



Review

The transition from clinician to academic in nursing and allied health: A qualitative meta-synthesis[☆]



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ARTICLE INFO

Article history:
Accepted 11 June 2013

Keywords:
Nurse education
Nurse practitioners
Qualitative approaches
Allied health occupations
Academic training

SUMMARY

Objectives: The meta-synthesis provides a collective qualitative understanding of the transition experience from nursing and allied health clinician to academic. This understanding assists the preparation for those making the transition as well as giving guidance to those who have recently commenced in academia.

Design: Published qualitative studies about the transition from clinician to academic were systematically selected in order to integrate their findings in a meta-synthesis.

Data sources: Databases searched were CINAHL, EMBASE, MEDLINE, SCOPUS, 'Education Research Complete', and 'Academic Search Premier'.

Review Methods: The search terms used were *academ** OR *facult** AND *transition*. The search was further refined by adding the terms *qualitative* AND *clinic** OR *practit** OR *profession**. Studies were appraised for credibility, neutrality and relevance. Findings along with direct quotes were extracted from the studies and thematic analysis was used within an interpretative framework.

Results: Seven studies were included in the meta-synthesis. The included studies were from nursing, physiotherapy, health and social care. The central theme was a shift in identity from clinician to academic which involved a progression through 4 phases over a period of 1–3 years. These phases were; 'feeling new and vulnerable'; 'encountering the unexpected'; 'doing things differently' and 'evolving into an academic'.

Conclusion: New academics felt unsettled and uncertain in the initial phases of transition. It is proposed that these challenges are related to difficulty extracting tacit knowledge and immersion in a new culture. The change of values and beliefs to adapt to the new culture require a concurrent identity shift which can take up to three years. Newcomers need collegial and institutional guidance with prioritization of tasks to address the multiplicity of the academic role and avoid frustration and disillusionment.

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Introduction

Attracting academic staff to teaching and research in universities is essential for growth and development of nursing and allied health professions. However, internationally there are reports of difficulties attracting academics in nursing and allied health resulting in a workforce shortage (Fain, 2011; Farnworth et al., 2010; Pagliarulo, 2002; Schriener, 2007), which may in part be due to the rapid rise in the number of education programs and also because academic and research pathways have traditionally not been promoted to students and graduates. In the past, universities have recruited clinical experts

into academia to compensate for the workforce shortage (Clark et al., 2010; Dumphily, 2011) but more recently this trend is problematic due to changes in expectations of academics. Over the last 20 years, universities have tightened up requirements for academics to have research skills and a doctorate level of qualification (Clark et al., 2010) which means many clinicians wishing to move to academia are under-credentialed (Farnworth et al., 2010). These changing expectations create unique challenges for clinicians wanting to pursue an academic career and it was therefore timely to review what is known about how clinicians transition to academia.

The process of transition into academia has been explored from the specific perspectives of role actualization (Janzen, 2010), cultural socialization (Kenny et al., 2004) and communities of practice (Andrew et al., 2009; Trowler and Knight, 2000), as well as evaluations of different forms of orientation and mentorship programs (Carey and Weissman, 2010; Hessler and Ritchie, 2006; Leslie et al., 2005). More general exploration of the experience of transition into academia has occurred through small scale studies conducted in the United States and United Kingdom, in nursing (Anderson, 2009; Dempsey, 2007), physiotherapy (Hurst, 2010; Pagliarulo, 2002) and occupational

[☆] Conflict of interest and funding sources: The authors have no conflicts of interest or funding sources to declare.

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therapy (Crist, 1999). Two common findings of this research were the requirement for considerable persistence and resilience by academic newcomers (Smith, 2010) and that learning to teach takes time and skill (Diekelmann, 2004; Young and Diekelmann, 2002). The challenges of transition are heightened by the changes in the expectations of academics over the last 20 years.

Of this published research, a proportion used a qualitative approach and in order to make this research more potent, accessible and useful those findings were combined in a meta-synthesis (Finfgeld, 2003; Gewurtz et al., 2008; Pearson, 2004). A meta-synthesis is a process for managing and reporting findings from multiple qualitative research studies (Sandelowski and Barroso, 2007) in the typical situation where qualitative research has yielded in-depth information from a small sample of participants (Sandelowski, 2000). The purpose of this meta-synthesis was to learn more about the experience of transition from clinician to academia in order to provide information which might assist those making the transition, as well as giving guidance to those who have recently commenced in academia. Given the paucity of literature about this topic, the search was designed to capture as many studies as possible. As a result, up to four years in academia was allowed and both nurses and allied health experience was sought. Published qualitative studies exploring the transition experience from allied health or nursing clinician to academic were therefore selected in order to integrate their findings in a meta-synthesis. The question guiding the meta-synthesis was: *How do academics in nursing and allied health experience the transition to academia from clinical roles?*

Method

Search Strategy

In this meta-synthesis 'allied health professional' is defined as non-medical and non-nursing practitioners in health care, who are educated at universities (Turnbull et al., 2009) and the allied health disciplines were limited to physiotherapy, speech pathology, occupational therapy, dietetics and podiatry. Only publications from peer-reviewed journals were chosen because the integrity of the research had already been subject to a level of scrutiny. Databases searched were CINAHL, EMBASE, MEDLINE, SCOPUS, 'Education Research Complete', and 'Academic Search Premier'. To supplement these searches, reference lists were also scrutinized for literature suitable for inclusion, but this did not yield any new studies. Search terms used were *academ* OR facult* AND transition*. The search was further refined by adding the terms *qualitative AND clinic* OR practit* OR profession**. A study was eligible for inclusion in the review if:

- it explored the transition experience from clinical settings to academia;
- was published between 2001 and 2011 in order to reflect contemporary university cultures;
- at least 50% of the sample comprised nurses or allied health professionals (limited to occupational therapy, physiotherapy, speech pathology, dietetics and podiatry).
- participants were academics employed in a university for less than four years in order to have time to adjust to the new setting, but still have vivid recollection of the experience
- participants had transitioned into academia from clinical roles;
- published in English and;
- had rich data for extraction.

Search Outcome

The search strategy and outcomes are outlined in Fig. 1. The numbers of appropriate citations were reduced from 340 to 35 titles that were retrieved for further screening. After screening of the 35 titles, 13 were read in full, reducing the articles to eight for closer scrutiny (Anderson, 2009; Boyd, 2010; Boyd and Lawley, 2009;

Dempsey, 2007; Gourlay, 2011b; Hurst, 2010; McArthur-Rouse, 2008; Siler and Kleiner, 2001). Two of the eight articles (Boyd, 2010; Boyd and Lawley, 2009) related to the same study, which interviewed both nurses and teachers to compare experiences. Boyd and Lawley (2009) were included in the meta-synthesis because they only reported findings from the interviews with nurse academics, while Boyd (2010) was excluded because it reported findings from both the nurse and teacher interviews. Only two of the five participants in Gourlay (2011b) were specified (one nurse and one engineer). The other three were described as a social care practitioner, a health care practitioner and a senior practitioner in mental health. Despite the uncertainty of discipline background of participants, it was decided to include the study due to the likelihood of meeting inclusion criteria and the richness of data available for extraction. This decision left seven qualitative studies that explored the transition experience from clinical practice into academia.

Critical Appraisal

The content and quality of the seven studies were initially appraised using guidelines developed by Sandelowski and Barroso (2002). The approach taken by Salter et al. (2008), which appraised credibility and relevance, was modified to include 'neutrality'. Neutrality refers to transparency about the position, motivations and perspectives of the researchers (Krefting, 1991). Within each category, indicators were used to form the critical appraisal findings which are summarized in Table 2.

Data Analysis

To ensure rigor, all three reviewers were involved in the meta-synthesis and an audit trail was kept of all analytic decisions made (Finfgeld-Connett, 2010). Findings from the seven studies were extracted together with any direct quotes (Noblit and Hare, 1998; Tatano-Beck, 2011), and then analyzed using independent thematic analysis from an interpretive framework (Patton, 2002; Sandelowski, 2000). The extracted data were coded and then reduced into categories from which over-arching themes emerged (Thorne et al., 2004). To ensure that the data remained linked to the context, the findings were extracted onto different colored papers for each study and continual reference was made to the original articles (Finfgeld-Connett, 2010; Paterson et al., 2001).

Results

Study Description

The characteristics of the seven studies are summarized in Table 1. All studies had a similar question and purpose and used a range of qualitative approaches with individual semi-structured interviews to gather data. Recruitment was by invitation using convenience or purposive sampling, with variances in the rigor of this process. Four studies recruited participants from only one university (Boyd and Lawley, 2009; Gourlay, 2011b; Hurst, 2010; McArthur-Rouse, 2008), one recruited from 14 different universities (Anderson, 2009), one from 11 different universities (Siler and Kleiner, 2001) and one study was unclear (Dempsey, 2007). Sample sizes ranged from five (Gourlay, 2011b) to 18 participants (Anderson, 2009) and time in academia ranged from one year (Siler and Kleiner, 2001), or 2 years (Anderson, 2009; Gourlay, 2011b; McArthur-Rouse, 2008) to four years (Boyd and Lawley, 2009; Hurst, 2010). Two studies were situated in the United States (Anderson, 2009; Siler and Kleiner, 2001), four in the United Kingdom (Boyd and Lawley, 2009; Gourlay, 2011b; Hurst, 2010; McArthur-Rouse, 2008) and one in Ireland (Dempsey, 2007). All of the studies had nurses as their participants except for

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