

From Clinic to Classroom: The Lived Experiences of Nurse Educators on Transition, Challenges, and Identity Formation in Higher Education Institutions in Cavite, Philippines

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Abstract

The global shortage of nursing faculty has led to increased recruitment of experienced clinicians into academic roles. While this transition is essential for sustaining nursing education, it often entails significant professional, psychological, and identity-related challenges. In the Philippine context, empirical evidence exploring the lived experiences of nurse educators remains limited. This study explored the lived experiences of nurse educators in Cavite, Philippines, focusing on their transition from clinical practice to academia, the challenges encountered during early faculty years, and the process of professional identity formation. A qualitative research design was employed using purposive sampling. Twenty-five nurse educators from four higher education institutions offering Bachelor of Science in Nursing programs in Cavite participated in the study. All participants had prior clinical nursing experience. Data were collected through open-ended questionnaires, face-to-face interviews, and online interviews. Thematic analysis was used to identify recurring patterns and meanings across participants' narratives. The findings are in three overarching domains: transition experiences, early-career challenges, and professional identity construction. Participants described teaching as an extension of their clinical calling while also seeking work–life balance and sustainability. Early faculty years were marked by identity disruption, pedagogical insecurity, role overload, and emotional strain. However, mentorship, collegial support, adaptive coping strategies, and continued engagement with clinical values facilitated adjustment. Over time, participants developed a unified nurse-educator identity, redefining professional success through student outcomes, long-term impact, and personal fulfillment. The transition from clinic to classroom is a complex, evolving process requiring institutional support and intentional faculty development. Structured mentorship, realistic workload policies, and identity-sensitive support mechanisms are essential to promote nurse educator retention, well-being, and educational effectiveness within Philippine higher education institutions.

Keywords: Nursing Faculty, Professional Identity, Qualitative Research, Career Transition

Introduction

As a nurse educator who has transitioned from clinical practice to academia, the researcher recognizes that teaching extends beyond the simple transfer of knowledge; it is a responsibility that shapes the competence, confidence, and professional identity of future nurses. It has been observed that this transition is not always straightforward, as it involves navigating unfamiliar expectations, redefining one's professional role, and learning how to translate clinical expertise into meaningful learning experiences. From this perspective, understanding how nurses experience this shift becomes essential, particularly in contexts where many enter teaching with strong clinical backgrounds but limited preparation for academic roles. This realization underscores the importance of exploring the lived experiences of nurse educators as they adapt, cope, and grow within the academic environment.

Nursing education sits at the intersection of healthcare practice and higher education, and the movement of experienced clinicians from bedside roles into faculty positions is a global trend driven by expanding student numbers and persistent faculty shortages (Singh et al., 2021). Nurses who cross this threshold frequently experience the shift not as a linear promotion but as a complex professional reorientation that requires new knowledge, new skills, and a renegotiation of role expectations (Halton et al., 2024). In the Philippines and other low- and middle-income contexts, colleges and universities increasingly recruit clinically expert nurses into academic posts to strengthen pre-licensure programs and respond to workforce needs, yet these clinicians often arrive with limited formal preparation for teaching and academic citizenship (Calaguas, 2023).

International literature describing the lived experiences of nurse educators highlights recurring themes: reasons for transition (including dissatisfaction with clinical practice or the pursuit of flexible work), coping strategies employed during the role change, the centrality of mentoring and orientation in easing transition shock, and the social construction of educator identity within communities of practice (Laari, 2021). Qualitative work from Ghana and elsewhere shows that many novice nurse educators rely on informal strategies—peer support, workshops, and transferring clinical skills to teaching—because formal institutional supports are limited (Laari, 2021). Researchers have also emphasized professional identity formation as a dynamic, socially negotiated process for nurse educators: identity is not simply carried over from clinical expertise but is co-constructed through interaction with colleagues, communities of practice, and institutional expectations (Woods et al., 2022). Empirical studies additionally document the detrimental effects of inadequate support on educator well-being, retention, and the quality of clinical teaching, suggesting that investments in mentoring and structured faculty development correlate with better outcomes for new faculty and their students (Glover et al., 2021).

Despite these advances, important gaps remain. Much of the current evidence derives from high-income settings or from single-country studies in Africa and Australia, with relatively few in-depth phenomenological accounts from Philippine higher-education contexts that explore how local cultural, regulatory, and institutional factors shape transition, challenge, and identity formation.

This study *From Clinic to Classroom: The Lived Experiences of Nurse Educators on Transition, Challenge, and Identity Formation in Higher Educational Institutions in Cavite, Philippines* addresses that gap by documenting the lived experiences of nurse educators in Cavite and by examining how transitions are negotiated, what challenges emerge in the first years of faculty life, and how professional identity as “nurse-educator” is constructed within Philippine academic settings. The findings shall provide locally grounded evidence to inform institutional policies on recruitment, orientation, mentorship, and faculty

development; they will also contribute to international scholarship by situating professional identity formation in a Philippine higher-education context where cultural and systemic differences may demand tailored strategies.

Objectives of the Study

This study is guided by the following objectives, which seek to understand the lived experiences of nurse educators as they transition into academia and develop their professional identity.

1. Describe the transition of nurse educators from clinical nursing practice to teaching in academic institutions.
2. Identify the challenges encountered by nurse educators during their early years as faculty members.
3. Examine how nurse educators construct their professional identity as educators over time.
4. Identify recommendations based on the data gathered from the nurse educators.

Methodology

Research Design. This study employed a qualitative research design to explore the transition experiences, challenges, and professional identity formation of nurse educators who moved from clinical practice to academia. A qualitative approach was deemed most appropriate because the phenomenon under investigation involves personal meanings, subjective interpretations, and reflective narratives that cannot be adequately captured through quantitative measures. By focusing on participants' lived experiences, the design allowed for an in-depth understanding of how nurse educators make sense of their professional journeys over time.

Sampling Technique. The study utilized purposive sampling to identify participants who could provide information-rich accounts relevant to the research objectives. This sampling technique was appropriate because the study required participants who had direct experience transitioning from clinical nursing practice to teaching roles in higher education institutions. Selection was based on predetermined inclusion criteria to ensure that participants possessed the necessary background and experiential knowledge related to the phenomenon under study.

Participants of the Study. The participants of the study consisted of 25 nurse educators currently teaching in higher education institutions offering the Bachelor of Science in Nursing in Cavite, Philippines. All participants had prior clinical nursing experience before entering academic teaching roles, making them suitable informants for exploring the transition from clinical practice to academia. Participants were drawn from four higher education institutions in Cavite to capture diverse perspectives shaped by varying institutional cultures, workloads, and academic expectations. This diversity allowed for a more

comprehensive understanding of common patterns and unique variations in transition experiences and professional identity construction among nurse educators in the province.

Research Instruments. The primary research instrument used in this study was an open-ended questionnaire consisting of 12 main questions designed to elicit detailed narratives related to participants' transition experiences, challenges during early faculty years, and professional identity development. The open-ended format allowed participants to freely express their thoughts, reflections, and meanings without restriction, thereby generating rich qualitative data aligned with the study's objectives.

To ensure content validity and clarity, the questionnaire was subjected to expert validation by two nursing education leaders and two psychometricians. Their feedback focused on the relevance, coherence, and appropriateness of the questions in relation to the research objectives. Revisions were incorporated based on their recommendations to enhance the instrument's rigor and ensure that it effectively captured the intended constructs.

Data Gathering Procedure. Data was collected using a combination of face-to-face interviews, online interviews, and questionnaire dissemination, depending on participant availability and preference. This flexible approach facilitated participation while ensuring that data collection remained systematic and consistent across participants. Interviews were conducted using the validated open-ended questionnaire as a guide to maintain focus while allowing for probing and clarification when necessary.

Prior to data collection, participants were informed of the study's purpose, procedures, and ethical safeguards. Face-to-face and online interviews were conducted in a private and conducive setting to encourage openness and confidentiality. Questionnaire responses were collected either during scheduled sessions or through secure online platforms, ensuring accessibility and participant convenience.

Data Analysis. The collected data were analyzed using thematic analysis, a qualitative analytic method suited for identifying patterns and meanings within narrative data. This approach involved familiarization with the data, generation of initial codes, and systematic identification of recurring themes related to transition experiences, challenges, and professional identity formation.

Through iterative reading and comparison of transcripts and questionnaire responses, themes were refined and organized to reflect both shared and divergent experiences among participants. Thematic analysis allowed for a structured yet flexible examination of the data, ensuring that findings remained grounded in participants' narratives while addressing the study's research objectives.

Ethical Considerations. Ethical considerations were strictly observed throughout the conduct of the study to protect the rights, dignity, and well-being of all participants. Informed consent was obtained prior to participation, and participants were clearly informed of the study's purpose, procedures, potential risks, and benefits. Participation was entirely voluntary, and participants were assured of their right to withdraw from the study at any point without penalty.

Confidentiality and anonymity were maintained by assigning codes to participants and excluding identifying information from transcripts and reports. All collected data were securely stored and accessed only by the researcher in a password-protected medium. The study adhered to established ethical standards for research involving human participants and was conducted with respect, integrity, and professional responsibility.

Results and Discussion

1. Transition from Clinical Practice to Academic Teaching

1.1 Teaching as an Extension of Clinical Calling

This theme captures how participants perceived the move to academia not as a departure from nursing but as a continuation and expansion of their professional purpose through mentoring and shaping future nurses.

P2: “I discovered my passion for guiding and mentoring students and new nurses... This passion eventually led me to transition into an academic institution.”

P3: “I never imagined I would find so much fulfillment in mentoring and nurturing future Registered Nurses.”

P7: “I am able to share my experiences to aspiring nurses... hoping I could make a difference to them.”

P10: “I enjoyed explaining the ‘why’ behind clinical interventions just as much as performing them.”

P20: “This realization that I had a knack for breaking down complex technical processes for others led me to pursue a teaching position.”

The analysis of participant reflections indicates that the transition to academia is often perceived not as a departure from the core values of nursing but as a longitudinal expansion of their professional calling through the mentorship of future colleagues. This theme highlights a paradigm shift where the "clinical calling" is reframed from direct patient care to "nursing at scale," where the educator's influence is multiplied through the hands of their students.

Contemporary scholarship confirms that the nursing lecturer serves as a pivotal architect of the healthcare workforce, moving far beyond the simple transmission of academic knowledge to act as a moral and clinical guide. Recent literature from 2024 suggests that when educators view their role through the lens of a "calling," they are more likely to successfully instill core values such as empathy, accountability, and patient-centered care in their students. This alignment between clinical values and pedagogical goals helps to maintain the continuity of the nursing identity during the transition period (Akter, 2025).

1.2 Seeking Sustainability, Stability, and Work–Life Balance

This reflects how physical exhaustion, family responsibilities, health concerns, and the need for predictable schedules motivated their transition to academia.

P11: “A back injury made the physical demands of the floor unsustainable.”

P15: “I felt my passion for nursing withering away due to pure exhaustion.”

P19: “The unpredictable nature of hospital ‘on call’ shifts was making it impossible to be present for my family.”

P23: “*Hindi ko kayang dalhin ’yung stress ng ICU pauwi sa amin.*” (I cannot bring the stress of the ICU back home)

P25: “*Mas nakakasama lang ang ang mga anak ko tuwing gabi at weekends.*” (I’m only able to be with my children at night and weekends)

The results demonstrate that physical exhaustion and the high-intensity stress of clinical environments, such as the ICU, act as primary catalysts for seeking the relatively predictable structure of an academic role. Participants cited back injuries, "on-call" unpredictability, and a general withering of passion due to sheer physical exhaustion as reasons for the move. The move to academia was often framed as a survival strategy to preserve their nursing identity while accommodating family responsibilities and the need for a "24/7" cycle that, while demanding, allowed for evening and weekend presence for children. This suggests that for many clinicians, the university setting represents a "safe harbor" from the physical toll of the hospital floor, though it replaces physical labor with cognitive and administrative load.

A scoping review conducted by Mathebula et al. (2025) highlights that occupational stress among nurse educators is influenced by long working hours and the blurring of lines between professional and personal life, particularly in the era of digital pedagogy. Research indicates that work-life imbalance significantly predicts intentions to leave academia, suggesting that the "stability" sought by clinical nurses is often undermined by the "culture of constant productivity" inherent in higher education (Boamah et al., 2023).

1.3 Translating Clinical Reality into Teaching Practice

This theme emphasizes how prior clinical experiences directly shaped participants’ pedagogical approaches, particularly through realism, patient safety, and critical thinking.

P1: “I prioritized critical thinking and clinical judgment over simple rote memorization.”

P8: “*Bawat procedure at desisyon na gagawin mo ay may epekto sa kung anong mangyayari sa pasyente mo*” (Every procedure and decision has a direct impact on patient outcomes.)

P14: “I taught my students how to provide high-quality care even when the ‘ideal’ equipment wasn’t available.”

P17: “I used my past experiences with trauma cases to create high-fidelity simulations.”

P21: “*Sa libro ganito, pero sa totoong ospital, ganito ang gagawin niyo.*” (The book may say this, but at a real hospital, this is what you’ll do.)

Participants in this study described their clinical background as the essential foundation for their pedagogical strategies, emphasizing the use of real-world "trauma cases" and high-fidelity simulations to ground student learning. Rather than relying solely on textbook definitions, educators like P21 focused on the "clinical reality" of the hospital, preparing students for the "messiness" of practice where ideal equipment might not be available. This pedagogical approach prioritizes critical thinking and clinical judgment over rote memorization, reflecting the educator's deep-seated belief that every classroom decision has a direct impact on future patient outcomes.

1.4: Identity Disruption and Role Adjustment in the First Year

This theme captures the psychological, cognitive, and cultural challenges encountered during the early transition into academia.

P1: *"Nahirapan ako na para akong impostor, na ang galing ko sa clinical pero sa teaching, baguhan lang."* (I struggled with the 'imposter syndrome' of being an expert clinician but a novice educator.)

P10: "The shift from being an expert clinician to a novice educator was jarring."

P14: "I felt 'guilt' for leaving the bedside during a nursing shortage."

P24: *"First time ko ring ma-feel 'yung 'identity crisis' kung nurse pa ba ako o teacher na."* (I felt an identity crisis for the first time, whether I'm still a nurse or already a teacher.)

P25: *"Hindi ka lang nurse, kundi speaker din."* (You're not just a nurse, you're also a speaker.)

The transition into the first year of faculty life is characterized by "identity disruption," where individuals struggle with being an expert clinician but a novice educator. Participants reported "imposter syndrome" and a jarring sense of vulnerability when they realized that their bedside expertise did not automatically translate to classroom authority or pedagogical skill. Furthermore, a sense of guilt was expressed by those leaving the bedside during a critical nursing shortage, creating an "identity crisis" regarding whether they were still "real" nurses or merely "speakers". This finding suggests that the first year is a period of "transition shock" that requires significant psychological resilience to navigate.

Scholarship indicates that transition shock is a major contributor to the precarious "novice period," where over 50% of new nursing faculty members report an intent to leave academia within the first three years (Greenway et al., 2025). These notes that novice faculty often feel "unintentionally unsupported" because their colleagues assume their clinical expertise equates to teaching proficiency. Further, according to McKee et al. (2026), the psychological toll of this role ambiguity can lead to chronic self-doubt and heightened insecurity, which are primary drivers of early-career attrition.

2. Challenges During the Early Years as a Faculty Member

2.1 Overwhelming Academic Workload and Role Overload

This theme reflects the participants' shared experience of being unprepared for the breadth, intensity, and continuity of academic work compared with clinical nursing.

P1: “I moved from ‘clocking out’ after a 12-hour shift to a 24/7 academic cycle of grading, lesson planning, and responding to student inquiries.”

P10: “I was unprepared for the sheer volume of administrative work, committee meetings, and curriculum mapping that happens behind the scenes.”

P11: “I often felt like I was failing at everything because I was trying to juggle teaching, service, and scholarship simultaneously without a clear roadmap.”

P17: “In the hospital, my work ended when I punched out, but in academia, the workload followed me home.”

P25: “*Minsan mas marami pang oras ang nagugugol ko sa pag-grade kaysa sa mismong pagtuturo.*” (Sometimes, I spend a longer time grading than actual teaching.)

The participants highlighted a significant "surprise" regarding the 24/7 nature of academic work, contrasting it with the "clocking out" culture of a 12-hour hospital shift. The sheer volume of administrative tasks, committee meetings, and curriculum mapping led to a sense of being "always on," where grading and lesson planning followed the educator home. For many, the lack of a clear roadmap led to feelings of failing at everything because they were trying to juggle teaching, service, and scholarship simultaneously. This reflects a structural mismatch between the new faculty's expectations and the institutional reality of role overload.

Hashish et al. (2025) reported that high job expectations and chronic role overload are significant risk factors for burnout and depression among nurse educators. Institutional solutions must focus on aligning programs and workload with the actual capacity of the faculty to prevent "deferred maintenance" on human resources (ACAD, 2025).

2.2 Pedagogical Insecurity and the Shift from Expert Clinician to Novice Educator

This captures the difficulty of translating clinical expertise into effective teaching, assessment, and classroom authority.

P3: “I didn’t know how to handle a room full of students, keep them engaged, or prepare a meaningful syllabus.”

P8: “Balancing approachability with firmness, and being both a mentor and an evaluator, required emotional intelligence and confidence.”

P13: “Here, it felt like my worth was measured by my ability to navigate APA formatting and institutional politics.”

P19: “I was carrying the weight of 50 students’ futures, which felt like a 24/7 responsibility.”

P21: “*Minsan nakaka-drain din ’yung institutional expectations na dapat ‘expert’ ka na agad sa lahat ng subjects kahit bago ka pa lang.*” (Sometimes, it’s draining that the institutional expects you to be an expert in all subjects already, even though you’re just new.)

The analysis suggests that the transition from being a clinical expert to a novice educator creates a profound sense of pedagogical insecurity. Participants like P3 expressed not knowing how to manage a classroom, prepare a meaningful syllabus, or balance approachability with the firmness required for evaluation. The transition also involved a shift in how "worth" was measured—moving from patient outcomes to the ability to navigate APA formatting and institutional politics. This creates a sense of abandonment, where the novice feels "thrown into the role" with little training or mentoring despite the high stakes of their students' futures.

2.3 Classroom Management, Student Engagement, and Assessment Complexity

This theme highlights the challenges of managing diverse learners, maintaining engagement, and designing fair, valid assessments.

P1: “Designing valid assessments proved complex, as I had to ensure my exams didn’t just test memory.”

P9: “There are times when it is truly challenging to control my emotions.”

P11: “Learning the nuances of psychometrics... was a steep learning curve that caused me a lot of anxiety.”

P15: “I struggled to find the balance between being a mentor and being an evaluator.”

P21: “*Hirap ako nung una gumawa ng exam questions na hindi lang puro memorization.*” (At first, it’s hard writing exam questions that aren’t only memorization.)

Participants identified classroom management and the design of fair, valid assessments as one of their most significant technical challenges. Learning the nuances of psychometrics and ensuring that exams tested critical thinking rather than just memory proved complex and anxiety-inducing. Furthermore, managing the emotions and challenging behaviors of diverse learners required a level of emotional intelligence for which many clinicians felt unprepared.

2.4 The Critical Role of Mentorship and Collegial Support

This theme underscores how formal and informal support systems shaped adjustment, confidence, and retention.

P1: “Formal mentorship programs provided a vital ‘preceptor’ for the classroom.”

P8: “Collaborating with fellow new and experienced instructors reduced the feeling of isolation.”

P11: “This lack of structure made my first year feel very isolating.”

- P15:** “Having a supportive Dean who understood the ‘transition fatigue’ made me feel like I belonged.”
P24: “*Unti-unti kong nakuha ’yung kumpas ng pagiging educator.*” (Slowly, I got used to the tempo of being an educator.)

The data indicate that formal and informal support systems are the most critical factors in helping novice faculty survive the "transition fatigue". Participants credited supportive deans and "preceptor-like" mentors with helping them find the "kumpas" (tempo) of being an educator. Conversely, a lack of structure during the first year made the experience feel isolating and overwhelming. Mentorship provided not only technical guidance on teaching but also a psychological "anchor" that helped individuals feel they belonged in the academic community.

Canale (2025) consistently identifies mentorship as a critical strategy for faculty recruitment, retention, and succession planning. Furthermore, mentorship is cited as a vital mechanism for fostering emotional resilience and professional identity during transitions into complex academic environments (Alshehri and Alodhailah, 2025).

2.5 Adaptive Coping, Boundary Setting, and Identity Reconstruction

This theme reflects how participants managed stress, self-doubt, and role strain through personal and professional coping strategies.

- P1:** “I learned to set strict boundaries around my ‘off duty’ time.”
P10: “Maintaining my clinical competence helped me feel ‘grounded’ in my nursing identity.”
P15: “*I had to remind myself na ang matagalan akong mag-grade ay hindi parang may nagcocode.*” (I had to remind myself that a grading delay was not a ‘code blue.’)
P19: “When I walked through the front door, I was 100% ‘son,’ not ‘professor.’”
P23: “*Malaking tulong ’yung alam mong hindi lang ikaw ’yung nahihirapan mag-adjust.*” (It’s a very big help knowing that you’re not the only one having difficulties adjusting.)

The qualitative findings suggest that successful transitioners are those who develop personal coping strategies, such as setting strict boundaries around "off-duty" time. Participants learned to reframing their work, reminding themselves that a "grading delay was not a code blue," which allowed for a necessary reduction in chronic stress.

Dintwe et al. (2025) identifies four major categories of coping strategies: problem-focused, emotion-focused, meaning-focused, and social support. Meaning-focused coping involves focusing on the "difference" one makes in students' lives to provide a sense of purpose during difficult transitions. Research suggests that those who successfully reconstruct their identity are more likely to be retained in academia for longer than five years.

3. Construction of Professional Identity as a Nurse Educator

3.1 Identity Shift from Clinician to Nurse Educator

This theme reflects the progressive transformation of participants' professional identity from being primarily clinicians to embracing a distinct, confident identity as nurse educators.

P1: “Initially, I viewed myself as a ‘nurse who teaches’... Over time, I have evolved into a ‘nurse educator.’”

P10: “I have evolved from a content-deliverer to a facilitator of learning.”

P11: “Now, I identify as a nurse who views education as a specialized form of nursing intervention.”

P14: “It turns out that being a nurse educator doesn’t make you any less of a nurse. Today, I identify wholeheartedly as a nurse educator.”

P21: “*Ngayon, I identify as a professional nurse educator, proud na ako na trabaho ko ang humubog sa mga susunod na RNs.*” (Now, I identify as a professional nurse educator, I am very proud that my job is to shape new RNs.)

The analysis shows a progressive transformation from identifying as a "nurse who teaches" to embracing the title of "Nurse Educator". This shift involves moving from being a mere content-deliverer to becoming a facilitator of learning who views education as a specialized nursing intervention. Participants expressed a newfound pride in shaping the next generation, suggesting that the "professional self" had evolved to incorporate the values of academia alongside the values of nursing.

3.2 Validation through Student Outcomes and Milestones

This theme highlights how professional validation and identity consolidation were shaped by tangible milestones such as student success, licensure outcomes, and academic achievements.

P1: “*Witnessing my first batch of students na makapasa ng NLE tapos meron ding nakapasa ng NCLEX... it was the ultimate validation.*” (Witnessing my first batch of students passing the NLE and some even NCLEX... it was the ultimate validation.)

P10: “Seeing a few students pass the boards provided a profound sense of professional accomplishment.”

P11: “The first time a student I had remediated passed their boards... was a major turning point.”

P21: “*Noong nakita kong pumasa sa Board Exam 'yung first batch na hinawakan ko, naiyak talaga ako sa tuwa.*” (When I saw the first batch of my students pass the board exam, I cried because of happiness.)

P23: “My student told me that they were able to use what I taught them when they had a patient who had an arrest.”

Participants described student success as the ultimate validation of their new professional identity. Seeing a student pass their boards provided a profound sense of accomplishment that grounded the educator in their role. These tangible milestones acted as the "turning point" where the educator felt their efforts were finally meaningful, moving beyond the uncertainty of the first few years. For educators, student success is the "evidence" that their pedagogical interventions are effective.

Park et al. (2025) indicate that structured assessment methods and standardized rubrics significantly reduce student anxiety and foster retention, creating a "success cycle" that benefits both student and teacher.

3.3 Integration of Nursing and Teaching as a Unified Professional Self

This theme reflects participants' resolution of earlier identity tension by reframing nursing and teaching as interconnected rather than competing roles.

P10: "I no longer feel the need to choose between the two [nursing and teaching]. I choose both."

P12: "I don't see them as separate identities anymore; I am a nurse who practices through the hands of my students."

P14: "I view the classroom as my 'clinical area.'"

P18: "Being an educator is simply 'nursing in the classroom'"

P25: "I'm a nurse and an academician. Not just a nurse; not just an academician."

The results indicate that participants eventually resolve the tension between their two roles by reframing nursing and teaching as interconnected. Instead of separate identities, they see themselves as "nurses who practice through the hands of their students," effectively viewing the classroom as their "clinical area". This represents the final resolution of the "identity crisis" found in the early transition years.

Literature identifies "professionalism" in nursing as a multidimensional concept manifested through combined knowledge, attitudes, and behaviors (Im et al., 2025). By bridging the theory-practice gap, educators ensure that the nursing discipline remains grounded in both scientific rigor and humane care.

3.4 Redefining Success and Fulfillment Beyond the Bedside

This theme captures how participants reconstructed their definition of professional success from immediate clinical outcomes to long-term educational and societal impact.

P1: "Success is no longer measured by the immediate recovery of a single patient."

P10: "Fulfillment comes from knowing that I am contributing to a safer healthcare system."

P15: "I define success by the 'ripples' I create, that my students will turn into big waves."

P19: "I define success by the quality of the 'human beings' I graduate."

P21: "*Dito sa academe, nahanap ko 'yung 'balance' na matagal ko nang hinahanap.*" (Here at the academe, I was able to find the balance that I always looked for.)

Success for the nurse educator is redefined from immediate patient recovery to the long-term educational and societal impact of their graduates. Participants found fulfillment in the "ripples" they created—graduating high-quality human beings who contribute to a safer healthcare system.

Redefining success beyond traditional career benchmarks to include relationships and self-care is essential for sustaining a long-term career in academia (Moonen, 2025). Furthermore, authentic success is described as the courage to follow one's own path and live in alignment with deep-seated values, regardless of external markers (Sidor & Dubin, 2025).

3.5 Growth in Confidence, Agency, and Professional Purpose

This theme reflects the increased confidence, emotional maturity, and sense of agency that developed over time.

P7: “Now, I’m more confident in myself and to my teaching skills.”

P8: “I now approach teaching with intentionality, wanting to shape nurses and not just doing my job.”

P13: “I have embraced the title of ‘Professor.’”

P15: “I have evolved from a task-oriented nurse into a growth-oriented educator.”

P22: “I was an agent of change by healing patients before, now I’m still an agent of change by nurturing the new nurses.”

The transition culminates in a significant increase in confidence, agency, and a clear sense of professional purpose. Participants reported evolving from task-oriented nurses into "growth-oriented educators" who view themselves as "Agents of Change" within the healthcare system. This sense of agency allowed them to approach teaching with intentionality and to embrace the title of "Professor" with authority. The growth in emotional maturity and self-belief marked the completion of their transformation from clinician to academic leader.

Liang et al. (2025) show that teacher effectiveness is significantly influenced by "impact concerns"—the desire to influence student learning and future success. This professional agency is reinforced through mentorship and continuous professional development, which helps educators navigate the "complexity compression" of modern healthcare systems. Ultimately, the development of this agency allows educators to not only teach but to proactively shape the future of the nursing profession (Nguyen & Barbieri, 2025).

Conclusion

This study illuminated the complex and deeply personal journeys of nurse educators in Cavite, Philippines, as they transitioned from clinical practice to academic teaching roles. The findings demonstrate

that this transition is not a simple career shift, but a multidimensional process marked by identity disruption, pedagogical insecurity, and role overload, particularly during the early years of faculty life. Participants experienced significant challenges related to workload intensity, classroom management, assessment design, and the emotional demands of redefining professional worth. Despite these difficulties, the transition was also characterized by meaningful continuity, as many educators perceived teaching as an extension of their clinical calling and a broader avenue for patient advocacy through the preparation of future nurses.

Over time, nurse educators reconstructed their professional identities by integrating nursing and teaching into a unified professional self, redefining success beyond bedside outcomes toward long-term educational and societal impact. Validation through student achievements, supportive mentorship, and adaptive coping strategies played a crucial role in sustaining confidence, agency, and professional purpose. These findings underscore the importance of structured faculty orientation, mentorship programs, and realistic workload expectations to support novice nurse educators. By providing locally grounded evidence, this study contributes to the limited Philippine literature on nurse educator transitions and offers practical implications for higher education institutions seeking to strengthen faculty retention, educator well-being, and the quality of nursing education.

Recommendation

To address the challenges identified in this study, higher education institutions offering nursing programs should implement structured and context-responsive support mechanisms for transitioning nurse educators. Formal orientation programs tailored for clinicians entering academia, paired with sustained mentorship models similar to clinical preceptorship, are strongly recommended to mitigate transition shock, pedagogical insecurity, and early-career attrition. Academic workload policies should be reviewed to ensure realistic teaching, administrative, and scholarly expectations for novice faculty, particularly during the first two to three years of appointment. Additionally, institutions should invest in continuous faculty development focusing on pedagogy, assessment design, classroom management, and academic writing, while fostering a supportive collegial culture that normalizes adjustment challenges. At the policy level, nursing education leaders and regulators may consider integrating transition-to-academe competencies into faculty development standards. Future research may expand this inquiry by using longitudinal designs or comparative studies across regions to further examine how professional identity evolves and how institutional interventions influence nurse educator retention, effectiveness, and well-being.

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