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. Semi-structured 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 wellbeing 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.

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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 (2012)[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 organisational 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, organisational environment and culture, as well as the nature of the role itself. Consequently, the speed and success of transition is dependent upon an individual's ability to develop the critical behaviours and skills necessary to fulfil the requirements of the new work role [8]. Where 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 or specialist practitioner to consultant practitioner is associated with a move away from a rigid, ordered and possibly task driven work role towards one that is more flexible, ambiguous, and with greater responsibility. As a

result, this role transition is associated with changing emotions, including anxiety and stress [9] as reported in paper 1 of this 2 part series where we presented an overview of the emotional journey experienced by a group of five trainee consultant radiographers (TCRs) during a 12 month development programme. While 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 or specialist practitioner through the process of role adjustment to self-perception of being a consultant practitioner has never been explored. Importantly, we identified in paper 1 that the reported emotional well-being of TCRs during the development programme varied in a predictable order (elation, denial, doubt, crisis and recovery). In this paper 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 forwards.

Method

This paper is drawn from a larger study exploring the attainments and experiences of five aspiring (trainee) consultant radiographers (TCRs) seconded to a consultant development programme. 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 or specialist practitioner to consultant practitioner status. Full details of the study rationale and method are presented in paper 1 and outlined below.

Five radiographers from a single UK hospital Trust were recruited to a 12 month trainee consultant post as part of a locally devised consultant development programme 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 eighteen month period from recruitment. The project was considered by the study organisation to be service evaluation and did not require ethical approval. Four TCRs were existing employees of the hospital Trust and one was recruited from an external healthcare organisation. All of the TCRs had previously established themselves as advanced practitioners/clinical specialists with a wide range of clinical skills and competencies. In addition, two of the TCRs had held a management position previously with responsibility for workforce and service organisation, in addition to maintaining clinical expertise, and two had been employed within the hospital organisation for more than 10 years.

Individual semi-structured interviews encouraging exploration of the participants' progress towards their objectives were undertaken at the beginning (month 1), mid-point (month 6) and end (month 12) of the training period. The interviews each lasted approximately 45 minutes and were digitally audio-recorded and later transcribed verbatim with names removed. Participants were invited to check the transcripts.

Thematic content analysis of each transcript was undertaken following a process first described by Burnard [20] which aims to identify the themes and categories emerging from each interview. These themes were documented and used as probes in subsequent interviews to encourage the TCRs to reflect on previous responses and explore progress. The transcripts were coded using reported incidents, behaviours and emotional reflections and these were compared and contrasted within and between interviews. Finally, codes were grouped into related themes and subthemes for reporting.

The preliminary findings of the study were reflected back to the participants during a focus group interview to enable the findings to be validated by the participants and, where necessary, further explored. The analysis process was documented carefully to make all coding and theme development decisions transparent and direct quotations have been used to illustrate the themes identified and permit external scrutiny of interpretations.

Results

From analysis of interview transcripts it was possible to identify and organise the participants' reported states of emotional well-being at specific timeframes along a continuum extending from emotionally positive to negative. While all TCRs experienced the emotional events described in paper 1 (elation, denial, doubt, crisis, recovery) in a predictable order, the timing of the events was not consistent. Further analysis of the narrative data identified that changes in emotional well-being were triggered by four specific influences: perception of self in the role (internal response), perception of others (external influence), personal decisions made about role (critical

decisions), and personal clarity of role direction (new direction). The dominance of each of these influences with regards to emotional well-being changed sequentially over time with each phase lasting approximately 3 months. Figure 1 provides a diagrammatic representation of these findings: the y axis portrays the perceived emotional well-being of the participants; the x axis demonstrates the four influences that dominate at different stages within a twelve month timeframe. Importantly, it was apparent that how the participant interacted with, and responded to, these influences dictated their emotional response during each phase and timing of the emotional events reported. As a result, two distinct transition patterns emerged as seen in Figure 1. Both transition models are described below, and are illustrated diagrammatically in Figure 2 (Model 1) and Figure 3 (Model 2).

Figure 1: Transition continuum and emerging models

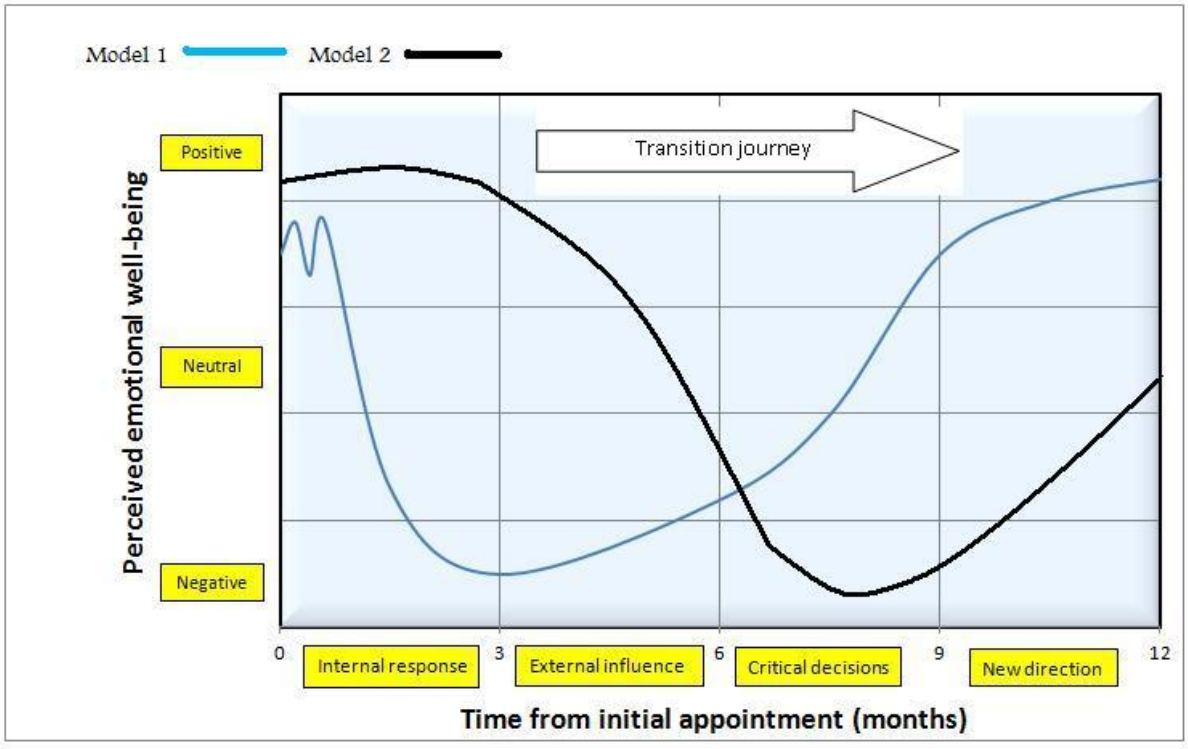


Figure 2: Transition Journey: Model 1

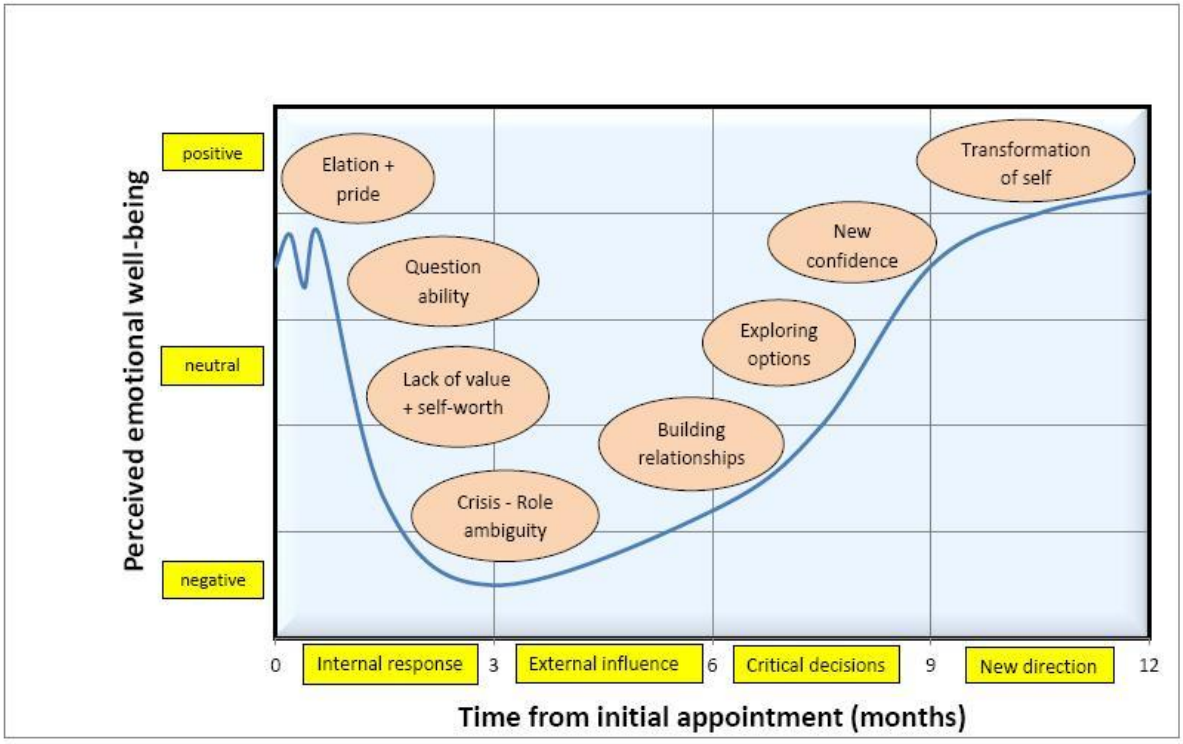
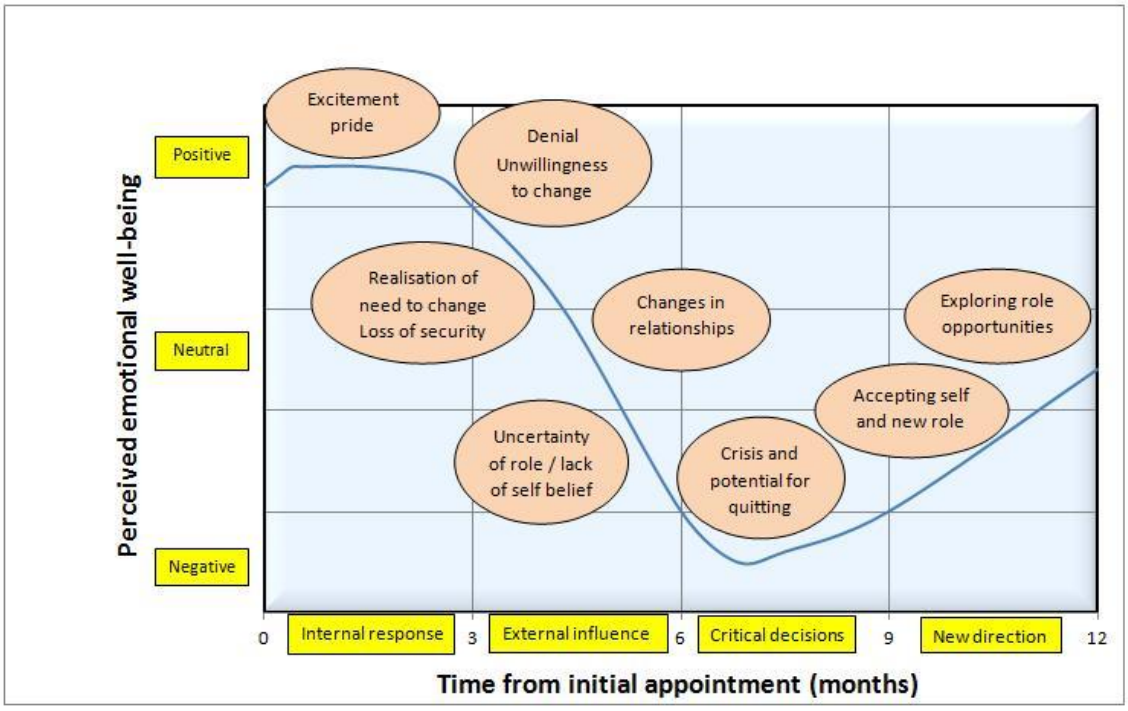


Figure 3: Transition Journey: Model 2



Stage 1: Internal Response

The internal response stage represents a set of thoughts and behaviours observed during the first three months of appointment to the TCR role where the individual begins to critically explore their new role and assimilate the criteria for success. The emotional experience is triggered by how the individual perceives themselves and their ability to fulfil the requirements of their new role. Initial feelings of excitement and pride were common to both models but continued personal reflection resulted in very different emotional responses. For those practitioners who were relatively new to the organisation, doubts and worries about the task ahead of them and their ability to successfully achieve in the role quickly resulted in the sharp decline in self-confidence and emotional well-being (Model 1, Figure 2). Importantly, these doubts resulted in a crisis of confidence before the end of the internal response phase.

> *"Slightly into the post I did feel very, very negative and I think it's because I did have some feedback off some of the people that I work with and think either I misunderstood it, or for whatever reason I did feel very negative about the position."* *[Model 1, Participant B, Interview 2]*

In contrast, individuals who had longstanding experience within the organisation did not express any particular concerns with the change in role and believed it to be a relatively straight-forward role transition. As a result, perception of the TCR role presented itself as an initial lack of awareness, or denial, of any need to change existing behaviours and attitudes. Individual emotions remained positive during the internal response stage of transition as TCRs sought to affirm existing perception of self and role (Model 2).

"I've been here about fifteen years… the trouble is with this post is that I was … an advanced practitioner and then clinical specialist and this was the automatic next step… I know that they say you shouldn't write consultant jobs for specific people and it wasn't written specifically for me but it was sort of automatic for people to think about it being me." [Model 2, Participant A, Interview 1]

"We're [participant A and D] in a very different position to everyone else because we almost feel like we've done this… and now we're on a training post … I mean we've written articles where we described a bridging gap between advanced practice and consultant practice and then all of a sudden we have to go through a training period, so we're finding it quite confusing [because] we think, we've done all this." [Model 2, Participant D, Interview 1]

Interestingly, regardless of model followed, participants during the internal response phase used the comments of colleagues, or their perceptions of colleague's views, to reinforce rather than question their self-perception.

" [It's] daunting, really daunting [because] you asked me what qualities [I have], and I didn't think I'd got any more than anyone else, and other people are probably saying as well, well how come she's doing it [TCR role]? The other thing is that we've got [a colleague] who's a clinical specialist and … his knowledge is wonderful and he's done it a long time and he's been here a

long time … and I think one of the things they [colleagues] might be thinking is 'why has she got it and not [name]?' " [Model 1, Participant C, Interview 1]

"I think people have seen me in this role for such a long time that they already see me in this role ... when I was going around saying I'm going to a trainee consultant post, half a dozen people said 'I thought you already were a consultant' ... and once I started the trainee consultant post, not much changed in my working day." [Model 2, Participant D, Interview 1]

Stage 2: External Influence

At approximately three months the participants moved into an *external influence* phase of transition. In both transition models this reflected a time when external (objective) pressures became more noticeable, including both subtle and overt influences of managers, colleagues and the wider hospital community. Once again, the influence of this stage on emotional well-being differed markedly between the two models. Those individuals who had very quickly experienced uncertainty in the role, and had questioned their personal ability to achieve role expectations resulting in a rapid decline in confidence and emotional well-being, began to seek out external support and mentorship and recognise the value of others in redefining their role (Model 1).

"So I went to see my mentor… and I think just going to speak to somebody like that really does help to put it more into perspective."
[Model 1, Participant B, Interview 1]

"Although I feel more confident now there was a period at the beginning where I didn't have any confidence… and I could have bypassed that if I'd have had a shadowing period with a consultant radiographer, mainly for some backup… I think that's helped actually, doing a bit of horizon scanning and going and spending a bit of time with different people, so I went with the Chief Executive, Finance, Business Manager, and I tried to get a wide range of people so I can see it from a different aspect".

[Model 1, Participant B, Interview 3]

"I think they've accepted me for who I am, and certainly [name] who's the team leader has been very helpful and taken up a lot of the day to day stuff… she's taken it on because they're trying to not let me fall into the same trap that [name] did, because she'd come from that superintendent background, and found it very difficult to let go." [Model 1, Participant E, Interview 2]

Experiences recounted by individuals who were established in the organisation contrasted sharply. While initially they felt comfortable and successful in their new role (Model 2), reporting little change in attitude or behaviours, the external influence phase saw the beginnings of self-doubt and an increasing lack of role clarity. Changes in work patterns, relationships and breakdown of former support networks had a profound influence on self-belief and confidence resulting in a decline in emotional well-being.

"…the problem I'm having is the staff now think they're being stabbed in the back and I've gone from obviously fifteen years relationships with some

people to some hostility which I haven't encountered ever before and I am really struggling with that." [Model 2, Participant A, Interview 2]

Stage 3: Critical Decisions

The six to nine month period in the transition journey can be considered the 'make or break' point. This *critical decision* period was embraced by individuals following Model 1 who, with the help of external support, mentorship and guidance, began to identify and prioritise key objectives, exploring potential opportunities and role directions and how these might benefit service provision. In contrast, those participants whose transition journey reflected model 2 related feelings of increasing worry and ultimately despair, reaching a crisis point at which serious consideration was given to leaving the role. Within this study, none of the participants chose to withdraw from the programme but instead began to critically reflect on their behaviours, self and role. Sadly, as it was external influences that had triggered the decline in emotional well-being initially for those participants following Model 2, they did not necessarily feel supported by others at this critical decisions stage of transition.

"At the beginning I was excited but frightened, in the middle I was really disheartened, and really didn't think it was right … I think my self-esteem's back… [but] I think that went a bit in the middle as I didn't think I was getting any support… I think what is more upsetting is when they [managers/colleagues] say to you that other people behave around you the way they do because of how you behave and that's a bit frightening really… I know that I've been too loud and too opinionated in meetings, especially at high level meetings and I am trying to do something about

that. We are starting to distance ourselves a little bit more, [because] I'm a terrible gossip, I know I am, and that's something I'm working on… I know that I need to be liked and I know that I need people to be telling me I'm doing things right, and I lost that along the way and I felt I was being criticised a lot, and I have grown up a bit and I know it's of my own doing and I can do nothing about it."

[Model 2, Participant A, Interview 3]

Stage 4: New Directions

The final phase of the transition journey, *new directions,* appears to cover the nine to twelve month period. By this stage, participants following the Model 1 trajectory had developed sufficient confidence to trial new ideas, to '*dare to be different*', and reported new confidence in their roles, although still tempered by self-doubt on occasion.

"I do feel as though I've come on so far, and I feel more confident, and I feel more confident with the managerial and the strategic aspects of the job which I didn't at the beginning, so I do feel I've come a very long way and I do feel like I've bridged a lot of the gaps, the only problem ... is who you sort of compare yourself with, to work to as a benchmark kind of thing."

[Model 1, Participant B, Interview 3]

For those whose transition journey aligned more closely to Model 2, the individuals had moved from accepting their new role, and how it differed from their previous role, to exploring role opportunities. While the upward trajectory for Model 2 was noted to

be less rapid than seen in Model 1, positive emotional well-being was re-emerging as participants entered completion of the personal transition cycle.

Focus Group Validation of Models

In order to validate the study outcomes and the transition models developed, a focus group interview was convened and participants were asked to reflect on their experiences and models presented. Feedback confirmed that the models accurately represented the transition experienced and the stages/triggers in the journey.

> *"I can see … me personally, I can see myself in that first bit there [Model 1] because when I took on this post I was quite new in this Trust, so I hadn't established my confidence as an advanced practitioner in this Trust, so when I took on this role I did feel my confidence knocked straight away."*
>
> *[Model 1, Participant B, Focus Group Interview]*

> *"I'm the same yeah, you come in [new to the Trust] and you think you're fine… I came in and thought yeah I can do this, and then you look at other people... they were all getting on with everything and I was thinking I don't know what the hell I'm doing."*
>
> *[Model 1, Participant E, Focus Group Interview]*

> *"Well I fitted more into that one [Model 2] because I was in the role at this Trust so I'd already got this level, and the networking … I'd got the strategic side, and the MDTs [multidisciplinary teams] and that kind of stuff, and then all of a sudden I had to distance myself from a lot of that and start doing all of the*

stuff that was from the consultant role, and then I went for my dip a little bit later." [Model 2, Participant A, Focus Group Interview]

"I agree with [participant A]… I had all the networks, you've already got the confidence from the clinicians in the department … If you look at that timeline it was all at the same time as the [role] appraisal we had… to see what we had achieved within 6 months, and that's when we realised we hadn't achieved some, so that was more of the despair." [Model 2, Participant D, Focus Group Interview]

Discussion

Recognising that movement from advanced or specialist practitioner to consultant practitioner involves personal and professional reflection, vision and change that results in a range of emotional experiences is a crucial advancement in our understanding of the complexities of role transition. The commonly anticipated transition journey described in other studies [21-25], and depicted in this study by Model 1, illustrates the initial adjustments and associated drop in confidence and emotional well-being that often take place when working in a new role. Described by Duchscher (2008) as 'transition shock' in a study of role adaptation for newly graduated nurses, this period combines confusion and disorientation around the new role with a sense of loss related to a previous role, position and relationships [21]. However, viewing these factors from a wider conceptual stance, we propose that these tangible expressions are a reflection of self-perception at this point in the transition journey. Consequently, for participants following Model 1, the support accessed through external mentorship, work shadowing and peer group enabled the initial rapid decline in confidence to be promptly addressed and energies focussed on their personal and organisational vision for the role and achievement of agreed targets. This desire to access support and information from all available sources is a recognised behavioural coping strategy associated with successful role adjustment, often described as active feedback-seeking behaviour [8].

During the next stage of transition within Model 1, external influences became a paramount factor in guiding and supporting participants in their development, enabling new support networks to be accessed. These external influences assisted in reflecting emotional energy away from negative introspection towards a more positive outward vision. While participants remained doubtful of their abilities in the new role, the change to an outward looking perspective meant that they were being appropriately prepared to tackle future challenges and were ready to explore new opportunities during the critical decision phase. As a result, the critical decisions were no longer focussed on '*can I be'* but were instead focussed on service delivery innovation and asking '*can I do'*. Within the final stage of transition, the participants following Model 1 reported increased confidence and could identify with the transition journey they had experienced.

The transition journey for those participants who were established in the organisation prior to the start of the TCR development programme was best depicted by Model 2 and it is the identification of the differing emotional responses to similar triggers presented in the development of this model that provides a unique, and hitherto unexplored, insight into career transition. If we accept that new role orientation marks the beginning of the transition journey, then the starting point of any transition must be the conscious acknowledgement that an existing role is ending [25]. However, for participants reflecting Model 2 transition, a delay in recognising new role differences and the need to redefine themselves within the new role occurred and as a result, it can be argued that the transition process did not truly begin until prompted by external influences during the 2nd stage of the development period. This is an important finding as many of the first wave consultant practitioners appointed in the UK were established internal appointments with post development being as much about the individual as the role [26] and may explain the criticism of posts not meeting the aspirations of healthcare providers, or indeed the practitioners themselves. As a result, we can hypothesise that a lack of perception of role requirements and resistance to acknowledging personal changes required to fulfil the role were causal factors in the perceived failings of these first wave consultants. For these highly respected and established clinical leaders, was the boundary between *becoming* a consultant practitioner and *being* a consultant practitioner blurred? The

transition journey described in Model 2 would suggest this to be true and may explain why participants reported feelings of isolation, being criticised and unsupported by the very interventions intended to guide, direct and support early stage transition. Even more importantly from an employer's perspective, these participants were at their most vulnerable from an emotional perspective between 6-9 months along the transition cycle where critical decisions about the role were being made. While no TCRs left the programme in this study, could this explain the high levels of attrition within the first year of appointment anecdotally reported across health disciplines with respect to consultant practitioner appointments? While further work is required to confirm or refute this, we suggest that the transition experience and emotional journey encountered may be an influential factor in the decision making process.

While we accept that this study reflects only the experiences of five TCRs, the strength of these findings is enhanced by consequence of all TCRs being employed within the same organisation and experiencing the same TCR development programme. The findings support previous research that stresses that individual variation and adaptivity are as important in career transitions as the environmental and cultural (organisational) factors [7]. Hoekstra [7] further argues that current career-focussed research is too narrow in emphasis with its focus mainly upon the role undertaken and external (objective) measures of success. Instead he contends that researchers should focus on the career landscape that is travelled by exploring personal identity and the significance of career transition, including residual learning and personal change, as we pass through each stage to explain transition events.

Without doubt, the findings of this study have recognised the transition from advanced or specialist practitioner to consultant practitioner as a developmental journey with both subjective and external significance. The importance of the employing organisations in shaping consultant careers cannot be underestimated and must provide clarity in role responsibilities and duties to enable external measures of success to be determined. However this research has identified that employing organisations must also consider the emotional transition journey and starting point of appointees in terms of organisational employment longevity and

position, offering appropriate supportive interventions to facilitate staff development into these new roles [9].

Conclusion

This study has provided a unique insight into the transition journey from advanced or specialist practitioner to consultant radiographer practitioner hitherto unexplored. More importantly, the findings have identified that for persons established in their existing role within an organisation, common supportive interventions implemented to facilitate transition may in fact trigger the self doubt and negative emotions they are intended to alleviate. Consequently, organisations wishing to support advanced/consultant practice roles need to consider carefully a range of supportive mechanisms and through transition progress monitoring, identify the most appropriate intervention for the individual involved. In this way, investment in senior clinical leadership roles can be secured and aspirations for changing service delivery and enabling innovation through implementation of new practice roles achieved.

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