

# 'How can nurse lecturers teach nursing when they're not doing it...'

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(Fisher 2005)



## Introduction

This review focuses on how academics, who teach practice based health care professions (addressed here as clinical academics) establish themselves as credible. The review begins by establishing that practitioner credibility is an important and live concept for clinical academics, albeit underexplored. The aim of the review is to explore how the concept is understood, built and maintained among clinical academics, why and how this matters. The review explores whether this is simply a practical matter of maintaining enough practice or whether it is to do with other more deep-seated issues of personal and social identity - and perhaps threat to identity from having too little practice or too much theory where the latter might be seen as not core to practice. Potential consequences for student, clinical and social as well as individual professional outcomes and experience are also worth considered. Current understanding of this subject from the literature is therefore presented, along with implications for practice and considerations for further research.



Clinical

## Professionalism



'Clinical academic'



Academia

Etymology:  
Latin *credibilis*

Crēdō – believe + 'ibilis' –able/worthy to be a recipient of an action/of passive quality  
Therefore: worthy of belief  
Sources: Lewis & Short 1879

Historical shift in health education:  
Clinical apprenticeships to higher education  
➤ two camps

## Biographical rationale:

- Journey from clinical to academia
- Changing role
- Who am I?
- Do I miss the clinical?



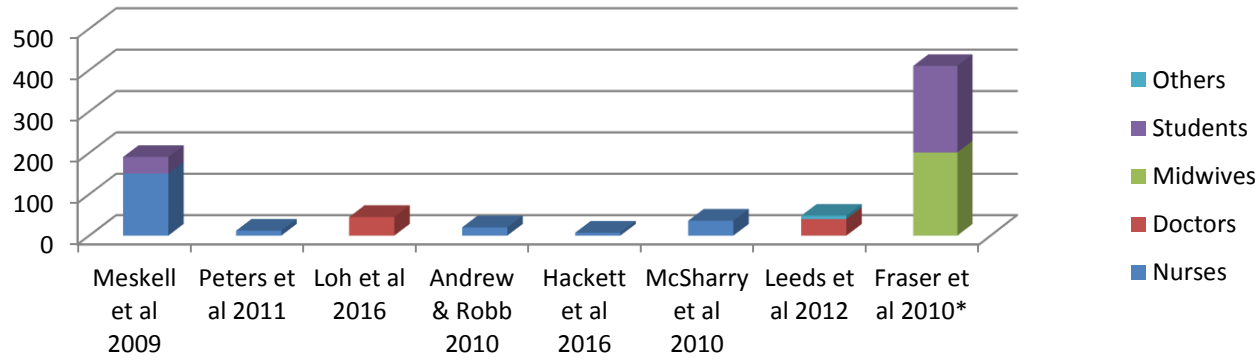
## Assumptions:

- '...do nurse educators need to maintain or possess recent clinical practice to facilitate student learning?' (Leonard et al 2016)
- 'Call yourself a nurse!...' (Morgan 2012)
- '...so I don't think you should get too hung up about things when our clinical colleagues question our credibility' (Fisher 2005)
- '...teachers need to be more aware of the clinical realities which effect the application of the theory they teach' (Cave 2005)

## Methods

Database search: Psychinfo, Cinahl, Maternity and Infant Care, Web of Science, British Nursing index (BNI) and Medline

Key words: 'profession\*' and 'credibility'



\*456 additional Midwife teacher questionnaires were included in the Fraser et al 2010 study

## Themes

### 1. Varying definitions and perceptions; underlying tensions and contestations

'...lecturers in Psychiatry and intellectual Disability reported fewer problems maintaining clinical credibility because of involvement in clinical audits, patient caseloads, patient caseloads and case conferences in less technically oriented disciplines' (Meskeil et al 2009)

'I don't see why I should have to have this clinical credibility; I don't see why it adds to my role. I have clinical credibility up to a point where I departed clinical practice and I am drawing on this experience, and that's it' (Meskeil et al 2009)

'I think that doctors are very critical about the credibility. They're suspicious of administrators and why they would step out of clinical...why else don't we like them? Because...they have really gone over to the dark side...' (Loh et al 2016)

'...a contentious issue as various perspectives ... on how to achieve credibility (Cave 2005).

### 2. The need to be exposed to the reality of practice

the 'credibility constraint' (Leeds 2012)

It's how you gain and maintain your credibility: Yesterday, one of my residents couldn't get the breathing tube in; I did. I called for help, but I did it myself. I was fully competent. That matters to people...' (Leeds 2012)

'I agree, you lose your skills, you lose your confidence, you lose your credibility, and all you do is regurgitate what is written' (Meskeil et al 2009)

### 3. Avoiding being a fraud

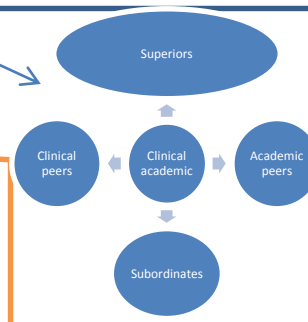
'I still see patients. I am not a businessperson now. Doctors call people, 'suits.' I am not a 'suit'...' Loh et al 2016

## Discussion & Conclusions

- ❖Credibility – a central and context –specific subject
  - ❖Tensions: varying perspectives; theory: practice/science: practice dichotomy
  - ❖Expectations from superiors/professional regulators – validation – links to practice
  - ❖Perceptions and place of practice within health care professions
  - ❖Self-categorisation and social identity theory
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- ❖Whose perspective counts?
  - ❖Compatibility of views

## Implications for further research

- ❑Student and service user perspectives
- ❑Consider quantitative approaches to explore the relevance of this concept in the first place, as well as explore how widely outcome findings gained from qualitative research are shared within the relevant population
- ❑reflexivity in future research in this area to enhance transparency



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