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Transitioning from clinician to nurse practitioner clinical faculty: A systematic review

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ABSTRACT

Background: Schools of nursing are challenged with recruiting and retaining nurse practitioner (NP) clinical faculty in a job market where the few qualified candidates have competing professional opportunities. The role transition from clinician to clinical faculty is stressful, and many faculty have unmet needs for support.

Objectives: This article will identify strategies universities can implement to increase retention in the faculty role by facilitating the transition from clinician to NP clinical faculty.

Data sources: Articles were identified from the following databases: PubMed, Embase, PsychInfo, CINAHL Plus, Web of Science, Google Scholar, and Cochrane Library.

Conclusions: The transition from clinician to the NP role can be very difficult. New faculty experience culture shock and concerns about maintenance of clinical practice. Orientation, peer support, and mentoring can mitigate the challenges and support the transition.

Implications for practice: Schools of nursing can facilitate the transition from clinician to NP clinical faculty by developing an onboarding program that integrates mentoring, orientation, and ongoing support.

Keywords: Clinician to educator; clinician to faculty; educator; novice faculty; novice faculty; nurse practitioner clinical faculty; role transition; role transition.

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Introduction

Schools of nursing are challenged with recruiting and retaining nurse practitioner (NP) clinical faculty in a job market where qualified candidates have competing professional opportunities. The role transition from clinician to clinical faculty is stressful, and many faculty have unmet needs for support (Cangelosi, 2014). Understanding the experiences of nursing clinical faculty making this transition and programs that have facilitated the process will allow schools of nursing to increase faculty retention through the development of evidence-based, comprehensive onboarding programs.

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Demographics of current nurse practitioner clinical faculty

In 2016, 56.2% of schools of nursing reported full-time faculty vacancies (Hamilton & Haozous, 2017). The majority of nursing faculty are approaching the end of their careers, with 45% of full-time educators poised to retire in the next 5–15 years (Fang & Kesten, 2017). Of nurses currently employed as faculty, only 8% are under age 34, while 72% of nursing faculty are age 50 or older (Budden, Zhong, Moulton, & Cimiotti, 2013). Chief administrators and full professors trend strongly toward retirement within the next 5 years (Fang and Bednash 2014). These seasoned academics are essential to mentoring and developing novice faculty in the interest of retention and succession planning.

Recruitment and retention

Lack of clinical faculty has been identified as one of the primary reasons for not accepting all qualified applicants into graduate nursing programs. In 2016 alone, 9,757 qualified applicants were turned away from master's

programs, and 2,102 qualified applicants were turned away from doctoral programs (American Association of Colleges of Nursing [AACN], 2019). Multiple difficulties in recruiting faculty to these positions were identified: lack of funding, lack of administrative support for permanent positions, lack of qualified applicants for positions, and noncompetitive salaries. Many organizations have invested time and effort into addressing these deficits by establishing innovative partnerships and loan forgiveness programs, advocating for increasing federal funding mechanisms, and improvement in career pathways to develop all levels of nursing (AACN, 2019).

In addition to the challenges of recruiting clinical faculty, low retention in the faculty role is of great concern (Speck et al., 2012). Fang and Bednash (2014) found that attrition of full-time nursing faculty over the course of 1 year was more than 11%. Yedidia examined surveys of more than 3,000 full-time nursing faculty and reported that more than 30% intended to leave their role within five years. Almost 50% of nursing faculty are dissatisfied with their jobs (Candela, Gutierrez, & Keating, 2015). Challenges to the faculty role include compensation, significant responsibilities, lack of support, isolation, and lack of community (Hamilton & Haozous, 2017; Yedidia, 2016). Areas for schools of nursing to target with efforts to increase faculty retention include salary, work environment, open communication by leadership, recognition, role preparation, professional development, and support for novice faculty (Evans, 2013; Candela et al., 2015).

Diversity, equity, and inclusion

Discussion of the difficulties in recruiting and retaining faculty is incomplete without particular attention to issues of diversity, equity, and inclusion. Hamilton and Haozous (2017) posit that lack of recruitment and retention of faculty of color can result in both clinical and academic public health issues. Benefits of retaining faculty of color include improved cultural humility in health care and decreased health disparities (Kolade, 2016). Education, salary, and support were found to be essential factors for recruitment and retention of minority faculty (Salvucci & Lawless, 2016). Racism, othering, normative Whiteness, and biases in the workplace are among the barriers to retention, whereas mentoring, personal satisfaction, and professional work environment are promoters of retention. Administrative support is required to build inclusive environments that will contribute to organizational culture change that can address the particular isolation and lack of community experienced by underrepresented faculty (Hamilton & Haozous, 2017).

Lack of formal preparation as educators

Nursing faculty typically enter academic practice with clinical expertise and graduate educational preparation, but almost all lack formal preparation in pedagogy. The focus on the development of teaching expertise in nursing education programs is minimal (Booth, Emerson, Hackney, & Souter, 2016). This lack of training for an academic role is an additional challenge faced by new nursing faulty.

Methods

Various models and initiatives have been implemented to facilitate the successful transition from clinician to faculty. The aim of this systematic review is to identify key components of successful new faculty programs.

The systematic review was conducted using the framework of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement. The research question was framed using the Population Interventions Control Outcome format, and search terms are shown in **Tables 2.** The literature review was conducted in March 2019 and included English-language peer-reviewed articles from 2009 to 2019. The search was performed by one investigator and later, other authors reviewed the search strategy. Grey literature reviewed included theses, posters, and conference proceedings.

Table 1. PICO table

Population	Early career NP clinical faculty
Interventions	Programs to facilitate the role transition from clinician to NP clinical faculty
Control	Universities with programs to facilitate the transition for new faculty
Outcome	Retention in the faculty role
PICO question	What institutional characteristics facilitate the transition from clinician to NP clinical faculty and increase retention in the faculty role?

Note: NP = nurse practitioner; PICO = population interventions control outcome.

Table 2. Sample search strategy for PubMed

Population		Event or outcome		Intervention
Nurs* AND (clinician OR practitioner OR "advanced practice" OR graduate) AND (educator OR professor OR faculty OR "clinical faculty")	AND	role OR transition OR change OR retention OR departure OR attrition	AND	support OR program* OR strategy OR factors OR orientation OR onboarding OR mentor* OR acculturation

Searching title and abstract using the terms in **Table 2** yielded 265 articles from PubMed. The titles of each of these articles were examined. Those which clearly did not meet the search criteria, such as those that were not about the clinician to faculty role transition, were excluded. In instances where it was not apparent from the title if the article was relevant to the search, the abstract was reviewed. If our institution did not have access to the full text of an article in PubMed, other databases were searched, and the article was requested from the library if it could not be accessed online. During this review, articles that met the search criteria were organized based on article topic and study design. The review of titles and abstracts yielded 18 articles from the original 265 PubMed articles. **Figure 1** illustrates the PRISMA process.

This strategy was repeated with the terms in **Table 2** for the databases Embase, PsychInfo, CINAHL Plus, Web of Science, Google Scholar, and Cochrane Library to identify 1,288 articles. Review of titles and abstracts in each database yielded 103 articles that met inclusion criteria, which was reduced to 88 unique articles after removing duplicates. Hand searching of reference lists for relevant titles yielded an additional 18 articles. The full text of the 106 articles was reviewed, which led to 66 being excluded due to not meeting inclusion criteria. The articles that met inclusion criteria were classified into three categories: those pertaining to faculty retention, those describing the lived experience of the role transition, and those about a program to facilitate the transition.

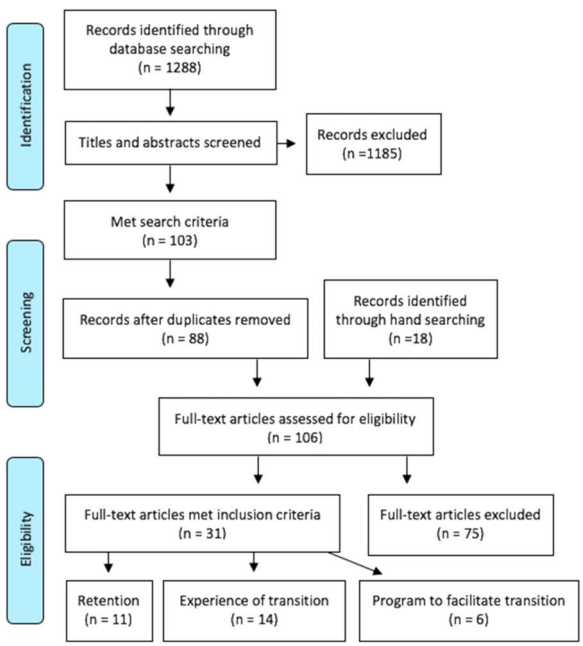

Figure 1. Preferred Reporting Items for Systematic Reviews and Meta-Analyses diagram

A second researcher independently reviewed the set of 106 full-text articles to confirm whether each article met inclusion criteria and to verify the classification of the articles by the initial researcher. Disagreements about whether an article met inclusion criteria or how it was categorized were resolved by discussion between the two researchers until consensus was reached.

While our research question is about NP clinical faculty, there is an unfortunate dearth of literature specific to this population. Inclusion criteria were broadened to include similar job titles that would likely be generalizable to the population of interest. Articles were included if the population was nursing clinical faculty in general or advanced practice nursing faculty, including studies specific to part-time or adjunct nursing clinical faculty. Articles were excluded if the population was specific to a particular registered nurse role such as medical–surgical nurse educators, preceptors not involved in didactic education, associate degree nursing instructors, nonnurse education staff, nursing research faculty, or nurses who had not yet become faculty. Articles on international nursing faculty were read to determine whether the study was generalizable to the United States. Subsequently, articles were included that contained participants in Canada, Australia, Ireland, the United Kingdom, and Iran. Articles were excluded if they focused on characteristics of faculty, such as self-efficacy or competence to teach, rather than the characteristics and efforts of the educational institution.

Study appraisal

Following the review of articles by the second researcher, the level of evidence was taken into account when discussing which articles to include. Professional opinions or general descriptions of the NP clinical faculty transition from the role of clinician to educator were excluded. Some of the articles providing lower-quality evidence,

such as expert opinions, were reviewed to inform the article overall but were not included in the systematic review. A limitation of this systematic review is that almost all of the articles presented data from nonrandomized studies, many of which used convenience samples.

Synthesis methods

Articles were separated into three categories and divided among the rest of the research team for synthesis: those pertaining to faculty retention, those describing the lived experience of the role transition, and those about a program to facilitate the transition. These topics were examined to answer the question: what institutional characteristics facilitate the transition from clinician to NP clinical faculty and increase retention in the faculty role? Together, they provide a comprehensive description of the challenges encountered by new faculty and what educational institutions can do to retain faculty through the complex transition.

Results

The 14 articles describing the experience of nursing faculty during the role transition and the 6 articles that described programs to facilitate the transition were reviewed in depth. The 11 articles about faculty retention were reviewed to inform the discussion. We identified five key themes in the literature: orientation; culture shock and role strain; mentoring; peer support; and, concern about maintenance of clinical practice.

Orientation

Orientation programs can support the transition from clinician to faculty, and several articles identified key qualities of orientation programs. Slimmer (2012) suggests a 1-year orientation program facilitated by mentors working with new faculty. She notes that orientation activities can be centralized in smaller educational institutions and that nursing programs can coordinate with faculty outside of nursing to support parts of the faculty orientation and training. For example, teacher training programs can support pedagogical training. Suplee and Gardner (2009) reviewed a structured three-part orientation for faculty new to teaching or new to their institution. The program focused on providing new faculty with program-specific information, such as curriculum; information specific to the faculty role, including teaching skills and scholarship; and information specific to the college and department culture, including technology and networking.

Lack of orientation was identified as a barrier to developing faculty competence by Cooley and De Gagne (2016). New nursing faculty in this qualitative study identified a "huge" knowledge deficit about the faculty role, including their academic responsibilities. They particularly noted the lack of support around the specifics of teaching in clinical settings and classrooms.

Culture shock and role strain

Culture shock includes feelings of disorientation, confusion, uncertainty, and anxiety in people who are exposed to an unfamiliar setting (Culture shock, no date). Feelings of culture shock are extensively documented in the literature evaluating the transition from clinician to clinical faculty (Busby, 2019; Chargualaf, Elliott, & Patterson, 2017; Cooley & De Gagne, 2016; Grassley & Lambe, 2015; Heydari, Hosseini, & Karimi Moonaghi, 2015; Logan, Gallimore & Jordan, 2016; McDonald, 2010; Monson, 2014; Murray, Stanley, & Wright, 2014; Schoening, 2013; Smith & Boyd, 2012; Weidman, 2013). Shoening (2013) identified four phases in the transition from clinician to clinical faculty, which included periods of disorientation and information seeking. Faculty reported that their careers began with little structure, orientation, or guidance, leading them to feel additional stress and become overwhelmed by the differences between practicing as an expert clinician and teaching as a novice educator (Schoening, 2013; Weidman, 2013). Novice faculty reported experiencing additional stress and role ambiguity when they realized the significant difference between nurse–patient relationships and those between faculty and students. This stress and role ambiguity was further exacerbated by inadequate role socialization (Schoening, 2013; Weidman, 2013).

Due to a lack of structured guidance, orientation, and mentoring, novice clinical faculty embark on information-seeking efforts as a part of the transition into their new role (Schoening, 2013). This includes activities that are self-directed, such as seeking out mentors, history, facts, professional development opportunities, and formal preparation in pedagogy to ease the transition into a role as a proficient educator (Schoening, 2013). A sense of identity is often lost during this period of transition, as novice clinical faculty attempt to shift from their identities as clinicians to the combined identity of a clinician and teacher. The transition from clinical to academic identity can be a long process, and structured programs that attempt to alleviate culture shock and disorientation should take this into consideration (Anderson, 2009; Chargualaf et al., 2017; Logan et al., 2016; Murray et al., 2014; Schoening, 2013; Smith & Boyd, 2012). Schoening (2013) identified four phases of identity transition from nurse to nurse educator. During the final identity formation phase, nurse educators keep their clinical skills current through practice or research, while continuing to develop as teachers.

During the role transition and acculturation process, many faculty are faced with an unsupportive or even hostile work environment. Incivility in the academic setting is experienced by 33% of novice nurse educators

(Calvert, 2018). Bullying, belittling, and intentional sabotaging by other nurse educators were experienced by 68% of nursing faculty in a study on generation-specific incentives and disincentives for retention in the faculty role (Tourangeau et al., 2015). Words nursing faculty used to describe the role transition from clinician to educator include "stressful," "frightening," "awful," and "overwhelming" (Weidman, 2013; p. 105). The subjective nature of faculty evaluation can be a source of this bullying by experienced faculty. For example, faculty of color have reported student criticisms on teaching evaluations about their hair and communication style being used against them, without an objective review of their teaching being conducted (Hamilton & Haozous, 2017). The literature on culture shock during the role transition sheds light on behaviors by more senior faculty that may contribute to high turnover among novice NP clinical faculty.

Mentoring

The literature has extensively documented novice faculty's desire to be mentored (Busby, 2019; Cangelosi, 2014; Grassley, 2015; Logan et al., 2016; McDonald, 2010; Murray, Stanley, & Wright, 2014; Smith & Boyd, 2012; Weidman, 2013). Conversely, numerous articles have addressed the lack of available, effective mentors (Calvert, 2018; Cangelosi, 2014; Cooley & De Gagne, 2016; Jeffers & Mariani, 2017; Logan et al., 2016; Monson, 2014). Although in one mixed-methods national study examining formal mentoring programs for novice faculty, no difference in mentored versus nonmentored groups was found regarding either career satisfaction or intent to stay in the role (Jeffers & Mariani, 2017), most studies found mentoring programs were important to new faculty. This study did find that career satisfaction was linked to intention to stay but was not influenced by having a mentor. In fact, novice faculty reported that assigned mentors were often "absent," "bullying," or "unapproachable" (p. 21). This highlights the importance of selecting mentors with qualities, schedules, and infrastructure that allow for positive mentorship.

Several studies (Cangelosi, 2014; Smith, 2012; Weidman, 2013) found that novice faculty with available and effective mentors felt more successful in their role transition to faculty, whereas those with inadequate time or support from their mentors reported feeling less successful. Suplee and Gardner (2009) assessed a new faculty transition program that introduced new faculty to mentors in the first week of their orientation, followed by structured meetings through the year, and additional encouragement to seek out "shared interest" mentorship with other colleagues. When the orientation program was evaluated, 26 of the 28 new faculty reported having an assigned mentor in this environment was positive. Comments such as "helpful, great, excellent idea" (p. 518) were recorded (Suplee & Gardner, 2009). These authors further defined "key points" (p. 520) of faculty transition programs being: "orientation, feedback from stakeholders, and administrative endorsement," and further defined administrative support as both financial and structural support for the mentoring program. Jeffers and Mariani (2017) recommend that mentors be carefully selected with criteria that consider "availability, leadership potential, desire to be a mentor, and current workload" (p. 21). Cangelosi (2014) noted that both faculty "time and resources" (p. 328) are needed to provide effective mentorship to novice colleagues. While some authors recommended formal mentoring during the first year in the faculty role, Sheih and Cullen (2018) found that it took at least 1 year for a high quality mentorship relationship to develop. Faculty nearing retirement who have a reduced teaching load may be ideal mentors in terms of both knowledge and availability (Cooley & De Gagne, 2016).

Peer support

In addition to providing and supporting formal mentor–mentee relationships, the value of creating peer support models for new faculty members was identified as an important component of a successful transition. These models included informal support from colleagues with whom new faculty worked in close physical quarters or with whom they shared job responsibilities, such as teaching assignments or committee work, as well as peer support from other new faculty. Such informal support was seen not as a replacement for a formal mentoring relationship but rather as a complement or as a natural evolution of the formal mentoring relationship (Anderson, 2009; Smith & Boyd, 2012).

Peer support was described as a relationship that allowed for collaborative and collegial sharing of experience, knowledge, and self-reflection (Anderson, 2009; Cooley & De Gagne, 2015; Monson, 2014). Authors observed that this type of cooperative peer relationship may allow for more honest, open discourse about anxieties and uncertainties than a formal mentor–mentee relationship and allowed new faculty to feel safe in knowing that others "had their back" (Busby, 2019; Monson, 2014). New faculty were able to find these relationships with more established faculty with whom they shared commonalities. These included faculty with an office next door; a colleague with whom they share a similar teaching rotation or curriculum; or those with whom they are on committees or share research interests. Shared values were identified as a key component of a successful peer-support relationship (Cooley & De Gagne, 2016). These shared values may be found in colleagues met under many different circumstances.

A support network of other novice faculty with whom to connect and share information was also identified as a valuable asset; being able to share the commonality of experience as a new faculty alleviates feelings of isolation

and doubt (Anderson, 2009; Busby, 2019). Of interest, none of the literature reviewed on programs to aid transition included this aspect of peer mentoring.

Maintaining clinical practice

It is important that NP educators continue to practice as clinicians (Elliott & Wall, 2008). Continuing a practice allows faculty to maintain current clinical skills and competencies. Clinical practice is one of the options for qualifying to recertify through the American Nurses Credentialing Center (ANCC) and is a requirement for recertification by the American Academy of Nurse Practitioners (AANP) unless retaking the examination (ANCC, 2019; AANP, 2019). Faculty participation in clinical practice is recognized as a reflection of academic NP program quality by its inclusion as a ranking criterion by U.S. News and World Report (Morse & Martin, 2019). The majority of new NP clinical faculty continue to work part time as clinicians after becoming faculty (Pohl, Duderstadt, Tolve-Schoeneberger, Uphold, & Hartig, 2002). One benefit of this approach is that clinical practice revenue may supplement the lower academic salary. Allowing faculty to maintain a clinical practice expands clinical opportunities for students where faculty preceptors model professional behavior and clinical competence.

Despite the benefits of maintaining a clinical practice both for individual faculty and NP programs, there are significant challenges to maintaining both of these roles concurrently. The average nursing faculty works more than 50 hours per week, and teaching workload limits most full-time faculty to 1-2 days per week of patient care (Candela et al., 2015). In academic institutions without an established clinical partnership, new faculty may be responsible for negotiating their own part-time clinical practice. Many practices do not hire providers in such part-time positions because other providers in the practice are then left to follow-up on laboratory results, imaging, referrals, and patient questions, which creates a burden on full-time staff. On the academic side, the merit and promotion system of many universities is designed for research faculty and does not translate well into quantifying the work of clinical faculty (Bosold & Darnell, 2012). For example, coordinating and supporting clinical placements for students, observing students providing patient care to evaluate clinical skill development, grading clinical notes, facilitating clinical simulation experiences, and advising students all take a significant amount of time but are typically not counted by the metrics used to quantify faculty effort (Bosold & Darnell, 2012). Similarly, maintaining a faculty practice does not reduce other faculty workload or help faculty earn tenure or promotions (Pohl et al., 2002).

In some institutions, there has been a movement to include clinical practice in the triad of teaching, scholarship, and service that is the core of faculty evaluation and promotion. In particular, service to students, community, profession, and patients has been noted as an area of focus (Pasciewicz, 2003). Universities that recognize the importance of clinical practice by incorporating clinical effort into the academic responsibilities that influence advancement may be more successful in retaining proficient clinical faculty (Dracup, 2014).

Limitations

This review did not explore programs to encourage more students to pursue a NP clinical faculty role upon graduation or programs to recruit working clinicians to the faculty role. Analyses of curricula to train student NPs or current faculty to be competent educators in the nursing faculty role were also not included.

Although the literature search yielded many articles about recruiting and supporting underrepresented nursing students and their lived experience, there was a notable lack of articles about recruiting and supporting underrepresented minority nursing faculty. This could mean that the published literature is not representative of minorities underrepresented among nursing faculty. The generalizability to minority faculty of any conclusion drawn from the literature would therefore be questionable. More research is needed on the experience of faculty from underrepresented groups to understand their experiences and what strategies may be effective to increase their retention in the NP clinical faculty role.

Although the importance of maintaining a clinical practice for NP faculty is well recognized, concerns about losing clinical expertise are germane to the transition from clinician to educator (Anderson, 2009; Elliott & Wall, 2008; Smith & Boyd, 2012). The literature review revealed surprisingly little on this subject. Research is needed to identify financial models to decrease the salary gap between clinicians and clinical faculty to improve recruitment and retention in the faculty role (Calvert, 2018). More research is needed on the challenges of maintaining the role of clinician and NP faculty concurrently and on successful strategies to mitigate these challenges.

Discussion

A review of the literature revealed multiple themes supporting faculty transition from clinician to faculty, including formal mentoring, peer support, and orientation programs.

A structured orientation program, such as the program discussed by Suplee and Gardner (2009) may incorporate other identified components for a successful transition, including mentoring and peer support. Establishing an orientation cohort builds in peer support. Peer support has been found to allow novice faculty to establish relationships with those having commonly shared experiences, alleviating isolation (Anderson, 2009; Busby, 2019). While a cohort in an orientation may provide this,

office location and infrastructure of a school may also facilitate these relationships. Alternatively, the orientation by Slimmer (2012) is led by a formal mentor. This one-on-one relationship focuses on the mentor–mentee dyad. Many studies evaluated the role of mentors for success in transitioning into a faculty role. When mentors were available and effective, novice faculty found them helpful in the transition from clinician (Cangelosi, 2014; Smith, 2012; Weidman, 2013). However, a study by Jeffers and Mariani (2017) found that having a faculty mentor was not linked to intention to stay in the faculty role. Key characteristics of a successful mentor, included availability, compassion, and competence (Cooley & De Gagne, 2016). Thus, when implementing a mentorship program, it is important to select mentors who desire the role and have the availability and the characteristics to succeed.

Schoening (2013) developed the Nurse Educator Transition model through a grounded theory study that involved novice nurse faculty. This model identified four phases during the role transition from nurse to nurse educator: the anticipatory/expectation phase, the disorientation phase, the information-seeking phase, and the identity-formation phase. All articles in this review focused on the identity formation phase (Schoening, 2013). Future research may evaluate interventions that target the information-seeking phase prior to hiring of novice faculty.

The articles pertaining to retention of faculty were reviewed to identify key issues. Salary, meaningfulness of work, variety in work, positive work environment, educational technology training, and self-directed professional development were found to increase nursing faculty retention (Roughton, 2013). Faculty who feel autonomous and independent in their role, have supportive relationships with colleagues, and receive recognition for performance are less likely to leave the faculty role.

Academic leadership can improve retention through transparent communication with faculty (Lee, et al., 2017; Turin, 2016). One novel evidence-based approach to improve retention and job satisfaction included team-building retreats to improve cohesion among faculty (Brix, 2011). Attention to the needs of a diverse workforce and the creation of an inclusive environment were also highlighted (Hamilton, 2017). Supporting faculty to work with students and teach can increase retention (Laurencelle, Scanlan, & Brett, 2016). Addressing psychological empowerment and job stress can also affect retention (Chung & Kowalski, 2012).

Implications

Based on the literature, universities should implement the following strategies to facilitate the transition from clinician to NP clinical faculty and increase retention in the faculty role:

- Provide a formal orientation and onboarding program for 1 to 3 years to support new NP clinical faculty during the role transition
- Assign each new faculty a mentor and provide both structured and unstructured opportunities for peer support and team building
- School leadership should communicate and enforce a zero tolerance policy for bullying and incivility toward novice nursing faculty
- Support development of teaching skills and strategies for working with challenging students
- Support faculty in maintaining clinical practice and offer competitive compensation
- Include clinical practice and other clinical faculty duties as criteria for advancement and promotion
- Provide feedback to support role development in a standardized, objective manner to prevent bias and create an environment in which diverse nursing professionals can thrive; characteristics unrelated to job performance should not influence evaluations.

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