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Research Article

Paper 2: Conceptualizing the Transition from Advanced to Consultant Practitioner: Role Clarity, Self-perception, and Adjustment

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ABSTRACT

Background: Interest in the influence of emotions on behaviour, decision making, and leadership has accelerated over the last decade. Despite this, the influence of emotions on career advancement and behaviour within radiography and radiotherapy has largely been ignored. The ease of transition from one work role to another within an individual's career may be influenced by previous experience, personal characteristics, organizational environment, culture, and the nature of the role itself. Consequently, the transition from the often well-defined role of advanced or specialist practitioner to the more fluid role of consultant practitioner is associated with changing emotions as reported in the first part of this two-part series. What remains unexplored are the emotional triggers that pre-empt each stage in the transition cycle and how our understanding of these might support the successful implementation of consultant practitioner roles.

Objectives: To explore the emotional triggers that pre-empted each stage in the transitional journey of trainee consultant radiographers as they moved from advanced to consultant practitioner within a locally devised consultant development program.

Design: Longitudinal qualitative enquiry.

Methods and Settings: Five trainee consultant radiographers were recruited to a locally devised consultant practice development program within a single UK hospital trust. Semistructured interviews were undertaken at 1, 6, and 12 months with the trainees.

Results: Although all trainee consultant radiographers experienced the emotional events described in the first part of this two-part series in a predictable order (ie, elation, denial, doubt, crisis, and recovery), the timing of the events was not consistent. Importantly, four emotional triggers were identified, and the dominance of these and the reaction of individuals to them determined the emotional well-being of the individual over time.

Conclusions: This study provides a unique and hitherto unexplored insight into the transition journey from advanced or specialist practitioner. Importantly, the findings suggest that commonly adopted supportive

change interventions may, in fact, trigger the negative emotions they are intended to alleviate and disable rather than enable role transition.

RESUMÉ

Contexte : L'intérêt envers l'influence des émotions sur le comportement, la prise de décisions et le leadership s'est accéléré au cours de la dernière décennie. Malgré cela, l'influence des émotions sur la progression de carrière et le comportement dans les domaines de la radiographie et de la radiothérapie a été largement ignorée. La facilité de transition d'un rôle de travail à un autre dans le cours de la carrière d'un individu peut être influencée par les expériences antérieures, les caractéristiques personnelles, l'environnement et la culture de l'organisation, ainsi que par la nature du rôle lui-même. Par conséquent, la transition entre le rôle souvent bien défini de la pratique spécialisée ou avancée et le rôle plus fluide de praticien consultant est associée à des changements émotionnels, comme le signale le premier article de cette série de deux. Il reste à explorer les déclencheurs émotionnels qui permettent la préemption de chacun des stades du cycle de transition et comment notre compréhension de ces déclencheurs pourrait appuyer la réussite de la transition et du rôle de praticien consultant.

Objectifs : Explorer les déclencheurs émotionnels qui permettent la préemption de chacun des stades du cycle de transition des radiographes consultants stagiaires pendant leur passage de la pratique avancée au rôle de consultant dans un programme de développement des consultants développé à l'échelle locale.

Conception : Étude qualitative longitudinale.

Méthodologie et contexte : Cinq radiographes consultants stagiaires ont été recrutés dans un programme de développement des consultants développé à l'échelle locale dans un même trust hospitalier du Royaume-Uni. Des entretiens semi-structurés ont été tenus avec les stagiaires après un, six et douze mois de formation.

Résultats : Bien que tous les radiographes consultants stagiaires aient connu les événements émotionnels décrits dans le premier article de

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cette série de deux, dans un ordre prévisible (exaltation, déni, doute, crise et récupération), le moment auquel sont survenus ces événements n'est pas constant. Quatre déclencheurs émotionnels ont été recensés et c'est la dominance de ces déclencheurs ainsi que la réaction individuelle à ces déclencheurs qui ont déterminé le degré de bien-être émotionnel des personnes au fil du temps.

Conclusions : Cette étude offre une perspective unique et jusqu'à présent inexplorée sur le passage de la pratique spécialisée ou avancée

Keywords: Consultant practice; advanced practice; role transition

Introduction

Interest in the influence of emotions on behaviour [1], decision making [2], and leadership [3, 4] has accelerated over the last decade. However, within the context of radiography and radiotherapy, the influence of emotions on career development and behaviour has been largely ignored beyond the emotional intelligence profiling of the UK profession by Mackay et al [5]. Importantly, no study has considered how emotions are experienced in response to specific work-related events on a longitudinal time line and the impact these have on role cognition, emotional well-being, and behaviour [6].

Career or work roles are defined in organizational research as the typical way in which work is undertaken rather than as a specific job [7]. The ease of transition from one work role to another within an individual's career may be influenced by previous experience, personal characteristics, organizational environment, culture, and the nature of the role itself. Consequently, the speed and success of transition are dependent on an individual's ability to develop the critical behaviours and skills necessary to fulfil the requirements of the new work role [8]. When these behaviours and skills are not addressed, role transition can be challenging, with participants struggling to achieve "comfort" in their new role [8].

The transition from advanced/specialist practitioner to consultant practitioner, as defined in the first part of this two-part series, is associated with a move away from a rigid, ordered, and possibly task-driven work role toward one that is more flexible, ambiguous, and comes with greater responsibility. As a result, this role transition is associated with changing emotions, including anxiety and stress [9] as reported in the first part of this series in which an overview was presented of the emotional journey experienced by a group of five trainee consultant radiographers (TCRs) during a 12-month development program. Although previous studies have explored the experiences of this elite clinical group through cross-sectional and case studies [10–13], particularly within nursing [14–17], the longitudinal transition journey from advanced/specialist practitioner through the process of role adjustment to self-perception of being a consultant practitioner has never been explored. Importantly, we identified in the first part of this series that the reported emotional

au rôle de consultant. De façon plus importante, les conclusions laissent penser que les interventions de soutien au changement communément adoptées pourraient en fait déclencher les émotions négatives qu'elles visent à atténuer et nuire au processus de transition plutôt que le faciliter.

well-being of TCRs during the development program varied in a predictable order (ie, elation, denial, doubt, crisis, and recovery). In this article, we explore in further detail the emotional triggers that pre-empted each stage in the cycle and from this detailed analysis present two models of the transition experience that may inform strategies to support the successful implementation of consultant practitioner roles in clinical settings going forward.

Methods

This article is drawn from a larger study exploring the attainments and experiences of five aspiring TCRs seconded to a consultant development program. The aim of this longitudinal study was to describe the journey experienced by the TCRs through a series of qualitative interviews as they moved from advanced/specialist practitioner to consultant practitioner status. Full details of the study rationale and method are presented in article 1 and outlined here.

Five radiographers (medical radiation technologists) from a single UK hospital trust were recruited to a 12-month trainee consultant post as part of a locally devised consultant development program between 2009 and 2010. Each participant identified and agreed personal objectives and was supported to develop the attitudes, attributes, and behaviours appropriate to consultant practice as outlined in the four domains of consultant practice [18, 19]. With their consent, participant progress was externally monitored, and the meaning and significance of their experiences were explored via a longitudinal qualitative research approach over the 18-month period from recruitment. The project was considered by the study organization to be service evaluation and did not require ethical approval (B. Snaith, personal communication, December 2009). Research, service evaluation, audit, and surveillance are strictly defined with the UK health care system. It is expected that health care practitioners will audit and evaluate service change and innovation as part of quality assurance. As such, ethical review is only required for studies considered by the sponsoring organization to be research [20]. However, the standard ethical principles for the conduct of qualitative studies were followed as part of this evaluation including seeking informed consent and assurances of confidentiality.

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