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#400WORDS: DELIVERING A RESEARCH SKILLED WORKFORCE SPECIAL EDITION

‘You’re not a REAL doctor’: Exploring subjective wellbeing among clinical academics in the NIHR mentoring scheme

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Background

The International Public Policy Observatory (IPPO) highlighted the importance of employee wellbeing in the NHS, for its impact on patient care and as a role-model for other employers (IPPO, 2022). However, few studies have investigated or addressed workplace wellbeing amongst the subset of research active health professionals (Creese *et al.*, 2021, Teoh, 2021, Raine *et al.*, 2022). This study aimed to explore experiences of workplace wellbeing for researchers from health professions other than medicine (clinical academics (CAs) and to make recommendations for their future support.

Method

Participants were recruited via email from 120 mentors/mentees on the National Institute for Health and Care Research (NIHR) mentoring scheme for non-medical CAs. An online survey generated 31 usable responses and 10 participants took part in semi-structured interviews (on Microsoft Teams[®]). Survey responses were analysed using descriptive statistics (closed questions) and thematic analysis for open questions and interview transcripts (Braun and Clarke, 2006), providing insight into wellbeing practices in the workplace and challenges and opportunities encountered by CAs.

Results

Six main themes were consistent across the survey and interviews: Undervaluing and misunderstanding CAs role (*‘as a non-medical clinician, they won’t call me Doctor’*); Stuck in the middle of two colliding worlds (*‘these two worlds that are running parallel to each other, but they’re just not linked together’*); Additional time pressures (*‘trying to satisfy two people, neither of whom really understand what you’re doing’*); Shortfalls in careers guidance/progression (*‘the difficulty with these roles is there’s not a predetermined pathway’*); Identifying/creating social support (*‘I chair a community of practice ... it*

does provide the opportunity to talk about some of the challenges’); and Learning and motivation (‘really helpful that they do have PPI training courses, grant application training courses, writing courses, leadership courses’).

Discussion

Results demonstrated CAs are using social support and professional networks creatively to support wellbeing but there remain challenges in making sense of two disconnected worlds. Barriers include role recognition, career paths and financial constraints. Whilst CAs may find coping mechanisms for the tensions and challenges they experience navigating academia and the health sector, it is also important to explore these tensions at an organisational level, since many of the challenges faced are systemic.

Conclusion

Post-pandemic wellbeing of health professionals is receiving increased priority. The evidence emerging from this project offers practical insights for NIHR and others to inform recruitment, retention, and workplace practices to nurture research leaders from the non-medical health professions.

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