Stepping into the Academe: The Lived Experience of Adjunct Novice Nurse Faculty

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ABSTRACT

Background. The nursing faculty shortage in the Philippines has reached a critical stage, which has now resulted in recruiting staff nurses without or currently taking master's degree into the academe to become adjunct nurse faculty. This phenomenon is quite new to most educational institutions in the local, regional, and even the national setting, warranting further exploration.

Objective. This study explored the lived experience of adjunct nurse faculty. It generated information on their motives, preparations, and how they faced and overcame the challenges.

Methods. A Husserlian descriptive phenomenological qualitative design was used in this study, employing constructivism as its paradigm. Eight informants were selected through purposive sampling using a non-discriminative snowball technique. Participants were registered nurses with less than a year of part-time teaching experience in a Bachelor of Science in Nursing program. Excluded were nurses with prior faculty experience. The study protocol was approved by the Research Ethics Committee of Saint Louis University. Data were collected through unstructured individual interviews conducted face-to-face and via Google Meet between January and March 2023 until data saturation was achieved. The interviews were recorded, transcribed, coded, themed, and analyzed using Colaizzi's seven-step technique. Rigor was ensured through prolonged engagement, peer debriefing, member checking, and extensive review of transcripts and coding. Reflexivity and bracketing were observed throughout the research process.

Results. Five cluster themes with their corresponding themes emerged from the participants' accounts. These include "The Driving Forces" *(Passion to fulfill a dream; Giving back to the school; New experience and advancement; Additional income)*, "Getting Ready For The New Role" *(Being oriented is a must; Getting help from seasoned faculty; Going back to the basics)*, "Facing the Challenges" *(Supervising students for the first time, Overwhelming combined workloads; Role confusion from colleagues)*, "Making It Through" *(Setting boundaries with colleagues on dual roles, Lowering expectations for students, Support from colleagues and the school)* "Feeling Good and Fulfilled" *(Personal and professional growth, Feels good to be appreciated)*.

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Conclusion. Adjunct novice nurse faculty's experience was rooted and influenced by several driving forces that significantly shaped their journey into becoming nurse educators. They went through a phase of preparation before taking over their new role to equip themselves in an unfamiliar environment. Confronted by the various challenges brought about by their new role, they were able to strive to persevere and make it through. Navigating these experiences can be challenging and rewarding, ultimately contributing to their growth, fulfillment, and joy.

Keywords: nurses, faculty, adjunct, lived experience, academe

INTRODUCTION

The Philippines, aside from Denmark and India, is one of the nations currently facing nurse faculty shortages, particularly during and post-pandemic. This event is expected to worsen if the demand for Filipino healthcare workers abroad still increases and the nurse faculty ages and retires.[1] The study conducted by Wongpimoln et al. and the American Association of Colleges of Nursing revealed that aside from aging faculty, several factors contribute to the faculty shortage.[2,3] These factors include decreased recruitment of younger replacement faculty, increased tuition and loans for graduate study, heavy faculty workloads, and non-competitive salaries.[2,3] In addition, Jaymalin stated that the primary reason for the lack of faculty is the inability to recruit, hire, and retain faculty in the current competitive job market.[1]

The scarcity of nursing faculty negatively affects the nursing workforce and patient outcomes. Jarosinski et al. noted that this shortage increases workload, pay disparities, and staffing issues among faculty, resulting in stress, lower job satisfaction, and a decline in faculty numbers.[4] Likewise, Morris emphasized that limited human resources force fewer faculty to manage all aspects of nursing education, leaving them without time to update their competencies and contributing to burnout.[5] The value nurses place on professional development and their conviction that it is essential to raise patient care standards contrasts sharply with this when these elements are crucial for the learning and training of the future generation of nurses and for the quality of instruction that preceptors offer. With these factors, it is already indicated that the future of nursing in the Philippines is at a critical point, and strategies need to be devised to help them with their new role, solve the faculty shortage, and alleviate its effects on the student nurses and nursing schools.[5]

Hence, one way to address this is the recruitment of expert staff nurses from clinical practice to fill faculty vacancies. In the Philippines, there are qualifications that one must meet in order to be a nurse faculty. As emphasized in Article V of the Philippine Nursing Act of 2002 (R.A. 9173), a nursing faculty must be a Philippine registered nurse, be a member of a recognized nursing professional organization, obtain a master's degree in nursing education, and possess at least one year of clinical experience, however, this was increased to at least three years of experience under the CMO 15 series of 2017.[6]

Furthermore, schools of nursing are increasingly addressing faculty shortages by collaborating with clinical institutions and hiring experienced clinicians as educators. Expert staff nurses may serve as faculty within dedicated education units under academic supervision, while graduate-prepared nurses often work as part-time instructors. Some private institutions have also revised hiring criteria, admitting adjunct-novice faculty who may not yet have a master's degree but possess substantial bedside experience.[7] Defined by Sandhoff as part-time educators without formal teaching preparation, these adjunct-novice faculty help maintain instructional capacity and support growing student enrollment.[8] The employment of adjunct-novice nursing faculty is significant in addressing the growing need for nurses both locally and globally. As institutions strive to accommodate increasing student enrollment in nursing programs, these faculty members help sustain instructional capacity and prevent limitations in admissions due to faculty shortages. Despite not having formal teaching preparation or a completed master's degree, their extensive clinical experience becomes a valuable resource in strengthening the practical application of nursing education.[8]

However, even though this short-term solution can augment the nursing faculty shortages, it is still uncertain how long these adjunct-novice nursing faculty will keep their new role since they have no formal preparation in teaching, especially as a faculty member in the academic setting.[9-11] Owens conducted an integrative literature review and found novice nursing faculty were experts in clinical practice; however, experienced staff nurses encountered difficulty adapting to academia, primarily because they lacked a formalized orientation and preparation.[12] He also added that staff nurses who are prepared by having a master's degree and previous teaching experience come to the academic setting with excellent clinical knowledge and skills.[12]

Consequently, role changes often lead to confusion among adjunct-novice nursing faculty, especially when they do not have a master's degree, lack teaching experience, or receive little preparation and information from their institution. Many assume that teaching students is similar to educating patients, causing frustration when they realize that academic teaching requires different skills.[12,13] As shown in the studies of Jarosinski and others, some novice faculty may even teach skills that do not match school standards because they rely only on clinical practices they are familiar with.[4] These unrealistic expectations make them feel unprepared and unfamiliar with the academic culture, which differs greatly from clinical practice.[14] Kinsey further emphasized that even those who received mentorship in clinical settings are still not ready for academic teaching.[15] Without proper

mentorship and orientation, they continue to feel uncertain about what and how to teach, even when given course outlines and objectives. This lack of guidance increases role ambiguity and makes it harder for them to adapt as part-time faculty.[9]

Furthermore, according to Shajani, having little guidance and no roadmap in helping these adjunct novice-nursing faculty with their new role not only leads them to role ambiguity but will significantly affect them by having role stress and strain.[16] Since it was stated in his study that working as a staff nurse and faculty was perceived as difficult, stressful, and demanding, and that experience left the adjunct novice-nursing faculty defeated, unmotivated, and emotionally drained in their new role. With these experiences, faculty felt they had no initial support, making their new role difficult.[16] This is also supported by Wongpimoln et al. in their study at Rajabhat University, Thailand, where, according to them, the experience of staff nurses adopting a nurse faculty role is a complex process and involves a long period of self-adaptation.[2] As a result, chronic stress due to numerous reasons, such as working in an understaffed environment, lack of support, and employment requirements, could cause nurse faculty burnout, leading to resignation.[2] In addition, anxiousness, exhaustion, and confusion were also experienced by the former faculty with their new role; specifically, staff nurses and nurse faculty have different roles played.[2] However, there is another study by Shajani contrasting with these findings, where one of his research participants described her experience as a part-time staff and nursing faculty as positive and made her role much easier and more successful.[16] The reason is not only because she has enough support, but also because she has this love and passion for teaching.[16]

In summary, nursing faculty shortages in the Philippines have reached a critical stage due to a lot of factors, which include non-competitive salaries, heavy workload, and the increased number of Filipino health workers going abroad, which can significantly affect the quality of our nursing education. To address the nursing faculty shortage and mitigate its effects, recruitment of staff nurses without or currently taking master's degrees has become a human resources option to remedy this problem. While their employment helps sustain student enrollment and meet the increasing demand for nurses locally and globally, the impact of their limited pedagogical training on the quality of nursing education, faculty role adaptation, and student learning outcomes remains unclear. This gap in knowledge raises concerns about how these adjunct-novice faculty navigate their academic roles and how institutions support them in delivering competent and effective nursing education.

The aim of this research was to explore the lived experience of adjunct novice nursing faculty as they transition from an area of clinical expertise to a non-familiar academic environment.

METHODS

Research Design

The researchers utilized a Husserlian descriptive phenomenological qualitative design. This was selected because the study aims to understand and describe the lived experiences of adjunct novice nurse faculty as they transition from clinical nursing roles into academic teaching positions. This design focuses on exploring how individuals perceive and make meaning of their experiences, which aligns directly with the study's purpose. Husserlian phenomenology emphasizes "bracketing" or setting aside researcher biases to capture the essence of a phenomenon based solely on participants' perspectives. This is essential in this research because the transition into academia is a subjective, personal, and dynamic experience, and understanding it requires describing the participants' voices without interpretation or judgment from the researcher. Therefore, a qualitative phenomenology is employed to attain a profound comprehension of the lived experiences of adjunct novice nurse faculty.

Research Paradigm

The researchers adopted a constructivist research paradigm to understand the complexities and multiple perspectives of the phenomena and recognized that reality is a product of human intelligence interacting with real-world experiences.

Setting and Participants

The study involved eight (8) participants who were registered nurses working both as nurses in a tertiary hospital in Baguio City and as part-time faculty in a higher education institution also in the same city. These participants offered rich and varied perspectives that enabled the researcher to reach data saturation, with no new themes or insights arising. We selected the participants as they met the following criteria: (a) having less than one year of part-time teaching experience in a Bachelor of Science in Nursing program, (b) not holding or currently pursuing a master's degree, and (c) having at least three years of bedside nursing experience. Participants were excluded if they had previous faculty experience or were full-time faculty members. Five interviews took place in private rooms at the hospital wards where the participants worked, while three participants chose to have online interviews with a video camera turned on. This setting was selected as it provides a quiet and confidential environment, allowing adjunct novice nurse faculty to openly share their lived experiences. In addition, it reflects the actual clinical context where participants balance patient care and teaching, which is central to understanding the phenomenon of their transition into the academe. The type of sampling technique utilized was an exponential non-discriminative snowball technique. This was applied by first selecting a few initial participants who met the study criteria. Each participant was then asked to refer other eligible colleagues, and all referrals

were considered equally or non-discriminative. This process continued until the sample expanded data saturation was reached, ensuring diverse perspectives of adjunct novice nurse faculty were captured.

Data Gathering Tool

This study used one-on-one unstructured interviews to gather data on the lived experiences of adjunct novice nurse faculty. The interviews were conducted in person or online. Field notes were taken to document observations and non-verbal cues. The interview team consisted of two members, with one conducting the interview and the other taking field notes. Each participant had one interview session, with any follow-up questions or clarifications addressed through online messages.

Data Gathering Procedure

Researchers obtained approval from the research panel and submitted their papers for review and certification by the Research Ethics Committee (REC). They recruited participants by contacting nursing school Deans, chief nurses, and alumni officers. Verbal consent was sought before obtaining written informed consent, emphasizing participant confidentiality and anonymity. Interviews were conducted face-to-face or online, preceded by practice sessions. One researcher conducted the interviews while the other took field notes. The researchers employed iterative questioning techniques, beginning with the question, "What is your experience as an adjunct novice nurse faculty?" and then asking follow-up questions based on the participants' responses. Furthermore, reflexivity was carefully practiced, ensuring that the experiences of adjunct novice nurse faculty were described accurately. The researchers used bracketing by identifying and setting aside personal beliefs, prior experiences, and assumptions about teaching in the academe before and during interviews. Open-ended, neutral questions were used to encourage participants to share their experiences freely, while reactions or opinions from the researchers were minimized. A reflexive journal was kept, noting any potential biases and how they were managed throughout data collection. Additionally, member checking was conducted to verify that participants' statements were accurately represented, and a peer review of the interview process and summaries helped maintain neutrality. These strategies ensured that the findings reflected the participants' true lived experiences rather than the researcher's interpretations.

Data Management

The researchers registered the data gathered from the participants into Google Docs and utilized password-protected Google Docs and two-factor authentication to secure the documents. Only the researchers had access to the documents while the study was ongoing, guaranteeing the confidentiality of participants' data.

Data Analysis

The data was analyzed using Colaizzi's phenomenological method, which entails the following steps:

Step 1: Reading and rereading descriptions.
Step 2: Extracting significant statements.
Step 3: Formulating meanings that emerge from the significant statements.
Step 4: Categorizing into clusters of themes and validating.
Step 5: Describing the phenomenon.
Step 6: Returning to the participants.
Step 7: Incorporating any changes based on the informant's feedback.

Establishing Trustworthiness

To establish the trustworthiness of the data, the four criteria of Lincoln & Guba include credibility, dependability, confirmability, and transferability.[17] To ensure data credibility, participants were encouraged to express any confusion, be frank in their answers, and assured of anonymity and voluntary participation. Iterative questioning and adapting questions were utilized. Verbatims and observations were recorded and validated to minimize data manipulation. Data saturation was considered achieved when no new information emerged. In addition, characteristics of research participant such as age, marital status, sex, years of experience as staff and part-time faculty, educational attainment, and area of assignment were included to provide context about who the participants are, demonstrate that they are appropriate for the study, enhance the credibility and trustworthiness of the findings, and help readers determine whether the results may be transferable to similar settings or populations (Table 1). To observe dependability, the coding-recoding method was used to analyze the data collected from the narratives. In this method, the data is first coded and then re-coded two weeks later using a Word document. The researchers also used a stepwise replication method. To assure the neutrality and confirmability of the findings, bracketing was employed. The researchers suspended their pre-existing ideas or experiences while collecting the data. This entails the researchers exercising reflexivity and critical self-reflection, which requires acknowledging the researchers' biases and keeping a record of thoughts and impressions on the participants' narratives. As per transferability, a detailed explanation of the participants' experiences and behavior was provided in the transcript files. By providing thorough descriptions, readers and other researchers would better understand and increase transferability.

Ethical Considerations

The researchers obtained informed consent from all participants before data collection. Participants had the right to withdraw from the study at any time and were not offered any inducements to participate. Participants' personal information was omitted from transcripts and replaced with pseudonyms to protect their anonymity. Participants were

Table 1. Characteristics of participants

Participant Number	Age (in years)	Marital Status	Sex	Years of experience as a Staff Nurse	Years of experience as a part-time faculty	Educational attainment	Area of Assignment as part-time faculty
CI-1	23	Single	F	4 Years	1 yr	BSN, MSN (ongoing)	General Ward
CI-2	33	Single	M	10 Years	1 yr	BSN, MSN (ongoing)	Return Demonstrations
CI-3	27	Single	F	5 years	1 yr	BSN	Operating Room
CI-4	42	Married	F	18 Year	1 yr	BSN, MSN (ongoing)	Emergency Room
CI-5	52	Married	F	30 Years	1 yr	BSN, MSN (ongoing)	Return Demonstrations
CI-6	40	Married	F	18 Years	1 yr	BSN, MSN (ongoing)	General Ward
CI-7	42	Married	F	10 Years	1 yr	BSN	Operating Room
CI-8	28	Single	F	7 Years	1 yr	BSN	Operating Room

Table 2. The lived experiences of adjunct novice nurse faculty

Main Themes	Sub Themes
The Driving Forces	• Passion to Fulfill a Dream of becoming a faculty • Giving Back to the School • New Experience and Advancement • Additional Income
Getting Ready for the New Role	• Being Oriented is a Must • Getting Help from Seasoned Faculty • Going Back to the Basics
Facing the Challenges	• Supervising Students for the First Time • Overwhelming Combined Workloads • Role Confusion from Colleagues
Making it Through	• Setting Boundaries with Colleagues on Dual Role • Lowering Expectations for Students • Support from Colleagues and the School
Feeling Good and Fulfilled	• Personal and Professional Growth • Feels Good to be Appreciated

interviewed during their free time and were conducted in a safe and ethical manner, and no physical or psychological harm was observed. All participants were informed of the study's risks and benefits, and they were given the right to participate or withdraw at any time. The participants were also informed that the knowledge generated from this study would be shared with them before it is made available to the public and disseminated through publications and conferences. The study's findings may help to improve nursing education, practice, administration, and research.

RESULTS

The following are the summary of the findings and analysis of the participants' statements anchored to their lived experience as adjunct novice nurse faculty (Table 2).

Theme 1: The Driving Forces

This theme represents a set of stimuli that explain why the staff nurses decided to be adjunct faculty — elements that drove their decision to transition from staff to adjunct faculty.

Passion to Fulfill a Dream of Becoming a Faculty

Their dedication to teaching and their desire to impart their knowledge fueled their motivation to pursue the role of adjunct faculty, leaving a positive impact on the lives of students through teaching.

> *CI-1: "I think I would like to try something I really want, so I think if you really want something it's not professional growth only, cause if you want professional growth you can enroll to postgraduate study, you can enroll to seminars, training, it's not about advancing, it's not about your experience but it is a drive of you really want to do something that you really want to do. For me, I really have a strong desire for teaching."*

> *CI-7: "I applied to be a faculty to teach students to share all my knowledge because I really want to teach, share things like that, and one way to do that is to be a faculty…the beauty of OR is really… nice especially… It's nice that after duty, my goal is that the student will not experience trauma. And that the student will say at the end of a shift, "I want to become an OR nurse."*

The adjunct nurse faculty was driven by their passion for teaching and sharing knowledge. Participant 1 viewed teaching as a dream, while Participant 7 saw it as an opportunity to showcase nursing's beauty. With their years of experience as staff nurses, they gained clinical exposure, improved their nursing skills, and aligned with Dr. Benner's Stages of Clinical Competence.[18] Their experience prepared them to educate and influence student nurses, boosting their confidence as novice nurse educators and creating an impact on students' lives, creating a meaningful influence that shapes future generations of nurses.[17]

Giving Back to the School

Their gratitude and sense of loyalty towards their alma mater, accompanied by their sense of familiarity with the institution and its nurse faculty, along with their comfort, inspired them to become an adjunct faculty at their institution as a way to give back and contribute to the school's continued success.

> *CI-2: ("Yeah, I think because of passion… It is indeed a part of being a …… to share our branding and values as … [an alumnus] to give back."*

> *CI-3: "The faculty were my CIs before, so I think it is a factor that contributed to our willingness to go back and teach because most of us were graduates of ___."*

Being an alumnus creates a unique bond with the university, inspiring a desire to give back and contribute to the institution that shaped one's education and professional growth. Alumni's familiarity with the university's culture fosters a personal connection, leading to loyalty and motivation to support the school. As alumni, they have a valuable impact by sharing their industry knowledge, enhancing the learning experience, and elevating the institution's reputation. Giving back to the school is a way to show gratitude and aligns with Albert Bandura's Modeling Theory, where observational learning influences behavior.[19] Alumni engagement focuses on mentoring, guest lectures, and hiring current students. The appreciation for academics and the personal connection continues to drive alumni's desire to contribute to the university.[19]

New Experience and Advancement

Years of hospital work honed the nurses' skills, making them clinical experts. Transitioning to adjunct nurse faculty provided an avenue for personal and professional growth, introducing new experiences, challenges, and diverse perspectives. The pursuit of advancement motivated the staff nurses to seek adjunct faculty positions.

> *CI-4: "…for me, I was excited since first, I wanted to try to be a CI to venture out also, actually in practice {as a staff nurse} there are times that you want to look for something new."*

> *CI-3: "We were very willing to be part-time faculty since it's a different experience also."*

Experienced nurses, seeking new challenges and opportunities, are motivated to explore adjunct faculty positions. Participant 4 is excited about trying something unfamiliar, while Participant 3 desires something different. Becoming adjunct faculty allows them to break away from routine bedside care and experience personal and professional growth. Their adventurous attitude and openness to new experiences drive their pursuit of the adjunct role, which offers advancement and a broader scope of tasks. Venturing into academia aligns with David Kolb's experiential learning theory, where learning occurs through transforming experiences. The participants' desire for new experiences and advancement corresponds to the initial stage of the experiential learning cycle, engaging in concrete experiences to acquire knowledge and skills.[20]

Additional Income

Working as an adjunct faculty offers better compensation compared to being a staff nurse. The need for a greener pasture for an added source of income ignited their desire to pursue the role of being an adjunct faculty.

> *CI-3: "And lastly, it's also beneficial for finances; there is an opportunity to be a part-time, which is workable around your schedule. Definitely, there is additional income. It's a factor that could help in having more salary."*

> *CI-8: "And another thing is, of course, being a staff nurse, the salary is low. And if you are a clinical instructor, you have perks. You have higher pay. Isn't it?"*

A good salary significantly influences fulfillment and motivation in one's profession. Participants 3 and 8 highlight the financial aspect as a driving force in pursuing the position. Dissatisfaction with underwhelming pay in staff nursing fuels their desire for alternative income sources, leading to consideration of adjunct faculty roles. Monetary rewards play a crucial role in motivating behavior, as indicated by Skinner's Incentive Theory of Motivation.[21] For them, the desire for additional income in adjunct faculty positions highlights the inadequacy of their current pay and the appeal of the adjunct role. Low compensation in staff nursing creates dissatisfaction and prompts nurses to seek additional income through adjunct faculty positions or other means. This financial strain underscores the importance of alternative income sources and contributes to the appeal of adjunct faculty positions.[21]

Theme 2: Getting Ready for the New Role

This theme represents the steps taken by the staff nurses to get ready and prepare themselves, such as orientations, getting help from colleagues, and relearning the basics.

Being Oriented is a Must

Orientations facilitated by the associate dean and department heads made their preparations easier since they were oriented on the different points of being an adjunct novice nurse faculty, including the workload, policies, and paperwork.

> *CI-8: "My preparation for being a CI is fine. The department head oriented us about the paperwork and the new policies, which helped us to know what to expect. The orientation made by Sir___ were a really big help, so even the computation of grades became easy."*

> *CI-5: "Because the truth is there was no orientation, I think they told us that we would be oriented- Ah! Maybe there was an orientation the other day about what to do on- but as far as I can remember, I was not able to attend the orientation because I had to do something."*

The adjunct novice nurse faculty members face challenges as they transition from bedside care to teaching. Proper orientations are crucial in familiarizing them with their new responsibilities. Participant 2 received orientation from various individuals, including the Associate Dean, Department Head, and Clinical Instructors, while Participant 5 faced scheduling conflicts that hindered her from receiving adequate orientation. The variations in orientation experiences among participants highlight the need for uniform and standardized information across all levels. Orientations provide essential awareness and information, enabling the adjunct faculty to fulfill their new role and overcome the unfamiliarity of teaching tasks. The goal-oriented nature of orientations aligns with the mastery goal orientation theory, emphasizing the acquisition of new skills and increasing competence.[22]

Help from Seasoned Faculty

Seeking help, listening to the experiences, and receiving advice from seasoned faculty helped contribute to their preparations and helped them navigate through their new role as adjunct novice nurse faculty.

> *CI-2: "… you have to gather experience from your previous mentors and colleagues, to know what their experience is because that information is beyond the book. I gather this information through interactions with them informally."*

> *CI-7: "Of course I have more to learn; that's why I'm seeking help from seasoned faculty. Like how to do something, how to compute, and how to adjust. Something like that."*

Seasoned faculty members provide guidance and ideas on executing responsibilities and understanding the academic setting. Mentors and experienced professors contribute to the improvement of teaching skills and overall effectiveness as educators. Their support is crucial in managing workload and balancing expectations in the academic environment. When mentors and seasoned professors provide feedback, guidance, and support to newly hired faculty, they improve their teaching skills, gain confidence, and become more effective educators.[23] Experienced professors can assist adjunct nurse faculty in navigating the intricacies of the academic setting, including managing workload and balancing competing expectations.

Going Back to the Basics

To ensure the quality of the information they impart to the students, the staff nurses took the initiative to study by themselves. They went back and reviewed the basic concepts, procedures, and diseases that are commonly encountered in the clinical area.

> *CI-1: "I reviewed step-by-step. For example, in charting, what components are needed? Because the way we do FDAR charting in the hospital is different from the FDAR charting at school, right? For students, the focus is just like this, like that. Second, the usual procedures, IFC insertion. Even though you know how to do it, you have to be sure about the sequence, right? You cannot miss something. We are doing it anyway, but you have to make sure. So, for me, I still review. And what else, the common disease ailments, I really read."*

> *CI-8: "So, I read research studies, the new ones. Even the surgical instruments, I read about them again to make sure that what we are using is the same as the ones in the books."*

Study participants shared their experiences of revisiting and reviewing basic concepts to ensure accurate knowledge. This was necessary due to differences between school teachings and real-world nursing practice. Participants with prior nursing experience recognized the need to adjust and adapt to the academic setting. Their proactive approach to gaining additional information enabled a successful transition to adjunct novice nurse faculty. This aligns with Kurt Lewin's Change Theory, involving unfreezing, changing, and refreezing.[24] Institution-specific guidance and refreshing previous knowledge are vital for a smooth transition. Novice nurse lecturers learn to work independently and apply knowledge effectively in clinical settings.[24]

Theme 3: Facing the Challenges

This theme represents challenges as something experienced by adjunct-novice nurse faculty during the role transition period and may have impeded them from having a smooth and successful transition. Some of the challenges encountered by faculty were supervising students, overwhelming combined workloads, and role confusion from colleagues.

Supervising Students for the First Time

Supervising students, checking requirements, and computing grades posed challenges for novice nurse faculty in the study. Dealing with diverse personalities and negative behavior proved toxic and stressful for them, as it was their first encounter with such responsibilities.

CI-4: "...basically how to handle ten to thirteen students who have different personalities. Because there are really others, I can't really think of how to handle them, to be honest. Basically, I have encountered students who are a bit manipulative in a way and stubborn."

CI-6: "Computing grades, of course, because we're not used to using Excel. We are struggling there. Yes, but when it comes to computation, we can do it. It's only in Excel because we're not that good at it."

CI-6: "The only disadvantage is that the papers are a bit toxic. The students' many paperwork was new to me and quite overwhelming. Only your papers are really toxic. Because every now and then, you have to write your things, your assessments, and your regulations accordingly. Also, regarding your concept map, I need to see everything. I cannot give your output a grade if I don't see your complete concept map."

Adjunct novice nurse faculty in academia face various challenges as they familiarize themselves with their roles and teaching culture. Participants lacking formal academic experience, such as participants 4 and 6, encounter difficulties in managing students, especially those with deviant behaviors. Establishing rapport, addressing conflicts, and understanding institutional policies and grading criteria become sources of stress and ambiguity. These challenges could be alleviated through adequate information and orientation about the expectations of their new role, which would increase their confidence and awareness of their responsibilities.[11] According to William Bridges' transition theory, novice nurse faculty are currently in the neutral zone, characterized by ambiguity and exploration.[25] This phase requires support and guidance as they navigate discomfort, confusion, and the need for professional development.[25]

Overwhelming Combined Workloads

The conflict in their schedule, with consecutive 16-hour duties and varying roles in each 8-hour shift, added to the challenges faced by adjunct novice nurse faculty. The overwhelming workload in teaching, coupled with their continuous work schedule, contributed to their exhaustion in their new role.

CI-6: "The only difficult thing is that there is this time where, for example, I'm from 11-7, so it's like I'm just sleeping off today, then I'm on duty tomorrow. So, I have to do my duty from 7-3 as CI, and then after duty, I'm in the ward from 3-11 as a staff nurse. It's a bit difficult because I must first finish my responsibilities to my students before I do my work at the hospital"

CI-4: "So what will happen is we have to use our day off for the students. As a result, we have a straight duty during those times. So, it is like we no longer have rest because we use it for our duty to the students. I am tired from my duty, but after my duty as CI, I will also check my students' requirements."

In the study, participants shared their challenges during the early stages of their academic careers. These difficulties primarily stemmed from the lack of rest caused by continuous 16-hour shifts, overtime work, and teaching on their days off. One participant (P6) described the struggle of trying to catch up on sleep during their single rest day, only to face another long shift the following day. Another participant (P4) had no actual rest days due to their teaching commitments. The continuous workload and extended working hours had negative effects on their physical and emotional well-being, leading to fatigue. Balancing professional and personal lives was a significant challenge for the participants, as heavy workloads and the need to develop teaching skills intensified their difficulties. The Role Transition Theory by Afaf İbrahim Meleis suggests that novice nursing faculty, facing overwhelming workloads, are in a stage of encountering new experiences that can result in stress and frustration.[26] To support their transition, it is recommended to provide assistance and resources such as mentorship programs, professional development opportunities, and effective time management strategies.[26]

Role Confusion from Colleagues

Due to the participants' dual roles, colleagues in clinical settings are confused about the function of the adjunct novice faculty when facilitating students in the area.

CI-7: "Yes, of course. You don't know, especially not only me, but even my colleagues and the doctors around me. That's why they always ask me, "Are you a CI?", "Are you a student?" Something like that. Then sometimes, their thinking is that I'm a circulating nurse when I'm in the theater, right? And they're asking me "please get…", "please get...", "please get...". Then, come on I cannot observe my students."

CI-8: "Let's say someone is asking you to take medicine that you shouldn't – I won't be the one running because I'm looking after some students, but because the medication is urgent, I'll be the one to run."

The role of adjunct novice nurse faculty can be confusing to colleagues and doctors, who sometimes mistake them for staff nurses during their shifts. This confusion leads to commands to perform staff nurses' tasks, such as getting medications or surgical instruments, causing the participants,

like participants 7 and 8, to lose focus on their role as faculty. Participants attribute their loss of focus to their familiarity with the tasks performed in the area and the people surrounding them. Misconceptions held by other nursing staff about their role further contribute to this role confusion experienced by novice nurse faculty. Role expectations and responsibilities need to be clearly understood by all staff to avoid such misconceptions and alleviate role confusion.

Role confusion occurs when an individual functions as a staff nurse and an adjunct novice nurse faculty in the same area. According to Wenner & Hakim, having two work roles forces clinical instructors to bounce back and forth between types of work and role obligations.[27] This switching of roles eventually brings feelings of being overwhelmed and confused to the novice nurse faculty.[12] As per participants, being accustomed to the tasks performed in the area and the people surrounding them is the primary cause of their loss of focus, affecting their performance as faculty. In the study of Sayers et al., a participant experienced the "misconceptions" held by other nursing staff about her role.[28] Misconceptions occur when role expectations and responsibilities must be clearly understood by staff, particularly in hospitals where two functions exist. Such misconceptions further contribute to role confusion experienced by novice nurse faculty.[28]

Theme 4: Making it Through

Transitioning into the role of an adjunct novice nurse can be challenging, as it involves navigating new responsibilities, expectations, and dynamics with students, colleagues, and the healthcare setting. This major theme reflects what helps the participants carry on the chosen path despite the aforementioned challenges.

Setting Boundaries with Colleagues on Dual Role

Setting clear boundaries with colleagues is vital for adjunct novice nurses to uphold a professional and efficient working environment. By fostering professional communication and clarifying roles, a respectful and effective atmosphere is created, benefiting student learning outcomes and elevating the quality of patient care.

> *CI-1: "I make it a point that even before I start in duty, I already tell them that... my role as a faculty is different; my responsibilities are the students. If you see that it's like, I'm on duty, and a junior staff is on duty, when he/she will ask me, "Ma'am, how is it?" I will teach him, but he will be the one who will do it. Not me, because I'm not a staff now. So, if you make a mistake in doing it, I will not be responsible for that; that's on you. You have to be very clear when it comes to your markings on the boundaries. Right? As for the student, my former student who was with me, but I was a staff member at that time, it's also different."*

> *CI-2: "Knowing that (I am) the CI, a senior nurse also working in the hospital, instead of the students you are focusing on, you are also focusing on the staff nurses - wait, I am a CI here; why are you asking me this? You are actually functioning now as dual, CI and at the same time as a staff nurse, who is also working in the unit. Your focus should be on teaching the students, and the staff nurses should ask the senior nurse on duty during that time instead of me, who is functioning as a CI."*

Effective communication plays a crucial role in establishing clear and respectful boundaries for adjunct novice nurse faculty. By being concise, assertive, and transparent about their roles and responsibilities, they contribute to a safe and positive work environment for themselves, colleagues, and patients. Creating firm boundaries not only enables them to provide quality education to students but also fosters a collaborative space that prevents potential complications. According to Fredrickson's Broaden-and-Build Theory, setting boundaries with colleagues on dual roles fosters emotional support, work engagement, energy, and vitality, ultimately enhancing the quality of care.[29] By setting boundaries, novice nurse faculty can create a positive environment that broadens their cognitive and interpersonal skills. Clear expectations and reduced conflicts strengthen relationships among faculty members and contribute to better student outcomes.[29]

Lowering Expectations for Students

Clinical instructors adapt and lower expectations for student nurses to foster their success and growth. Recognizing that students are in their early nursing education stages, instructors account for their limited knowledge, skills, and experience. Adjusting expectations based on student proficiency supports their optimal development.

> *CI-1: "No, just really think that when the person in front of you is a student, you automatically need to accept mistakes; they are there to learn. But the registered nurse, who used to practice, you have taught several times... quite unacceptable when you have life-threatening errors. right? They are registered nurses who are expected to make fewer mistakes. The registered nurse and the student cannot make the same mistake, no."*

> *CI-2: You need to lower your expectations for undergraduates. I do not expect them to be functioning as staff nurses, no. But I expect it to follow the rules set by the school."*

To effectively teach, adjunct novice nurse faculty must understand student nurses' limitations and adjust expectations accordingly. They should differentiate between the capabilities of student nurses and experienced colleagues, setting realistic expectations. Compliance with university

rules and working alongside skilled staff nurses is important to maintain professional standards. Addressing expectations and potential issues, especially during dual shifts, is crucial. A study suggests problem-solving and finding solutions when changing expectations.[12] By applying Patricia Benner's Novice to Expert Theory, adjunct faculty can customize clear expectations for different skill acquisition stages, provide feedback and mentorship, facilitate experiential learning, create a supportive learning environment, promote self-directed learning, and regularly reassess and adjust expectations based on individual progress. These strategies guide student nurses' development into competent practitioners.[18]

Support from Colleagues and the School

Seeking support from colleagues and the school can be essential for adjunct novice nurse faculty members as they navigate their new teaching role. It can provide valuable guidance, resources, and a sense of community, helping them cope with challenges, enhance their teaching skills, and thrive in their role as educators.

> *CI-3: "Our department head is very hands-on. On our very first day of being a CI, he messaged us. Since he messaged us, we are touched; we feel that we are cared for as a part-time CI. We also felt important because the DH is asking us (about our situation)."*

> *CI-4: "There are CIs that I approached like ma'am and sir. (I asked) "Sir, how do you do this? I don't know how to do this." I asked other CIs also, senior CIs, (I asked) "Ma'am, can you assist me? How does this grading system work? And they were very willing to help you."*

Adjunct novice nurse faculty benefit from support in their new role. Seeking help, accepting assistance, and asking questions are important for effective adjustment and quality education. Staff nurses excel in patient care, while clinical instructors need proficiency in administrative tasks. Seasoned faculty members serve as mentors and role models. Support from colleagues and administration is crucial for a smooth transition, as a lack of support leads to uncertainty. Schlossberg's transition theory highlights the significance of social support in navigating life transitions. Information-seeking and personal strengths contribute to successful adaptation and coping.[30]

Theme 5: Feeling Good and Fulfilled

After experiencing the role of being an adjunct nurse faculty, the participants gained positive outcomes personally and professionally. This theme encapsulates the growth, changes, and gratification they felt.

Personal and Professional Growth

The growth observed in these themes includes adjusting to different student personalities and experiencing improved attitudes. Regarding their professional development, these individuals see teaching as an opportunity to enhance and refresh their skills, staying updated with scientific advancements for better patient care.

> *CI-4: "But it is also a learning experience for me to see my weaknesses as a person."*

> *CI-8: "Overall, being a clinical instructor made me a better person and a better nurse. – to be more empathetic to a lot of – to people around me. To be more patient."*

Teaching as an adjunct novice faculty provides both teaching and learning opportunities. Interacting with students enhances communication and interpersonal skills important for patient interactions. Establishing boundaries enables faculty members to excel and gain confidence in teaching. Jack Mezirow's Theory of Transformational Learning applies to adjunct novice nurse faculty as they critically reflect, challenge norms, seek challenges, and collaborate with colleagues and students.[31] This transformative process leads to improved teaching practices and personal and professional growth.[31]

Feels Good to be Appreciated

Seeing the students improve and receiving their compliments made the novice nurse faculty realize the impact they have. Knowing they had a positive influence on the students gave them a feeling of gratification and satisfaction.

> *CI-4: "For me, it really flatters me to hear my students' response. Every now and then they'll verbalize "Ma'am, things are easier and more fun when our CI is also a staff nurse", since they know how to work within the area."*

> *CI-1: "The fulfillment that you get is different. You know why? The students are very appreciative; if they appreciate you, you get compliments. Yes, you still get compliments, you still get good words when it comes to working as a staff nurse, but it is different coming from the students, when you see that they have learned from you, they start from scratch, they don't know nothing when it comes to preparation, then suddenly you hear them saying, "oh ma'am, it's a good thing our CI is a staff nurse, we have learned skills, routine and became more skilled". So, it's really a different fulfillment when you see that you imparted, or you made a great difference to them."*

Receiving compliments and witnessing student improvement as an adjunct novice nurse faculty member brings a sense of fulfillment and appreciation. Participant 4 found appreciation through student compliments, while Participant 1 felt fulfilled when observing student progress. This positive feedback enhances job satisfaction, engagement, and teaching outcomes. Students' recognition satisfies the

need for belongingness, strengthens academic relationships, and boosts self-confidence in teaching. Focusing on students encourages adjunct faculty to persevere through challenges.[32] This appreciation signifies the creation of a positive and supportive learning environment. It also fulfills the need for belongingness and love in Maslow's hierarchy, promoting a sense of self-worth and confidence. The positive feedback and recognition propel participants to higher stages of Maslow's hierarchy, enhancing their self-esteem and belief in their teaching abilities.[33]

Limitations

The study had a sample size of eight participants from a single healthcare institution, which limits generalizability to other novice nurse faculty populations. However, efforts were made to maximize the number of participants given the limited setting. Data was collected through unstructured interviews, conducted by interviewers with varying capabilities but uniform training. Iterative questioning and data saturation were used to ensure comprehensive data. Most interviews were face-to-face, with a few conducted online. In addition, as the researcher conducted the interviews, their presence and questioning style may have influenced participants' responses, potentially affecting how openly or fully participants shared their experiences. Reflexivity and bracketing were used to minimize this influence.

CONCLUSION

Adjunct novice nurse faculty's experience was rooted and influenced by several driving forces that significantly shaped their journey into becoming nurse educators. They went through a phase of preparation before taking over their new role to equip themselves in an unfamiliar environment. Confronted by the various challenges brought about by their new role, they were able to strive to persevere and make it through. Navigating these experiences can be challenging and rewarding, ultimately contributing to their growth, fulfillment, and joy. The effective transition of novice nurse faculty into their new role is not merely a result of accumulating years of experience. Instead, it involves a transformative journey that encompasses continued personal and professional growth and commitment.

Recommendations

To support adjunct novice nurse faculty, it is essential to reinforce basic knowledge and develop and implement a comprehensive and structured orientation program to help them adjust easily to the new role. Future research can focus on diverse populations, competencies of novice nurse faculty, and a qualitative study on the experience of students being handled by novice nurse faculty. Proper scheduling, feedback, and a nurturing environment promote rest and growth. Positive reinforcement and recognition foster a supportive environment and improve learning outcomes.

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All authors certified fulfillment of ICMJE authorship criteria.

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