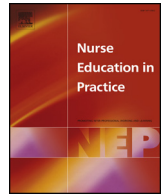




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Doctorate Studies

Paramedic academics in Australia and New Zealand: The ‘no man's land’ of professional identity

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ABSTRACT

Those transitioning from practice to academia can struggle with the perception that they might lose their hard-won and deeply-held professional identity, while grappling with the difficulty of creating an academic identity. This is a common experience for those entering universities with strong clinical identities. Paramedics, as members of an emerging health profession, share these challenges with nursing and allied health professionals. In this study of paramedic academics in Australia and New Zealand, a majority did not consider themselves to still be paramedics on the basis that they were no longer clinically active. Nor did they consider themselves to be academics as most lacked doctoral qualifications and associated scholarly achievements that made them feel worthy of a place in the ‘academy’. This lack of a professional identity as either a paramedic or an academic places them in a ‘no man's land’ of professional identity. Many are unable to effectively fuse their paramedic and academic identities to become comfortable as ‘paramedic academics’. For this to change, there needs to be a partnership between the paramedicine discipline and universities to ensure that paramedics entering academia have a recognised and valued career pathway and are better prepared to make the transition to academia.

1. Introduction

Many academics teaching into nursing and allied health programs in universities face challenges in identifying and forming their professional identities. In a previous component of our wider study of paramedic academics teaching in undergraduate paramedicine degree programs in Australia and New Zealand (Munro et al., 2017), participants expressed feelings of doubt and anxiety as to the nature and location of their professional identity. When asked if they still considered themselves to be paramedics, the majority stated that they did not. When pressed for a reason, they responded that it was because they were no longer active in clinical practice ‘treating patients’. When asked if they considered themselves to be academics, the majority stated that they did not, because in most cases they did not have a PhD. This led us to label this phenomenon ‘The No Man's Land of Professional Identity’.

The responses to these two questions revealed major factors that comprise the structure of their perceptions about what constitutes a paramedic academic identity. This issue is shared with those in other professions such as nursing and allied health. The concept identified as the ‘no man's land’ of professional identity is not exclusive to paramedic

academics. In a study in the UK (Findlow, 2012), a group of nursing academics who did not have a doctoral qualification indicated that they did not consider themselves to be a ‘proper academic’. Having come from a clinical background, they stated that they lacked what they referred to as ‘academic authority’. This insecurity was accompanied by ‘a fear of being found out’ (p.128) by those academics who had higher levels of academic capital, such as those in medicine and law (Webb et al., 2002).

This paper will illustrate and discuss the issues surrounding the development of a paramedic's identity and then the development of an academic identity. This will be followed by the issues and conflicts experienced by healthcare practitioners in making the transition from clinical practice to academia. Also, how the changing face of academia is causing these new academics to experience conflict and experience a loss of their previous professional identity and the challenges associated with acquiring their new identity as an academic.

2. Acquiring a paramedic identity

There is some literature addressing the development and attributes

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of a paramedic professional identity (Campeau, 2008; Capsey, 2010; Carter and Thompson, 2015; Donnelly et al., 2015; Johnston and Acker, 2016; Murcot et al., 2013; O'Meara, 2009, 2011; Trede, 2009; Watson et al., 2012; Young, 2015). One study showed that paramedic identities are strongly linked to the paramedic's relationship with their patients and to the treatments that they employ (Watson et al., 2012). Another study (Donnelly et al., 2015) identified the areas of care giving, thrill seeking, strong duty and the specialized aspects of their profession to be major components of a paramedic identity. This supports the findings in our whole study of the attachment that paramedics in academic roles in universities have to their connection with treating patients and their paramedic professional identity. This may suggest a reason why so many of our study participants indicated that they no longer considered themselves to be paramedics while appointed to an academic role in a university.

3. Acquiring an academic identity

The difficulty in defining an academic identity was illustrated by two studies into the transition from clinical practice into academia. One was in the discipline of nursing (Murray et al., 2014) and the other profiled the transition of physiotherapists into academia (Hurst, 2010). In both studies, the authors referred to the role undertaken by these academics as that of a lecturer. There is little to no mention of the other roles and credentials of the traditional academic; namely, research and publication, community engagement, and the possession of a doctoral qualification. The inference is that they related an academic identity with teaching only. A model advocated by Murray et al. (2014), suggested that new academics go through an "identity shift" (p.391) that is comprised of four phases spanning one to three years: feeling new and vulnerable; doing things differently; expecting the unexpected; and evolving into an academic. In both studies, they referred to these new academics as having feelings of inadequacy because of being under-credentialed, yet there is research to show that it takes on average, seven years for a novice to reach academic status, due mostly to the time needed to complete a PhD (Coates et al., 2009). This illustrates the debate and controversy of what the definition is of an academic and what constitutes an academic identity.

The construction of an academic identity is somewhat more complex. Clegg (2008) advocated that an academic identity is a matter of self-definition. Billot (2010) stated, 'How an academic contextualizes their identity has an impact on the way in which they make sense of their workplace' (p.710). Furthermore, it is contingent on the preparation the novice academic receives upon entry to their new community of practice (CoP) (Clark et al., 2010). Another study (Schriener, 2007) revealed that the lack of focused and structured preparation for the role of the academic nurse was a major contributor to nurses struggling to make the transition into academia. Part of that struggle might be attributed to maintaining a clear sense of professional identity.

In order to explore this phenomenon, we looked at Clegg's assertion that an academic identity is a matter of self-definition and used Pierre Bourdieu's concepts of habitus, field, and capital (Bourdieu, 1977) to shape the discussion. Though difficult to provide a clear, concise definition of habitus (Maton, 2008), Bourdieu described it as 'a property of social agents ... structured by one's past and present circumstances, such as family upbringing and educational experiences ... one's habitus helps to shape one's present and future practices' (p.51). The concept of habitus is also seen as a disposition or 'a way of being' (Sweetman, 2009, p.493), as a sociological not a psychological concept and can be utilized at different times in different fields (Lingard and Christie, 2003). Bourdieu liked to use the analogy of a sporting field to describe the concept of field, wherein the field had structured boundaries, the players had set positions with distinctive roles, and novices had to learn the rules. The concept of capital is divided into two types; economic and symbolic capital. The most common understanding of the term capital,

is best equated to its meaning within economics. Symbolic capital is divided into sub-types: cultural, linguistic, scientific, and literary (Moore, 2008). Bourdieu went on to state that symbolic fields tend to establish 'hierarchies of discrimination' which he labelled as a type of symbolic violence, which is situated within rules of dominance and power that are predicated on self-interest (Moore, 2008, p.104). The transition from clinical practice to academia is influenced by Bourdieu's concepts and those of the framework of communities of practice (CoP) (Lave and Wenger, 1991).

4. Professional capital and communities of practice

If we examine the fields of paramedicine, nursing and allied health, we see that they achieved status or standing in their respective fields by acquiring capital that had meaning and significance to that field. Another term that can be used to describe a field is a 'community of practice' (CoP) (Wenger, 2000). Wenger labelled a novice in a CoP as a legitimate peripheral participant (LPP) and during their time within that CoP, they develop social capital that moves them on an inward trajectory to the centre of the CoP, becoming what he described as a centripetal member (Lave and Wenger, 1991). When transitioning to academia from a CoP or field in which the paramedics, nurses and other allied health practitioners have achieved these relatively high levels of capital within their own disciplines, they assume the role of an LPP in this new CoP of academia. Much of their previously-acquired capital or accomplishments lack 'transposability' to this new field, thus leading to what Bourdieu called a 'less well-constructed habitus' (Moore, 2008, p.112). In a prior component of our study (Munro et al., 2016), it was demonstrated that only 3 of 30 participants in the survey held a doctoral qualification in paramedicine and only 10 of 30 had a Master's degree when entering academia. This study further illustrated that the majority of the participants had limited training and experience in research, academic writing and publication, and had very limited experience or education in learning and teaching beyond the vocational level. This suggests that whatever capital they had developed within their community of practice of paramedicine, was of limited value when transitioning to the CoP of academia.

According to Naidoo (2004) Bourdieu defined academic capital as, 'an institutional form of cultural capital based on properties such as prior educational achievement, a disposition to be academic and specially designated competencies' (p.458). The comments and insecurities expressed by the participants in the paramedicine and nursing academic studies appear to be directly related to Bourdieu's concept of academic capital. Their perceived insecurities related to a lack of academic authority are illustrated in their lack of a PhD (in some cases, a lack of a Master's degree), not being aware of what it means to be an academic and not having proficiency in other competencies such as research and publication. These insecurities related to professional identity are one contributing factor to a condition known as 'role stress' (Kahn and Quinn, 1970).

5. Role theory

A role within a CoP can be seen as being governed by a set of expectations placed on the participant by the present members of the organization and by those existing outside of the CoP (Brief et al., 1979). An individual who enacts roles that are in conflict with each other or are against their value systems, is said to be experiencing a form of "role stress" called role conflict. Another form of role stress occurs when an individual is in a role where the values, performance levels, and behaviours are not clearly understood (Brief et al., 1979). Role stress can also occur when the expectations of the individual do not reflect the work that they are actually doing or are expected to do by their employers (Wanous et al., 1992). This is further supported by Lazarsfeld-Jensen (2014) in which the study revealed a situation, labelled "role dissonance" (p.735), in which graduate students from

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