

## Exploring the subjective experiences of allied health professionals in their transition from clinical educators to academia: Barriers and facilitators to successful transition

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**Background.** Currently, clinicians who move into academia may not have the necessary skills for this transition. Given that most health professionals are socialised into their professional roles as clinicians, the shift to academia requires a second socialisation into the academic role. There is a body of existing research that suggests that the transition for clinicians as they become lecturers in higher education is challenging.

**Aim.** This study aimed to determine the subjective experiences of young academics in their transition from clinicians to clinical educators/academics. In particular, participants were asked to identify the factors that acted as facilitators or barriers to their transition from clinician to academic.

**Methods.** The study employed a phenomenological framework. Participants ( $N=7$ ) were a group of clinical educators/lecturers involved with undergraduate students at an identified institution. Unstructured interviews were conducted. Following each interview, audio-recordings were transcribed verbatim and all data were anonymised. Data were analysed manually by each author and consensus was reached on the identified themes.

**Results.** The mean age of participants was 31 years, with an average of 8.4 years of clinical experience and 3.4 years of academic/clinical education experience. The transition experience from clinician to academic is discussed according to two themes, i.e. intrinsic factors (confidence, competence, personality, and ability to draw on personal experience) and extrinsic factors (supportive environment, peer relationships, mentoring, understanding institutional rules and regulations).

**Conclusion.** The findings identified both intrinsic and extrinsic factors that may facilitate or hinder the transition process. Intrinsic factors such as uncertainty and personality influences or extrinsic factors such as supportive environments can interact to thwart the adjustment or transition of new staff. Despite individual differences, there is an essence to the experience of the adjustment to academic, as evidenced by the reaching of saturation in a relatively small sample. Based on the results, it is evident that there is a clear need for staff development initiatives related to internal motivation of the individual and supportive extrinsic factors to successfully make the transition to clinical education.

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Health professions education seeks qualified professionals with a wealth of clinical expertise and experience. The decision to become an academic can be made at any time in a health professional's career. This process may evolve while being a student, clinician and/or clinical educator. Making the career transition from clinical practice to academia requires new skills and work adaptations. In addition, once health professionals have gained extensive clinical experience, they may decide to use their experience in the academic setting. Given that most health professionals are socialised into their professional roles as clinicians, the shift to academia requires a second socialisation into the academic role.

Allied health professional programmes rely heavily on the support of clinicians in the areas of clinical education to augment current staffing complements or to assist in providing teaching relief and/or supervision. Many of these clinical educators have limited or no training as educators.<sup>[1]</sup> Clinical educators provide specific expertise from their professional practice but are also expected to provide quality education to undergraduate students in clinical practice across the spectrum of allied health professions.<sup>[2]</sup>

The first years of academic life for academics or clinical educators are stressful because of the many roles they must assume.<sup>[2]</sup> Almost two decades ago, the literature highlighted that 'there are challenging balances and tensions between different tasks: teaching, scholarship, research,

consultancy, community service and administration. Priorities have to be made between them, by academics and institutions.'<sup>[3]</sup> In more recent research it was highlighted that the three main areas of performance among academics include teaching, research and administration, and it has become imperative that all academics find a balance between these performance areas.<sup>[4]</sup> Clinicians moving into higher education not only have to become familiar with a new environment, culture and expectations, but also have to demonstrate their educational professional development. There is a small body of existing research that suggests that the transition for clinicians as they become lecturers in higher education is challenging. The current forms of support for academics in their first year of academic life include orientation into general policies and procedures, induction into the philosophy of teaching and learning, marks administration systems, research and publication and institutional operational plans and goals. These forms of support may not always be effective.<sup>[5]</sup>

Within the growing era of quality assurance and accreditation, the issue of the essential competences that all educators must possess becomes sharply focused. If defined, these competences would help to indicate what educators are supposed to teach, what students are expected to learn, but most importantly how equipped educators must be in order to teach.<sup>[6]</sup> It is thought that in South Africa we currently have a model where the majority of educators, teaching on degree programmes for allied health

professionals, primarily have a clinical background, a small number have an educational background and an even smaller group have both. The optimal performance of educators is contingent on a set of needs including, but not limited to, the resources, infrastructure and institutional support as key factors that influence the success of an educator.<sup>[7]</sup>

To support new academics in understanding the institutional hierarchy, promotion opportunities and academic responsibilities and requirements, it would assist if those in charge understood the experiences of those who are going through it.<sup>[6]</sup> At the institution in the current study, the majority of new academic staff recruited to a faculty of health sciences are experienced practitioners in their field but may have limited experience in education. To facilitate smooth transition, for permanently appointed academics, they are provided with an opportunity to attend the university's induction day and induction teaching and learning workshops. Contract staff, however, are not afforded the same opportunity. There has been informal grumbling among contract staff regarding the lack of information pertaining to expectations and responsibilities of an academic; therefore, this should be a concern. With the high number of contract staff within health sciences faculties, there is a need to understand the concerns of young academics to identify relevant strategies to assist in the transition process. This study aims to determine the subjective experiences of new clinical educators/academics during their transition from a clinical background to academia. The study attempts to identify the factors that acted as facilitators or hindrances to this transition. An understanding of these experiences could inform strategies designed to facilitate optimal adjustment to and functioning in an academic role.

## Methodology

### Research question and setting

This study enquired about the experiences of clinicians in their transition to academia, with particular emphasis on the factors that assisted or hindered their successful adaptation. The research was conducted at a historically disadvantaged university within a faculty of community and health sciences in which degree programmes are offered that lead to registration with the Health Professions Council of South Africa, e.g. for physiotherapists, occupational therapists, dieticians, nurses, social workers, psychologists and biokineticists. To this end, professionals from these disciplines are employed within departments in the faculty (e.g. psychology). The gender ratio of staff in this faculty is 75% female and 25% male.

### Research design

The study employed a phenomenological framework to describe the meaning of the lived experiences of clinicians in their transition into academia. As per the conventions of phenomenological inquiry, five major procedural concerns were highlighted: (i) bracketing preconceived ideas to understand the transition through the voices of the participants (epoché); (ii) formulating a prompt question and enquiry that explore the meaning of the transition by asking participants to describe their everyday lived experiences; (iii) collecting data from individuals who have made the transition from clinical work into academia; (iv) analysing data through the methodology of reduction and a search for all possible meanings; and (v) reporting an improved understanding of the essence of the experience, recognising that a single unifying meaning of the experience exists.

### Participants

Clinical educators, defined as individuals employed part-time or full-time by the university primarily to provide clinical education of undergraduate students at practice sites and with varying involvement responsibilities as an academic, were purposively identified for inclusion in the study. The inclusion criterion was that they were all relatively new to clinical education (i.e. <4 years). Fifteen eligible academics from the departments represented in the faculty were invited to participate in the study. Their distribution was as follows: physiotherapists (9), occupational therapists (2), psychologists (1), biokineticists (1) and social workers (2). Seven clinical educators in the department of physiotherapy accepted the invitation to participate in the study. Before the interview, the eligibility of each participant was verified by completing a 'prior experience' questionnaire in which they had to report their prior experience and career history to ensure their suitability for the study.

### Ethical considerations

Permission to conduct this study was obtained from the relevant university ethics committees (16 July 2012). Participants were assured that participation was voluntary and that they had the right to withdraw at any stage of the study without any negative effect. They were also informed of the measures taken to ensure confidentiality and anonymity, particularly in the reporting and dissemination of findings. Once satisfied that they were informed about what participation would entail, they granted written consent to participate in the study.

### Data collection

Unstructured interviews were conducted with a prompt question about participants' subjective experiences of the transition from clinicians to academics. The prompt question was developed in three phases: first, relevant literature was reviewed to extrapolate possible questions that could address the aims of the study. Second, the possible questions were distilled into a general interview schedule for a semi-structured interview to identify domains of interest. This schedule was piloted with three lecturers who were excluded from the main study. Third, the domains and the feedback from the piloting were used to formulate a prompt question that accurately reflected the aims of the study. The prompt question was: 'Please share your experiences in transitioning from clinicians to academics. Particularly reflect on the factors that assisted or hindered your adjustment/ transition.'

### Procedure

The data collection commenced after consent by participants. The interviews were conducted by one of the authors who is a senior clinical psychologist trained in phenomenological inquiry and lasted between one hour and 90 minutes. This researcher was somewhat familiar with three of the participants, based on limited interaction with them outside of the study, e.g. attending general faculty meetings. Interviews were conducted off-site from the university at a neutral location where participants could engage more comfortably. Interviews were audio-taped with participants' permission.

### Analysis

Following each interview, audio-recordings were transcribed verbatim by an independent transcriber. The transcripts were anonymised as the other researcher/author was more familiar with the participants as either a previous lecturer or colleague. At the time of conducting the research this

researcher was deployed elsewhere in the faculty. The data were analysed by both researchers/authors using thematic analysis in the following steps: (i) transcribed interviews were read and compared with audio-taped recordings and field notes to verify accuracy; (ii) transcripts were read by each author and consensus was reached on the identified themes. Emerging themes were coded and then classified into categories; (iii) after the themes and categories had been developed, a further trustworthiness check was done by searching the transcripts for content that could disprove the primary findings. Member checking of the primary findings was done with all participants.<sup>[8]</sup> Despite the small number of interviews saturation was reached.

## Results and discussion

The sample included two male (M) and five female (F) academics/clinical educators. The ages of the participants ranged from 22 to 41 years, with a mean of 31 years. The average work experience among participants was 8.4 and 3.4 years for clinical experience and clinical education/academia, respectively. Three participants were employed fulltime (P) and four were contract workers (C). All participants had completed a basic 4-year professional degree. The experience of making the transition from clinician to academic is discussed according to two main themes, i.e. intrinsic and extrinsic factors (Table 1). Intrinsic and extrinsic motivational factors should be considered when attempting to predict success.<sup>[9]</sup>

**Table 1. Themes and categories**

Themes	Categories
Intrinsic factors	Confidence
	Competence
	Personality
	Ability to draw on personal experience
Extrinsic factors	Supportive environment
	Peer relationships
	Mentoring
	Departmental culture
	Institutional rules and regulations

### Intrinsic factors

#### Confidence and competence

Participants reported that the initial part of the journey from clinician to academic was challenging and placed strain on their ability to cope.

‘... I think in the beginning it was very overwhelming and very intense ...’  
 ‘It’s challenging and it’s difficult because I’m just starting out but I like it.’

In response to the demands placed on them, they often experience feeling as though they were not adequately prepared for academia. This often manifested as lacking in confidence and feeling incompetent, as illustrated by the quotes below:

‘... it was hard ... I didn’t always feel competent ...’  
 ‘... I felt that I wasn’t up to it yet; I felt that there is so much that I should learn and look at my professors where they are and what they are doing,

the way they think, way they engage, all of that and I felt to a certain extent that there was so much that I had to do. It made me feel anxious ...’

The feeling of lacking confidence and competence is an intrinsic factor that potentially impacts adversely on adjustment. It particularly influences whether and how support is accessed. This finding is consistent with those in other studies<sup>[9]</sup> that highlighted that such feelings could cause the individual to adopt an attitude of defensive pessimism to manage their anxiety if not addressed early. In addition, factors that generate anxiety and stress in turn interfere with performance.<sup>[10]</sup>

Among these participants there were varied ways of dealing with their lack of confidence. This variation was attributed to personality differences, as reflected in the category of personality below.

#### Personality

How participants experienced and dealt with these emotions was closely linked to their personality and their personal experience.

‘I’ve always wanted to be good at what I do and so I think I’m very driven to understand what I’m doing and to be better at it.’

Some participants highlighted that owing to their strong personality, they were able to take control of situations and position themselves as the person of authority.

‘... so I made it quite clear in the beginning this is my module I’m teaching it, my rules apply combined with the university rules so don’t run behind my back ...’

Other participants felt less confident to take charge when they did not know the process. They also indicated that it becomes more difficult to maintain your position of authority if students perceive you to be struggling or not to be qualified.

‘... I feel like as an academic you want to try and do your best, try and come across as confident and competent to the students and if you have to repeatedly correct yourself in front of the students then you lose a lot of credibility which is difficult.’

#### Ability to draw on personal experience

Participants identified their ability to draw on their experiences as students, clinicians and professional and personal life as an important means of coping with the adjustment to academic life and managing the demands of teaching and learning, as illustrated by the quotes below:

‘My experience definitely influenced the way I started to teach students and it was based on my past experience and for me it was difficult to incorporate ... the new things we are trying to do ...’  
 ‘I think over the years of being a physiotherapist I developed a rapport with people and [this helped me] to speak with people and deal with different personalities.’

Similarly, participants also highlighted that having studied at the institution as an undergraduate or postgraduate student positively contributed to the

transition from clinician to academic as they could draw on their understanding of the institution. The ability to draw upon experiences speaks to the capacity for reflexivity and increased self-awareness, which can be very functional.

## Extrinsic factors

### Supportive environment

Participants felt that a supportive environment played a major role in their transition from clinician to academic. The supportive environment included peer relationships (colleagues at the same academic level), mentoring relationships (more senior academics as mentors and role models), and departmental culture (e.g. organisational thinking, work allocation and infrastructure).

**Peer relationships.** On entering academia, we rely on informal networks of mentoring among colleagues (peers) to continue the educational process.<sup>[10]</sup>

‘Support from the staff and colleagues ... just asking if you need help and you not sure how to do this ... there is always someone who will answer your question and guide you ...’

This quote also illustrates the importance of the willingness of the new clinical educator/academic to make use of support. This demonstrates how willingness to make yourself vulnerable and use support or seek advice as an intrinsic factor also assists in identifying and appreciating the available support as an extrinsic factor.

**Mentoring.** High-quality professional environments (well-known colleagues) often assist younger academics<sup>[11]</sup> and act as role models.

‘... they [senior colleagues] were quite easily approachable and willing to teach us ...’

**Departmental structure.** The quality of facilities and equipment along with a tapered teaching load ... often assist younger academics.<sup>[11]</sup> Participants identified the supportive structure of the department in which they were deployed as an integral part of their successful transition.

‘... I think an important aspect was the supportive structure ...’

‘... I’m very fortunate to be in a department like I am in, it’s incredibly supportive and the thing that I think really changed my perception is that from day one there was this idea of ... what is your plan, what is your goal not in so many words what’s your five year plan now that you are an academic ...’

### Institutional rules

Participants identified comprehension of institutional rule as an important factor in their transition. Knowledge of institutional rules was perceived to be a facilitator of successful adjustment and a predictor of survival and promotion. As such, some participants expressed a keen interest in learning institutional operations.

‘Yes, I want to understand how the institution works because if I’m going to progress in the institution I need to understand how that works.’

This interest or eagerness to learn contributes positively to an intrinsic motivation to succeed; however, accessing these rules and regulations was perceived as a challenge.

‘I think it’s got a lot to do with the actual rules of the university and I don’t know if there were things I was supposed to do to try and prepare myself in some way, but if there was I didn’t know where to find them.’

Participants questioned how and when new academics are introduced to the rules of the institution formally rather than through the informal sources of support identified above. Therefore, not knowing the rules explicitly becomes a barrier to the adjustment of a new academic.

## Conclusion and recommendations

The process of the transition from clinician to academic may be influenced by a number of factors. The findings of this study identified both intrinsic and extrinsic factors that may facilitate or hinder the transition process. Intrinsic factors, such as uncertainty and personality influences, or extrinsic factors, such as supportive environments, can interact to thwart the adjustment or transition of new staff. Despite individual differences, there is an essence to the experience of the adjustment to academic as evidenced by the reaching of saturation in a relatively small sample. Given the potentially negative impact of the feelings of fear and failure reported by participants, it becomes imperative to have interventions. The need for staff development initiatives related to internal motivation of the individual and extrinsic factors that support the individual is imperative for young academics to succeed. Higher education institutions are urged to adopt a more systematic and multi-tiered planning for the development of new staff. In particular, a far more thorough preparation for the changing role in teaching to ameliorate the pressure of entry into academia noted for new academics and to prepare them for their teaching role is necessary.<sup>[3]</sup> Future studies should consider obtaining the subjective experiences of newly appointed clinicians to determine if these findings hold across other disciplines in the health professions. Future studies can also include reflective methodologies such as journals, as well as participator action research methods where the research is imbedded in the transition and induction of new staff.

### Recommendations for staff induction and support

Inductions for new staff could articulate the differential role functions for health professionals’ transition into academic roles. This could include reflections on the experience of others and will provide a sense of normalisation and dispel the myth that incumbents should know what to do because they are qualified professionals. Orientation of new staff could be expanded to include process groups over the probationary period that can be both diagnostic and supportive. Institutional rules should be made explicit to new staff and attention paid to how these rules translate at departmental and individual level. Extrinsic factors such as departmental culture, work load planning and management, mentoring and supportive peer relationships should be intentionally fostered. The potential impact of intrinsic factors in this process can be delineated using a number of formats in psycho-educative processes.

### Reflection and limitations of the study

The major limitation of the study was the sample size ( $N=7$ ). However, it was still proportional to the number of new clinical educators in the designated faculty. The sample only included staff from one discipline. This limitation is understood in terms of its potential exclusion of other experiences, but does not detract majorly from the article since the sample still reflected the largest group of eligible participants. Given the stated aim of extracting the subjective experiences of clinical educators, the over-representation of one discipline was acceptable and generalisations were made accordingly.

Another potential concern was that the participants were known to the researchers – albeit in differential capacities. One researcher was known in the capacity as an educator, senior member of staff and member of management. The other was known in a limited capacity to only some participants, as stated above. The process of data collection attempted to ensure that participants' ability to share freely was not overly compromised by seeking neutral spaces, avoiding engagement of the more-known researcher in the data collection process, drawing on the professional training of the second researcher and anonymising transcripts prior to conducting analysis. After every interview a debriefing and reflective process was conducted with each participant. All seven reflected that participation was cathartic and enabled them to think about their experiences and speak about feelings that were difficult to share in other contexts. Their familiarity with the researchers and positive feelings toward them contributed to a feeling of safety, resulting in a deepened level of sharing and reflection.

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