Academic induction: Perceptions of newly appointed university lecturers in nurse education: An interpretive phenomenological inquiry

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University of Chester for the degree of Doctorate of Professional Studies

by

Helen Carr

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Declaration by Candidate

I hereby declare that this thesis is my own work and effort, and where other sources of information have been used they have been acknowledged. This thesis has not been submitted elsewhere for any award.

Signature:

Date: January 2019

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Abstract

Aims: Empirical evidence demonstrates successful expert nurses appointed as nurse lecturers in higher education find themselves as 'newcomers' to the role and organisation. New nurse lecturers often find their transition to higher education confusing and challenging. Using the conceptual framework of communities of practice, this study aims to provide original research into what induction means for new nurse lecturers, and gain an in-depth understanding of their perceptions and experiences of their induction into working in a multi-sited university.

Method: A qualitative research methodology was employed, using the theoretical approach of Interpretive Phenomenological Analysis (IPA) developed by Smith, Flowers, and Larkin (2009). Eight lecturers, with between one to three years' experience as nurse lecturers, were recruited from one university in the North West of England. Purposive sampling was utilised and data was obtained through one-to-one semi-structured interviews. Verbatim transcripts were analysed following the principles of IPA.

Findings: Three super-ordinate themes emerged (partial transition, dual communities of practice, introduction), along with six sub-ordinate themes (expectations of the nurse educator role, career change, contextual influences, location and culture of sites, tick box exercise, and the limited role of the mentor). New nurse lecturers found transition stressful: key aspects included the culture shock and the career change of adopting their new academic identity. Changing identity from a nurse to an educator, working across the boundaries of both practice and academia, was a struggle, particularly in participants with visiting lecturer experience who had mistakenly perceived this would prepare them for the role. Early role preparation was essential to understanding the different cultures and processes within the university.

Formal mentoring supported development of self-confidence, but its value was undermined due to the mentors' workload and lack of understanding of their role, which affected relationship building. Supportive heads of department, and informal mentoring and peer support, were essential in developing new academic identities.

Conclusion: This study contributes to practice through the development of an induction framework for new nurse educators. This framework acknowledges the relevance of maintaining a dual community of practice for new nurse educators, in supporting their new identity and their dual continuing professional development.

Practical outcomes include: development of an informational resource for new lecturers (including visiting lecturers); development of a community of learning with facilitated workshops and online information resources; development of mentor training and resources for mentors; and mentors being thoughtfully designated by heads of department, with hours attached to their workload for mentoring. A long term online community of practice is needed for new staff to keep in touch and share information. Heads of department need to take ownership of inductions to ensure that their staff feel welcomed and supported in their new environment, with regular evaluation taking place.

Summary of Doctorate of Professional Studies

The Doctor of Professional Studies provided an understanding of doctoral-level thinking and a range of new knowledge and skills; these informed the development and direction of the major research project which provided a progression route towards the ultimate goal of gaining a Doctorate in Professional Studies.

In the first phase of this doctorate, the modules included designing practitioner research, research methodology, and delivery of a minor research project in which the researcher developed and demonstrated a greater depth of research knowledge and ability to influence change in practice. The new knowledge and experiences provided the opportunity to develop the researcher's personal and professional review of areas to explore; and in particularly the researcher's ideas of original research. The researcher was also able to further develop skills and knowledge through attending and delivering presentations at research conferences. This phase provided the chance to develop and support the researcher's inquiry, allowing several methodological and philosophical concepts to be examined. Undertaking this professional doctorate provided the opportunity to develop practitioner-based research projects, which bring together challenges within the work environment and doctoral education (Drake & Heath, 2011). The professional doctorate developed the researcher's attention to detail, providing experience of questioning and analysing arguments at a deeper level, and offering a real grasp at becoming an expert with a specialist topic.

As the focus for this study relates to the researcher's own workplace, this has enabled the researcher to be immersed within academic practice and research: being an insider of academic practice has positioned the researcher as an 'insider researcher' having "some experience or insight into the worlds in which the research is being undertaken" (Drake & Heath, 2011, p.1). There are disadvantages as well as advantages to being an insider practitioner researcher, which are explored within this study: this is due to the "unique epistemological, methodological, political and ethical dilemmas" (Anderson & Jones, 2000, p.430) that conducting research in the researcher's own organisation may lead to.

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Chapter 1: Introduction

Within this chapter, the professional background of the researcher is discussed, along with the key factors that motivated the researcher to undertake this study into induction and changes in professional identity. Significant current knowledge is highlighted briefly in the context of the study. The research aim and objectives will be outlined and finally an overview of the contents of the thesis will be presented. The study is concerned with the concept of situated learning and seeks to understand perceptions from newly appointed nurse lecturers of their induction to enhance their new professional identity. To ascertain the perceptions of nurse lecturers, this study utilised an interpretive phenomenological analysis (IPA) approach. The researcher therefore reflected that it was necessary for the reader to be introduced to the researcher and the context of the study briefly, highlighting that knowledge of the researcher's background provides insight to the reader, and helps them understand the researcher's interpretation; however, the reader equally might not share this interpretation.

1.1   Background

This thesis seeks to explain the concept of professional identity in relation to the research aim and objectives of the study, exploring perceptions and experiences of induction of newly appointed nurse lecturers working in a university. The study focused on their expectations of their role, how they described and understood their experience, what support helped with the transition, and what professional development needs of the job they considered. The rationale for this choice of research topic is twofold. Firstly, from a personal perspective, the researcher's career has undergone transition through several professional identities within the United Kingdom's National Health Service (NHS): nurse, health visitor, community practice teacher, professional development nurse, and manager. The researcher decided to change career at the age of thirty-eight to become a nurse educator within a higher education institution (HEI). What interests the researcher is that, with these changes of professional identity, the researcher went from holding a position of competence in one community to becoming a novice in another field of professional practice. The researcher inherited a position described by Wenger (1998) as "a duality". Wenger continues that a duality is defined as the tension between two opposing forces, and if a balance is not struck between these forces then there is a potential to be excluded from the community of practice one is seeking to enter. Within the researcher's own reflection, this idea of duality, being an

expert and yet being a novice, came to stimulate disquiet in relation to the process of induction, just as Wenger identified this occurring within the professional academic community. Questions arose within the researcher's thinking, such as: how can the researcher best make use of transferable skills? What systems and structures does the researcher need to learn? How will the researcher integrate into new working practices and teams? These life events and the on-going questions of professional identity have played a significant role in this choice of research.

The second factor influencing this study is professional in nature. The researcher's current role involves supporting newly appointed academics into their academic department. The researcher has been interested in listening to lecturers' accounts of their induction into the university, exploring whether there are strategies needing to be considered. A conversation with a member of staff from another department, who had been with the university for less than two years and was leaving to go back to practice, piqued the researcher's interest. In other conversations with the researcher's colleagues, many of the experienced lecturers talked about similar experiences to the researcher, in that it took a couple of years before they felt settled enough into their academic role and confident to call themselves a 'nurse academic'. Many described that they had gone through a journey of transition, questioning their identity as a nurse and a lecturer before they felt part of the community of practice of academia. These experiences generated further curiosity and interest in exploring the phenomena of academic induction for newly appointed nurse lecturers.

What interested the researcher was how these changes of professional identity could be studied via the notion of situated learning, which is an instructional approach developed by Lave and Wenger (1991) who identified that students learn better through participating actively in the learning experience. Essentially, situated learning is about developing meaning from real activities that occur in daily living, as opposed to traditional classroom teaching (Stein, 1998). The development of situated learning, which built on the work of Dewey (1963) with his focus on functional psychology and the work of Vygotsky (1978) led, via cultural-historical psychology, to the development of Lave and Wenger's (1991) notions of communities of practice (CoPs).

In the current study 'academic induction' is taken to mean an extended period and the focus is on lecturers in the first three years of their experience in a higher education academic role. This recognises the social nature of workplace learning

and includes a more sustained period in which ways of working, new knowledge and skills and, above all, identities may develop (Trowler & Knight, 2000). The term 'lecturer' is taken to mean anyone holding a full time or part time academic contract, acknowledging a wide variation in terminology across the sector.

1.2   Changing professional identity

University nurse lecturers in the United Kingdom (UK) that are appointed to deliver programmes for healthcare professionals are frequently recruited due to their clinical nurse background and the recognised professional qualification by which they are registered with the Nursing and Midwifery Council (NMC, 2008), whose purpose is to quality assure individuals and organisations including education organisations delivering nursing programmes. There is also a NMC requirement for lecturers to maintain currency within clinical practice, which has implications for the lecturer role and their academic identity. There is a significant body of research investigating the experiences of clinicians who decide to move into academia with the aim of influencing the next generation of nurses, and many find the transition discouraging and difficult (Anderson, 2009; Schoening, 2013). Schoening (2013) and Siler and Kleiner (2001) argue that clinicians' expectations are often incongruent with the realities of their faculty role, in that new educators find themselves unprepared for the cultural differences between academic nursing education and nursing practice. Anderson (2009) highlights that although expertise and clinical competence are important, they do not prepare clinicians for teaching students. Schoening (2013) recognises that many new nurse academics are appointed with no formal preparation of a doctorate, which can cause discomfort and uncertainty in their abilities for their counterparts. Cleary, Horsfall, and Jackson (2011) and Danna, Schaubhut, and Jones (2010) also argue there is a distinct culture in the academic environment in regards to expectations, language, behaviours and values. Gourlay's (2011) research findings recognise that participants with a PhD were influenced by the impact of their socialisation and their academic identities, and would engage in research activities which their counterparts perceived as inaccessible due to high teaching workloads.

With regards to socio-cultural perspectives, new university lecturers transferring from health professions are challenged as they occupy a complex workplace featuring overlapping communities of practice which have different priorities, values and rules (Wenger, 1998): they find themselves boundary-crossing between clinical and university contexts. The workplace environment for these new lecturers can

also involve contradictions, making it difficult for them to develop their identity within academic practice (Engeström, 2001).

1.3   Theoretical framework

The theoretical framework for this study is based on CoPs due to their alignment with the objectives of this research. Wenger *et al.* (2002) define CoPs as:

> Groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in the area by interacting on an on-going basis. (Wenger *et al.*, 2002, p.4)

Traditionally, academics achieved their identity from the communities of their own discipline; this could include social networks, and other professionals. In this study, this concept will be explored in the literature review.

The significance of this study lies in its identification of individual perceptions and beliefs of registered nurses entering nurse education and their new professional identity. The study provides a unique insight into the process of professional change for new nurse educators. Furthermore, this study examines the effectiveness of induction processes for new nurse educators, and therefore provides knowledge of the factors preventing attrition of this staff group.

CoPs include different forms i.e. face-to-face or virtual forms. This study is concerned with CoPs where members physically interact in person in building rapport and trust (Lesser & Storck, 2001; Orlikowski, 2002), and with exploring CoPs of new nurse educators within university.

1.4   Study context

The nursing academic workforce nationally and internationally faces major challenges, as many of the current generation of nurse academics are reaching retirement (Potempa, Redman, & Landstrom, 2009). This issue has been addressed by Willis (Willis Commission, 2012) who was appointed by the Royal College of Nursing (RCN) to carry out an independent inquiry into nurse education. Willis recognises that retired nurse educators are not being replaced fast enough and expresses concerns regarding the lack of clear career pathways for academic nursing (Willis Commission, 2012). Within the researcher's own university there has been a steep increase of experienced staff retiring. Recruitment has been slow due to current financial constraints and pressures; however, there are now several newly

appointed nurse educators recruited to replace retired staff, many of them new to working in higher education.

Given the future shortage of faculty staff, and the challenges in meeting the demands of current government healthcare policies which are focused on the recruitment of new nurses to address the health problems faced by an ageing population, universities are being commissioned to provide additional programmes to support the development of the current and future workforce within nurse education (Reilly, Miller, & Hirsh, 2014). Investment will be needed to explore the challenges experienced by new nurse educators and support their retention. Highly competent nurse educators in HE will be vital to developing skills and knowledge within the future health and social care workforce; it is therefore important to explore how to support newly appointed lecturers to fulfil their role and develop as nurse educators. There has been much critical research on transition in this context (Cangelosi, Crocker, & Sorrell, 2009; Santisteban & Egues, 2014; Schoening, 2013); however, the literature documents a consistent lack of formal orientation and inadequate mentoring (Anderson, 2009).

1.5   Research aim and objectives

This research aim of this study is:

> To gain an in-depth understanding of newly appointed nurse lecturers' perceptions and experiences of their induction to working in a university.

Therefore, the objectives of this research specifically seek:

- To identify newly appointed nurse lecturers' perceptions and experience of their induction process.
- To evaluate critically whether new nurse lecturers view their identity as a nurse or an educator.
- To recommend an induction framework for newly appointed nurse lecturers in higher education (HE).

1.6   Scope of study

This study makes an additional contribution to existing knowledge by exploring the specific induction experiences of new nurse lecturers, within nursing departments, in one post-1992 university faculty in the North West of England. Most students undertaking programmes in the faculty are on nursing and midwifery programmes. The faculty also provides health and social care programmes to local providers

employing NHS and social care staff, and international provision for students undertaking postgraduate programmes. The faculty additionally provides programmes of study to educational partners within the UK. The university has several campuses and sites within the North West of England, but the faculty mainly delivers programmes at four of these sites.

Academic staff are based at one of the four sites, but are expected to teach across all sites locally, and nationally if required. Most nursing academic staff are recruited from clinical practice, meeting the professional regulatory requirements of the NMC. New nursing academic staff often have extensive experience of clinical practice, but little experience of working in HE. The study explores perceptions of one group of newly appointed lecturers within the faculty.

It is important to define the scope of this research and delineate the areas which are not included. Therefore, this study does not include an analysis of human resources (HR) recruitment processes for new lecturers in this faculty, and the background of the newly qualified nurses in this institution are not analysed as that is not the focus of this study. Retention and pay have also not been included for a similar reason. The culture of the organisation has not been specifically analysed as this too was not part of its scope, although some findings refer to the organisational culture.

1.7   Organisation of chapters

This thesis is organised into five chapters:

Chapter One introduces the reader to the background and rationale for this study including the motivation for undertaking the study. The context and objectives of this study are addressed.

Chapter Two provides a critical review of the literature in light of the research aim and objectives. From the literature, the conceptual framework of communities of practice, particularly Wenger's (1998) theory, is discussed.

Chapter Three includes an explanation of the methodology used in conducting this study and the epistemological claim for the benefits of an IPA approach informed by participants' individual accounts, and aligned within phenomenological, hermeneutic and idiographic concepts (Smith *et al.*, 2009). Information on the methods of data collection and analysis of the data, as well as the ethical and trustworthiness issues linked to this research, is provided.

Chapter Four presents the research data which has been analysed to report on what induction means to new lecturers, derived using an IPA approach from the study's eight participants. The findings are presented as three super-ordinate themes and six sub-ordinate themes which emerged from the data.

Chapter Five is the concluding chapter of this thesis. A discussion regarding the three research objectives and CoPs is considered. The consequences of the emerging practice and theory are presented, along with limitations of the research project and suggestions for further research. Concluding reflective comments are also stated within this final section.

Chapter 2: A Review of the Literature

2.1   Introduction

Chapter one provided the background and context for exploring academic induction of newly appointed nurse educators into HEIs. The purpose of this chapter is to critically review the research literature relevant to the induction of nurse professionals into academic communities. The review focused on critical assessment of the theoretical frameworks and methodological approaches, and identified research gaps.

This chapter critically evaluates the experiences of the phenomenon 'becoming a new nurse educator' through critiquing literature on the notion of 'transition'. Nurse education literature was used, together with literature covering staff from other academic practice disciplines such as teachers and allied health professionals who are comparable to nurse educators through being relative newcomers to HEIs (Boyd & Lawley, 2009). The chapter also explores support systems and processes available for induction of new staff, viewing communities of practice as a theoretical framework.

2.2   Search strategy

To inform the literature review, searches were completed through library catalogues, and research databases such as CINAHL (Cumulative Index of Nursing and Allied Health Literature), Science Direct, and Blackwell Synergy. Other health related websites also utilised to source information included the Department of Health (see table 1). Keywords searched for were educator, academic, lecturer, novice, nurse educator, induction, orientation, transition, academic support, and communities of practice. Boolean operators were used to reduce the parameters of the search.

Table 1: Electronic databases, resources accessed via internet

Electronic databases	Resources accessed via the internet
Cumulative Index to Nursing and Allied Health Literature (CINAHL)	Department of Health (DH)
Science Direct	Nursing and Midwifery Council (NMC)
Blackwell Synergy	Royal College of Nursing (RCN)
Electronic Journals Service (EJS)	The University of Chester Library Catalogue
Educational Resource Information (ERIC)	The University of Chester Electronic Library
Taylor & Francis	The University of Chester Repository
Routledge Wiley	Google Scholar

The inclusion and exclusion criteria were used to locate literature from the databases (see table 2). Dates were restricted to 1990–2018, as before 1990 health professional courses linked to higher education institutions were few.

Table 2: Inclusion and exclusion criteria

Inclusion criteria
Peer reviewed primary research
Unpublished doctoral thesis
Editorial papers directly related to the topic
1990s to 2018
Experiences of academic staff in higher educational establishments in countries with similar systems to the UK
English language only
Exclusion criteria
Not meeting inclusion criteria

A summary of the search strategy is included in appendix 1 and key research articles are listed in appendix 2.

2.3   Induction and support

2.3.1   *Induction and higher education institutes*

Many UK universities, following the Dearing Report (NCIHE, 1997), identified the need to improve induction requirements for all staff within higher education. Consequently, formal induction in most universities for new academics with any teaching responsibilities requires them to attend a postgraduate teaching programme as part of their probation (Boyd *et al.*, 2009).

Academic induction processes for new staff transiting into higher education can include different forms including mandatory, online and pedagogical training (Billot & King, 2017). Fundamentally, induction is defined as "professional practices designed to facilitate the entry of new recruits to an organisation and to equip them to operate effectively within it" (Trowler & Knight, 1999, p.178). However, induction processes within some HEIs have been demonstrated to be ineffective (Mathieson, 2011; Nadolny & Ryan, 2015; Smith, 2010). Academic induction is identified as under-researched and under-monitored by HEIs. Current research into HE induction processes, including human resources literature, highlights an increased emphasis

upon organisational socialisation through performance measures; for instance, the demands of the Teaching Excellence Framework (TEF) introduced in 2016 by the UK government's Department for Business Innovation & Skills (Billot & King, 2017). The reality of constant external measurement, however, appears ironic, when juxtaposed against supporting academics to naturally develop into new roles, particularly relating to the levels of measurement currently existing within HEIs and implications for staff development and engagement.

Particularly for new nurse academics, the challenge posed when establishing new academic identities (Fortune, Ennals, Bhopti, Neilson, Darzins, & Bruce, 2016) is linked to the identification of new nurse educators' perceptions. This will be considered in detail in the discussion of objective two of this thesis in section 2.5. However, in advance of this, the structural and cultural aspects of induction will be explored.

2.3.2 Induction policies and processes

Induction programmes vary in structure and content, and often focus on the institution's rules, policies and procedures (McCann, Johannessen, & Ricca, 2005). However, induction frameworks have been developed by human resources departments in some universities to make induction streamlined, accessible and beneficial, to include updating of responsibilities and roles. Klein and Weaver (2000), among others, identify that research into induction processes focuses on the benefits of formal or informal induction, or a combination of both, to new employees settling into an organisation. However, Schoening (2013) expresses that nurses who accept nurse educator positions struggle in assimilating to the academic settings and skills required of an educator role.

Vulnerability is often found within the early weeks of employment, with poor engagement in the induction process increasing risks of attrition within this group (Butler, 2008; Wells, 2005; Wesson & Gogus, 2005). Significantly, research into academic staff turnover has increased with lack of support highlighted as a reason for leaving (Gourlay, 2011; Smith, 2010). The importance of creating positive images of the organisation for new staff is acknowledged (Foot & Hook, 2008). This can involve the introduction of new members to the environment, culture and values of the organisation, through the use of policies and procedures as an orientation tool.

McArthur-Rouse (2008) identifies how lack of understanding of a new organisation can lead to frustrations when working in HE. Induction programmes frequently

provide institutional information relating to procedures of the organisation, with successful socialisation reliant on informal support networks (Trowler & Knight, 2000). The benefits of progressive use of stages of curriculum development for new lecturers are identified by McKeachie (1997); however, lecturers from health care backgrounds have achieved their expert status as clinicians making autonomous decisions immediately (Benner, 2001). This autonomy contrasts with the HE role expectation, in which the individual academic within the organisation is part of a rolling programme of curriculum delivery with the effects of actions difficult to see and even occurring remotely (Edwards, Higgs, & Everingham, 1999).

2.3.3   Academic induction for professional educators in nurse education

Murray, Stanley, and Wright's (2014) findings suggest that professionals, such as nurses or teachers, transitioning to working in HE are challenged by the extended timeframe required for individuals to be socialised and comfortable within their new academic role.

New nurse educators in the UK are frequently appointed as established expert clinicians, with associated identities and practices. They have many transferable skills which can be applied to their educator position. However, many find it challenging initially to adapt to new organisational cultures and academic processes (Boyd, Smith, Lee, & MacDonald, 2009). These authors acknowledged that further work on supporting effective induction processes is required, which provides justification for the current study. As Neese (2003, p.260) highlights, "…clinical expertise alone is not a qualification for being an educator…." Boyd and Lawley's (2009) findings identified the challenges of transition to academia from clinical practice, and that the support given should recognise the complexity of overlapping communities of practice, highlighting that new lecturers tended to hold on to their existing identity as a practitioner. In a quantitative study by Garbee and Killacky (2008), academic staff attrition was found to be significantly higher within the first and third years in post. However, this study was carried out in the United States of America (USA) and it may not be possible to generalise themes to the UK due to cultural differences including processes for recruitment, retention and payment.

Situated learning theory has highlighted the benefits of interaction of newcomers with experienced lecturers through an informal community of practice (Lave & Wenger, 1991; Wenger, 1998). In relation to the current research, this suggests that similar benefits arise from newcomers interacting with experienced lecturers during induction periods. The case study analysis of Fuller *et al.* (2005) argues that situated

learning within the workplace highlights the significant part played by induction processes in formal and non-formal experiences of promoting professional learning. However, the working environment needs to empower new academics with access to information, support and resources, as well as providing the opportunity to learn and grow (Nedd, Galindo-Ciocon, & Belgrave, 2006). Support and preparation for new academics in their induction to HE is therefore essential if they are to gain fulfilment professionally and for developing opportunities in their new career (Danna *et al.*, 2010). Schriner (2007) argues that to develop skills in teaching, formal mentoring programmes, role models and access to teaching programmes need to be available. Boyden (2000), furthermore, states that new academics will be likely to be more productive in their early years if they feel they are achieving, and gaining a sense of accomplishment and satisfaction.

This highlights the need to look at how cultures and organisations affect new nurse educators in their transition to academia. In this context, "Academic culture refers to attitudes, values and ways of behaving that are shared by people who work or study in universities" (Brick, 2011, p.2). Working inwards, the culture could be conceptualised as an onion with its outer layers being the environment, followed by behaviours, and the final layer being the core values of the organisation. The following section will therefore review the influence of culture and organisation on the effectiveness of induction processes from a nurse educator perspective.

2.3.4   Cultures and organisations

Organisations can be understood as "Shaping local versions of broader societal and locally developed cultural manifestations in many ways" (Alvesson, 2002, p.5), but most resist easy classification. Organisational theories of culture appear to have developed from basic tacit shared assumptions about what the world should be. These ideologies establish beliefs, thoughts, attitudes, values, perceptions, feelings and behavioural norms, enabling people to view situations and events in distinct and similar ways (Alvesson, 2002; Davies, Nutley, & Mannion, 2000; Schein, 1992). An organisation's culture is also described as "the collection of overt and covert rules, values, and principles that guide organisational behaviour and have been strongly influenced by history, custom and practice" or, more informally, "the way we do things around here" (Burke & Litwin, 1989, p.74, cited by Hurley, 1995).

This body of evidence demonstrates that the term 'organisational culture' is used when referring to norms, relations, rules, ideologies, behaviour, patterns, structures, practices and collective consciousness. Therefore, multiple approaches to studying

and contextualising culture recommend using a wide range of philosophies to understand this significant variation (Becher & Trowler, 2001; Schein, 1992). It is powerfully argued, therefore, that organisational culture is an elusive concept (Knight & Saunders, 1999), as there is little definitive agreement as to what the terms 'organisation' and 'culture' mean, whilst for Alvesson (2002) the term 'organisational culture' has no fixed meaning.

Whilst is difficult to weave a path through these convoluted and fragmented perspectives – as each different premise is complex, shifting, rarely manifested in absolute forms and entirely dependent on perspective – using structural models can assist in situating cultural practices (Geertz, 1993; Schein, 1992). Fanghanael's (2007) study with 18 lecturers developed a useful framework of the different influences on new academics, operating at three levels drawn from Schein's original work (Schein, 1992):

- The macro context, which includes institutional and external factors, for example the teaching-research nexus, policies and social structures.
- The meso context, involving the department, and the subject discipline.
- The micro context, such as internal factors affecting the individual lecturer.

Cultures, however, were viewed as webs by Geertz (1993), who wrote of "man being suspended in a web of significance that he himself has spun" (p.5). Socio-cultural fields of HE and practice-based nursing are analogous with Geertz's webs and Schein's levels, with nurse educators operating at different levels in unique ways of interaction, although interwoven distinctly. However, each field of nursing and teaching has its own service delivery and organisational priorities, and this foregrounds their cultural value preferences. Nurse educators are therefore seen competing for the culture of the organisation, in which they attempt to establish their position and confidently attach importance to the impact of their discipline. Attempting to navigate across considerably different webs of significance, in addition to the extant organisational boundaries, can therefore be problematic.

Jones (2012) argues that the transition process from practice to education is underestimated in the first year, noting the impact this has on the new lecturer and referring to the process as a 'culture shock'. Trowler and Knight's (2000) study comparing and examining twenty-four new academics' experiences in England and Canada identified that, due to tacit processes of practice in academia, new staff were left to work out things for themselves. Barlow and Antoniou (2007) suggest

there is an assumption that the new culture within the university workplace will naturally be absorbed by new staff. The process of socialisation into any new environment clearly can produce stress and anxiety; however, the findings from these studies imply a lack of consideration of enhancing the workplace learning environment, with the argument being made for non-formal collaborative learning for new lecturers, such as mentorship.

This section has discussed the induction into HE for nurses transferring to a different culture and the challenges of working across different cultures. As such it provides useful insights into research objective three, influencing the research strategy and the proposed framework for newly appointed nurse lecturers. The following section now turns attention to specific support for new lecturers working in a different culture, through mentorship.

2.4   Mentorship

Stinson, Pearson, and Lucas (2006) propose the benefits of mentorship in supporting transition and adjusting to a different culture. This relationship, they convey, requires both the new academics and mentors to work together at developing strategies to support the new academics in learning to adapt to their new working environment. Training and enhancement of the mentors are acknowledged as vital for facilitating transition of new nurse educators and achieving clear outcomes (McAllister, Oprescu, & Jones, 2014).

There are many definitions of mentoring in academia, but it is frequently referred to as "a top-down, one to one relationship in which an experienced faculty member guides and supports the career development of a new or early career faculty member" (Sorcinelli & Yun, 2007, p.58). This indicates the relationship in mentoring as being altruistic and unidirectional; however, Canter, Kessler, Odar, Aylward, and Roberts (2012) contest this, acknowledging the multiple reciprocal professional and personal advantages to mentoring relationships. Haggard, Dougherty, Turban, and Wilbanks (2011) acknowledge this reciprocal support as one of the essential benefits of mentoring, through consistent and regular interaction over time.

The literature evidences lack of mentorship support for new nurse educators (Austin, 2002). In a phenomenological study, findings from 20 participants found that mentorship support to help with role development was constantly sought, but was not forthcoming (Cangelosi, 2014). Furthermore, research by Singh, Pilkington, and Patrick (2014) found that despite an identified need for mentoring only 44% of

academics were in a mentoring relationship, and 49% of participants conveyed that they did not receive adequate support to succeed in their roles. Similarly, in the USA, despite the endorsement for all new educators to have a mentor to support recruitment and retention, only 40% of new nursing educators surveyed confirmed having a mentorship relationship (Chung & Kowalski, 2012). These studies illustrate an apparent tick box approach to meeting the organisation's commitments. They also raise important issues in regards to allocation of mentors without adequate training and understanding of the role, and the need for follow-up assessing quality and effectiveness.

Mentoring relationships are found to provide benefits for new nurse educators; however, not all mentoring relationships are perceived as beneficial. The Singh *et al.* (2014) cross-section survey of 45 faculty staff found 25% of participants who had been mentored reported low levels of satisfaction with this relationship. Adverse effects of unsuccessful mentoring for both the organisation and individuals are also reported in the literature (Driscoll, Parkes, Tilley-Lubbs, Brill, & Pitts-Bannistera, 2009; Green & Jackson, 2014). Line managers engaging regularly with both mentor and mentee to assess the relationship would allow any issues to become evident earlier, meeting the need to match appropriate people together. Problems arising from assigning mentors are considered in the literature in relation to lack of interpersonal qualities and shared values (Jackson *et al.*, 2003; Sambunjak, Straus, & Marusic, 2009; Straus, Chatur, & Taylor, 2009). Potter and Tolson (2014) support these concerns and advocate closely matching the relations – their aspirations, personalities, and expectations – between mentor and mentee. Other studies also identified that assigning mentors wrongly/inappropriately may impact negatively on the relationship (Sambunjak *et al.*, 2009; Straus *et al.*, 2009).

There are multiple views on what comprises effective mentorship. The findings of qualitative work by Eller, Lev, and Feurer (2013) who studied 117 mentor-mentee dyads, and Cho, Ramanan, and Felman (2011) who analysed letters of recommendation for 29 faculty members who were recognised for their excellence in academic mentoring, identified personal characteristics such as mutual respect, compassion and selflessness, open communication, and trust as being important for effectiveness in the role. Professional characteristics identified included the ability to exchange knowledge to enhance skill development and role modelling (Eller *et al.*, 2013), allowing mentors to pass on appropriate professional behaviours (Cho *et al.*, 2011). There are several barriers to effective mentorship reported in the literature,

with the most common being a lack of time invested by both the mentor and mentee (Cangelosi, 2014; Straus *et al.*, 2009). Further barriers include a shortage of available mentors (Straus *et al.*, 2009), a lack of recognition of the role by institutions, personal characteristics, and a lack of knowledge and skills in mentoring (Potter & Tolson, 2014; Sambunjak *et al.*, 2009; Straus *et al.*, 2009).

This section has identified the benefits of and barriers to effective mentorship; however, there appears to be a gap in the literature regarding the provision of training for both mentors and mentees, as the mentees equally have a responsibility for the development of their role. There is also no mention of how the mentoring relationship is evaluated. For new nurse academics with established careers in practice, there are challenges in developing an academic identity; and whilst this may be supported by mentorship, there is a gap in the literature as to how this is meaningfully achieved. The following section will focus on specific literature on developing academic identity in the transition from clinician to educator, in order to move towards a theoretical framework for this research.

2.5   Transition of clinical nurse to nurse educator

Seminal works on transition in business, counselling and nursing were identified, together with general models and frameworks found in the theoretical literature (Ashforth, 2001; Bridges, 2003; Schlossberg, Waters, & Goodman, 1995). Within these models, observed commonalities involved aspects of the key phases of entry into the role, transference of role expectations, and exit from the previous role. These phases included an end phase at the exit from their previous role; a neutral phase as adaptation and transition are occurring; and a beginning phase, characteristic of anticipation when taking on new roles. In this current study, these theoretical phases of transition are relevant to understanding new nurse lecturers' journeys from expert nurse to their novice nurse educator role in HEIs. The transition frameworks in the literature describe transitions from two perspectives. One perspective focuses on the psychological components of transition (Bridges, 2003; Schlossberg *et al.*, 1995). Within the psychological perspective is a focus on coping with the changes involved in the transition, as well as the psychological work of adjusting one's identity to the new role. The second perspective focuses on the social aspects of transition, emphasising the relational elements involved in establishing oneself in a new role (Ashforth, 2001). Owing to key characteristics of the transition frameworks, these theories and models apply to novice nurse educators' transition from expert nurse to novice educator, and provide an impetus

for uncovering what processes support transition, which is relevant to this study (see transition model in figure 1).

Figure 1: Transition model

Ending of previous role	Neutal zone - on starting new role	Beginning and becoming established in new role
•May see over-reaction to change •Feelings of loss •Acknowledgement of change	•Anxiety rises •Motivation falls •People may feel overwhemed	•Clarifying and communicating purpose •Nurturing new staff into their role and the orgaisation •New values, new ways of thinking

(Stages of transition adapted from Bridge, 2003)

Transition in the empirical nursing literature primarily focuses on the change from student to graduate nurse, or the transition from staff nurse to specialist i.e. the novice to expert transition. There is less research examining transition from clinical nurse to academic nurse educator, and what has been published relates to small-scale studies in the UK and USA (Anderson, 2009; Boyd & Lawley, 2009; Dempsey, 2007; McArthur-Rouse, 2008; Siler & Kleiner, 2001). These studies identified transition from clinical nurse to nurse educator as being problematic due to the new role, new status and different organisational cultures that had their own values, expectations, language, procedures, and policies.

Boyd and Lawley's (2009) interpretive study of nine new nurse educators in the UK found that the process of transition is confusing and challenging. Some participants identified a wide range of issues within their transition, including feeling new, having limited status, being 'thrown into their role', stress, lack of role expectations, and lack of preparation for their responsibilities; with the academic community requiring different skills which they were unsure of, participants expressed reluctance to seek advice from colleagues due to workload demands. The Jawitz (2007) case study of new academics identified it was a common experience for them to feel 'thrown in the deep end' and that they were 'learning by doing'; this was particularly found in undergraduate teaching as these programmes are not highly rated by their departments. Dieklemann's (2004) USA study of twelve new academics' experience

of perceptions of 'busyness' in the workplace evidenced similar feelings of not being able to ask for help. This highlights the importance of whole staff training and development in supporting new staff in the organisation, through which new staff feel respected and valued, become confident and competent in their role, and undertake tasks effectively (Ndebele, 2013).

For Boyd and Lawley (2009), participants indicated that they were unable to be proactive in managing their own professional learning, with further findings identifying that participants held onto existing identities rather than embracing new academic ones. Murray and Male (2005), however, warn that over-reliance on first order practice (original practitioner profession) may hinder transition progress. Murray and Male (2005) suggest that socialisation and transition into the new identity – for new lecturers to establish themselves as academics – can take two to three years.

Transition was also found to be problematic in McArthur-Rouse's (2008) study of six new academic nursing staff in the UK, which identified a lack of understanding of the organisation's function and individual staff roles in relation to wider responsibilities than the job description suggested. Participants identified that their extensive clinical experience had not helped in the adjustment to their new role. Issues included lack of structure and direction (particularly when compared to working in the UK's NHS), lack of feedback, and feeling excluded from some activities by long-standing staff members. Participants did report positively on experiences with their mentors, but no detail was provided in relation to this. With McArthur-Rouse's (2008) study, there is a recognition that new lecturers need adequate preparation for the transition process prior to starting the role, including what to expect and who to access.

In addition, Anderson's (2009) USA study with eighteen new nurse academic staff explored their progression through identified patterns of transition. Findings suggested a requirement for support which included psychological, cognitive, and sociological features. Anderson (2009) used a metaphor of a mermaid 'swimming in a sea of academia' to reflect the comments of participants, depicting the idea of living in two worlds, retaining their role as a nurse clinician and encompassing their new role as an educator. The findings of this study highlighted the complex multiple patterns of work-role transition, including consideration of the period prior to commencing academia exemplified by the term 'sitting on the shore' which is useful in thinking of how to prepare new lecturers for their role. No clear lines of

progression were identified as participants described the transition process as fluid and affected by their environment.

These studies have identified the need to consider barriers affecting successful transition, and that promoting retention and effective transition of new staff is a 'whole organisation' concept rather than the organisation merely focusing on the new staff themselves. To explore this, role expectation is discussed further in the next section linked to research objective two regarding how new nurse lecturers view their identity.

2.5.1   Role expectation

Nurses often accept academic positions without understanding the role (Davis, Dearman, Schwab, & Kitchens, 1992). This was seen in Dempsey's (2007) study of six new nurse lecturers from Ireland. The participants reported transition to be stressful and overwhelming, due to unfamiliar language, heavy workloads, and the organisational culture. Participants had previously completed an educational preparation programme, but had not applied this training in a HE setting; they were unprepared for practical applications and lacked confidence in their teaching, with pressure from colleagues, expectations of being able to do the job and limited time to prepare being major challenges. Orientation to university structures was also identified as hindering role transition. This study highlights the relevance of induction and probation processes which assess the individual learning needs of new staff and provide the support needed for their new role. Many practitioners undertake educational programmes in supporting students in practice settings and might not have any experience of teaching in a university setting, as was shown in this study (Dempsey, 2007).

Limited educational preparedness has been identified elsewhere as a factor affecting retention in nurse educators. Within Siler and Kleiner's (2001) study of six new nurse lecturers from a USA university, unfamiliarity with teaching experience was generated as the participants' primary theme, though they acknowledged that teaching within HE was not suited to everyone. Their findings portrayed issues with preconceptions and expectations of role, identifying inadequate preparation experientially and educationally. Participants reported the language, practices, culture and workload were different from those anticipated, highlighting the incongruence between the unstructured environment in the academic setting, and the structured orientation and preceptorship (a period of support provided for staff moving into a new practice setting) that they had received in the clinical setting. This

is consistent with Dempsey's (2007) findings, indicating the need for additional support for new nurse academics. Garrow and Tawse (2009) make an interesting point regarding expectations for newly appointed nurse educators to make contributions to assessment processes before completing formal training, arguing that this is in contrast with clinical practice where nurse mentors can only sign students off when they have acquired a formally recognised qualification in the assessment of students. The integrity of programmes could potentially be compromised if staff are not adequately prepared, as found in Hornby's (2003) study of new academics: participants learned on the job, simply 'picking it up'.

Studies of newly appointed lecturers from other health professional groups such as physiotherapists demonstrated similar experiences to those of new nurse lecturers, including uncertainty, lack of confidence and anxiety (Hurst, 2010; Smith & Boyd, 2012). Hurst's work with eight new physiotherapist lecturers from one UK university noted that participants identified feelings of inadequacy and uncertainty, with socialisation into the role taking between 1.5 and 3 years. It must also be noted that the physiotherapist lecturers experienced challenges of expectations and membership of dual professions comparable to those of new nurse lecturers (Boyd & Lawley, 2009). The lecturers' own confidence was vital during the shift to academia when they were establishing themselves within a community of practice by contributing to pedagogical developments. The need for effective induction strategies was also highlighted; this can equally be applied to nurse academics and raises questions whether additional induction preparation is needed for academics with dual professions who need to maintain their first order profession.

Boyd's study (2010) further explored experiences with nine new teacher educators and nine new nurse educators in one HEI in the UK. The findings reported some differences between responses and experiences of the two professional groups, although similarities were also shared: all participants reported their transition to be challenging and confusing due to workplace tensions within their role. This confusion is reflected in previous studies of nurse lecturers (McArthur-Rouse, 2008). Boyd's findings identified that during the initial period of becoming a nurse educator, participants normally retain strong feelings of identity, describing themselves in terms of their health profession as an expert nurse to validate and provide credibility to their role as a lecturer: credibility of their clinical role and their professional body's requirements were significant for this group. It is argued that nurse educators need to maintain knowledge of specialist nursing practice to provide clinical credibility and

quality to teaching, and to provide the best learning experience for the learner (Adams, 2011). This was the same for new teacher educators, who described the importance of maintaining credibility with students using their recent experiences as a school teacher. This study raises concerns about the need for appropriate support for identity reconstruction and development, through changes to institutional policy and departmental provision of clear role models for new academics within their professional fields.

This section has identified the significant challenges and changes teachers and healthcare professionals such as nurses undergo as they transition from full time practitioners to novice academics. During this early time in their new role, nurse educators appear to be vulnerable and support is needed if the transition is to be sustained (Boyd, 2010). The need for induction processes to help new academics socialise into their new role and support them with their change in role identity is important, according to the literature. The following section will therefore explore identity in greater depth.

2.6 Developing academic identity

Several studies of new nurse educators' academic identities during the transition from clinician to educator found their experience was complicated by having to manage and maintain a double attachment of roles to both academia and nursing i.e. keeping a foot in each camp: participants tended to maintain their former identity as nurses and resist embracing an academic one (Andrew & Robb, 2011; Boyd & Lawley, 2009; Smith & Boyd, 2012). Entering academia from backgrounds rich in practice experience and limited in teaching and research, new academics can experience culture shock on joining the academic community and may struggle to come to terms with what is effectively a career change (Diekelmann, 2004). The combination of both roles could threaten the identity and professional status of new nurse educators (Adams, 2011), and emphasises the need for support systems and strategies to establish their new identity through mentoring and orientation programmes, as previously discussed. The issue of professional identity for nurse educators seems to have rarely been explored, and the absence of a clear role identity (Adams, 2011) reveals a gap in the literature for further exploration within this current study.

From a socio-cultural perspective, Wenger (1998) considers how nursing academics occupy a complex workplace wherein they overlap different CoPs, each of which

has its own rules, values, discourses and priorities. Their roles from this perspective consist of boundary-crossing between clinical practice in healthcare settings and academic practice within the university context. Engestrom (2001) identifies how contradictions may occur within the workplace environment, resulting in difficulties in developing identity and academic practice for these lecturers.

Within the nursing profession, in which practice-based learning plays a key role in learning and development, much of the process of learning occurs through tacit knowledge or a way of being; although this may not be explicit, it is frequently the process by which professional ways of knowing are developed by individuals (Booth, Tolson, Hotchkiss, & Schofield, 2007). Bennet and Bennet (2008) provide an iceberg analogy, describing explicit knowledge as visible and tacit knowledge as submerged. Brennan and Hutt (2001, cited in Gillespie & McFetridge, 2006, pp.639-644) identify clinical credibility as "implying scholarship in the field and the ability to integrate theory to practice in the classroom or the practice setting". The discussion paper by Adams (2011) on professional identity of nurse educators, however, argues that knowledge-based nursing needs to move away from tacit knowledge and focus on where the knowledge is derived from. Socialisation is a process that novice nurse academics are involved in through their individual journey moving from one organisation to another, as they are often required to work across two organisations that have their own cultures: their familiar clinical territory, and the other, educational one which is unknown to them (Andrews, Tolson, & Ferguson, 2008). For personal/professional development and growth for novice nurse educators, the importance of creating a learning culture to support the complex transition from clinician to academic is recognised (Kenny, Pontin, & Moore, 2004). Wenger *et al.* (2002), however, argue that professional development and learning are related to communities, their practice, and identities.

Woods, Cashin, and Stockhausen (2016) found that the professional identity of nurse educators could be advanced through socially constructing a framework in practice, established through a CoPs model. CoPs are perceived by many writers as having an important role for development of academics' skills within their HE career (Churchman, 2005; Jawitz, 2009; Viskovic, 2006; Warhurst, 2008). This is relevant, particularly with the current trend for greater scrutiny of academics through league tables focused on student experiences of learning and teaching, the introduction of tuition fees paid by students on undergraduate and postgraduate nursing programmes (previously paid for by state-provided bursary in the UK), and the

consequent need to deliver high quality teaching. The next section of the review will therefore explore communities of practice in more detail in relation to the research project.

2.6.1   Theoretical framework of communities of practice

This section will explore the theoretical lens which underpinned this study, which was based on a classic text on social learning theory: Lave and Wenger's (1991). As a framework, situated learning within communities of practice fits with the aims of the study – to explore new lecturers' perceptions of induction – as this approach supports the newcomers' development through the acquisition of knowledge via social processes which enable opportunities for shared practice, articulate tacit knowledge, and construct professional identity (Wenger, 1998).

The term 'community of practice', coined by Lave and Wenger (1991), has become popular within academic fields including education (Cox, 2005). Lave and Wenger (1991), Brown and Duguid (1991), Wenger (1998), and Wenger *et al.* (2002) are recognised as the seminal publications in this regard. The concept of CoPs, and the associated concept of legitimate peripheral participation (the process by which newcomers become part of CoPs), was derived from the notion of situated learning; that is, learning which occurs in social relationships at the workplace (Li, Grimshaw, Nielsen, Judd, Coyte, & Graham, 2009).

Lave and Wenger's (1991, p.98) original definition of a CoP is somewhat vague: "a system of relationships between people, activities, and the world: developing with time, and in relation to other tangential and overlapping CoPs". They described CoPs as allowing tightly-knit learning oriented to identity and development, and focused on activity. The concept of CoPs has been criticised as problematic, partly due to its ambiguity, and empirical studies continue to review perceived weaknesses whilst evolving the concept (Handley, Sturdy, Fincham, & Clark, 2006; Lindkvist, 2005). Wenger's later works (Wenger, 1998, 2011) aimed to create a universally relevant theory regarding learning and identity, and redefined a CoP as mutual engagement in a joint enterprise with a shared repertoire; this has the highest resonance with this study, as is discussed later in this section.

The concept of CoPs was developed within Lave and Wenger's (1991) study in the context of five apprenticeships: Yucatec midwives; Vai and Gola tailors; navy quartermasters; meat cutters; and non-drinking alcoholics. Their findings identified that learning occurred through social relationships within CoPs, rather than simply

through acquisition of knowledge. The concept illustrated how apprentices learned relevant new knowledge in their trades, and their observations recognised that practical information and problem-solving occurred during informal gatherings where tradesmen exchanged stories about their experience. Novices consulted with expert peers within a non-threatening environment; gaps in practice were identified and solutions proposed; and outcomes were shared with colleagues when applying solutions to their own practice, allowing further refinement of the solution. Through this process, informal communications became the means for sharing information, for improving practice, and generating new knowledge and skills. Brown and Duguid (1991) further developed the approach, exploring the concepts of work, innovation, and learning in regards to practices within the workplace, and suggesting innovation needs the organisation of several individual CoPs, described as a community of communities.

The bases for situated learning theory, developed from Lave and Wenger's observations, describe learning occurring within settings identical to where the knowledge will be applied (Lave & Wenger, 1991). Lave and Wenger (1991) viewed learning as situated activity, and the term legitimate peripheral participation (LPP), referring to newcomers' participation, denotes activity that is meaningful to participants i.e. developed through engagement and shared meaning; this can be traced back to the apprenticeship model, in which newcomers are gradually assimilated to full membership as they move from peripheral to full participation through community activities. During this time of assimilation, the relationship is recognised as important in establishing members of the community, and includes learning not just from the master craftsman, but through a complex group of social relationships. This social network includes support from other apprentices in the practice field, eventually leading to full membership in the community (Lave & Wenger, 1991). Online CoPs have an acknowledged importance in developing and sustaining a model for professional development in a field such as education (Kirschner & Lai, 2007).

The CoPs model is portrayed as a way of learning based on collaboration with peers: learning takes place through a common purpose, explained through knowledge creation and identification of problems through social relationships between experts/staff and students/novices, as opposed to simply the acquisition of knowledge. CoPs are defined by their distinct purpose, and their identity develops through members of the community, which has the potential to shape the identities

of members (Lave & Wenger, 1991). Wenger's subsequent work (Wenger, 1998, 2011) focused on learning and identity, proposing that practice defined a community, and that CoPs all share precise qualities or structural attributes. Specifically, three attributes are posited to maintain consistency of practice within a community: mutual engagement, joint enterprise, and shared repertoire (Wenger, 1998).

Within the context of this study, mutual engagement considers members (new nurse educators, experts/experienced staff members) networking, communicating, responding, and interacting together. Working together creates both differences and similarities, and the outcome of mutual engagement therefore never becomes homogenous. Churchman (2005) proposes CoPs in academia are "meaningless without considering the contextual power issues" (2005, p.14). This is owing to the distinctive nature of academic culture – a loose heirarchy compared to that of many other organisations such as the health service – and the interest of management in controlling it. However, the view of Wenger *et al.* (2002) is that CoPs should be spontaneous rather than deliberately cultivated.

2.6.2 *Key attributes of practice: Engagement, enterprise, and repertoire*

The joint enterprise or shared domain of what forms a CoP through activity is not just a shared goal. It develops "relations of mutual accountability that become an integral part of the practice" (Wenger, 1998, p.78). Joint enterprise in this case refers to shared understanding of the actions and objectives of members' roles. To engage in practice, members draw on the shared repertoire of the community, the habits (culture), discourses, routines, ways of talking, tools, structures, and other artefacts that over time have been created or adopted by a community of practice (Wenger, 1998).

Domain, community, and practice are identified as essential characteristics of CoPs: all elements are needed in working together within an environment to facilitate learning and knowledge development (Wenger *et al.*, 2002). Lai, Pratt, Anderson, and Stiger (2006), in their systematic review, highlight fostering these elements within the early stages of CoPs and the need for further clarity, specifically information required for allocation of roles and responsibilities supporting the CoPs. However, they argue that CoPs appear to be more than just information exchanges: they are purposeful as their interests are grounded in their members, through encouraging sharing of their journeys and histories through narrative whilst contextualising practice and personal development. Novices therefore learn through

social participation with other novices, expert academics and mentors (Lave & Wenger, 1991). Participation, through engagement, allows identities to be constructed within these new communities; and members can engage with multiple CoPs. They do this through negotiating boundaries as communities of practice consistently change in relation to external and internal challenges, which in turn can influence each community and boundary (Wenger, 1998). Boundaries are important in learning systems due to the competences and experiences covered within the communities, as seen in figure 2.

Figure 2: Degrees of participation
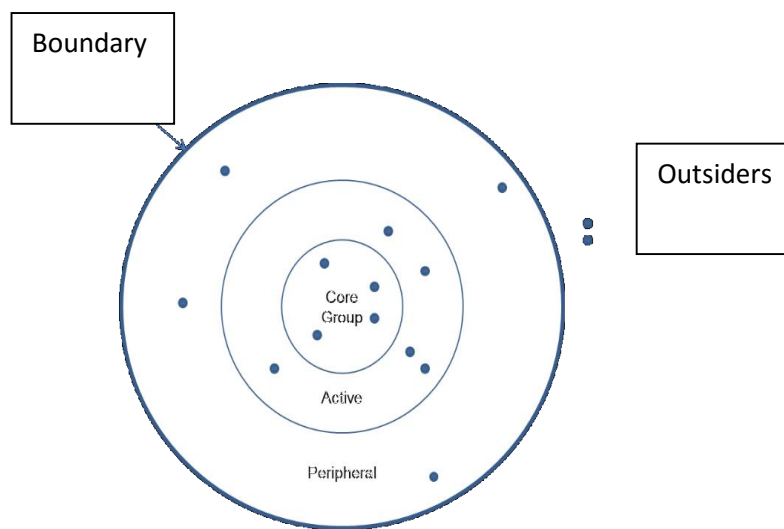
(Adapter from Wenger *et al.*, 2002)

Boundaries are usually fluid in nature and not explicitly defined, as illustrated by Wenger (2000, p.232):

> Sit for lunch by a group of high-energy particle physicists and you know about boundary, not because they intend to exclude you, but because you cannot figure out what they are talking about.

As a framework, situated learning within CoPs appears to be a very useful lens with which to explore new nurse lecturers' perceptions of induction. This approach supports the newcomers' development through the acquisition of knowledge via social processes which enable opportunities for shared practice, articulate tacit knowledge, and construct professional identity (Wenger, 1998).

For this study, and in terms of figure 2, a new nurse academic within the faculty sits outside the boundary of the CoP, and through practice and shared values moves to within the periphery. Over time, participants might progress, becoming active members of the CoP, establishing themselves as core group members in a position

to support newcomers to the community. In joining a community, a key aspect is being able to join the conversation (Gherardi & Nicolini, 2002). For new lecturers, it will be vital to permit legitimate peripheral participation to occur in this first instance, and then to enable engagement at the peripheral and active levels and ultimately membership of the core group (Lave & Wenger, 1991). However, this will be dependent on whether newcomers can establish relationships with existing and new members within the CoPs to facilitate knowledge sharing and learning. Elkjaer (2009, p.87) postulates, however, that CoPs are not always innovative and creative, due to a "tendency to recycle knowledge rather than critically challenge and extend it". It could be argued that the newcomer may have more relevant and up-to-date knowledge.

2.6.3   Characteristics of CoPs

Developing from Wenger's definition of CoPs, their three essential characteristics – their domain, community and practice – are illustrated in figure 3 (Wenger *et al.*, 2002). These elements are difficult to clearly separate, due to their mutually dependent and interconnected nature within the context of development of identity. However, to help establish a theoretical framework for this study, each characteristic will be described within this section, highlighting the fundamental elements adopted.

Domain

The domain represents common ground where participants share their ideas, knowledge, and stories. For new nurse educators, it could include social networking technologies, presenting a forum for discussion and interaction. As participants engage in the domain, a shared understanding can develop; in the best case, a domain creates personal meaning and strategic relevance (Wenger *et al.*, 2002). Within this context identity constitutes a focus, where individuals either feel they belong or not through mutual relations within the CoP (Wenger, 1998). "The domain creates common ground and a sense of common identity. The domain inspires members to contribute and participate, guides their learning, and gives meaning to their actions" (Wenger *et al.*, 2002, p.28).

Figure 3: CoP structural characteristics

What is the source of our identity?

Relationship with members, developing a sense of belonging

Domain
What are we about?

Community
Who are we?

Practice
What we need to know?

Methods, stories, cases, tools

(Adapted from Wenger *et al.*, 2002)

Community

The community is a group of people who learn and interact together, building relationships that result in a feeling of belonging and mutual commitment (Wenger, 1998): "The community creates the social fabric of learning" (Wenger *et al.*, 2002, p.28). Social networking tools like wikis and blogs can help to build community through dialogue and conversation, selectively making sense of past and present experiences; however, members may have much in common, but for it to be a CoP they need to interact with each other and learn together (Wenger, 2014).

Practice

Whereas the domain denotes the topic and the community focuses on people, the practice is the specific knowledge the community develops, shares and maintains. This repertoire of resources could include stories, tools, and experiences related to problems that recur (Wenger *et al.*, 2002).

In the context of social theory of learning, the concept of identity is important. Wenger (1998) contends identity is inseparable from practice, meaning and community. In the context of communities of practice, the creation of a sense of identity depends on one's ability to develop meanings that represent one's community and belonging. Wenger (1998, p.149) highlights overwhelming parallels between identity and practice, symbolising identity as being a reflection of: "negotiated experience, community membership, learning trajectory, nexus of multi-membership and relation between the local and the global". It is evident that there is a deep association between practice and identity. In developing or disseminating new practices, all community members negotiate and engage with each other; and through this negotiation of meaning, identity and practice grow together.

The parallels between practice and identity within CoPs identified by Wenger (1998) are relevant to this study, particularly in relation to shared previous learning in practice, to learning trajectory and learning boundaries in practice, and to identity when holding memberships of several CoPs. The researcher will not go into detail here, but the broad parallels are laid out in appendix 3.

2.6.4 Critical views of CoPs

Research and discussion papers from several authors identified concerns regarding the effectiveness of the theory. Hodkinson (2004, p.14), for example, challenged the "cosy, homogeneous view of communities", and identified the sinister elements of community such as low tolerance of internal differences. Gee's (2005) discussion paper expressed concerns about the benign nature presented by CoPs, observing that organisational control could be being masked. Limited cooperativeness of experts in CoPs has been noted by some researchers (Cousin & Deswell, 2005; Pemberton, Mavin, & Stalker, 2007). Wenger (2011), however, acknowledged that CoPs can be harmful or dysfunctional. Fuller (2007) highlighted the development of ambiguities in definitions of, and the terms used in, CoPs including oversimplification of the relationship between novices and experts, and the implications of networking and multiple settings for processes of learning. The generalised relationship between expert and novice was also noted by other researchers (Andrews *et al.*, 2008; Cox, 2005; Kogan, 2000; Owen-Pugh, 2007; Roberts, 2006); however, Lave and Wenger (1991) and Wenger (1998) do not acknowledge conflicts between novices and experts, nor any struggles with power. Cox (2005) suggests power relations internally and externally need to be scrutinised, regarding potential conflict within the CoPs, between newcomers and old timers, as a weakness not considered by Lave and Wenger. For effective functioning of CoPs, trust between individuals and organisational means of support has been identified as enhancing mutual contributions, and is important in promoting cultural and social shared contexts (Andrews *et al.*, 2008; Roberts, 2006).

The concept of CoPs, however, is accepted within the academic fields previously mentioned, and increasingly in corporate management fields. Regarding professional identity of nurse educators within the HEI setting, the concept of CoPs supports socialisation through situational activity and interaction in their new HEI communities. Many nurse educators have acquired multiple role identities in their academic and clinical careers, through clinical practice settings in which roles include working with multi-professional teams and agencies, and within academic

settings where they may work within a specific nursing discipline or subject area or across other academic fields. In terms of CoPs, a shared enterprise is developed with colleagues from both settings, with members engaging with each other and negotiating identity as they navigate through the community. Nurse educators interact within many CoPs, including their own discipline, department, faculty and institution. Although each CoP has its own specific enterprise, they are interconnected via a multi-faceted social landscape with shared practices, peripheral practices, boundaries, peripheries, overlaps, connections and encounters (Wenger, 1998, p.118).

The function of CoPs in universities appears to be more varied and complex than in Lave and Wenger's (1991) original research: there is "not a single community of practice but, rather, a series of somewhat overlapping CoPs" (Tight, 2004, p.409). Novice nurse educators, unlike participants in Lave and Wenger's study (1991), are likely to have existing skills and experience. However, they may experience a more complex legitimate peripheral participation, being a full member of one CoP and being on the periphery of others as identified by Fuller, Hodkinson, Hodkinson and Unwin's (2005) UK case study within a complex institutional setting. Their study discussed the benefits of using Lave and Wenger as a source of theoretical insight to understand workplace learning; however, they warned of the barriers to success as well as the opportunities available when working in complex settings.

This research investigates CoPs in the university sector. The following table contrasts CoPs in Lave and Wenger's (1991) study and CoPs in a university setting similar to that of the researcher.

Table 3: Contrasts between Lave and Wenger's (1991) CoPs, and CoPs within a university setting similar to that of the researcher

	CoPs in Lave and Wenger (1991)	**CoPs in a university setting**
Type of CoP	One established CoP	CoPs are diverse and dispersed across several sites, possibly nationally and internationally.
Environment	Stable	Turbulent
Nature of community	Close-knit	Loosely-formed
Change	Change is assimilated internally through entry of novices: a slow, evolutionary process.	Externally and internally driven. Resulting outcome can be rapid major transformations.

	CoPs in Lave and Wenger (1991)	CoPs in a university setting
Initial knowledge	Newcomers have a low level of initial knowledge.	High level of prior knowledge found in newcomers.
Adapted	Newcomers gradually acquire ability to deal with complexities through practice.	Abstract understanding found in newcomers which is connected to practice from the beginning.

Adapted from Arthur (2016)

2.7   Summary

In summary, this chapter has provided a critical review of the literature concerned with professional nurses' induction and transition from clinical practice to academia. Support processes such as induction and mentorship were reviewed. A gap in the literature regarding the provision of training in the UK for both mentors and mentees, and how the mentoring relationship is evaluated, was identified. A similar gap was identified in relation to induction and orientation processes for new nurse educators in the UK. Professional identity for nurse educators seems to have rarely been explored. Wenger's (1998) theory of CoPs and how community and identity interact to provide a different, social perspective to learning were critically evaluated. Practice was presented as a process whereby experience and meaning affect identity.

A summary of what is known and not known of induction of new nurse educators to HE is presented in table 4, below.

Table 4: Summary of gaps in the research literature

Summary of gaps in the literature	Examples of literature	What is not known	Linked to thesis research objectives	Potential thesis contribution
PG Certificate of Education mandatory requirement for new lecturers at most UK universities. Support provided through institutional induction, not always relevant to what the staff need to know. Mentorship recognised as important, but quality of this relationship varied; there is lack of recognition of the role by some mentors.	Billot & King, 2017 Boyd *et al.,* 2009 Sambunjak, Straus, & Marusic, 2009	Induction processes for new nurse educators is under-researched. How are new mentors trained? What considerations are required before new nurse educators start their role?	To identify newly appointed nurse educators' perceptions and experience of their induction process.	New nurse educators' perception and experience of induction process
New nurse educators struggle in their assimilation and new identity on moving to a HEI. They describe having to keep a foot in each camp, tend to maintain their former identity as nurses and resist embracing an academic one.	Anderson, 2009 Andrew & Robb, 2011 Boyd & Lawley, 2009 Smith & Boyd, 2012	What key relationships support their new identity? How can resources be developed to support new nurse educators? What do heads of department need to do to support new nurse educators?	To evaluate critically whether new nurse educators view their identity as a nurse or an educator.	New communities of practice
CoPs are perceived as having an important role for development of academics' skills and identity, within their HE career. The community acts as a vehicle for collaborative working in sharing knowledge	Churchman, 2005 Jawitz, 2009 Viskovic, 2006 Warhurst, 2008	How does induction support individuals to join a CoPs	To recommend an induction framework for newly appointed nurse educators in higher education (HE).	Induction framework for newly appointed nurse educators in higher education

The chapter presented CoPs and the situated learning activity within them as a conceptual framework for this study; this, together with the literature identified from the review, helped to frame the research objectives found in table 4. The next chapter will review the philosophical methodology and methods used in this study.

Chapter 3: Methodology

3.1 Introduction

This chapter addresses the philosophical stance selected and the choice of research paradigm made when designing the study, demonstrating congruence between the methodology, research questions and study design (Murray & Beglar, 2009). The role of reflexivity within interpretivist research, and its credibility, are also evaluated. The interpretivist paradigm, together with the qualitative approach and the methodology of interpretative phenomenological analysis (IPA) (Smith, Flowers, & Larkin, 2009), were selected and adopted as being suitable for this study, with its focus on examining the meaning newly appointed nurse lecturers attach to their academic induction.

3.2 Research paradigm

A research paradigm is regarded as a fundamental set of beliefs and assumptions of how the world is seen, and acts as a framework to guide the design of the study (Jonker & Pennink, 2010). Each paradigm has different underpinning ontological and epistemological assumptions. Ontology refers to the nature of reality or how the world is viewed; epistemology refers to the nature of knowledge and how this knowledge is acquired (Burns, 2000). Walsh and Wiggens (2003, p.3) suggest, however, that "ontological assumptions are the researcher's views about the nature of reality and epistemological assumptions are the researcher's decisions about how best to gather data on this reality." Epistemologically, the information required for this study correlated with the participants' perspectives of their experiences of induction; and ontologically, this study relates to the multiple subjective realities of their induction together with the meaning attached from the researcher's interpretation of their accounts.

Different research paradigms have been identified, but Guba and Lincoln (2005) reduce them to two main opposing paradigms: the scientific paradigm, also referred to as positivism, associated with quantitative approaches; and the interpretivist paradigm associated with qualitative approaches. Traditionally, the positivist approach has been applied within the social sciences by researchers seeking scientific rigour and objectivity when identifying relationships between cause and effect (Cohen, Manion, & Morrison, 2007). The interpretivist paradigm, however, seeks to understand how individuals construct reality in their natural settings focusing on their experiences (Lincoln & Guba, 1985). As such, it accepts that there

are multiple realities to human experiences and therefore it rejects the objective view associated with positivism.

Bryman (2008) argues that, within an interpretive framework, meaning can be viewed only from an individual perspective and cannot represent others' perspectives simultaneously. This position relates to the purposes of this study, as shown in table 5 which demonstrates that the interpretive framework is positioned appropriately for the research aims and research questions. This choice is also in line with the researchers' personal belief systems regarding reality and knowledge creation.

Table 5: Paradigm justification

	Interpretivist	Links to research aims and questions
Ontology	Relativist – realities exist within the form of multiple cognitive constructions, experientially based and socially, specifically and locally reliant for their content and form on those who hold them.	To explore understanding of newly appointed nurse lecturers' perceptions and experiences of their induction to working in a university. Interpret research participants' subjective experiences linked to socialisation and identity.
Epistemology	Subjectivist view uses inquiries into the development of a single (monistic) entity. Findings are from the development of the process of interaction between the researcher and participants.	The individual research questions, based around perceived (subjective) experiences of participants, are answered by constant interaction between the researcher and the participants.

(Adapted from Guba, 1990, p.27)

The theoretical perspective adopted for this study is therefore an interpretivist paradigm, in which reality is viewed as socially constructed because individuals assemble their own realities. This study sought to understand individuals' representations of their views as they lived through the transition from clinical practice to HE (Denzin & Lincoln, 2005).

3.3 Interpretive research approaches

In this section, two interpretive approaches are evaluated to justify the chosen methodology for the study. These are grounded theory and phenomenology, chosen because of their relationship to research into lived experience.

Grounded theory (GT) originates from the social sciences, and is a systematic methodology as well as a method of data analysis to be sanctioned in the development of the theory that emerges from the data (Allan, 2003). GT was developed by Glaser and Strauss (1967), and its philosophical underpinning combines both positivism and symbolic interactionism (a sociological theory, relying on the subjective meaning attached by people to social interactions) (Ralph, Binks, & Chapman, 2015). One of the main features of GT relates to its sampling procedure. To develop the sampling framework, sampling is not determined at the commencement of the study. Instead, the extent of sampling is directed by the theory emerging from within the data. This is referred to as 'theoretical sampling', in which the data collection process is fortified to generate the theory (Glaser & Strauss, 1967).

The emergence of categories, concepts, properties and dimensions from the phenomena being studied requires enough data to be generated from the sample (Glaser & Strauss, 1967; Strauss & Corbin, 1998). Therefore, in GT it is essential to obtain an appropriate sample size to generate sufficient data (Auerbach & Silverstein, 2003). The focus of GT is on generating a theoretical-level account of the phenomena often from a relatively large scale sample, taking an objective reality through repeated analysis with theory development until saturation is achieved. This study needs a more nuanced account from a smaller sample of personal experiences which fit with the aims of the study (Smith *et al.*, 2009). As the primary aim of this study is to understand the experience, rather than to provide an explanatory framework, grounded theory did not meet the aims of the study, and therefore was rejected.

A phenomenology/hermeneutic phenomenology approach will now be discussed.

3.4   Development of phenomenology

Phenomenology is a philosophical approach to the study of the experiences of individuals: discovering a perspective on their life, in relation to particular phenomena, to uncover what matters to them within their lived worlds (Smith *et al.*, 2009). It was developed by the German philosopher Edmond Husserl, who is acknowledged as the founder of the phenomenological movement (Koch, 1995). The individuals' perceptions regarding their life worlds are the primary psychological processes underpinning how people feel, think and act (Barker, Pistrang, & Elliott, 2002). Within phenomenological approaches 'realism' and 'relativism' usually fall

between the ends of the continuum, in that a phenomenological position is constructed despite being interpreted as a 'real' experience to that individual (Finlay, 2005).

Phenomenology has led to the development of a broad spectrum of approaches and beliefs, although all have an interest in sharing understanding of human experiences (Smith *et al.*, 2009). This spectrum can be classified into those distinctive approaches that identify and emphasise hermeneutic (interpretation) and idiographic (study of the individual) understanding (Smith *et al.*, 2009), and those coming from a traditional Husserlian approach which focus upon a descriptive account of an experience (Giorgi, 2008). Husserl (1970, 1983) offered the significant perspective of a self-meditative process, which he described as *epochē*, in which the researcher suspends or 'brackets' the wider world in order to totally experience the phenomenon. The bracketing process, originating from mathematics, is related to the concept of separating out. It is a process that acknowledges the researcher's subjective bias, and as such is not an approach that seeks to explain (Finlay, 2009) but to describe; it does not fit the remit of this study, which seeks to *interpret* the participants' experiences.

3.5   Hermeneutics phenomenology

More suitably for the remit of this study, the hermeneutic approach has a central tenet of interpretive engagement. The concept of bracketing proposed by Husserl (1970) is challenged by this approach, as it has an alternative view whereby the researcher is engaged in making interpretations and has to be reflexive "about how their previous experience, knowledge and assumptions might have impacted on the research" (Finlay, 2009, p.479).

Heidegger's approach reflects the aim of this research which is to interpret and analyse individuals' experiences through the lens of the researcher's own knowledge and experiences (Smith *et al.*, 2009). Mapp (2008) argues that Heidegger's perspective requires that for the researcher to provide an interpretation, they need to have first-hand knowledge of the subject being researched.

Heidegger was a student of Husserl and had a sound knowledge of Husserl's phenomenological position. He, however, offered a divergent perspective to Husserl's: a phenomenology that focused on interpretation and meaning as its main considerations. Heidegger regarded the context in which individuals exist in the world and the external influences upon them as important (Finlay, 2009). The state

of human existence was described by Heidegger as *Dasein*, literally 'there-being';
this reflected his belief of how we exist:

> For Heidegger, Dasein is 'always already' thrown into this pre-existing world
> of people and objects, language and culture…
>
> (Smith *et al.*, 2009, p.17)

This was specifically divergent from Husserl's position: Heidegger's perspective
proposed that suspension of our preconceptions is impossible. Husserl's focus of
concern regarding consciousness, perception and the psychological processes of
individuals was also different from Heidegger's. The focus held by Heidegger was
on:

> …the ontological question of existence itself and with the practical activities
> and relationships we are caught up in, and through which the world appears
> to us, and is made meaningful.
>
> (Smith *et al.*, 2009, pp.16-17)

Heidegger's perceptions of phenomenological inquiry focused on the process of
individuals' interpretations. Heidegger conceptualised interpretation as an essential
human function. This concept was described in terms of 'fore-conception'
(Heidegger, 1962/1927), explaining how individuals bring their fore-conception
(beliefs, experiences and assumptions) to any experience that they encounter,
contextualising it within a framework based on their previous experiences.
Interpretation and meaning in Heidegger's perspective of phenomenology clearly
align him within the hermeneutic philosophical position. This theoretical position,
which offers a framework for interpretive meaning and understanding, suggests that
original purpose and context should be held as a specific focus by the researcher
(Patton, 2002). The philosophy of hermeneutics was developed by a German
philosopher, Frederich Schleiermacher, and provides structure for the use of text in
underpinning interpretation (Smith *et al.*, 2009). The assertion challenged by
hermeneutics is that, "an interpretation can never be absolutely correct or true. It
must remain only and always an interpretation" (Patton, 2002, p.114).

The hermeneutic circle developed by Heidegger is a central concept in hermeneutic
theory. This dynamic relationship is the process that takes place between the
'whole' and the 'parts', summarised by Smith *et al.* (2009, p.28) as, "To understand
any given part, you look to the whole; to understand the whole, you look to the
parts." Emphasis on the circular processes relates to non-linear thinking, which as
an analytical perspective of interpretation fits well with a practical expression of a
text, such as a transcript of an interview. When looking, for example, at a specific

word it needs the wider context of the sentence to be understood. Likewise, a reader's understanding will be enlarged by their history of reading; and this will lead, as a result of exposure, to the new text impacting and changing the reader's textual history (Smith *et al.*, 2009).

Giddens (2006), a social theorist, describes a dual interpretation process or 'double hermeneutic'. This represents the fact that access to the participants' experience is reliant on, and can be complicated by, the concepts of the researcher. This process is described by Smith and Osborn (2003) as one in which participants attempt to understand their own world, whilst the researcher is equally focused on understanding the participants who are attempting to comprehend their world. For the researcher, the challenge, from an interpretive viewpoint, will therefore be to gain an 'insider' or emic perspective as opposed to an 'outsider' or etic perspective, through connecting with the participants' subjective worlds. The attempt to gain a shared viewpoint within the analytic process requires a two-stage interpretive process (a double hermeneutic) (Smith *et al.*, 2009). Heidegger's work is relevant here, as the researcher seeks to gain understandings of a phenomenon, whilst at the same time identifying knowledge of the participants' and the researcher's own fore-conceptions. These, however, may not be evident until the analysis or interview, when the phenomenon starts to emerge (Smith *et al.*, 2009). The following section will discuss why IPA was selected for this study and the influences on the development of IPA.

3.6   Interpretive phenomenological analysis (IPA)

As this study sought to gain an in-depth understanding of newly appointed nurse lecturers' perceptions and experiences of their induction to working in a university, a methodology was required which facilitated this aim. IPA is a qualitative research approach that focuses on the exploration in detail of the lived experience of participants, and aims to allow that experience to be viewed within its own terms (Smith, 2004).

The theoretical underpinnings of IPA come from phenomenological inquiry, which has an interpretive process at its core within an idiographic approach concerned with the distinct experiences of individuals and the contexts of where those experiences occur (Eatough & Smith, 2008; Smith *et al.*, 2009): participants are situated within a particular context whilst their personal perspectives are explored (Smith *et al.*, 2009). The study's idiographic commitment is what makes it different

from other qualitative approaches, involving systematic, highly detailed and intensive analysis of small numbers of individuals, and searching for themes and patterns (Smith *et al.*, 2009). The verbatim accounts from participants are most often collected through semi-structured interviews, and their analysis looks for patterns of meaning, represented through a thematic form. Larkin, Watts and Clifton (2006) argue that there are two key focuses for the IPA researcher to use. The first focus is the attempt to gain an understanding of the participants' world, as well as describing this clearly from the perspective of 'what it is like'. The development of an overtly interpretive analysis is the second focus. Within this analysis, description of the wider cultural and social context needs to be positioned along with a theoretical context. This focus is described as a 'second order' account, in giving the participants a process of 'sense making' through applying critical reflection to identifying concepts. The intention of IPA is further argued to be: "concerned with understanding the person-in-context, and exploring persons' relatedness to, or involvement in, the world" (Smith & Osborn, 2003, p.110). Heideggerian theory and a combination of hermeneutic and phenomenological insights influenced the methodology IPA was founded on. A requirement of this combination is that the researcher needs to become close to participants to understand their personal experiences (phenomenological), at the same time developing an interpretive process (hermeneutic), for both the researcher and the participant (Smith *et al.*, 2009).

A qualitative approach and an interpretive paradigm, using the methodology of IPA, were therefore adopted due to the nature of the study. This method was chosen because it is an approach to research in which attempts are made to explore everyday experiences of how people make sense of their social and personal worlds, and to uncover the meanings they associate with those experiences (Smith & Osborn, 2003). Gaining knowledge through using a questioning, empathic and bottom-up approach can provide an 'inside or emic perspective' (Smith *et al.*, 2009). For the individual, IPA provides conceptualisation of the physical being in linguistic, affective and cognitive domains, through joining the things people say with their emotional responses and thoughts (Smith & Osborn, 2003). Eatough and Smith (2006) argue for the merits of the flexible nature of IPA when they state: "IPA is not a prescriptive approach, rather it provides a set of flexible guidelines which can be adapted by individual researchers in response to their research aims" (2006, p.120).

3.7 Rationale for the methodology

Using a qualitative approach underpinned by the interpretivist paradigm suited the study's epistemological and ontological viewpoints as demonstrated in table 5, and fitted its guiding philosophy which was to gather information from the participants' perspectives and interpret the shared meanings of their induction to HE.

An additional relevant factor for choosing IPA is its focus on meaning and sense making within the social and cultural contexts of the phenomenon to be explored. It is concerned with participants' experiences of a relationship, process or event, and places the researcher's interpretation of these lived experiences into a conceptual framework of meaning and understanding (Larkin *et al.*, 2006). These concepts – of IPA determining an interpretation, but also drawing on the description of the phenomenon from the perspective of the participants, with a related understanding from the investigator – strongly resonated with the researcher, and allowed an explanation and a description of what it meant for a group of newly appointed nurse lecturers to be inducted into higher education. Having had personal experience of this induction, the researcher could relate to their experiences, which was an essential component of this research approach (Smith *et al.*, 2009). There are several considerations in determining the rationale for choosing and adopting IPA for this study, not least that IPA has been developed as a methodology of research that clearly guides the researcher yet offers flexibility (Smith *et al.*, 2009). Giorgi (2010) claims that IPA as a methodology becomes prescriptive rather than flexible; however, Smith (2010) argues against this viewpoint due to the guidance provided, which gives a flexible and structured approach to IPA dependent upon the researcher's interpretation of this guidance.

A potential restriction of IPA is that its findings are unable to be generalised and contribute to a wider theory, due to its recommended small sample size (Smith *et al.*, 2009); conversely, Pringle *et al.* (2011) dispute this as it can contribute to and influence theory generation. Smith *et al.* (2009, p.38) agree in identifying that the remit of IPA does not include generalising its findings, but note that it does gain a "theoretical transferability". Through its limited sample size, IPA enables richer, in-depth and comprehensive analysis of the experience of individual participants (Smith, 2010).

3.8 Method

3.8.1 Participants and sampling

The rationale for sampling when using qualitative and quantitative methods is different. Samples for qualitative methods are purposive (as opposed to random, which is used for quantitative methods), with the primary aim being to identify cases that will provide rich data. This study required participants who could offer an informed and purposeful perspective within the phenomena under investigation (Creswell, 2009). Polit and Hungler (2001) justify using a small sample in qualitative research, as the research is looking at phenomenon intensity rather than extensity. Smith and Osborn (2007) suggest that IPA sampling tends to be purposive and broadly homogenous, as a small sample size can provide a sufficient perspective given adequate contextualisation.

The recruitment strategy described by MacDougall and Fudge (2001) was applied to this study, as listed in table 6.

Table 6: Sampling and recruitment strategy

Prepare	Contact	Follow-up respondent validation
Describing the sample: New academic staff, with three years' experience or less, within one university faculty across four campuses.	*Initial approach:* Access and ethical considerations (appendix 9 and 10) acknowledged, all potential applicants sent notification of study (appendix 4).	*Feedback to and from participants:* Reiteration of participant information provided.
Finding information sources: Determine potential staffing groups for target sample – clinical nurse background.	*Negotiation with key contacts:* Negotiation with associate dean and heads of department, ethical approval granted by Faculty Research Ethics Sub-Committee (appendix 9).	*Feedback to key contacts or champions:* Findings discussed with academic supervisors. Plans arranged to provide feedback and disseminate findings in research seminars.
Discovering recent or related projects: No other research studies involving target sample at time of study.	*Direct negotiations:* Request made for potential participants. Information sheet (appendix 5) sent out to all new nursing staff with assurance of anonymity/confidentiality.	*Continuing links:* Agreement received from individual participants to provide face-to-face feedback following conclusion of the research study.

Prepare	Contact	Follow-up respondent validation
Drafting alternative samples: Considered extending to five years' experience or less, minimum six months' experience.	*Confirmation of involvement:* Nine members of staff expressed initial interest. One member of staff was absent for a long period. Confirmation of selection given to remaining eight participants and arrangements made for undertaking interviews with these individuals.	*Public events:* Plans in place to ensure relevant personnel are informed regarding invitation to research seminars associated with this research.
		Action and advocacy: Plans in place for ensuring time allocated and working links can be negotiated to undertake actions arising from research findings.

(Adapted from MacDougall & Fudge, 2001, p.122)

3.8.2   Inclusion criteria

Selection for inclusion involved purposive homogenous sampling, aiming to gain the most richness and depth from the data, of participants who have lived the experiences of induction (Kuzel, 1999); these were identified using inclusion criteria specific to this study. The participant population was all the new nursing academics who had commenced with the faculty at the university, had started in the previous three years and had come from clinical practice. Invitations were sent by email and letter to all 14-new nursing academic staff within the faculty, requesting those with three years' experience or less as an academic to volunteer for the study (appendix 4). Participant information was attached to the invitation email (appendix 5).

3.8.3   Sample

Smith and Osborn (2008) suggest that ten participants are the maximum sample size for IPA, but argue that it is difficult to provide an exact figure. They identify how smaller sizes (between four and six participants) have become a trend, featuring attempts to provide detailed interpretive accounts using in-depth reflection of the perceptions and understandings of participants.

Eight staff responded to the email. They were aged between 30 and 54 years. All eight lecturers were female as no new male lecturers had been appointed from clinical practice within the previous three years. All lecturers were from the same ethnic background and could be broadly classified as White British. Table 7 provides respondents' characteristics and demographics. Each participant has a

pseudonym to ensure confidentiality. A descriptive summary of the participants can be found in appendix 6.

Table 7: Respondent characteristics and demographics

Pseudonym	Age, gender and ethnic background	Years qualified as a nurse	Length of time as a new lecturer	Previous role
'Brenda'	48 F White British	28 years	14 months	Children's Nurse
'Diane'	54 F White British	30 years	3 years	Health Visitor
'Hannah'	32 F White British	8 years	1 year	Health Visitor
'Janet'	40 F White British	9 years	2 years	Mental Health Nurse
'Jenny'	41 F White British	20 years	13 months	Health Visitor
'Linda'	43 F White British	10 years	15 months	Learning Disabilities Nurse
'Lorna'	42 F White British	15 years	2 years	Children's Nurse
'Tracey'	40 F White British	15 years	18 months	Intensive Care Nurse

The participants came from a variety of nursing backgrounds, ranging from working in hospital settings in acute areas to working in community settings in both the NHS and local authorities. All participants had degrees and nursing qualifications at master's degree level. Many had obtained postgraduate studies in education. Two are undertaking a professional doctorate or a PhD.

3.8.4   Research aim and objectives

To recap, the following research aim and research objectives emerged from the literature review.

The overall aim of the study was:

> To gain an in-depth understanding of newly appointed nurse lecturers' perceptions and experiences of their induction to working in a university.

The research objectives were:

- To identify newly appointed nurse lecturers' perceptions and experience of their induction process.

- To evaluate critically whether new nurse lecturers view their identity as a nurse or an educator.
- To recommend an induction framework for newly appointed nurse lecturers in HE.

3.8.5   Interview topics from research objectives

Critical examination of the themes within the literature review in chapter 2 identified topics for informed investigation. These are summarised in table 8.

Table 8: Interview topics from summary of literature

What is not known	Key area	Research objectives	Interview topics
Preparation for the role	Induction	To identify newly appointed nurse lecturers' perceptions and experience of their inductions process.	Prior experience before becoming a nurse lecturer and expectations of the role.
Nurse academic role	Identity	To evaluate critically whether new nurse lecturers' view their identity as a nurse or an educator.	Experience of becoming a nurse lecturer, strengths, key challenges and professional development needs.
Support, socialisation and identity of role	CoP	To recommend an induction framework for newly appointed nurse lecturers in HE.	Induction processes (formal/ informal), including mentorship, at university/faculty/department level, strengths, key challenges.

3.8.6   Data collection

Smith *et al.* (2009, p.59) identified that, "IPA is best suited to a data collection approach which invites participants to offer a rich, detailed, first person account of their experiences." Semi-structured interviews were selected as the method of data collection. This was to collect relevant data and allow participants the opportunity to focus on their own perspectives, explore the issues, and fully express their views and feelings; the non-directed and open-ended series of questions encouraged participants to discuss their experiences of induction and orientation (see appendix 11). The interview schedule was developed using guidelines described by Smith and Eatough (2006). The interviews were conducted in an office in the university away from the participants' own office to ensure privacy, lasted approximately 60 minutes and were recorded. Smith *et al.* (2009) highlight that an hour is an appropriate time for undertaking an in-depth interview. Written consent to undertake and record the

interview was obtained at the beginning of each one. Participants were informed that they had the right to withdraw at any time.

The recorded interviews were transcribed verbatim by the researcher, which ensured no data was lost and allowed the researcher to fully focus on the interviews. Transcription enabled the researcher to become fully immersed in the data through a continuous cycle of listening, reading and reflection on the data.

IPA uses a structured approach to analyse variations on themes (Smith *et al.*, 2009). The model proposed by Smith *et al.* (2009) was adapted for this study. Table 9 describes the model, which provides a structured and transparent framework compatible with the interpretive approach.

Table 9: Overview of the analysis process

Stage	Activity
Step 1 – Transcription	Verbatim transcription of the content of each of the interviews from the audio recording (see appendix 7 for an example).
Step 2 – Reading and re-reading	Immersion in the data, actively becoming engaged with the data, searching for detailed richer sections. Searching for paradoxes and contradictions. Identifying shifts from specific to generic patterns and accounts.
Step 3 – Initial noting	Time-consuming and detailed review of language and content. Identifying areas of interest, the ways in which a participant discusses issues. Unstructured commentary. Descriptive comments (participant content of what is actually said).
Step 4 – Coding the data in developing emergent themes	Data fragmented to identify concepts in the discourse, and similar concepts were grouped ('chunked') into themes. If similarities beween them were recognised, these emergent themes themselves merged into a larger theme which encompassed its components.
Step 5 – Searching for connections across emergent themes	Mapping and relating the themes to the research questions. Developing super-ordinate themes and identifying how often the themes are discussed.

Stage	Activity
Step 6 – Moving to the next case	Moving to next case; following the 'double hermeneutic' approach, the researcher attempted to make sense of the participant making sense of their experience of induction (Smith *et al.*, 2009). The researcher examined each case in depth, taking an idiographic stance (Coyle, 2014).
Step 7 – Looking for patterns across cases	Making connections across/between the interviews, graphic representation of themes that are consistent, identifying shared and individual meanings. Ensuring analysis has an interpretive focus that is strong.

(Based upon model from Smith *et al.*, 2009)

3.8.7   *Analysis of data*

An IPA approach was selected (Smith & Osborn, 2003: Smith *et al.*, 2009) to analyse the data. However, in IPA data analysis is not viewed as a 'prescriptive methodology', due to there being no 'right or wrong way' in this approach (Smith *e for the time-consuming al.*, 2009, p.80). Following IPA's commitment to an ideographical approach, each interview was analysed individually and in depth, analysing individuals' personal and unique experiences of their induction as summarised by Smith *et al. (*2009): the process involved working through the individual interviews, transcribing, reading, noting, coding themes, and searching for emergent themes. Steps of the analytical process can be seen in the extract from the account of Lorna shown in appendix 7.

Three types of annotation were used during the coding: initially, descriptive comments isolating key words and phrases; secondly, linguistic commentaries investigating the language used; and thirdly, conceptual remarks recognising the change from participants' explicit meaning, and moving towards understanding of the concepts identified. The coding process resulted in substantial interpretation. The role of the researcher is 'to make sense of the participants trying to make sense of what is happening to them', following the process of 'double hermeneutics' (Smith *et al.*, 2009, p.3).

Emergent themes were listed chronologically, and then re-examined for patterns and connections to organise and condense such information into a list of super-ordinate themes for the participant. After all the eight interviews, had been analysed

to the level of super-ordinate themes, the subsequent stage looked for patterns across cases by exploring and reconfiguring the super-ordinate themes. This was followed by drawing up the final list of themes and putting them together into themes for the group, which represented higher order qualities shared across cases (Smith et al., 2009); see table 10.

3.8.8   Pilot study

For this qualitative research approach, a pilot study was included to provide the opportunity for the researcher to investigate and explore elements of procedure, and to identify modifications to the research process (including research questions) before data collection began (Jessiman, 2013).

The researcher used one of the initial participants for the pilot study following their withdrawal from the study due to health reasons. However, the value of a pilot for research processes is questioned due to the limited relevance of data obtained in relation to the main study (Morse, 1997). Wray, Archibong and Watson (2017) argue that pilots in qualitative studies, when used effectively, refine the design and delivery, and provide practical experience to the researcher, enhancing competence and confidence in effective learning and future studies.

From the pilot interview, the researcher was conscious of the need to allow the participant to express what it meant to be inducted as a new nurse educator, with no influence from the researcher. Applying a semi-structured format reinforced the concepts of IPA, allowing a focus on what the participant had to say, which supported reflexivity. To capture the researcher's reflexivity, the researcher used a diary to record further interviews and ensured there was additional time allocated between the interviews to complete it.

3.8.9   Validity and reliability and IPA

Smith *et al.* (2009) argue that validity and reliability are key issues in relation to IPA. Procedures are therefore used to ensure reliability and validity. These include standardised data collection, careful transcribing, and documenting of interpretation, to ensure coherence and transparency for the study (Smith *et al.*, 2009). These processes were followed in this study; but to control for researcher bias following the analysis, participants were approached to discuss my interpretations, and therefore to validate the findings – this is considered to be respondent validation (Silverman, 2000).

3.8.10 Researcher position and reflexivity

Reflexivity is an important part in ensuring qualitative researchers confirm personal biases are recognised (Dowling, 2006). Jootun, McGhee and Marland (2009, p.46) contend that reflexivity initially was engaged in to "separate the researcher from the research process, but has evolved as a process used to demonstrate the researcher's influence on the research process". Self-awareness is important, for the researcher's potential influences, projected on to the research, can affect the conclusion (Kingdon, 2005). Polit and Beck (2012) contend that reflexivity should be practised not just in determining the findings of a study, but also during data collection. Taking these viewpoints on board, the researcher was conscious that her role as a deputy head of department could have the effect of preventing participants from sharing their experiences. To address this concern, the researcher selected participants from other departments, excluding staff from her own department and anyone having a direct professional relationship with the researcher. Additionally, the researcher reflected on any relational impacts after each participant's interview. The researcher was determined to practise the concept of reflexivity throughout the conduct of the study, from the design stage through to consideration of the findings.

There are also concerns about using double hermeneutics, in which the researcher is attempting to interpret a given phenomenon experienced and interpreted by the participants: the potential for misinterpretation can introduce uncertainty to any qualitative study. Smith and Osborn (2007), however, acknowledge that the research context of IPA is a dynamic process in which the researcher plays a central role, therefore the development of a sensitive rapport between participant and researcher is vital for the success of the study. IPA also acknowledges that data interpretation is subjective. Coolican (2004) argues that researcher reflexivity is therefore required throughout the research process in relation to subjective experiences. This is a significant part of the iterative process of data collection, reflection and analysis. Barker *et al.* (2002), however, acknowledge that the phenomenological approach of bracketing, in which the researcher puts prior expectations and assumptions aside, is not applied in the IPA approach. Instead, the emphasis is on critical self-awareness of the researcher's experiences, values, perceptions, assumptions and interests that can influence their interpretation and collection of qualitative data, thereby identifying how difficult it is to have an objective stance on the subject matter (Willig, 2008). For this study, the researcher included a reflexive approach; this is discussed in section 5.13.

Following the pilot interview, reflexivity was strived for in the data collection (Wood & Ross-Kerr, 2011). The researcher became aware that a loosely structured approach met the ideals of IPA, enabling a focus on what the participant said, rather than what the researcher specifically needed to know, but facilitating employment of reflexivity.

3.8.11 Ethics

This section will discuss the ethical issues surrounding the present study, and how the researcher has demonstrated compliance with the British Educational Research Association's *Ethical Guidelines for Educational Research* (2011). Additionally, the considerations and ethical principles identified under the Research Governance Framework (DH, 2005) were upheld by the researcher to ensure quality research.

Research involving human subjects raises numerous moral and ethical questions (Aita & Richer, 2005). Beauchamp (2007) argues that researchers are required to respect the human rights of participants within the study, which are based on the ethical principles of beneficence and respect for justice, human dignity and avoidance of harm. Karnieli-Miller, Strier and Pessach (2009) argue that power relationships are likely to exist in some form that has the potential to influence researcher and participant relationships. The researcher recognised that her senior academic position could raise concerns regarding potential power imbalances between researcher and participants. In the planning stages of the research, it was not known who would volunteer to take part in the study. This led the researcher to reflect on her role, which involves support and promotion of staff learning and development, on a fair and equal basis. In undertaking this reflection, the researcher could question her own capability for promoting self-awareness of responsibilities with regards to respecting ethical principles whilst forming and maintaining trusting, collegial relationships at work (Costley, Elliott, & Gibbs, 2010). Consideration of the dynamics of relationships is explored within the reflexivity section (5.10). Ultimately, the researcher decided not to use participants from her own department to avoid the possibility of coercion.

Given the nature of this study, with its emphasis on the perceptions and experiences of new nursing academics, ethical approval for the study was sought and gained from the faculty's Research Ethics Sub-Committee. This related to confidentiality, informed consent, reducing participant stress and harm, the right to withdraw, data usage, and reducing power differentials between researcher and participants (see appendix 9).

It was essential to have the informed consent of the participants to take part in the research, for both the development of a trusting relationship and the ethical integrity of the study. Obtaining consent was a transparent and clear process, in order to promote confidence and mutual respect between the participants and the researcher, and this was emphasised to the participants prior to recruitment in the participant information sheet (see appendix 5). Each participant was asked to sign a consent form stating that they understood the nature of the project (see appendix 10).

3.9   Summary of Chapter 3

This chapter has critically examined and presented a detailed account of the philosophical framework, design and methods, including the research topics and research questions, that have been applied to this research study.

Figure 4 provides an overview of the research approach for this study. It is evident that this qualitative IPA approach is relevant when attempts are made to explore everyday experiences of how people make sense of their social and personal worlds, and to uncover the meanings they associate with those experiences (Smith & Osborn, 2003). This was compatible with the study's aim to understand the world from the viewpoint of those living in it. The next chapter presents the findings from the study.

Figure 4: Approach adopted for this research

Paradigm

| Interpretive paradigm |

↓

Methodology

| Interpretive phenomenological analysis |

↓

| Ethics |

| Participant information |
| Written consent |

↓

Data collection method

| Semi-structured interviews |

↓

Stages of data analysis

| Step 1. Transcription |
| Step 2. Reading and re-reading |
| Step 3. Initial noting |
| Step 4. Developing emergent themes |
| Step 5. Searching for connections across emergent themes |
| Step 6. Moving to the next case |
| Step 7. Looking for patterns across cases |

↓

Findings

(See appendix 8)

| Using idiographic approach of emergent super-ordinate and sub-ordinate themes |

Chapter 4: Findings

4.1   Introduction

This chapter presents the findings of the study, which will answer the primary research question: 'what are new nurse educators' perceptions of their induction processes in their transition from clinical practice to a HEI?' The findings derived from the analysis are presented in section 4.3 and subsequent sections as an interpretive narrative, highlighting similarities and differences between participants' stories. They are reported under three super-ordinate themes – (1) partial transition, (2) dual CoPs, and (3) introduction – and their sub-ordinate themes, using quotes from participants as evidence to justify the meanings attributed to them during the IPA process (table 10). In these sections, therefore, the participants' voices are prioritised without reference to the literature to prevent diluting their experiences, as recommended by Smith *et al.* (2009).

One of the theoretical perspectives of IPA is idiography, concerning the distinct experiences of individuals within the context of their working lives (Smith *et al.*, 2009). To allow the development of participants' narratives, appendix 6 provides a brief introduction to each of their stories. Each participant has a pseudonym to protect confidentiality. Discussion of the findings in relation to the literature and the theoretical framework of CoPs will be explored in the next chapter.

4.2   Super-ordinate themes

To recap, the methodology of IPA was adapted for this study, with its focus on meaning and sense making within the cultural and social contexts of the phenomenon of academic induction. The participants' experiences of the processes and the researcher's interpretation of these experiences were developed using IPA into a conceptual framework of understanding and meaning (Larkin *et al.*, 2006).

Three super-ordinate themes together with their sub-ordinate themes were identified by the researcher. These are presented in table 10. The aim of the super-ordinate themes is to demonstrate the clear connections and patterns between common experiences and themes that emerged during the analysis. In the interpretive narrative, which follows, each theme is discussed and extracts from participants' interviews are used to provide supportive evidence.

Table 10: New lecturers: Creation of super-ordinate themes

Super-ordinate themes	Sub-ordinate themes
1. Partial transition	Expectations of nurse educator role Career change
2. Dual CoPs	University contextual influences Location and culture of sites
3. Introduction	Tick box exercise Limited role of mentor

An illustration of how the super-ordinate and sub-ordinate themes were derived from the transcripts is included as appendix 8.'

The themes identified were based both on their relevance and commonality within the transcripts, and on individual accounts that captured a unique in-depth perspective (Smith *et al.*, 2009). Though each theme is presented individually, it is important to note that they occurred within the context of the wider account, which captures the true complexity of the data and the inter-connections that exist between each theme. Each super-ordinate theme and their sub-ordinate themes will now be explored in turn.

4.3 Super-ordinate theme 1: Partial transition

Each participant spoke of their previous clinical roles and experiences, and how they tried to make sense of this new role. This broad theme emerged across all the data sets; each participant, however, approached the topic differently, which is captured in the related sub-ordinate themes of 'expectations of nurse educator role' and 'career change'.

4.3.1 Sub-ordinate theme: Expectations of nurse educator role

All seven participants who had previously undertaken visiting lecturer (VL) work described their expectations of their new role as being much like it. This conveyed a central meaningful aspect of their role expectations: in fact, they were not prepared for their new role. This was something that Lorna discussed:

> *I thought it would be very much like the VL work… [which] prepares you … for the teaching element of the role… that leads you to think… only bit of the role.* (Lorna)

There was a sense that Lorna was starting to come to terms with the reality of what the new role involved. She felt unprepared for the role, invoking feelings of pressure highlighted by use of the word 'actually' in the quote below:

> *…but that really isn't it… in a way [it] kind of gives you a false impression … whereas actually there's a lot [more] to the role than just teaching.* (Lorna)

Lorna was very much used to being in control and running a hospital department, so she seems to be struggling with not being prepared for the role. Interestingly, Hannah saw a difference between herself and the other participants due to her perceived length of time as a VL, and initially centred this as being a meaningful feature in coming to this new role:

> *I thought I had quite a good grasp… so I felt quite comfortable… I thought it was gonna be easier than it was because I did have that VL experience.* (Hannah)

In contrast to Lorna, Hannah's interpretation is changed to a sense of being overwhelmed by her lack of understanding of the new role, accepting that despite her extensive time as a VL she felt unprepared for the role:

> *…when I got into the senior lecturer role, I realised all the policies and procedures, protocols and regulations, that I really didn't have any knowledge of.* (Hannah)

Hannah's experience as a VL started to be interpreted negatively by her, as she felt there were greater expectations from existing staff which affected her confidence. Hannah makes this clear in her extract:

> *I felt anxious… people think because I've been around… a while as a VL that I will know what to do, and I don't, because I've never been a senior lecturer before.* (Hannah)

For Hannah, there is a real sense of anxiety. It appears she had not been socialised into the new role and she felt awkward in asking established staff for help.

Diane relates similar feelings to those of Hannah i.e. that the existing staff had unrealistic expectations of her based on her VL experiences. She used the impact and movement metaphor 'hit the floor running' to make sense of her personal feelings in regards to this unexpected responsibility. Diane's expectations of support from an experienced member of staff, referred to as a 'buddying system', indicated her perceived uncertainty of the role and her desire to be able to manage herself. There was a sense of frustration from this workload pressure:

> *I was expected to hit the floor running… that you know what to do and especially if you've done VL work before… I thought there might have been more of a buddying system almost.* (Diane)

For these new members of staff, their interviews showed how unsupported they felt in their new roles and their need for knowledge sharing from existing lecturers. These new lecturers had not become fully submerged in their role. Lorna, Hannah and Diane were therefore on the periphery of this new role, all needing support and guidance.

Brenda reflected on her earlier experiences of her new role and the additional responsibilities that she had not anticipated. She seemed surprised by the recognition attached to the role, using the word 'kudos', after also mentioning that the role was more 'in-depth' than she anticipated, implying the unanticipated degree of multi-faceted responsibilities attached to the role:

> *…expectations of the role… to teach and marking… it's more in-depth… We're given more kudos than I thought we would have.* (Brenda)

There is a real sense of responsibility from Brenda, quoted below, as she reflected on aspects of her new role including gatekeeping the profession through recruitment selection:

We're given more responsibility for… promoting and developing programmes of study… making decisions about who is a suitable candidate… to potentially be a nurse for the future. (Brenda)

However, from Diane's extract, there is a sense of disappointment in not delivering teaching in her subject area. Feeling challenged to teach subjects that she knew little about, she used words such as 'quite stressful' in portraying her lack of confidence in delivering sessions outside her comfort zone. Diane makes this argument in her quote. However, she uses the word 'alien' to describe the experience to generate a sense that this is strange and unfamiliar compared to her own previous experiences, causing her to feel under pressure to deliver the sessions:

I expected… my expertise would have been used, [but] you're being asked to deliver something that's alien to you and you want to do a good job, that was quite stressful. (Diane)

Although Janet had no VL experience, she had no expectations of the role, and coped better than those with VL experience who had high expectations of themselves in the role. She found it challenging having to take on programme leadership so early in her new role, but referred it as 'a good thing in a way' as she felt the department had acknowledged her previous management experience. She therefore viewed this as a positive aspect. Janet seemed to demonstrate her resilience and flexibility to adapt to change, despite the university having very different systems that she was not familiar with. Janet's quote discusses her perceptions that she felt she was just left to get on with the role with limited support, using the metaphor 'thrown in the deep end'. Janet seemed to indicate there was no gradual introduction or preparation to the new role, and that she had to just cope with this change:

…programme leader, quite challenging… to go straight into that role. I think it was because I'd had so much management experience in the NHS… that's a good thing in a way… I got thrown in the deep end and had to get on with it. (Janet)

For Janet, however, there was also a sense of disappointment, expressed in frustration at 'having kind of more admin than teaching'. This implies that she did not see the value and relevance of undertaking administrative tasks, and struggled with the practice of this, coming from a culture of financial constraints with clearly defined roles for others more skilled with administrative tasks. This indicated that Janet had not fully understood the full nature of the role and the relevance of its administrative element:

…been a challenge… It just feels odd coming from… where money was tight, now doing more menial things. (Janet)

For Jenny, her lack of preparation and expectations of the new role came across. She seemed to feel overwhelmed by her lack of understanding of the curriculum and how to deliver this, unlike Janet who was very confident in her approach:

…how much I don't know... you're on a curriculum and delivering what has to be delivered. (Jenny)

…big groups… the challenges of standing up in front of ninety students... it really challenged me. (Jenny)

Jenny clearly identified how stressful the experience was of delivering to large classes with an unfamiliar curriculum of study. This indicated that Jenny struggled in adjusting to this new environment of teaching to larger groups without a co-worker. She seemed to lack resources and support, recognising how this was a stressful and challenging experience that she was unprepared for.

In summary: in this sub-ordinate theme of *expectations of nurse educator role*, participants with previous VL experience expected delivering teaching sessions to be comparable. Janet, who had no VL experience, had no expectations and adjusted better than those who did have experience. Some participants felt that due to their VL experience, existing staff had unrealistic expectations of them. Many had not realised the role involved aspects such as understanding new procedures and policies, managing programmes, administrative tasks and recruitment to the profession. Many of the participants described feeling unprepared for their new role. They described their experiences as stressful, evoking feelings such as loss of control and lack of confidence due to the different systems and culture of the new organisation. One participant expected a buddy system would be available to support her transition, but no such system was evident.

4.3.2   Sub-ordinate theme: Career change

All eight of the participants described difficulties transitioning to an academic profession. The transition challenged their established identities as nurses, as Diane expressed in her words 'you're probably… at the top of your game in practice'. For Diane, the challenge related to starting again, and her lack of control of the situation; moving away from her old identity in which she was confident and an expert, to her new identity as a novice lecturer, seemed to challenge the values and knowledge base of her previous role. Diane felt very much on the periphery in this new role which made her feel uncomfortable:

…at the top of your game in practice… used to being in control and knowing what you're doing. I felt completely out of control and I didn't know what I was doing and I didn't like that feeling. (Diane)

In contrast, Brenda used the term 'novice' when interpreting how this transition made her feel, acknowledging the length of time she had spent in the NHS, and indicating how she was feeling overwhelmed with the different culture and approaches to working in HEIs:

…so much to learn…. abbreviations to understand… questioning, I felt like a novice again… comparing to the NHS… it's a long time, in one place in which I was an expert… totally different mentality of working [in HEI].
(Brenda)

New lecturers in health and social care disciplines often struggle in their transition to academia. They are often appointed due to expertise from practice, in contrast to colleagues from non-vocational professions who enter academia through the traditional route of research and doctoral study which enables development of the integrated values and cultures of academia.

For both Diane and Brenda there is a perception that it will take time to adjust. The challenges of transitioning from clinical practice to academia were interestingly expressed by Tracey, who perceived that the established academic staff had dismissed their backgrounds as nurses, now having a different approach; Tracey used the word 'mind-set' in relation to their priorities. There is a real sense of uncertainty in her new role: Tracey seems to be finding it difficult to manage this change of identity, wanting to remain close to her first order profession as a nurse. To her, there appeared to be no mutual engagement: no connecting between participants and existing staff using formal and non-formal support, and no defining the membership of her new role with other members of the academic team through negotiation and ways of working:

…people actually thought differently here… lot of people that don't have that same mind-set as me. I think… it's more of a business mind-set, it is a completely different culture… they don't have that nurse attitude. (Tracey)

Jenny's enthusiasm about moving to HE indicated an initial readiness to change and become part of a new academic community of practice, wanting to share and gain knowledge of the role. However, she also expressed her emotions regarding the impact and fear of losing her role as a nurse, and that she sees the move as a career change. There is a sense that she is struggling with this new identity whilst retaining loyalties to her first profession, emphasising the need for support systems

and strategies to establish her new identity through mentoring and orientation programmes:

> *…big step making that change from clinical practice… overall, I'm absolutely loving it… this has been a whole career change… I think in my head… I thought I would still be a nurse.* (Jenny)

Linda seems to have gone through some form of transition. She acknowledges that she had not anticipated how the role was different to what she was used to, referring to the new role as a career change. However, she used the term 'stepped out' of one career to another, which could imply she may step back:

> *It's just different and I think I hadn't factored that in. I've not just changed job, it's a career change, I've stepped out of my nursing role and it's the teaching role now which is very different.* (Linda)

Whilst participants identify themselves in different ways, they all refer to nursing as having an influence on their identity: nursing appears to be the foundation that they built their new identities upon.

In summary: in this sub-ordinate theme of *change of career*, participants highlighted the challenges of working as an academic and the challenges to their identity as nurses, which had a major influence on their new identity formation even though their professional identity as a nurse was brought into their new role. Participants had spent between eight and thirty years working for predominately one NHS organisation, which has its own cultural identity for those in its employ. Most were well established as professional nurses with many having leadership and management roles. Many of the participants described feeling like a novice again and expressed fears of losing their role as a nurse. The importance of recognising the psychological aspect of coping with change and the social aspect in establishing their new role was identified.

4.4 Super-ordinate theme 2: Dual CoPs

From the participants, a second super-ordinate theme emerged, regarding how they conceptualised the environmental influences that were key to their induction and orientation. This super-ordinate theme emerged across the data sets, and captured the themes of 'university contextual influences', and 'location and culture of sites'. Differing perceptions of these environmental influences were revealed, including both negative and positive aspects.

4.4.1 Sub-ordinate theme: University contextual influences

All the eight participants had worked within the NHS for several years, some for thirty years in community settings and acute secondary care services or both. Janet was the only participant who had recent experience in working for a local authority, which had its own systems of work. All participants were well established in the NHS culture. Transition to a different, unfamiliar organisation, which had different systems and processes and its own culture, was identified as a threat and evoked stress for most participants.

Lorna was quite anxious regarding working in a different organisation that did not resemble the NHS with which she has been familiar, identifying the negative aspects:

> *No idea really. …quite difficult, quite challenging really to get to know the processes and the different structures and systems.* (Lorna)

Brenda's account demonstrated the distress she felt – a sense of loss at leaving the NHS, using words such as 'fears' and 'all I've known'. Her perceptions of the need for information and support emphasised how she felt as she struggled to manage and comprehend the new information. She used the idiom 'get your head around' to illustrate how complicated she felt the system and processes were. Brenda also showed that she felt neglected and unsupported through these challenges as the following quote illustrated:

> *…biggest fears… leaving the NHS… all I've known… Processes and systems [in HEI] … difficult to get your head around…. not informed… expected to learn it yourself. It's very complex information.* (Brenda)

Tracey's account captured participants' challenges in relation to the pace of change at the university, in comparison to the NHS. Tracey expressed her frustrations relating to her previous role in a critical care unit, in which decisions had to be made

immediately. She uses the words 'quite a big culture shock', indicating the magnitude of the change for her:

> *The pace of change particularly [coming from] critical care… was quite a big culture shock. NHS better at change management… here it takes like a year! … it's like four months… get it signed off.* (Tracey)

All participants highlighted the need for information and support that would enable them to understand their role and the new systems and processes. Brenda felt pressured – that it was expected she should know – which made her unsure of how to approach this, causing her to doubt her ability to do the job:

> *…It's almost like you're expected to just absorb how to do things, [but] you don't know what you don't know.* (Brenda)

Hannah expressed how she had felt awkward repeatedly approaching the same member of staff for information and taking their time up. Hannah perceived that the experienced colleague was overwhelmed with her own duties and supporting her, and was anxious and concerned that she was wasting her colleague's valuable time. However, Hannah also identified that when she had sought information from other members of staff, the information provided had often been inconsistent and incorrect:

> *I try not to ask the same people all the time so they just feel mithered. But I certainly have got sent down the wrong direction a couple of times by asking the wrong people.* (Hannah)

For Lorna, her perception was that she did not feel confident in her new role, using the word "need". It was indicated that she had to have clear structures, procedures and plans of work, and missed such structures that she had been used to previously:

> *You, kind of need… an A to Z guide… of what needs doing when you start… you first may feel like… that these are the things that you should be reading… ground rules when you're teaching.* (Lorna)

Tracey expressed similar feelings as Lorna: a need for information in developing her role and confidence. She was concerned that the information should be at a level that she could understand, indicating that she had not always understood new information and how it related to her role. However, when she referred to a 'secret manual' the perception was that she had not been involved in understanding the tacit knowledge of experienced staff:

When I first started, I felt like there should have been like a handbook… like all those idiot questions… you feel… have to ask… felt… secret manual people were hiding from me. (Tracey)

In summary: in this sub-ordinate theme of *university contextual influences,* participants identified that they were well established in the NHS culture, having worked in it for several years and more. Some participants expressed their loss and fears on leaving the NHS. As previously identified, participants referred to experiencing a culture shock in adapting to new systems and new challenges, and that this had evoked stress. Some participants acknowledged that they had felt neglected and unsupported, and that there was an expectation that they had to learn these new systems for themselves. Participants found the pace of change in the university was slower than that of the NHS, which they found frustrating. Participants also identified the need for a handbook supplying additional information to support new lecturers who struggled to understand procedures and roles within the university.

4.4.2 Sub-ordinate theme: Location and culture of sites

The faculty is multi-sited in that its core business is provided and delivered on four sites within the North West of England. Two of these sites (A and C) are considered large enough to constitute campus status: site A has the main administration for the faculty, and senior management has recently located in both sites A and C. The other two sites (B and D) are based within hospital settings.

A primary work base site is assigned to all academic staff. Depending on their teaching workload, there is a requirement for all academic staff to work across all sites. For seven of the participants, this perpetuated the transient nature of their working practices. Only one participant disagreed with this finding. The seven participants discussed the practicalities and challenges they found when working at multiple locations, including the cultural aspects they had encountered on each site and how these impacted on building a rapport with other staff.

Lorna's account, for example, emphasised her encounters in working across different sites, and the demands on her to be organised to ensure she had all the material required from her base site. Lorna appeared to value the social aspect of the role at her own base site, which she missed when at other sites for extensive periods:

…challenge physically, I'm based at one site… majority of my teaching is at the main campus [site A]. Rapport is good at my own base site; we all meet up, including the admin staff, for lunch.

…it's quite difficult, you, kind of leave your base office and think right, what do I need for tomorrow, but what you're thinking is, what do I need for the next two weeks. (Lorna)

The social side of meeting people appeared as important to Jenny as it did to Lorna. Jenny felt disappointed that there was no staff room at site A, and she referred to 'just eating at the desk' indicating that Jenny was used to working where there was a clear work-life balance, and that the current culture was different to her previous role. It was interesting how she viewed the admin staff, with whom she had a good working relationship in her previous role, feeling let down in this current role by their appearance of being 'really busy':

…there is no staff room… we all tend to hover around the hot desk, or just eat at the desk. The admin staff always seems really, busy… not approachable so I tend to sort things out myself. (Jenny)

Janet appeared to be engaged with working away from her base site and demonstrated her commitment to working flexibly, indicating this was not a new concept for her. Janet's account of the response from students showed how this positively affected her, indicating her need for feedback and its contribution to the development of her self-confidence in her new role:

I've bought a very large briefcase. My husband jokes it's my Mary Poppins bag! … my previous role… at different bases. When I've taught on other sites the students are really appreciative of what you do, it's been really good. (Janet)

Diane highlights her preference to be located with her department in one base, and seems challenged in working across the different sites. There is a sense that Diane feels disjointed and isolated, as she uses the term 'out on a limb'. Diane implies there is a strong culture and collegiality within her own department which she misses when working across sites:

…working across sites is problematic… working out who does what… from a departmental perspective… having the department in one place, with everybody together, would be better. I felt a little bit fragmented and out on a limb. (Diane)

Lorna seemed to find the size of the organisation militated against getting to know staff, and was confused after receiving conflicting information from the established

staff. For Lorna, the welcoming culture in the smaller sites appeared to be important, allowing her to socialise with peers through the provision of access to a staff room:

> *…big challenges… four sites (geographically dispersed) … told different things by different individuals… different culture on each site. The smaller sites… friendlier, [and have a] staff room [where] staff eat together.* (Lorna)

> *I don't get that same feeling at [main site A] … isn't that same social kind of support.* (Lorna)

> *Every site's different… work in silos… do things slightly differently. …administrators… have to work out who you can ask… some sites are more willing to help than others.* (Hannah)

Hannah's perceptions are comparable to those of Lorna in relation to the different sites and how the staff socialise. Hannah acknowledged the opportunity to get to know staff and students at smaller sites:

> *At the smaller hospital sites people know the students and staff better. The bigger sites, there is so much going on with other faculties and other departments.* (Hannah)

Lorna, who shared an office with an experienced member of staff, seemed aware of her own development needs, and highlighted the benefits of learning from experienced academics who shared their formal knowledge and their tacit knowledge as role models:

> *I learnt a lot about dealing with student issues and different issues about the programme… by just being in an office with somebody else [experienced]… then [asking] how you dealing with that, why you doing that?* (Lorna)

In contrast, Diane was given an office to herself and found this challenged her, as she struggled when seeking new information and felt disappointed by the loss of support from colleagues with whom she had previously shared an office. Diane indicated how negatively she viewed this arrangement, and expressed her need to understand her new role through having access to an experienced member of staff. The need for feedback came across as she mentioned 'informal supervision*'*, indicating that she had still expected this:

> *…own office… but I'm used to working in a team and sounding things off, that informal supervision wasn't there… nice to have… somebody… experienced to pick up those nuances of the job, to listen to what they were saying.* (Diane)

In summary: in this sub-ordinate theme of *location and culture of sites,* participants identified the physical difficulties of working across the different sites, and the

distress and struggle it caused. For staff who frequently worked across sites, this perpetuated transient working practices. It also limited development of personal and academic identity**.** The development of relationships and learning through the building of rapport and trust was identified as important in that it enabled collaboration.

Participants found that each site had its own culture. The smaller sites were found to be welcoming, and rapport was good on sites where academic and administrative staff met for lunch together. Having access to a staff room was highlighted by several participants as being important, providing the opportunity to socialise with both established and new staff. This also promoted a clear work-life balance. Participants also identified the difficulties for new members of staff who were not sharing an office with an experienced colleague; sharing provided opportunities for new staff to learn how to deal with different and novel situations.

4.5 Super-ordinate theme 3: Introduction

A third super-ordinate theme emerged from the interviews with regards to participants' views of establishing a sense of introduction through formal and informal systems they had experienced. These were categorised into two themes: 'tick box exercise', and 'limited role of mentor'.

4.5.1 Sub-ordinate theme: Tick box exercise

Arrangements are made for the induction of academic staff at faculty level, through their departments, and at the wider university level to introduce them to the culture of the university.

All eight participants expressed their concerns about the induction processes. For Janet, it was interpreted that she felt a sense of disappointment with the department induction, the words 'ticking them off a list' indicating her sense of frustration at the purpose of this activity. The perception is that she expected to be informed more and to gain a better understanding about her role:

> *…meeting random people on different sites and ticking them off a list was my induction experience… better to spend a day on each site to get your head around who does what. I found this quite pointless.* (Janet)

For participants, such as Janet, transition was not seen as an effective use of time due to her limited understanding of her new role. However, she felt that she could use the experiential learning she had gained as an effective way for her to mentor in the future and showed, despite her interpretation of this being a poor experience, that she had the potential to develop her role. As Janet illustrates:

> *…as a future mentor, this is something I need to plan better than my own experience in making it interesting and relevant.* (Janet)

Hannah and Janet shared a similar interpretation of their department induction. However, Hannah was frustrated due to these meetings' lack of context and relevance to her own role:

> *I was given time… to go to various meetings, meet different people, it didn't mean anything to me… I remember someone had said 'Oh, you need to go to an AAB', but I had no idea… where it fitted in [or] what an AAB was!* (Hannah)

The wider university induction session for new staff was not perceived as effective by Diane, who felt let down by its timing and a sense of disappointment in that it did

not meet her own needs to understand her new role. She appeared to have unmet expectations of this session, expressing this by using words such as 'rubbish':

…the formal university induction was rubbish. It was a rubbish system because I didn't get that for about nine months, it's poor because it's not timely enough and it's generic. (Diane)

For Linda, the university induction was felt to be inadequate and there was disappointment that her expectations had not been met in ways that she considered important. She focused on the need for information, which she described as 'stuff', to inform her new role:

I did not find the university induction useful 'cause I almost felt like the stuff that I needed – like the nitty gritty stuff that's going to help me do my job – was not covered. (Linda)

It appeared that participants had unrealised expectations of the university induction as their priority was the practical issue of being able to do the job. This was demonstrated in Linda's response to the university induction session, expressing her frustrations about its relevance:

…there were that many different faculties… it was just a bit boring. I needed to know practical things that weren't actually covered… how to fill in a travel claim, what would be doing on a day-to-day basis, weren't covered… taking holidays. (Linda)

Diane's extract below demonstrated she was settling into her new identity. She was now considering sharing relevant information with new staff.

…because of [nursing professional] regulatory responsibility that we have… something a bit more pertaining to our faculty would be useful, and still have the university [induction] one… they need to be immediate. (Diane)

Diane's experiences and frustrations with university induction for newcomers illustrates the need for its timing to be 'immediate' if it is to be effective.

In summary: in this sub-ordinate theme of *tick box exercise*, participants found their induction a multi-dimensional process. This included orientation to the culture of the university and the different sites, academic department, teaching and research, and systems and processes.

Department inductions were poorly rated by the participants, being portrayed as a tick box exercise. They appeared to have no context or relevance to their role, and therefore participants could not see the purpose or value of them. Suggestions

made by participants included spending a day on each site getting to know staff, and time to be spent shadowing experienced staff.

The wider university induction was not perceived well by most participants. Issues included its timing: one participant had been invited to attend nine months into her post. Participants felt that the content did not include issues that were important to them, to enable them to do their job: the purpose of this induction was therefore not being made clear.

4.5.2 Sub-ordinate theme: Limited role of mentor

All eight participants highlighted support as key to their role. All new nurse lecturers are allocated a mentor, who is normally an experienced lecturer in the same discipline and field of nursing. There is no formal training provided for these assigned mentors who are allocated by their department heads.

All eight participants identified mentoring was relevant to their new role, though their experience varied. Lorna's perceptions of her experience were identified as positive. Her mentor being in a different field of nursing was not an issue: she felt he was approachable, supportive and flexible. His feedback appeared to be important in building her confidence. The perception was of mutual respect between Lorna and her mentor as she valued his approach to problem solving:

> *I am… a child [lecturer]. An experienced adult lecturer was allocated as my mentor... always helpful and on the end of the phone… I really valued him… different way of looking at things. …very beneficial and reassuring.* (Lorna)

Janet's experiences were in direct contrast to Lorna's as she discusses in her extract:

> *My mentor was someone who… taught me when I was a student, so that was scary…* (Janet)

She found her previous relationship as a student of her mentor made her feel uncomfortable. She used the word 'scary', indicating a perception that she felt intimidated by her. The assignment of this mentor, without discussing previous relationships, was seen negatively by Janet, particularly considering the power difference between them. Janet herself suggested a change in mentor, indicating she felt her needs to understand the role would not be met with her current mentor.

Janet also referred to shadowing another mentor in the quote below, indicating a lack of confidence in self-developing her own skills:

> *…helped [to]… have a [different] mentor, that I could have shadowed.*
> (Janet)

Janet seemed irritated and frustrated when she perceived that she was not active or busy. Her role had changed, and she indicated that she felt a loss of control and status, as highlighted in the quote below:

> *Felt the first few weeks… not really doing anything, I didn't really like that feeling, coming from where I'd been in charge…* (Janet)

From Diane's quote (below), the perception indicated that she was disappointed and felt let down by not seeing her mentor regularly. It was indicated that she felt the mentor was overwhelmed with different obligations:

> *I did have a mentor assigned to me but… I didn't really see that mentor very often, busy always … There needs to be some guidance for mentors.*
> (Diane)

Diane's quote below indicated that she seemed to be dependent on the deputy head for support in the absence of her mentor, implying her need for regular support to enable her to fulfil her role:

> *…my deputy head was… about… with any issues, that was a real safety net because if you didn't have that… I think it would be even more difficult.*
> (Diane)

Linda discussed how she perceived that she had found support from her peers. She came across as keen and enthusiastic about sharing the knowledge she had developed, gaining understanding of its meaning and relevance to her role from continued informal meetings with new colleagues. Linda's comments implied that she found the atmosphere informal and relaxed, fostering creativity and ideas, enabling members of this group to open up and talk, and to contribute to areas relevant to the group. For Linda, this made her feel welcomed and part of a community with which she could connect:

> *…few new people I meet at induction… created a natural… bond… not about being formalised… having… opportunities to meet up… informal support… through that network…. useful… discussing issues… share help in dealing with things.* (Linda)

> *…it was a way of making friends and work… similar things together… even though we all work in different fields we all help each other out.* (Linda)

For Linda, being part of this informal group gave her a sense of belonging: participants in the group cared about each other. In contrast, Brenda felt the need for clearly structured resources and support for new lecturers. This indicated that

Brenda felt from her experience that, for herself and other new lecturers, this was a critical time for learning. This emphasis upon learning and the need for sharing new knowledge seemed to indicate that Brenda had started to develop her academic identity:

> *…having a structured sort of supervision first year or eighteen months for new starters about workshops that they feel would be beneficial.* (Brenda)

In summary*:* in this sub-ordinate theme of *limited role of mentor,* the participants found that mentorship and support varied. Mentors were perceived as having the significant roles of socialising and providing support in the mentees' new culture, and helping them to adjust to their new role. However, it was recognised that there should be some guidance for mentors. It was perceived that some mentors were overwhelmed with their work which affected the quality of regular communication with the new lecturer. Heads of department needed to be aware when assigning mentors of any inappropriate relationships that may impact on the mutual respect between mentor and mentee. No effect was found when participants had someone from a different field of nursing as a mentor; this also provided a different perspective to solutions for problems. Feedback was valued in supporting the confidence of new lecturers. Shadowing experienced colleagues was perceived as important in developing teaching skills. Heads and deputy heads of department were acknowledged as being pivotal for support, whilst peers provided opportunities for informal support through networks of learning. Informal and formal support, including workshops for skills development held over the first twelve to eighteen months, was encouraged; this was interpreted as being important in the development of shared knowledge, understanding, meaning and identity.

4.6 The nuances of similarities and differences across participants' stories

This section provides an overview of similarities and differences between participants' views (Smith *et al.*, 2009). As table 11 shows, there were many similarities the participants shared, highlighting the commonality of the participants' perceptions and indicating the strength of their feelings, particularly in relation to exclusion from their new environment, feeling fragmented and isolated, and loss of professional identity. In addition, the university induction was considered not fit for purpose.

However, there were nuances within their individual responses. Only one participant (Janet), who had no prior VL experience, showed a difference in relation to

expectations of the nurse educator role. Those with prior VL experience perceived that they were expected to be prepared for their new role. They also found staff expected more from them due to their prior experiences as a VL. Janet, who had recently worked for the local authority, appeared to cope with working across the various sites better than the other participants, as evidenced by the lack of reference to the theme in relation to location and culture of sites. Lorna, unlike the other participants, felt well supported by her mentor who was from a different field of nursing; this provided a different perspective which was found beneficial.

Table 11: Agreement and exceptions between participants

Super-ordinate themes	Sub-ordinate themes	Lorna	Janet	Diane	Jenny	Brenda	Linda	Tracey	Hannah	Nuances
Partial Transition	Expectations of nurse educator role	✓	✗	✓	✓	✓	✓	✓	✓	VL experience gave a false impression of the role. Greater expectation from existing staff of new staff with VL experience. Diane expected a buddy system.
	Career change	✓	✓	✓	✓	✓	✓	✓	✓	Career change: *'thought I would still be a nurse'* (Jenny). Fear in leaving NHS. Different mind-set: Tracey described staff *"don't have that nurse attitude"*.
Dual CoPs	University contextual influence issues	✓	✓	✓	✓	✓	✓	✓	✓	Excluded from new environment, feeling there was '*secret manual people were hiding'*. Needed to have an *'A-Z manual'*. (Lorna).
	Location and culture of sites issues	✓	✗	✓	✓	✓	✓	✓	✓	No staff room on some sites. Admin staff busy, not approachable. Expected to absorb how to do things. Feeling fragmented, isolated.
Introduction	Tick box exercise	✓	✓	✓	✓	✓	✗	✓	✓	Induction provided opportunity for Linda to continue to meet up with new colleagues as a CoP. Department induction regarded as tick box exercise by Janet. University induction described as not fit for purpose.
	Limited role of mentor	✗	✓	✓	✓	✓	✓	✓	✓	Relationship between mentor and mentee. Focus of this relationship was about the role, not the field. Time allocated to mentorship responsibility recognised as important by Diane.

4.7 Summary

This chapter has presented the findings constructed within the three super-ordinate themes of 'partial transition', 'dual CoPs' and 'introduction'; and their associated sub-ordinate themes, 'expectations of nurse educator role' and 'career change', 'university contextual influences' and 'location and culture of sites', and 'tick box exercise' and 'limited role of mentor.'

Within these themes are a range of participants' key reflections on their lived experiences during their transition into HE, including what it felt like for them to essentially undertake a career change, and the challenges they faced during their induction and orientation.

At the end of each of the sub-ordinate themes, a summary of key findings and issues which impacted on and shaped the participants lived experiences has been provided. Under the super-ordinate theme of 'transition', the sub-ordinate theme of 'expectations of the role' highlighted that participants felt that, due to their VL experience, existing staff had unrealistic expectations of them. Many participants had not realised what the role involved. The second sub-ordinate theme was 'identity', which emphasised the importance of recognising the psychological aspects of coping with change and the social aspects of establishing their new roles.

Under the super-ordinate theme of 'dual CoPs', the sub-ordinate theme of 'university contextual influences' acknowledged that participants had felt neglected and unsupported, and that there was an expectation that they had to learn these new systems for themselves. The sub-ordinate theme 'location and culture of sites' found that among staff who frequently worked across sites this perpetuated transient working practices. It also limited development of personal and academic identity.

Under the super-ordinate theme 'introduction', the sub-ordinate theme 'tick box exercise' highlighted that induction needed to be designed around the needs and requirements of the job, rather than organisational policies and systems. The sub-ordinate theme 'limited role of mentor' recognised that formal training for mentors was needed, along with allowances in their workload. It was perceived that they were overwhelmed with other workload commitments, and this affected the quality of regular communication. The new nurse educators had come from practice where the mentors' role was recognised as a priority in supporting new nurses or staff moving to a new clinical area through preceptorship (Demsey, 2007).

Finally, table 11 identifies similarities and differences between participants' stories. It shows that the majority agreed that they had expected their VL experience would have helped them; all discussed how they were not prepared for the role. However, it also shows that for one person having no VL experience prior to starting in post had its advantages: they had no expectations and the role was less stressful. The majority also agreed with the location and culture of the site being a theme, though again for one participant this was not an issue; however, this participant's previous role involved delivering training at multiple locations. In the next chapter, these findings will be explored in more depth using the data and associated themes in relation to the literature and theory of CoPs.

Chapter 5: Discussion, Conclusion and Recommendations

5.1 Introduction

This chapter discusses the contribution to knowledge of the study's findings of new nurse lecturers' educational practice. Key strengths and limitations of the study, and potential areas for future research, are also identified. The chapter ends with a personal reflective statement, sharing the researcher's engagement in this research process, how it has informed personal and professional thinking, and how it will influence the researcher's future engagement with new nurse lecturers during their induction to HE.

5.2 Discussion of the findings

The following key super-ordinate themes are used as the framework for discussion within this section.

5.3 Partial transition

Partial transition, presented as a super-ordinate theme, and the sub-ordinate themes *expectations of nurse educator role* and *change in career* showed that participants presented similarly to those in Boyd and Lawley's (2009) interpretive study, and in McArthur-Rouse's (2008) study. Transition was reported as being confusing and challenging for these expert clinicians who had made the transition from practice to academia and found themselves as a novice educator. Those participants with previous VL experience expected the role to be comparable. As Jones (2012) highlights, new nurse lecturers often find the experience challenging, referring to transition as a culture shock. They are unprepared for the different working environments, and often short of the necessary skills for facilitating and preparing teaching sessions for large numbers of students. They also lacked information on the curriculum, procedures and policies of the university system. This can affect their confidence if they are not supported (Esper, 1995). Davis *et al.* (1992) suggest that many nurses who accept teaching positions do not fully understand the role of academic educator. This became clear from participants in this study, who felt that their VL experience did not provide the breadth of knowledge of all tasks required for a lecturer role. Some participants expressed that the VL role had provided them with an unrealistic expectation. This highlights the need for clarity when preparing new lecturers regarding expectations and role.

This study, along with others, therefore acknowledges a need for new lecturers to be supported and developed into their new academic role. Siler and Kleiner's (2001) study highlighted how new nurse lecturers are supported in learning the tasks of teaching, but it also acknowledged that knowing how to perform tasks without support was not effective in building confidence and knowledge by itself, as further guidance was necessary. This is an important point and raises the question of whether there needs to be some form of preparation for clinical nurses wishing to pursue a career in academia. Another interesting point was raised by Willis (Willis Commission, 2012), who highlighted the need for succession planning in coping with the ageing academic workforce.

Archer (2008, p.387) advised that, "becoming an academic is not smooth, straightforward, linear or automatic; but can involve conflict and instances of inauthenticity, marginalisation and exclusion". This was apparent for some of the participants. They expected to have support systems available to them, for instance being allowed to shadow an experienced lecturer, enabling them to gain an understanding of programme planning and delivery. The literature supports this view, highlighting the value of new academics shadowing experienced members of staff (Boyd *et al.*, 2009). Remmick, Karm, Haamer, and Lepp (2011) demonstrated that when new lecturers are provided with the opportunity to observe colleagues at work, they take on the values and norms of their colleagues within the context of their department.

The concept of CoPs (Lave & Wenger, 1991; Wenger, 1998), associated with the three dimensions of community, domain and practice, was found to be relevant for these new lecturers. The CoP concept of community (in this case a community of academics) implies a membership exists, but this depends on the academics' degree of participation (Wenger, 1998; Wenger *et al.*, 2002) and these new lecturers had not yet become fully immersed in their role. Membership also implies that boundaries exist between distinct CoPs (Akkerman & Bakker, 2011), while peripheries imply belonging and continuity (Wenger, 1998; Wenger *et al.*, 2002). The study showed that the new lecturers found themselves at those boundaries, i.e. near the peripheries of more than one CoP. For these new lecturers engaging with a CoP, their focus was on them interacting with the existing staff in the development of their new knowledge and learning, thereby becoming what Wenger *et al.* (2002) describe as full members of the CoP.

The findings indicated that the transition to HE came to be understood as a complete career change, as participants reflected on what the role of a nurse educator entails. This is something that they had not anticipated: several participants still had strong expectations that they would maintain their role identities as nurses. Boyd, Smith, Lee, and MacDonald (2009), and Smith and Boyd (2012), identified that the context of a new workplace can lead new lecturers to maintain their previous identity as a clinically credible practitioner, and only at a later time move to an identity of an academic within nurse education. This highlights the need for adequate preparation for new nurse academics within their transition process. Boyd and Smith (2014), however, highlight that within the UK, university nurse educators delivering professional programmes of study are appointed on the grounds of their expertise from their 'first career' i.e. from clinical practice.

The literature describes how health professionals, such as nurses, often come into HE from well-established positions in clinical practice, and these transitions are often viewed as a mid-career decision (Smith & Boyd, 2012). Many participants expressed emotions such as anxiety, lack of confidence, feelings of being out of control and not understanding clearly what their role involved. They also felt a loss of status as they transitioned from being a confident expert to feeling like a novice. Previous literature refers to these feelings (Wright, 2007), with identity presented as a way of making sense of transition (Clegg, 2008; Trowler & Knight, 2000). This highlights how departments need to be mindful of transition points, and to appreciate the challenges that new academics face both personally and professionally. Understanding the psychological perspective in coping with the change involved in transition, as well as the psychological work of adjusting one's identity to the new role, is very relevant to these new lecturers (Schlossberg *et al.*, 1995; Bridges, 2003). The social aspects of transition are therefore highlighted as important in establishing oneself in a new role (Ashforth, 2001).

Wenger, McDermott, and Snyder (2002) argue that professional development and learning are related to communities and their practice, and to identities. When joining a new CoP, an important determinant of success is the ability to engage with the conversations (Gherardi & Nicolini, 2002). However, this is dependent on whether newcomers establish relationships with current and new members within the CoP to facilitate knowledge sharing and learning. Whilst participants identified themselves in different ways, they all referred to nursing as having an influence on their identity. Nursing appeared therefore to be the foundation that they built upon to

establish their new identities. Murray and Male (2005), however, warn that over-reliance on original practitioner profession may hinder transition progress; the current study recognises the need during transition for physical and psychological support of new lecturers as they establish themselves within their new CoP.

5.4 Dual CoPs

From the findings, the super-ordinate theme 'dual CoPs' and the associated sub-ordinate themes 'university contextual influences' and 'location and culture of sites' emerged. Several participants identified that although there were complexities in having to work across different sites in terms of resources, access to work stations and administrative support, they nonetheless enjoyed the diversity of the different types of student found on each site, and the positive feedback of delivering a variety of teaching sessions. Boyd and Lawley (2009) suggest that nurse educators grieve the loss of patient contact from practice and the affirmation they receive from them, and view student feedback as a substitute for this. The study found that, for all the participants, each of the faculty's four sites had its own culture and expectations. These observations share similarities with Trowler and Knight's study (2000), which addressed the complexity of university settings that new members of academic staff must learn and understand, together with different languages and ways of working.

Most participants reported that they felt more confident when delivering sessions in their specialist subject area. Smith and Higgs (2013) identify the benefits of high levels of content knowledge; this is the knowledge that new academics bring in relation to their specialist field of practice. New lecturers therefore need to recognise that this should be developed as pedagogical content knowledge; this relates to how knowledge is transferred from the practical setting and presented to students. Some participants expressed that at times they did not have the knowledge and ability to do this, as they struggled to understand a curriculum which was new to them. The participants found that they could share their own experiences of practice with the students in order to provide them with a deeper knowledge of real life. This provided the new nurse lecturers with the capacity to be role models of practice for their students (Smith & Higgs, 2013). Some participants perceived that they had been 'thrown into a workload' with little support or feedback or guidance. They identified that due to their previous role as a VL, there was an expectation that they could deliver a module with minimum support.

Boyd (2010) argues that new academics must rapidly adapt to their new role. Within the current study, challenges within the working environment were raised which were also found in other studies (Boyd *et al.*, 2009; Jones, 2012). Many participants struggled with adapting to the working environment with regards to the pace and structure of HE. This was in direct contrast for those participants who had come from an acutely pressured healthcare environment, where their tasks needed to be identified throughout a shift and action taken immediately, and for those participants who described how they had been autonomous practitioners using their professional judgement to make decisions that were carried out immediately. Edwards *et al.* (1999), however, argue that within HE individuals work as part of an organised programme curriculum where the outcomes are often difficult to see independently, and changes need to occur through university processes and systems. Again, this identifies the need for preparation, for supporting new lecturers for this change in working processes and systems. Most participants found that the ethos in HE, of time management and independent working, came as a culture shock. This is also reflected in the literature that examined role transitions and entering a new CoP (Anderson, 2009): newcomers did not have the tacit knowledge of the university norms, which they could not recognise given their previous 'controlled' working environment, where autonomy was managed through recognised clinical guidelines.

All participants perceived the university systems to be unclear. This is very different to what they had been used to in practice, causing participants to feel anxious and unsettled, particularly with the different language used. These same concerns were also expressed in the literature (McArthur-Rouse, 2008; Smith & Boyd, 2012). Boyd (2010) suggests that in HE experienced colleagues often become unaware of the challenges experienced by new colleagues. Within CoPs, Wenger *et al.* (2002) refer to practice in which knowledge is developed and shared through a repertoire of resources, which includes stories, tools, and experiences relating to problems that recur. Participants suggested that induction resources could include tools such as guidance for new lecturers to support their understanding of processes.

5.5   Introduction

Within the findings, the super-ordinate theme of 'introduction' which included the sub-ordinate themes of 'tick box exercise' and 'limited role of mentor' emerged, focusing on informal and formal ways in which participants were helped in their professional learning and work environment. The most frequently mentioned sources were support from colleagues, mentors, department heads/deputy heads,

and informal support groups. These were highly recommended by the participants, which aligns with previous research findings (Evans, Hodkinson, Rainbird, & Unwin, 2006; Lave & Wenger, 1991; Wenger, 1998).

Fritz and Vonderfecht (2007) argue that the first hundred days are critical for new staff, in terms of whether they assimilate the organisation's culture and values. This highlights the need for effective induction of new staff. The first year is normally acknowledged as the most stressful time, not just for new staff but also for those who support them (Gray, 2005). Boyd *et al.* (2009) recommend that induction should be of three years' duration, which includes time for the establishment of roles and identities, and allows professional development of initial requirements and for future development. Years two and three are spent developing scholarship and research activities (Boyd *et al.*, 2009).

The participants' experiences of the university's formal induction were not good: many of the participants felt it did not provide them with the answers they required, particularly in relation to their job role. A welcoming attitude and orientating newcomers to the culture of an organisation have been shown to increase loyalty of new staff (Ragsdale & Mueller, 2005). Hina (2014) acknowledges the difficulty in organising a session for new staff that may start at different times to the planned university induction sessions, and recommends the use of an induction kit to provide information to the new member of staff. McKersie (2003), argues for induction programmes to be effective their aim should be to familiarise new staff with their new environment, and enable them to learn about their work roles and responsibilities. The participant perspective of the university induction was that it did not meet their expectations for relevant information they felt they needed, such as practical issues in order to do the job. Participants identified that they thought it would have been more relevant if the faculty had taken ownership of their induction and designed their own tailored programme content, as argued by Trowler and Knight (2000, p.33):

> …the most important way to improve induction of new university teachers is to concentrate on the normal quality of communication and relations in teams and departments.

However, Wenger (1998) identifies that communication with colleagues and peers had a greater impact than organisational induction arrangements, helping new staff to develop their cultural knowledge of the university through mutual engagement, joint enterprise and shared resources (Wenger, 1998).

It has been argued by Smith and Boyd (2012) that new university academics were more successful at learning from peers who were less experienced than from some of their established colleagues. They found the more experienced lecturers were often less helpful and less accessible. Over half the participants in this study identified poor mentoring support, and a number reported that their mentor was unhelpful or not available as they were based at a different site, or were not the right person for them. They also reported that their mentor had other commitments such as running a programme or managing a department, and so the participant felt awkward taking their time up. This fits with Smith and Boyd's (2012) study, which recommended using less experienced staff for mentoring as new staff may find junior staff more approachable and can relate to them. Mentors have been recognised in the literature as playing a vital role supporting the transition of new healthcare lecturers, particularly in promoting clarity of their roles and identity (Trowler & Knight, 2000). In order to recruit and retain nurse lecturers, and promote on-going leadership and career development, the National League for Nursing (2006) argues that mentoring is important, as the outcomes of mentoring include orientation to the educator role, integration of new nurse lecturers into the academic community, and the development of scholarship and teaching, as well as leadership development. They have developed a model that needs to be considered when providing a mentorship programme for new academic staff. Within this model one should consider attributing value to the mentor role: by allocating mentoring as part of staff members' work role, the significance of supporting new university lecturers could then be acknowledged by the university. Clear outcomes for mentors would also enable this role to be evaluated.

There is a need for the mentor to have clear objectives to ensure the quality of this role supporting new nurse academics to embrace their new identities as scholars and researchers. The relationship of the new academic and the mentor is vital for working together to develop strategies to support adaptation to the new working environment (Stinson *et al.*, 2006). Careful consideration needs to be given when selecting a suitable mentor. It was interesting to note how one of the participants was mentored by someone outside their own department, which was perceived to be successful. It was also interesting that no participants mentioned research expectations of the role, as they were more focused on maintaining their strong identity and credibility as a nurse.

A few participants identified how they developed their own support group, arranging informal meetings with their peers. The social side of this also became important to participants, particularly those working across different sites. Wenger *et al.* (2002) believe that although it is important to provide opportunities to cultivate CoPs, it is better not to set an agenda for these. A feature of successful CoPs is the voluntary, self-directed nature of them. Trowler and Knight (2000) argue that it is important to recognise how staff new to the organisation become socialised, particularly in accessing learning systems which are essential to successful induction. Networking offers the potential for connecting with people in a particular field that, later in time, may assist with advancing career opportunities. Boice (2000) argues that early success in an academic career was enhanced when new lecturers developed social supports and networks. This could be through department members taking out the new lecturer to welcome them to the department, or staff days provided by the faculty facilitating them getting to know other faculty members. Networking and encouraging CoPs for new members of staff is an interesting option, supporting opportunities for new members of staff to learn together and share their experiences. In developing CoPs, members benefit from interacting face-to-face which supports building relationships. The development of relationships and learning through the building of rapport and trust enables collaboration (Cohen & Prusak, 2001).

Most participants identified that there should be workshops available to them when they first start in their role, providing information on systems and processes such as assessment and marking, the expectations of their role, and how to access support if required. Some participants suggested providing a handbook. Foster and Laurent (2013) argue that formal courses on the teaching and learning environment, including the PGCE provided for new lecturers, have been shown to improve understanding and skills. Participants on this study, however, expressed that they often had difficulty attending sessions due to teaching commitments. Smith and Boyd (2012) argue that new lecturers should have access to online modules, staff development, and workshops developing early career academics in new tasks such as designing curricula, grant writing and publishing. A key function of CoPs is that members share a common understanding of practice, with existing and new members developing a repertoire of resources that can be shared (Wenger, 2011).

5.6   Objectives of the study

Within the following section the objectives of the study are revisited:

Objective 1: To identify newly appointed nurse lecturers' perceptions and experience of their induction process.

This research demonstrated that participants' perceptions and experiences of induction processes were varied, but generally not positive. Newly appointed nurse lecturers with Visiting Lecture (VL) experience had not realised that the role also involved aspects such as understanding new procedures and policies, managing programmes, administrative tasks, and recruitment to the profession; and moreover, found that some established staff had unrealistic expectations of them, based on their previous VL experience. Induction processes at university and department levels appeared not to meet the new nurse educators' expectations. Many of the participants felt unprepared for their new role, describing their experiences as being stressful and evoking feelings such as loss of control and lack of confidence due to the unfamiliar systems and culture of the new organisation. Support through mentorship was varied, with mentors appearing to have no clear guidelines about their duties; allocated time and training were identified as necessary for the mentors to be able to fulfil their role. One participant expected a buddy system would be available to support her transition, but no such system was evident. Both informal support and formal support, including support from the head of department, were identified as important by some participants. Informal support from new lecturers was found valuable by one participant who met regular with other new colleagues to share stories and solutions.

Objective 2: To evaluate critically whether new nurse lecturers view their identity as a nurse or an educator.

This research identified that all new lecturers should be members of dual communities of practice. However, the participants were challenged by the nurse lecturer CoP as they were unprepared for the different working environments, and often short of the necessary skills for facilitating and preparing teaching sessions for large numbers of students. They also lack information on the curriculum, procedures and policies of the university system. This can affect their confidence if they are not supported (Esper, 1995). The new nurse educators held onto their existing identity as a nurse, with one participant explicitly expressing concerns that she feared losing her nurse identity. All participants appeared to see their new role as a change in career. However, maintaining their identity as expert and registered nurses is seen as a necessary requirement by the professional regulatory body (the NMC); therefore, despite some participants' concerns of losing their nurse identity, new nurse lecturers need to maintain and retain their credibility as nurses. This is vital

both when supporting students in practice, which is a significant role for nurse lecturers in their roles as link lecturers in practice, and when supporting individual students though their personal academic tutor (PAT) role.

Objective 3: To recommend an induction framework for newly appointed nurse lecturers in higher education.

Nurses have learned to think through their clinical practice and reflection as a nurse, similarly as doctors and midwives learn to think: it is a process that is part of being a member of their community of practice. However, when moving into HE, new nurse educators need to also learn to think as an educator as well as still thinking as a nurse. This is particularly important for nurse educators establishing the effectiveness of their teaching upon student learning.

This study recognised that there are dual CoPs for nurse lecturers; however, this is not formally acknowledged or supported by the university. An induction framework was then developed which takes account of the dual CoPs for new nurse lecturers who are knowledge sharing and learning within a geographically dispersed faculty. This framework considers the university's environmental context (at macro, meso and micro levels) for new nurse lecturers; it is illustrated in figure 5, and individual sections are described below.

Figure 5: Contribution to academic knowledge: Induction framework for nursing faculties within universities

Partial transition at macro, meso & micro levels
New nurse lecturer required to demonstrate mastery and
maintenance of skills, knowledge and understanding of dual CoPs.

Professional skills
and knowledge
of expert nurse

Nursing
professional
CoP

**Dual CoPs
of nurse
educator**

Nurse
education
CoP

New identity of
nurse educator
and
dual Continuing
Professional
Development

Induction development & vision/mission
Policies/procedures/training (PGC)
Mentors from nurse education CoP
Culture and climate
Expectations setting

Key:

Time

Induction requirement

Professional skills and knowledge of expert nurse

Expert nurses in the UK have clinical backgrounds, and hold a professional qualification from degree to PhD level and professional registration with the NMC (NMC, 2008). The NMC places demands on nurses to maintain credibility of their clinical practitioner role through clinical updates of evidence-based practice, which they must demonstrate evidence of every three years to ensure their continued registration and competence. Clearly, their professional skills and knowledge depend on their education, experience and the working environment in which they practise (or have practised). Where these three factors come together, they can enable a self-sustaining culture – a community of practice – to become established, developing values that can lead to the growth of nursing expertise (McHugh & Lake, 2010).

Nursing professional CoP

Within the nursing profession, CoPs advance clinical knowledge through change and reform of current clinical practice (Andrew & Ferguson, 2008, Burrell *et al.*, 2009). The systematic review of CoPs within the health care sector by Ranmuthugala *et al.* (2011) reported that changes in established CoPs resulted from sharing knowledge and information through learning and by promoting research evidence within clinical practice. Nursing CoP members interact mainly through face-to-face contact in the workplace, or through email or other web-based communication; clearly, this contact can also be extended to include other professional groups (Ranmuthugala *et al.*, 2011).

Nurse education CoP

Within this section of the framework, the focus is on nurse educators developing their identity through gaining knowledge and understanding of the culture of HE, through shared learning and development in such topics as curriculum design, pedagogies, and stakeholder engagement. This involves understanding the workplace culture at micro and meso levels, and the culture of the organisation itself, and how it recognises and responds to external factors such as government policies affecting universities at the macro level.

Dual CoPs as a nurse educator

New lecturers still need to maintain their first order profession as an expert nurse, at the same time as being a novice in their new role, in order to maintain their credibility as a nurse lecturer. Keeping both identities simultaneously is challenging

the longer the nurse lecturer is working in education; and over time the balance changes as successful educators move further (but not completely) away from their community of practice as an expert nurse, whether this movement is performed consciously or not (Bathmaker & Avis, 2005).

Partial transition

Nurse lecturers do not fully transition into their new role: they always have a foot in both camps as a practitioner and an educator. They must understand their new environment and culture at several levels: the macro context (which covers political and legal frameworks that impact on HE, such as fees and changes in funding, educational league tables, the Research Excellence Framework, and the Teaching Excellence Framework); the meso context (which includes the organisational culture, university policies and procedures, declarations of corporate vision and mission, mentoring strategies, and performance management); and the micro context (which focuses upon the nursing department down to the level of individual and small group interactions through shared learning).

Induction development and vision, mission of the university

Through induction development, the vision and mission of the university are shared. The policies and procedures of the university are introduced, and training of new lecturers is enabled through awarding of Postgraduate Certificates in Education and provision of a mentor. Ideally, a culture of learning and support is provided for new lecturers, allowing them to meet and work with experienced lecturers in a CoP.

New identity for nurse educator, and dual continuing professional development

This section covers the new identity of the nurse lecturer as they become more established on their academic trajectory, enhancing their skills as lecturers or developing as early career researchers; however, they still need to maintain their identity as a nurse to gain and maintain credibility within the discipline. Both the nursing and nurse education aspects of their profession must maintain their skills and knowledge, and advance scholarly activity within both CoPs (Wenger *et al.*, 2002).

5.7   Significance of the study

With the current nursing, academic workforce ageing, its renewal rate is likely to increase. New nursing lecturers face the challenges of modern healthcare,

preparing graduate nurses to deal with complex healthcare systems in which nurses will need to think, make decisions in uncertain situations, take risks, facilitate change, and communicate effectively (Reilly *et al.*, 2014). At the same time, nurse educators need to conduct research to advance the discipline of nursing, and provide on-going professional development programmes for existing healthcare staff to maintain their competencies and meet the needs of our health systems (Willis Commission, 2012).

The findings of this study, although limited to one faculty at one university, provide guidance on how best to promote and support new nurse lecturers in HE. This study acknowledges the importance of induction in welcoming new nurse lecturers, recognising them as part of the wider community of the university, the faculty and the department, and in being part of a CoP of nurse academics who share a passion or common purpose (domain). The study also recognises that for them to deliver registered nursing programmes, they need to maintain their membership of the CoP of nurses in order to remain upskilled and registered as a nurse lecturer.

The strength of any department, faculty and university is dependent on how effectively the staff are supported and developed (Bédard, Clément, & Taylor, 2010). Focusing on the student experiences and attrition rates is important in the university, but we equally need to have similar considerations for new nurse lecturers, recognising the challenges they face as they come to terms with the multi-dimensional nature of their role. Nurse lecturers in this study articulated dual identities which, at this early stage in their new roles, appeared to be influenced more by their nursing careers than the academic culture of their departments. The study identified that new nurse lecturers found their VL experiences gave them false expectations of the role and that existing staff expected more from them. This created challenges for new and established staff. The study therefore reinforced findings from other studies, showing the need for adequate preparation, support systems, mentorship, and induction in establishing their new identity as nurse academics (Andrew & Robb, 2011; Boyd & Lawley, 2009; Smith & Boyd, 2012). The study also highlighted the challenges of working across different sites: each had its own culture, and its own CoP, which participants found difficult to engage with (though some more than others).

5.8 Contributions to practice

The study contends that new nurse lecturers need to maintain dual CoPs, of both a nurse and a nurse lecturer, in order to maintain their credibility as a nurse lecturer and their registration with the NMC. This therefore needs to be considered in induction programmes.

In recognising the challenges of maintaining dual CoPs for nurse lecturers, it is also recognised that they must meet the dual professional development needs of both professions.

An induction framework, figure 5, incorporating this partial transition has been developed, recognising how the new lecturers are not fully transitioned into the role as they maintain their former identity and CoP membership as a nurse practitioner. This new framework considers the macro, meso and micro contexts within higher education, and recognises how the identity of new lecturers is influenced, considering the political and economic landscape, including markets, competition and consumer choice. The revised induction framework, figure 6 (below), focuses further on the induction process and its application to practitioners. These are the practical outcomes that can be evaluated and monitored:

- Facilitator-led workshops for new staff, providing them with resources, online material.
- Short term CoPs providing face-to-face contact.
- Long term online CoPs for new staff to keep in touch and share information.
- Timetabled hours for mentor and facilitator.

The senior managing group of the faculty supported the findings from the study: the first workshop based on these principles was delivered in February 2018.

Figure 6: Revised model of induction framework showing application to practitioners

Partial transition at macro, meso & micro levels
New nurse lecturer required to demonstrate mastery and maintenance of skills, knowledge and understanding of both CoPs

Professional skills and knowledge of expert nurse

Nursing professional CoP

Dual CoPs of nurse educator

Nurse education CoP

New identity of nurse educator and dual Continuing Professional Development

Application for practitioners
Facilitator-led workshops for new staff.
Short term CoPs providing face-to-face contact
Long term online CoPs for new staff to keep in touch and share information
Timetabled hours for mentor and facilitator
Workshops, resources, online manuals

BUDGET TIMESCALES

Key:

Time

Induction requirement

5.9 Application of the study and induction framework to practitioners

1. The study found that several participants feared loss of their existing identity as nurses, and perceived that nurse lecturers "don't have that nurse attitude". This study has found that it is important to ensure that this does not happen, and the need therefore is to establish a joint community of practice in which continuing professional development within both professions is jointly maintained (see figure 6).

2. The university did not have established mentoring systems in which established academic staff were trained and updated in supporting new academic staff. New nurse educators from practice expected their mentors to follow similar processes to those that the NMC required of mentors on approved programmes. The confidence of new lecturers is affected by lack of support and feedback. Time needs to be provided by the faculty to facilitate sharing of knowledge through CoPs for new lecturers and trained mentors. Mentors therefore require training with established and clearly identified goals, outcomes and impacts that can be measured and evaluated. Heads of department need to take time to consider how to match mentors with new nurse lecturers, as well as considering how to include mentoring (and training) time within mentors' workloads.

3. The culture of the sites, including the administrative and academic departments, needs to be managed very tightly to gain consistent improvements in the transition process which will provide support for newcomers' roles. The provision of support through adequately prepared mentors is essential for the career development and identity of new nurse lecturers.

4. Official university inductions are not meeting the needs of new nurse lecturers, therefore the provision of resources, including workshops and information on university systems, is needed to support novice nurse lecturers within their new CoP. Heads of department need to take ownership of inductions to ensure that their staff feel welcomed and supported in their new environment. Practical aspects of the role need to be paramount. All new staff will need to have face-to-face contact with heads of department to evaluate university systems and induction; this should be built into their probation period and evaluation.

5.10 Recommendations

Recommendations arising from the study, aimed at supporting new nurse lecturers, include endeavouring to make them feel welcomed and part of the culture of the university and department through socialisation processes within their CoP. This

should include the use of both informal and formal induction provision through development of workshops and written guidance, and through mentorship.

As indicated in the revised induction framework (figure 6), the recommended development of a community of learning, facilitated by online resources, is a priority for new members of staff and particularly for dispersed faculty members. Based on participants' interviews, the researcher has developed an online resource for supporting induction of new staff to the university, providing explanations of terminology used and of assessment processes. A complementary support handbook for both new lecturers and visiting lecturers has also been developed; this is included here as appendix 12. However, new academics will also need to obtain a postgraduate certificate in education as part of their probation. Additionally, depending on when new lecturers commence, they will need to achieve membership of a relatively short-term CoP supporting their transition into the higher education community by the provision of a designated facilitator for new staff and providing workshops related to key areas of experience they require. These include recruitment and student retention, supporting students through their PAT role, understanding university facilities to support students, curriculum design, marking and assessment, and evaluation.

Through their mentor, novices will then transition towards membership of a longer-term CoP to consolidate their teaching knowledge and experience, and exploring the options of undertaking research to influence the discipline of nursing, via networking with colleagues from both practice and academia.

The study also recommends that mentors and facilitators should be allocated with timetabled hours in order to facilitate the integration and development of new staff, recognising the importance that the university places on these roles. The success of these timetabled sessions will be evaluated via qualitative analysis of their action plans/minutes to identify clear outcomes.

Since undertaking this study, the findings have been presented to the faculty's management team. A mentorship programme has now been developed to train established staff wanting to mentor new staff members. It is recommended that the mentorship programme is evaluated and shared with other faculties within the university. Further development of current mentorship systems appears to be a way forward. There is a need to critically review existing models of mentorship, nationally and internationally, to determine best practice. This, too, should be a priority for

attracting and retaining new nurse lecturers in the future; and given an ageing workforce, with many experienced nurse lecturers expected to retire soon, it is an important one.

It would be interesting to revisit the same participants to review their experiences and perceptions and the meaning they now associate with induction processes of new lecturers.

5.11 Limitations and strengths of the study

In reflecting on the processes used for this research study, some limitations and strengths were identified. The importance of these is considered below.

The use and application of the IPA research methodology alongside the theoretical framework of the CoPs permitted rich data to be generated and individual perspectives to be analysed. It delivered a robust and flexible theoretical approach which allowed the narrative to be mutually discovered, via perceptive interpretations and creation of meaning from the perspectives of both the participants and the researcher. One of the strengths of the study was that IPA has previously had limited application to research into the field of new nurse lecturers' induction to HE.

A strength of the study, therefore, as it explores the meaning of new nurse lecturers lived experiences (Patton, 2002) of induction and orientation processes in their transition from practice to working within a multi-sited HEI, is that it is original. This snapshot of eight new lecturers' experience of this phenomenon provides an insight into central aspects of their thinking and meaning-making (Heidegger, 1962/1927), and facilitates reflection on the complex interactive dynamics relevant to that experience. This is the contribution this study makes to new knowledge in this field, as the idiographic nature of IPA allowed the voices of individual participants to be heard. From a practitioner perspective, using IPA provided unique insight into the induction of new nurse lecturers faced with complex multi-site working. The study offered insight into how individuals can benefit from membership of CoPs when sharing knowledge and developing their academic identity.

However, there was a potential for bias within the study relating to motivation to participate. Recruitment was selective of lecturer type, but the invitation was made to all who fitted the inclusion criteria. It must be recognised that those volunteers were not screened to eliminate negative biases towards their induction processes, and therefore I cannot exclude such effects on the outcomes. Due to the small

sample size, the findings from this study are not generalisable; rather, they are of their time and place. The study's, purpose, however, was not to gain knowledge that could be generalised; it was to provide in-depth knowledge regarding the phenomenon under investigation. This study therefore provided a voice for new lecturers in one HEI relating to their induction and orientation experiences in higher education.

There was no balance in relation to other ethnic groups or gender of participants, as recommended by O'Neil (2008), as all participants who volunteered were female and from the same ethnic background. Nursing generally tends to be viewed as a female orientated profession, which is reflected in the number of female nurse academics available for this study. It would, however, have been useful to hear male academics' voices, experiences and perceptions, and nurses from other ethnic groups. The researcher acknowledges that not having male nurse lecturers and lecturers from other ethnic groups, who might have had different experiences, was a limitation of this study.

It is also important to acknowledge that the three main themes identified and developed within this study came from the researcher's analysis and interpretation. Another researcher with a different interest and different beliefs might have interpreted the transcripts in a different way. Reflexivity is an essential element for qualitative researchers for recognising personal biases and preventing unwarranted judgements occurring in the study (Dowling, 2006). Equally, self-awareness is an important aspect of conducting an IPA study, in understanding ourselves and the research effectively (Clancy, 2013).

5.12 Future research

Providing mentoring programmes for new academics in higher education institutions has been shown to increase retention and improve the sense of community and professionalism amongst their faculty staff (Nick *et al.*, 2012). The researcher therefore proposes a further investigation within a cross-disciplinary context in the university, examining the benefits of a formal workplace mentoring programme, and using the concept of CoPs as a vehicle to develop practice through solving problems, seeking experience, and discussing developments.

It would be interesting to see if the super-ordinate and sub-ordinate themes elucidated from this research can be seen in other academic disciplines, or if they are particular to nursing or clinical practice. It may be that vocational professions

such as nursing and the professional identity this generates provide a background for a more complicated transition into academia than other practice related disciplines.

Finally, a useful research study could investigate the benefits and challenges of new staff working across multi-sites and accessing support systems to develop their role as an academic.

5.13 Reflexivity

IPA acknowledges the subjective role of the researcher within the context of a reflexive stance (Smith *et al.*, 2009). A reflective dairy was kept, into which areas of bias and influence were expressed, therefore enabling the researcher to become a reflective researcher (J. Willis, 2007). The researcher engaged this reflexivity throughout the research process to ensure she was aware of any personal bias from her experience which might influence the study. The researcher's lens as a deputy head of department had the potential to considerably shape her engagement with the data. The researcher's experience of orientation and induction processes helped frame and filter her responses to the information produced, and inevitably impacted upon her focus on specific aspects of findings.

Initially, one of the researcher's preconceptions was the potential impact of role differentials between herself and some of the participants. The researcher had anticipated that some participants might have found it difficult to talk openly about their beliefs, values and experiences. This might have threatened the truthfulness of the study. The researcher understands the important role she played in this research, in that she was an integral part of the interview process. She acknowledges that her contribution and presence could have influenced the perceptions that the new lecturers expressed. The researcher was therefore conscious in carefully selecting words within the interviews, and to reflect after each interview in order to inform the approach to the next one; for example, after Janet's interview when she discussed how she had been given a programme to lead when she first started with no experience of working in HE. During the research study, particularly when striving for data collection and analysis, the reflective diary was useful, particularly as the researcher built time into the interview schedule to reflect on the interview, becoming a reflective researcher (Willis, 2012).

Whilst reflecting upon her own thoughts, values, feelings, biases and reactions to the participants' stories, the researcher often felt angry with those individuals who

had a negative impact on the participants. Each participant had started this new career with great sacrifice and motivation to succeed in their role, but the support they sought from experienced colleagues was often met with ambivalence and unrealistic expectations of them. The researcher felt disappointed that many of these 'expert lecturers' and administrators had no concept how their reactions or lack of interventions affected the participants. Thus, the researcher found herself being empathetic to the participants and quickly aligned with them, particularly as she could still remember how it had felt when she had started in a new role and the staff had not been very forthcoming with knowledge and information she needed for her own learning. To that end, the researcher found herself asking the interview questions with caution, often not engaging in as much follow-up questioning as she wanted to, as she was so concerned about ensuring that participants had the space they needed to fully express themselves. However, given the researcher's awareness of her hesitance and reluctance to impose too much of her own research agenda or history upon the participants, she acknowledges this as a limitation of the study. The researcher also realises that she gave these eight participants an opportunity to share their stories without restriction or restraint; this made the researcher very appreciative that they felt they could be honest and open with her.

Another point of reflection for the researcher was around her role as researcher. The researcher was primarily a deputy head of department, mostly dealing with operational issues and supporting staff, but also providing motivational training to clinicians. She initially found it difficult to remove her manager's/lecturer's hat and replace it with a researcher's hat. The researcher did this throughout the interviews by utilising her experience of delivering motivational interviewing to clinicians using basic micro-counselling skills, such as reflection of content and feeling, paraphrasing, and summarising. These skills were used, not to facilitate a therapeutic relationship, but to foster trust and relay the researcher's understanding that she had taken in what participants had said. The researcher views the use of these skills as a strength, because they allowed her opportunities to check with participants and ensure that she had accurately heard both the content and the underlying emotion; but if she was mistaken, there was then an opportunity for clarification or correction that only served to enhance validity.

In writing a personal reflective diary, the researcher expressed previous and current knowledge of practice (Butler-Kisber, 2010) and of being a new lecturer. Although it had been over 10 years since she had started as a lecturer, it still provided her with

significant memories. By conveying this experience through writing, it enabled the researcher to determine previous knowledge and highlight potential biases (Whittaker & Williamson, 2011). During the design phase of the study, recruitment of the sample was also deliberated upon in relation to reflexivity in terms of not introducing bias (Wood & Ross-Kerr, 2011). An example of an extract from the researcher's reflective diary is included below:

> *Reflective diary: 05/02/17*
>
> Although there was limited research investigating new nurse educators' induction to HE, from undertaking the literature review my understanding of this topic area increased. Undoubtedly my preconceptions were changed, however, I was mindful not to return to the literature during the analysis process. In ensuring openness and that my interpretations were from the data. I repeatedly found myself listening to the audio-recordings, re reading the transcripts and allowing time between the different transcript. I attempted to approach every new transcript as if the first, however, I found myself making connections. New understanding and experiences emerged. Following reflection on the time it took to analyse data using IPA from the pilot study, I still found myself unprepared how time-consuming the process would be. I was concerned in not losing the level of depth of experiences, when moving from exploration commenting to emergent themes.

5.14 Final thoughts

For professional nurses, and similarly other healthcare professionals, the pathway to becoming a nurse lecturer in HE is different from that of other academic posts, which academics typically enter via undertaking a doctoral study linked to disciplinary research (Smith & Boyd, 2012). Becoming a nurse lecturer is often regarded as a mid-career decision as observed in Smith and Boyd's 2012 study. Transition has been identified as complex (Hurst, 2010), and this is particularly shown by nurse lecturers having to balance the professional development needs of their nursing professional regulatory body (NMC), and their academic requirements for teaching, scholarly activity and research.

Effective induction programmes have been shown to increase employee satisfaction and retention (McKersie, 2003). This study has highlighted a lack of standardised, formal induction systems provided by the wider university, and the need for faculties to develop and lead their own tailored inductions. Induction programmes should include an informational resource for new staff, including visiting lecturers; this can be supported with written information to provide a reference guide – for example, this study's participants highlighted the need for an 'A to Z handbook' for new nurse lecturers.

This study has provided valuable information to the educational institution, adding to the limited evidence base supporting new nurse lecturers' induction and orientation during their transition to higher education. The head of department is viewed an important role in ensuring that induction systems are implemented, new lecturers are orientated into the department and the faculty, and the development of CoP networks is supported. Mentorship programmes have been shown to provide an effective support system; however, clear roles and responsibilities need to be formally confirmed if they are to be more effective.

We now have the opportunity to facilitate development of a strong and powerful CoP, within the faculty and university, enabling new and established members to work together to improve the quality of induction support. Since the study, an induction pack and supervision workshops for new nurse lecturers have been introduced to aid their development as members of a CoP. Both these are currently being piloted within the faculty and data from the pilot will provide information for evaluating this work. After sharing the findings from the study with staff from the Human Resources department, they have invited the researcher to a meeting to review the formal induction and probation of new lecturers joining the university.

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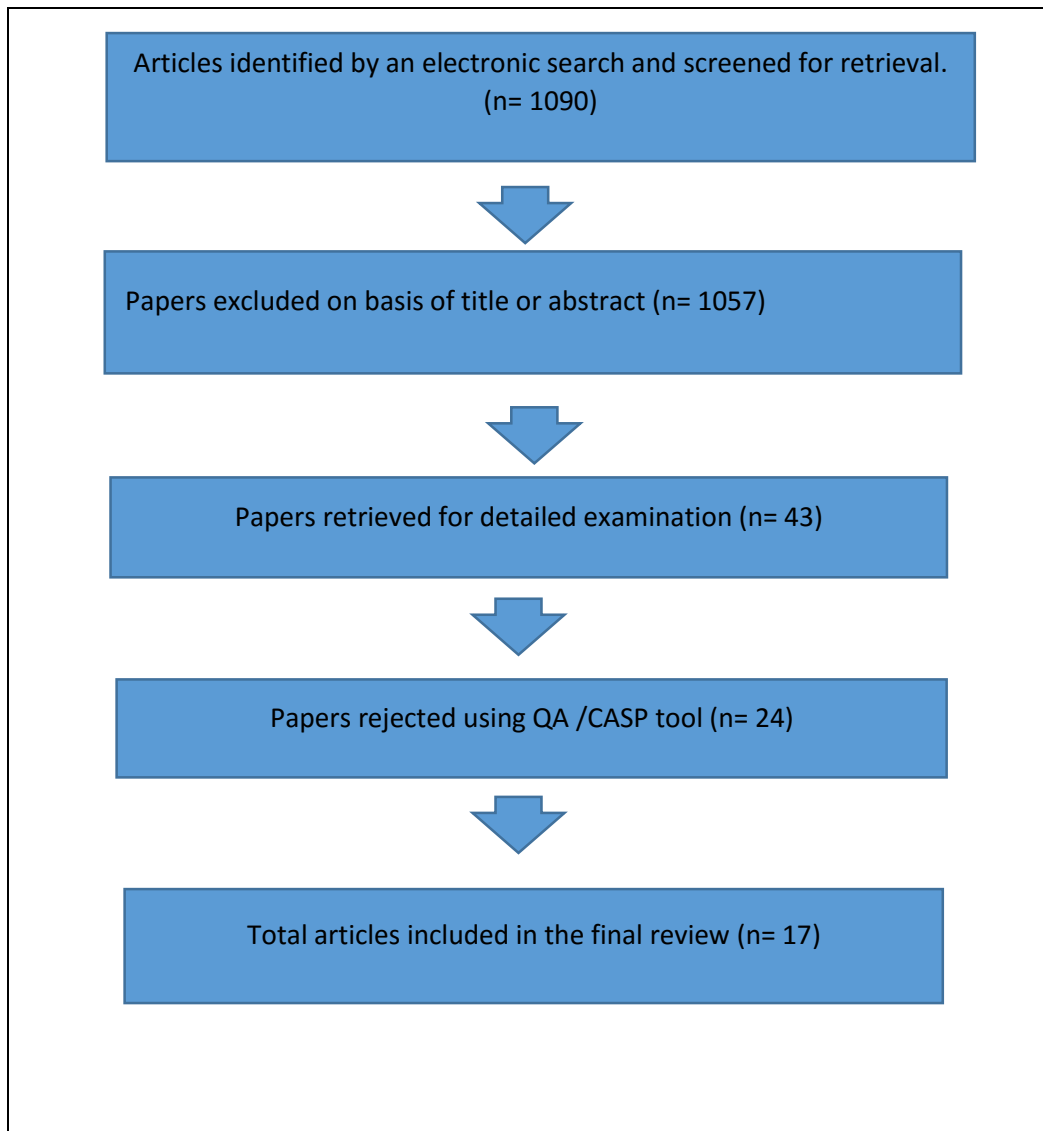
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Appendix 1: Search strategy

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│                                                          122  │
│   ┌───────────────────────────────────────────────────────┐  │
│   │  Articles identified by an electronic search and      │  │
│   │  screened for retrieval.                              │  │
│   │  (n= 1090)                                            │  │
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│   │  Papers excluded on basis of title or abstract        │  │
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│   │  Papers retrieved for detailed examination (n= 43)    │  │
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│   │  Papers rejected using QA /CASP tool (n= 24)          │  │
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│   │  Total articles included in the final review (n= 17)  │  │
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Appendix 2: Summary of key research studies relating to induction of new lecturers into higher education

Authors	Aims of study	Sample	Design/methods	Findings/conclusions
Anderson (2009)	To describe, explain work role transition from clinical experts to novice nurse academics.	18 nurse academics	Descriptive, explanatory	Clinical experts find multiple patterns of work-role transition, consideration required prior to commencing academia. Requirement for support, including psychological support.
Boyd & Lawley (2009)	To explore experiences of nurses recently appointed as lecturers in higher education.	9 new academics	Qualitative enquiry using semi-structured interviews	Newly appointed lecturers identified the need for support in adopting a more critical stance towards their new professional identity. Recognition of the need to understand induction and workplace learning, action needed for instructional context at individual level and at the level of the workplace team.
Boyd (2010)	To explore experiences of new lecturers within teacher and nurse education.	9 new teacher educators 9 new nurse lecturers	Case study	Differences between responses although similarities shared: transition challenging, and confusing workplace tensions within role. Importance of maintaining credibility of first order profession.
Cangelosi (2014)	To explore experiences and challenges novice nurses encounter.	20 new nurse lecturers	Phenomenological study	Frustrations due to lack of structure and support from mentors who were unavailable.
Dempsey (2007)	To explore the experience of role transition from clinical nurse to nurse academic.	6 nurse academics	Descriptive, qualitative	Transition stressful, pressures from colleagues, limited educational preparation, and orientation to university structures hindered role transition. Relevance of induction/probation processes, requirement to assess individual learning needs.
Dieklemann (2004)	To explore the stories of experienced practitioners as new faculty members.	12 new nurse academics	Qualitative approach	New academics experience culture shock on joining academic community and may struggle to come to terms with what is effectively a career change.

Authors	Aims of study	Sample	Design/methods	Findings/conclusions
Eller, Lev, & Feurer (2013)	To explore key components of effective mentoring relationships.	117 mentor-protégé dyads	Qualitative study, part of a larger intervention study	Eight key themes of effective mentoring relationship found: (1) open communication and accessibility; (2) goals and challenges; (3) passion and inspiration; (4) caring relationship; (5) mutual respect and trust; (6) exchange of knowledge; (7) independence and collaboration; (8) role modelling. Modifying mentoring behaviours can strengthen the mentor-protégé relationship to ensure positive outcomes of the learning process.
Hina (2014)	To assess effectiveness of orientation programmes for male and female faculty employees.	Participants from 21 HEIs 350 faculty members	Quantitative approach, descriptive type research questionnaire	No significant difference reported between genders. Universities to work in collaboration to improve orientation, the significance of existing staff providing a welcoming attitude, further support systems available through mentoring and training.
Hurst (2010)	To investigate how physiotherapists managed the transition from clinical practice into academia.	8 new physiotherapy academics	Qualitative, interpretative	Participants felt inadequacy and uncertainty, with socialisation into the role taking between 1.5 and 3 years. The need for effective induction strategies was highlighted.
Jawitz (2007)	To explore nature of academic identity formation within a Department of Design.	9 new academics from Department of Design	Case study	The complex relationship between identity construction and participation in teaching, research and professional practice defined the academic field in the Department of Design. Academic identity contested despite the professional CoP.
Klein & Weaver (2000)	To evaluate the impact of formal organisational orientation programmes.	116 new educational staff	Quasi-experimental field study	Those socialised through attending orientation programme had significantly higher levels of commitment to the organisation.

Authors	Aims of study	Sample	Design/methods	Findings/conclusions
McArthur-Rouse (2007).	To explore experiences of new academic staff, their difficulties in adapting to their new role, and ways the transition process can be facilitated.	6 new nurse academics	Qualitative approach using semi-structured individual interviews	Participants found a lack of understanding of functions within the organisation, lack of clarity of role, insufficient guidance on teaching, mentorship variable. Transition from expert practitioner to novice lecturer problematic. Need for introduction of robust mentoring system, specific preparation for mentors, and a positive departmental learning culture.
Ragsdale & Mueller (2005)	To evaluate effectiveness of nursing orientation programme.	35 new employees	Qualitative study	Short formal organisational orientation was not effective for the first year in a new job. Preparation for new roles was found to positively impact on the transition process.
Siler & Kleiner (2001)	To gain a common understanding of the new academic's experience.	6 new nurse lecturers 6 experienced academics	Phenomenological study	Inadequate preparation: participants reported the language, practices, culture and workload different than anticipated, unstructured orientation and preceptorship.
Singh, Pilkington, & Patrick (2014)	To gain a deeper understanding of empowering work environments, and mentoring experiences.	45 new nurse academics	Mixed methods study combining an online survey and semi-structured interviews	Did not receive adequate support to succeed in roles. Need to evaluate different mentorship models to determine the best fit for nursing academia.
Staniforth & Harland (2006)	To examine the induction experiences of new academic staff and the role of their head of department.	9 new academics 9 heads of department (HoDs)	Qualitative study	Lacked understanding of role, perceptions of induction process different amongst heads and new lecturers. HoDs protecting new staff from excessive workload. New staff restricted in engaging with wider university activities.
Trowler & Knight (2000)	To identify points which are persistently problematic in the transition into full-time academic life.	24 new academics	Structured interviews	Activity system theory, idea of communities of practice contributed to fuller and more coherent position. Value of these two notions as heuristics can evoke fresh understandings of higher education practices.

Appendix 3: Parallels between practice and identity

Practice	Identity
Negotiation of meaning The process by which we experience the world and our engagement in it as meaningful.	*Negotiated experience of self* We define who we are by the ways we experience ourselves through participation, as well as by the ways we and others reify ourselves.
Community Social configurations in which our enterprises are defined as worth pursuing and our participation is recognisable as competence.	*Membership* We define who we are by the familiar and the unfamiliar.
Shared history of learning A combination of participation and reification intertwined over time.	*Learning trajectory* We define who we are by where we have been and where we are going.
Boundary and landscape Lines of distinction between inside and outside, membership and non-membership, inclusion and exclusion.	*Nexus of multi-membership* We define who we are by the ways we reconcile our various forms of membership into one identity.
Constellations Groups of interconnected communities of practice.	*Belonging defined globally, but experienced locally* We define who we are by negotiating local ways of belonging to broader constellations and by manifesting broader styles and discourses.

(Source: Wenger, 1998, p.150)

Appendix 4: Letter of introduction to participants

Academic induction: Perceptions of newly appointed university lecturers in nurse education: An interpretive phenomenological inquiry

Dear colleague

I am a doctoral student at the University of Chester pursuing a Doctorate of Professional Studies. The purpose of my thesis research is to develop an in-depth understanding of how new lecturers in nurse education, experience their induction from their transition in clinical practice to working in the university. The purpose of the study is through understanding perceptions of staff this will help support appropriate strategies, to improve transition and quality of provision for the induction and orientation of newly appointed lecturers in nurse education in their transition into higher education.

You have been identified as a faculty member who meets the criteria for this study. If you are willing to participate, I would like to schedule an interview with you. This process should take about one hour of your time at a location of your choosing. An informed consent document will be provided to you, and your identity will be kept confidential.

Participation is completely voluntary. However, if you are willing to assist with this study, please email me at the email address below by ....or feel free to contact me by phone. If you wish to discuss the research or if you have any further questions, please feel free to contact me.

Thank you for your time and consideration

Helen Carr
Researcher

Deputy Head-Community Health and Wellbeing
Faculty of Health and Social Care
University of Chester
Clatterbridge Hospital
Wirral
CH63 4JY

Appendix 5: Participant information sheet

Academic induction: Perceptions of newly appointed university lecturers in nurse education: An interpretive phenomenological inquiry

Dear colleague

As you are aware I am currently involved in a research study aimed at exploring the induction and orientation of nurse educators new into academia in working in university. I would like to invite you to take part in this research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully. Please talk to others about the study if you wish.

What is the purpose of the study?
The aim of this study is to develop a clearer understanding of the induction and orientation needs of new nurse educators within the university

Why have I been chosen?
As you are a new nurse educator you have been invited to participate in a semi-structured interview to discuss your perceptions on the induction and orientation needs for new nurse educators in working in the university.

Do I have to take part?
To take part in this research study is entirely voluntary. If you do decide to take part in the study you will be given this information sheet to keep and be asked to sign a consent form to record the interview as per faculty protocol

You are free to withdraw at any time and without giving a reason up to 2 weeks after interview. A decision to withdraw at any time, or a decision not to take part, will not affect your job or your role.

What will happen if I decide to take part in the study?
You will be contacted to arrange a suitable time to undertake one interview.
The interview will take place at the University of Chester at one of the university sites that is convenient for you.

It is anticipated that the interview will take approximately 30 to 45 minutes.

Will my taking part in this study be kept confidential?
All information about your participation in this study will be kept confidential. Anonymity and confidentiality are seen as important in this. The researcher will keep only the raw data which will be coded transcripts and will ensure that no faculty staff or managers have any access to the data. Furthermore, all the study data will be retained for 10 years and kept stored at all times in a secure and fire protected facility and safeguarded in accordance with the University of Chester guidelines on retention and storage of research data (2010). Confidentiality and anonymity will be ensured by using codes as opposed to names when recording interviews and by destruction of the tapes on completion of the study.

What will happen if I don't want to carry on with the study?
You can withdraw from the study at any time up to 2 weeks after the interview all data will be destroyed immediately.

Concerns regarding the study
If you have any questions about the study, please feel free to contact me on: 01925534057 If you feel that you have been unfairly treated throughout the study and wish to make a complaint then please contact Professor Annette McIntosh-Scott (Executive Dean), Faculty of Health & Social Care, University of Chester, Riverside Campus, Castle Drive, Chester, CH1 1SL Tel: 01244-511000 Ext 3386.

Contact details:
If you require any further information about this study, please do not hesitate to contact me at the contact details below.

Thank you for considering taking part or taking the time to read this sheet

Yours truly

Helen Carr

Deputy Head-Public Health and Wellbeing
Faculty of Health and Social Care
University of Chester
Clatterbridge Hospital
Clatterbridge Road
Bebington
Wirral
CH63 4JY
Tel: 01925 534057
Mob: 07824867268

Appendix 6: The participants – a descriptive summary

In chapter 3, table 7 provided an overview of the participants' demographics. This section will introduce the reader to the participants' stories, allowing them to represent themselves (Smith *et al.*, 2009); the purpose of this is to contribute context and transparency for the reader.

Brenda
Brenda qualified as a registered sick children's nurse, has a MSc Professional Nursing qualification, and has worked in both acute and community settings. She is married with two children, but took time out of her career to care for them. Both children are now in full time education which has allowed Brenda to return to work part time whilst maintaining her child care commitments. She has worked as a VL and currently works part time as a nurse educator. She is undertaking her Postgraduate Certificate in Education.

Diane
Diane is married with two grown-up children, one of whom is still living at home. She has worked as a community midwife and a health visitor in the community for twenty-seven years, and been a practice teacher for health visiting students. She has a BSc degree, and holds a Specialist Community Public Health Nurse/Health Visiting qualification and a Master's in Education (MEd). Diane is currently undertaking a doctoral programme in Health and Social Care at the University. She also worked as a part time VL for two years, before coming into HE full time. She has undertaken numerous courses as a specialist community public health nurse to develop her specialism.

Hannah
Hannah is married and has worked in the community in a district nursing team. She completed her MSc Specialist Community Public Health Nursing/Health Visiting, and worked in the community as a health visitor for two years. Hannah won a PhD scholarship, and worked part time as a VL. Hannah now works full time as a senior lecturer and has also completed her Post Graduate Diploma in Education.

Linda
Linda is married and worked as a healthcare assistant, then completed her nurse training as a learning disability nurse. She obtained her BSc Specialist Community Nursing/Learning Disability qualification, and worked in the community as a specialist learning disability nurse for five years. She was a nurse mentor and did

some VL work in her role before working full time as a nurse educator in learning disability. Linda is currently undertaking her MEd, and (along with her colleagues) successfully submitted a bid for a small research grant.

Lorna
Lorna, who is married with two children, has predominately worked in acute specialist children's units across the North West of England, and was a ward manager for five years. She has worked as a visiting lecturer (VL) on and off for three years, delivering specialist teaching sessions at different universities. She has a BSc Sick Children's Nursing qualification and mentorship certification. She has primarily mentored undergraduate student nurses. Lorna has recently completed her Post Graduate Diploma in Education, and is planning to continue to a full master's programme (MEd) as soon as possible.

Janet
Janet, who is married with one son, is a registered mental health nurse and has an MSc Professional Studies. She has recently completed her Post Graduate Diploma in Education. Before starting in HE, she worked for the local authority for three years managing a small team, and provided training courses for local authority staff across different areas. Previously, Janet worked as a ward manager on a mental health unit.

Jenny
Jenny is married with three young children who are in full time education. She has worked in both acute and community settings as a registered nurse. Jenny completed her MSc Specialist Community Public Health Nursing/Health Visiting programme and worked as a health visitor for three years, and as a VL before coming into HE. She is currently undertaking her Post Graduate Diploma in Education.

Tracey
Tracey is married with two children and previously worked as a qualified science teacher in a secondary school before changing her career to nursing. She worked on various acute wards before starting eight years' work as an intensive care nurse. Tracey mentored student nurses and delivered teaching sessions at the university as a VL for adult nurse students. Tracey is currently undertaking her MEd.

Appendix 7: Example of extract from transcript analysis (*Lorna*)

Exploratory comments		Emergent themes
Establish level of knowledge	**Interviewer:** Could you please tell me about your prior experience before coming into nurse education?	
Expert practitioner in the NHS from novice to expert VL experience	**Participant 1:** I'm a children's nurse *[pause]* qualified in ninety-five and predominantly from qualifying as a children's nurse my background's acute nursing. So, I did a year in children's A&E and then about thirteen/fourteen years in paediatric intensive care at xxxxxxxx So I was a senior sister at xxxxxxx Children's on intensive care. I was also doing some Visiting Lecturing at xxxxxx University.	Expert practitioner. Community of Practice paediatric intensive care
	Interviewer: Can you tell me a bit more of your Visiting Lecturer role?	Experience of visiting lecturer role
Was motivated to do VL	**Participant 1**: I was asked to deliver some teaching sessions in my own specialist area. I knew the person that was running a module and she was also a lecturer practitioner on the unit. So, I started off and I was keen! You know, I was actively involved in students when I worked there.	Motivated to be a visiting lecturer
	Interviewer: OK.	Involved with students in practice
Visiting lecturer role prompted to think of a career change	**Participant 1**: So I was keen to get involved in teaching so I did that and then that led me into doing some other sessions at the University there which made me think about a career in Higher education.	Motivated. Career change influenced by visiting lecturer work
	Interviewer: So, you were already thinking of a career change?	
PEF role link to University. Long term plan to be involved in teaching.	**Participant 1**: Yes when I had got my role as a Practice Education Facilitator here, obviously I sort of erm…was keen to get involved in doing sort of more teaching and stuff because I always knew that education was kind of what I wanted to get involved in. So, I started then doing some.…VL stuff here.	Practice Educator Facilitator role and visiting lecturer role linked to University

	Interviewer: So what was your expectations of your lecture role?	
Visiting lecturer role lead to unrealistic expectations. role	**Participant:** I thought it would be very much like the VL work… [which] prepares you … for the teaching element of the role… that leads you to think… only bit of the role… but that's it, really isn't it? In a way, it kind of gives you a false impression…	<mark>Visiting lecturer role, false impression of lecturer role</mark>
Had some knowledge of practical aspect from PEF role.	**Interviewer:** Can you expand on this? **Participant 1:** Yeah, I knew …I mean I knew from the PEF role that there were other aspects but not sure as my area was supporting students in practice. I had less idea really about other elements of the role than about delivering teaching side of it.	<mark>Lack of clear expectation of role. Unprepared.</mark>
Limited experiences realisation	**Interviewer:** OK. So, how's the experience becoming actually a nurse lecturer been for you, maybe considering positive or any challenges maybe?	<mark>University contextual influences different beast compared to the NHS</mark>
Challenged by the different culture of university systems	**Participant 1:** …I think it's just such a very different organisation, you know, it is a very different beast than working in the NHS. **Interviewer:** Could you expand on this?	
Complicated influences, new community of practice	**Participant 1:** …it takes a lot of getting used to, you know, and the organisation…you know, even within changing hospitals I've worked at, but a lot of the management, a lot of the processes, …you know, structures, organisational kind of systems and that have different names but they're essentially the same or certainly coming from some sort of theme I suppose (*pause*).	University <mark>systems different structures influences</mark> Challenging
Not prepared for the different systems, processes, challenging compared to NHS systems anxious!	So… you come here and it's just… you've no idea really… so that's quite… quite difficult, quite challenging really to get to know the… the processes and the …the different structures! **Interviewer:** How did it make you feel?	<mark>Anxious with all differences</mark> Nothing familiar
Welcoming	**Participant 1:** big challenges…as four sites (geographically dispersed) … told different things by different individuals… different culture on each site. The smaller sites… friendlier, [and have a] staff room [where] staff eat together.	Each <mark>site had own culture/ identity</mark> Inconsistency from staff. <mark>Friendly</mark>

Appendix 8: Example of initial table of themes

Theme	Sub-ordinate theme	Quote
Partial transition	Expectations of nurse educator	*I thought it would be very much like the VL work… In a way, it kind of gives you a false impression…* (Lorna)
	Career change	*…this has been a whole career change… I think in my head… I thought I would still be a nurse.* (Jenny)
Dual CoPs	University contextual influences	*…quite difficult, quite challenging really to get to know the processes and the different structures and systems.* (Lorna)
	Location and culture of site	*Every site's different… work in silos… do things slightly differently. …administrators… have to work out who you can ask… some sites are more willing to help than others.* (Hannah)
Introduction	Tick box exercise	*…meeting random people on different sites and ticking them off a list was my induction experience… better to spend a day on each site to get…* (Janet)
	Limited role of mentor	*I did have a mentor assigned to me but… I didn't really see that mentor very often, busy always … There needs to be some guidance for mentors.* (Diane)

Appendix 9: Ethical approval

AIVI/Dn

12th June 2015

Helen Carr
Faculty of Health and Social Care
University of Chester
Clatterbridge Hospital
Clatterbridge Road
Bebington
Wirral
CH63 4JY

Faculty of Health and Social Care

Tel 01244 512600
Fax 01244 511270

Dear Helen

Ethical Approval Granted

FH&SC Ethics Number: RESC0415-615
Course of Study: Doctor of Professional Studies (WBIS)
Supervisor: Prof. Tony Conway
Student Number: 096806964

I am pleased to inform you that the Research Ethics Sub Committee of the Faculty of Health and Social Care approved your project *"Academic induction, perceptions of newly appointed university lectures in nurse education: An interpretive phenomenological inquiry"* on 3rd June 2015.

Approval is subject to the above and following conditions:
1. That you provide a brief report for the sub-committee on the completion of your project.
2. That you inform the sub-committee of any substantive changes to the project.

We approve your application to go forward to the next stage of the approval process. If you are applying to IRAS and require a sponsorship letter and insurance documentation please contact Barbara Holliday.

If you have any questions or require any further assistance please contact Barbara Holliday on 01244 511117 or by email b.holliday@chester.ac.uk

Yours sincerely

Dr. Andrew Mitchell
Chair, Faculty Research Ethics Sub-Committee

cc   Research Knowledge Transfer Office
cc   Academic Supervisor

University of Chester, Riverside, Castle Drive, Chester, CH1 1SL

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Appendix 10: Consent form

Participant identification number for this study:

Title of Project:

Academic induction, perceptions of newly appointed university lecturers in nurse education: An interpretive phenomenological inquiry

Name of Researcher: Helen Carr

Please initial box

1   I confirm that I have read and understand the information sheet dated…….. (Version 1…..) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily

2   I understand that my participation is voluntary and that I am free to withdraw up to when analysis commences without giving any reason

3   I consent to take part in the above study

4   I agree for quotations from my contribution to the research being used in the researchers' thesis and subsequent publications

5   I understand the data will be written up as part of the thesis and I will not be identified in this thesis

6   I understand that I will be contacted when data analysis begins to be advised for the last point to withdraw from the study

7   I give consent for interview to be recorded as per faculty protocol

Name of Participant	Date	Signature
Researcher	Date	Signature

When completed, 1 copy retained by participant; 1 for researcher

Appendix 11: Interview guide

Interview topics, guide/promps

- **Background:** Could you please tell me what your prior experience was before coming into lecturing as a nurse educator

- **Expectations:** What sort of expectations did you have of the role?

- **Experience of the role:** How has the experience of becoming a nurse educator been for you?

    P. Strengths? Key challenges?

- **Induction process**: Could you tell me about any formal or informal induction you had for your new role from the wider university, faculty, and department

    P. Strengths? Key challenges?

- **Support informal/formal**: Could you tell me about your mentoring experience

    P. Strengths? Key challenges?

- **Professional development needs**: What do you think would have helped you settle into the role?

    P. Any opportunities? Challenges

- **Would you like to add anything**?

Thank you

University of Chester

Faculty of Health and Social Care

Support Handbook for New and Visiting Lecturers

07.12.18

Welcome

Congratulations on being appointed as a lecturer in the Faculty of Health and Social Care.

Lecturers play a key role in enabling people from all sections of the community to be included in education and achieve their potential as successful learners and future citizens.

The lecturers' role involves recognising the learning support needs of students, facilitating accessible and inclusive learning and teaching, referring students to specialist services and providing them with on-going guidance and support.

This handbook is for new lecturers and visiting lecturers (VLs) with a substantial input to module and/or programme delivery within the Faculty of Health and Social Care. It is also useful for staff who support and mentor new lecturers and VLs.

The new lecturer or VL can also expect a local induction and an induction checklist (see Appendix 2). It is important that VLs are supported by module and programme leaders.

What does the handbook cover?

The handbook covers the basic points you need to know to contribute substantially to a University of Chester module or programme. If you need to know more about procedures and regulations, detailed information can be found here:
https://ganymede.chester.ac.uk/index.php?page_id=1718611

Roles and responsibilities

What does a programme leader do?

Programme leaders have overall responsibility for the delivery of the programme curriculum, student outcomes and for student engagement. They ensure that procedures and regulations are followed, and can be consulted about processes and general guidance (for example, in relation to marking or students asking for extenuating circumstances). The programme leader can advise on attendance at meetings or other programme level issues.

What does a module leader do?

The module leader is responsible for making sure the module is delivered and assessed in the way it should be, as laid out in the module descriptor.

Module leaders will normally do the teaching and assessment on the module. Sometimes they will need to co-ordinate the inputs of other people (such as VLs and guest lecturers), making sure they know what they are doing, where they are supposed to be and how their contribution fits in with the overarching aims of the module as described in the module descriptor.

The module leader will provide you with information on what should be covered in the module, including a suggested breakdown of what should be taught each week and any available supporting materials.

In delivering all or part of the module it is important that information contained within the module descriptor is adhered to (See Appendix 1 – Working with Module Descriptors). The module leader is also responsible for reflecting on how well the module has gone; this is done at the end of module evaluation. If need be, the module leader will propose improvements for the next time the module is delivered by completing a module report, which is considered at a Programme Committee. The module leader is also responsible for presenting results at the Module Assessment Board. Informal feedback from the module team, including VLs, is always welcome.

What does a module coordinator do?

The role of module coordinator mainly occurs on the Pre-Registration Nursing programme because the programme is delivered across multiple sites. He/she is responsible for coordinating the work of each module leader and for presenting results at the Module Assessment Board.

Acronym and Jargon Buster

AAB: Awards Assessment Board

Alumni: Former students of the University

AQE: Academic Quality and Enhancement

AQSS: Academic Quality Support Services

BoS: Boards of Study

CSU: Chester Students' Union

FYES: First Year Experience Survey

HEA: Higher Education Academy

HEAR: Higher Education Attainment Record

HEFCE: Higher Education Funding Council for England

MAB: Module Assessment Board

NSS: National Student Survey

QAA: Quality Assurance Agency

VC: Vice-Chancellor

Support and resources

All new lecturers and VLs will be set up with a username and password to access the University of Chester Portal (intranet); the module site is then accessed via the e-learning icon.

For each module that you have a substantial input to, we will supply access to the module site on Moodle (the virtual learning environment). This will provide access to:

- The module descriptor

- Suggested week-by-week breakdown of teaching, by whom and with clear timings.

- Any relevant materials that are available

- Assignment briefs

- Marking criteria

- 'Turnitin' icon which students use to submit their assignment.

Training on Moodle is available from Learning and Information Services (LIS). For any technical problems, phone the LIS Helpdesk on 01244 511 234 or 01244 512 345.

Students are encouraged to use online resources. You may set pre- or post-class tasks such as reading: the library website https://portal.chester.ac.uk/LIS/Pages/library-facilities.aspx features several electronic journals and e-books. Most modules have an electronic link to reading lists – this is normally identified on the module site. Please contact the relevant librarian for your subject area before setting reading lists – the librarians can be found through the library website above.

You may also wish to refer students to the study skills information on the website http://ganymede.chester.ac.uk/index.php?page_id=1710923&group=14. In addition, you may want to refer students to guides to avoiding plagiarism https://moodle.chester.ac.uk/course/view.php?id=3821

Staff development

New lecturers and VLs are encouraged to attend staff development sessions and have access to formal training and development programmes. See the Learning and Teaching Institute (LTI) website: https://portal.chester.ac.uk/lti/Pages/default.aspx

Peer Observation of Teaching (POT)

POT is a valuable professional development tool for both the observer and the observed and is a widely recognised reflective method of sharing practice. Each member of the academic and academic-related staff who support student learning is required to observe a colleague's teaching or be observed by a colleague, at least once a year and write a reflective commentary about how this activity will impact on their own teaching. This applies to teaching staff on both full-time and part-time posts and to visiting lecturers.

In the first year of probation for new lecturers, formative teaching observations are conducted within the probationer's Department. Suitable observers could include the

probationary advisor or another experienced colleague. The observations should be recorded and feedback from the observations will form part of the year-end review between the probationer and his/her probationary adviser.

Towards the final year of probation, a summative observation is conducted by the probationary advisor. Guidance notes are available to inform the observation and assessment process at https://ganymede2.chester.ac.uk/view.php?title_id=934469

Support for students with additional learning needs

Undergraduate and postgraduate students at the University of Chester receive Additional Support for Learning Needs (ASLN). An Individual Learning Plan (ILP) for each student with additional learning needs is drawn up by the University of Chester Disability Advisor in association with the student.

Information from the ILP is shared with staff only with permission from the student. Any reasonable adjustments, for example making PowerPoint slides available prior to a class or providing handouts on coloured paper, will be communicated to you by the module leader or programme leader.

Assessment of modules

Unless you have been employed as a module leader, you will not be expected to set assessments; however, you may be involved in administering and marking assessments and providing constructive feedback to students via Grade Mark. Information on Grade Mark is available at https://portal.chester.ac.uk/registryservices/SiteAssets/Pages/onlinesubmission/Grademark%20Guide.pdf

For written assignments, you will have access to the assignment guidelines, and your module leader will provide details of what students should be asked to do and the guidance they should be provided with when the assignment task is given out.

A good idea is for module leaders to use the discussion board on the module site, where students can post questions which the tutor responds to – this allows all students to see the same material.

Marking and moderation

If you are involved in marking assignments, you should expect an orientation to the process and an opportunity to practise mark to allow familiarisation; this will be with a member of staff experienced in the area. The first time you are involved in marking should be in a shadowing capacity. If you are involved in marking, you should adhere to the marking timescale indicated (normally 20 working days for marking and cross-monitoring).

For any written assignment or exam, you must follow the defined marking criteria, which will guide you as you are grading the assignments. The criteria will be linked to the learning outcomes of the module and to the University of Chester grade descriptors. Mark each assignment or exam per the pre-set marking criteria. You should provide a final mark in the form of a percentage.

Anonymous marking	Assessments are marked anonymously. Students are asked to identify themselves only with their student assessment number and never to put their name on their work. This helps to demonstrate that the assessment process is fair and unbiased.
	Some types of assessment cannot be anonymously marked, however, such as oral presentations, performances or OSCEs.
Feedback	For each piece of written work, you must supply typed feedback to the student (via Grade Mark). The feedback should state what was good about the work and how the student could improve it to get a better mark.
Monitoring	A sample of student work for each module will be 'monitored' by another marker from the programme team. This means that a second marker will look over the sample of scripts to confirm that marking is consistent and aligns with the criteria set for the assignment. Your module leader or programme leader will advise you on the moderation procedures.
External Examiner	For all programmes an External Examiner is appointed. This is normally an academic from another university who is an expert in the subject. He or she will also view a sample of work to confirm whether the standards expected of a UK degree have been met. External Examiners are independent and provide an annual report on the quality of the programme
Confirmation of marks	Marks are not confirmed until the work has been checked by both the University of Chester markers and the External Examiner and the official results have been confirmed by the Module Assessment Board. Results are provisional until the full marking and ratification process is complete

Pass mark

To pass a module, a student must achieve:

	Undergraduate	Postgraduate
Overall module mark	40%	40%

If a student does not meet the pass mark, he or she fails the module and has the opportunity for resubmission.

Normally, the student will retake only those components they fail.

For more information on assessment, see the guides available here:

- http://ganymede2.chester.ac.uk/view.php?title_id=933649 (Handbook F)

- For the full regulations, see http://ganymede.chester.ac.uk/index.php?page_id=1718611

Reading, referencing and plagiarism

Students should be encouraged to read a range of resources to research their assignments.

Note that web resources should be used with care. Wikipedia or similar sites used only for preliminary work.

If you are concerned about plagiarism, discuss it with the module leader who will be able to help you read the Turnitin originality report.

If students are unused to writing academic assignments, they may make the following common mistakes:

- Cutting and pasting text from a source (a book or website). This is plagiarism and it is not acceptable, even if the student acknowledges where the text came from. Students must write assignments in their own words and support their statements with references to the sources they have read.

- Forgetting to acknowledge the source from which an idea comes from, even though they have used their own words. This is poor academic practice and students should be marked down for it.

For full information on preventing plagiarism, see
https://portal.chester.ac.uk/registryservices/SiteAssets/Pages/onlinesubmission/Staff%20background%20and%20overview.pdf

For full information on how to cite references within the text of an assignment, see:
https://portal.chester.ac.uk/LIS/Pages/FindingInformation/referencing.aspx

Mitigating circumstances (MC)

Students sometimes have problems that stop them from being able to attend the module or submit work on time, for reasons beyond their control. If a student makes you aware of mitigating circumstances you should direct them to the module or programme leader.

Further guidance regarding University of Chester policies and procedures for mitigating circumstances is available at Handbook F
https://ganymede.chester.ac.uk/index.php?page_id=1719400

In all cases, the student must supply evidence to support their claim for mitigating circumstances.

Quality assurance for programme delivery

University of Chester has procedures that allow programme teams to check that everything is running as well as it should. You will be unlikely to be involved in all these processes, but it is important you are aware of them:

- Module evaluation. Towards the end of the module, each time it runs, feedback is collected from students. The students' feedback is used to help plan any adjustments to the module for the future.

- Programme Committee meetings. It is important that staff on the team get together to share their experiences, act on any institutional initiatives and address any issues that arise. The meetings normally occur three times a year, and the committee has staff and student representation.

- Student-Staff Liaison Meetings. SSLMs are held approximately three times a year and allow students to feed back to programme leaders and staff representatives what is going well on the programme and, when appropriate, whether there are issues that need addressing (e.g. access to texts; timetable issues).

- The Module Assessment Board is a meeting where staff involved in assessment confirm the marks and make sure all students have been treated equitably. Only the Awards Board can decide whether students can progress to the next level.

Personal Academic Tutoring (the PAT system)

University of Chester has a Personal Academic Tutor (PAT) system and all students are assigned a named PAT. As a VL you will advise students about your own module. You will not be expected to help students with their general personal issues. The PAT role is an additional role which does not necessarily relate to the module you are teaching on. However, new lecturers are expected to be a PAT and meet the requirements of the role.
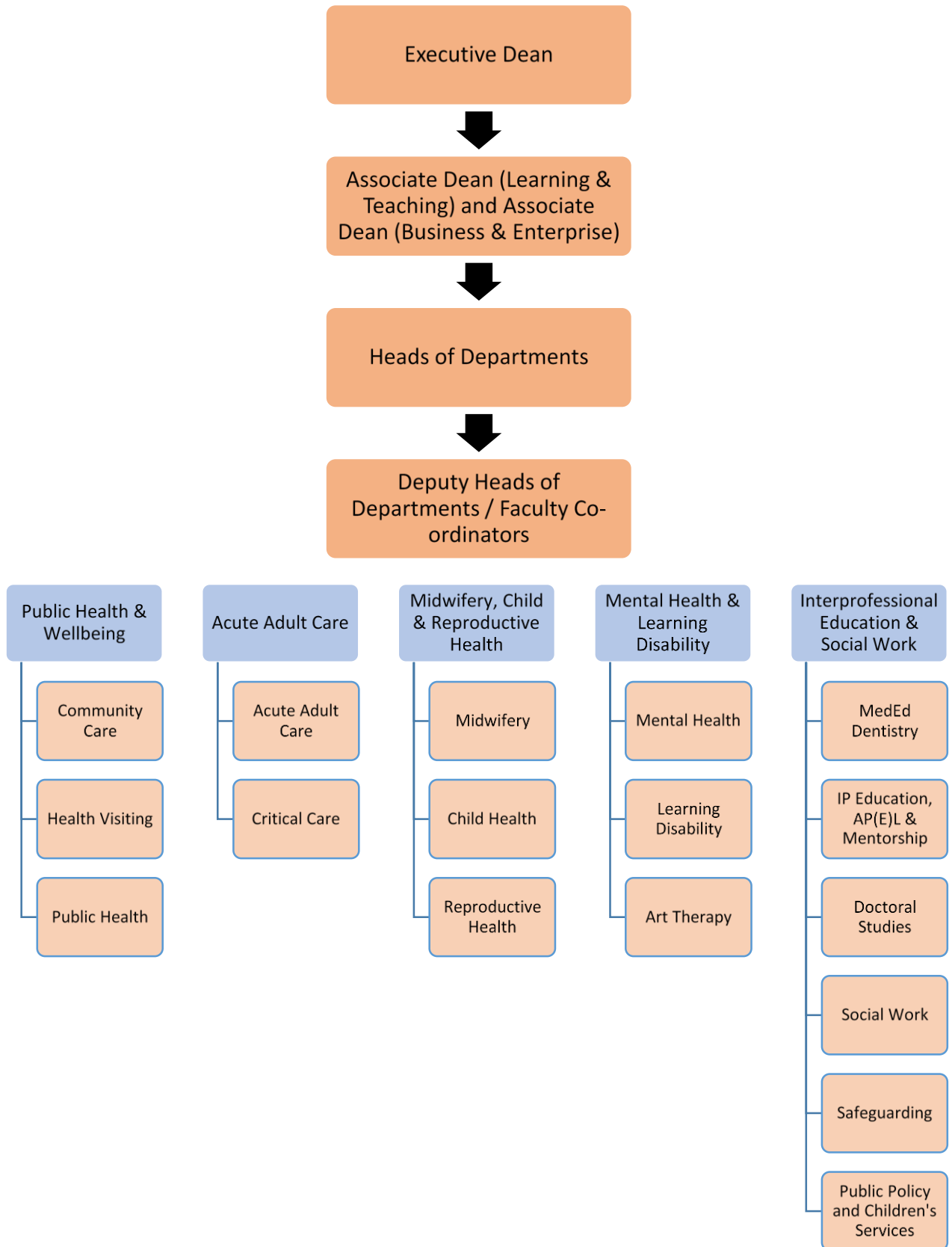
You can see the University of Chester procedures and guidance relating to Personal Academic Tutoring here: https://portal.chester.ac.uk/patpack/Pages/default.aspx

Key contacts at University of Chester

People that you may meet include:

- P rogramme leader – the key contact for programme organisation.

- Module leader and module coordinator as appropriate.

- Programme administrator – can help with student records and assessment arrangement.

Faculty of Health & Social Care Organisation Chart 2015

Executive Dean

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Associate Dean (Learning & Teaching) and Associate Dean (Business & Enterprise)

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Heads of Departments

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Deputy Heads of Departments / Faculty Co-ordinators

Public Health & Wellbeing
- Community Care
- Health Visiting
- Public Health

Acute Adult Care
- Acute Adult Care
- Critical Care

Midwifery, Child & Reproductive Health
- Midwifery
- Child Health
- Reproductive Health

Mental Health & Learning Disability
- Mental Health
- Learning Disability
- Art Therapy

Interprofessional Education & Social Work
- MedEd Dentistry
- IP Education, AP(E)L & Mentorship
- Doctoral Studies
- Social Work
- Safeguarding
- Public Policy and Children's Services

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APPENDIX 1: WORKING WITH MODULE DESCRIPTORS

Module descriptors – what each section means

Module code	This is the code used by the UoC information management system.
Module level	The University levels are: **Level** **Description** 4 First year of a standard undergraduate degree; HE Cert 5 Second year of a standard undergraduate degree; year 2 of a HE Dip 6 Final year of a standard undergraduate degree (Honours degree level) 7 Master's degree level 8 Doctorate level
Module credit	1 credit is equivalent to 10 hours of student effort. University of Chester degrees are built up of credits as set out below: Certificate of Higher Education 120 credit points at Level 4 Diploma of Higher Education +120 credit points at Level 5 Degree with Honours +120 credit points at Level 6 Graduate Diploma 120 credit points at Level 6 Postgraduate Certificate 60 credit points at Level 7 Postgraduate Diploma 120 credit points at Level 7 Master's Degree 180 credit points at Level 7 Most undergraduate and postgraduate modules are 10 or 20 credits. More credits will be awarded for bigger modules which cover more content or require students to undertake substantial pieces of work such as a dissertation.
Aims	This tells you what the purpose of the module is. This section lets you know whether the module is intended to be introductory, intermediate or advanced. It also summarises what the module is about.
Learning outcomes	This is a very important section. This tells you what the student should learn by the end of the module. When you are delivering the module, you must include lessons and activities that will enable the student to learn these things. Most or all learning outcomes will be assessed, as indicated in the column 'Learning outcomes assessed' in the assessment section. This means that assessments must be designed to measure whether the student has met the outcomes. The general principle behind assessment is that a student should pass if and only if they have met the learning outcomes of the module.
Methods of Learning and Teaching and Formative Assessment	This section provides a breakdown of the different types of activities the students should engage in during the module. We expect most learning to take place outside of the classroom

	through students' own reading and the work they do on their assessment.
Some definitions:	
Lectures	The traditional class where the lecturer speaks; students listen and take notes. The lecturer, however, should still strive to engage students in a high percentage of active participation.
Tutorials	A smaller class (usually no more than 20 students) which provides an opportunity for discussion and feedback. The tutor will normally ask questions to check that students have understood the material and to encourage debate. Tutorials are often based on pre-reading or previously covered material.
Seminars	A smaller class (usually no more than 20, but can be up to 30 students) built around discussion and exploration of the module content. Sometimes students will be asked to prepare a short paper or presentation.
Practical/workshops/simulations	These are sessions in which students practise their practical/clinical skills.
IT workshops	These take place in a classroom with computers and are dedicated to teaching students how to use the software they need.
Directed reading	This is where students are set tasks and asked to read material in between classes.
Self-directed learning	The reading, writing and research students do in their own time.
Problem-based learning	A method of teaching whereby students are set a problem and work (usually) in groups to research and solve it.
Work-based learning	Learning that is based wholly or predominantly in a work setting, normally under the supervision of a work-based mentor from the same organisation but supported by a lecturer.
Assessment	This section tells you what assessments the students must do. The assessment pattern will have been approved as part of the validation process as an appropriate method of assessing the learning outcomes. It cannot be changed without approval from the relevant Programme Committee and Faculty Board of Studies.
	Assessment weightings tell you how the overall mark for the module will be calculated when two or more marks are put together. E-Vision does all this automatically: all you need to do is to provide the mark for each component and the computer will calculate the overall mark.
Module content	This section summarises the material you must cover in your classes.
Key references	These are a selection of the most important texts. Students do not need to read all of them, and it is best if they go and look for other texts and journal articles in addition to those listed. The purpose of listing the key texts is to help the library to identify what books to buy.

APPENDIX 2: INDUCTION CHECKLIST FOR NEW VLs AND LECTURERS

Name:	Department:	
Job title:	Start date:	
	Actioned by	**Date actioned**
1. Introductions		
Other teaching colleagues and support staff (as appropriate)		
Nominated mentor / support (if required) Name ……………………………………………..		
2. Orientation to building		
Passes to get into building/car park Tour of campus/relevant teaching spaces: lecture rooms, practical rooms; seminar rooms		
Guide to staff side of campus – HR (if required)		
Desk space/hot desk area (if required)		
Guide to library procedures – meet Liaison Librarian		
3. Teaching roles and responsibilities		
Go through module descriptor, assessment outline and criteria, course outline		
Guidelines on staff and student rules of conduct, student privacy and data protection		
Guidance on remit of job e.g. for pastoral issues refer to PAT		
Information about programme meetings		
4. Job-specific information/administration *(Department head will usually take responsibility for this role)*		
Explain contract employment, working hours, lunch breaks, holidays for new staff, how to book them and how many days allowed, staff uniform, keys, policy for reporting sickness		
Staff card (if required)		
Introduction to Faculty Office staff		

General office procedures e.g. photocopying, internal and external mail, room bookings		
Admin Office – assessment submissions		
Information on IT • Key information e.g. Portal site; email • Organise induction orientation to Moodle • Smartboard and AV equipment orientation • Phone induction (if phone required)		
Information about booking rooms, equipment		
Information about print room and photocopying		
Local health and safety, such as First Aid, fire alarms/exits, accident reporting, risk assessments, catering facilities, storage for belongings		
Quality Assurance procedures – marking and monitoring, external examiners		
HR policies Probationary period process for new lecturers (review dates 12-13 weeks, 24-26 weeks, 36-39 weeks)		
Support Staff development opportunities		