Working 'close to practice': academics for the 21st century

Andrew, Nicky

Publication date:
2010

Document Version
Author accepted manuscript

Link to publication in ResearchOnline

School of Health

1-1-2010

Working 'close to practice': academics for the 21st century

Nicola Andrew
Glasgow Caledonian University, n.andrew@gcu.ac.uk

Paper presented at the NET2010 International Networking Education in Healthcare Conference, University of Cambridge, UK, 7-9 September 2010.

Working '*Close to Practice*': Academics for the 21st Century

Nicola Andrew, Senior Lecturer, School of Health, Glasgow Caledonian University

Although pre-registration nursing in the United Kingdom (UK) is moving towards graduate status, the vocational/professional debate is still live. More than a decade after the move into Higher Education (HE) the role of the nursing academic remains controversial, with much of the debate focussed on the issue of clinical credibility. This paper considers the dimensions of academic nursing and introduces the concept of a 'close to practice' model of working.

INTRODUCTION

Nurse education in the UK has undergone a transformation within the past two decades. This process began with the introduction of Project 2000 in 1987 and gathered momentum when the discipline moved into Higher Education (HE) in 1996. Changing cultures, leads to changing expectations. Nursing is a profession that continues to be ill at ease in the wider academy; historically pegged between the 'true professions' of medicine and law and the more 'proletarian occupations' of unpaid caring and domestic service. The profession has traditionally been overseen by external, governmental bodies and by and large, this remains the case today (Carr 2006 p894). The introduction of Diploma programmes and currently the move to a degree exit linked to initial registration means that nursing as a profession has come of age, however working practices continue to lack self-determination, responding more to political priorities than an 'internal vision' of education (Carr 2006 p894). This paper explores the formation of professional identity in academic nursing and reports on the creation of a 'close to practice' model of working. The term 'academic nursing' is used in this context to describe the current status of the discipline in UK HE; now out-with the previous formal structure and organisation of the Health Service.

BACKGROUND

Nursing; the Academy and cultural transformation

Scott (2008) argues that the emergence of a 'new professionalism' in nursing has moved the discipline from the traditional aspiration of professional authority to the current standpoint of community partnership and responsiveness (p241). Similar trends are to be found in health related professions generally as the lay public become simultaneously more knowledgeable about and more reliant on health care systems. The curing/caring balance is fundamental to the construction of undergraduate and post-graduate nursing and health curricula. Current emphasis on technical mastery is seen by some as limiting; detracting from the wider remit of care and caring. This 'emotion work' is now seen more as the province of others as the professional nurse becomes more 'hands off', often delegating direct patient care to a growing number of assistants (Scott 2008 p241). Within education, academics are now expected to work increasingly in partnership with both service providers and service users to promote curricular applicability and ensure that both perspectives are incorporated into curriculum development.

Watson (2006) maintains that not all we learn is to be found in a university; 'a great deal is learned *on the job*' (p623). The difference between education and training remains a live debate. A university is more a place of education than instruction, leaving a 'mark on those who endure it and that such self-consciousness is the hallmark of a profession' (p623). Watson (2006) maintains that the difference between education and instruction is akin to the leap between competence and capability; the way we achieve capability is through education. Nurses need capability in order to go beyond the task specific care, to adapt to changing circumstances and survive and even thrive in unfamiliar contexts and

environments (Watson 2006). The health service needs nurses who are intellectually and technically competent and who are immersed in the concept of compassionate caring (Maben and Griffiths 2008).

The twin tensions of academic and vocational orientation continue to challenge professional and role development. Rather than being seen as an integrated process; a 'dualistic conception' of 'vocationalists' and 'professionalists' fuels debate around the legitimacy of nursing as a valid discipline within HE rather than a practice-based institution (O'Conner 2007 p749). Historically this debate has been ongoing since Florence Nightingale opposed attempts by Ethel Bedford Fenwick to establish a nursing register and set minimum standards of education. The view of nursing as a selfless pursuit, more akin calling than a profession still has resonance today and has historically provided the profession with a strong sense of community and role identity (O'Conner 2007).

Ramsden (2008) believes that the purpose of HE is changing and the role of the academic is being revised to reflect this. Over the past decade he asserts that academics, universities and colleges have developed 'a culture of professionalism associated with the teaching role in Higher Education' (p5). He maintains that the challenges that academics now face centre on the blurring of boundaries between academic and professional staff and the maintenance professional standards when teaching is delivered on behalf of but outwith the university. Ramsden (2008) re-enforces the requirement to push forward with a meaningful scholarship agenda to ensure that teaching is linked to research, innovation and inquiry. Similar findings are expressed in the nursing literature (Miers 2002; McKenna et al 2006; Carr 2007).

Elements of academic nursing
Common elements that contribute to the development of professional identity in academic nursing can be distilled from the literature (Cook 2005; Fisher 2005; Watson 2006; Elliot and Wall 2007; Scott 2007; Andrew et al 2008a; 2008b; 2008c). Figure 1 provides a composite example of these.

Figure 1: Common Elements of Professional Identity in Academic Nursing
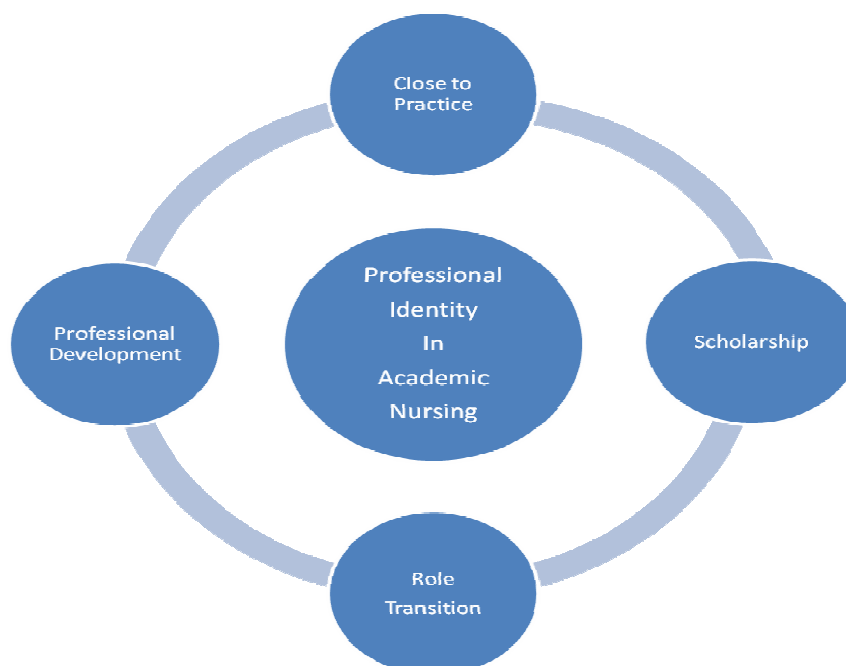
Diekelmann (2004) reports the experiences of new academics in nursing and highlights isolation, culture shock and lack of understanding of the role, organisation and hierarchy.

Prosser (1998) argues that the move from practice into education is in reality a career change and maintains that most clinicians, even at the point of entry into education, are unclear about the role, hence the feelings of culture shock expressed by transitioning clinicians. Many do not fully comprehend just how different their life will be; a perceived lack of order can be challenging to a clinician moving from a highly structured working environment. McArthur-Rouse (2008) found that new academics highlighted a lack of role clarity; lack of practical guidance; their inability to recognise exemplary teaching and a fear of deskilling. Managing the transition into education from practice requires an understanding of the nature of contemporary academic nursing, encompassing the key elements illustrated in Figure 1.

The literature suggests that the transition from clinician to academic may not be straight forward and that there is currently no blueprint for the ideal academic in nursing. In order to explore the role dimension of a contemporary academic, an action research study was undertaken over a two year period (2007-2009) generating data from a variety of people, events and sources. A brief overview is included in this paper; however a more comprehensive report of this study is currently the subject of a separate article.

THE RESEARCH

Methodological approach
Action research provided the overarching framework for the study. This approach is collaborative, problem focussed and underpinned by cycles, of fact-finding, planning, action and reflection/evaluation (Adelman 1993). The study comprised two main cycles of activity. The first centred on an international community of nursing academics (n=14) and the second added the voice of clinicians (n=6). The final part of the second cycle, the creation of a 'close to practice' model of working is the focus of this paper. The evaluation of the international community of practice (*first action cycle)* is documented in Andrew et al (2009). Waterman et al (2001) state that in theory action research is presented as 'a cycle of problem identification or situation analysis (including reflection), planning, action (implementation of change and monitoring) and evaluation' (Waterman et al 2001 p12). Data emerged from several sources both planned and opportunistic. The data was collected using a mixed method approach of online data analysis, interviews and questionnaires. In action research an eclectic approach to data collection is acceptable and researchers use whatever methods best address the problem to be solved (Meyer 2006). The results of all methods were analysed for content by the researcher. In response to a common criticism of action research methodology, all findings were peer reviewed to enhance validity and reliability. Ethical approval was obtained at the outset from the appropriate Research Ethics Committee.

Overview of findings
The clinicians were keen to use their subject expertise in an educational setting, none at this stage commented on feelings of 'loss' or negativity. This group represented a pre-adaptation stage, contemplating a career in teaching or thinking about undertaking a formal teaching qualification. The more established academics initially mourned their loss of clinical expertise. This marked the beginning of their process of adaptation to a new culture. As the process of academic acclimatization progressed their prior knowledge was gradually transferred into the educational rather than the practice environment. Their initial loss of identity was followed by self-evaluation and subsequent quest to emerge with a formed academic identity.

All community members recognised the move as a career change, however not all had been completely prepared for the degree of difference that they would experience (Andrew et al 2009). The Weblog discussions with the international academics highlighted the need (or

otherwise) to maintain a clinical profile. Those individuals who spanned both practice and education recognised the inherent tensions involved when attempting to address the (often different) priorities of two organisations (Andrew and Wilkie 2007). All members recognised that maintaining a clinical profile was challenging and a proportion acknowledged that clinical/practice integration was often achieved through close collaboration with mentors rather than direct clinical contact. The type and amount of clinical practice undertaken by academic staff continues to be a contentious area. Elliot and Wall (2008) maintain that it is difficult, for reasons of time and workload, for academics to engage in the amount of direct clinical practice required to maintain clinical expertise and that the process of such engagement does not 'guarantee that new knowledge or competence will be acquired or further skills developed' (p583).

A working model has been developed as the final stage of the second action cycle. The model is underpinned by and builds on this study and previous work documented in; Andrew et al (2008a); (2008b); (2008c); Andrew et al (2009).

A WORKING MODEL

Working 'close to practice'
There are a number of ways that lecturers keep themselves up-to date and these incorporate the 'broader aspects of practice support, practice development and research' ranging from liaising with clinicians and mentors to participating in research partnerships and writing for publication (Fisher 2005 p28). Fisher (2005) maintains that academics 'must retain the capacity to support education at the interface between theory and practice' and believes that there is little doubt that the current political thinking supports the maintenance of clinical credibility amongst academics (p28). There is however little guidance on how this should be achieved (Ousey and Gallagher in press). Currently there is scope for the emergence of a model to enable and promote clinical awareness, involving educators and clinical staff in collaborative, proactive, initiatives. An approach that spans both education and practice and is meaningful in both spheres can be described as '*close to practice*'. This is an approach to integrated clinical and academic working that values and encourages diverse views and subsequently blends the best of both to enhance the learning potential across clinical and educational settings (Cooke 2005; Fisher 2005; Andrew et al 2008a; 2008b; 2008c). An illustration of this is shown below in Figure 2.
.

Figure 2: Close to Practice Model of Working
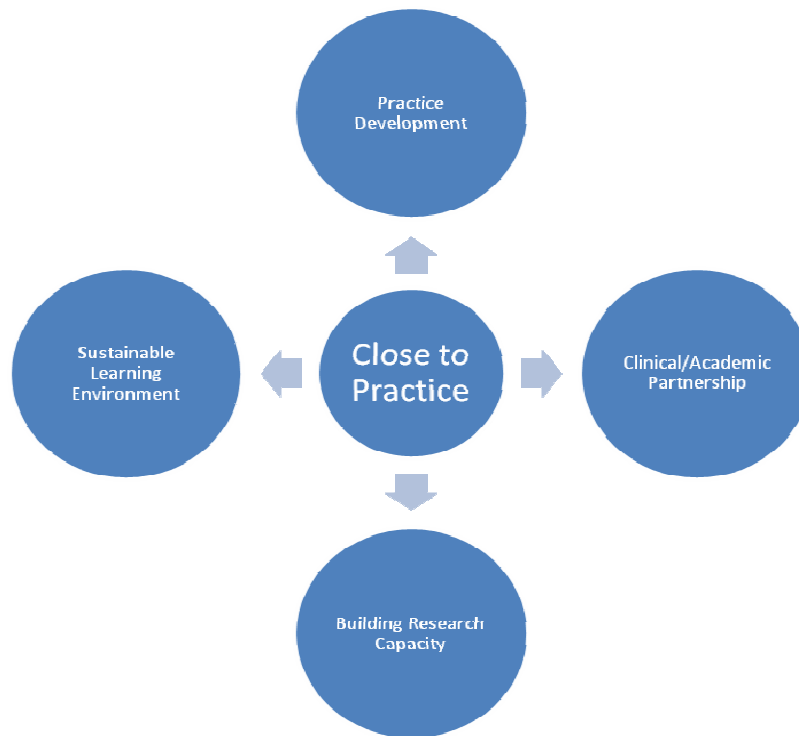
Adapted from Cook (2005)

It is the ability to apply theory to practice within an academic setting rather than the amount of hours spent in a clinical environment that gives academics credibility. A '*close to practice*' environment enables academics to work at the interface between theory and practice building relationships with clinically based colleagues. This approach also builds research capacity and critically, promotes the creation of sustainable learning environments identified as key areas of importance within nursing (Elliot and Wall 2007; Priest et al 2007). McArthur-Rouse (2008) and Booth (2007) identify that much of the learning required to grow an identity as nurse or academic is tacit rather than explicit. The main issues identified by new academics such as lack of role clarity, lack of organisational understanding, finding out how the job is done and not knowing what a good teacher is; requires the acquisition of tacit knowledge to allow widespread application to a range of complex situations. Eraut (2004) observes that tacit knowledge does not arise solely from the 'implicit acquisition of knowledge but also from the implicit processing of knowledge' (p253). The distinguishing feature of an expert (as identified from the literature) is 'not how much they know, but their ability to use their knowledge' (Eraut 2004 p253). O'Conner (2007) suggests that professional development requires a *professional habitus* or professional space, in which members are bound by their 'collectively developed understanding of what their community is about' (p749). This process is similar to the construction of CoPs as described by Wenger (1998) and Andrew et al 2008c). Beck and Young (2005) argue that legitimate professional identity (habitus) is principally distilled from dedication to scholarly and professional activity leading to the accumulation of a distinctive body of discipline related knowledge.

CONCLUSION

Overall this study explored a range of issues associated with the sometimes challenging transition from clinician to academic. For those individuals moving from a clinical to an

academic setting, the need to validate their clinical worth can often dominate the beginning stage of career transition. It is difficult however to maintain the credibility of a practising clinician when the focus of the new role is predominately education and research. One way forward may be to actively integrate research and clinical development skills at the interface of education and practice. This could potentially enable academics to work 'close to practice'; to become fully functioning academics, delivering cutting edge research and teaching that arises from and is subsequently embedded in practice.

References

Adelman, C., 1993. Kurt Lewin and the origins of action research. Educational Action *Research, 1(1),* 1 7- 24.

Andrew, N., Ferguson, D., Wilkie, G., Simpson, L., 2009. Developing professional identity in nursing academics: the role of communities of practice. Nurse Education Today 29, 607-611.

Andrew, N., Ferguson, D., McGuinness C., 2008a. Local practice-based research in nursing: promoting a community culture Nursing Times 104(46), 30-33.

Andrew, N. & Ferguson, D., 2008b. Constructing communities for learning in nursing. International Journal of Nursing Education Scholarship 5(1), art. 24.

Andrew, N., Tolson, D., Ferguson, D., 2008c. Building on Wenger: communities of practice in nursing. Nurse Education Today 28(2), 246-252.
http://www.bepress.com/ijnes/vol5/iss1/art24/

Andrew, N., Wilkie, G., 2007. Integrated scholarship in nursing: and individual responsibility or collective undertaking. Nurse Education Today 27, 1-4.

Beck, J., Young, F., D., 2005. The assault on the professions and the restructuring of academic and professional identities: a Bernsteinian analysis British Journal of Sociology 26(2), 183-197.

Booth, J., Tolson, D., Hotchkiss, R., Schofield, I., 2007. Using action research to construct national evidence-based nursing care guidance for gerontological nursing. Journal of Clinical Nursing 16, 945-953.

Carr, G., 2007. Changes in nurse education: being a nurse teacher. Nurse Education Today 27, 893-899.

Cook. J., 2005. A framework to evaluate research capacity building in health care. BMC Family Practice available from http://creativecommons.org/licences/by/2.0.

Diekelmann, N., 2004. Experienced practitioners as new faculty: new pedagogies and new possibilities, Journal of Nursing Education 43(3), 101-103.

Elliot, M., Wall, N., 2008. Should nurse academics engage in clinical practice. Nurse Education Today 28, 580-587.

Eraut, M., 2004. Informal learning in the workplace. Studies in Continuing Education 26(2), 247-273.

Fisher, M., T., 2005. Exploring how nurse lecturers maintain clinical credibility. Nurse Education in Practice 5, 21-29.

Maben, J. & Griffiths, P. (2008) Nurses in Society. Available from: nnru@kcl.ac.uk.

McArthur-Rouse, F. (2008) From expert to novice: an exploration of the experiences of new academic staff to a department of adult nursing studies, Nurse Education Today 28, 401-408.

McKenna, H., Thompson, D., Watson, R., Norman, I., 2006. The good old days of nurse training: rose-tinted or jaundiced view. International Journal of Nursing Studies 43, 135-137.

Miers, M., 2002 Nurse education in higher education; understanding cultural barriers to progress. Nurse Education Today 22, 212-219.

O'Conner, S.,J., 2007. Developing professional habitus: a Bernsteinian analysis of the modern nurse apprenticeship. Nurse Education Today 27, 748-754.

Ousey, K., Gallagher, P., The clinical credibility of nurse educators: time the debate was put to rest. (In press Nurse Education Today).

Priest, H., Sergott, J., Green, B., Rout, A., 2006. Harnessing collaboration to build nursing research capacity: a research team journey. Nurse Education Today 27, 577-587.

Prosser, S., M., 1998. Shifts and transitions: career histories of teachers of nursing. Thesis (Ph. D.)--South Bank University1998.

Ramsden, P., 2008. The future if Higher Education Teaching and the student experience. Available from:
http://www.timeshighereducation.co.uk/Journals/THE/THE/13_November_2008/attachments/teaching_and_student_experience_Ramsden.pdf

Scott, D., S., 2008. New professionalism – shifting relationships between nursing education and nursing practice. Nurse Education Today 28, 240-245.

Watson, R., 2006 Is there a role for higher education in preparing nurses? Nurse Education Today 26, 622-626.

Wenger, E., McDermott, R., Snyder, W. 2002. A guide to managing knowledge. Cultivating communities of practice. Harvard Business School Press: Massachusetts.