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a Study of Clinician-scientists’ Translational Work Practices in a Danish Hospital Setting

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Publication date:
2019

Citation for published version (APA):
The Art of Plate Spinning – A Study of Clinician-scientists’ Translational Work Practices in a Danish Hospital Setting

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Clinician-scientists as key actors in translational research

Translational research is subject to increasing attention in research and health policy. While clinician-scientists often are positioned as key actors in the debates, less is known about the everyday work of clinician-scientists, their practices and commitments at the interface of academia and clinical health care. Drawing on the framework of arena analysis developed in situational analysis, this article presents an empirical exploration of the translational research practices of clinician-scientists in a Danish hospital setting.

The findings shed light on translational research as constituted by multiple practices and a complex of commitments and capabilities. While the importance of this role has been addressed thoroughly, only few empirical studies focus on clinician-scientists’ practices, the ways in which clinician-scientists actually carry out day-to-day hospital-based translational research work.

Research setting

The setting for the research is Region Zealand and in particular two research networks based in the hospitals in the region. These research networks connect different research projects or research protocols within a hospital, change and improving diagnosis and/or treatment within a given area. The two research networks lie within two very different medical areas, psychiatric diagnosis and cancer treatment. I selected these two research networks based on a completed research evaluation of all departments in the regional networks based on a completed research evaluation of all departments in the regional networks.

Methods

Data collection was conducted between January 2018 and March 2019 and comprised interviews, observations and collecting of organization and project documents. Observations included selected research team meetings, public presentations of research, academic conferences, research seminars, patient testing and lab visits. 20 in-depth interviews were conducted with primarily clinician-scientists as well as team members (e.g. Ph.D. students, a biologist, an engineer) and department managers.

Throughout the research project, the author was simultaneously working as a coordinator for a crosscutting research and innovation support unit at the hospital, which involved visits, meetings and communicating with staff and management at the hospital departments on other issues related to research development and support in the region.

The interviews, transcripts, notes and documents were analysed using situational maps (Clarke, 2005) as an analytical tool. Following situational analysis, draft situational maps, arena maps, and positional maps were created to visualize and organize data and to allow for discussing ongoing analysis ideas with colleagues and informants. Data was stored, organized, and coded in the qualitative data analysis software NVivo.

Theory

Situational analysis rests upon a theoretical understanding of knowledge as always embedded and enacted in the situations of which it is a part (Clarke, 2005). In this understanding, knowledge is always incorporated in practices, procedures, techniques and technologies. The focus here is therefore specifically on the practices of key actors, on what clinician-scientists do and how they do it. This approach builds on grounded theory and constructivism and has as a main unit of analysis the relations among actors.

I apply “arena analysis”, one tool in situational analysis, as a form of complexity mapping of the way in which commitments and capabilities are organized around the clinician-scientists. What are the patterns of collective commitment? How do the clinician-scientists go about fulfilling these commitments? Arenas are characterized by Clarke as multiple, complex and layered discourses, groups of actors (human and non-human), knowledge and practices that persist over time (Clarke, 2005: 135). They are sets of practices (committed to and bounded by collective action/work of some kind) and not necessarily formal organizations.

Analysis

Fourteen arenas were mapped in the study: Hospital clinical, Hospital management, Cross-disciplinary collaboration, Patients, Ethics and regulation, Public communication, Industry, Finance and audit, Laboratory, Technical equipment, Publishing, Funding and Teaching and supervision.

The findings of the study point to a complex of practices and situations where research and clinical work together and into one another. The complex and multifaceted character of this work is sought highlighted and foregrounded and the analysis thus points to an unexplored characteristic of hospital based translational research practices – the ability of clinician-scientists to navigate multiple (not only dual) arenas, to meet many varying demands and to deal with the dilemmas and tensions involved.

Working with and bringing together multiple arenas is an aspect of work as a clinician scientist engaged in translational research that tends to be overlooked in a dualistic understanding of the clinician-scientist as a translator between two separate domains – or in the understanding of the clinician-scientist as a translational scientist. Rather than an image of the clinician-scientist as an actor with a foot in two worlds, as prevalent in the literature, the analysis sheds light on continuous, multiple and quite varied practices of commitments and collaboration that together move hospital-based research forward. In conclusion, the spatial metaphor of arenas configures a different view of the way in which a set of many different commitments and capabilities, and their negotiations, contributes toward making research relevant in a health care hospital setting.

Implications for policy

Suggestions for improved support for clinician-scientists could include more “protected time” for research as well as protected time for nurturing relations and interplay. The study also confirms calls for better managerial and institutional support for communication and collaboration within and across departments and organizations as well as internationally. A new and interesting path for further research and policy might also be to explore the ways in which organizations can recognize and make visible the transactional practices that seem to characterize the work of clinician-scientists. These subtle commitments and capabilities, as exemplified in this paper, are difficult to delineate and measure in the form of performance indicators – they thus constitute a set of practices that are difficult to make accountable.

Paradoxically, adding more performance demands, more obligations and expectations for this groups of actors, to live up to, might not be fruitful in a situation where clinician-scientists already are strung out by multiple arenas. How policy can account for, evaluate and support this type of transactional work thus calls for further research.