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Shifting professional identities and perspectives: negotiating learning transitions from the field of public health

There is now significant policy interest in Australia as well as internationally in how to confront current and emerging health risks especially in the face of health workforce shortages (Duckett 2005; WHO 2006). A common theme is the need to shift from a curative model of health provision to one focused on prevention and adopting a population health perspective (Lin, Fawkes, Hughes 2008; MacDougall, Ritchie, Rotem, Balasooriya, Hauber-Davidson 2003). How best to nurture a health workforce that can take on the complex requirements of addressing social inequalities in health, changing patterns of disease, environmental risks and promoting the health of whole populations has become a critical need globally (Tulchinsky, McKee 2011). Despite this, there is currently little known about what it actually means for clinically based professionals to take on a population focus, what workforce development strategies might best support this transition and how practitioners might successfully negotiate their identities and practices across to becoming public health professionals whatever their initial disciplinary area.

This paper outlines a current research project investigating the learning transitions (Field 2009; Ingram, Field, Gallacher 2009) of a group of Australian practitioners from clinical backgrounds as they undertake a work-based doctoral program to become senior public health professionals. A key focus of the research is in better understanding the lived experience of these professionals making the transition from an initial clinical discipline across to a population health perspective and how this specific workforce development program may shape that experience.

To date research on learning transitions in the professions has predominantly been interested in “boundary crossing” (Tuomi-Gröhn, Engeström 2003) from initial disciplinary education to professional practice in the workplace (Dahlgren 2011; Eraut 1994). Such work has focused on the “preparedness” of practitioners learning to cope with moving to the complexities of real-world practice. However in late modernity (Giddens 1990) large scale changes in education, work and careers are disrupting traditional professional pathways and learning arrangements (Brown, Kirpal, Rauner 2007; DeVries, Dingwell, Orfali 2009). It is no longer sufficient to assume that professional learning is a two-part narrative between preparatory higher education and workplace practice, nor that professionals will continue in a linear trajectory in one domain of practice. As Field (2010) argues there is a need to acknowledge contemporary transitions as multilevel and multidirectional and move beyond assumptions of relatively stable trajectories and institutional pathways in learning, work and careers (Field 2010, p. xxii).

The longitudinal study that is the focus of this paper seeks to illuminate the complexity and multidimensional character of the transitions involving the clinically based practitioners shifting to becoming advanced public health professionals though undertaking a work-based professional doctorate. Here we focus on the perceptions of two of the practitioners, initially trained as nurses, as they participate in the early phases of the program. Their unfolding narratives are considered within a nexus of multilayered changes (Merrill, West 2009) occurring within the field of public health, doctoral higher education and the institutional arrangements between the Australian university and the government health system providing the workforce development program.

Transitions in Public Health

Public health as a field of practice seeks to prevent disease, prolong life and promote health (Acheson 1988). Its distinguishing feature is its focus on populations rather than individuals in enhancing health and wellbeing (Baum 2008). Attempts to address the health of whole populations with contemporary “wicked problems” such as climate change and global patterns of disease (Bammer, Smithson 2009) is requiring shifts in disciplinary knowledge and expertise. Public health education and practice, once the preserve of medicine, is undergoing significant changes. The privileged place of epidemiology and the biosciences in public health have had to make room for a broadening of the knowledge base with social sciences and health promotion now also a core part of public health education curriculum (Williamson 2004; Wills, Woodhead 2004). In some countries there are calls for opening up of public health

specialist recognition beyond only doctors as has occurred in the United Kingdom in the late 1990s (Tulchinsky, McKee 2011).

The field of public health is in a state of transformation with significant markers of a newer multidisciplinary public health professionalisation occurring particularly in the United Kingdom and parts of Western Europe (Tulchinsky, McKee 2011; Williamson 2004). However in Australia only doctors can seek formal professional recognition as a specialist in public health. For those who are not medical practitioners there is no well-defined career path into public health. Despite rumours that the Australian Faculty of Public Health Medicine may sometime open its doors as happened in the UK to recognizing non-medical practitioners, this appears to be a long way off. For now, those seeking a career trajectory into public health from other disciplinary backgrounds have few options. The workforce development program, which is the focus of this study, is one of only a few in Australia that provides a pathway for advancing into senior multidisciplinary public health practice. The recent accrediting of the program as leading to a professional doctorate provides those undertaking it opportunity to have their learning formally recognized as ‘doctors in public health’ despite their non-medical backgrounds.

Transitions in Doctoral Higher Education

Within Australia and Europe new forms of doctoral research have recently arisen contesting the PhD with claims that it is insufficiently ‘real world’ (Boud, Lee 2009). Professional doctorates have emerged as a new form of degree directed to research training for career professionals beyond the academy. The work-based professional doctorate represents a significant change to higher educational doctoral studies.

In this newer type of doctorate there is a valuing of differing forms of knowledge (Boud, Tennant 2006; Costley, Lester 2010) and a shifting but overlapping from disciplinary and academically Mode 1 to Mode 2 knowledge (Gibbons et al., 1994). Mode 1 knowledge is said to take place in disciplinary communities and results in intellectual publications produced and consumed inside traditional research oriented universities; whereas Mode 2 knowledge is said to be trans-disciplinary and developed and used outside academia in organisational settings in the context of application. The differences between these two forms of knowledge are said to encapsulate much of the potential contestation and tension in the doing of a work-based professional doctorate and the need to negotiate identities and practices across university and workplace settings and expectations (Meyer, Ritchie, Madden 2011).

Given the potentially challenging character of the work-based professional doctorate it might be expected that those undertaking this specific program may have diffi-

culties in negotiating across university and workplace sites of practice. This is imagined to be particularly the case given that the professional doctorate is a new addition to the program. How the practitioners seek to make sense of moving between the differing sites and expectations of university and workplace requirements is of interest in the research study.

Institutional Transitions in the Work Based Learning Program

For over twenty years, the Public Health Program (PHP) which is the focus of this research project, has been provided by a government health department as a service-based traineeship for nurturing senior public health practitioners. Originally modeled on the Epidemic Intelligence Service (EIS) Program from the Centre for Disease Control (CDC) in the United States it was designed to develop a cadre of advanced public health professionals who could undertake high-level roles in population health. Initially for medical graduates the traineeship developed into a multidisciplinary program taking in graduates from a diverse range of health related disciplines that hold a Master of Public Health (MPH).

The program now has over seventy alumni, most of whom have taken up senior leadership roles in prevention and population health within the state health system, or health services in Australia or internationally. It has been referred to in Australian policy documents as providing a model for strengthening public health workforce capacity (Durham, Plant 2005).

The PHP has evolved over time but key characteristics has been its selecting of high potential health professionals who then as employees of the system engage in a three year program of work based learning undertaking workplace projects through individually negotiated learning contracts with workplace supervisors across a number of different sites. To successfully meet the PHP requirements participants have been assessed on achievement of a set public health competencies evidenced through submission of an extensive portfolio of their workplace products and learning contracts across the three years of the program.

In 2009 a partnership between the state health service and a university was established. Since then all new trainees on the program have also had the opportunity to concurrently be doctoral candidates and have their work-based learning contribute towards a Professional Doctorate in Public Health (DrPH) to be achieved by successful achievement of the requisite competencies in the portfolio and submission of a thesis. This represents a significant shift in the life of the program – the formation of the health service's senior public health professionals is now a joint enterprise, re-

quiring participants to be both “trainees” and “candidates” as they learn in and across university and workplace contexts (Meyer et al., 2011).

Theoretical Frameworks and Methodology

The study draws on the concepts of vertical and horizontal transitions (Hughes, Greenhough, Ching Yee, Andrews 2010; Lam, Pollard 2006) to trace ways in which the practitioners seek to make sense of their learning transitions in undertaking the PHP. “Vertical transition” is understood as the movement across time in terms of learning and identity formation (Lam, Pollard 2006) and in this study focuses on seeking to understand how those initially from clinical backgrounds shift their identities and practices across to a population health perspective. “Horizontal transition” is understood as the movement across space or sites of learning at a particular time (Lam, Pollard 2006) and here is used to consider the movement across university and workplace settings as the practitioners undertake their DrPH across the three years of the program.

In seeking to understand these multidirectional learning transitions the paper also draws on the concept of a community of practice (Lave, Wenger 1991). The notion of communities of practice was first formulated as a theoretical conceptualization of learning based on individuals being embedded within and participating in social practices. Drawing on ethnographic research of apprenticeship in traditional societies a central theme in their work was “legitimate peripheral participation”, a process by which individuals enter into and become members of a community through learning and engagement.

In this early conceptualization of learning in communities of practice, the focus was on change and identity formation taking place *within* rather than *across* particular communities of practice. In Wenger’s later work (1998) the focus was more clearly on individuals being members of multiple communities of practice and the ways in which they move between them and the significance of this for understanding identity formation. Wenger proposes that identity is not a unitary or stable concept but one that shifts and occurs at the nexus of multi-membership of differing communities of practice (Nyström 2009) where we engage in an active process to reconcile our identities that “dynamically encompass multiple perspectives in the negotiation of new meanings” (Wenger 1998, p. 161).

Although multi-membership of communities of practice has been acknowledged as a powerful theoretical framework for understanding learning and identity formation across differing sites of learning (Dahlgren 2011; Hughes et al., 2010) it has been critiqued as not sufficiently acknowledging the individual’s own life history, agency and

future aspirations (Billett, Pavlova 2005; Olesen 2007). This study agrees but finds Wenger's ideas on the nexus of multi-membership as providing a strong theoretical underpinning to the inquiry while recognizing the importance of acknowledging an individual's life history, values, agency and career goals (Meyer et al., 2011).

The research draws from the hermeneutic approach to narrative research (Olesen 2007) and uses biographical approaches and reflective interviewing to illuminate professional narratives of negotiating identities and practices across a complex intersection of learning transitions in moving into advanced public health practice (Dausien, Hanes, Inowlocki, Riemann 2008; Elliott 2005). The research methodology is based on the assumption that through deep interpretive analysis of personal narratives the researcher can illuminate, *individual and collective action and meanings, as well as the social processes by which social life and human relationships are made and changed* (Laslett 1999, p. 392).

Biographical approaches to research are usually achieved retrospectively but longitudinal methods where one "walks beside" the research participant as used here is less common (Holland 2011). All ten of the enrolled "trainee-candidates" in the newly accredited DrPH program were invited to participate in the longitudinal research and all agreed to participate in three rounds of interviews across the three years of the program. The study was granted ethics approval by the University of New South Wales and interviews commenced with the research participants in the first year of their enrolment.

The rest of this paper discusses the learning transitions of the two nurses from the research study who are currently part way through the PHP. Both were in the first cohort of the DrPH and interviewed in the first twelve months of commencing the program and again a year later approximately half way through the three-year program.

Penny

Penny was trained as a nurse and at the time of her first interview was in her late 40s having spent much of her professional life in community nursing overseas and in Australia and extensive periods in health development in Africa. In this first interview she tells of her career trajectory and making the transition from nursing into the early phases of public health practice.

Narrative 1

Penny identifies her strong awareness of social inequities, poverty and commitment to social justice as first motivating her to take up nursing as an adult and then moving into aid work in developing countries. It was her experiences there that first led her to public health:

It was while I was first over there that I first became aware of public health. I'd been looking after individual patients and infectious disease but our project was spread out over a region- it had a community care component, treatment, follow up and advocacy on an international level. Other aid workers were doing their Masters in Public Health and so I decided to do it too... I thought it would be useful in humanitarian work... I juggled study and aid projects and working in community health nursing for a few years while I finished my MPH in Australia.

After qualifying with her MPH Penny found it difficult to get a job in public health in Australia and continued to move between community nursing in a local area health system in Australia and aid work overseas. Her strong emotional ties to nursing in humanitarian settings and making significant contributions out in the field were important to her sense of self while she struggled with the logic of now perhaps being overqualified and trying to decide what next:

I kept going back to Africa – the work really gets into you, it's so meaningful and rewarding – people walk for long distances and get basic life saving care – you just save so many lives from preventable diseases ... and I began to manage large projects in the field... even after I finished the MPH I went back and did two more missions, but I did think I don't know if I can keep working in these conflict zones.

At our first interview there is a strong sense that Penny continues to locate herself within nursing and looks back with some regret to what she sees as its immediacy and visible outcomes and compares it to the more distal ways of working in public health:

I did like it and I do miss it... you know you can help people and see them get better and wounds heal. I just find it very genuine work – I really like working with people in a direct way, which is not necessarily the case with public health.

She reveals the ambivalence of trying to make sense of and find a way through the direct rewards of working in clinical settings with patients and yet feeling that her qualification and experience in large fieldwork projects could produce significant systemic changes in health:

I always felt that my knowledge and experience and education meant that really I could influence health systems a lot more – I was frustrated that community health nursing – it's not well recognized-and all services are fragmented and everything is focused on the hospital and once you are already sick – I wanted to do something at that bigger level.

Penny heard about the PHP while doing her Masters and applied. She saw it as a way of moving into that “bigger level” and had found that there was no easy career pathway into public health from nursing – yet she clearly felt that she did not want to yet relinquish her professional ties:

I saw the program as a way of being able to transition into the health services – I couldn't say that I wanted to move from nursing to a whole other way to seeing the world, but I saw it as another step in my career and getting acknowledgement of what I can contribute.

Penny describes very clearly the ambivalence and challenges of the transition in shifting from her clinically based identity in beginning to move across into public health professional practice:

You are moving from an area where you have a satisfying relationship with a patient – it is the therapeutic relationship where you see them progressing and there's so much satisfaction and reward... That is who you are and that is how you see yourself if you are a clinical person – and then you're going to make this change now with this program... all of a sudden those patients aren't in front of you – I do see that as a loss or a sacrifice – something I had to give up.

Despite her decision to shift into public health practice and being on the PHP for close to one year, at the time of our first interview, Penny still feels a strong sense of her identity as a nurse and her desire to stay connected to that professional part of who she is:

I think once a nurse – always a nurse – I'm well aware that I'm moving away from the clinical bedside – sometimes I feel like I'd like to get a little part time work at the hospital ...to keep my skills and connection with the nursing profession.

It would appear both her strong identification with nursing as well as the lack of a clear image and professional identity for working in public health also contributes to the challenges of locating herself in this transition into public health practice:

Sometimes I just tell people I'm still a nurse cause it's just easier – if I put my occupation on my passport or other forms I just put nurse – if I put PH trainee, people mightn't really know what you mean – if I ever tell anyone I work in public health they don't know what you mean... Nursing is just a known and respected profession.

Penny is uncertain where the program might take her and what she might seek to do in the future once she's finished the three-year program:

I'm not too sure where I'm going – or where I'll end up. I mean I'm not going to be an epidemiologist or a policy analyst ... I don't know – maybe in the next interview I might have a better idea.

When turning to the learning requirements of the program and its well-established workplace competency components as well as the newer aspects of being a professional doctorate and the production of a thesis, Penny sounds a little more at ease:

It was so new all this new research part of the program and I didn't really understand what the Doctorate was at first. Now I'm feeling more comfortable and have a sense of where I want to position my work across the three years in community based services in Aboriginal health and with refugee groups.

In discussing the transitions between different placements she compares the challenge of working in a first placement dealing with large population datasets and surveillance to her current placement in an area more familiar to her approach in community based health and also being an active part of a research team. She is positive about the DrPH as she sees it as potentially harmonising with her approach to health and field based participatory research:

Yes that first placement was really, really hard... My current placement is in Aboriginal child health care and I'm really enjoying it. I'm working with their community pediatricians in health promotion research and that will contribute to the thesis... I understand that it is a Doctorate in Applied Public Health which is quite different to doing a PhD – I see myself as a kind of field type person, closer down to the ground – so I'm hoping that I can continue learning and developing new skills in community based research.

So despite the sense of loss and being professionally in transition as she moves to public health practice Penny does in this initial interview reveal some sense of hope and connection to the program and its networks in and across the university and the sites of health practice:

I feel part of the program and all the interesting people who are in it as well as the university, so I feel part of it all but it is a process – and I feel like I'm pretty much on the edge – I've come in a bit, but I've a way to go on my journey.

Narrative 2

Twelve months later Penny is presented with a short narrative summary of her interview and this forms the interview trigger for reviewing the past twelve months and reflecting on what's happened since we last met. She is struck by how much her thoughts were on the past and describes herself as still “*in transition*”, but more evenly balanced between looking back and forwards:

I've kind of stretched out a little bit more – between the past and the future – ... Well actually I did apply for a casual nursing position, just to do a couple of shifts a month – I've been missing that but they said I'd been out of the clinical environment a bit too long – that's a bit of a surprise... And forward, I'm beginning to look at jobs that might come up in the future, things that are more health promotion oriented – and hopefully not sitting behind a desk!

Penny comments that she realises that last time we spoke she had little real understanding of what public health meant in the Australian context:

Last time when we met I didn't really understand but now I'm beginning to – although there's lot of committed people working hard in different ways to improve people's health by addressing social inequalities – a lot of it's done through surveillance, data linking, developing policy and writing briefs – being in the office – it's not very grassroots.

There is some sense of disappointment on the lack of alignment between her values and preferred way of working with communities to what she perceives as the dominant approach to practising public health. Yet when telling her experiences of being at her last placement she sees it as the right balance:

There was the opportunity to go to the Indigenous community centre and to sit in on some consultations with the children and their parents – that's what I like to do – you know you can go out and actually see the people that you're benefiting but still do your academic public health work behind the computer... You know I was the first one to go there from the program and – it's a long way from head office – but being out in one of the satellites appeals to me.

Penny's narrative suggests a feeling of not being like the others and that she is in the less favoured and prestigious end of public health and with her continued commitment to health promotion and community development that she is not necessarily in the centre of the public health community. She has chosen a learning trajectory within the program that is unique and fits with her core values to social justice and grassroots approaches.

In this second interview Penny's focus is much more strongly focused on the ambiguities of negotiating the lateral transition between the needs of scholarly and practitioner requirements at a point where the requirements for the end products for the thesis and the program are still in some flux:

I'm kinda confused about whether I need to produce research publications as well as the workplace reports for the thesis ... I understand things are evolving but I want to know when I've finished the three years that I've done what's needed and that now I'm on track. I've been working on a report as well as a research paper for my last project.

Now half way into the program Penny still sees herself as a nurse and in some ways is perhaps more ambivalent about the choice made in transitioning into public health, and stuck between appreciating the benefits of taking on a population health perspective and capacity to do high level evidence informed work and yet unable to go back to the career that gave her satisfaction:

I still see myself as a nurse but less so - I can't really say I see myself as a public health officer – perhaps a little bit more going that way. In a way I see myself a little bit more towards being on the academic side of things... I've enjoyed doing the qualitative and participatory research as part of the program... This is a great program especially for the younger ones, but for me I'm not sure where it's leading... There's no question I've learned an enormous amount already and look at how evidence works and taking a more scholarly approach – I'm at a higher level and if I went back to community nursing – I'd probably be very frustrated – in fact I know I would be.

Hector

Hector is also a nurse and is in his early thirties. His trajectory into public health takes on a much more purposeful sense of direction than that described by Penny.

Narrative 1

After first completing a health sciences degree Hector immediately does an advanced postgraduate nursing degree as a means to progressing somewhere in health:

I never planned on going into public health but my first degree didn't really give any direction and I wanted something more clinical – I wasn't willing to commit to the work that goes into getting into medicine so I decided to just go with nursing. I chose emergency nursing but I didn't plan on using it as a lifelong career but as a stepping-stone for something else.

Unlike Penny who comes to community nursing with a clear commitment to its approach and identification with its values, Hector views nursing as a means to a career somewhere else in health. He appears to be more attached to the knowledge base than its full dimensions of practice and locates himself more firmly within the bio-sciences and the more medical and traditional domains of public health:

I guess overall I was always fairly ambivalent about it – I felt privileged to be able to do things like deliver a baby or care for someone dying. I found the medical area particularly interesting and still do try to keep up to date with it. I still read the journals, mainly in infectious diseases, which is sort of my area.

While working in emergency nursing Hector becomes interested in public health and started his Masters of Public Health as a way of progressing somewhere else in health:

I guess it was because I was planning to get out of nursing and looking for a longer-term sort of career path.

Like Penny he is drawn to the idea of contributing to something that is worthwhile and can make a large-scale difference by moving beyond the individual patient:

I've been drawn by the notion of actually contributing – in clinical practice you are looking after the health of one patient whereas in public health you have the potential to make big differences that improves the health of an entire population – I thought that was impressive.

After finishing his MPH Hector gets a job in a Public Health Unit in a nursing position in an office job advising clinicians in the area of communicable diseases and outbreaks and responds positively to the shift in practice:

It was a big change – I guess the whole way in which you are working- in a hospital you are running around all the time to sitting behind a desk all day and working regular hours and it was a big kind of change but it all clicked and it was really good.

Hector, unlike Penny, has a transitional role that bridges his former nursing practice to moving into public health. Shifting from bedside to the desk is a relatively comfortable change as this is what he sought and it addresses his needs for doing work in an area that directly relates to his sense of self in infectious diseases.

At the Public Health Unit Hector learns of the PHP and he can see the benefits of seeking admission:

I saw it as time to move on and take the next step – the program offered a whole set of broader views and experiences in public health. I'm not sure where it will take me but perhaps I can follow my interest in infectious diseases.

Unsurprising given his motivations and direction Hector at the time of this first interview has already largely dispensed with his professional identity in nursing:

I guess now in terms of my identity I think of myself as a public health officer – but you know nursing is a profession and it's nice to have a title that you can use that instantly people recognize and know what it is. People don't understand if you say you're working in public health.

Although Hector has a very different level of attachment to nursing than Penny, both appear to find the lack of a well-defined image for public health practice problematic in clearly articulating their professional transition.

Given Hector's purposeful path he is much clearer than Penny in his first interview on his planned career trajectory in public health:

I'd like to be an epidemiologist in infectious diseases.

When turning to the learning requirements of the program Hector reveals some trepidation and excitement at the way the program is now structured with producing a competency portfolio and a thesis moving between workplace and university settings and expectations:

It's a bit daunting figuring out how the two roles merge together – but it's a bit exciting ... being able to have the two sort of side by side will be really interesting but daunting – I think we're all trying to work out where the two come together and overlap.

Narrative 2

Hector's response on reading his narrative reflection from a year earlier is the sense of moving so far over the time:

I can't believe it was a year ago- it made me realize how much of a journey I've gone through since now and then... I saw myself very much as a trainee and a novice and with some affinity to my clinical background. I think I've really moved on from then.

In contrast to Penny, Hector feels this is where he belongs and is on the right professional career trajectory:

I'm pretty happy where I am now. I feel like I'm learning a lot and becoming confident in this kind of work. This is an area I am passionate about and feel this is the kind of niche area that I can see myself being in a career long term and in a position to move onto bigger and better things.

Hector's trajectory within the program like Penny's, meshes well with their areas of interest and appears to help confirm their overall dispositions and approaches to public health as a field of practice. Hector's placements have largely been in areas related to infectious diseases and in the headquarters of the health system in contrast to that of Penny's who describes herself as out in a satellite area where no PHO has gone before.

However when it comes to the dimensions of undertaking the DrPH and negotiating the lateral transition between workplace and university requirements there are many more similarities between the two. Hector also speaks of the ambiguities and uncertainty of mediating and making sense of his practices as a public health officer producing workplace reports and as a researcher producing work for his thesis. He sees this as partly his own inexperience in research as well as being within a program that is itself undergoing a significant transition:

We're expected to complete these project which are the basis of us being employed within the unit and then there is the requirement of the University with the Doctorate having to do the projects and write them up into a thesis – it's kind of hard aligning them but I'm beginning to... I guess it's being new to research and the program and the Doctorate program being new also – it's been quite difficult to know how to handle writing things.

Despite some of these challenges now half way through the program Hector is optimistic and has a sense of being well located within the community of practice within

the program and more broadly the field of public health and positive about continuing this learning trajectory:

One of the things I really like about the program is that we're all really like minded people, especially in the cohort. I guess my ideas haven't changed a lot but probably my knowledge and understanding about the processes in good public health practice have certainly developed and increased and my confidence and ability to communicate with various people has improved.

Discussion and Conclusion

Penny and Hector's narratives are temporal products of their professional lives in transition as they seek to negotiate their identities and practices in becoming advanced public health professionals. The research study from which these accounts come is still in process, as are their lives and engagement in this specific workforce development program. What is presented here is provisional and ongoing; for both Penny and Hector in their telling and seeking to make sense of their own professional trajectories, and for me, in seeking to relate and illuminate their unfolding narratives. Here then, there is a "provisionality of interpretation" (Holland 2011) in seeking to understand continuity and change for both Penny and Hector in their dynamic trajectories across multiple learning sites across time and space within the public health program.

In tracing the vertical transition from clinical nursing to public health practice it might have been anticipated that a common initial professional identity for Penny and Hector would lead to similar responses. However making the shift to working in and undertaking activities in population health in the Australian health system has been very different for these two practitioners.

Penny very clearly and at times poignantly reveals a strong sense of ambivalence and struggle in leaving her identity as a nurse in making the change to public health practice. For her the loss of the immediacy and direct relationship with a patient and her sense of self as a clinician has continued to conflict with the potential to make significant impacts on health outcomes at a systemic level. Penny has been engaged in a difficult learning transition across time as she stays emotionally attached to nursing while moving to implementing a population health perspective. She reveals a sense of being caught between seeking her former professional identity and practice as a nurse and yet knowing that she cannot go back now that she has shifted her career onto a different trajectory. Her sense of dislocation appears to be exacerbated by being at the periphery of more traditional areas in the field of public health. As someone who is located within the newer domains of health promotion and participatory community

approaches she perceives herself as on the edge in terms of the placements she undertakes and her values and practices in public health.

Hector in contrast reveals a very different response in making the transition from clinical practice to implementing a population health perspective. He is comfortable and seeks to move quickly from “the bedside to the desk” and makes clear that he was not strongly invested in nursing and viewed it more as a stepping stone than a professional identity and career. Hector’s learning transition to public health practice appears to be undertaken with relative ease and delight as he finds his niche and begins to see himself in the future becoming an epidemiologist in infectious diseases. His sense of finding himself appears to be supported by being located in the more traditional and biomedical areas of the field of public health where there are well established placements in the program and clearer career pathways.

In looking now to the horizontal transition of moving between the workplace and university as they progress in the program is however a very different story. Here Penny and Hector appear to be similarly ambivalent and at times confused in seeking to make sense of their identities as workplace trainees and doctoral candidates. Both tell of the challenge of seeking to mediate between the differing expectations and potential products for the workplace and the university. It would appear that the demands of negotiating identities and practices in transitioning laterally across the two sites of provision within the new configuration of the PHP is not yet well understood or accomplished. This difficulty would appear to be intersecting with both the institutional as well as higher education changes occurring at the wider level. The characteristics and specific requirements of the program through the newly formed partnership between the health service and the university appears to still be in transition and thereby impacting on the individual learning transitions of both Penny and Hector. Similarly the nature of what constitutes a good professional doctorate is not well-defined and understood within Australian higher education given its recent emergence and specifically this particular DrPH where as yet there are no graduates from this recently accredited program.

As outlined here this research study finds the concepts of vertical and horizontal transitions as a useful framework in seeking to analyse the multidimensional character of the complex changes being undertaken by the participants. Penny and Hector’s learning is an ongoing process occurring across time and space as they each seek to make sense of their own biographies. Although seen as powerful in helping to illuminate these changes this approach does hold the risk of being seen as simply describing two concurrent individual transitions in shifting identities and practices – one diachronic between past and future and the other geographic between two learning locations. There would appear to be value in also looking to Wenger’s nexus of multi-membership. This begins to support a more complex rendering of these changes where Penny and Hector’s narratives might begin to be read not only as continuity and change across two axis but also as an ongoing daily negotiation of identities at the bounda-

ries of multiple communities of practice in everyday interactions as they undertake this program.

Penny and Hectors' narratives reveal a complex and multilayered interplay of transitions occurring at the intersection of individual, institutional and wider fields of endeavour in health and higher education. Their individual narratives of negotiating their identities and practices are embedded within their subjective engagement in this specific workforce development program, formed by their particular life histories, and the way these intersect with shifts in the program's provision and broader changes in the field of public health and doctoral education.

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Abstract

Research on the intersection of adult learning, transitions and identity has largely focused on unidirectional changes such as moving from higher education to the workplace. Recently there has been a call

to move beyond such linear conceptions and to acknowledge that learning transitions are more complex requiring nuanced studies of their multidirectional and multilevel characteristics as individuals in late modernity engage in transformations nested within broader social changes and flux. This paper outlines a current qualitative longitudinal study focusing on the learning transitions of a group of practitioners from clinical backgrounds as they undertake a professional doctorate in population health. The study draws on the concepts of vertical and horizontal transitions to trace shifting understandings of the practitioners as they seek to negotiate their professional identities and practices through time and space into becoming senior public health professionals. Their subjective responses are explored as positioned within individual life histories and larger narratives of transformation in the field of public health and higher education.