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Developing resilience: Stories from novice nurse academics

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INTRODUCTION AND BACKGROUND

Discussion surrounding resilience has been addressed by social workers, psychologists, educators and many others over the past few decades (Mansfield et al, 2012). However, the study of resilience in nursing only began in the mid-to late 1980s, with a particular focus on individual and family strengths (Haase & Peterson, 2013). More recent work has explored resilience within the context of nursing education (McAllister & McKinnon, 2009); nursing leadership (Jackson & Daly, 2011), the clinical workplace (Jackson et al, 2007; Tusaie & Dyer, 2004) and the clinical practitioner (Turner, 2014; McDonald et al, 2015). There is, however, limited discussion of the concept related to everyday work contexts (Glass, 2007), particularly nursing academia. When attempting to define resilience in nursing, the nursing literature parallels that of other professions in that there is no agreed upon definition. For the purpose of this paper, resilience is the ability to overcome and adapt in the face of adversity (Jackson et al, 2007; Hart et al, 2012).

The transition of clinical nurses to academia has received some discussion in contemporary literature. Anderson (2009) presents a metaphorical representation of the academic fairy tale where nurses transitioning from the clinical setting to academia are positioned as mermaids 'drowning' and 'treading water'. McAllister et al (2014) also recognised transition difficulties of new nurse academics and provided a model designed to build professional connections and capabilities. Further difficulties for new nurse academics include lack of preparedness and workload issues (Dempsey 2006), a lack of skills in teaching, and understanding of the academic triumvirate of teaching, research and service (McDermid et al 2013; Shanta et al 2012). This current study reflects the findings of a qualitative study that identifies challenges and difficulties and explores the development of resilience in clinical nurses transitioning to academia.

New nurse academics are introduced to a complex and unique environment, which is often accompanied by feelings of uncertainty, anxiety, loneliness and isolation (McDermid et al, 2013; Clark et al., 2010; Anibas et al., 2009; McAllister et al, 2014). The development of resilience is significant in this population as it has been associated with increased quality of life, better health and effective use of coping strategies and may contribute to workforce retention (Glass 2009; Hart et al, 2012). Resilience in nursing and teaching is receiving increasing attention in the literature with Tait describing resilience as "one of the most important strengths for novice teachers" (2005, p.12). Despite teaching being a substantial component of the multi-faceted nurse academic role, the concept of resilience has received little exploration in this context.

This paper is drawn from a larger study that explored transition experiences of clinical nurses to academia. Elsewhere findings have been published relating to sessional staff and the transition into permanent nurse academic positions (Author et al, 2013). This paper contributes to an on-going body of work on resilience and focuses on the ways in which novice academic nurses adapt and implement resilience strategies. Understanding these strategies is essential to improve the experience of novice nurse academics, and potentially positively impact recruitment and retention.

METHOD

A storytelling approach was selected to guide this qualitative study. It is based firmly on the premise that, as human beings, we come to understand, give meaning to and make sense of our lives through story (Wiltshire, 1995). This approach facilitated the sharing of the participants' accounts of events and experiences when transitioning from clinical roles to academic positions. It allowed participants to disclose information of their own choosing and empowered them through a process of imparting their story to an active listener (McDermid et al, 2014). While storytelling is known to be cathartic and beneficial, it also has the added benefit of enhancing resilience in research participants (East et.al, 2010).

The findings from this paper were gathered using an inductive approach and through comparisons to the literature, were found to be consistent with resilience building strategies suggested by Jackson et al (2007) in a paper on workplace adversity of clinical nurses. This included: building positive nurturing professional relationships, maintaining positivity, and reflection.

PARTICIPANTS

Participants were recruited using purposive and snowball sampling from two large providers of undergraduate nurse education. Thirteen women and one man participated in the study which is consistent with gender ratios in these nursing faculties. All were employed as academics and had worked at their respective institutions for between 6 weeks and 5 years. They were aged between 33-55 years of age and all were experienced nurses with clinically relevant postgraduate qualifications. None were doctorally qualified; however, three were enrolled in a doctoral program at the time of data collection.

Insert Table one here

DATA COLLECTION

Participants were asked to 'tell their story' about their experiences and the rewards and challenges associated with the transition from clinical nursing to academia in a semi-structured, conversational style face-to-face interview. Open-ended questions were used as a catalyst to elicit their stories. Interviews were between 35-90 minutes in duration and were audio-recorded and transcribed verbatim to allow the collection of full and complete data (Holloway & Wheeler, 2010; Tuckett, 2005).

ETHICAL CONSIDERATIONS

Ethical approval was received from human research ethics committees at both participating universities. Participants' privacy and confidentiality were protected by the use of pseudonyms and personal details were redacted. This aimed to prevent the recognition of participants in their relevant organisations by deductive disclosure. The findings of this study were presented as collective themes, rather than individual stories, to further ensure confidentiality and privacy of the participants (McDermid et al, 2013). All participants signed a consent form and willingly contributed to the project without coercion.

The first named author of this paper conducted all of the interviews; and was an insider to this research. Being an insider allowed for familiarity, respect and rapport with participants, and ensured an understanding of the culture and environment in academia. However, ethical issues can arise when researching colleagues and peers including: disparities in power; potential

for exploitation of participants; issues of coercion; and assumptions made by both participant and researcher (McDermid et al, 2013; Trowler, 2011). These issues were avoided by adhering to the ethical principles of justice and beneficence, which facilitated fair and equitable treatment of all people, and by maintaining professionalism through strict boundaries that protected the rights of participants.

The participants in this project found that recalling challenges they had faced elicited strong emotion and were made aware that they could stop the interview at any time and withdraw from the study without consequences. However, all participants chose to continue their interviews found the process of being able to 'tell their story' beneficial and cathartic which resonates with literature that suggests telling stories may also enhance resilience in research participants (East et.al, 2010).

DATA ANALYSIS

Individuals make sense of their world most effectively by telling stories thus the purpose of storytelling is more about creating meaning from one's experience rather than presenting 'truth' (Bailey & Tilley, 2002). In this study, participants were asked to talk about their transition experiences with the aim of understanding the phenomenon of interest, that is, the transition experiences of clinical nurses to academia. Stories were identified by an abstract, or plot summary; an orientation where the participants introduced the place, time, characters and situation; the complicating action or focus of the story; an evaluation, where they described their interpretation of the story; a resolution, or results of the story and the story ending of coda (Bailey & Tilley, 2002).

Immersion in the data was achieved by repeatedly listening to the recordings, verbatim transcription of the data by the researcher and repeated reading of the information while searching for meanings and patterns and noting initial ideas (Braun & Clarke, 2006; Riessman, 1993). The texts were examined by comparing the emergent themes across and within groups to discover common and shared ideas. It included the reflection upon meaning and essence of experiences by the participants and formalising a consistent description. Common themes were uncovered from their similar stories. For each theme identified, a detailed analysis was conducted and considered in relation to the other themes. On completion of this stage, the themes were clearly identified and given titles; Active development of supportive relationships, embracing positivity and reflection and transformative growth.

RIGOUR

Credibility is a criterion for assessing rigour concerned with authenticity in the collection and analysis of data and believability of findings and interpretations of the research (Polit & Beck, 2008). Credibility in this project was maintained by prolonged engagement with participants. Further personal thoughts were recorded in a journal to identify and acknowledge preconceived notions and perceptions. Assumptions by participant and researcher can also occur and may impact on the collection and interpretation of data (McDermid et al, 2013). This was avoided by practicing reflexivity and making the research process itself a focus of inquiry.

FINDINGS

Participants' stories highlighted that despite experiencing substantial challenges and adversity in their new roles as academics they found ways to enhance and develop resilience and progress their careers. This is portrayed in three themes, namely: Active development of supportive collegial relationships; Embracing positivity; and Reflection and transformative growth.

Active development of supportive collegial relationships:

The theme of actively developing supportive collegial relationships resonated throughout participants' stories and was a significant factor in developing resilience. The challenges they faced included difficulty understanding role expectation, lack of confidence in the new academic role, poor understanding of career progression and staff and student conflict. Participants' transcripts convey these challenges and the impact supportive relationships had, which provided them with personal and professional support and assisted them in the transition process.

Participants enjoyed the autonomy and flexibility of their new position, however, this enjoyment was overshadowed by a lack of awareness and understanding of the full demands and expectations of the role. All had come from clinical backgrounds, with little or no previous experience in research, governance and service which make up the academic triumvirate. In recognition of these difficulties, both institutions included in this study assigned formal mentors to new academics to provide guidance. Participants valued these supportive collegial relationships, and regularly sought out their mentors appreciating their time and support. Jodie's story describes her initial feelings of being overwhelmed when beginning her academic journey, but by actively seeking out her mentor helped support her through the transition phase:

Jodie: when I started, I didn't really know what I was supposed to be doing. There were so many different roles, not just the teaching, but research and so many other things. It was really daunting...I had felt so confident as a nurse (clinician), but I just felt that I had no confidence in my new role. It was quite isolating and did cause some anxiety... She's [mentor] good; she's still...my go-to person. Thank God for her. She always has the time for me whenever I'm not sure of something and I'll always find her and ask.....it really helped...She clarified so much about the job... it did help with my confidence.

Seeking out their mentors for the participants in this study provided opportunity to clarify issues and gain support throughout their transition phase. In addition to confusion regarding the expectations of the new role and a lack of confidence, participants' stories suggested they were also uncertain as to what was required to further develop their career:

Claire: When I started....you don't quite know what you're supposed to be doing career wise One person says you've got to focus on research; and someone else says you've got to write papers; and another person says you've got to concentrate on teaching. So what do I do? My career pathway sort of crystallised because you have all these ideas in your head..... and she (mentor) really helped with that by talking it all through with me.... it was great to get her thoughts and from someone that had as much experience as her.

The development of these relationships was integral to the transition of participants. However, it was apparent that in order for these relationships to work, the new academic had to actively seek out their mentors:

Lachlan: I remember when I first started, I was allocated an office and I just sat there. I knew who my mentor was, but I didn't know if I should approach her or wait for her to come to me.... I sat there for about a week. Eventually it got to the point where I really needed help, and so I just bit the bullet and went to her... I am so glad I did because it really helped. I wish I had gone to her in the first place. It would have saved a lot of stress...I tell everyone now 'go and talk to your mentor!'

In addition to their formal mentoring relationships, participants actively sought out and developed informal collegial relationships. Usually, they fostered relationships with more experienced colleagues who assisted them in acquiring day-to-day knowledge required for the new role:

Jane: My mentor was great, don't get me wrong, but sometimes I needed information that she couldn't always help me with. I remember one time, I was struggling with the content of a new subject I was teaching and because she didn't teach in it, I had to find someone who did. I knew one of the other staff members knew the subject, so I went to her. It all worked out, but I did learn to go to people that had the right information... it did take a while, but I learnt to go to different people for different things. Between them all, I managed to get what I needed. Not only did I get the information I wanted, but I also got to know people.....

These additional relationships provided professional support and were a key factor in developing their sense of belongingness in the new environment. Getting to 'know people' was prominent in participants' stories, and seeking out these relationships provided a foundation of friendship and nurturing. Relationships were particularly effective when participants felt 'a connection' with their colleagues:

Claire: In nursing (clinical), there are just some people you get along better with and this job is no different. I usually went to the people that I felt comfortable with. I could talk about issues or problems that I had.... On one occasion, I asked another staff member a question and she just about bit my head off! I never went to her again... It is just good to have someone to talk to that you feel safe with.

Feeling 'safe' resonated throughout participants' stories, particularly in relation to staff conflict. All participants related stories of conflict and felt their lack of confidence inhibited their ability to resolve the issues. The nurturing relationships they had formed created a sense of security for them. They believed that pursuing these relationships, was beneficial to not only their professional and personal growth, but to the development of their support network. The importance of such relationships is conveyed in the following excerpt:

Janet: I was really struggling with a colleague that I felt wasn't pulling her weight and I seem to be doing all the work and she still gave me a hard time... I went to a work colleague and cried my eyes out! She had been through a similar situation and managed to help me with strategies that would help and it did.... I just felt comfortable going to her...and we just got along, simple as that. I felt I could go to her for anything, not just about work problems, but about anything. I don't think she even realised she was mentoring me....and we became friends.

Despite facing challenges in their new role, participants created an environment of support by actively seeking out others, thus resulting in developing effective professional and social networks within the organisation. Fostering these productive relationships provided opportunities for gathering information from people who understood the trials and tribulations of nursing academia and who understood the requirements of the role. These trusting collaborative relationships provided an environment of support in which the transformation to academia could safely occur. The social and emotional support participants received was important in further developing their resilience and mediating the negative effects of the challenges and stress they faced in the new role.

Embracing positivity

Encountering a range of negative experiences contributed to feelings of anxiety and uncertainty for participants and their stories suggest these feelings adversely impacted on their self-confidence. They embraced and created positivity as counteractive strategies, which allowed them to remain optimistic and feel confident about other aspects of the role.

Participants told stories of stress and anxiety they experienced due to a lack of confidence in their teaching abilities. The clinical environment had not prepared them for formal teaching and they were given limited feedback by academic colleagues. To mitigate this, participants constructively utilised and drew positivity from student feedback processes. This provided them with encouragement and opportunities for ongoing development which made them feel good about their abilities, with one participant describing the feedback as the “highlight” of her semester. Another participant shared:

Jodie: I'm a nurse, not a teacher! I didn't know how to teach...and there was no one to tell me if I was doing ok. I think student feedback is important for that. I do mine [student feedback surveys] every semester and I always read over the comments that students make and try to improve on what I can..... and every semester the feedback gets better and better, which means I'm getting better and better...Yeah, so that's nice.

Students' positive responses confirmed they valued participants' efforts in ensuring their success. This acknowledgement created positive emotions in participants and contributed to increasing their self-confidence that had been previously lacking. Increasing self- confidence was particularly important as participants' stories conveyed student conflict undermined their confidence:

Janet: there was one student I had and she was quite aggressive towards me and it was in front of the whole class! She told me I couldn't fail her because she had 'paid for her degree'... and she only failed because of me... I didn't know what to say... I was devastated and felt really responsible!

This event was clearly still on her mind as she recounted the story reporting she experienced sleeplessness and anxiety as a result. Jane recalled her reluctance to go back to the 'lion's den', however despite this, she was able to lessen the impact of this negative experience by embracing positivity from experiences with other students.

Janet: There have been some tough times with students; aggression, challenging you and even undermining you, and it makes you feel awful... but you have to look at the positives... One semester all of my class signed a thankyou card and I was so surprised. I felt quite emotional, and it was a just a little thing, but I really felt that I had inspired them, and it inspired me! I knew then that I was doing a good job...and it makes up for all the bad times.

Creating and embracing positivity to ameliorate negative experiences was frequently inferred throughout participants' stories. Positivity was enhanced by their belief they were 'making a difference' in student learning and contributing to successful academic outcomes. They describe spending lengthy periods of time preparing for classes, and were rewarded by students understanding the content:

Claire: In the medical/surgical unit explaining Electrocardiographs and Arterial Blood Gases...I knew the students were struggling and I really worried that I wouldn't be able to explain it because it wasn't my strong point either! I spent a lot of time working on my tutorial presentation and trying to make it easy to understand...but I was still worried and it did cause some sleepless nights... Then a student in class said 'thank God someone's explained it and I can understand it'... I went hooray! To see that light bulb go on was amazingly good, and that's why I put that extra effort in....for those moments.

The positive experience relayed by this participant validated her efforts in thorough preparation for tutorials and contributed to her sense of optimism and self-accomplishment, which are necessary components for developing resilience. Participants' stories were replete with examples where their hard work was rewarded by positivity that made it 'all worth it'. Witnessing student achievement was the highpoint of their experiences and graduation created feelings of pride and accomplishment:

Tara: My first cohort of students was definitely a challenge. They were in first year and it was my first year in academia and I don't think any of us quite knew what we were doing, at times I certainly didn't. Some of these students I had every year through to their final semester and they struggled and I struggled and we really worked hard...at times I thought I wasn't going to make it...but when I saw all of them graduating... it was amazing! They were so proud and I felt so proud. I had helped to achieve this and it was all worth it.

The positive experiences embraced by participants contributed to the development of resilience by enhancing their self-confidence and self-esteem. Participants used feelings of satisfaction and pride as emotional rewards and as a measure of their own accomplishments. They believed they were achieving their goal of being a good teacher and despite the challenging new environment and adverse events, were determined they would 'make it' in academia. The satisfaction that accompanied these feelings allowed them to believe they were accomplishing their teaching goals which assisted in developing confidence in other aspects of their academic role:

Olivia: ...this (academia) can be a tough job, and I really had no confidence in any of the areas of the job. Teaching, obviously, was my main focus when I first started...then I had to develop up the areas of like research, which I didn't have much experience with. I remember sitting there and thinking 'I can't do this' and how easy it would be to throw it all in and go back to clinical... but then something good would happen, like one student telling me I was the best teacher she had ever had and it gave me confidence. It made me believe I could really do this....that makes me feel great....it makes me feel like I can handle the rest.

Positive experiences and feedback allowed participants to feel good about the work and effort they put into student learning and gave them assurances regarding their teaching abilities, and feelings of optimism about their contribution to student and organisational outcomes.

Reflection and transformative growth

As participants' stories unfolded, they reflected on difficult situations and demonstrated the ability to learn from experiences and move forward, thus displaying their growing resilience. This evidence of reflection was a key factor in developing their resilience, resulting in successful transition from clinical nurse to academic.

Despite all participants being experienced clinical nurses, they lacked both experience and formal qualifications in education that would have assisted them in preparing for at least one aspect of their new role. Lack of teaching guidance was often cited as one of the challenges that participants struggled to overcome. They reported feelings of isolation, 'loneliness', and frustration at not being able to manage the 'nuts and bolts' of classroom teaching whilst receiving minimal direction. The realisation that they needed to develop their own strategies and create their own initiatives became apparent in their reflections. One participant shared:

Jodie: I look back and I remember being terrified. I got sent the class outline a couple of days before....I stood in front of this classroom of students thinking 'I can't do this; I'm a nurse not a teacher!but you know as nurses we tend to just roll with the punches and we just sort of go in and do itand I did.

The resilience demonstrated by Jodie was attributed to a characteristic of nursing and was frequently referred to in participants' stories. They believed that the skills they had learnt as clinical nurses helped them to cope with difficult and challenging situations. All participants concurred with the perception that nurses, as one participant suggested, 'just get on with it'. This belief contributed to positive attitudes and remarkable tenacity towards adversity and it was apparent they were reflective in various aspects of their role:

Claire...I think nursing helped me cope in some ways... but after an experience I had where some students in my class...kind of ganged up on me. I realised that nursing hadn't taught me how to deal with this kind of thing... I needed to do something more. I had to learn how to deal with situations that I had never been in before. I was really upset and it was a tough time...I played it over and over in my head trying to figure out how I should have handled it....But looking back at the situation now, I would handle the situation differently and it would have resulted in a better outcome.

The determination, positive attitude and self-efficacy revealed through participants' reflections were contributing factors in further developing their resilience. The desire to succeed in the new role surpassed feelings of confusion and anxiety, as participants developed their own approaches to adapt and grow in the role.

While the positive aspects of student feedback increased confidence in their teaching, negative feedback gave them the opportunity to reflect and make positive changes. The following participants describe how they were able to use reflection to make changes and overcome negativity. Although this feedback was often confronting they were able to respond by reflecting on the comments and making changes accordingly, which they felt improved their teaching ability:

Lucy: You only focus on the negative comments, a bad comment I got was that I speak too fast, which I know and I'm working on and there were some other comments that I am working on, but my feedback has improved. I even got comments from the unit co-ordinator of one particular subject about how good my feedback was.

The ability to utilise student feedback assisted in developing their confidence and to grow in the teaching role. While this feedback was often confronting, the harsh realities of the student's comments provided them with an opportunity to reflect and effect change:

Janet: My first SFTs (Student feedback on teaching) weren't that great... I read it and thought, oh my God, but I look at the comments and I go...ok...I need to improve on this and I learn from them. Before that, I just wasn't sure if I was doing ok or teaching them right and now I can improve and change what I need to change...it is a gradual process but I am getting there.

Participants entered academia with characteristics of resilience which assisted them in coping with negative situations and issues. Their resilience however, required further development as they encountered more challenging and unfamiliar situations. By reflecting on negative experiences, participants were able to effect change by developing strategies to positively transform and grow, thus further increasing their resilience.

DISCUSSION

Borucka and Ostaszewski, (2008), suggest the key construct of resilience theory is positive adaptation despite adverse life conditions and traumatic events. This is consistent with definitions of resilience throughout the literature (Haase & Peterson, 2013; Garcia-Dia et al, 2013; Jackson et al, 2007; McAllister & McKinnon, 2009; Turner, 2014) and reflects the nature of resilience seen in this study. The transition to academia for participants in this study was described as difficult, with their stories describing considerable adversity. Despite this, they developed strategies that contributed to building resilience which resulted in positive outcomes. The positive outcomes of resilience are numerous and include confidence, self-esteem (Dyer & McGuinness, 1996), self-efficacy, trust, connectedness and confidence (Hunter and Chandler, 1999). The development of resilience enhances quality of life and may contribute to workforce retention (Glass 2009; Hart et al, 2012).

This study provided an opportunity to explore the hidden and often ambiguous transition of clinical nurses to academia. These experiences of transition can also be described within the conceptual framework of liminality which allows for better understanding and has been studied in a range of disciplines (Broom & Cavenagh, 2011; Syme, 2011). From a sociocultural perspective, liminality can be explained as a margin or threshold where an individual has lost one identity and is in the process of reconstructing a new identity that is meaningful to them (Gibbons et al, 2014). Described in empirical reports 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" (Ibarra, 2003a), liminality is defined as a psychological state in which the individual lacks or loses a self-defining connection to an important social domain such as work (Ashforth, 2001). In the case of the new academic, it relates to the loss of identity as a clinical nurse and the process of reconstructing a new identity as an academic (Gibbons et al, 2014), or as suggested by Van Gennepe (1960), from one occupation to another. To successfully move through the liminal phase, participants of this study needed to undergo a process of reconstructing a new identity as an academic and relied heavily on the development and enhancement of resilience to achieve this.

The active development of supportive collegial relationships was highlighted as a key factor in developing resilience that assisted them in moving through the liminal phase. These relationships provided support, guidance and motivation and allowed participants to engage and observe experienced academics to assist in developing skills and knowledge. This is consistent with findings by Mallack (1998) who suggests that understanding the work situation, knowing resources to access, and having confidence in multiple sources of information are important for building resilience. By actively engaging with colleagues that had demonstrated their own personal resilience through successful careers, participants were provided with role models that gave them social support. The importance of social support is highlighted by Garcia-Dia et al. (2013), who suggest that a positive relationship with a significant person is integral to resilience outcomes, and this was evident in the stories of participants in this study. This finding was consistent with an integrative review on clinical nurses by Hart et al, (2012), and is frequently referred to in the literature (Huntington et al, 2011; Stewart, 2011; Jackson et al, 2007; Tugade & Fredrickson, 2004; Turner, 2014; McDonald et al, 2015) as a contributing factor in developing resilience. These relationships also contribute to general feelings of positivity which is important in resilience theory (Borucka & Ostaszewski, 2008).

Embracing positivity assisted in enhancing participants confidence and self-esteem and contributed to their professional satisfaction and transition experience. This is important as professional satisfaction is positively associated with productivity, low absenteeism, intention to stay, and organisational effectiveness (Karanikola et al, 2007), which is relevant in the context of retaining nurse academics. The concept of positivity and its contribution to developing resilience is discussed in contemporary literature (Cameron & Brownie, 2010; Lengnick-Hall, et al, 2011; Jackson et al, 2007; McAllister & McKinnon, 2009). Literature also suggests reflection leads to positive change (Horton-Deutsch & Sherwood 2008) and as Jackson et al (2007) highlights is an additional tool for developing resilience. It was evident in this study that embracing positivity as a strategy that developed and enhanced resilience also helped participants progress through the problematic liminal phase.

Participants of this study were able to reflect on negative experiences and showed transformative growth by devising solutions that enabled them to overcome adversity and move forward. Reflection is a learning experience through a rational and intuitive process that highlights a need for improvement, promotes a process of continuous development (Gustafsson & Fagerberg, 2004) and leads to positive change (Horton-Deutsch & Sherwood, 2008). The ability of participants to reflect and effect change led to a gradual change in their identity from clinical nurse to academic which showed a definite progression through the liminal phase. Participants were able to recover and learn from these adverse events and showed evidence of being able to "bounce back", which is frequently mentioned in the literature as a key component in defining the concept of resilience (Masten & Obradovic, 2007; Hart et al, 2012).

Consistent with previous arguments by McDonald et al (2015) in relation to new graduate nurses, new academics should understand how developing resilience can assist them in meeting the demands of their careers. Understanding and use of support measures such as effective mentoring, reflection workshops, and promoting positivity within the workplace can be essential in the development of resilience. New academics may also benefit by being better informed about the process of

transition from clinical nursing to academia including possible adversities they may face. This may alleviate feelings of frustration, unrealistic expectations and would allow them to understand and develop pre-emptive strategies (McAllister et al, 2014).

CONCLUSION AND RECOMMENDATIONS

Participants in this study were perhaps unaware they were building resilience through the development of supportive relationships, embracing positivity and reflection resulting in transformative growth. As they told their stories, and reflected on their experiences, they recognised their growth and their ability to overcome the adversity they had faced. Considering the potential benefits of a resilient workforce, further research is required to explore how employing organisations may support employees and contribute to resilience development. It is imperative that in a time of acute nurse academic shortages where retention is paramount, that education on resilience building strategies is fundamental for all new academics. This is significant for successful transition and these strategies can be viewed as an investment with returns accruing in future generations of new nurse academics.

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