

Postdoctoral nurses
leadership and
professional development
experiences in education:
A qualitative study

Name student: Heleen Blom

Student number: 5685354

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Lecturer: Dr. Harmieke van Os-Medendorp

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Science, Utrecht University

Institution: Julius Centrum UMC Utrecht

ABSTRACT

Background Although nurses are the largest professional group in the healthcare sector, nurses holding academic leadership positions are lacking and the infrastructure in nursing science and research is limited and fragile. Performing leadership is important in shaping organizational culture and has a positive influence on various societal and patient outcomes. A large group of postdoctoral nurses works in education in Universities of Applied Sciences (UAS). Working in education requires new leadership skills. These nurses need support to create a new identity and socialization into the organization. Knowledge about leadership and professional development of postdoctoral nurses is limited.

Research question How do postdoctoral nurses working in research and education at Dutch UAS experience their leadership and professional development?

Methods This study had an explorative qualitative design and used a generic approach. Data were collected through 14 semi-structured face-to-face interviews and analyzed, using thematic analysis of Braun and Clarke.

Results The following themes were identified: leadership development and professional development. Most postdoctoral nurses see themselves as leaders on their own area of expertise. The postdoctoral nurses aimed to improve healthcare in general. Due to a lack of postdoctoral positions, working below educational attainment and underpayment participants had switched jobs.

Conclusion The Dutch infrastructure in nursing science and research is still limited and frail. The postdoctoral nurses experienced difficulties to develop a postdoctoral position, due to a lack of postdoctoral positions and education had always priority. Postdoctoral nurses are working in functions beneath their level and are underpaid. Combining education and research is challenging but also is beneficial to motivate the students for research.

Recommendations The findings of this study may have various implications. It should be a priority to foster postdoctoral nurses. Facilities should be providing to conduct their own research.

Keywords: leadership development, professional development, postdoctoral nurses, education

SAMENVATTING

Achtergrond Verpleegkunde is de grootste professionele discipline binnen de gezondheidszorg. De infrastructuur in verpleegkundig onderzoek is echter beperkt, kwetsbaar en leiderschap ontbreekt bij verpleegkundigen. Leiderschap is belangrijk om een organisatiecultuur te scheppen en het heeft een positieve invloed op verschillende gezondheidszorguitkomsten. Een grote groep gepromoveerde verpleegkundigen werkt op Universities of Applied Sciences (UAS). Voor het geven van onderwijs zijn nieuwe vaardigheden noodzakelijk. Deze verpleegkundigen hebben ondersteuning nodig om een eigen identiteit te creëren binnen de organisatie. Er is weinig bekend hoe gepromoveerde verpleegkundigen leiderschap en professionele ontwikkeling in onderwijs ervaren.

Onderzoeksvraag Hoe ervaren gepromoveerde verpleegkundigen, die werken in onderzoek en onderwijs binnen de Nederlandse UAS, hun leiderschap en professionele ontwikkeling in onderwijs?

Methode Deze studie heeft een generiek design. De data zijn verzameld door middel van 14 semigestructureerde interviews en geanalyseerd met behulp van thematische analyse van Braun en Clarke.

Resultaten Uit de data kwamen de volgende hoofdthema's naar voren: leiderschap development en professionele development. De gepromoveerde verpleegkundigen beschrijven zichzelf als leiders op eigen expertise. Deze verpleegkundigen hebben als doel om de gezondheidszorg te verbeteren. Door het gebrek aan banen voor gepromoveerde verpleegkundigen werken zij onder hun niveau en krijgen zij onderbetaald, hierdoor wisselde veel verpleegkundigen van baan.

Conclusie De Nederlandse infrastructuur in verpleegkundig onderzoek is nog steeds beperkt en kwetsbaar. De gepromoveerde verpleegkundigen ervaren moeilijkheden met het ontwikkelen van een postdoc positie. Er is namelijk een gebrek aan banen, zij werken onder hun niveau, onderbetaling en, educatie gaat altijd voor. Het combineren van onderwijs en onderzoek is een uitdaging, maar helpt ook bij het motiveren en enthousiasmeren van studenten voor onderzoek.

Aanbevelingen Deze resultaten hebben mogelijk verschillende implicaties. De gepromoveerde verpleegkundigen zouden gefaciliteerd moeten worden om eigen onderzoek te kunnen uitvoeren.

Trefwoorden: leiderschap ontwikkeling, professionele ontwikkeling, gepromoveerde verpleegkundigen, educatie

INTRODUCTION

Nursing has been an academic discipline for decades. The first university program focusing on economics was started in 1899 in the United States of America (USA), this created the beginning of the academization process for nurse leaders.¹ In 1907 Mary Adelaide Nutting was appointed as the first professor of Nursing. In 1916 the first program to the baccalaureate degree was created and in 1920 the Teachers College of Columbia University started the first doctoral program in nursing education.² In the following years and decennia a lot has changed in the education of nurses worldwide. Today there are two types of doctoral degree, the Doctor of Philosophy (PhD) and the Doctor of Nursing Science (D.N.S.).¹ The USA and Canada are generally seen as leaders in nursing research. Only a few European countries developed a strong scientific infrastructure.³

In the Netherlands, Maastricht University started the first Nursing Science program in 1980. Later a collaboration between the University of Maastricht, University of Utrecht and University of Groningen provided a nursing Master's program.^{4,5} With the rise of nursing science faculties at Universities of Applied Sciences (UAS) after 2002 along with the appointment of lectors and professors in nursing science an attempt was made to create a solid scientific infrastructure. Although the number of nursing science faculties has grown to 22, only a few universities have appointed professors in nursing science.⁶ Despite the fact that nurses are the largest professional group in the healthcare sector, nurses holding academic leadership positions are lacking and the infrastructure nursing science and research is limited and fragile.⁷⁻⁹

Evidence is growing that higher educated nurses have a positive impact on various societal and patient outcomes.¹⁰⁻¹⁴ It is important to integrate new knowledge into practice and to build a strong infrastructure in nursing science and research to be able to provide high-quality and safe care to the patients.¹⁵ A large group of postdoctoral nurses works in education at nursing faculties of UAS and generally have combined responsibility in conducting research and education.⁸ An important aspect in nursing education is that students develop the ability to research, which is needed to integrate new knowledge into clinical practice. So the students perform effective and efficient interventions to provide high-quality and safe care.^{15,16} Students often have the perception that research is daunting and find it difficult to understand the process of research. Currently, the support for research in education and clinical practice is lacking to increase positive attitudes towards research.¹⁷ The challenge of the postdoctoral nurses working part-time in education is to motivate and inspire students, this requires new skills.¹⁸⁻²¹

Research shows that nursing faculty members need mentoring and support to develop leadership practices during the transition.^{19,22–26} Leadership has been defined in many different ways.²⁷ Despite these differences, Northouse²⁸ describes four central components of leadership: Leadership is a process, leadership involves influence, leadership occurs in groups, and leadership involves common goals. Based on these components Northouse²⁸ defined leadership as follows: *“leadership is a process whereby an individual influences a group of individuals to achieve a common goal”*. Kouzes and Posner²⁹ described a gold-standard for effective leadership in research embedded in five leadership practices: “Model the way”, “Inspire a shared vision”, “Challenge the process”, “Enable others to act” and “Encourage the heart”. Postdoctoral nurses miss leadership, mentorship, collaboration and peer support after their doctoral degree.^{30,31} Leadership is important in shaping organizational culture and has a positive influence on various outcomes within healthcare.³² Postdoctoral nurses require leadership practices to stay in nursing education and internalize their doctoral identity in the faculty, which is challenging.^{33,34}

However, Oostveen et al⁸ concluded that Dutch nurses working in multiple practices point out that the importance of combining different fields of healthcare, like clinical practice, research and education has no priority. The nurses do not have a platform and the nurses lack leadership competencies.^{8,35} To develop professionally postdoctoral nurses undergo many role transitions in their careers for example from researcher to educator.²² Despite many publications on nursing leadership and professional development, robust studies investigating and exploring experiences of postdoctoral nurses working in education are lacking.^{32,36} Five studies were identified that explored experiences of postdoctoral nurses only in education.^{30,31,33,37,38} However, knowledge regarding leadership and professional development of postdoctoral nurses working in research and education at UAS are still lacking.³⁹

OBJECTIVE

How do postdoctoral nurses working in research and education at Dutch Universities of Applied Sciences experience their leadership and professional development?

METHOD

STUDY DESIGN

This study had an explorative qualitative design and used a generic approach. Which was chosen to investigate how postdoctoral nurses interpret their experiences with their

leadership and professional development in education.⁴⁰⁻⁴² The study took place in 12 Dutch UAS, in the period between January and June 2018.

POPULATION & DOMAIN

The population in this study consists of Dutch postdoctoral nurses. Due to lack of central registration the total population of all Dutch postdoctoral nurses is unknown. Postdoctoral nurses were included if they had: a) a degree in nursing, b) received a doctoral degree at least six months before the start of this study, c) worked in education at UAS, at least eight hours per week and at least six months before the start of this study, d) worked in research at least eight hours per week, and e) spoke Dutch or English. Postdoctoral nurses were purposively sampled to have variation in UAS.^{40,43,44}

DATA COLLECTION

Semi-structured face-to-face interviews were conducted between March and June 2018. The interview-guide was based on literature.^{22,28,29,32} Two researcher (HB and TBH) reflected throughout the study on the interviews itself and the interview-guide (Appendix 1). The data collection ended when saturation was reached.⁴⁵ Meaning saturation was used to reach a full understanding of conceptual codes of the experiences of postdoctoral nurses.⁴⁶ Socio-demographic data was collected which included: age, gender, nationality, family composition, education and work activities.

DATA ANALYSIS

In this study the thematic analyze method of Braun and Clarke was used (Table 1).^{47,48} The interviews were transcribed verbatim. NVivo (10TM QSR International) was used to manage the data.⁴⁹ The transcripts were read many times by two researchers (HB and TBH). Throughout the analysis, memos were written to monitor the development, asserting quality, write the report and discussing the progression in the team.⁴³ A third researcher (LvD) provided feedback and input to avoiding bias.⁴³ Data collection and analysis was performed iterative. The interview-guide was altered when data gave new insights. After every cluster of three to four interviews data was analyzed and constant comparison was performed, to test the identified themes and to formulate new ideas to incorporate in the research.⁴³ During the analysis the research group continually discussed the themes until agreement was reached. [Insert Table 1]

STUDY PROCEDURES

The email addresses of eligible participants were collected through an existing database used for other research and through web-search. The participants were approached by email, containing the aim and general information of the study. If participants replied an appointment was made at location, time and date preferred by the participant. Prior to the

start of the interview, participants were asked to fill in a short questionnaire on socio-demographic data. The experiences of postdoctoral nurses were explored through face to face, semi-structured interviews who were audio-taped. During the research the interview skills of the researcher improved and more in-depth data was gathered. All participants received a summary of their interview for member validation to verify the data.^{43,50}

ETHICAL ISSUES

The study was conducted according to the principles of the Declaration of Helsinki (64th version, 28 October 2013). The study protocol was submitted to the medical ethical committee of Utrecht and judged as a study that did not fall under the Medical Research Involving Human Subjects Act (WMO).^{51,52} The handling of data complied with the Dutch Personal Data Protection Act and the guidelines of the UMC Utrecht.⁵³ Before the start of each interview, each participants was asked to provide written informed consent. Non traceable numbers were used and anonymity of the participants was secured: a) no names were used during the interviews, b) participants were referred with a pseudonym, and c) it was not possible to link the participant to the institute where the participant worked.

FINDINGS

Participants

A total of 32 postdoctoral nurses were selected and invited to participate and 14 were included. Meaning saturation was reached after 14 interviews. The participants worked during this study in 12 different UAS in the Netherlands (Table 2).

[Insert Table 2]

Themes

Two main themes were identified: *leadership development* with subthemes: *being a leader*, *leadership competencies*, *having an ambition*, *having influence* and *professional development* with subthemes: *development in research* and *combining research and education*. Quotes were used to demonstrate the essence of themes and subthemes and to provide a thickdescription.⁴³

Leadership development

The participants described their leadership experiences during their professional career in research, clinical practice and education and they described various leadership competencies.

Being a leader

Most participants described that they considered themselves to be leaders. They described three different kinds of leader: leader in own area of expertise, leader in general and hierarchical leader.

Most participants described that they see themselves as leaders in own area of expertise. A leader in own area was described as a person with much knowledge in an area gained during the participants career, education and their own research. One participant stated that:
“On some components I see myself as a leader in my own area of expertise. Because of the knowledge and the skills I have I take the lead.”

Some participants described they saw themselves as leaders in general, which was described as someone who takes the initiative. One participant stated that:

“I am an initiator, I try to make people enthusiastic. Also I am very content driven. It is hard for me to be quiet. I like to take the lead. I am the engine. For me leadership is a task, to show that you are responsible, to stand for your profession, to stand for your expertise, to develop yourself, to be a professional, to support your colleagues and to do it together. You do not have to show that you are a leader and still be a leader.”

Some participants described their leadership in relation to their hierarchical function, they had to lead large projects. A few participants described that they were not sure if they were leaders, because they found leadership complex and it depends how leader is described.

Leadership competencies

The participants described various leadership competencies, like to: function in a team, have social skills, distribute knowledge, inspire, enthusiasm, delegate tasks, raise the alarm, be creative, be solution-oriented, use influence, be decisive, be responsible, show expertise, be humble, have a network, be a role model, have a vision, be a credible example, develop yourself, publish, take the stage, hold the scientific discussion, be a go-getter, have self-confidence, take chances, put your ego aside and led other members of the team get the credits so they achieve a position in research. One participant stated that:

“It is important to be a role model. That means you have to practice what you preach. I need to show people that I am not afraid, to speak up and to show my expertise.”

The participants described that they wanted to improve leadership competencies, like to: be more visible, delegate tasks and trust others, demand more time to conduct research, gain a position in an expertise area, learn on how you can position yourself politically and find work-life balance.

Having an ambition

The participants all had different ambitions in nursing on different levels, like:

Development in research: Most participants described that they wanted to develop their own expertise area by conducting research, to improve healthcare and to establish a nursing research culture in the clinical practice. One participant stated that:

“I am currently working on a grant proposal to conduct research in delirium. Delirium was also the subject of my promotion thesis and I hope to develop more knowledge about it. I also want to make professionals in clinical practice more curious and consciously about research, to finally improve patientcare”

Development in education: Many participants described that they had the ambition to improve education and to educate students to be professionals in nursing. The participants wanted to inspire those students to be enthusiastic about research.

Own development: A few participants had the ambition to develop themselves. They aspire to become a lector of a sustainable and lasting lectorate, a professor or to fulfill an important position nationwide. It was not a must, they liked their work as it was and that it only would be a way to reach another ambition.

Having influence

The participants described influence as an important element of leadership, which they had in all areas of healthcare. They described having influence on the knowledge development and transfer in education on the development of research lines in education and practice combining the three areas. The participants described that having influence is more important than using power. One participant stated that:

“To have influence is important because you can influence people in a positive way, so you can motivate them and make them responsible to deliver a good product. If you use power in a negative way the people will do the bare minimum of the task.”

Professional development

All the participants described how they developed themselves in the nursing profession and how they combine research and education. They all had many role transitions during their careers in many areas within healthcare.

Development in research

All participants described that during the PhD program they received support, mentoring and training. Most participants stated that the PhD program was a way to develop personally, they learned several competencies and they benefit from the PhD, it gave them more possibilities in the work field. However after receiving their PhD most participants experienced difficulties, like: a lack of postdoctoral positions, no changes in function after

PhD program so they worked below their level and were underpayment. Many participants had switched jobs after they received their PhD due to the prior named difficulties. Many participants described the UAS is a very diverse and sufficient environment to conduct practical research and that they had no difficulties with the transition to nurse educators. All participants described they had followed a work-in program, and/or a didactic course and/or gave already lessons at UAS. Many participants also experienced difficulties, like they got not enough time and/or finances to conduct research, there is a difficult collaboration with the lectorate and the workload of the education was too much. One participant stated that:

“Doing scientific nursing research, like “writing grant proposals and doing my own research” is still in its infancy and is found less important. Which should not be the case. I conduct research one day a week. That is not enough to do my own research if I also have to guide 28 students through their graduation research”

Combining research and education

All participants described that combining research and education was one of their responsibilities and that it was beneficial to teach students to conduct research in clinical practice. Most participants experienced difficulties in teaching nursing students at the beginning of their bachelor program (who are often younger) because they generally lack good insight in what nursing is, find it even more difficult to learn about research and find it difficult to read English articles about healthcare. Also participants experienced some difficulties with colleagues who worked in education and lack of the ability of research. All participants tried to stimulate the students to be enthusiastic about research. They experienced that students and colleagues find them to be the designated person to ask questions about research. All participants described the collaborations between the different areas of healthcare, which they used to conduct research to finally improve healthcare. Many participants point out that nurses working in clinical practice sometimes had a negative influence on the students. If the students had an internship in a clinical practice which was not research oriented the students lose their interest in research. One participant stated that:

“More and more I am starting to understand that if you want to educate students who make a difference in practice, which for me is an important ambition, that you can create or develop the curriculum as good as you want to, but if the students do not see the meaning or the value of doing research wright away, the school will always be on the sideline. As teacher you have to be at that powerful learning environment in the clinical practice to make a difference.”

Most participants described that the new professional profile (in Dutch: beroepsprofiel 2020¹⁶) is one step forward to create practices which are research oriented. One participant described the collaboration with the lectorate as difficult, because the lectorate was in an

“Ivory tower”. A few participants described that back in the days this was the case in their lectorates as well. The participants stated that vision of the lectorate and the UAS is important for the collaboration and that the lectorate was more approachable because it was settled in the same building as the UAS.

DISCUSSION

The findings of this study show that postdoctoral nurses working in education and research generally see themselves as leaders. Two main themes were identified: *leadership development* and *professional development*. The postdoctoral nurses do not aim to move to a higher position, but want to improve healthcare of patients in general. The postdoctoral nurses described various different leadership competencies and found having a vision and influence in research, practice and education to be highly important. The postdoctoral nurses experienced difficulties after receiving their PhD, like: a lack of postdoctoral positions, no changes in function after PhD and underpayment. Many postdoctoral nurses switched jobs due to these difficulties. The postdoctoral nurses experienced that they are the designated persons to combine research and education. But the postdoctoral nurses experienced difficulties to conduct own research because teaching always had the priority.

The postdoctoral nurses described that they see themselves as a leader. The postdoctoral nurses described many leadership competencies who match all practices of Kouzes and Posner.²⁹ The postdoctoral nurses described that it is important to show expertise, to have self-confidence and to be a role model, so they “Model the way”. The postdoctoral nurses described that it is important to inspire others and to have a vision, so they showed “Inspire a shared vision”. The postdoctoral nurses described influence as an important element of leadership, which they had in all areas of healthcare. Also they described that it is important to be creative and to take changes, so they “Challenged the process”. The postdoctoral nurses described that it is important to function in a team and to have social skills, so they “Enable others to act”. The participants described that it is important if you already had your own position in research to let another person take the stage. Not only the participants showed appreciation for the persons who conducted research but they gave them all the credit for it, so they showed the practice “Encourage the heart”. They do not aim for a higher position, but they all wanted to improve healthcare in general. This was also found in other research of nurse educators.^{54,55}

The postdoctoral nurses experienced difficulties to develop professionally, like a lack of postdoctoral positions, too much workload, no changes in function after PhD and

dissatisfaction with salaries. Too much workload is a well-known problem in nursing education and can contribute to burnout or leave.^{37,56-61} Also dissatisfaction with salaries and no changes in function after PhD is a factor contributed to leave^{56-59,62,63}. Most postdoctoral nurses described that they had no difficulties with the transition to nurse educators, which is a different outcome than other research in nurse educators.^{22,57,64} All postdoctoral nurses had followed a work-in program, and/or a didactic course and/or gave lessons at UAS, this could explain that the postdoctoral nurses described less difficulties. All postdoctoral nurses described that combining research and education was one of their responsibilities. The postdoctoral nurses described that they tried to inspire the students, but students find research difficult and if they do an internship in a clinical practice who is not research oriented the students lose their interest in conducting research. Both problems were addressed in other research.^{17,35}

It is important to note that this study also had its limitations. The postdoctoral nurses worked at 12 different Dutch UAS, what made this study generalizable for the Netherlands, but not for other countries. Due to the inexperience of the researcher the first interview was difficult to execute, but because it provided meaningful data it was still included. During the research the inexperience of the researcher improved, due to the provided feedback and the meetings during data collection with the research-team. Due to the full schedules of the postdoctoral nurses some of the interviews were shorter than others. However, to strengthen the research and the quality of the data different methods were used; writing memos, monitoring the data collection and analysis with three researchers and member validation. Also at the end of every interview the postdoctoral nurses were invited to add information, to secure every important detail of the experiences was discussed.

The findings of this study may have various implications. Postdoctoral positions at Dutch UAS are still limited and postdoctoral nurses experienced difficulties to develop postdoctoral positions. Knowing the outcome of this research could shed a light on the importance of the complexities that postdoctoral nurses face. It should be a priority for the management to foster postdoctoral nurses and provide them with facilities to conduct own research. Future research is needed to develop a structured postdoctoral program at UAS so that postdoctoral nurses can develop a postdoctoral position in research and education, show leadership and generate new knowledge.⁶⁵⁻⁶⁷ Further more research in postdoctoral nurses is needed to gain insight in for example different environments.

CONCLUSIONS

The Dutch infrastructure in nursing science and research is still limited and fragile⁷⁻⁹. This study explored the experiences of postdoctoral nurses working in research and education at UAS. Two main themes were identified: *leadership development* and *professional development*. The postdoctoral nurses experienced difficulties with further developing their postdoctoral careers. The majority of postdoctoral nurses see themselves as leader, at the UAS postdoctoral nurses are the designated persons to integrate research in education and enlarge the abilities of students and colleagues for research. The postdoctoral nurses do not aim for a higher position, but wanted to improve the care of patients or to deliver the best educated professionals in healthcare. Combining education and research is challenging but is also beneficial to motivate the students for research.

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TABLES

Table 1: Six steps of the thematic analyses method

Thematic analyses method	
<i>1) Familiarizing yourself with your data</i>	In this phase, the researcher had to familiarize itself with the data thoroughly by 'repeated reading' and active reading. The reading helps with shaping ideas and identification of possible patterns. Notes were taken during the reading, combined with the notes of the interview and were used in the next phase. Also abstracts were made for member validation to verify the research data. ^{43,50} If participants had any adjustments the adjustments were combined with the notes.
<i>2) Generating initial codes</i>	In this phase, initial codes were produced from the data. The data were organized into meaningful groups on printed versions of the interview and later submitted in NVivo (10 TM QSR International). As many themes/patterns and their surrounding data (if relevant) as possible was coded and listed with relevance to the objective.
<i>3) Searching for themes</i>	In this phase, a broader level of themes was collected through refocusing on the analysis and relevant coded data. The researcher considered how different codes combine in themes. By performing a mind-map to organize the themes. Early ideas of the relationship between codes and themes and their levels (main theme or sub-theme) were formed.
<i>4) Reviewing themes</i>	In this phase the themes were refined and cohered together meaningfully. For each theme was considered whether it appears to form a pattern with other themes or not. The dataset was reread to ascertain if the themes cohere and to code any additional data that has been missed earlier.
<i>5) Defining and naming themes</i>	In this phase, the themes were defined and further refined to identify the essence of the themes and determine what aspect of the data each theme captures. The data extracts for each theme was organized, using printed NVivo (10 TM QSR International) themes on paper, into a coherent and internally consistent account, with accompanying the narrative. For each theme, a written detailed analyses and story in relation to the research question was conducted.
<i>6) Producing the report</i>	In this phase, the thematic analysis was written down. Thick descriptions were used to demonstrate the essence and to provide an adequate description of the themes. ⁴³ To create the thick descriptions the descriptions of the participants were altered to make them readable in complete phrases. The analytic narrative goes beyond a description of the data and makes an argument in relation to the research question.

Table 2: Participants & Interview characteristics

Participants characteristics		
Age in years	Mean (range)	49 (30 – 65)
Gender	Male	4
Nationality	Dutch	14
Children	Yes	12
Partner	Yes	14
Hours working per week	Mean (range)	38 (24 – 80)
Work activities	Research	10
	Lector	4
	Education nursing bachelor	8
	Education nursing master	3
Ancillary activities	Yes	8
Degree in education	Yes	12
Degree in nursing	In-service	3
	Bachelor	11
Master degree in nursing	Master Advance Nursing Practice	2
	Clinical Health Science	12
	Master Health Economics Policy & Law	1
Year of promotion	2000-2005	2
	2006-2010	1
	2011-2015	7
	2015-2017	4
Years working at the UAS	Mean (range)	7,4 (0,5 – 26)
Interview characteristics		
Interview	Total	14
Duration interview hours:minutes:seconds	Mean (range)	0:51:21 (0:31:25 – 1:36:27)

APPENDIX 1: INTERVIEW-GUIDE

Leiderschap en roltransitie onder gepromoveerde verpleegkundigen in Nederland werkzaam in het bachelor onderwijs DRAAIBOEK INTERVIEW

Tijdens de introductie van het interview zullen de volgende onderdelen aanbod komen: introductie van het onderzoek, doel van het onderzoek, procedure interview (anonimiteit, informed consent, het niet hoeven beantwoorden van vragen als de participant dat niet wil, terugtrekking uit het onderzoek), tijdsindicatie van 60-90minuten, het verzamelen van de demografische gegevens en het bedanken van de participant voor deelname.

Interview vragen:

1. Zou u kunnen beschrijven waarom u hebt gekozen om les te gaan geven op de faculteit als gepromoveerd verpleegkundige?
2. Zou u kunnen beschrijven wat lesgeven zo anders maakt dan werken in onderzoek als gepromoveerd verpleegkundige?
3. Wat is de rol die u vervult binnen de faculteit als gepromoveerd verpleegkundige?
4. En wat zijn de verwachtingen van uw rol die aan u worden gesteld nu u gepromoveerd bent?
 - a. Komen deze overeen? Zou u dit kunnen toelichten?
 - b. Zijn de verwachtingen veranderd na uw promoveren? Zou u dit kunnen toelichten?
 - c. Wat heeft u het meest gestimuleerd om aan de nieuwe verwachtingen en verantwoordelijkheden te voldoen in uw rol op de faculteit?
 - d. Hoe ziet u uw rol als onderzoeker in het onderwijs?
5. Uit onderzoek is gebleken dat sommige docenten de transitie van de praktijk naar lesgeven als moeilijk hebben ervaren, hoe hebt u dit ervaren?
 - a. Bent u in de roltransitie begeleid? Zo ja, waaruit bestond uw begeleiding en hoe hebt u de begeleiding ervaren?
 - b. Hebt u iets gemist in de roltransitie? Zo ja, wat hebt u gemist?
6. Begeleidt u collega's bij hun werkzaamheden op de faculteit? Zo ja, hoe ervaart u het begeleiden van collega's?
7. Op welke wijze hebt u invloed als gepromoveerd verpleegkundige op de lesprogramma's die worden gegeven op de faculteit?
 - a. Op welke wijze zorgt u ervoor dat evidence based practice wordt toegepast binnen het lesprogramma?

- b. Hoe inspireert u de toekomstige verpleegkundigen om evidence based practice in de praktijk toe te passen?
- 8. Welke competenties of kwaliteiten van leiderschap vindt u belangrijk binnen uw werk als gepromoveerd verpleegkundige?
 - a. Waarom zijn deze belangrijk?
 - b. Beschikt u over deze competenties en hoe zet u deze in tijdens uw werk?
 - c. Ziet u uzelf als een leider in uw huidige functie? Zou u hier een voorbeeld van kunnen geven?
 - d. Hoe wordt u gestimuleerd om tijdens uw werk leiderschapcompetenties te ontwikkelen?
- 9. Als u zou willen doorgroeien, welke mogelijkheden zijn er dan beschikbaar op uw huidige werkplek?
 - a. Hoe wordt u hierin ondersteund/gestimuleerd door uw werkgever?
- 10. Zou u nog iets aan het interview willen toevoegen wat we nog niet behandeld hebben (over bijv. uw invloed binnen het onderwijs en uw leiderschap hierin)?

Interviewvragen toegevoegd na interviews:

- 1. Kunt u reflecteren op de combinatie functie onderwijs en onderzoek?
- 2. Hoe legt u die verbinding? Bevorderende en belemmerende factoren?
- 3. Hoe versterkt dat elkaar?
- 4. Wordt onderzoek gestimuleerd binnen de UAS? Of moet u zelf initiatief hiervoor nemen?
- 5. Hoe staat het met de onderzoekscultuur van de UAS?
- 6. Heeft u begeleiding gehad na uw PhD?
- 7. Hoe is de huidige werkdruk?
- 8. Hoe ervaart u werkdruk?
- 9. Hoe gaat u met pieken om?
- 10. Doet u veel werkzaamheden in uw eigen tijd?
- 11. Wat zijn uw ambities?
- 12. Heeft u ook doorgroeimogelijkheden binnen de UAS?
- 13. Presenteert u onderzoekresultaten in binnen en buitenland?