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Research

The transition from clinician to manager: the paramedic experience

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Abstract

Introduction
Promotion from paramedic to manager is common in ambulance services, yet there is limited research concerning paramedics' experience of this role transition. The purpose of this qualitative study was to explore the experiences of paramedics who have transitioned from clinician to manager.

Methods
A qualitative approach was used for this study. Through purposive sampling, semi-structured interviews were conducted with paramedics who had made the transition to manager. The participants were asked to describe how they felt and what their experiences were concerning this transition. Thematic analysis was undertaken identifying themes within participant responses.

Results
Six key themes emerged during the data analysis. Participants described feelings of isolation on moving from the frontline, a lack of feeling part of the team 'in green'; however, they also reported that previously being a paramedic in some instances gave credibility in their new manager roles. Challenges reported concerned no formal training before transitioning into the role, and the lack of essential managerial experience.

Conclusion
This research provided insight into how paramedics feel and perceive the transition from clinician to management roles. A review of the organisational approach to role transition is of benefit to paramedics. Such a review may help identify what changes could be made in support of paramedics transitioning to management roles. Further research is required across other ambulance services to determine the efficacy of these results in the broader ambulance service environment.

Keywords:
clinician; management; paramedic; ambulance; professional isolation; qualitative research; supervisor; leader

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Introduction

The ambulance service setting for this study provides the '000' emergency response service and has 1578 paid staff and 9005 volunteers covering the largest land mass in the world by a single ambulance service (1). There are currently 163 managers across various departments, including operational and non-operational, within the organisation with varying spans of influence. Many of these managers were promoted directly from paramedics into management roles.

Research suggests that in many professions and organisations, effective frontline staff, or clinicians, may be progressed and promoted to managerial roles with little support or training when there are clear differences in the role and responsibilities (2). Further, anecdotally, paramedics may be promoted to managerial positions because they are good clinicians and employees, not because they have leadership and management qualifications. Scant research can be sourced to identify if appropriate support and training is provided to paramedics before taking on a management role. For the purpose of this paper, a manager is described as a person 'who supports and is responsible for the work performance of one or more other persons' (3).

Paramedic clinical training is process and policy driven. The softer clinical skills and empathy, which provide a more holistically well-rounded clinician, are often developed over time from both personal and professional growth (4). At times, personality traits and certain characteristics of a more aggressive decision-making style can make for a good decision maker under pressure in the paramedic field (5). This approach, however, may leave a gap in other important skills such as sociability, flexibility, cooperativeness, forgiveness and tolerance – the characteristics important for a manager in contemporary health care (6).

This study aimed to explore participants' views on training, qualifications, experiences and perceptions of clinicians who have transitioned to management roles.

The student researcher is a registered paramedic in both Australia and the United Kingdom, with a background of joining the Scottish Ambulance Service in 1993. The approach to paramedic training in Scotland in 1997, and to management styles, was adapted from the military (7) and after 20 years 'on the road' in various frontline roles, a promotion to management was attained with no formal training or required qualifications. Therefore, the researcher's interest was piqued when reflecting from being 'on the road' with friends and colleagues, to being in a managerial position, contemplating: What happens to those collegial friendships and relationships once a paramedic is promoted to a management position? Does working within management affect the way other paramedics relate to their former peer? This study was designed to explore these contemplations, to delve into the experiences of paramedics who have transitioned from clinicians to managers, and gain insight into the perceived challenges which may have been faced during this change of role.

Ethics approval

Ethical approval was sought and granted from the Murdoch University Human Research Ethics Committee (#2020-023). In-principle support was also gained from the organisation prior to commencement of the study. The principal ethical considerations in this research was to protect and provide anonymity of the participants who had taken part in the study. Confidentiality was maintained, no coercion was entered, and there were no repercussions towards the potential participants who did not respond. The researcher approached all potential participants via email to ask if they wanted to take part in the study. The email included an information and consent letter. The participants were offered the option to be audio-recorded or not and informed consent was sought. Where during data analysis there were idioms of speech present, these were removed to protect identity, and participants were allocated numbers to further assist with de-identification. None of the participants required the assistance of the organisation's wellbeing and support team during the interview process, although this was available to them. Information was gleaned during the interviews to provide subject matter expert replies to the interview questions and for no other purpose (8).

Methods

Research design

A qualitative descriptive approach was used to explore the experiences of paramedics transitioning from clinician to manager (9). This methodology was applicable to support the research question and gain a deeper understanding of the topic (10). This approach allowed participants the opportunity to describe, in their own words, their own experience of transition (11).

Participants, data collection and analysis

Purposeful sampling of paramedics who have transitioned to manager were sought for semi-structured interviews. This allowed flexibility and deeper exploration of the subject matter from those who have had direct experience of this transition (12). Sampling occurred across different areas to capture those in differing managerial roles such as operations, executive, frontline and non-operation.

There were N=14 managers approached to take part in the study from one paramedic setting. Ten (n=10) consented to participate and were interviewed. One interview did not record due to a technical issue and was not re-conducted due to additional COVID-19 pandemic workload for both the participant and the interviewer (13). Participants were aged between 30 and 55 years and had varying lengths of service, as both paramedics and managers, ranging from 10 to 25 years. The participants were purposefully selected as they were paramedics who had transitioned from clinician to manager and had requisite

knowledge of the role-transition experience.

Six semi-structured interview questions (devised from the literature) included questions concerning training, formal qualifications, experiences of transitioning to a manager role, and how this transition made the participants feel. The interviews lasted less than an hour and were undertaken at a mutually agreed time and place. Participants were able to withdraw from the study up until the end of data collection and before analysis being undertaken.

Thematic analysis was undertaken to identify the key themes within participant responses by three qualitative reviewers. Thematic analysis was undertaken following the steps of familiarisation of the data, generating codes, searching for themes, reviewing and naming the themes, and writing up of the final report. Final themes were identified through discussion and regular consultation between the three researchers. The researchers utilised Microsoft Word DocTools software to assist with the data analysis and help to create themes (14).

Findings

Nine (n=9) interviews were conducted in one paramedic setting. Demographic data can be seen in Table 1. There were no participants from any recognised minority groups. Six major themes emerged from the data: 'in at the deep end', 'lost your identity', 'sold your soul', 'desirable rather than essential', 'street cred' and 'stand back and take a breath'. Each be discussed in turn.

Table 1. Demographics

Gender	
Female	3
Male	6
Age (years)	30-55
Length of service range	10-25
Position	
Operations manager	3
Frontline manager	2
Non-operations manager	2
Senior executive	2

Theme 1: In at the deep end

Participants' narratives concerning any management training before transitioning from frontline to management demonstrated the complexity of role transition and their feelings of being 'thrown in at the deep end'. All participants were united in their descriptions of the lack of formal training before their role transition from clinician to manager.

> "There hasn't really been any training prior to stepping back from the paramedic side of things." Participant 6
> "So, my transition was a little bit in the deep end. The transition to the actual job was difficult." Participant 9

Theme 2: Lost your identity

A question relating to the personal experience of transition from clinician to manager raised the most concern from participants and their feelings of isolation once they moved from the frontline role. The following verbatim quotes demonstrate their disconnectedness.

> "Especially in the beginning, you've lost your identity." Participant 4
> "There's a green family out there but I don't feel as connected as I used to everybody." Participant 7
> "Challenging at times. I think the first thing you notice is, you figure out who your friends were and who were the people that were just being friendly to you." Participant 8

Theme 3: Sold your soul

When questioned about the perspectives of continuing camaraderie following role transition, participants appeared melancholy in their thoughts and responses to the feeling of lack of trust from their former frontline paramedic colleagues. It was as if they were no longer the same people as they had once been since they made the transition to a management role. They felt they no longer belonged.

> "They felt that you had sold your soul or that you were no longer part of the team." Participant 1
> "The transition. Well put it this way. On the Friday I would be out with the paramedics that I had known for years in the pub having a beer. This is just generalising here. On the Monday I would start my new role. The following Friday I would be absent from that because I wasn't invited." Participant 3
> "Certainly one may be of almost a distrust or something along those lines where it kind of feels like they don't see you as one of them anymore." Participant 5

Theme 4: Desirable rather than essential

A question regarding prerequisites of their current management role elicited a majority agreement that there had been no essential criteria for them to have previous management experience before entering into the role.

> "That I didn't have that depth of management experience." Participant 1
> "Desirable rather than essential." Participant 5
> "So, they were definitely 'not required'." Participant 6

Theme 5: Street cred

An advantage of being a former clinician was expressed in that having contemporaneous clinical knowledge assisted with their credibility while transiting from clinician to manager. This was echoed by these participants where they speak of "street cred":

> "Having the clinical knowledge just adds to I guess your street credibility." Participant 2
> "I've had a lot of positivity in that they feel they've got a manager that they can approach." Participant 9

Theme 6: Stand back and take a breath

This area did not seem to figure large in the scale of worries in the transition to manager but was something that participants identified as a new manager. That is, that you need to sometimes stand back and take some time before making decisions. This relates to time management and in meeting ongoing key performance indicators which pose a challenge. This was echoed by participant two, who believed as a clinician you are patient-centric and only must deal with limited tasks (patients) at a time rather than the many tasks of management. This is further demonstrated by the following responses:

> "Time management is a real challenge. I think for paramedics, I think we've become very good at doing one thing at a time and we get very task focussed, which is a necessity in the role that we do." Participant 1
> "Don't think you have to make a decision on the spot actually stand back, take a breath, take all the evidence in and do it that way." Participant 4

Discussion

A dearth of literature pertaining to the paramedic experience of transition from clinician to management prompted this study which explored the experiences of nine paramedics who underwent this role transition. The themes identified in this study were consistent with the wider literature and supported the findings of a lack of previous experience and qualifications in management before the transition. A similar study in the nursing profession found that participants lacked the feeling of structured training and felt poorly supported in their roles, depending instead on informal peer support and networking and felt let down by their organisation (15).

Information gained in this study from two participants highlighted that the more senior you become in management roles, tertiary qualifications and experience become essential, although little financial or organisational support had been provided to assist in gaining these qualifications.

The feeling of a lack of identity and isolation after role transition was an area experienced by all of the participants. Isolation and loneliness in the workplace lead to negative effects on work performance (16). A study conducted in a Turkish healthcare institution found that loneliness at work had a considerable effect on work alienation and increased workplace stress (17). This issue does not seem to be insulated to paramedics who transition to managers, as the nursing profession experience the same obstacle (18).

The perceived lack of trust from previous frontline colleagues, as expressed by this study's participants, was also experienced in nursing where it was found that although much emphasis was placed on the relationship of trust between patients and nurses, this did not translate to that of trust between the nurse and their manager (19). A study exploring the lack of trust between clinicians and managers, found that managers were often 'between a rock and a hard place' due to carrying out instructions from senior managers and the time pressures of their roles restricted them from the very important face-to-face discussions with their clinicians that allows trustworthiness to be developed (20).

Although many areas of this study's findings appear to be far from positive, some participants agreed that the credibility of having been a former paramedic provided a sense of trustworthiness from their frontline colleagues and they often had an automatic respect for having 'walked in their shoes'. Having diverse clinical experience before transitioning to a management role proved to be helpful in building or maintaining these relationships (21).

One topic raised, that several of the participants found challenging, was time management. In the role of a paramedic, tasks tend to be focussed on one or two patients at a time, however, once in management, prioritisation of tasks and that feeling of being overwhelmed can sometimes make new managers unsure of what to tackle first. Maintaining a routine for the repetitive tasks, and leaving time for the unexpected, can help with any manager's day (22). Prioritisation of goal setting is something that is of significance, and as such it is important to learn the art of delegation, planning, communication and meeting management (22). Often for managers, procrastination and unnecessary phone calls can reduce effectiveness of their day. This, along with saying 'no' to unplanned visitors, affected female managers more often than it did their male counterparts (23). It is often assumed that doctors and nurses are automatically good leaders and managers, the same has been assumed for paramedics (24). A more structured and planned pathway into management should be created to identify, attract and retain quality managers (25).

Limitations and recommendations

The main limitation of this study is that it only involved one paramedic ambulance service. Existing practice and organisational culture may have influenced the perspectives of the participants, however, several participants had wide experience from other ambulance services, and this broadened their descriptions. As the research was restricted to only include managers that had previously been frontline paramedics, this also narrowed the suite of potential participants. There was an unequal representation of males versus females. Although female paramedics now equate to 43% of the workforce, this does not translate to the percentage of female managers in the organisation under study (26).

There may have been a concern that a small sample size could affect the results. Nonetheless, the researcher is confident that saturation was achieved. In addition, these nine participants could have had limitations on the broad perspective and experiences of the full cohort of managers within the

organisation, and it is acknowledged that this smaller sample size may not reflect the experiences of the full workforce (27).

Conclusion

Information gained in this study concerning a paramedic who transitions to a manager role would suggest little to no prior training in management is provided. The study identified that management training is often offered retrospectively and commonly takes place once an issue is identified, sometime after the role has commenced. These findings were echoed in the limited available literature and was also true of other healthcare professions. It is hoped that these results will add to the contemporary literature related to this topic and it is anticipated the information and knowledge obtained within this study may be beneficial to senior managers in developing recruitment programs and courses to provide to frontline paramedics. Further, this information may support paramedics in their transition from clinician to manager by providing them with advice concerning the importance of leadership and management education required to successfully transition to a management role.

Competing interests

The authors declare no competing interests. Each author of this paper has completed the ICMJE conflict of interest statement.

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