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Weighing up the commitment: A grounded theory of the transition from occupational therapy clinician to academic

Abstract

Background: Growth in the number of occupational therapy programs in Australia has resulted in a critical shortage of academics. When experienced clinicians are recruited into academia they may find the transition process difficult. The study aimed to explore clinicians' perspectives of what happens when they transition into academia.

Method: A constructivist grounded theory approach was used in this qualitative research project. Recruitment was conducted using purposive and theoretical sampling from occupational therapy programs in Australia. Interview transcripts were analysed using constant comparative method through a process of open, axial, selective and theoretical coding.

Results: Sixteen participants engaged in semi-structured in-depth interviews. The theory of transition into academia included a process of 'weighing up the commitment' to academia and the core category of 'a good fit for me'. The transition was characterised by the taxing nature of the work, the need to learn multiple aspects of a new role, the different values and beliefs in an academic environment and the amount of time it took to achieve success. Participants underwent a shift in identity to adjust to the academic environment and eventually reached a point where they were able to judge if academia suited them.

Conclusion: Australian universities have long-standing cultural practices which differ considerably from clinical settings. Transitioning from a clinical to an academic occupational therapy role requires complex adjustments to values, beliefs and identity. The process involved consideration by the new academics of their 'fit' for academia, and how committed they were to stay.

Keywords: academies and institutes; culture; role; social identification; qualitative research

Introduction

The education of occupational therapists in Australia has a relatively short history, when compared with medicine, nursing and other allied health professions (Chipchase et al., 2006; Turner, 2011). There was a growing need for occupational therapy services as a result of World War Two, and the first education program (a diploma) in Australia was created in 1941 in New South Wales, with training provided through the Australian Physiotherapy Association (APA) (Anderson & Bell, 1988). Over the last 40 years, there has been a growth in occupational therapy programs offered in Australia with a rapid acceleration in the last decade. In 1972, there were four education programs offered in Australia compared with a total of 26 in 2013 (Brown, 2013). The expansion in occupational therapy education in Australia has resulted in a critical shortage of occupational therapy academics (Farnworth, Rodger, Curtin, Brown, & Gilbert Hunt, 2010).

The current academic workforce shortage is not unique to Australia or to occupational therapy, and is being experienced across the world in allied health and nursing (Pagliarulo & Ann, 2002; Schriner, 2007). To meet the academic workforce need, universities have traditionally recruited occupational therapists who are clinical experts (MacRae & Black, 2001). However, under current university expectations, many clinical occupational therapists did not have the necessary research experience and doctorate level qualification (Farnworth et al., 2010). Occupational therapists have historically not been active in research (Cusick, 2000), but as the profession matures, the number of occupational therapists with doctorates in Australia is slowly growing, however not quickly enough to meet the demand for academics.

Another challenge for transition are the substantial differences described in the literature between the academic and clinical settings (Duphily, 2011). In particular, it has been identified that in comparison to clinical settings, universities have different organisational structures, ways of operating and cultural values and beliefs (Kahanov, Eberman, Yoder, & Kahanov, 2012; Schriner, 2007). The only published report of occupational therapists making the transition was set in the United States and was not an empirical study (Crist, 1999). A recent meta-synthesis exploring the transition experience from clinician to academic in allied health identified six studies in nursing and one physiotherapy study in countries other than Australia (Murray, Stanley, & Wright, 2014). The meta-synthesis revealed four phases of identity formation that academics move through over 1-3 years evolving into an academic. Most of the included studies were not robust methodologically with the exception of Hurst (2010) and there were no studies exploring *the*

process of transition into academia. Given the growing demand for occupational therapy academics there is a need for contemporary Australian research using a rigourous qualitative approach to explore the process of transition. The study sought to address the research question: *How do occupational therapists transition from clinical roles to academia in Australian universities?*

Method

Study Design

For this qualitative study we used a grounded theory approach and aimed to explore and explain the complex social process of transition into academia (Liamputtong, 2013) . More specifically, we employed the social constructivist approach of Charmaz (2006). We are all researchers as well as educators who have been through the experience of transition and the Charmaz (2006) approach allows for a priori knowledge and researcher sensitivity to the social process under investigation (Birks & Mills, 2011). Charmaz (2006) maintains that through interaction with participants in a sensitive and reflexive way, the findings become a co-construction of the participants' experiences and our interpretation of the data. Prior to recruitment, ethical approval was obtained from the University of South Australia's Human Research Ethics Committee.

Recruitment and Sampling

Purposeful, homogenous intensity sampling (Patton, 2002) was used to select participants who could offer in-depth insights into their experience of transition from occupational therapy clinician to academic (Liamputtong, 2013). In the latter stages of the study, use of theoretical sampling refined and strengthened the analysis in order to form a theory (Stanley, 2006). Recruitment into the study was via an email sent to the head of the Australia and New Zealand Council of Occupational Therapy Educators (ANZCOTE) which was circulated to heads of programs across Australia. The email contained the information sheet and consent form and a letter explaining the purpose of the study. Occupational therapists in academia that received the email from their program heads and believed they were eligible contacted the researchers. Inclusion criteria for initial sampling included having transitioned into academia less than four years ago and more than six months ago, and working the majority of their time in academia (no more than one day a week in another setting). Theoretical sampling involved targeting new participants who were knowledgeable about specific experiences and had transitioned into academia up to ten years ago (Liamputtong, 2013).

Data collection

Data collection commenced in 2006 and concluded in 2012. Semi-structured in-depth interviews were used to explore "multiple meanings" and perceptions of "actions, events, or settings" (Gubrium & Holstein, 2001, p. 104) . The interviews were either face-to-face or over the telephone, and were guided by a schedule. The interview schedule was developed with reference to the methodological literature about the kinds of questions that are likely to elicit different perspectives about the process of transition from clinician to academic. As a result of early data analysis, some minor changes were made to the interview schedule after the first few interviews. The schedule is available in Table 1. During interviews, the interviewer remained open and alert to statements of meaning, emotion or process that could be explored in more depth through probing questions (Gubrium & Holstein, 2001). Interviews were digitally recorded and transcribed verbatim.

Data analysis

Grounded theory data analysis aims to construct a theory that includes a core category which relates to the basic social process (Charmaz, 2006). Data were constantly compared and memoing supported development of ideas to establish the properties of categories and enable further abstraction of the data (Grbich, 2007). Memoing provided a systematic mechanism for recording thoughts and ideas about how codes clustered into categories and interacted with each other (Stanley, 2006). The method of data analysis used in this project is outlined in Figure 1. Open coding was used and like codes were clustered into categories. Axial coding was also used to establish clearer connections between the categories. As categories began to reach saturation, theoretical sampling revealed the core category. Use of theoretical and axial coding of the data teased out the relationships between the conceptual properties and procedural dimensions. This complied with the interpretive constructivist approach of the study design to uncover the whole storyline (Charmaz, 2006).

Study rigour

The theoretical sensitivity of the researchers strengthened the findings by enabling in-depth interpretation and abstraction of data into a theory (Birks & Mills, 2011). During data analysis, care was taken to ensure that the study findings were close to the words of the participants by continuously referring back to transcripts, listening to audio-recordings and using 'in-vivo' coding. Throughout the research process, reflexivity was used to ensure researcher knowledge and experience did not dominate the interpretation of the data (Patton,

2002). Other strategies to promote rigour included the consistent and diligent use of memoing and peer debriefing through joint analysis sessions among the three authors.

Findings

Sixteen participants were recruited from 11 different occupational therapy programs in Australia. Three participants were male and 13 were female. To ensure confidentiality, participant names have been changed in the reporting of the findings. The mean age of participants was 38 years (ranging from 26 to over 60 years) and the mean years as a clinician prior to transitioning into academia was 13 years (ranging from four years to over 40 years). Time spent in academia prior to being interviewed was a mean of 2.5 years with a range of six months to 10 years. At the time of being interviewed, seven participants were PhD candidates and four were already qualified with doctorates. Of the remainder, three held masters degrees, one was in the process of master's degree completion and one had a bachelor's degree. Three participants had completed or were in the process of completing a graduate certificate in higher education teaching. Five participants were engaged in the process of writing a curriculum for a new program. In order to protect participant anonymity, further specific participant details are not provided as the participants were drawn from a small and homogenous population.

The theory of transition from clinical to academic occupational therapist in Australian universities consisted of a process of 'weighing up the commitment' and the core category of 'a good fit for me'. The process of 'weighing up the commitment' involved participants considering whether they had made the right decision to move into academia. If entry into academia was planned, then participants had more surety about the strength of their commitment to stay. Participants developed strategies to guide them through the difficult transition and made judgments about their suitability for the academic environment. The length of time taken to weigh up the commitment to their new career was highly individual but there seemed to be a point of enlightenment where their 'fit' within the university schema became clear to them.

The weighing up process

The 'weighing up' process was influenced by the dimensions of level of confidence, the support available, decisiveness, stage of life, perception of existing skills, and self-efficacy. The process was characterised by the categories of taxing nature of the work, the need to learn new skills, the contrast between the culture of universities and health services

and the lag time in academia between inputs and outputs. The dimensions influencing the 'weighing up' process are explored within the categories which will now be explained.

The taxing nature of the work

In comparison to clinical practice, participants were surprised to find that the job involved significant workload and had minimal structure. Even though they were still learning, they were expected to manage just as experienced academics did. Sarah felt as though she was performing *"mental gymnastics"* to keep up and the work was harder to contain than clinical work. She was shocked at how much work was "*leaching"* into her own time and struggled to manage the preparation for teaching something for the first time and the marking during peak times. Participants found that working in academia required more thinking, sustained intensity of concentration, and sedentary time than clinical roles. Preparing lessons and writing curriculum took all of Brooke's *"mental energy"* because she wanted to deliver content in creative and student-centred ways. Elizabeth found everything about the job cognitively taxing as it required *"depth of understanding beyond intuition"*. This brusque initiation into their new career was confronting, causing them to question their commitment.

> *"It was quite overwhelming to start with. I suppose I didn't realise the hours of preparation involved. I didn't realise the hours of marking that were involved. So any kind of report writing that I had to do in a previous life was just a drop in the ocean compared to marking in terms of the time factors. I think the biggest transition was time to fit it all into part time hours". (Kath)*

The need to learn new skills

Participants were coping with learning skills and knowledge in teaching and research; in some cases with very little collegial or systemic support. They described a common experience of coming to academia from senior occupational therapy clinical or managerial roles where they had well established credibility and responsibility. Learning to teach was an area where all participants needed to build confidence, and initial self-doubts were common. Brooke described her fear about delivering lectures as "*show-stopping*" and Kim admitted that she needed *"a lot more guidance and nurturing" to "learn a new trade"*. Not only were they now junior members of the university 'system', but they were also no longer in the expert role which was a threat to their self-image of being competent and capable.

"Just knowing that you're doing the right thing … you do feel somewhat incompetent when you've been a clinician for your professional life and then you're suddenly a teacher … I felt unsure of whether I was doing the right thing, if I had the right approach, am I a bit of fraud here because I'm a clinician I'm not a teacher". (*Edward)*

The participants acknowledged that a key strength during their initial transition was their recent clinical or managerial experience. They were able to give real life examples and put discussions into context. Janette was grateful that she was a specialist and believed that it would have been harder to manage with a more generalist background, or to have to teach in unfamiliar clinical areas. Learning the skills to become a teacher was described in both positive and negative ways. Elizabeth enjoyed feeding off the student energy, and gained pleasure from those who were engaged in class discussion. However, participants became disillusioned by the *"frustrating"* nature of student dependence, disorganization, constant questions and lack of responsibility for learning. In addition, there was the gate-keeper role of assessing student performance and they experienced dilemmas with fairness and complying with unanticipated academic protocols and procedures. With development of teaching and assessing skills came a need to be resilient and accept feedback from students and colleagues.

"I understand that I have limited experience in education, so I need that guidance and assistance from the education side of things … I just take it as, they're not kind of telling me to suck eggs, they're just trying to educate me in the way things work, so I had no problem with that at all". (Steele)

In the face of learning skills to teach, participants were also expected to engage in research. Commitment to do a PhD was an integral part of the weighing up process and there was a mix of decisiveness in their willingness to take this step. Some were very committed to doing a PhD, found it energizing, and found their university gave them the flexibility to research as well as teach. Despite the pressure from the university to start a PhD, others were not so sure that they were ready for this move. Brooke found that learning to teach did not come *"fluidly"*, making it hard *"to find time for other aspects of the academic role".* For her, developing skills in research seemed a long way off. She was concerned about the commitment involved: *"it is like marrying someone."* Whereas Rebecca always wanted to do a PhD, but she found it was not an easy process to navigate at the same time as adjusting to academia.

"it's right for me but it's taken – it took me two years to get to that stage of feeling comfortable in my own skin to be able to say this is what I want to do, this is how I want to do it (PhD) and … identify the supervisors – each individual supervisor's skills and utilise them rather than they direct me off in different directions, so yeah learning curve. The whole thing is a learning curve". (Rebecca)

Contrasting culture

Participants struggled to understand the nature of the academic culture. The competitive atmosphere and hierarchical structure in academia was not something that sat comfortably with participants and contrasted with the team-based clinical culture and relatively flat operational structures from which many had transitioned. The focus on success perpetuated behaviours in colleagues that were difficult for them to accept. For example, they observed colleagues doing what might be perceived as low quality teaching in order to focus on applying for grant money. Similarly, equality of workload was a source of tension for Mary and it took her a long time to work out the politics of the working culture and who holds the power and influence. She found more senior colleagues were skillful at looking after their own needs, and was disappointed that she was not receiving more leadership. As everybody was perceived as being busy, extra effort was required to establish and sustain collegial relationships. In contrast, Janette had not noticed any political undertones in her working environment and found it happy and enjoyable.

"I think probably the biggest difference I noticed was the environment, it's a very different environment to a clinical environment … the hierarchy and the structure of the organisation is just so different to anywhere else that I have worked … I think the culture of the university is quite different to a health care environment … So it was probably a little bit foreign I guess". (Alice)

Participants were shocked by the ambition and focus on personal successes they saw in their colleagues, and were not sure if this was the vision they had for themselves. Elizabeth had noticed that many academics achieved success at personal cost and she was not sure if she could make the required sacrifices to get ahead. There were lots of opportunities put out there *"for you to strive towards"* and, if successful, this would get *"publicised all over the place."* She was concerned that *"if you buy into that too much … you can beat yourself up a bit" (Elizabeth).* For this reason, participants were not sure if experienced academics were an appropriate benchmark to use to measure their own performance. Sasha observed some of her colleagues working *"around the clock"* which she did not want to do. For some who were at

a more advanced stage of their career, the decision to accept a potential loss of work-life balance came with a concurrent drop in pay. However, for newer graduates, the academic role provided an increase in pay.

Success takes time

Success in academia related to meeting the organisational expectations for working through the cycles of teaching, research and writing. Participants found the need to strategically plan ahead and commit to the work because it can take years to see outputs from inputs. The capacity to be decisive and have clear personal goals appeared to relate to how far into the process of weighing up their commitment the participants were. Sasha described herself as a "s*tress bunny*", and believed these qualities of being on high-alert and saying *'yes'* to every opportunity were essential to procurement of a permanent position. Similarly, Steele valued his qualities as an independent thinker and believed this was crucial to his ability to cope and succeed. Participants encountered issues with prioritising conflicting demands and allocating equal effort to teaching and research. They found that success required hard work and resilience and, once started, they needed to sustain their momentum and keep pushing on. For Alice, her approach was quite different as she was in a stage of life where she was starting her family and was not as focused on her career as others.

> *"Look if I wasn't going on maternity leave, yes I'd probably be more on the track but I'm not so I guess my first couple of years here,… I've sort of just been working out where to go and what to, what areas of interest I might be looking at … for PhD. … how to make those commitments …".* (Alice)

Teaching the same material for several consecutive years was a recommendation, as this allowed for a return on investment of effort, growth in confidence and establishment of efficient ways of working.

> *" I certainly found that through persisting with last year, things this year have fallen into place a lot easier, and so it does take time, it's not something that you just, I don't think it's something that you can just go straight from clinical into academia and pick it up straight away, it's something that does take time".* (*Edward)*

As the academic environment was laden with opportunities, participants needed to have a clear vision about what they wanted for themselves, manage conflicting demands and take a strategic approach. It took some time to learn which activities were time wasters and

which contributed to success. This contrasts with clinical practice where knowing if one is successful is usually more immediate.

"Good fit for me"

> *"I don't think I could have done it any other way. So like for me, I'm actually really pleased with how it turned out, and even though I struggle with my job from time to time, I really enjoy it. So I think that, even though it has its challenges, just like any job … I actually can't imagine myself doing anything else, now that I've made that kind of transition". (Sasha)*

Another marker of success in academia was the arrival at a sense of belonging and feeling part of the culture. This point was reached toward the end of the process of weighing up their commitment to academia when participants were able to reflect on their experience of managing the transition and finding their personal fit with the academic role. The tensions associated with letting go of clinical practice were eased by participants sharing their passion for occupational therapy with students, contributing to the curriculum and being stimulated intellectually. Some participants were relieved to no longer be working with clients and enjoyed the change and others got their clinical 'fix' by being involved in field work, projects with clinicians and maintaining previous clinical links.

> *"I'm very happy not to be [a clinician] … I really enjoy … manipulating those things that I offer them [students] and see what they create with them. And that to me, is sort of what the job of teaching is I guess … what can I put forward, how can I just facilitate people to take up things for themselves, take up information or understandings for themselves, I find that intriguing, I really enjoy that". (Sue)*

Participants found a commitment to thinking and working more like a teacher than a clinician required cognitive flexibility and persistence. For example, Rebecca was used to getting things right; but in academia, she was challenged by every student cohort being different and teaching being a 'hit-and-miss' experience. Participants had learned that "*just because you are a good clinician, doesn't mean you are a good educator". (Jack)*

> *"Make sure you are passionate about being an educator because it is totally different from being an OT in the field and I guess …you either love it or hate it. If you don't love it don't do it*". *(Janette)*

With these changes in ways of thinking and working there was an identity shift to being an educator as well as an occupational therapist. Participants accepted that despite the cognitively demanding nature of the work, the level of intellectual stimulation was satisfying and the environment of always learning and extending their thinking was a good fit for them.

Participants were given a high level of trust to get on with the job. This lack of quality monitoring came as a surprise as they were accustomed to a higher level of scrutiny. Others really appreciated not always being told what to do whilst still having access to peer support if necessary. However, with a lack of supervision there came a lack of feedback, which to some extent hindered the capacity for participants to build confidence.

Further, participants reported a lack of confidence to contribute to a staff group where there were long-standing relationships and people knew each other well. Some participants were working with lecturers who taught them which created some awkwardness. Despite these challenges, collegial relationships were identified as the key for survival and participants found that their decision about 'fit' to academia was not possible without the guidance of colleagues who were savvy with university structures and systems. Indeed, Edward claimed that collegial relationships were the difference between leaving the job and staying, whilst Rebecca missed having an interactive team environment and felt constrained by the expectation of working in solitude.

Overall, fitting in and establishing credibility with students was easier than with colleagues because the students valued their recent clinical skills and stories.

> *"I think the students really value when you can give them very recent clinical experience… in terms of credibility I think if you have recently come from clinic-land or whatever you can give them some really good experiences that you have had they love that*". *(Mary)*

In their new career, participants developed awareness of their learning style and became more accepting of being a novice and making some mistakes. They employed personal strategies for building resilience during the transition. These strategies included: staying positive, accepting opportunities, embracing change, keeping passionate about work, using introspection, seeking peer support, reflecting on student feedback, and building relationships with students and colleagues. They described valuable personal qualities such as being: high achievers, hard workers, and good communicators; having 'open-doors'; and responding promptly to questions or requests from others. These qualities were strengths as they learned new skills, refreshed theoretical knowledge, learned their role as an academic, navigated the university system, adjusted to working with students, and relearnt the content that they were teaching or researching. Jack found that, as he became more relaxed and confident, he afforded himself some more flexibility in the way he worked and believed he became a better fit to the academic role.

> *"I think I have certainly become more relaxed in the role. There is significantly less pressure that I put on myself to know how to handle the situation straight away. I think that is with*

anybody who is doing something for the first time … You are always less flexible with it …". *(*Jack)

Discussion

At the core of the findings was the issue of whether academia was 'a good fit' for participants. This was the basic question being asked by participants during the process of weighing up their commitment to academia. To successfully manage change, theory about role transition states that it is necessary to consciously say 'goodbye' to old ways before being able to accept the new (Bridges, 2003). Times of transition include a 'neutral zone' where patterns of thinking and doing are adjusted to align with the 'new' environment or situation (Bridges, 2003). During the time taken to weigh up their commitment to academia and judging whether it is a good fit for them, participants are possibly situated in this 'neutral zone' where they working through what is required to accept their new identity and relinquish the old. Consistent with other research, some participants claimed that they were ready to move on from their old ways, and others were reluctant to let go due to uncertainty about their decision to move (Dempsey, 2007).

During the transition process, participants had to accept the identity shift from being a clinician to being an academic. For the participants in this study, transition time was lengthy because they were weighing up whether they were comfortable with no longer having interactions with clients and with adopting the cultural values and beliefs of academia. Working in isolation, rather than in teams created a cultural dissonance which hindered settling into academia, appeared to threaten reconstruction of occupational identity (Phelan & Kinsella, 2009), and sustained the perceived divide between the two environments (Peloquin & Abreu, 1996). Adaptation and growth in confidence appeared to be expedited when there was consistent and supportive collegial contact. Unfortunately, this support was not always forthcoming and a lack of opportunities for support from experienced academics made it difficult for participants to know how best to utilise their prior skills and assets, and which new skills to learn first (Crepeau, Thibodaux, & Parham, 1999).

Institutional support structures are also central to the transition process making university induction programs key to a smoother transition at the beginning of the 'weighing up' process. Induction programs need to explicitly address the cultural differences and not assume that the new academics know what to expect. We suggest that the induction emphasise the multiple facets of the academic role and highlight the benefits of strategic

guidance in the first few years of academic life. In light of the concerns of individuals coming to academia from clinical roles, evaluation of the effectiveness of university induction and mentoring programs is warranted as well as exploration of different models of provision of support such as that proposed by Turnbull (2010).

Impacting on the 'weighing up' process was the pressure placed on participants to build an active research profile. The achievement of a successful academic career is largely dependent upon a commitment to research and being able to balance research aspirations with teaching (Sutherland, Wilson, & Williams, 2013). This finding revealed a key source of tension for participants who had chosen an academic career because they enjoyed teaching but had not anticipated the requirement to do research. Once the requirement to do research was understood this created doubts about whether they were willing or able to commit. To stay in academia, participants had to devote a significant effort to moulding themselves to meet the expectations, which is consistent with recent grounded theory research about the transition from nurse to educator (Duffy, 2013). Interestingly, the pressure to do research appeared to be greater for more recent recruits to academia perhaps reflecting that Australian universities have become more 'research oriented' in recent years (Farnworth et al., 2010).

Kahanov *et al.,* (2012) identified that those without an academic background experienced 'cultural shock' because they were not adequately socialised into their new community. The findings from our research appear to support the issues raised by Gourlay (2011) that sometimes academia can be a 'non-community'. Hall (2007) proposed that building stronger communities in academia is the key to reinvigorating critical thinking and agency for academics immersed in under-funded and heavily managed contemporary university environments. Recently, there has been some effort to build capacity and networks amongst Australian occupational therapy academics through the establishment of an 'Occupational Therapy Academic Learning Network' (Rodger, 2011) which is consistent with our recommendation to provide support for occupational therapy academics and is to be encouraged.

Our research found that successful transition into academia was facilitated through participant involvement in the enjoyable activities of networking with colleagues, working with students, sharing their passion for occupational therapy and contributing to curriculum development. Finding meaning and satisfaction from their occupational role assisted the adaptation and acceptance of a new identity (Kielhofner, 2008). In addition, it appeared that identity was more secure when participants remained connected with the occupational

therapy profession which is consistent with understandings of how identity is constructed (Unruh, 2004). The connection with occupational therapy was eased when participants retained the title of 'occupational therapist' as well as academic. This finding was similar to the experience of physiotherapists (Hurst, 2010) and nurse educators who acknowledged the challenge of reframing "themselves as academics, whilst retaining their professional values" of being a caring and nurturing nurse (Duffy, 2013, p. 623).

Recommendations for future research

To advance the findings from this research, it would be worthwhile to first consider what it means to identify as an academic, and second establish a clearer understanding of what factors account for the different transition trajectories and timelines. This could be achieved by tracking participants over time, seeking interviews at key points in their career and gaining the perspective of those who return to clinical practice after a period of time as an academic. In addition, whilst the findings about discomfort with assessing students were close to saturation, this needed further exploration which was beyond the scope of this project.

Study limitations

The recruitment of participants from 11 different occupational therapy programs across Australia enhances the transferability of the findings. The time-span of data collection between 2006 and 2012 has resulted in some contextual differences between the participants. For example, the more recent recruits may have been academics in newly established programs and were therefore more involved in curriculum development and taught smaller cohorts of students than those in long established programs. Whilst these contextual differences could be considered limitations, they also enhance the findings by representing a broad range of contemporary experience. The use of telephone interviews prevented the giving and receiving of highly valuable non-verbal communications (Gubrium & Holstein, 2001, p. 541). However, the ability to include participants from around the country outweighed the disadvantage.

Conclusion

This study has resulted in a theory which describes the process of weighing up the commitment to academia and suggests that cultural differences create problems during the transition from clinician to academic. This study adds to existing knowledge by providing increased information about what happens when participants adjust to the change in culture.

The process involved consideration by the new academics of their 'fit' for academia, and how committed they were to stay. Fundamental to their commitment to stay was a requirement to learn new ways of thinking and working and to adopt a new occupational identity. The findings have the potential to assist occupational therapists with career planning, and assist Australian universities with the recruitment and retention of occupational therapy academics.

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Table one: Interview schedule across the stages of the project

Interview schedule
In order to get to know you a bit better, tell me about yourself and how you came to academia?
What does your role as an academic involve?
How have you experienced the transition from being a clinician to being an educator?
What have been the challenges? Examples
What strategies have you used to manage the challenges?
What advice would you give to someone else about to step into the educator role?
How do you find working with students? Tell me about some of the challenges? And the successes?
How do you know that you are an academic rather than a clinician? At what point do you identify with being an academic rather than a clinician?
Where do you see yourself in the next few years?
Is there anything else you would like to say in relation to moving from being a clinician to being an educator?
Demographic questions: age, time since graduation, highest degree held or studying for, time in academia.

Table Two: Participant Characteristics

	Participant age	**Years as clinician**	**Years as academic**
Mean	38	13	2.5 years
Range	26 – 60+*	4 – 40+*	0.67 – 10 years

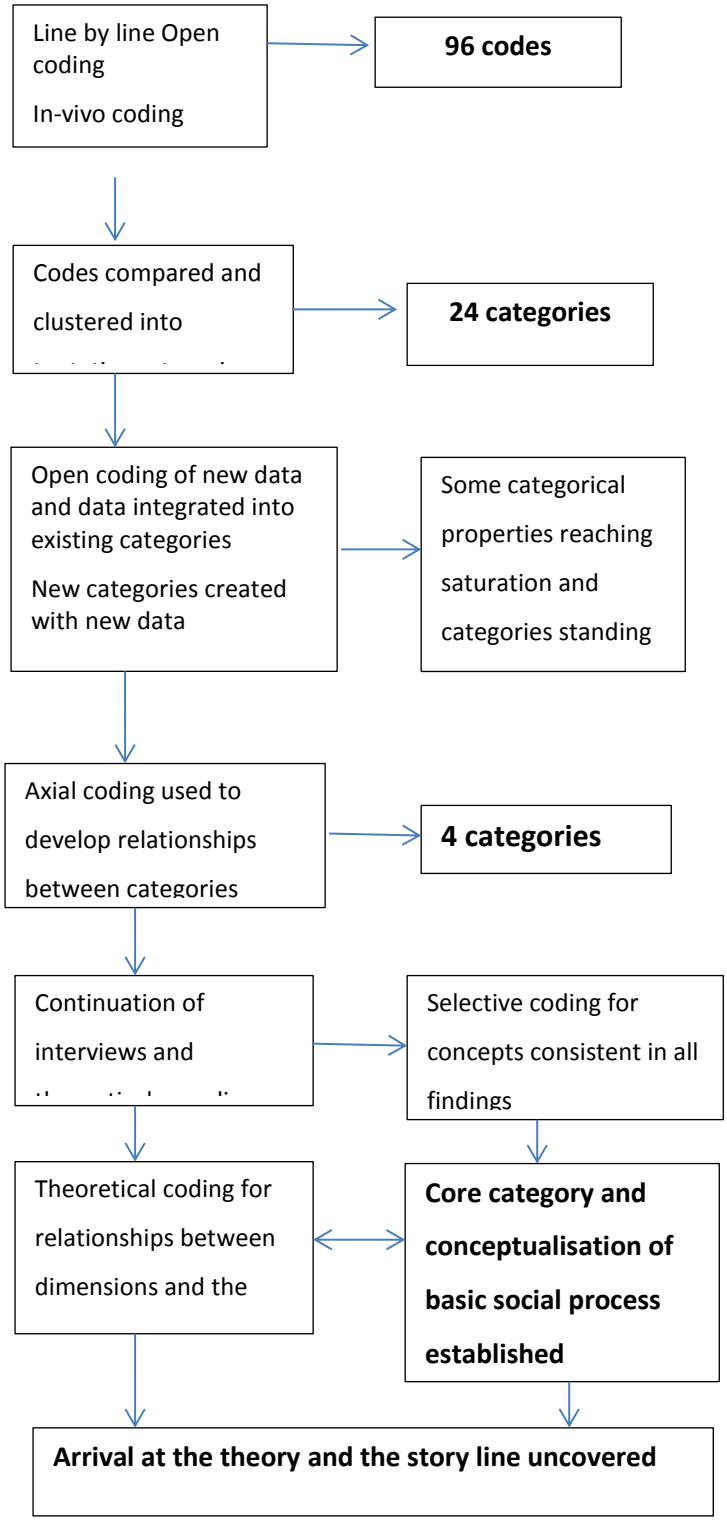


Figure1: Flowchart of data analysis method