Multistakeholder Perceptions of Young Professionals' Integration During Role Transition

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Context: The transition to autonomous clinical practice for early professionals (EPs) has been found to be a stressful time, but no studies with multiple stakeholder groups have been completed.

Objective: To examine the perceptions of EPs' integration during role transition from multiple stakeholder groups.

Design: Qualitative study.

Setting: Online interviews.

Patients or Other Participants: Seventeen EPs in the first 2 years of their first job postcertification (9 women, 8 men, age = 26 ± 5 years, experience = 9.5 ± 5 months), 16 supervisors and mentors of EPs (6 women, 10 men, age = 52 ± 11 years), and 10 faculty members and 8 preceptors (11 women, 7 men, age = 43 ± 10 years).

Data Collection and Analysis: Semistructured interviews using a validated interview guide based on the current literature were conducted. We analyzed data using consensual qualitative research principles. Multiple-analyst triangulation (n = 3), member checking, and peer review served as trustworthiness strategies.

Results: We identified 4 themes that defined the integration of EPs during role transition. The integration of EPs was facilitated through role inductance and mentoring. Early professionals struggle finding balance to avoid burnout as they are new to the profession and feel obligated to exceed expectations from a coverage standpoint rather than focusing on the quality of care delivered. Finally, stakeholders suggested a timeline by which EPs become fully integrated into autonomous professional practice and understand all aspects of their role that typically takes anywhere from 1 to 3 years.

Conclusions: Early professionals benefited from appropriate graded autonomy during clinical education to develop their clinical reasoning skills, confidence, and mentoring network with past preceptors. Ongoing personal and professional support are needed during the initial few years to ease EPs' role inductance while they gain more experience and establish their clinician identity. Expectations for EPs should be reasonable to allow for the provision of quality care, adequate work-life balance, and integration into the profession without guilt.

Key Words: transition to practice, role inductance, mentoring, work-life balance

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Key Points

- Graded autonomy during clinical education experiences is essential for the development of clinical reasoning skills, confidence, and a mentoring network with past preceptors.
- Expectations for early professionals should be reasonable to allow for adequate work-life balance and integration into the profession without guilt.
- Early professionals typically become fully integrated after a period of time that depends on prior learning experiences and support received during their transition to practice.

The transition to autonomous clinical practice for early professional (EP) athletic trainers (ATs) entails the normal and necessary psychological processes that occur as students become clinicians.[1] Early professionals face a "clash of culture"[1] in which they must adjust to no longer having direct supervision and instead gain full decision-making authority. Indeed, EPs learn the roles and responsibilities of the profession via clinical education,[2–5] but autonomous experiences are limited due to accreditation standards.[6] Therefore, during the transition, many EPs feel overwhelmed and question their training due to a lack of confidence and fear of making mistakes, which affects the care provided to their patients.[1,4,7]

To cope with the chaos and stress of the transition, EPs leaned on mentoring networks for advice with decision-making,[1–5,8] self-reflected on their performance,[1] and used trial and error to improve performance.[1] In addition, orientation sessions in certain employment settings assisted in creating a smooth transition to practice.[3,9,10] However, some EPs felt as though they must learn by doing after obtaining their first job.[3,5] Eventually, EPs find "rhythm amid the chaos"[1] and settle into a routine in which they gain confidence and are capable of completing daily tasks.

Although previous researchers have investigated the transition from the EPs' perspective,[1–5,7–12] educators' perspective,[2] and supervisors' perspective[13] individually, no studies to date

have included the perceptions of all 3 stakeholder groups simultaneously. Furthermore, no studies to date have included perspectives from preceptors, an important stakeholder in the preparation of EPs. Including data from all 3 stakeholder groups would create a triangulation effect, allowing each stakeholder to have a voice in the results. Therefore, the purpose of our study was to examine the perceptions of EPs' integration during role transition from multiple stakeholder groups. Our purpose was guided by the following research question: What does each stakeholder group believe are the processes that occur as EP ATs become integrated into professional practice?

METHODS

Research Design

We used the consensual qualitative research approach to explore the transition for EP ATs and to limit researchers' biases throughout the analysis process.[14,15] We recruited participants from 3 stakeholder groups to determine a holistic perspective of the experiences of ATs during the transition from student to autonomous practitioner while improving generalizability. Including multiple stakeholder groups allowed the data to create a triangulation effect, so the results could speak to the thoughts, opinions, and perceptions of all stakeholder groups.[16]

Participants

We recruited 17 EPs in the first 2 years of their first job postcertification (9 women, 8 men, age = 26 ± 5 years, experience = 9.5 ± 5 months), 16 supervisors of EPs (6 women, 10 men, age = 52 ± 11 years), and 10 faculty members and 8 preceptors (11 women, 7 men, age = 43 ± 10 years) via emails from the National Athletic Trainers' Association (NATA). The use of the NATA as a gateway to prospective participants has been an effective and widely used research practice. Participant descriptive data can be found in Table 1. Data saturation, the point at which theoretical redundancy was achieved, drove recruitment and was met.

Instrument Design

We created interview guides for each stakeholder group (EPs, supervisors and mentors of EPs, faculty, and preceptors) based on the current literature[1–5,7–13] regarding the transition to practice for EP ATs. The validation process for the interview guides consisted of expert review (n = 2) and pilot testing (n = 6) after initial creation by the research team. First, all authors met to discuss the interview guides, and we collaborated on drafts. We circulated the draft interview guides until no author had any further suggested additions or edits. Next, we shared the interview guides with 2 experts and asked them to review for clarity, relevance, and importance as related to the purpose of the study. We defined *experts* as scholars who had published peer-reviewed manuscripts related to the socialization of ATs or transition to practice for ATs. After editing based on the feedback provided, we provided the experts with revised interview guides. The experts suggested no additional changes. Finally, we pilot tested the interview guides with 2 stakeholders from each group (EPs, supervisors of EPs, faculty, and preceptors). They had no changes, allowing us to finalize the interview guides before recruitment. Data from the pilot interviews were not included in the final analysis.

Table 1. Participant Demographic Information

Role	Pseudonym	Setting	Experience
Early professional	Bryce	College or university	6 mo
	Christina	Middle and secondary school	14 mo
	Dan	Secondary school	13 mo
	Ed	Clinic or secondary school	10 mo
	Emily	College or university	11 mo
	Erin	Secondary school	11 mo
	Jason	College or university	3 mo
	John	Middle and secondary school	2 mo
	Julia	Secondary school	12 mo
	Maria	Secondary school	12 mo
	Mary	Secondary school	4 mo
	Michelle	Secondary school	13 mo
	Paul	Secondary school	19.5 mo
	Samantha	Secondary school	13 mo
	Sara	College or university	12 mo
	Stephanie	Secondary school	1 mo
	Steven	College or university	4.5 mo
Preceptor	Alicia	College or university	11 y
	Becca	Secondary school	15 y
	Caitlin	Secondary school	17 y
	Colin	Secondary school	34 y
	Glenn	Secondary school	36 y
	Grace	Professional sports	15 y
	Owen	College or university	38 y
	Will	College or university	24 y
Faculty	Cary	Higher education	11 y
	Diane	Higher education	27 y
	Eli	Higher education	7 y
	Elsbeth	Higher education	38 y
	Kalinda	Higher education	12 y
	Lana	Higher education	12 y
	Lucca	Higher education	27 y
	Marissa	Higher education	16 y
	Patti	Higher education	7 y
	Peter	Higher education	20 y
Mentor[a]	Alexis	College or university	4 y[a]
	Herb	College or university	2 y
Supervisor[a]	Bob	Outreach (physician practice and college or university)	5 y
	David	College or university	11 y
	Eric	Occupational health	3.5 y
	Gwen	College or university (outreach various sites)	5 y
	Jake	College or university	35 y
	Jocelyn	College or university	8 y
	Johnny	College or university	1.5 y
	Moira	Hospital or clinic	31 y
	Patrick	Hospital or clinic (outreach to secondary school)	10 y
	Ray	Secondary school	6 mo
	Roland	Hospital or clinic outreach	25 y
	Stevie	Hospital or clinic (outreach to secondary school)	13 y
	Ted	College or university	20 y
	Twyla	Secondary school	29 y

[a] Mentors and supervisors indicated their years of experience in their current roles.

Procedure

After obtaining approval from the Institutional Review Board at the University of Lynchburg, we used the NATA mailing lists to recruit participants. We asked NATA administrative staff to send a recruitment email to 500 randomly selected

individuals who recently (within the previous 9 months) passed the Board of Certification examination, 852 members who designated themselves as faculty, and an additional 2000 members across all settings. We also sent the recruitment email to program directors at every Commission on Accreditation of Athletic Training Education–accredited professional master's program in the United States and asked them to forward the email to those who met our inclusion criteria. Finally, we posted our recruitment text to several social media platforms (eg, Facebook and Twitter). Those who were interested in participating contacted a member of the research team to obtain the consent form. Once we received the signed consent forms, we scheduled interviews on a first-come, first-serve basis and ceased scheduling interviews upon data saturation. We reached data saturation with all 3 stakeholder groups, as theoretical redundancy had been met. To confirm, we completed all scheduled additional interviews when we felt we reached saturation. At the end of the interview, we asked participants to forward information about the study to others who were members of the stakeholders we sought (EPs, supervisors of EPs, faculty, and preceptors) to improve recruitment efforts.

Data Analysis and Trustworthiness

We analyzed data using the consensual qualitative research technique, which is an inductive approach used to study experiences and attitudes while integrating multiple viewpoints.[14,15,17] First, 3 research team members coded 5 transcripts from each stakeholder group and created an initial codebook. Next, the research team members met to review the codebooks and negotiate over the coding scheme until we reached 100% agreement on a final codebook to be used when coding all remaining transcripts. Two research team members coded all remaining transcripts using the final version of the codebook. A third team member acted as a tie-breaker (internal auditor)[15] for any disagreement between the primary 2 coders, and we used the code selected by 2 of the 3 coders. After the initial coding, research team members condensed the codes into categories upon additional reads of the data. Finally, we further condensed categories into themes to allow for an organized presentation of the results. Participants from each group spoke to the categories from the group's perspective, but as the themes were condensed, similarities were apparent. For example, supervisors and mentors discussed various aspects that affect integration, such as real-life experience, and educators and EPs discussed role engagement and living the role as ways to help increase confidence. Thus, the codes were condensed to the theme of role integration. Table 2 demonstrates how the codes from each group were condensed to the categories that represented each stakeholder group.

Multiple-analyst triangulation (n = 3), as discussed earlier, was a key component in the analysis and maintaining the trustworthiness of the data. We also completed narrative accuracy member checks as a trustworthiness strategy.[16] We sent the transcripts to the participants and asked them to verify the accuracy. Finally, we used external auditing as our third trustworthiness technique.[14,15,17] We asked an external auditor with consensual qualitative research experience to review the coding structure and confirm the accuracy of the presentation of the results.

RESULTS

After completing the thematic analysis iterations (Table 2), we identified 4 themes (Figure 1) that defined the integration of EPs during role transition. Support for the themes traversed the stakeholder groups (Figure 2). The integration of EPs was facilitated through role inductance, as some responsibilities had to be learned by performing the duties of the position. All stakeholder groups noted that EPs needed to perform the roles of autonomous clinical practice to successfully transition. Mentoring provided support for EPs as they struggled with navigating job-related challenges, including difficult clinical decision-making, diffusing conflict with stakeholders, and developing clinical skills. Early professionals struggled to find work-life balance as they were new to the profession and felt obligated to exceed coverage expectations rather than focusing on the quality of care supplied. Finally, stakeholders suggested a timeline by which EPs became fully integrated into autonomous professional practice, which most participants felt ranged from 6 months up to 2 years. However, some employers believed it took up to 5 years. Participants thought EPs were integrated in their role when they understood all aspects of their role, found identity as ATs, and were confident in fulfilling their roles. The themes are defined and supported with participant quotes in the following sections. Additional supplementary quotes can be found in Table 3.

Role Inductance

Almost all participants believed that "living" as ATs was critical to EPs transitioning into autonomous clinicians. Because the accreditation standards for athletic training professional education require direct supervision,[6] a "safety net" always existed for students, and they failed to experience the entirety of professional responsibilities. Ray, a supervisor of EPs in the secondary school setting, explained the challenges of full integration due to direct supervision of students:

> You know, during the rotations they might have had during [professional education] they're really not allowed to deal with the parents. They're really not allowed to do a whole lot because they're not licensed, you know? And so those types of experiences dealing with a tough coach or approaching a coach about maybe having to make an adjustment.

Several participants noted that EPs typically "lack confidence" due to a paucity of experience and suggested that role inductance is key to improving self-assurance. Becca, who served as a preceptor at a secondary school, alluded to the need for "experience" for EPs to settle in during the transition period. She said,

> I think one thing is confidence … They are smart and they have to be, but they know they don't have as much experience as their preceptors or other ATs who have been certified for years, so they can't necessarily be confident and put their foot down about things they want to do. They just need to get notches on their belt for them to do things confidently.

Early professionals agreed that confidence needs to improve, but it will take "some time" and "experience" to allow continued learning. Although he felt prepared to enter

Table 2. Thematic Analysis Iteration for Professional Integration

Iteration 1		Iteration 2				Iteration 3	
Supervisors and Mentors	Codes	Faculty and Preceptors	Codes	Early Professionals	Codes	Codes	Final Categories
Category 1 What affects transition to practice	Codes within category 1. Real life experience 2. Understanding the role 3. Finding balance while fulfilling responsibilities[b]	Category 1 Role engagement	Codes within category • Live the job • Increasing confidence • Preventing burnout[b]	Category 1 Role engagement	Codes within category • Living the job • Gaining experience • Increasing confidence	Codes within category • Living the job • Gaining experience • Increasing confidence	Role induction • Gaining experience through living the role • Increasing confidence
Category 2 Mentoring	Codes within category 1. Who is the mentor? 2. Employer's role	Category 2 Mentoring	Codes within category • Importance of mentoring • Personal vs professional mentor • Finding a mentor	Category 2 • Mentoring	Codes within category • Need for a mentor • Professional mentor • Personal mentor • Considerations for a mentor	Codes within category • Need for a mentor • Professional mentor • Personal mentor • Considerations for a mentor	Mentoring • Importance of mentoring • Personal (reassurance, caring, encouragement) • Professional (guidance, interpersonal communication, clinical guidance) • Finding a mentor
Category 3 Educational pathways[a]	Codes within category 1. Residencies 2. Internships 3. Other models to integrate new athletic trainers	Category 3 Educational pathways[a]	Codes within category • Models to assist with transition to practice (residencies, internships)	Category 3 • Work-life balance and burnout[b]	Codes within category • Understanding the need to say "no" • Finding a balance • Preventing burnout	Codes within category • Understanding the need to say "no" • Finding a balance • Preventing burnout	Finding balance to avoid burnout • Advocating for time • Finding a balance • Preventing burnout
Category 4 Timing of role integration	Codes within category 1. Length of time to integrate into a role 2. What affects the length of time	Category 4 Timing of role integration	Codes within category • Duration, how long to integrate into a role • Timing of mentoring and advice	Category 4 • Gaining confidence through practice	Codes within category • Reflective practice • Comfort in role	Codes within category • Reflective practice • Comfort in role	Timeline • Length of time to integrate into a role • What affects the length of time

a Categories that were removed from the final codebook due to inadequate representation in other stakeholder groups.
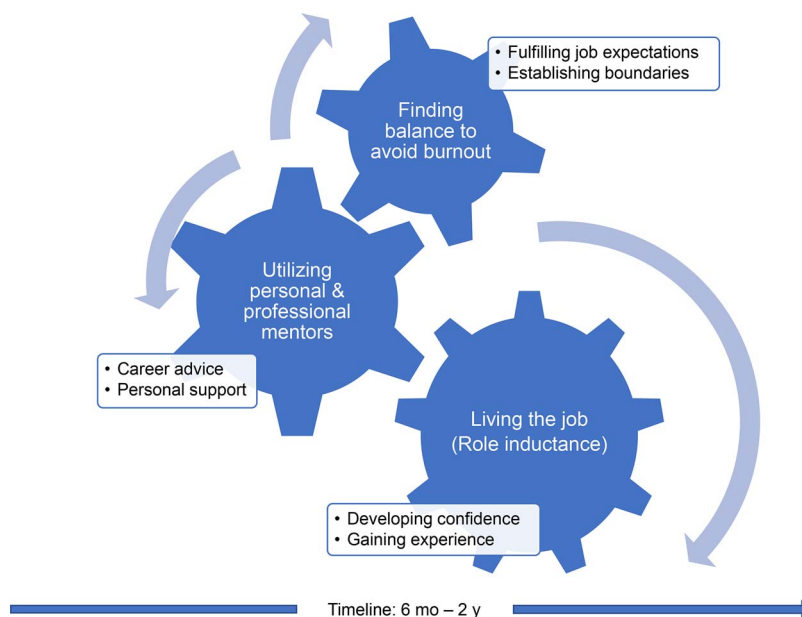b Subcategory became a category as other stakeholder groups were analyzed.

Figure 1. Multistakeholder perspectives regarding early professional athletic trainers' integration into the profession.

independent clinical practice, John, an EP, knew he had more to learn and that it would happen via role inductance. He explained,

> For me personally, I would say I definitely feel prepared. But the thing with athletic training is how hands-on it is above all else. You don't know how you're going to handle any situation until you see it, honestly...I think confidence, at the end of the day [is critical]. How do you get confidence besides experiencing things? Or how do you deal with an angry parent or coach or whoever? I've had to deal with that a couple of times and it's not necessarily fun, but it's part of the job. I hope I never have to experience a terrible injury. It's just always in the back of my mind, running over scenarios and, "Okay, how would I handle this?"

Although participants agreed that role inductance was critical to EP integration into the profession, they also believed the process could start before graduation. Many thought that immersive clinical education experiences played a critical role in preparing EPs for the transition to practice. Grace, a preceptor and rehabilitation coordinator in professional sports, said:

> How clinical experiences are emerging now with the immersion, that is a really good way to get them that experience. So, I feel like that has prepared them more coming out of their programs.

Finally, Sara, an EP, agreed that immersive experiences were critical to her development by providing her with more experience:
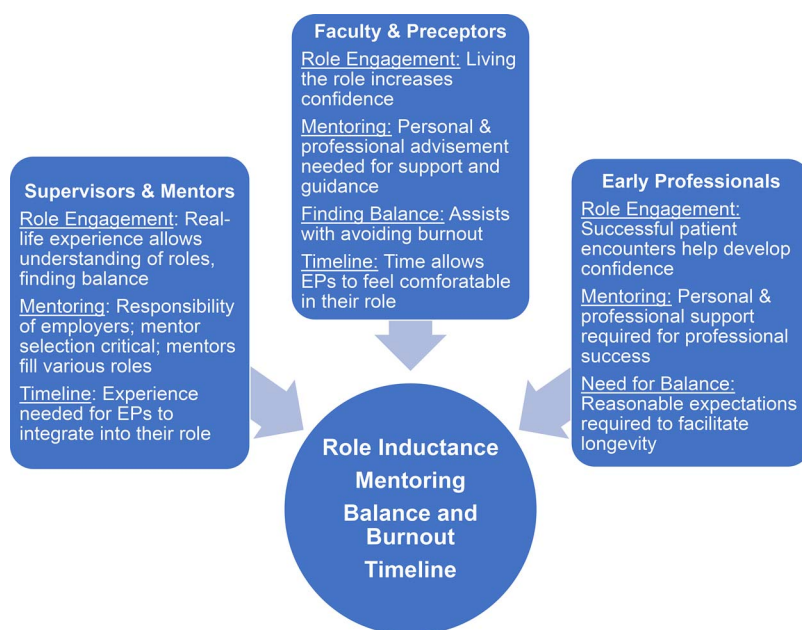

Figure 2. Multistakeholder perspectives of early profession (EP) integration.

Table 3. Supplementary Quotes for Emergent Themes From Each Stakeholder Group

Emergent Themes With Supporting Quotes	
Role integration	*Supervisor or Mentor* Patrick: "I think it's experience. You have to see a lot of things you have to repetitively perform, you know? Several things like communication, how to deal with coworkers, how to deal with coaching staff, how to deal with parents, administration. You have to learn correct channels to requisition, to get things done, to get things fixed. It just takes experience and repetition to be able to perform."
	Faculty or Preceptor Marissa: "And confidence—I think most students don't have the confidence we hope that they would have, and I think that just comes with being out there and practicing. I think this goes back generationally, their ability to communicate with coaches, parents, administrators, etc [is lacking]. They don't get a lot of practice in their daily lives communicating via voice or person-to-person, and I think that can be a struggle for them sometimes if they aren't used to that."
	Early professional Steven: "I feel like I need to learn a lot more just in general, and I think that comes with experience…I don't know if it's a skill thing. I think it's a confidence thing and things that you learn on the job. I mean, I've already learned a couple of things being on a job that I wasn't taught in school. And so maybe just different special tests, different ways to do things because school is only so long. You're only in the classroom for so long so you're going to learn more on the job. So I think just not knowing that yet, I don't think it's anything that they're missing out on. It's just what comes with job experience."
Mentoring	*Supervisor or Mentor* Twyla: "I think every athletic trainer has a responsibility to mentor and help the new professionals coming in. There's experiences, things that we've gone through that I think are important for the young professionals to be exposed to. As a profession, we rely so much over one another all the time, whether you're at a field and there's another athletic trainer on the other sideline, we can get help. I feel like we need to foster that collaborative effort in the young professionals."
	Faculty or Preceptor Patti: "I think that it leads back to that mentorship, if a student has a mentor they feel comfortable checking in with and they have a good relationship, it's going to be helpful to their growth as a student."
	Early professional Julia: "I have a network of people who I went to school with and other young professionals. And so we have a group chat, and we'll talk back and forth and say like, "Hey, I have an athlete who, blah, blah, blah. What do you think?" And then we kind of bounce ideas off of each other, names excluded obviously. But yeah, I mean, I also have a physical therapist that I work closely with. And so if there's something that I don't understand, I'll ask her. If there's something she doesn't understand, she'll ask me. That network of support is really important, especially for young professionals, to help each other figure it out."
Finding balance to avoid burnout	*Supervisor or Mentor* Ray: "You hear back 'back in the day' or 'my time' or my time is still current because I'm still practicing. But you know we didn't worry about a time clock. We didn't worry about those types of things. They just took care of themselves. So we work. We got there and we worked until the job was done, and we were a little bit more flexible in schedule changes at last minute."
	Faculty or Preceptor Eli: "How can I help you optimize your work-life balance? I've used the position statement and when students are over their hours in our transition to practice program, I pull that up and say you have to find 1 or 2 strategies from this position statement and say that you're going to work on these things to make sure you're doing this better."
	Early professional Julia: "I think that creating a work-life balance isn't a bad thing. And I think that people who have been around for a long time, and especially in athletic training, have created this mindset that we should be working 60 hours a week, and we should be running ourselves dry to take care of [patients], and like, yes, do what you need to do, but also take care of yourself. And I think that some people outside of my generation look at taking time off and setting boundaries as a bad thing. And I think that's probably one of the most important things that I've done as a young professional. It's like, I create my own hours. I decide when, where I'm going to be. And if I'm not going to be at a practice, then so be it."
Timeline	*Supervisor or Mentor* Jake: "I'm going to say it's a full 2 years. I've asked a couple of colleagues who have been former students and AT hourly hires for us and all of them, they've all said a minimum of 1 year. One said it was between 1 and 3 [years]. For me, it's usually about 2 [years] from what I've noticed or am noticing and again in my role as their mentors, knowing OK, it's been a year. Where are they? The first year, for the first 6 months, they've really gotta [sic] feel things out for that institution and need to see how things are done. Is that good? Is that efficient? Is that good? Is that the best strategy for patient care, student success? All these things that we care about, right? That first year, they're kind of getting their feet wet."
	Faculty or Preceptor Peter: "I typically feel that it takes 3 years before they really get it, so by 3 years, I don't think there's anything missing. I think over 3 years' time, they've made enough mistakes and overcome enough to really have a good handle on what's going on if they're going to be a good athletic trainer. I think they have it at that time."
	Early professional Christina: "After last year, I think I'm a lot better now, and I've survived, and I've got a lot of confidence, all the confidence in the world. I've really been reflecting a lot on what I want to do and where I want to be. I want to look at concussion rehab[ilitation], and that's my thing, and I'm so good at it, and that's what I want to build on. So really, last year I was just trying to make it through the spring season as an athletic trainer and just get through the year. So, this year has been the year of like, Well, what do I want, not so much as to market myself, or build my résumé. It's what do I want to be great at? What do I want someone to call me for and say, "Hey, I know you're the expert on this," or "You're the go-to person on this. Can you help me figure this out?"

Abbreviation: AT, athletic trainer.

I think that the immersive experience was great, in that we were working with football, so we saw tons of injuries. So from that perspective, and I totally understand that as an AT, obviously, you have to be able to deal with all of that stuff . . . If you've earned the trust in those clinical rotations, to be able to just have some of that experience before you're out on your own, trying to do it by yourself without any sort of safety net.

Participants felt EPs had more to learn to become comfortable in their new roles. Role inductance offered additional experiences for newly credentialed ATs that led to successful transitions to practice. Immersive clinical experiences supplied experiences during professional preparation that assisted in preparing students for the workforce.

Mentoring

Every participant noted the importance of mentorship during the transition to practice. They noted the "powerful" effect of effective mentors in navigating the transition to practice and becoming integrated into the profession. Beyond discussing the general importance of a mentor, participants commented on the importance of mentor selection and having mentors for both personal and professional needs to help overcome the ups and downs associated with professional practice. Cary, an assistant professor in an athletic training program, stated,

One thing they need is a strong support system, not only in the AT world but also in the social world as well, whether that be family or friends they can lean on and can help ease some of their burden from that perspective. They continue to need confidence boosts from their mentors and people around them.

Lana, a program director, described key personal and professional characteristics she considered important when setting EPs up with mentors:

It means more to the student if it is someone who looks like them and has the same experiences and even if they aren't the same age, they have kind of followed the same career path. Finding that person whether it is internally or externally part of the organization is extremely important.

Owen, a preceptor, discussed the importance of having a mentor who can provide a safe space for asking questions without judgment:

It needs to be somebody who is not your direct supervisor because then a young professional is free to open up and talk about their concerns and weaknesses and their frustrations to somebody that is not evaluating them.

Kalinda, an assistant professor, spoke about how demanding the secondary school setting can be because clinicians are isolated, often being the only health care providers within the school. She provided suggestions for how EPs working in secondary schools can find mentors:

That's [secondary school AT] a really hard position. And I know that can feel really isolating. I think we are starting

to have a structure within the NATA to be able to seek out a mentor through things like Gather, which is really exciting. But I think that some things that really helped me were looking locally. Maybe state leadership or reaching out to other ATs or other people in your area. Or maybe a peer within the same organizational structure that you can get to know, and you know you can bounce ideas off of them and know they are going to be a safe space.

Lucca, a program director, agreed with Kalinda and further addressed the importance of mentoring, especially the support of a supervising physician:

I think we also don't emphasize enough the strong positive relationship with a supervising physician. I mean, I know we want to be individual practitioners, but I think that's another thing students need. A good supportive, not overbearing, supervising physician.

Similarly, Sara, an EP, explained the importance of fostering a network of mentors because the person she goes to for mentoring differs depending on the situation:

There are different people that I will pick for different situations based on what I feel like their strengths are. Sometimes I'll end up leaning on my classmates a little bit more, if I'm in a situation where I just feel like I'm struggling, like I don't know what to do, or this is an overwhelming situation, or something like that. I know we're all kind of in that same boat of being certified for the same amount of time, that kind of stuff. But day to day, with my athletes, it's typically my coworkers, and I'll just pick who I feel like will give me the best input.

Every participant in our study specifically recognized the importance of mentors in assisting EP ATs' integration into the profession. Some identified scenarios when mentorship was more important to those transitioning. Several participants also gave advice on who should be selected as mentors for EPs.

Finding Balance to Avoid Burnout

Many participants noted the importance of finding work-life balance during professional integration to avoid burnout. When asked what skills EPs need to improve, Marissa, a program director, replied,

I don't know if this is a skill, but in general, work-life balance. I think a few years in they are still gung-ho about everything which is great, but they have to learn how to say no and shut it off and leave work at work. I think just a few years in, they haven't mastered that yet and that's when they start to experience that burnout. So just the skills that are needed to try to create that.

Lucca explained that setting boundaries is an important aspect of becoming a professional and finding work-life balance. She said, based on her role as a program director,

Another [piece of advice] was "If you keep doing it, they'll let you." I tell students if you do more hours than you're being asked to, they'll just let you keep doing more without thinking of paying you more because you're doing

more than you were asked and you're working more hours than you've been asked. And so I caution students to be careful with that...In an essence, don't get used; don't let them abuse you. Show how important you are and that you have the skills and are there for people and to work, but don't let them abuse you.

Early professionals may struggle with work-life balance due to the disconnect between their desire to set boundaries and the view from supervisors to ensure event coverage. Several supervisors voiced concerns about the work ethic of EPs. Jake expressed,

One of the challenges we'll see [when hiring EPs] is commitment. Sometimes I'm asking somebody, "Hey, I realize this is above and beyond. Can you cover this? Or can you do that for us?" Sometimes for some of these younger people, I find it doesn't work for them as much. They gotta have more [advanced notice]. Or they're not willing to step up quickly or spontaneously as far as coverage. And I understand that but sometimes in this industry things just come quickly. Honestly schedules may change. And just things happen quick within the sporting industry, in the collegiate setting. So I've got to be ready to have the proper coverage. Therefore, I need young professionals who we hired to be kind of ready at the helm so to speak and be willing to jump in and take over quickly if needed.

Participants appreciated the importance of finding work-life balance early in professional practice. Setting boundaries to assist in preventing burnout was important to both EPs transitioning and those who mentor them. However, employers stated that EPs needed to be flexible and realize that schedules often change in athletics.

Timeline

We asked participants how long it typically takes EPs who are starting their first job to successfully transition. A range from no sooner than 6 months up to 5 years was cited. Eric, a supervisor working in occupational health, suggested it is possible to transition in 6 months but that a year is more customary:

Again, you can't generalize. Some take longer than others. No sooner than 6 months. That's probably about the quickest we've had anybody catch fire and do really well. Probably right at about a year [is typical]. And then, if they don't integrate into the role after a year, then it's probably the wrong setting for them. Doesn't mean they're a bad [clinician], just means this is not the right setting for them.

Twyla agreed. She supervised newly credentialed EPs in secondary school settings and had a range of experiences mentoring EPs through the transition to practice, similar to Eric. She responded,

The current one that I have now was literally the fall season and part of the winter season, and then it was sort of seamless. The one prior to that, it was longer. It was a full 2 years that she was here that we really were like, "Come on, you gotta do it this way. Like, no, you can't lay on the

taping table looking at your iPhone because there's no one in the room, someone could walk in. That's not a professional way to be."

At the hospital setting where ATs are outreached to secondary schools, Stevie, an employer, thought it might take a bit longer to find an "identity." She observed, "For me, it is 2 to 3 years. That's enough time that you feel that you could be on your own and that you can find your identity and no longer be tied to your student identity." Finally, Diane proposed the highest amount of time for full transition. She served as a program director and associate clinical professor. In her experience, newly credentialed ATs needed support as they initiated transition and into the first 5 years of clinical practice to improve retention within the profession:

I just think we need to be able to support these students, especially the first 5 years, which is critical to keep them in the profession. Because if they don't have a chance to learn, and grow, and develop that first 5 years, they may leave and we might lose them to, "Oh, you know what? I'm going to go to PA [physician assistant] school, I'm going to go to nursing school." And we don't want that to happen, to lose them. Especially with our new master's students, with what they're investing and paying to get their master's degree, and then they are not taken care of when they go get jobs.

Most participants agreed 1 to 3 years would be necessary for EPs to feel comfortable and confident working autonomously.

DISCUSSION

Our purpose was to examine the perceptions of EPs' integration during role transition from 3 stakeholder groups (EPs, supervisors and mentors of EPs, faculty, and preceptors). After interviewing multiple participants, we found 4 themes that described the transition period for EPs. Our study builds on the current literature[1–5,7–13] regarding the transition to practice by providing multiple perspectives. To our knowledge, we are the first to examine preceptor perceptions of transition to practice, and our findings extend the current literature on the transition process.

Role Inductance

Participants in all groups concurred that role inductance is a critical step in the transition to practice process for newly credentialed ATs. Consistent with previous literature,[3,5] many believed "living the role" was critical to developing the confidence and skills required to complete daily job duties because accreditation standards[6] require preceptors to be physically present to intervene on behalf of patients or students. Although graded autonomy[18] and situational supervision,[19] for which the level of supervision changes depending on the clinical scenario, have been suggested, others have argued for increased student independence to align with other professional health care programs.[20] Indeed, our participants felt that the safety net of direct supervision hampered students from truly developing confidence in their clinical skills and clinical decisions while appreciating the totality of the roles and responsibilities of ATs. Some authors[1,4,7] demonstrated similar findings in which students lacked the confidence to make quick clinical decisions

and that a period of role inductance was required for a full transition to autonomous clinical practice.[3,5]

Immersive clinical education experiences have recently been added to the accreditation standards[6] for professional athletic training programs. An *immersive experience* is defined as "a practice-intensive experience that allows the student to experience the totality of care provided by athletic trainers. Students must participate in the day-to-day and week-to-week role of an athletic trainer for a period of time identified by the program (but minimally one continuous four-week period)."[21] Immersive clinical education experiences are intended to provide students with a more holistic view of the profession. Students believed that immersive experiences did, in fact, lead to greater preparation for transition to practice because of the exposure to the full responsibilities of autonomous clinical practice.[22] In particular, students perceived greater exposure to administrative expectations, communication with stakeholders, interprofessional health care, quality patient encounters, and teachable moments with preceptors.[22] Preceptors displayed similar thoughts and also discussed the upside to immersive clinical education experiences for preparing students for the transition to practice.[23] However, preceptors need to be trained appropriately to fully appreciate the expectations for mentoring immersive experiences.[23] Finally, although athletic training educators reported similar benefits of immersive clinical education experiences, they recognized certain challenges, such as having sufficient time to cover the didactic material required by accreditation standards, increases in preceptor workload, students' inability to bridge didactic and clinical education content, and additional obstacles such as timing, faculty workload increases, and administrative support.[24] Despite the challenges of implementing immersive clinical education experiences,[24,25] they appear to be critical in developing confidence and a full appreciation of the athletic training profession and ultimately creating a smoother transition to practice.[22–24] Our results suggest that the requirement of immersive clinical education experiences may assist students in successfully transitioning to autonomous clinical practice. However, it is also important for newly hired EPs to be properly onboarded so that they can apply their knowledge and skills adequately within the workspace and supply appropriate patient care.[12,13]

Mentoring

The importance of mentoring during the transition to practice has been well established.[1–5,8] Nonetheless, our study revealed important nuances in mentoring that have not been identified in athletic training to our knowledge. Our participants noted the importance of having both professional and personal mentors. Professional mentors offer EPs support, guidance, and advice on current clinical cases and job expectations. Personal mentors can assist in providing a support system for the difficult decisions EPs must make daily. Our respondents believed a solid personal support system was essential and would provide comfort during times of stressful clinical decision-making and when mistakes were made. Previous researchers acknowledged the value of securing mentors who were not medical providers, such as athletic directors, coaches, student-athletes, and parents.[26] Our

participants felt that having the support of others during clinical decision-making and being part of a community were both important when considering role fulfillment and overall job satisfaction. Securing support staff as mentors was critical to navigating the system and facilitating the day-to-day obligations of ATs as perceptions and understanding regarding responsibilities was facilitated by coworkers.[27]

Participants also noted the importance of matching EPs with mentors who they could build "relationships" with and help them feel "comfortable." One individual commented on mentors who "look like them" as 1 example that could affect mentor-seeking behaviors and communication styles and ultimately facilitate relationship building. Early professionals who are Black, indigenous, or people of color (BIPOC) may desire diverse mentors who can relate based on shared experiences and reflect longevity in the profession.[28] Early professionals may find comfort in talking to someone who understands the cultural challenges BIPOC face, especially in health care settings.[29] African American nursing students felt more comfortable talking with mentors who shared their cultural identity,[29] a result similar to ours. Furthermore, pairing EPs with mentors who share cultural identity can assist with validation[30] of EP membership in the profession. However, to date, most head ATs identified as White,[31] which may limit opportunities for BIPOC EPs to locate mentors who share their cultural identity. Despite these challenges, the NATA has created the Ethnic Diversity Advisory Committee and LGBTQ+ Advisory Committee and developed a "Diversity, Equity, and Inclusion Response Plan" to illustrate the importance of diversity to the Association.[32] The NATA Ethnic Diversity Advisory Committee also has a mentor database to assist BIPOC EPs in finding mentors.

Several participants mentioned the importance of mentoring in the secondary school setting. Secondary school ATs are often the sole health care providers at after-school events, which can leave them feeling isolated.[26] When EPs are secluded and the only health care providers, they may need reassurance that they are making the best clinical decisions. Mentors can offer support for clinical decision-making while enhancing EPs' knowledge and confidence, as discussed by previous researchers who examined the transition to practice for graduate assistant ATs working in the secondary school setting.[26] Athletic trainers in the same athletic district or region could be helpful mentors due to their knowledge of district policies and community resources. In some areas, ATs at geographically adjacent secondary schools may be the closest sources of support, guidance, and mentorship.

Several respondents observed that mentors should not be involved in performance evaluations. Our participants thought that if a mentor was also evaluating an EP's performance, the EP might be less likely to ask questions regarding clinical practice, policies and procedures, or managing challenging relationships. Instead, mentors should be chosen or assigned by avoiding those who evaluate EPs in an effort to provide "safe spaces" for asking questions without fear of judgment or subpar performance evaluations.

Finding Balance to Avoid Burnout

Work-life balance is the ability to engage in multiple roles, such as employee, parent, and spouse, among others, with satisfaction in each role.[33] The quest for work-life balance is an

important component of every AT's life, as it has been linked to professional commitment, burnout, job satisfaction, and career longevity.[33] Finding balance during the first few years of clinical practice by engaging with supervisors in a discussion regarding priorities may help prevent burnout. Participants stressed the importance of setting boundaries. Indeed, setting boundaries is an important strategy for maintaining work-life balance in the workspace.[33] Learning to say "no" early in their careers would allow EPs to demonstrate boundaries regarding what they will and will not do as part of their formal responsibilities. The NATA position statement on work-life balance[33] provided additional suggestions for achieving work-life balance, including prioritizing essential professional and personal tasks, effectively communicating with coworkers and others, setting goals and planning responsibilities according to those goals, and self-reflecting on time demands and responsibilities.

Although setting boundaries and learning to say "no" are critical skills that EPs must learn, the willingness to be flexible and eagerness to be considered a team player are also critical.[34] Program directors pinpointed dependability and responsibility as the most valuable soft skills that students need to master during professional preparation.[35] Work expectations of ATs are often dynamic and ever-changing, as scheduling modifications occur due to weather and other factors outside stakeholder control. Early professionals must learn to be flexible, versatile, and adaptable as they set boundaries. Perhaps EPs should seek insight from their mentors on the balancing act of being a team player while integrating work-life balance strategies. Supervisors also should encourage teamwork among staff members when possible and respect the importance of work-life balance.[34] However, we concede that teamwork is often difficult, especially at the secondary school setting when only 1 clinician is employed. Engaging with stakeholders in identifying workplace priorities is critical to avoid conflict when clinicians uphold boundaries, especially in settings with limited staffing. Administrators, coaches, and other stakeholders will need to also appreciate flexibility, versatility, and adaptability as situations arise that change initial plans for ATs' workplace responsibilities.

Timeline

Transition is a normal and necessary requirement that involves an understanding of new work roles and responsibilities via personal and professional growth.[1] The process of transition begins as EPs discover a "clash of culture"[1] when starting professional practice. During the transition process, EPs must resolve expectation differences between delivering health care as students and as professionals. Participants agreed that the transition process takes time, which was consistent with the nursing literature,[36] indicating that the transition process allowed EPs to embrace the role of health care providers. Therefore, EPs should be given advice on weathering the transition period, rather than avoiding it, including finding personal and professional mentors,[1–5,8] self-reflecting on performance,[1] and using trial and error to determine best practices and what works for them.[1]

The time required to fully transition to autonomous clinical practice varied widely from our respondents' perspectives. Early professionals working in secondary school settings may need more time to become comfortable in their new role mainly due to potential isolation at their site as the only AT. Individuals felt it would be more difficult for EP ATs to transition when there was no other AT physically present to bounce ideas off, gather advice from, and teach policies and procedures specific to the workplace. Similarly, participants also believed that a lack of mentorship could lengthen the time needed to successfully transition. A strong mentor can positively affect the transition and may reduce the time to transition for reasons similar to having another AT on site.

Supervisors should align expectations of EPs with entry-level knowledge while appreciating that they will require time to be properly onboarded, learn site-specific policies and procedures, obtain mentoring during difficult clinical decision-making, and build confidence via patient care experiences, leading to a successful transition into autonomous practice. Expecting EPs to function as experienced clinicians can frustrate supervisors while disenfranchising EPs. However, affording EPs support during the transition enables them to meet workplace expectations without causing burnout. Establishing criteria for evaluating EPs' completion of duties and responsibilities and periodic performance evaluations to discuss progress can also aid in role transition and integration.[37] For example, the recently validated "Athletic Training Milestones" can help supervisors develop entry-level expectations for clinical practice and allow EP ATs to identify specific indicators for advancing clinical practice over time.[38] Formative performance reviews may demystify role ambiguity and provide an opportunity to address concerns before situations become problematic.

Limitations and Future Directions

Although we recruited a diverse set of participants (role, geographic location, age, experience level) from 3 stakeholder groups, a common limitation to qualitative research is generalizability. Our findings are grounded in the data collected from our participants, yet they may not represent the thoughts, opinions, and feelings of all stakeholders in athletic training. We only recruited participants who were NATA members, which may have altered our findings. However, we believe our study is an important step in continuing to determine how EPs can be supported and nurtured through the transition to practice. Future researchers should investigate the transition to practice for EPs in specific work settings, such as secondary schools, as the process likely differs based on our results. Most of our EPs and supervisors were in the secondary school and college or university setting. Future authors should evaluate other settings, such as professional sports, performing arts, public safety, military, and occupational health.

CONCLUSIONS

Clinicians' comfort levels affect patient care, and our findings suggest several ways to prepare EPs for and support them through the transition to practice. Early professionals should have clinical education experiences with appropriate graded autonomy to assist in the development of clinical reasoning skills and confidence. Immersive clinical education experiences facilitate professional integration, which also offers a mentoring network of past preceptors. Expectations for EPs should be reasonable to allow for adequate work-life balance and integration into the profession without guilt. Early professionals typically

become fully integrated after a period of time that depends on their prior learning experiences and the support received during their transition to practice. Supervisors and employers should recognize that the transition takes time, and EPs should be supported throughout the transition with mentoring.

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