

RESEARCH ARTICLE

PARAMEDIC TRANSITION INTO AN ACADEMIC ROLE IN UNIVERSITIES: A QUALITATIVE SURVEY OF PARAMEDIC ACADEMICS IN AUSTRALIA AND NEW ZEALAND.**Graham G. Munro** MHSM PhD(c)^{1*}, **Peter O'Meara** PhD², **Bernice Mathisen** PhD³[*graham.munro@acu.edu.au](mailto:graham.munro@acu.edu.au) OPEN ACCESS ARTICLE

Recommended Citation: Munro GG, O'Meara P, Mathisen B. Paramedic transition into an academic role in universities: A qualitative survey of paramedic academics in Australia and New Zealand. *Irish Journal of Paramedicine*. 4(1). Jun 2019. <https://doi.org/10.32378/ijp.v4i1.107>

Received: 04 Sep 2018**Revised:** 22 Oct 2018**Accepted:** 12 Nov 2018**Published:** 26 Feb 2019

Copyright: © 2019, the authors. This is an Open Access article distributed under the terms of the [Creative Commons Attribution-Non-Commercial-Share Alike 4.0 International](https://creativecommons.org/licenses/by-nc-sa/4.0/) licence which permits use, distribution, and reproduction in any medium, provided the original work and any attributes thereof are properly cited, are distributed under the same licence, and that the work is not used for commercial purposes.

**Funding/support:** None declared.**Competing interests:** None declared.**Provenance and review:** Not commissioned, peer-reviewed.**Author affiliations**

1. Australian Catholic University, Australia.
2. Department of Community Emergency Health and Paramedic Practice, Monash University, Vic., Australia
3. Southern Cross University, Gold Coast, QLD, Australia

Abstract

Healthcare professionals who transition into academic roles in universities are confronted with many challenges. Universities offering paramedicine degree programs struggle to find qualified paramedics to assume academic roles, while at the same time little is known about the issues that confront paramedics transitioning into academic roles in universities. A maximal variation sampling method was used to interview 16 paramedic academics in Australia and New Zealand and a thematic analysis was conducted that generated a thematic network that encompassed five areas: the community of practice of paramedicine, the community of practice of academia, entry into a new community of practice, professional identity, and expectations and challenges. The resulting analysis revealed that new paramedic academics transitioning to academic roles in universities are often under-qualified and underprepared for academic positions. The induction and mentoring processes are often ad hoc and ineffective leaving the new academics feeling isolated and disillusioned. They struggle with establishing or maintaining a professional identity and meeting university expectations related to teaching, research, acquiring a PhD, and publication. Both these communities of practice need to engage in the development and preparation of these new academics so that paramedics will be attracted to these new roles and their transition to academia is a positive process.

Keywords: Community of practice; academic; induction; mentoring; transition; professional identity

Introduction

The experiences of professionals making the transition from their original community of practice (CoP) to the community of practice of academia are well-documented in fields such as nursing, teaching, and allied health.(1-12) However, little is known about the experiences of paramedics transitioning into academic roles in universities.(13) The literature related to the experience of nurses and teachers transitioning into academia has revealed several issues. MacIntosh asserts that new nursing academics receive little to no education or preparation on how to become an academic and is generally received after entering the academy.(9) Gourlay (14) challenges three of the concepts of Communities of Practice (CoP)(15), which are a shared repertoire, mutual endeavour, and expert-novice interaction. Gourlay suggests that for shared repertoire, there is no exchange of information on how things are done, you are basically on your own. For mutual endeavour, there is no sense of teamwork leading to a sense of isolation. This involved not only practices but underpinning values and ideologies. For expert-novice interaction, there was a lack of focused, formal mentoring or direction. The transition or induction process was described with experiences of confusion, inauthenticity, and isolation.

Martinez examined the experiences of teachers transitioning from teaching in schools to becoming educators in universities.(10) The major issues that were identified for teachers might be similar for paramedics and other healthcare professionals. Autonomy: the transition from a highly-regulated workplace to one of individual responsibility and self-reliance. Institutional Size and Structure: a transition to a larger organization with a different management structure and culture – establishing new social and professional networks as well as sorting out new workplace professional responsibilities. Work Environment, including technology: transition to having an office, own computer, access to internet, – productivity and time pressures. The Modelling Imperative: the pressure associated with “practicing what you preach” with regards to the delivery of education to students – pressure of student evaluations for promotion and the production of research and publication output. Research and Promotion Culture: this is a whole new paradigm for most paramedic professionals entering academia. Their previous experience with research is usually minimal or non-existent and the drive to meet quantitative measures of success to maintain their positions is a new challenge. Teachers are reported to have entered academia with a sense of inferiority and a lack of confidence and research and teaching experience.

A study by Girod and Albarran examined the risks to the academic workforce in 10 allied healthcare disciplines, including paramedicine, in the UK.(5) This study looked at how the age distribution of staff, the number of academic vacancies, and the qualifications of staff affected the quality of the work experience for the academics and profiled that, outside of nursing and midwifery, the number of working academics with doctoral qualifications was very small. The authors were interested in finding out if paramedic academics in Australia and New Zealand were experiencing challenges and conditions similar to those of teachers, nurses, and other allied health professions.

The impetus for this study was based upon the first author’s experience of transitioning from the CoP of paramedicine in Canada after 30 years to the CoP of academia in Australia. The transition period and process was fraught with challenges and obstacles and it is important to examine the experience of others paramedics making the same transition to academia. This study explores this knowledge gap.

The authors explore and evaluate the themes and issues identified through a series of semi-structured interviews with paramedic academics in Australia and New Zealand. An analysis of those interviews and practical recommendations for improving the experience of paramedics transitioning into the community of practice of academia are provided.

Design and methods

The methodology employed in this study is that of qualitative content analysis (QCA), which is situated within the broader area of narrative research. Narrative-led research is seen as a term that encompasses inquiry; that seeks to situate the lived social experiences of individuals into a space of inquiry that is three dimensional: temporal, personal/existential, and place(16, 17). This approach is most often seen by researchers as a flexible way of analysing verbal or text data, such as interview transcripts.(18, 19)

Within this domain is the methodology of interpretive description.(20) This methodology was used because it allowed for exploration and analysis of the data without the restrictions of the traditional qualitative methodologies, while maintaining requisite validity and rigour.

Sample

Maximal variation sampling (21) was used to recruit 16 paramedic academics teaching into paramedicine degree programs in Australia and New Zealand. This method was used to obtain the widest possible cross-section of paramedic academics in relation to gender, age, country of origin, qualifications, and years of experience.

Ethical Aspects

This study received ethics approval from the La Trobe University, University Human Ethics Committee Approval No: FHEC13/088. The demographic data were reported as de-identified profiles. Aliases were used for the quotes from participants. However, it is acknowledged that within this relatively small community of practice, people may be identifiable. Therefore, all efforts were made to provide as much de-identification of data as possible.

Data analysis

Directed Content Analysis

A process known as directed content analysis (DCA) was used to establish pre-determined codes that directed the content of the questions used in the interviews(22). This process is used when the data are collected primarily through interviews. The questioning starts with open-ended questions that are then followed by targeted questions based on the predetermined codes.

Sixteen interviews were conducted by the first author over a three-month period in 2013. Eight were conducted over a two-day period at a professional conference and eight were conducted over the next two months at three university campuses where the participants worked. All participants were given an information statement and then signed a consent form that ensured confidentiality of information and data. A semi-structured interview process was used in which several key questions were asked of all participants that focused on obtaining information about their experiences within ten higher codes listed in Box 1. Opportunities for further exploration of ideas or content were explored through the use of open-ended, leading, and verifying questions. This provided richness to the responses and opened up new areas of discussion and analysis.

- | | |
|------------------------|---|
| • Academia | • Professional identity |
| • Challenges | • Recruitment |
| • Induction | • Research |
| • Mentoring | • Teaching |
| • Paramedic Experience | • Transition from Paramedic Practice |

Box 1: Ten Higher Codes

The interviews were conducted and digitally recorded and professionally transcribed. The interviews lasted between 14 minutes and 62 minutes with a mean average of 35 minutes. A manual thematic analysis was conducted as well as the use of the Leximancer© software program to generate organising themes.

The areas of inquiry were formulated based on a review of the literature from other disciplines and from professional observations and experiences. This provided structure to the research process and insight into the experiences of those within the CoP of paramedicine.

Each of the participants’ transcripts were read multiple times and quotes were obtained that fitted into each of the higher codes. Each of these codes, also known as Basic Themes, were then placed within one of five Organizing Themes.(23) These organizing themes were: CoP of Paramedicine, CoP of Academia, Entry to a New CoP,

Expectations and Challenges, and Professional Identity (see Figure 1).

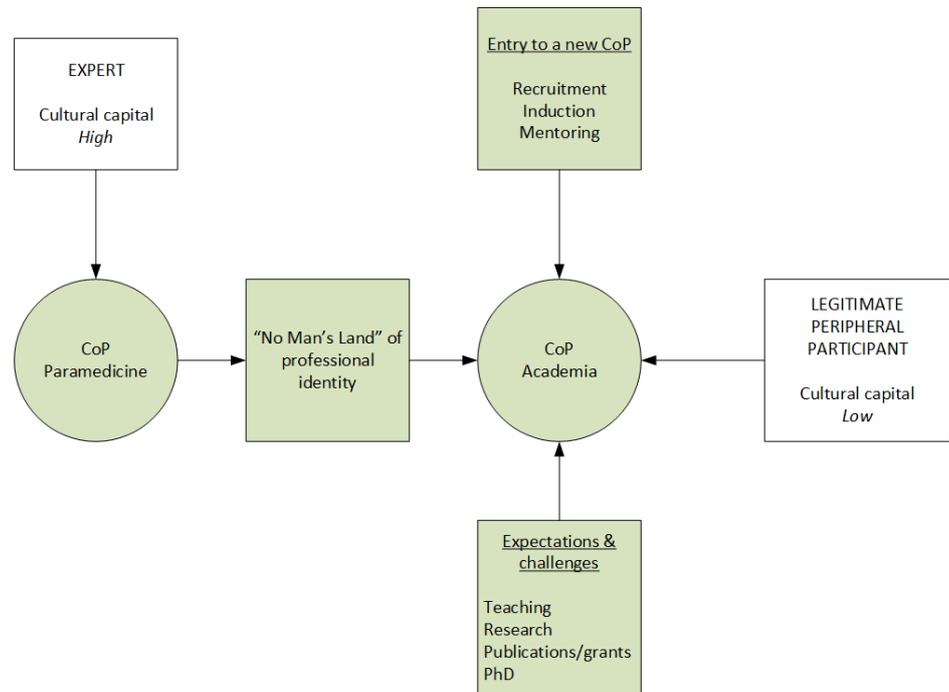


Figure 1: Structure of the thematic network

Discussion

An analysis of the participants' responses revealed many of the same issues and challenges that other health and education professionals have experienced in making the transition from professional practice to academia.

CoP of Paramedicine

An issue that is pervasive throughout the CoP of paramedicine is that paramedics have a difficult time defining just what their CoP is. A literature search of databases found no articles that addressed the CoP of paramedicine. In many discussions and interactions with paramedics in Australia, Canada, and the U.S.A., the prevailing theme seems to be one of having difficulty in separating the profession of paramedicine from ambulance services. The vast majority equate paramedicine with being a clinical practitioner in ambulance services and do not see their profession as existing outside of ambulance services. In the UK, paramedics are registered health professionals, have entry-level university education, and work in a wider range of settings. This is reflected in the College of Paramedics career structure that recognises paramedics practicing in four domains; clinical, management, education, and research. Paramedics practicing in these four domains can maintain their registration and continue to be recognised as valuable members of their CoP.(24) Starting on September 03, 2018, paramedics in Australia will become registered healthcare practitioners under the Australian Health Practitioner Regulation Agency (AHPRA).(25) A similar structure exists within other allied health professions, such as nursing.(26)

There exists a wide diversity in levels of qualification and training among paramedics in Australia and New Zealand and in the way that out-of-hospital care is delivered. Most states utilise a multi-level system of service provision that encompasses minimally-trained volunteers to highly-qualified critical care retrieval paramedics within the provision of emergency services.(27, 28) In addition, the emergence of community care and extended care paramedics within the non-emergency side of service delivery has created communities of practice within the broader CoP of Paramedicine.(29)

The participants responses revealed the vast majority of paramedics teaching into degree programs in Australia and New Zealand received their clinical training and qualifications within vocationally- based programs. This has been particularly prevalent

among the paramedics who were trained and gained their experience in North America, where tertiary education was not and is still not widely available for entry-level paramedic qualifications. The capital (social and professional assets), and the developed habitus (identity) that are acquired by the participants within the CoP of Paramedicine, does not appear to be easily transferred into the CoP of Academia and forces the new academics to begin acquiring their academic capital and habitus as legitimate peripheral participants (LPP) (novices), of the CoP of Academia.

CoP Academia

Many of the universities in Australia and New Zealand that offer paramedicine programs adhere to a traditional construct of the triad of the academic: teaching, research, and publication. Although all of the participants who were interviewed had some background in teaching (mostly vocational), they had very limited experience in research and publication and this hampered their ability to meet relatively rigid job qualifications. In the vast majority of position postings, a doctorate or near completion of a PhD is a standard requirement for a comparatively low-level lecturer position. In addition, the lack of a PhD is a considerable obstacle to advancement or promotion within the universities. (30-32) In addition, interviewees expressed feelings of inadequacy and the lack of a defined identity as an academic because they had not yet attained the academic status associated with having a PhD.

A common thread through the interviews and from subsequent conversations with paramedics interested in entering academia, is the perception that academic roles in paramedicine programs entail mostly teaching. When confronted with the prospect or expectation of engaging in research and publication, there is little enthusiasm and a reluctance to embrace these key components of a traditional academic role. Many who are already in these roles find the expectation of research and publishing daunting and struggle to fulfil these demands while often struggling to meet very high teaching loads. With the decrease in government funding for universities, there is increasing pressure being placed on academics to increase their publication rates and to bring in external funding in the form of research grants.(33, 34) As most paramedics are entering academic positions without a PhD and limited experience in research and publishing, they are not contributing to the revenue streams of the university. On average it takes seven years before a new academic is awarded their PhD or professional doctorate.(35) With the ever-expanding number of paramedic degree programs in Australia and New Zealand, there is an increasing demand for academically-qualified paramedics to fill academic positions. The traditional academic triad, plus the demand for doctoral qualifications, is limiting the number of paramedics who can meet the standards for employment and this results in unfilled vacancies. As a result, some universities are offering teaching only or teaching-dominant academic positions, to meet the demand (36, 37) along with the use of practicing paramedics to fill sessional or tutorial positions.

One of the issues that a large percentage of the participants identified was their perception or conception of academia and how they formulated it. In the study by Munro, O'Meara and Kenny (38) it was identified that 37% (n=11) of paramedic academics had completed their university education by distance learning and had formulated their idea of what academia was about without setting foot inside a university classroom. Their perceptions might have been constructed from this experience combined with films, television and other media.

So I think what I missed is, and still to this day, I miss being a university student on a traditional campus. But it is what it is ... so my first experience as I said was traditionally ninety percent online and, in fact, all of my university life has been in that mode except for my PhD. (Robert)

Entry to a New Community of Practice (CoP) (Recruitment, Induction, Mentoring)

Lave and Wenger (15) call new entrants into a CoP legitimate peripheral participants (LPP). These new participants are more than apprentices. They are inducted into their new CoP by formal means, while benefiting from the informal acquisition of values, language, and rituals that are absorbed by the LPPs without the use of formal means of learning and teaching. Both of these processes require some structure that directs the

formal induction of the new academic to the policies, procedures, and processes of the university and the more informal mentoring process that assists the new academic to navigate their way through the tacit values, language, and rituals of their new CoP. Often, the informal socialisation processes can be more powerful and influential than the traditional induction programs seen in many organisations.(39)

The participants in this study revealed a widely divergent experience with regard to the processes of recruitment, induction, and mentoring at the universities where they were employed in Australia and New Zealand. The consensus was that these three components of their entry into their new CoP of Academia were poorly implemented, with the induction and mentoring phases being considered to be informal, unorganised, and at times, counterproductive and demoralising. As mentioned earlier, studies over the past decade or more, regarding the quality and effectiveness of these processes within universities in Australia, New Zealand and elsewhere, have shown that little has changed and this study reinforces those claims. There is strong evidence that the quality of the mentor/mentee relationship is the key to a successful transition from one CoP to another. (40-43) The challenge to universities is to recognise the importance of these processes and to make concerted efforts to change the ways that they approach and implement recruitment, induction and mentoring programs.

The session was over the phone. You know here is a position are you interested, yes okay you start Monday, nothing more nothing less. The role was as advertised and I formally interviewed, was referee checked and the like. (Robert)

(John) pretty much took me around and showed me where everything was. I was in a different office to begin with because this office wasn't ready and I was given a laptop initially and I was pretty much left to my own devices for a lot of it which was really, really rude for me because I had never done anything like this. So I really had no clue where to start with it and so it was like ... Yeah kind of jumping in at the deep end. (Milley)

They have some orientation courses that they offer so I have been to those. It's face to face, but they are fairly superficial and they are not directed necessarily at the academic staff. (Mike)

Expectations and Challenges (Teaching, Research, Publication, PhD)

New academics and the universities are faced with their own sets of expectations and challenges that relate to teaching, research, publication, and the completion of a PhD. The universities have an expectation that the new academic is well-trained and experienced in teaching methods and philosophies of teaching and can basically 'hit the ground running' when they commence their new positions. For the majority of the participants interviewed, their teaching experience was restricted to the vocational sector and ranged from teaching in first aid and basic level paramedic programs to more advanced levels of paramedic practice. An issue for many of these vocationally-based teachers is that we tend to teach the way we were taught.(44) This poses a challenge to the new academic to rapidly change their pedagogical approaches to teaching and for the universities to provide professional development in methods of university learning and teaching. While this development of new academics in tertiary pedagogies is ongoing, the same cannot be said for their education and development in research.

The participants expressed concerns about the expectations of the universities regarding their ability and willingness to engage in research. There were no formal education programs in research reported, as there were in learning and teaching. They were expected to find research mentors to assist them with their learning and participation in research. Many of these mentors, if they existed, had various levels of knowledge and commitment to the task.

There is a concern that middle and senior managers within the universities are ill-informed about the profession of paramedicine and the lack of academically qualified paramedics to take on the traditional academic roles within the programs. As of August 2016, it was estimated that there are approximately 30 paramedics in Australia and New Zealand with doctoral qualifications and around 60 paramedics and paramedic academics

enrolled in higher-degree research programs (personal communication P. O'Meara).

Considering that this process of completing a doctorate can take the new academic an average of seven years (35), this poses an issue for the universities with regard to a substantial period of non-productivity from these academics in the areas of research and publication. Not all of these present and future doctoral-qualified paramedics are interested in engaging in fulltime academic appointments, many preferring to split their time between part-time academic duties and maintaining their qualifications in clinical positions in ambulance services. Their major reason for not wanting to take on a fulltime academic load was their reluctance to engage in research and a desire to remain connected to their profession. This connection to two communities of practice is described by Wenger(45) as brokering, specifically multi-membership, in which the individual has involvement or membership in more than one CoP.

They focused on teaching the instructing part. But they also made it pretty clear that they were expecting me to do research, to get a PhD, supervise research students and be a researcher. And a big part of the sell that they did was the support that I would get for that. (Tony)

... and so I, I knew a little bit about it but to be honest then the workload just hit at the University and the idea of research was just out the window. (Kevin)

You guys know until we start publishing, which is how the University makes its money, we are expendable and until we start publishing we are not a professional faculty. So this is a university and if we are not publishing we are going to perish. (Mike)

I think again it might have been mentioned it was probably something that I would have had in my mind but wouldn't have even known really what a PhD was about let alone my topic. (Robert)

So it was you know I was met by someone from the team who talked about research who was the research person and how it would be great to do a PhD that was foreign to me. I thought about leaving at that point to be honest with you. (Ralph)

Professional Identity

Professional identities are constructed and developed within the structure of a community of practice.(15) When new members of a profession enter their new CoP, they are inducted or professionally socialised into the rules, values and rituals of the CoP. Over time, the individual acquires their professional identity based on their own engagement with the formal standards, values, and principles of that CoP along with the tacit and undocumented values and rituals that exist. For many individuals who are part of the profession of paramedicine, these professional identities are strongly held and can be integral to their sense of being and self-worth.

A major theme that evolved from these interviews was the aspect of a loss of professional identity for these new or already established academics. They revealed that, for most of them, they no longer considered themselves to be paramedics because they were no longer treating patients. When asked if they considered themselves to be academics, the majority stated that they did not because they did not have a PhD, which appeared to them to be a fundamental benchmark of being an academic. This has placed them in a position that the authors have labelled the 'No Man's Land' of professional identity.(46) They are in a new CoP, existing on the periphery, without the qualifications or academic capital that would entitle them to advance on an inward trajectory toward acceptance as a centripetal member of the academic CoP. This lack of acceptance by their peers, their lack of a constructed and accepted academic identity, or both has created high-stress work environments and has caused many to question whether they should remain in academia, pursue modified positions within the university, or return to clinical paramedicine. Munro, O'Meara and Mathisen (46) explore and expand on this struggle to maintain a professional identity in more depth.

The responses from a majority of the participants indicated that they were confused and uncertain of their own professional identity.

...a typical academic to me that you know whenever you're talking to them always seems to be able to quote this one and that one. And they talk about writing papers and publishing and all of that sort of stuff. But I don't know really. I suppose I have never really given much thought to it. (Milley)

Q: Do you still consider yourself to be a paramedic?

Yes by way of training, but now that I know that I am not practising and that is kind of hard. (Milley)

Not at the moment no. No unless you are actually treating patients I don't know. No which is weird yeah. (Kevin)

Q: Do you consider yourself to be an academic?

God no; absolutely not. (Milley)

No, absolutely and still don't today consider myself an academic. (Ralph)

Conclusion

The transition from the community of practice (CoP) of paramedicine to the CoP of academia is one that is challenging, and often disheartening. Their experiences are not unlike those that are reported in the nursing, allied health, and teaching literature. Some aspects, however, appear to be unique to paramedicine.

Paramedics struggle to define what constitutes their community of practice with little to no literature on this subject. The profession is in its relative infancy compared with other more established professions, such as medicine and nursing, which have more clearly defined roles, values, and rituals. Social capital developed in paramedicine is often not easily transferable into academia which, in many universities, still adhere to a traditional academic paradigm that many new paramedic academics struggle to meet. Expectations on both sides are often ill-informed and unrealistic, based on a lack of knowledge and understanding of each other's CoP.

After decades of study about the inadequacies of induction and mentoring programs in universities, there is still a lack of effective and focused programs to meet the needs of the new paramedic academics once they commence their roles. The prevailing attitude among the new academics is one of being left to their own devices; to quickly acclimatise themselves to the culture and processes of their university, one often expressed as being, 'thrown off the end of the dock and being expected to swim'.

One aspect of this study was that of the loss of professional identity by many of the new paramedic academics. It was expressed that the need to be actively working in clinical paramedicine, the need to be treating patients, was an integral part of their professional identity that was lost or greatly reduced once entering academia. In contrast, their lack of an academic professional identity was strongly rooted to the absence of a doctoral degree, and a record of research and publication, thus leaving them in a 'no man's land' of professional identity. This created feelings of inadequacy, high levels of stress, and desires to take on positions that were more teaching focused.

The employers of paramedics need to provide its members with more opportunities to engage in professional development activities that better prepare potential academics for roles in universities. These activities include, modified shift schedules that allow for academic study, opportunities for joint appointments in university programs, and more collaborative research projects between academics and paramedic professionals. The universities need to educate themselves about the demographics of the CoP of paramedicine and have more integrative induction and mentoring programs to assist the new academics with the transition into academia, which for many is a daunting and often confusing process.

References

1. Balogun JA, Sloan PE, Germain M. Determinants of tenure in allied health and nursing education. *Journal of Advanced Nursing*. 2006;56(5):532-41. <https://>

- doi.org/10.1111/j.1365-2648.2006.04045.x
2. Barlow J, Antoniou M. Room for improvement: the experiences of new lecturers in higher education. *Innovations in Education and Teaching International*. 2007;44(1):67-77 <https://doi.org/10.1080/14703290601081365>
 3. Boyd P, Harris K. Becoming a university lecturer in teacher education: expert school teachers reconstructing their pedagogy and identity. *Professional Development in Education*. 2010;36(1-2):9-24. <https://doi.org/10.1080/19415250903454767>
 4. Findlow S. Higher education change and professional-academic identity in newly 'academic' disciplines: the case of nurse education. *Higher Education*. 2012;63(1):117-33. <https://doi.org/10.1007/s10734-011-9449-4>
 5. Girot E, Albarran J. Sustaining the education workforce in healthcare: Challenges for the future. *Nurse Education Today*. 2012;32:32-8. <https://doi.org/10.1016/j.nedt.2011.01.009>
 6. Hager P. Professional practice in education: Research and issues. *Australian Journal of Education*. 1995;39(1):235-47.
 7. Korthagen F, Loughran J, Lunenberg M. Teaching teachers—studies into the expertise of teacher educators: an introduction to this theme issue. *Teaching and Teacher Education*. 2005;21(2):107-15. <https://doi.org/10.1016/j.tate.2004.12.007>
 8. Logan P, Adams E, Rorrison D, Munro G. Exploring the transition to becoming an academic: A comparative study of Australian academics with and without a doctorate. *Journal of Perspectives in Applied Academic Practice*. 2014;2(3):34-47.
 9. MacIntosh J. Reworking professional nursing identity. *Western Journal of Nursing Research*. 2003;25(6):725 - 41. <https://doi.org/10.1177/0193945903252419>
 10. Martinez K. Academic induction for teacher educators. *Asia-Pacific Journal of Teacher Education*. 2008;36(1):35-51. <https://doi.org/10.1080/13598660701793376>
 11. Smith J. Forging identities: The experiences of probationary lecturers in the UK. *Studies in Higher Education*. 2010;35(5):577-91. <https://doi.org/10.1080/03075070903216650>
 12. Trowler P, Bamber R. Compulsory higher education teacher training: Joined-up policies, institutional architectures and enhancement cultures. *International Journal for Academic Development*. 2005;10(2):79-93. <https://doi.org/10.1080/13601440500281708>
 13. Munro G, O'Meara P, Kenny A. Paramedic transition into an academic role in universities: a scoping review. *Journal of Paramedic Practice*. 2016;8(9):452-7. <https://doi.org/10.12968/jpar.2016.8.9.452>
 14. Gourlay L. New lecturers and the myth of 'communities of practice'. *Studies in Continuing Education*. 2011;33(1):67-77. <https://doi.org/10.1080/0158037X.2010.515570>
 15. Lave J, Wenger E. *Situated learning: Legitimate peripheral participation*. Brown JS, editor. Cambridge: Cambridge University Press; 1991.
 16. Clandinin D, Connelly F. *Narrative Inquiry: Experience and Story in Qualitative Research*. New York, : Jossey-Bass; 2000.
 17. Connelly F, Clandinin D. Narrative Understandings of Teacher Knowledge. *Journal of Curriculum and Supervision*. 2000;15(4):315 - 31.
 18. Cavanagh S. Content analysis: concepts, methods, and applications. *Nurse Researcher*. 1997;4(3):5-16.
 19. Schreier M. Qualitative content analysis. *The SAGE handbook of qualitative data analysis*. 2014:170-83.
 20. Thorne S. *Interpretive Description*. Morse J, editor. Walnut Creek, USA: Left Coast Press; 2008.
 21. Creswell J, Plano-Clark V. *Designing and Conducting Mixed-Methods Research*. 2nd ed. Los Angeles, USA: Sage; 2011.
 22. Potter WJ, Levine-Donnerstien D. Rethinking validity and reliability in content analysis. *Journal of Applied Communication Research*. 1999;27(258-284). <https://doi.org/10.1080/00909889909365539>

23. Attride-Sterling J. Thematic networks: an analytic tool for qualitative research. *Qualitative Research*. 2001;1:385-405.
24. College of Paramedics UK. Post-Reg Career Framework, 2016 [Available from: <https://www.collegeofparamedics.co.uk/publications/post-reg-career-framework>].
25. Australian Health Practitioner Regulation Agency - Paramedicine Board. Paramedicine Board of Australia, Canberra2018 [updated 19.06.18. Available from: <http://www.paramedicineboard.gov.au/>].
26. Australian Health Practitioner Regulation Agency - Nursing and Midwifery Board. Registration Standards, : AHPRA; 2016 [Available from: <http://www.nursingmidwiferyboard.gov.au/Registration-Standards/Recency-of-practice.aspx>].
27. National Occupational Competency Profile. [Internet]. Paramedic Association of Canada. 2016. Available from: <http://paramedic.ca/site/nocp?nav=02>.
28. Paramedics Australasia. Paramedic Role Descriptions,. Paramedics Australasia; 2012. Contract No.: 211212.
29. Paramedicine. IRoC. International Roundtable on Community Paramedicine, United States of America2017 [Available from: <http://ircp.info/>].
30. Jackson D, Peters K, Andrew S, Salamonson Y, Halcomb E. If you haven't got a PhD, you're not going to get a job: The PhD as a hurdle to continuing academics employment in nursing. *Nurse Education Today*. 2011;31:340-4. <https://doi.org/10.1016/j.nedt.2010.07.002>
31. Logan P, Gallimore D, Jordan S. Transition from clinician to academic: an interview study of the experiences of UK and Australian Registered Nurses. *Journal of Advanced Nursing*. 2015;72(3):593-604. <https://doi.org/10.1111/jan.12848>
32. McGrail M, Rickard C, Jones R. Publish or perish: a systematic review of interventions to increase academic publication rates,. *Higher Education Research & Development*. 2006;25(1):19-35. <https://doi.org/10.1080/07294360500453053>
33. Houston D, Meyer L, Paewai S. Academic Staff Workloads and Job Satisfaction: Expectations and values in academe,. *Journal of Higher Education Policy and Management*. 2006;28(1):17-30. <https://doi.org/10.1080/13600800500283734>
34. Moll J, Hoque Z. Budgeting for legitimacy: The case of an Australian university,. *Accounting, Organizations and Society*. 2011;36:86-101. <https://doi.org/10.1016/j.aos.2011.02.006>
35. Coates H, Dobson I, Edwards D, Friedman T, Goedegebuure L, Meek L. The attractiveness of the Australian academic profession: a comparative analysis,. Victoria; 2009. https://minerva-access.unimelb.edu.au/bitstream/handle/11343/28921/264673_GoedegebuureAttractiveness.pdf?sequence=1
36. Probert B. Teaching-focused academic appointments in Australian universities: recognition, specialisation, or stratification? In: Teaching OfLa, editor. *Australian Policy Online: APO.org.au*; 2013. <http://apo.org.au/node/35663>
37. The University of Queensland. Teaching Focused Appointments Brisbane, Australia2016 [Available from: <http://www.uq.edu.au/teaching-learning/teaching-focused-appointments>].
38. Munro G, O'Meara P, Kenny A. Paramedic Transition into an Academic Role in Universities: A demographic and qualification survey of paramedic academics in Australia and New Zealand,. *Irish Journal of Paramedicine*, 2016;1(2). <https://doi.org/10.32378/ijp.v1i2.17>
39. Browne-Ferrigno T, Muth R. Leadership mentoring in clinical practice: Role socialization, professional development, and capacity building. *Educational administration quarterly*. 2004;40(4):468-94. <https://doi.org/10.1177/0013161X04267113>
40. Boyd P. Academic induction for professional educators: supporting the workplace learning of newly appointed lecturers in teacher and nurse education. *International Journal for Academic Development*. 2010;15(2):155-65. <https://doi.org/10.1080/13601441003738368>
41. Hemmings B. Sources of research confidence for early career academics: a qualitative study. *Higher Education Research & Development*. 2012;31(2):171-

84. <https://doi.org/10.1080/07294360.2011.559198>
42. Hemmings B, Kay R. Research self-efficacy, publication output, and early career development. *International Journal of Educational Management*. 2010;24(7):562-74. <https://doi.org/10.1108/09513541011079978>
43. McCormack C, Barnes B. Getting Started in Academia: A Guide for Educational Psychologists. *Educational Psychology Review*. 2008;20(1):5-18. <https://doi.org/10.1007/s10648-007-9058-z>
44. Johnson SM, Birkeland SE. Pursuing a "Sense of Success": New Teachers Explain Their Career Decisions. *American Educational Research Journal*. 2003;40(3):581-617. <https://doi.org/10.3102/00028312040003581>
45. Wenger E. *Communities of Practice: Learning, Meaning, and Identity*. Cambridge: Cambridge University Press.; 1998.
46. Munro GG, O'Meara P, Mathisen B. Paramedic academics in Australia and New Zealand: The 'no man's land' of professional identity, *Nurse Education in Practice*. 2018;33:33-36.