic identities also relates to communities of practice. According to Wenger (2018), individuals participate in multiple communities, each with its own practices, norms, and values:

“...I sometimes refer to myself as a community mental health nurse because it's a hard thing to shift...But yeah, increasingly, I see myself as a lecturer here, but still I'm not sure how long it'll take to...yeah...I think we're...in a funny role” [participant 3]

For nurses transitioning to academia, they often find themselves navigating two distinct communities: the clinical community, where their identity as a nurse is forged, and the academic community, where their role as a lecturer or educator develops. The tension between these communities can result in a fragmented professional identity, as the individual moves between these different roles. There may also be an issue in terms of the ability to *construct* their new(er) identity of an academic, if they are not supported and integrated into a wider academic community:

“...Yes, but I think I would definitely completely want to go towards academics, but I I'm still quite new and quite fresh and feel I'm still in that transition...so the nurse role is still in me...”
[participant 2]

In the case of this study, participants' struggles to identify as either nurse or academic. It also highlights their efforts to maintain both identities. This illustrates the challenges that can arise when individuals are trying to fully participate in multiple communities with differing expectations. Aligning with the difficulties around a structured induction process with opportunities for legitimate peripheral participation may indeed hinder the development of the academic identity.

Furthermore, this dual identity can contribute further to a sense of imposter syndrome (Gill, 2020). The participant's struggle to assert their academic identity might reflect a deeper feeling of uncertainty about their new role. In transitioning from clinical practice to academia, where the demands and expectations are often different, the nursing academic might feel like an outsider in both spheres—never fully embodying one identity or the other. This sense of being “between worlds” can lead to feelings of insecurity or doubt about one's qualifications and ability to succeed in academia, even as one possesses the experience and knowledge needed for the role:

“...the nurse in me would never go off because I think I'm teaching nursing students, and they want to learn. But slowly I'm giving more weightage towards the academic person and that is what I want to do...” [participant 2]

Moreover, this dual identity could also create role conflict or role ambiguity, where the individual is uncertain about how to prioritize or balance the expectations of being a clinician and an educator. Scholars in the field of identity theory, such as Ashforth and Mael (2024), suggest that when individuals are required to juggle multiple, sometimes conflicting roles, they can experience strain if these roles lack clear boundaries or if expectations are unclear. For healthcare professionals entering academia, the lack of a clear framework for navigating both professional worlds can exacerbate this role conflict. The participant's continued identification as a nurse, alongside their growing identity as a lecturer, suggests that the integration of these roles is not straightforward and may involve constant negotiation and re-evaluation.

In the case of the participants in this study, the transition to academia involves not only learning new technical and administrative skills but also negotiating a shift in professional identity—from being a clinician focused on patient care to being an academic where the focus is more on teaching, research, and intellectual contributions. The lack of structured support and the overwhelming nature of the transition can make this process of reflection and transformation more difficult, as participants may struggle to make sense of their new roles and responsibilities without sufficient guidance.

Implications for Practice

Using communities of practice and peripheral legitimate participation allows a unique perspective on the conceptualisation of identity formation within the transition from nurse to academic. The role of legitimate peripheral participation is the building block of integration into a wider community of practice, where knowledge is shared along with the development of a shared sense of purpose (Lave and Wenger, 2000; Tummons, 2018). Whilst some participants were invited to training, the wider work-based learning and support appeared to be missing from the participants discussions, with some feeling isolated even with training being offered.

The findings in this study appear to be different from other contexts. For example, Barrow and Xu (2021) noted that their participants consistently referred to themselves as ‘nurse academics’ indicating not a separate or new identity, but an amalgamation of their clinical and academic identity. The participants in this study, the two identities emerged in tandem, rather than an extension, whilst the notion of clinical currency was mentioned by a single participant in this study, this was a key finding in Barrow and Xu (2021). This may of course, be contextual in terms of the difference within the educational organisation between New Zealand and the UK.

However, findings from this study may be contextually applicable across other professional backgrounds as the professionalisation project across many disciplines develop. For example, in the UK the majority of healthcare related professional roles (such as radiographers, physiotherapists, etc.) have moved into higher education for their professional training, meaning a number of academics

across these disciplines are now finding themselves within the academic environment. Therefore, the construction of one's identity will require additions, as the focus of pedagogical and disciplinary development takes hold.

Limitations

This study is subject to several limitations that warrant consideration. Firstly, the sample size, although adequate for descriptive qualitative analysis, was limited to 7 nurse academics, which may not fully capture the diverse experiences of all nurses transitioning from clinical to academic roles across the UK. In addition, as the sample size was drawn exclusively to the UK higher educational institutions, it may limit the applicability of findings to international contexts or non-academic settings such as private training providers or vocational education institutions (Vasileiou et al., 2018).

Secondly, this study focused exclusively on nurse academics who successfully transitioned into academic roles, thereby omitting the perspectives of those who may have attempted the transition but ultimately reverted to clinical practice (or left academia altogether), or those educators who have a dual role (i.e., work in both academia and clinical practice). The participants were recruited via social media, with the criteria for inclusion being within a current academic role (Oudat & Bakas, 2023). This limitation narrows the scope of the findings, as it excludes valuable insights into the specific challenges and barriers that may have contributed to unsuccessful transitions.

Conclusion

The findings suggest that nurses transitioning from clinical roles to academia face several challenges, including the difficulty of integrating their new identity, adapting to academic responsibilities, and managing the shift from hands-on patient care to teaching, research, and mentorship. The formation of the new(er) identity may therefore be leveraged through potential opportunities for the integration or creation of, communities of practice. Participants emphasized the importance of formal mentorship and opportunity to engage with other staff when developing their new skills. Some participants expressed concerns regarding the lack of organized institutional support, and the administrative and

IT challenges they encountered in terms of integrating them into their new workplace through access to communities of practice. These findings raise important questions about how nursing academics can be better supported in navigating these transitions and to further construct their new(er) identities, through legitimate peripheral participation within the academic communities of practice. Future research should explore the experiences of those who have struggled with their transition (utilizing other frameworks such as Benner's novice to expert, for example) and examine the impact of external pressures. Further investigation into the role of structured onboarding programs, mentorship, and access to resources will be crucial in identifying strategies that can ease the transition for new academics in general, and those from professional backgrounds in particular.

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ⁱ Legitimate Peripheral Participation is a theoretical concept that is related to a person's 'entry point' into a community of practice. They consist of the smaller tasks that allow an individual to develop the skills and competence required to complete their role and become a fully integrated into a CoP. For further information see Lave and Wenger (1991) for the origin of the concept.