

EXPLORING THE LIMINALITY IN MEDICAL TEACHERS TRANSITIONING FROM CLINICAL TO ACADEMIC ROLES

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ABSTRACT

Objective: This study explores the liminality of medical teachers transitioning from clinical to academic roles.

Methods: A qualitative study was conducted from July 2025 to December 2025. A purposive, maximum-variation sample of 12 medical teachers from across Khyber Pakhtunkhwa who had transitioned from clinical to teaching roles was invited to participate. An interview guide was developed using liminality theory and informed by concepts of professional identity formation and communities of practice. Semi-structured online interviews explored liminality among medical teachers, capturing their lived experiences, challenges, motivations, and adaptation processes. Data were analyzed, and themes and subthemes were derived using Braun and Clarke's thematic analysis framework.

Results: Thematic analysis identified five main themes including: (1) Motivations for Transition, including personal circumstances, family obligations, and dissatisfaction with clinical roles; (2) Liminality and Identity Crisis, points out the internal conflict between clinical and academic identities; (3) Challenges in Adaptation to Academic Roles, focusing on deficiencies in teaching and assessment skills; (4) Institutional Support programs and Mentorship, focusing on the lack of formal training and mentorship at the level of institution; and (5) Professional Growth and Fulfillment, where participants agreed to their personal and professional growth despite the challenges.

Conclusion: This study highlights the complexities of the liminal phase for medical teachers in our local context, marked by challenges related to identity conflict, skill development, and institutional support. Medical institutions should establish structured faculty development and mentorship programs to support professional identity formation and ease the transition into academic roles.

Keywords: Communities of Practice, Faculty Development, Liminality, Medical Teachers, Professional Identity Formation, Qualitative Research.

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INTRODUCTION

From doctors to nursing staff, health care professionals must switch roles multiple times during their careers. ¹ Of all the transitions, the shift from clinical practice to an academic role represents a significant change for a health care professional. As they transition from the patient's bedside to teaching roles, they face significant challenges, including the need to reevaluate their professional identity. ² This experience can be described in terms of liminality, characterized by ambiguity, uncertainty, and questioning of their professional identity. ³ This concept can be defined as the condition of being betwixt and between two positions while shifting from an old status to

a new professional role. ⁴ This liminal state, on the one hand, can be a source of intensive learning, but on the other hand, can lead to burnout and emotional distress as well. ⁵ Due to the challenges and transformative potential associated with liminality, it is essential to explore the lived experience of health care professionals as they transition from clinical to academic roles. ⁶ Among the variety of options available to doctors, a full-time medical teacher is a less preferred and under-discussed option, and their ability to serve can be optimized by addressing the challenges they encounter during the liminal phase. ⁷ Although increasing numbers of physicians are pursuing academic careers, the experiences and challenges associated with this transition remain insufficiently understood. ^{1, 7, 8}

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MATERIALS AND METHODS

This qualitative phenomenological study explored liminality among medical teachers who have transitioned from clinical to academic roles across Khyber Pakhtunkhwa, Pakistan. A qualitative approach was chosen because it captures participants' lived experiences and perspectives.

The study was conducted over six months, from July 2025 to December 2025, after approval from the Advanced Studies and Research Board of Khyber Medical University at its 177th meeting held on July 02, 2025 (Ref. No. DIR/KMU-AS&RB/EL/003273). The ethical approval was granted by the KMU-IHPER Ethics Board (Ref. No. 1-13/IHPER/MHPE/KMU/25-15, dated July 07, 2025). All participants received written information about the study aims and were provided informed consent. Confidentiality was maintained by anonymizing all transcripts, and participants were assured of their right to withdraw without penalty.

Purposive sampling with maximum variation was used for participant selection; participants had at least five years of clinical experience before transitioning to a teaching position at a medical institute. Later, the snowballing technique was also employed for participant recruitment. The study included 12 participants from various medical colleges in Khyber Pakhtunkhwa (KP), Pakistan: five males and seven females. Participants were medical teachers with at least 5 years of clinical practice who had transitioned to academic roles and held an academic position. Male and female medical teachers from different public and private sector medical institutions were recruited. Medical teachers unwilling to participate in this study were excluded.

Data were collected through in-depth interviews using a semi-structured interview guide. The guide was developed after a thorough literature search to elicit rich qualitative insights from medical teachers about their transition experiences from clinical to academic roles. It was theoretically grounded in liminality theory and informed by the concepts of communities of practice and professional identity formation.^{9, 10} The guide was piloted (n=2) before the study to ensure comprehensiveness. The semi-structured interviews were audio-recorded and conducted in English. Data analysis followed transcription and used thematic analysis guided by Braun and Clarke's six-step framework.¹¹ The data were initially coded. After coding, themes and subthemes were identified. The coding process involved reading and re-reading all transcripts to organize them into patterns and then themes. The research team refined the themes through discussion, and the findings were validated. Member checking with participants further ensured transcript accuracy. Participants were asked to verify whether the transcripts accurately represented their accounts and to clarify or amend any statements where necessary. The team incorporated any feedback received into the transcripts before the final analysis. Reflexive memos captured evolving interpretations and enhanced analytic rigor.¹² Credibility was strengthened through member checking, triangulation, and comparison of perspectives from participants representing different public and private medical institutions across the province.¹³ Dependability was supported through a code-re-

code strategy,¹⁴ and confirmability through reflexive journaling and an audit trail.¹⁵ Thick descriptions were used to enhance transferability.¹⁶

RESULTS

This study involved twelve (5 males, 7 females) participants who had transitioned from clinical to academic roles. Their ages ranged from 30 to 55 years, with an average of 42.5 years. The participants represented various medical institutions in Khyber Pakhtunkhwa (KP), Pakistan.

Table 1 presents the participants' demographic data, including gender, academic background, and experience in their roles.

The data analysis revealed five key themes and eleven subthemes related to medical teachers' liminality experiences. These themes were derived from motivating factors, challenges, and the availability of support systems during their transition phase (Table 2).

DISCUSSION

The transition of a clinician to an academic role is a transformative journey marked by professional and personal struggles, adjustment, and growth. Our study explored the lived experiences of medical teachers in Khyber Pakhtunkhwa (KP), Pakistan, who have made this transition.

Using thematic analysis, we identified themes, including motivations for transition, liminality and identity crisis, challenges in adapting to academic roles, institutional support, and professional growth and fulfillment. The analysis was conducted in the context of the available literature on the subject, which helped highlight both the

Table No 1: Demographic Data (n=12)

Participant Code	Gender	Years of Clinical Experience	Years in Academic Role
MP1	Male	10	2
FP2	Female	11	3
FP3	Female	9	1
MP4	Male	14	5
FP5	Female	12	3
MP6	Male	13	2
FP7	Female	10	4
FP8	Female	7	2
MP9	Male	12	3
MP10	Male	14	4
FP11	Female	10	3
FP12	Female	8	2

Table No 2: Themes, Sub-Themes, and Representative Participant Quotes

Theme	Sub-theme	Participant Quotes
Motivations for Transition	Personal Circumstances	"I transitioned because of my family obligations. I needed more stability, and academia seemed like the right fit." (F,P#5) "This was by default... it was not my choice, I was transferred." (M,P#1) "It wasn't really by choice... it was more of a responsibility." (F,P#2)
	Family Obligations	"I wanted to spend more time with my family, and teaching offered a better balance between personal and professional life." (M,P#6) "I had very young children, so it was for their benefit that I had to shift." (F,P#3) "I had to take care of my brother... I couldn't manage everything together." (F,P#2)
	Professional Disillusionment	"I still feel like a clinician at heart, but I am expected to be a teacher now," (F,P#7) "Over time I felt that my clinical identity carried more value than my role as a teacher. This transition was emotionally difficult because I lost the sense of doing service to humanity, which I previously had as a clinician." (M,P#4) "I think I was more respected in the hospital job than in academics, although I have been working very hard, and the recognition seems far less than I expected." (M,P#1) "I thought becoming a teacher would give me professional satisfaction, yet I often found myself questioning whether I had made the right career decision." (M,P#9) "Initially, I assumed teaching was an easier pathway, but in reality, the emotional burden and lack of appreciation turned out to be discouraging." (M,P#10)
Liminality and Identity Crisis	Struggling to reconcile clinical and academic identities	"I felt internally very shocked... suddenly there were no patients." (M,P#1) "I felt a big sense of loss... I should have established myself as a clinician." (F,P#3) "I have lost my identity... I am still that clinician because this shift made me feel disconnected from my previous identity." (M,P#4) "I often feel that as a basic medical sciences teacher, I did not have the same prestige and honor, even within the medical community." (M,P#10)
	Professional ambiguity during the transition phase: In-Between / Uncertainty Phase	"I had this in my mind whether I will continue here or go back to the clinic." (F,P#2) "I am still wandering... I am not settled even." (M,P#4) "Initially I had this problem... the environment suddenly changed." (M,P#1)
Challenges in Adapting to Academia	Lack of Teaching Skills	"I wasn't prepared for teaching. I had to figure things out on my own." (F,P#12) "I had to learn presentation skills... I could not even speak initially. We were not familiar with making MCQs or conducting exams." (F,P#3) "I wasn't prepared to be a teacher. I had to learn everything on my own." (M,P#6)
	Adjustment to Student Engagement	"Student engagement was hard at first. I didn't know how to connect with them, but over time, I learned by trial and error." (F,P#8) "Students ask too many questions... I had to consult multiple books." (F,P#3) "There was a big gap between teachers and students... I tried to bridge that." (M,P#4)
Institutional Support and Mentorship	Absence of Onboarding Programs	"There was no formal training or support. I had to learn everything by myself." (M,P#4) "I don't think institutional support was even considered." (F,P#2) "There was no formal training initially... it was a personal struggle." (F,P#3) "My expectations from a teaching job and the realities of institutional culture have disappointed me to much extent." (M,P#1) "There was no clear roadmap for my transition. I had to figure things out myself." (F,P#12)
	Self-Directed Learning	"I attended workshops and read a lot about teaching. That's how I improved my teaching techniques." (F,P#2) "YouTube helped me a lot... I learned everything myself." (F,P#3) "Self-learning and hard work were on the top." (MP#1)
Professional Growth and Fulfillment	Satisfaction from Student Success	"It's rewarding to see my students succeed. It's one of the best parts of my academic career." (MP#9) "Positive feedback from students kept me going." (M,P#2) "When students achieved distinction, it was a very happy moment for me." (M,P#1)
	Enhanced Knowledge Transfer	"Teaching has allowed me to learn a lot, and I feel like I am contributing to the academic community." (F,P#3) "I became more confident and improved my presentation skills." (F,P#3) "My communication skills have been groomed." (F,P#5)

*M: Male, F: Female, P: Participant.

problems and solutions for clinicians undergoing career transitions to teaching roles.

The first theme identified in our study was motivation to transition roles. All participants addressed this question, and most cited personal reasons, such as family obligations, better work-life balance, and stable schedules, as key motivators for this decision. The literature shows that clinicians value their personal lives enough to transition roles to protect them.^{1,7} Most expect a better

work-life balance and more manageable work hours with this transition to the teaching role. The teaching role appears more accommodating, flexible, and stable, supporting balanced personal lives. In addition, some participants expressed professional disillusionment as a motivator for changing their professional roles. This aligns with Gordon et al. (2020), who observed that health care professionals exposed to high-stress work environments may switch to teaching positions to avoid burnout.⁵ This gives them the

personal satisfaction of not compromising their personal life or patient care.⁵

Participants expressed frustration with the emotional toll of clinical work and demanding schedules, particularly in the local public-sector setup. This suggests that classroom teaching offers an alternative for professionals who want to pursue a career in a comparatively flexible environment that better aligns with their goals.

The second theme was liminality and identity crises, characterized by a state of being between two identities. This has been described in various studies of healthcare workers, including nurses, paramedics, and doctors, who experienced ambiguity during role shifts.^{3,9,17} This can be called an identity crisis, in which one cannot be fully in either role. Participants described feeling caught between their former clinical identity and their emerging educator identity.¹ Clinicians face many struggles before they can establish their new identity as a teacher. Lee et al. (2022) found that moving from one professional identity to another brings self-doubt and emotional misalignment.⁶

Study participants cited challenges in adapting to academic roles, including a lack of teaching skills and student engagement, reflecting significant difficulty in learning and implementing new teaching skills and a lack of expertise in curriculum design and assessment. These findings align with Gordon et al. (2020), which found that clinical teachers are not well adapted to the demands of academic roles.⁵ Clinical practice primarily focuses on bedside manner, clinical expertise, procedural skills, and patient care, whereas academic roles require expertise in teaching, curriculum development, and assessment. MP6 and FP12 participants explained that they had to learn through trial and error before they could teach effectively, as no formal training or mentoring sessions were available.

Rocha et al. (2023) explained that medical teachers shifting from clinical to academic roles are unprepared for the academic environment.⁷ Similar findings were reported by most participants of the study, who had to apply self-directed learning techniques to bridge the knowledge gap.⁷ They had to attend workshops or had to seek advice from their colleagues for a smoother transition. However, these methods are mostly informal and require personal effort. They can be inefficient and time-consuming. They are mostly unstructured, without any roadmap or time-frame. This lack of structured support programs for medical educators highlights a major challenge during their liminal phase and emphasizes the importance of institu-

tional initiatives and policies to better guide and support new educators transitioning from clinical practice.⁷

This study found that institutional support through structured mentorship and faculty development programs was important, while most participants viewed the lack of formal guidance and mentorship as a major barrier to transitioning from clinical to teaching roles.²⁰ Participants expressed frustration with the lack of structured training opportunities provided by institutions. These findings align with evidence in the literature indicating that insufficient mentorship poses substantial challenges for medical educators.^{5,18,19} Likewise, Stratton-Maher recognized mentorship and coaching as critical facilitators in the successful transition of clinicians into academic roles.¹⁷

Many participants reported professional growth and personal fulfillment from their role transition, despite the challenges they faced.²¹ Most of them perceived themselves as contributors to the future improvement of healthcare through their academic roles.²² Similar points were made by Stratton-Maher (2022), who noted that the liminal phase is challenging but accompanied by achievements and progress.¹⁷ Participants MP9 and FP7 stated that they felt accomplished because their students were securing good grades. They reported that their teaching experience was rewarding and satisfying. Some participants also reported that their professional independence and resilience increased after going through this entire career-shifting process. A female participant described her transformation and evolution after overcoming the initial impediments of the liminal phase. These findings are supported by Rocha et al. (2023), who reported that medical teachers found greater accomplishment in their teaching roles, particularly in the classroom, after gaining confidence and competence.⁵

STRENGTHS AND IMPLICATIONS OF THE STUDY

This study focused on the challenges faced by medical teachers in Khyber Pakhtunkhwa, highlighting the cultural, institutional, and professional factors that influence the transition from clinical practice to academic roles. Including twelve participants from public- and private-sector medical institutes across the province ensured diversity in academic backgrounds, clinical expertise, and gender representation, enabling an in-depth exploration of perspectives and lived experiences. Identifying inadequate institutional support and mentorship programs highlights the need for structured faculty development initiatives to support successful transitions into academic roles.

CONCLUSION

This study explores the liminality of medical teachers transitioning from clinical to academic roles and highlights the challenges associated with this phase in the local context. The transition from clinical to academic roles is marked by challenges related to identity conflict, institutional support, and skill development. However, educators' personal and professional growth would be more pronounced with formal institutional support.

A limitation of this study is that it included only medical educators from medical institutes in Khyber Pakhtunkhwa, which may limit the generalizability of the findings to other professional contexts and educators in other regions. Further research should explore the perceptions of a broad range of educators across programs and professions in different regions, including dental educators, institutional leaders, and nursing and allied health sciences educators, to enhance the generalizability of the findings. Comparing findings across cultural or organizational contexts can uncover unique insights and further validate the study's conclusions. Medical teachers need support through structured training programs, mentorship opportunities, and professional development workshops, which are essential for those transitioning into academic roles. Mentoring programs for medical teachers during the liminal phase may help reconcile their clinician-to-teacher identities.

REFERENCES

- Murray C, Stanley M, Wright S. The transition from clinician to academic in nursing and allied health: a qualitative meta-synthesis. *Nurse Educ Today*. 2014;34(3):389-395. doi:10.1016/j.nedt.2013.06.010
- Church HR, Brown ME, Govender L, Clark D. Beyond the bedside: a scoping review of the experiences of non-practicing health care professionals in health professions education. *Med Educ*. 2025;59(3):272-291. doi:10.1111/medu.15529.
- Bigger S. Victor Turner, liminality, and cultural performance. *J Beliefs Values*. 2009;30(2):209-212. doi:10.1080/13617670903175238.
- Maksimović M. Insights from liminality: navigating the space of transition and learning. *Sisyphus J Educ*. 2023;11(1):147-166.
- Gordon L, Rees CE, Jindal-Snape D. Doctors' identity transitions: choosing to occupy a state of 'betwixt and between'. *Med Educ*. 2020;54(11):1006-1018. doi:10.1111/medu.14219
- Lee SL, Rees CE, O'Brien BC, Palermo C. Identities and roles through clinician-educator transitions: a systematic narrative review. *Nurse Educ Today*. 2022;118:105512. doi:10.1016/j.nedt.2022.105512.
- Rocha J, Cabral B, Chen E, Rodriguez C, Yancy CW. Integrative supports, resources, and opportunities—exploring and expanding urban high school students' science identity: a longitudinal qualitative study. *Gift Child Q*. 2023;67(1):44-63. doi:10.1177/00169862221119209.
- Westerman M, Teunissen PW, Fokkema JP, van der Vleuten CP, Scherpbier AJ, Siebert CE, et al. The transition to hospital consultant and the influence of preparedness, social support, and perception: a structural equation modelling approach. *Med Teach*. 2013;35(4):320-7. doi:10.3109/0142159X.2012.735381
- Wels H, Van der Waal K, Spiegel A, Kamsteeg F, Victor Turner and liminality: an introduction. *Anthropol S Afr*. 2011;34(1-2):1-4. doi: 10.1080/23323256.2011.11500002
- Sarraf-Yazdi S, Pisupati A, Goh CK, Ong YT, Toh YR, Goh SP, et al. A scoping review and theory-informed conceptual model of professional identity formation in medical education. *Med Educ*. 2024;58(10):1151-65. doi: 10.1111/medu.15399
- Braun V, Clarke V, Hayfield N, Terry G. Thematic analysis. In: Rohleder P, Lyons A, editors. *Advanced research methods for applied psychology: design, analysis and reporting*. London: Routledge; 2024. p. 238-54.
- McGrath R. Journalling and memoing: reflexive qualitative research tools. In: *Handbook of qualitative research methodologies in workplace contexts*. Cheltenham: Edward Elgar Publishing; 2021. p. 245-62. doi: 10.4337/9781789904345.00022
- Varpio L, Ajjawi R, Monrouxe LV, O'Brien BC, Rees CE. Shedding the cobra effect: problematising thematic emergence, triangulation, saturation and member checking. *Med Educ*. 2017;51(1):40-50. doi: 10.1111/medu.13124
- Janis I. Strategies for establishing dependability between two qualitative intrinsic case studies: a reflexive thematic analysis. *Field Methods*. 2022;34(3):240-55. doi: 10.1177/1525822X211069636
- Dado M, Spence JR, Elliot J. The case of contradictions: how prolonged engagement, reflexive journaling, and observations can contradict qualitative methods. *Int J Qual Methods*. 2023;22:16094069231189372. doi: 10.1177/16094069231189372
- Stalmeijer RE, Brown ME, O'Brien BC. How to discuss transferability of qualitative research in health professions education. *Clin Teach*. 2024;21(6):e13762. doi: 10.1111/tct.13762
- Stratton-Maher D. The lived experience of registered nurses transitioning from clinician to academic (Doctoral dissertation, RMIT University). <https://doi.org/10.25439/rmt.27597786>
- Logan PA, Gallimore D, Jordan S. Transition from clinician to academic: an interview study of the experiences of UK and Australian registered nurses. *J Adv Nurs*. 2016;72(3):593-604. doi: 10.1111/jan.12848.
- Alam SN, Ali SK, Baig LA. The educator within: a systematic review of professional identity formation in health professions education. *Pak J Med Sci*. 2026;42(1):266-75. doi: 10.12669/pjms.42.1.13674.
- Valestrand EA, Hokstad LM, Schei E, Ofstad EH, Stenfor T, Kvernanes M. The liminal landscape of mentoring—stories of physicians becoming mentors. *Med Educ*. 2023;57(11):1020-7. doi: 10.1111/medu.15117.

21. Sueningrum AS, Simadibrata M, Soemantri D. Clinical teachers' professional identity formation: an exploratory study using the 4S transition framework. *Int J Med Educ.* 2022;13:10. doi:10.5116/ijme.61dd.7764.
22. Dintwe T, Gause G, Sehularo LA. Coping strategies used by newly appointed nurse educators during transition from clinical practice to academia: a qualitative study. *Nurs Rep.* 2025;15(10):367. doi:10.3390/nursrep15100367.

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Following authors have made substantial contributions to the manuscript as under

Authors	Conceived & designed the analysis	Collected the data	Contributed data or analysis tools	Performed the analysis	Wrote the paper	Other contribution
Asim N	✓	✓	✗	✗	✓	✗
Shumaila	✓	✗	✓	✓	✓	✗
Waqar H	✓	✓	✗	✗	✗	✓
Jamil B	✓	✗	✓	✓	✓	✗
Mahboob U	✓	✗	✓	✓	✓	✗
Junaid SM	✓	✓	✗	✗	✗	✓

Authors agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Ethical Approval:

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