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Big Ideas

Boundaries between Professional Nursing and Midwifery Academics and Scholarly Research Activities: Transitioning through Communities of Practice.

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1.1 Background

This critical reflection is based on conversations with professional academic colleagues. My experience as a professional academic is discussed, with a focus on how professional academics might benefit from working closely with communities of professionals who have similar aims and objectives in order to develop professional knowledge through scholarly research activities and education. My definition of a professional academic is based on my own experience: someone with a professional qualification, such as a nurse, health visitor or midwife, in an educational role in Higher Education (HE). As a professional academic who is transitioning into scholarly research, I have observed that working in a like-minded group, either by choice or as a requirement, can facilitate scholarly progression. Communities of practice (CoPs) could be seen as a way of overcoming some of the challenges faced by professional academics making the transition from being a professional academic to a scholarly academic. A CoP is defined as a group of professionals or academics who share common interests, concerns or learning objectives, and whose members share a professional identity and communal objectives with the ultimate aim of improving their own practice or professional knowledge (Wenger and Trayner, 2015). The focus of a CoP is shared learning amongst practitioners with a shared vision. Wenger and Trayner (2015) suggest that CoPs can take many forms, with some members actively involved whilst others remain on the periphery; in my experience, active engagement and accountability are imperative in a CoP.

In this critical reflection I argue that a professional academic, such as a nurse or midwife, may be able to achieve a scholarly transition into academic research in HE through commitment and involvement, such as by being a member of a CoP. For a professional academic to become a successful member of a CoP, I also argue that HE institutions should have established CoPs in place for the purpose of staff development, and it should be the responsibility of each department or division in an institution to monitor the usefulness of these CoPs. The outcomes of a CoP should be assessed based on staff research progression, publication output, and professional members' level of satisfaction with their membership. In addition, HE policy-makers should not only encourage professional academics to join a CoP, but newcomers to academia should be allocated a mentor in a CoP who is able to guide and support their professional development. As one of the reasons reported for the lack of support for scholarly development is funding, encouraging newcomers to professional academia to join a CoP from their initiation into an academic career may help to address HE institutions' neoliberal/ commercialisation policies and reduce the barriers faced by academic newcomers or peripheral/partial old-timers (Ganti, 2014; Andrew et al., 2009; Becker and Trowler, 2001 in James, 2007). CoPs may take different shapes, with some members preferring to operate on the periphery by observing the activities without any commitment or participation, whilst others are fully engaged and take on active roles. What I am proposing is that, in the absence of institutional support, it is important for self-support or group support to prevail, as ultimately, institutional policies that support professional academics' scholarly activities are invaluable.

There are two routes into nursing and midwifery academia. The first route is taken by those who enter after undertaking a full-time, funded PhD and make a natural progression into HE as academics. Some of the members of this group are professional nurses, midwives or graduates of psychology or social sciences with a research interest in nursing or midwifery. The second group, to which I belong, are senior nurses or midwives from the clinical setting with a degree or master's level educational qualification and who possess a proficient level of clinical skills and knowledge in their speciality. Both groups, on entering HE, are supported through a period of teacher training up to master's level, because this is a mandatory requirement for professional nursing and midwifery academics in line with the Nursing and Midwifery Council's

directive for academic professionals (Nursing and Midwifery Council, 2008). Consequently, HE institutions are obliged to support this initial teacher training of nursing and midwifery professional academics; however, following its completion, most professional academics, including myself, tend to struggle to advance in scholarly activities, and often find it challenging to acquire the necessary research and publication skills required for PhD studies. A significantly contributing factor to this is the inability to combine the heavy workload of teaching with research training.

2.2 My Experience

I chose to undertake a structured PhD at Lancaster University, and during the first part was required to complete coursework relating to HE research, while the second half of the PhD was focused on working towards producing my thesis. I am one of a cohort of PhD students studying for this structured PhD, and while we have similar academic roles as professional academics, we are drawn from different disciplines. What we have in common is the shared learning and a concern regarding the development of our professional knowledge; in other words, we are all interested in educational research and our professional development. In order to achieve our goals, we must to commit to our institution's curriculum and objectives, through adhering to the educational objectives, attending residential courses, completing the set pre-reading exercises for each module, and engaging in student-led discussions. In turn, we are developing new skills and knowledge in a predefined CoP, and subsequently, we all interpret our learning to our different academic disciplines. At the end of our research training we will be expected to produce a thesis applying the research skills and knowledge we have acquired during our membership as part of this CoP for HE research.

In my experience and based on comments from my colleagues, a part-time structured PhD route is the optimal pathway for any professional academic who is divided between multiple responsibilities and unable to start or complete a PhD. I have come to this conclusion based on my own observations over the last sixteen years. During this period I have noted four reoccurring themes or barriers to scholarly research activities among professional academics: firstly, there is no policy in HE which clearly outlines the available support or pathways for scholarly research education amongst professional academics such as nurses and midwives, beyond the teacher training level; secondly, nursing and midwifery professionals do not appear to commence PhDs until their mid-forties; thirdly, the length of time taken to undertake PhD studies among nurses/midwives and professional academics who trained prior to the 1990s, before nursing and midwifery integration into HE, ranges between 7 and 10 years, and this group also start their PhDs later on in their careers, with their completion age range being between 45 and 60 years; and finally, studying for a PhD is normally undertaken in these academics' own time, meaning that some have to reduce their working hours from full- to part-time, others take early retirement in order to complete their PhDs, whilst some professional academics work full-time and undertake a part-time PhD. It is not surprising that those who have completed their PhD through the traditional route say that they could never imagine undertaking a PhD and working full-time as an academic.

Based on my observations, it would appear that there is a lack of support or structured educational pathway for nurses and midwives entering into academia, and those entering academia through the clinical route without a PhD find the transition into scholarly research challenging. The reasons for some of the aforementioned challenges have been identified and attributed to a lack of support and funding, which is accompanied by a lack of research training and knowledge, and a lack of training in writing for publication (Thompson, 2004; Harris and Paterson, 2016). This is a major area of concern amongst the future nursing and midwifery academics I have spoken to, and the implication of this lack of support needs to be evaluated by HE policy-makers. Until there is a change in the current practice, professional academics should engage with research activities through CoPs, either within or outside their institution.

It is recognised that CoPs as a learning model may not always provide all the answers to overcoming the challenges faced by professionals and academics (James, 2007), due to the risk of engaging in multiple CoPs, but this could be overcome by avoiding joining multiple CoPs (Hodges, 1998; Lave and Wenger, 2001; Henkel, 2000; Hodkinson and Hodkinson, 2003 in James, 2007). As mentioned earlier, those new to academia should be allocated a mentor who will guide them through their first year in academia. This issue also applies to institutions offering structured PhDs, where a taster day would provide prospective students with the opportunity to ask the necessary questions before embarking on a PhD. Having attempted various ways to develop my scholarly skills, what has remained productive and successful for me to date, is a structured part-time PhD programme.

In conclusion, undertaking a multi-professional and blended PhD programme in HE research at Lancaster University, I would argue is one way of advancing knowledge and research within professional disciplines. This model is highly effective for professional old-timers in HE seeking scholarly advancement in their careers, and professional academics need to utilise pre-defined CoPs of their own choice to their advantage. It is my hope that institutions will feel obliged to support their staff and incorporate a professional development policy within their institutional vision. Nationally, HE policy-makers need to recognise the importance of providing both time and funds for new nurse, midwife, physiotherapist, and radiographer professional academics so that scholarly activities become the norm, rather than being the exception.

Uncited references

Alley et al., 2015

Davies and Harré, 1990

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