

Factors influencing progress through the liminal phase: a model to assist  
transition into nurse academic life

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# Factors influencing progress through the liminal phase: a model to assist transition into nurse academic life

## Introduction

Nursing education has undergone major changes over the last two decades of the twentieth century, with the education of Australian nurses moving from apprentice-style hospital-based settings to tertiary-based courses. This move brought new expectations and competing demands and the need for nurse faculty to be skilled in reflective thinking, teaching, research writing, critical analysis and scholarship (McDermid, Peters, Jackson, Daly, 2012).

The struggle to recruit and retain staff in nursing academia has been problematic and nationally and internationally, a nurse academic shortage has been recognised as an international concern (McDermid et al, 2012). These shortages have had a negative effect on nursing research, the education of nurses and in turn, patient outcomes (McDermid et al, 2012). Further, shortages in nurse faculty limit the number of students that can be enrolled in undergraduate and postgraduate programs, thus contributing to the ongoing shortage of professional nurses (McDermid et al, 2012). In an effort to relieve this shortage, nurse clinicians are being recruited in notable numbers from clinical practice to academia (McDermid, Peters, Daly & Jackson, 2013).

Recruiting from the clinical setting can present challenges, as the transition from clinical nursing to the academic environment is a major one. This paper is drawn from a larger qualitative study that explored the transition experiences of 14 clinical nurses as they transitioned into academic roles. Previous findings acknowledging role expectation, mitigating lack of confidence and resilience building strategies of this cohort have been published and further information about methods and ethical considerations are included in these publications (McDermid et al, 2013; McDermid, Peters, Jackson & Daly, 2016). The aim of this current paper is to provide a synthesis of the work generated from this study that present opposing elements of adversity and resilience and in conjunction with contemporary literature, and proposes a model that may assist new nurse academics who transition from a clinical setting through the three phases of liminality.

## Background

The concept of transition has been described as complex and multidimensional and is described as a movement from one life phase, condition or status to another (Chick & Meleis, 1986). It is a familiar concept in developmental and stress and adaptation theories and within the nursing literature has focused on the newly registered nurse.

Transition has a long history within disciplines other than nursing particularly in anthropology, with Van Gennep (1960) introducing 'Rites de Passage' in 1909. Van Gennep's work explored the concept of liminality, which is transition in the context of rituals. This work was further developed by Turner (1969) and Sheehy (1977), with liminality explained as a margin or threshold encountered when an individual has lost one identity and is in the process of reconstructing a new meaningful identity. Liminality has been described as a state of uncertain identity, in which people report feeling 'in a vacuum', 'in mid-air', 'neither here nor there' and 'at loose ends' (McDermid et al, 2016). It can be described as a psychological state in which the individual lacks or loses a self-defining connection to an important social domain such as work. Liminality is a multi-stepped process that begins with the pre-liminal phase, which is a separation from the old status. This is followed by the liminal phase, in which the transition takes place and is complete at the post-liminal phase, which is acceptance of the newly structured phase or identity. Fluid – no time -

Despite frequent mention of transition within the literature, the state of liminality has received minimal attention in contemporary literature with regard to academia. Understanding the liminal experience of new academics may be significant in not only creating awareness of the challenges and adversity faced, but also in providing a supportive framework for organisations to successfully guide them through the liminal phase. It can be suggested that without attention to the experience of liminality, anxiety, confusion and a sense of incompetence for the individual could result.

Link between liminality and transition outcomes and can create anxiety and confusion

### Model for successful transition into academic life

The model shown in Figure 1 identifies the experiences of new nurse academics in each liminal phase with an identified structure of support that could potentially enhance progression to a state of transformative growth, which is characteristic of the post-liminal phase. Understanding the ways new academics experience the liminal phase may constitute an opportunity to help them to develop, sustain or enhance their resilience through the enactment of formalised supportive strategies, which may result in a more confident, flexible and adaptable employee.

The Taijitu symbol used as the basis of the figure below represents Yin-Yang theory that is the core of Chinese philosophy. Yin–yang philosophy suggests that, although paradoxes and contradictions are opposing, they are also interdependent and complementary, mutually composing a harmonious whole. The literal meaning of Yin Yang is dark-bright which is depicted in the black and white shapes respectively within the symbol. Yin represents the negative, while Yang embodies the positive.

The Yin Yang symbol is reflective of the two major themes of transition, the opposing elements of adversity and resilience. The dark half of the symbol represents adversity, which as depicted in the model, is considerably more dominant in the early stages of transition. The darkness that is adversity diminishes with development of resilience, represented by the light within the symbol, which increases throughout the transition journey. Following the model is a discussion of the three phases of liminality and indicates the experiences/emotions and strategies/interventions that can influence progression or regression through the phases of liminality with the aim of moving the new nurse academic from the darkness which is adversity to the light of resilience.

### Phases shown in the model differ on time depending on individuals

Insert figure 1 here

### *Phase 1 Pre-liminal*

As reflected in this model, the academic role was not well understood by the new nurse academic participants and confidence in their clinical expertise was insufficient to satisfy the requirements of this role or support a successful transition (McDermid et al, 2016). Additionally, the reality of academia did not meet the expectations of the participants (McDermid et al, 2016). New nurse academics require an awareness that the academic environment is unique and the role of an academic is distinctly different from roles in the clinical setting. Potential applicants for academic roles must be provided with clear job descriptions, to allow a broader understanding of the scope of such roles and the expectation that they will engage not only in teaching but also in research and service. Ideally, employing organisations would convey comprehensive, accurate and realistic information regarding the demands of the role prior to the interview process (McDermid et al, 2013), to reduce role ambiguity. This may assist in preventing (or reducing) the disparities that currently exist between new academics' expectations of the role and reality (McDermid et al, 2013). The provision of clear expectations would possibly improve the transition process and assist new academics to survive and thrive.

This model reflects the lack of preparation by many of those who enter the field of nursing academia. This lack of preparation created feelings of anxiety and confusion and made the transition more difficult (McDermid et al, 2013). Not being appropriately prepared resulted in participants in this study doubting their abilities, which lowered confidence in relation to their academic role. This is potentially deleterious to nursing, as a lack of qualified, committed nursing faculty has negative implications for the future of nursing in all areas; including practice, teaching, research and policy development.

Some strategies that may assist transition through this phase that Schools of Nursing could invest funding into appropriate preparatory strategies to assist new nurse academics to teach, assess and evaluate students and their own teaching capabilities. This development, as indicated in the model, would ideally commence when engaging clinical nurses in research and teaching collaborations. Current experienced academics could provide opportunities through research and teaching mentorship or internship programmes. This would provide opportunities for clinical nurses to be exposed to role modelling and for them to be introduced to the skills needed for a potential future academic role.

Another strategy highlighted in the model to further assist nurse academics in the pre-liminal phase is the concept of coaching. Coaching can be described as ‘the art and practice of inspiring, energizing and facilitating the performance, learning and development of the coachee (Taie, 2011, p.34). It is a unique and individually tailored intervention that enables individuals to explore and address challenges and is based on the short-term. In a study of the role of coaching in the development of nurse managers, Westcott (2016) found that following coaching, nurse managers indicated increased resilience and confidence, which has significant appeal for faculty development given the feelings displayed in the model of being overwhelmed, anxious, uncertain and confused in this phase of liminality.

### ***Phase 2 Liminal***

As demonstrated in the model in shades of grey, the feelings displayed by the new nurse academics in the previous phase continued into the liminal phase as they lacked foundational teaching skills and received inadequate support and orientation (McDermid et al, 2013; 2016). It is apparent that new academics who have to spend time learning about the politics of the organisation or the physical layout of the university or college have less time to address the triumvirate roles in academic life). Thus, as suggested in the model, offering an orientation programme that forms the basis for a faculty development programme would be worthwhile. Boice (1992) studied many new faculty members and found that roughly 95 percent of them took four to five years to meet or exceed their institutions’ standards for teaching quality and research productivity. Orientation programmes need to address not only curriculum, teaching and organisational structure but also the expectations regarding research, peer review and evaluation, promotion, course content and student evaluation.

As suggested in this model, new nurse academics could also develop confidence in their academic role by additional coaching through residency or transition programmes. These programmes have been applied to newly registered nurses in the clinical setting and evidence suggests they increase retention of new graduate nurses (Rush, Adamack, Gordon, Lilly & Janke, 2013). These short-term programmes can be structured to focus on various aspects of the academic role, such as teaching, research and service, and can be supported by appropriate mentors. Effective mentoring is an integral part of the transition process of new nurse academics and as shown in the findings of this study new academics may require more than one mentor to address their individual needs.

Mentoring programmes for new academics should be developed to provide formal requirements for both mentors and mentees. Organisations need to provide training on the art of mentorship for those who take on the role of mentors, to better support new academics and to assist mentors in providing advice, guidance and support. These types of mentoring programs should also offer mentees a range of mentors that can provide guidance and advice on academic related issues. Mentees should be permitted to choose formal and informal mentors, which assists in the development of the mentor/mentee relationship and creates a more effective relationship (Jackson, Peters, Andrew, Daly, Gray, & Halcomb, 2015).

Socialisation through a mentoring program is essential in the socialisation of new nurse academics and creating an awareness of workplace culture. It is evident from the participants' stories that feelings of loneliness, isolation and difficulty getting to know people in the unique culture of academia may have negatively influenced their progression through the liminal phase. If organisations foster collegiality through the use of coaching and mentoring programmes for new academics, they can feel more confident within the new culture, which contributes positively to this phase of liminality.

### ***Phase 3 Post-liminal***

The strategies and interventions introduced in this model aim to support the progression of new nurse academics through to the post-liminal phase. This phase is characterised by belongingness, confidence and career progression within the academic role. However, this phase continues to require academic supervision and formal career development to provide ongoing career progression which ultimately benefits the individual, the institution and the profession of nursing.

The willingness of nursing education institutions to learn about these transition experiences and to provide support may be critical to the future success and viability of these institutions. This implication is significant, considering the number of the participants who voiced deep feelings of ambiguity, confusion and loss during their transition from clinical nurse to academic. Understanding these experiences and strategies may help to inform the prevention and intervention efforts that are required for new academics to transition successfully from clinical nurse to academic.

## Conclusion

The reality of the current faculty shortage and the bleak projections for the future present the continued need to recruit faculty from the clinical setting into academia. Nursing education research priorities for the 21st century, released in 2000 by the National League for Nursing (NLN, 2003), identified the role transition of new faculty as a specific research priority. It is widely acknowledged that transition is difficult, owing to the uniqueness of the academic role, which differs greatly from role of clinician, with research suggesting there is little support available. It is hoped that this model has the potential to offer strategies to assist new academics in transitioning into academic roles and potentially contribute to retention. Additionally, it may be useful for the individual undergoing the transition into academia. Obtaining validation of their experience from an evidence-based source may provide support and assist in developing strategies to assist them through the transition.



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