

University of Strathclyde
School of Education
Faculty of Humanities and Social Sciences

**The Contexts which Shape the
Professional Identity of Newly Qualified Nurse Teachers During
and on Completion of Nurse Teacher Preparation.**

Linda Proudfoot

A thesis presented in part fulfilment for the degree of
Doctor of Education

2014

Declaration of Authenticity

This thesis is the result of the author's original research. It has been composed by the author and has not been previously submitted for examination which has led to the award of a degree.

The copyright of this thesis belongs to the author under the terms of the United Kingdom Copyright Acts as qualified by University of Strathclyde Regulation 3.5.0. Due acknowledgment must always be made of the use of any material contained in, or derived from, this thesis.

Signed:

Date:

Acknowledgements

I wish to acknowledge those people who have been invaluable in supporting my research journey. Firstly to my supervisors, Dr. Anja Lowit and Dr. Aileen Kennedy, I extend my heartfelt thanks for enabling my development as a researching professional. Their encouragement, constructive feedback and critical questioning has guided and sustained me through this experience.

I am deeply grateful to the newly qualified and experienced nurse teachers who participated in this study and took time to share their views and experiences with me. Their contributions are at the centre of my research.

To Dr. Lesley Whyte for so willingly giving her time and expertise during my research journey; to Helen Gough and Anne Lonsdale for their kindness, support and informative feedback; and to Jackie Duff for her patience and skill in helping me to format this thesis.

I am grateful to my friends and colleagues for their support and interest in my work and to the Jordanhill girls who shared this experience with me and brightened my darker days. Finally, I wish to acknowledge the endless practical help from my family without whom this endeavour would have been unthinkable. Thank you especially to Derek, Fraser and Eilidh for your love, patience and thoughtfulness.

Abstract

Nurse teachers work and learn in a complex socio-cultural landscape shaped by clinical practice and higher education as first and second order fields of practice. As a recognised specialism of nursing, nurse teacher preparation forms a crucial phase in nurse teacher development leading to professional recognition with the Nursing and Midwifery Council. However, the influence of such preparation in shaping the professional identity of nurse teachers is indistinct within the research landscape while the experience of nurses who are situated in clinical practice whilst undertaking nurse teacher preparation is under-represented.

This research is positioned within socio-cultural and interpretivist frames and seeks to critically explore the personal, learning and professional contexts which shape the professional identity of newly qualified nurse teachers during and on completion of nurse teacher preparation. Drawing on a purposive sample of six newly qualified nurse teachers and five experienced nurse teachers, the multiple embedded case study adopts individual and focus group interviews and portfolio documents to elucidate perspectives on professional identity. The findings from cross case synthesis reveal professional identity to be a relational phenomenon shaped through mutual constitution of self and the nurse teacher landscape. Personal, learning and professional contexts distinguish this landscape from which eight contextual strands emerge as shaping the professional identity of NQNTs. Essentially, these strands connect the personal and professional in learning to teach. Conclusions from the study findings highlight areas for future research and recommendations for professional practice.

Dedication

For mum, whose steadfast belief in my ability to complete this thesis gave me confidence to believe in myself.

Table of Contents

Declaration of Authenticity	i
Acknowledgements	ii
Abstract	iii
Dedication	iv
Table of Contents	v
Chapter One: Introduction	
1.0 Rationale for the Study	1
1.1 Research Aim and Questions	3
1.2 Defining Principal Terms	4
1.3 Thesis Overview	6
Chapter Two: An Overview of the Professional Field	
2.0 Chapter Introduction	11
2.1 Historical Development of Nursing and Nurse Education	11
2.1.1 Nurse teacher professional standards: 2002-2008	15
2.2 Healthcare Education	18
2.3 Nurse Teacher Development	21
2.4 Chapter Summary	24
Chapter Three: Professional Identity and the Nurse Teacher Landscape	
3.0 Chapter Introduction	26
3.1 Scoping the Literature	26
3.2 Conceptualising Professional Identity	28
3.2.1 Shared assumptions	29
3.2.2 Theoretical positions	32
3.2.3 Context	40
3.3 Professionalism and Identity	42
3.4 The Nurse Teacher Role and Professional Identity	51
3.4.1 Professional educators in the second order field	53
3.4.2 Professional educators in the first order field	62
3.5 Nurse Teacher Development and Professional Identity	69
3.5.1 Development pathways for nurse teachers	69
3.5.2 Learning from accredited teaching programmes	71

3.5.3	Past experience	74
3.5.4	Teaching practice, the influence of colleagues and learners, and support for learning	79
3.6	Theoretical Frames of Reference	84

Chapter Four: Research Methodology and Design

4.0	Chapter Introduction	87
4.1	An Interpretivist Position	87
4.2	Researcher Positionality	89
4.3	A Case Study Approach	94
4.4	The Multiple Embedded Case Study Design	97
4.4.1	Multiple and embedded components of the case	99
4.4.2	Boundary of the case	100
4.4.3	Experiential knowledge of the case	101
4.4.4	Study population and sample	103
4.5	Research Methods and Data Sources: Interviews, Documents and Focus Groups	105
4.5.1	Semi-structured interviews	105
4.5.2	Documents	106
4.5.3	Focus groups	107
4.6	Ensuring Trustworthiness	108
4.7	Ethical Considerations and Procedures	110
4.7.1	Maintaining research integrity	110
4.7.2	Safeguarding participants	111
4.8	Pilot Study	112
4.9	Main Study	115
4.9.1	Preparing the portfolio documents	115
4.9.2	Semi-structured face to face interviews with newly qualified nurse teachers	115
4.9.3	Focus group interview with experienced nurse teachers	116
4.10	Analytical Framework	116
4.11	Phase 1: Within Case Analysis	118
4.12	Phase 2: Cross Case Synthesis	121
4.13	Chapter Summary	123

Chapter Five: Within Case Findings

5.0	Chapter Introduction	124
5.1	Within Case Category Findings	124
5.2	Data Set 1: Category Findings from the NQNT Interviews	126
5.2.1	Professional biography and intrinsic motivation	127

5.2.2	Learning the theory and support for learning	129
5.2.3	NHS workplace environment and identity shaped by role	129
5.3	Data Set 2: Category Findings from the NQNT Portfolio Documents	130
5.3.1	Learning from Years 1 and 2	131
5.3.2	Learning from programme LTAS, planning and delivery, and assessment	131
5.3.3	Learning the theory and support for learning	132
5.4	Data Set 3: Category Findings from the ENT Focus Group Interview	132
5.4.1	Professional biography and intrinsic and extrinsic motivation	133
5.4.2	Formal teacher preparation and learning from ENTs	135
5.4.3	Identity shaped by higher education role and professional perception of teaching	136
5.5	Chapter Summary	136

Chapter Six: Cross Case Findings

6.0	Chapter Introduction	137
6.1	Personal Contexts	137
6.2	Personal Commitment to Nursing	138
6.2.1	Personal responsibility	139
6.2.2	Recognising a gap in professional knowledge	141
6.2.3	Being a nurse and a learner	142
6.3	Synopsis of the Findings for Personal Contexts	144
6.4	Learning Contexts	145
6.5	Influence of theory	145
6.5.1	Viewing practice differently	146
6.5.2	Adapting existing practice	148
6.5.3	A shift in the professional lens	149
6.6	Support for Learning	150
6.6.1	Being supported by experienced nurse teachers	151
6.6.2	Emulating colleagues and the programme team	154
6.7	Teaching Practice in Higher Education	156
6.7.1	Gaining a broader perspective	157
6.7.2	Moving out of the comfort zone	158
6.8	Synopsis of the Findings for Learning Contexts	160
6.9	Professional Contexts	161
6.10	Organisational Role	161
6.10.1	Role in the first order field	162
6.10.2	Role in the second order field	166
6.11	Valuing Teaching and the Nurse Teacher	170
6.11.1	Being seen as a nurse teacher	171

6.11.2	Valuing teaching	173
6.11.3	Valuing the nurse teacher	175
6.12	Synopsis of the Findings for Professional Contexts	179
6.13	Chapter Summary	180
Chapter Seven: Discussion		
7.0	Chapter Introduction	183
7.1	How do Personal Contexts Shape the Professional Identity of Newly Qualified Nurse Teachers?	184
7.1.1	Nurse teacher development pathways	184
7.1.2	Motivation and commitment to nursing	187
7.1.3	Nurse teacher trajectory	190
7.2	How do Learning Contexts Shape the Professional Identity of Newly Qualified Nurse Teachers?	193
7.2.1	Learning from pedagogical theory	193
7.2.2	Teaching in higher education	196
7.2.3	Support of experienced nurse teachers	200
7.3	How do Professional Contexts Shape the Professional Identity of Newly Qualified Nurse Teachers?	204
7.3.1	Organisational roles in first and second order fields	204
7.3.2	Organisational roles in the first order field	205
7.3.3	Organisational roles in the second order field	208
7.3.4	Recognising and valuing teaching and the nurse teacher	211
7.4	Chapter Summary	219
Chapter Eight: Conclusions		
8.0	Chapter Introduction	220
8.1	Summary of Study Findings	220
8.2	Research Aim: The Relationship & Influence of Context	223
8.3	Limitations of the Study	230
8.4	Implications for Professional Practice	233
8.4.1	Nurse teacher development	234
8.4.2	The provision of nurse teacher preparation	236
8.4.3	Positioning teaching and nurse teachers in the professional field	240
8.5	Becoming a Researching Professional	241
8.6	Contribution to Knowledge within the Professional Field	243
8.7	Future Research	247
8.8	Recommendations for Professional Practice	250
8.9	Concluding Remarks	252

References	253
Appendix 1 Glossary of key terms, abbreviations and definitions	273
Appendix 2 NQNT information sheet and consent form	276
Appendix 3 ENT information sheet and consent form	279
Appendix 4 NQNT semi-structured interview schedule	282
Appendix 5 ENT focus group interview guide	284
Appendix 6 Phase 1 within case analysis: Analytical steps for data sets 1 & 2	286
Appendix 7 Phase 1 within case analysis: Analytical steps for data set 3	288
Appendix 8 Phase 1 within case analysis: Extract of initial categories and verbatim text (step 7) from data source A for one NQNT	290
Appendix 9 Phase 1 within case analysis: Categories, category definitions and reflective synopsis (step 8) from data source A for one NQNT	292
Appendix 10 Phase 1 within case analysis: Generic categories, category definitions and subcategories from abstraction (step 10) for data set 1	294
Appendix 11 Phase 1 within case analysis: Procedures for tabulation & analytical questioning for data sets 1, 2 & 3	298
Appendix 12 Phase 1 within case analysis: Data set 1 tabulation table	300
Appendix 13 Phase 1 within case analysis: Category ranking table and extract of decision making narrative (steps 2 & 3) for data set 1	303
Appendix 14 Phase 2 cross case synthesis: Analytical steps	308
Appendix 15 Within case category findings: Data set 1	309
Appendix 16 Within case category findings: Data set 2	311
Appendix 17 Within case category findings: Data set 3	313

List of Figures

Figure 1	Multiple embedded case study of newly qualified nurse teachers	99
Figure 2	Multiple embedded case study findings: themes and sub-themes	138
Figure 3	Personal, learning and professional contexts: the contextual strands which shape nurse teacher identity	184

List of Tables

Table 1	Data organisation: documents for analysis by data set, data source and identifier and case component	119
Table 2	Data Sets 1, 2 and 3: number of initial categories and abstracted generic categories and subcategories	120
Table 3	Data set 1 within case generic category findings	126
Table 4	Newly qualified nurse teachers' biographical information	127
Table 5	Data set 2 within case generic category findings	130
Table 6	Data set 3 within case generic category findings	133
Table 7	Experienced nurse teachers' biographical information	134

Chapter One: Introduction

1.0 Rationale for the Study

As the quality of service provision and professionalism of the National Health Service workforce is increasingly called into question (Mid Staffordshire NHS Foundation Trust Public Inquiry, 2013), the teaching of nurses for entry to the profession and the continuing professional development of qualified nurses have once again come to the fore as contemporary issues (Nursing and Midwifery Council (NMC), 2013, 2014). In this climate, nurse teachers are at the forefront of facilitating learning for this group of professionals, and their contribution in preparing a knowledgeable and skilled nursing workforce is paramount.

Nurse teacher preparation forms a fundamental phase in the continuing professional development of nurse teachers and is directed by nursing's professional body, the Nursing and Midwifery Council (Nursing and Midwifery Council, 2008). Such programmes are at postgraduate level and involve completion of a period of formal learning guided by educational standards. Integrating educational theory and teaching practice nurse teacher preparation enables experienced nurses to work as nurse teachers in both clinical practice and higher education (NMC, 2004, 2008).

The impetus for this study stems from my professional practice as a nurse teacher within higher education. My professional remit centres upon the educational preparation of nurses who wish to gain a teaching qualification leading to recognition as a nurse teacher with the Nursing and Midwifery Council. Students entering the programmes for which I had responsibility are experienced nurses commonly

working in a diverse range of clinical settings, normally within the National Health Service. Through my engagement with these students I became aware of a gradual shift in the professional lens associated with learning to become a nurse teacher; a situation which appeared both unexpected and challenging for these professionals. This was observed to be a recurring issue with each new cohort as these experienced nurses began to view their practice as educators rather than clinicians. In supporting student learning I considered that this shift might reflect professional formation, and specifically the shaping of professional identity. This raised questions for me regarding the influences which shape professional formation during nurse teacher preparation and how to maximise formal learning opportunities which nurture and sustain nurse teacher identity during and on completion of nurse teacher preparation.

Existing research focusing upon nurse teachers reveals a small body of knowledge with key areas of enquiry centred upon the transition of nurses moving from clinical practice to work as educators in higher education, and the clinical component of the nurse teacher role (Duffy, 2013; McArthur-Rouse, 2008; Smith & Boyd, 2012).

These works offer valuable insights into the working practices of nurse teachers in higher education, the reshaping of professional identity and the place of non-formal learning as a component of professional development (Knight, Tait & Yorke, 2006).

However, considerably less research attention is given to the experience of being a nurse teacher in clinical practice and the influence of formal as opposed to non-formal learning in shaping nurse teacher identity (Janhonen & Sarja, 2005).

Professionally commissioned studies from the 1990's provide the most comprehensive picture to date of nurse teacher preparation (Buttigieg, 1990; Luker, Carlisle & Kirk, 1995). These investigations were instigated in response to the need

re-examine the nurse teacher role as a consequence of the integration of nurse education within the higher education sector. Although significant in raising the profile of formal learning in the development of nurse teachers these works do not explicitly explore professional formation as a facet of learning to become a nurse teacher, nor make transparent the experience of nurses located in clinical practice during and on completion of nurse teacher preparation.

The lack of recent enquiry regarding the preparation of nurse teachers in general and notably an absence of research which centres upon the professional identity of nurses working in clinical practice during nurse teacher preparation highlight an incomplete picture of contemporary nurse teacher development. This suggests that the nature of professional identity in this under-represented group of nurse teachers is undeveloped and therefore poorly understood. Crucially this restricts a shared understanding amongst educators in enhancing the development of nurse teachers. This signals a gap in existing knowledge and highlights the formation of professional identity during and on completion of nurse teacher preparation as a worthy research focus upon which to make a meaningful contribution to the field of nurse teacher development in nurse education.

1.1 Research Aim and Questions

Drawing upon the perspectives of a group of newly qualified nurse teachers, and the experienced nurse teachers who acted as their facilitators during formal learning, this research aims to critically explore the personal, learning and professional contexts which shape the professional identity of newly qualified nurse teachers during and on

completion of nurse teacher preparation. In meeting this aim the following research questions guide this study:

1. How do personal contexts shape the professional identity of newly qualified nurse teachers?
2. How do learning contexts shape the professional identity of newly qualified nurse teachers?
3. How do professional contexts shape the professional identity of newly qualified nurse teachers?

1.2 Defining Principal Terms

It is recognised that the terminology associated with nursing and teaching roles within the field of nurse education reflect both professional designations conferred by nursing's professional body, the Nursing and Midwifery Council, and role titles determined by National Health Service organisations in their capacity as employers. This presents a somewhat complex picture and it is therefore necessary to clarify key terms to aid understanding. The principal terms adopted throughout this thesis are outlined in the remainder of this section while the glossary in Appendix 1 (pp.273-275) provides the full list of key terms, associated abbreviations and definitions.

In this thesis the term 'nursing' refers to the profession, that is the distinct occupational group, to which all practising nurses and nurse teachers belong while the 'Nursing and Midwifery Council', known as NMC, is the regulatory body which governs nursing and sets standards for the education of nurses and nurse teachers and the conduct of the profession. 'Nurse' refers to qualified professionals who are registered with NMC and practice nursing that is "use clinical judgement in the

provision of care to enable people to improve, maintain or recover health, to cope with health problems, and to achieve the best possible quality of life, whatever their disease or disability until death” (Royal College of Nursing, 2003, p.3).

In this study the term ‘nurse teacher’ is defined as an NMC registrant who, having successfully completed an NMC approved nurse teacher preparation programme, has achieved the knowledge, skills and competence required to meet the associated NMC standards, and through continuing professional development meets the NMC defined stage 4 outcomes of the Standards to support learning and assessment in practice (NMC, 2008).

‘Newly qualified nurse teacher’ (NQNT) refers to qualified nurses who following successful completion of nurse teacher preparation are in their first year of holding the professional designation of nurse teacher as recognised by NMC. ‘Experienced nurse teacher’, abbreviated as ENT in this thesis, are qualified nurses who have successfully completed nurse teacher preparation and have held the professional designation of nurse teacher, as recognised by NMC, for five years or more.

‘Nurse teacher development’ refers to the ongoing development of nurse teachers and embraces the wide range of learning activities, both formal and non-formal, which enable personal and professional growth and enhance professionalism.

‘Nurse teacher preparation’, known as NTP, is a formal programme of learning at postgraduate level governed by NMC professional standards and offered by higher education institutions. Such programmes lead to a recordable teaching qualification with NMC and prepare qualified nurses to work as nurse teachers in clinical practice and higher education.

Finally, this thesis draws on principal terms proposed by Murray (2007, p.273). Specifically, the term ‘professional educator’ is adopted to denote educators including nurse teachers who have a defined educational role in clinical practice or higher education which involves the facilitation of learning for those seeking entry to, or advancement within, their professional field. ‘First order field of practice’ and ‘first order field’ are used interchangeably to refer to the original occupational setting of professional educators. For nurse teachers, the first order field is deemed to be clinical practice. The terms ‘second order field of practice’ and ‘second order field’ are also used interchangeably to signify the occupational setting to which professional educators commonly relocate. For nurse teachers this is deemed to be higher education.

1.3 Thesis Overview

This thesis is the culmination of my research journey and seeks to demonstrate the original contribution which my work brings to the field of nurse education and, in particular, nurse teacher development. In addressing this intent, the thesis presents a conceptually coherent account of the research study across eight chapters, the first of which has been this introduction which outlines the study rationale, research aim and questions, principal terms and thesis content.

Chapter Two presents an overview of the professional field which provides the backdrop for this study. The historical, political and professional events which distinguish the arena within which nurse teachers’ work and learn are explored. Drawing on a Scottish perspective where appropriate, a complex landscape is revealed with the nurse teacher journey inextricably bound to the professionalisation

of nursing and the influence of devolved government policy, National Health Service organisations and higher education. Key markers which shape the nurse teacher as a defined specialism of nursing including NMC standards and role diversification are explored. The policy features which impact upon formal learning opportunities for nurse teacher development as a consequence of the shifting health education policy set by Scotland's devolved government are also highlighted. These influences impact on nurse teacher development and opportunities for qualified nurses to engage in nurse teacher preparation.

Chapter Three centres upon professional identity and the nurse teacher landscape and offers a critical analysis and synthesis of contemporary literature through which the research aim, research questions and conceptual framework for this study are derived. This chapter draws on the body of work which represents teacher development in the school sector to support the more limited nurse teacher research. Four themes are deemed to embody existing knowledge in the field, the first of which reflects conceptualising professional identity. The shared assumptions and theoretical positions which surface from the arena of teacher development are synthesised to reach a conceptual understanding of professional identity which reflects a socio-cultural position and embraces the notion of context. Key debates explored in relation to the second theme of professionalism and identity centre upon the academic and clinical credibility of nurse teachers and the influence of organisational and managerial professionalism in shaping the working practices and identity of nurse teachers.

The nurse teacher role and professional identity emerges as the third theme and evaluation of research centred on professional educator roles in first and second

order fields of practice uncover key issues of relevance in developing a deeper understanding of nurse teacher identity. These include a reshaping of professional identity as a consequence of transition, an emphasis on clinical rather than teaching credibility and tensions associated with working across different organisations. Nurse teacher development is the final theme in this chapter and draws upon enquiry regarding accredited teaching programmes for academics within higher education and initial teacher education in the school sector to reveal contexts which shape the professional identity of nurse teachers. Motivation and commitment are triggers for engagement in nurse teacher development while past experience, pedagogical theory and practice, strategies which support learning and the influence of learners and colleagues emerge as key contexts in shaping nurse teacher identity.

The thesis then turns to Chapter Four which details the research methodology and design. The interpretivist stance which frames this study and researcher positionality are made explicit. Case study provides the methodological framework with a multiple embedded design directing the conduct of the research. The key features of the case are explained including the multiple and embedded components represented by the purposive sample of six newly qualified nurse teachers and five experienced nurse teachers. The main study gathers data through individual interviews, a focus group and analysis of portfolio documents to generate three data sets which are analysed through a phased approach. The within case phase utilises inductive content analysis, tabulation and analytical questioning to interpret categories deemed to develop understanding in relation to the research aim and questions. Cross case synthesis characterises the second phase of analysis which illuminates the key

findings of the study in relation to personal, learning and professional contexts which shape the professional identity of newly qualified nurse teachers

In keeping with the phased approach to analysis the findings of this research are reported across the next two chapters of the thesis. Chapter Five presents the within case findings by data set. Attention is given to those findings which emerge as most prominent and useful in addressing the research questions and recur across the data sets. The semi-structured interviews with the NQNTs and focus group interview with the ENTs illuminate categories which reflect personal, professional and learning contexts which shape professional identity while the portfolio documents reveal categories of relevance to learning contexts. Chapter Six then reports the key findings from this study from cross case synthesis. Supported by direct quotes from the NQNT interviews, ENT focus group interview and portfolio documents personal, learning and professional contexts which shape the professional identity of newly qualified nurse teachers are illuminated and the relation between contexts highlighted.

Chapter Seven of the thesis presents a discussion of the key findings in relation to the three research questions which direct this study. Drawing upon Wenger's (1998) social learning theory and the key concepts and literature outlined in Chapters Two and Three, the eight contextual strands revealed as shaping the professional identity of newly qualified nurse teachers are explored.

Finally, Chapter Eight offers a summary of the study findings followed by conclusions in light of the research aim. Limitations of the study are then noted and implications for professional practice in relation to nurse teacher development, the

provision of nurse teacher preparation and the positioning of teaching and the nurse teacher in the professional field are highlighted. Reflections on learning from the research journey which include the implications of this research for personal practice are recounted. The chapter then turns to the contribution to knowledge which this study brings to the professional field and based upon the research findings areas of future enquiry which merit further investigation by the author and others are proposed. The thesis concludes with the recommendations for professional practice and closing remarks.

Chapter Two: An Overview of the Professional Field

2.0 Chapter Introduction

The shifting political and professional landscape of the past decade has brought substantial change to the National Health Service (NHS) as devolved governments and professional organisations respond to the health and social care needs of local populations across the United Kingdom (Connolly, Bevan & Mays, 2010; Maslin-Prothero, Masterton & Jones, 2008). Nurse education is instrumental in contributing to this evolving agenda, with nurse teachers playing a pivotal role in the preparation and continuing development of a knowledgeable and capable nursing workforce (Taylor, Irvine, Bradbury-Jones & McKenna, 2010). In facilitating learning for this group of professionals, nurse teachers work at the interface of an increasingly complex socio-cultural environment shaped by the imperatives of governments, NHS organisations, professional associations and educational institutions (Fyffe, 2009; Greer & Trench, 2008). This chapter outlines the historical, political and professional events which mark this landscape. Drawing on a Scottish perspective, when appropriate, this overview provides the backdrop for this study.

2.1 Historical Development of Nursing and Nurse Education

As a defined specialism of nursing the historical path of the nurse teacher is inextricably bound to the professionalisation of nursing in the United Kingdom. Charting the development of nurse education as a central feature of this process provides a gateway through which the nurse teacher journey can be distinguished. Originating from religious and military orders in the early 1800s the discipline of

nursing, (Appendix 1, p.275) has evolved into a diverse service profession, the common core of which is “the use of clinical judgement in the provision of care to enable people to improve, maintain or recover health, to cope with health problems, and to achieve the best possible quality of life, whatever their disease or disability until death” (Royal College of Nursing, 2003, p.3).

With the inception in 1860 of two educational pathways for nursing, teaching and learning for entry to the profession was located within the hospital setting (Buttigieg, 1990). Dominated by an apprenticeship approach, student nurses formed part of the workforce and learned on the job. The teaching of nursing was the responsibility of ward sisters and matrons whilst medics provided theoretical instruction (Burnard & Chapman, 1990). It was not until 1914 that the first nurse with sole responsibility for teaching was appointed (Buttigieg, 1990). It is from these origins that nursing’s professionalisation project began in seeking recognition as a distinct occupation (Arunda & Law, 2007; Macdonald, 1995).

Fundamental to gaining professional status was the introduction of the Nurses Registration Act in 1919 and subsequent formation of the statutory General Nursing Council. This brought the registration, standards and education of nurses, under legislative and professional oversight. This situation continues today with the Nursing and Midwifery Council, known as NMC (Appendix 1, p.275), as the statutory body for nursing (Department of Health, 2011). Importantly, the professional body influences the direction of the different registered fields of nursing, and the subsequent specialisms which reflect extended areas of professional practice for qualified nurses. Significantly for this research, NMC remains

instrumental in shaping nurse teacher as a specialism of nursing, stipulating the standards which direct the role and govern nurse teacher preparation.

Ongoing change through the mid 1900s steered nursing towards meeting the demands of a NHS built upon the beliefs and principles of provision for all, free at the point of use (Kerr & Feeley, 2007). Although the apprenticeship model of nurse education at certificate level remained largely unaffected during this time, a small number of graduate programmes for pre-registration nurses began to emerge within the university sector from the late 1950s. This mirrors the ethos of continuing professional development for qualified nurses which is historically rooted in the further and higher education sectors (Burnard & Chapman, 1990). However, pre-registration programmes within the academy at that time were met with some scepticism reflecting a viewpoint which positions the professionalism of nursing firmly in the practical rather than theoretical arena (Barton, 1998; Linsley, Kane, McKinnon, Spencer & Simpson, 2008). This long standing professional issue is also evident in the rhetoric surrounding the clinical and academic credibility of nurse teachers (Ousey & Gallagher, 2010), and in light of the Mid Staffordshire NHS Foundation Trust Public Inquiry (2013) is at the forefront of the current review of professional revalidation (NMC, 2014).

In spite of this issue, the late 1970's witnessed a fundamental shift in governance and education arrangements for nursing due to concerns regarding the retention of nurses, and the desire for academic parity with other healthcare professionals (Briggs, 1972; Royal College of Nursing, 2002). Subsequently, colleges of nursing and midwifery were formed to deliver the curriculum for student nurses whilst approval and monitoring of the quality of nurse education was retained by the professional body

but operationally devolved to four national boards (Pope, Garrett & Graham, 2000).

As a consequence, the majority of nurse teachers relocated to colleges of nursing whilst a minority were based in the further and higher education sectors.

Continuing concern regarding the effectiveness of the apprenticeship model in preparing pre-registration nurses for entry to a rapidly changing healthcare environment culminated in the introduction of diploma preparation through Project 2000 (United Kingdom Central Council, 1986, 1999). This was accompanied by the migration of nurse education and nurse teachers into the higher education sector with accountability for the quality assurance of nurse education once again resting centrally with the professional body (Kenny, Pontin & Moore, 2004).

This unprecedented change required nurse teachers to balance their obligation to the profession for clinical credibility with the teaching and research expectations of the academy (Carlisle, Kirk & Luker, 1996; Thorne, 2006). During this period the four national boards were abolished and organisations in each of the nations were created to subsume their work. In Scotland the special health board NHS Education for Scotland (NES) was formed and is a powerful stakeholder in “developing and delivering education, training and workforce development for those who work in NHS Scotland” (NES, 2011a, p.4).

These events proved to be a turning point in contemporary nurse education paving the way for the recent introduction of all graduate entry to the profession (NMC, 2010). Significantly, substantial revision of the standards which govern both the designation and preparation of nurse teachers in contemporary practice accompanied these changes.

2.1.1 Nurse teacher professional standards: 2002-2008

Since the inception of a fledgling education programme for Sister Tutors in 1918 and nursing's acknowledgement of the designation in 1944, professional standards have guided the developmental path for nurses who elect to specialise as nurse teachers (Appendix 1, p.274) in the United Kingdom. While this situation is common across Europe and further afield, the competency driven standards which direct these roles are not uniform with professional status variable (Guy, Taylor, Roden, Blundell & Tolhurst, 2011; Jackson et al., 2009).

In tracing the history of nurse teacher development (Appendix 1, p.274) in the United Kingdom, Buttigieg (1990) identifies the symbiotic relationship between the profession and this designation, attributing diversification and the evolution of pre-registration education to changes in the nurse teacher role. Indeed, this is evident in the historical trend whereby the standards for nurse teachers are commonly revised in direct response to the standards for pre-registration nurse education. Expansion of fields of nursing and the introduction of community specialisms in the 1950's led to a plethora of teaching designations to match these evolving fields. This complexity mirrored the variable preparation for these roles, although registered nurse tutor, which is akin to the contemporary nurse teacher required a minimum of four years experience and two years at a senior nurse level in clinical practice prior to entry.

During the late 1960's the clinical nurse tutor role was instigated to address the shortage of registered nurse teachers and support learning of pre-registration nurses in clinical practice. This additional layer essentially created the two tier system differentiating those teaching the practicum of nursing with those facilitating

theoretical instruction whilst nurse teacher preparation or NTP (Appendix 1, p.274) increasingly aligned with degree and postgraduate level study.

In 2002 NMC engaged in consultation regarding the education roles which support pre and post registered nurses undertaking formal, regulated professional learning. Consequently, two sets of standards published in rapid succession set the parameters for revised teaching roles and their accompanying educational preparation: Standards for the preparation of teachers of nurses, midwives and health visitors/specialist community public health nurses (NMC, 2002, 2004), and Standards to support learning and assessment in practice (NMC, 2006, 2008). Both stipulate a minimum of three years experience as a registered nurse and professional knowledge equivalent to a first level degree as requirements for entry. At postgraduate level NTP programmes require to incorporate theory and 12 weeks teaching practice using flexible approaches to delivery.

The standards published in 2002 and revised in 2004 introduce a framework reflecting 'mentor', 'practice educator' and 'lecturer' as defined in the glossary in Appendix 1 on pages 273-275. The term mentor refers to nurses working within clinical practice who supervise and assess pre-registration nursing students during their placement experiences. Practice educator and lecturer are however nurse teacher designations which emerge as two distinct pathways replacing the previous multiple designations of nurse teacher and enable recording on the professional register on successful completion of an approved programme. Significantly, practice educator and lecturer designations no longer distinguish between specified nursing fields, instead the role and organisational environment are used to categorise the nurse teacher taking cognisance of the importance of clinical and academic settings.

While the competency based outcomes which direct the preparation of the practice educator and lecturer are different, induction is the identified mechanism through which practitioners move between the two roles and address any gaps in knowledge. Indeed the roles have “equal standing” and entry on the professional register does not distinguish between the two designations (English National Board for Nursing, Midwifery and Health Visiting, 2001, p.12). This indicates that knowledge and skills are transferable between roles and assumes that professionals who hold the nurse teacher qualification can work effectively within and across boundaries which mark NHS and higher education communities.

Introduction of the current standards in 2006 and their minor revision in 2008 extend the 2004 guidance by placing an emphasis on personal and professional development through a four stage framework. Significantly, the existing practice educator/lecturer pathways merge into one recognised nurse teacher designation. This unifies the practical and theoretical aspects of the role and clearly delineates the designation by virtue of regulated, formal learning. In addition, the qualification is mandatory for those employed in higher education supporting students on NMC approved programmes. While this distinction separates the professional designation from the burgeoning education roles instigated by NHS organisations it arguably aligns the role with higher education which potentially obscures those professionals who hold the qualification but are situated in clinical practice.

Importantly, this study is positioned on the cusp of this change and occurred in the midst of curriculum development as NTP governed by the 2004 standards were revised to meet the 2006 requirements. Consequently, both sets of standards influence decisions regarding the research parameters for this study. While these

issues are addressed in more detail in Chapter Four (section 4.4.2, p.101), the definition of nurse teacher adopted in this study Appendix 1 (p.274) takes cognisance of practitioners who undertook preparation in accordance with the 2004 standards and who on completion require through continuing development to align with the 2006 framework.

2.2 Healthcare Education

Since devolution in 1999 the direction of United Kingdom health and education policy has diverged as each of the four nations tailor provision to meet local need framed by the devolved government agendas (Jervis, 2008). Consequently, while bound by United Kingdom wide regulation, nurse teachers' professional practice is influenced by the health and education parameters set by the nation within which they work and learn. From a Scottish perspective, although reserved powers for the regulation of healthcare professionals remains with Westminster, this nation rejected the internal market which had underpinned the previous unified position in favour of building an integrated system with responsibility transferred to 14 Health Boards (Robson, 2011). The policies triggered by Professor David Kerr's extensive review of healthcare in Scotland set the national framework for an integrated and collective approach to service delivery (Scottish Executive, 2005). With a shift of emphasis from reactive provision to a focus on health improvement based on local need, the policies of the successive government extend the partnership approach to promote mutual ownership of NHS Scotland through which the values of collaboration, collectivism and professionalism emerge (Kerr & Feeley, 2007; Scottish Government, 2007a, 2012, 2013a).

Within this policy rhetoric, the quality of service provision and the need for a skilled, knowledgeable and integrated health and social care workforce surface as dominant threads (Scottish Government, 2009, 2010, 2011a, 2013a). Arguably this highlights the enterprise of NHS Scotland, the tenet of which is the provision of quality, person centred care and service delivery by a capable workforce. Workforce responses to this enterprise emphasise learning in the workplace and the development of meaningful career pathways to support new and extended roles for nurses (Scottish Government, 2006, 2013b).

Building an educated workforce is also at the heart of higher education policy in Scotland. This enterprise stems from the sector's contribution to economic growth and societal well-being through learning and teaching, research and knowledge transfer (Scottish Executive, 2003; Scottish Government 2007b). While widening participation, lifelong learning and enhancement are cornerstones of Scottish higher education (Kemp & Lawton, 2013), the ability of existing provision to meet the demands of employers and the economy is challenged (Scottish Government, 2011b). As a result, greater involvement of employers in determining the nature, development and delivery of provision is advocated to ensure the sector is responsive and proactive to current and future need. Indeed, the recent review of nursing and midwifery education in Scotland (Scottish Government, 2014) conducted by the Chief Nursing Officer exemplifies such involvement. The review sets six strategic aims which align with the vision for NHS Scotland, one of which is the development of an infrastructure to support post qualifying education for

nurses. This issue is also apparent at an international level with the World Health Organisation (2013) promoting greater collaboration between education institutions and healthcare organisations in the provision of continuing professional development. Of note is the attention given to the importance of healthcare education, ensuring “teachers are well prepared to assume their responsibilities as educators” (World Health Organisation, 2013, p.24)

These policy initiatives have implications for accredited continuing professional development provision for nurses within higher education where such programmes often respond to both regulatory standards and the needs of local health boards. The increasing emphasis on learning in the practice setting and support for education related to role development at a local level are likely to change the nature of future provision. It may be that NHS organisations will place less value on formal professional programmes such as nurse teacher preparation which may limit opportunities for qualified nurses who wish to gain professional recognition as nurse teachers by means of formal learning. Furthermore, as NHS Education for Scotland, known as NES (Appendix 1, p.274), builds the practice education infrastructure to facilitate learning at the point of service delivery and the integration of health and social care becomes a reality, it is probable that new education roles will emerge to support these enterprises. Consequently, the nurse teacher designation will be questioned and alternative conceptions of the position of this role in higher education and clinical practice may need to be made.

2.3 Nurse Teacher Development

The provision of continuing professional development (CPD, Appendix 1, p.273) for nurses has come to the fore as the quality of patient care within the NHS and the professionalism of the nursing workforce emerge as key issues of contemporary concern within political and professional arenas (NMC, 2013). The CPD of qualified nurses is under review as part of the revalidation agenda (NMC, 2014), but currently embraces the conditions for periodic renewal of registration and maintenance of competence (NMC, 2011). Encompassing wider concepts of lifelong learning throughout a career journey such development enables personal and professional growth through which professionalism is enacted (Smidt & Sursock, 2011).

There is general agreement that CPD serves both mandatory and developmental functions. In relation to nursing, Drey, Gould & Allan (2009, p.741) distinguish these terms with the former reflecting “retention of core nursing skills” whilst developmental CPD enables individuals to “undertake extended roles which might also contribute to career development”. This duality is apparent in the perceptions of CPD amongst nurses and similar professional groups with keeping up to date and maintaining competence commonly associated with mandatory CPD located in the workplace setting (Gould, Drey & Berridge, 2007). In contrast, continuing professional development viewed as enabling career progression is often associated with professional requirements and formal learning in settings such as higher education. As a professionally defined specialism governed by NMC standards, nurse teacher preparation rests most comfortably as developmental CPD (Friedman & Phillips, 2004).

Review of the NMC website of approved programmes undertaken in April 2014 reveals sixty NTP programmes in the UK, the majority of which align the nurse teacher qualification with a postgraduate certificate. Of the six located in Scotland all are at postgraduate certificate level which reflects the NMC requirement for preparation at master's level. Recent figures released by NMC via a Freedom of Information request indicate that of the 670,106 nurses, midwives and specialist community public health nurses registered with NMC, 10,123 hold a teaching qualification (L. Proudfoot, personal communication, October 10, 2013). Women are in the majority with only 19% of men recorded as nurse teachers. While information is not available indicating when they undertook their qualification, or entered the register, both women and men commonly appear to hold the qualification after the age of 30 with only 16 recorded nurse teachers between the ages of 20-29.

This data tentatively implies that nurses elect to engage in nurse teacher preparation at a later juncture in their careers following experience as a nurse. Information regarding the employment status of nurse teachers is not retained by NMC nor appears to be available elsewhere and it is therefore not possible to determine the location within which these professional educators work neither during NTP nor on completion of their preparation. This restricts the ability to effectively chart trends in career progression for this group of educators. Baruch (2004) argues that traditional linear routes for career progression characterised by upward movement along a hierarchical structure are no longer appropriate in organisations which are frequently boundaryless. Rather, he proposes, multidirectional pathways as the way forward. As the name suggests this notion reflects career movement in multiple directions either within or across organisations. Indeed the clinical and academic career

frameworks for nurses developed in response to Modernising Nursing Careers (NES, 2009, 2011b) embrace this concept.

The transition from nurse to nurse teacher appears to mirror both linear and multi-directional pathways. While a move from clinical practice to work in higher education seems to be the norm (Buttigieg, 1990), there is some evidence to suggest that nurses may gain professional recognition first and remain in clinical practice as nurse teachers before relocating to the academy (Duffy, 2013; McArthur-Rouse, 2008). This suggests that NTP is undertaken whilst working in clinical practice supporting the view of linear progression. However, the absence of reliable statistical data regarding the nurse teacher demographic and trends in ongoing career pathways beyond completion of NTP hinders understanding of the development needs of this professional group.

With the implementation of the NHS Knowledge and Skills Framework (Department of Health, 2004), learning and development for the majority of NHS staff aligns to a model which defines and describes the knowledge and skills associated with organisationally defined roles. This shift in emphasis towards development derived from organisational rather than professional positions steers the CPD agenda towards a collective sense of professionalism stemming from the requirements of the workplace. From an organisational perspective developmental CPD originating from professional associations, such as nurse teacher preparation may only be valued if seen to match the enterprise of the NHS organisation.

Although this implies organisational limits on continuing professional development as a mechanism for career progression, the recognition of the need to sustain a committed and competent nursing workforce raises the profile of teaching and learning within clinical practice. Crucially this opens possibilities for closer partnerships between NHS organisations and the higher education sector in working towards a shared enterprise which centres upon teaching and learning as a mechanism to improve quality person centred care and service delivery. While the Chief Nursing Officer review (Scottish Government, 2014) promotes such relationships and highlights the NES instigated practice education roles, the position of nurse teachers in this strategic landscape is unclear at present.

2.4 Chapter Summary

This overview distinguishes the professional field within which nurse teachers reside as a complex arena. Development of this designation is heavily influenced by key milestones in the historical progress of nursing and as such the nurse teacher voice is somewhat indistinct. While formal preparation forms a fundamental phase in the professional lives of nurse teachers, the contemporary climate potentially limits opportunities for engagement particularly for nurses located in clinical practice. The absence of information which monitors trends in career pathways coupled with a view that the nurse teacher role is situated in higher education conceals the position of nurses who undertake nurse teacher preparation whilst working in clinical practice and remain in this field on completion.

In supporting professional learning nurse teachers located in higher education require to balance competing demands of the profession, NHS organisations and higher education in their pursuit of professional practice. These challenges may also exist for newly qualified nurse teachers (NQNT, Appendix 1, p.274) who remain in clinical practice on completion of NTP, however, this perspective appears to be missing from the landscape. These issues highlight an incomplete picture of nurse teacher development and in particular raise questions regarding the experience of learning to become and being a newly qualified nurse teacher in clinical practice. To further elucidate these issues this thesis now turns to a deeper exploration of the nurse teacher landscape.

Chapter Three: Professional Identity and the Nurse Teacher Landscape

3.0 Chapter Introduction

Chapter Three presents a critical analysis and synthesis of existing knowledge of relevance to the professional identity of nurse teachers. Guided by the perspectives of Aveyard (2010) and Hart (1998), the aims of the literature review are threefold; to identify and evaluate key concepts, theories and research of relevance to the professional identity of nurse teachers; to illuminate issues worthy of research enquiry which aid formulation of the research questions; and to build the conceptual framework for this study. This chapter therefore begins by justifying the scope of the review and outlining four themes which are deemed to embody contemporary knowledge within the field. There then follows an evaluation and synthesis of key concepts and research associated with each theme. The review concludes with a summary of the theoretical frames of reference which guide this study.

3.1 Scoping the Literature

The landscape of identity research provides an extensive and rich corpus of work through which understandings of this multifaceted concept emerge. The presence of nurse teacher identity within this diverse field is however, sparse and is compounded by the lack of enquiry centred on professional identity in the context of those undertaking formal programmes of learning leading to recognition as a teacher of nurses. The absence of research which draws attention to the identity of nurses

holding this professionally designated qualification whilst working in clinical practice further signifies an under developed area of enquiry.

Whilst research relating to nurse teachers working in higher education does exist, its scope commonly centres upon the experience of role transition and examination of the clinical component of the role. The notion of professional identity is often implicit rather than explicit within these works (Carlisle et al., 1996; Carr, 2007; MacNeil, 1997). Enquiry arising from multiple education roles located within clinical practice is also apparent and encompasses the wider healthcare field including allied health professions and social work (Brodie & Williams, 2013).

While role again emerges as a prominent thread, professional identity remains largely unexplored and comparison is hampered by the use of multiple role titles and the absence of reported teaching qualifications which underpin these positions. In addition, nursing appears to be distinct in having nurse teacher as a professionally defined designation making direct comparison to research associated with allied health care professions less feasible.

Despite these limitations the issues which emerge from studies which centre upon nurse teachers in higher education and educators in clinical practice offer a crucial starting point, directing attention towards research into teachers and teacher development within the school sector. This reveals an abundant source of enquiry through which professional identity emerges as a prominent strand. It becomes apparent that research in this area has considerable resonance for the professional development of nurse teachers given the similar process of professionalisation and comparability of educational preparation between the two professions. Furthermore, this knowledge base captures the perspectives of identity as school teachers' progress

through their professional lives. In particular, research associated with students including career change learners engaged in initial teacher education (ITE, Appendix 1, p.273) and teacher educators (Appendix 1, p.275) is most pertinent and can be usefully transferred and compared to existing knowledge on nurse teacher identity. Enquiry reflective of beginning and experienced teachers is also available but parallels to newly qualified nurse teachers are generally less apparent as a consequence of their stage in the continuum of their career trajectories.

By drawing on this body of work to support the more limited nurse teacher research four themes emerge from which the conceptual framework and research aim and questions for this study are derived, namely, conceptualising professional identity; professionalism and identity; the nurse teacher role and professional identity; and nurse teacher development and professional identity.

3.2 Conceptualising Professional Identity

Gaining an understanding of the concept of identity is a complex task and as Beauchamp and Thomas (2009, p.176) caution, “resolving a definition” presents “a major hurdle”. Positioned as it is within a range of disciplines, identity is commonly framed according to the principles and discourses reflective of these different fields. Consequently the social, cultural, historical and psychological standpoints held by theorists and researchers contribute to the lack of an agreed definition. This is compounded by the plethora of labels which are attached to the concept and their inconsistent application in representing professional identity. This further detracts from a shared view of this complex construct within the literature. Whilst studies within the arena of teacher development reveal similar challenges, ‘shared

assumptions', 'theoretical positions' and 'context' emerge as common conceptual threads through which professional identity can usefully be delineated. It is therefore appropriate to draw upon these established conceptualisations to extend understanding in the under developed field of nurse teacher identity.

3.2.1 Shared assumptions

Systematic reviews and conceptual works often illuminate converging issues, pinpoint disagreement and shed light on previously diffuse concepts (Jesson, Matheson & Lacey, 2011). Beijaard, Meijer and Verloop's (2004) review of research on teachers' professional identity and Rodgers and Scotts' (2008) more recent theoretical analysis of the concept in learning to teach are reflective of such works. Commonly cited in the field and robust in their approach these texts capture essential assumptions which frame the concept of identity and form the basis of the analysis within this section.

Undertaking a review of 22 research studies conducted between 1998 and 2000, Beijaard et al., (2004) categorise enquiry at that time as centred upon identity formation, characteristics of professional identity and identity as represented through storytelling. Synthesis of mostly small scale interpretive research reveals disagreement regarding definitions and the relationship between notions of self and identity. The latter in particular appears pivotal in defining professional identity and remains a recurrent theme in more recent reviews (Trede, Macklin & Bridges, 2012).

In a comprehensive theoretical overview of identity, Beauchamp and Thomas (2009) relate self with self-concept and argue that "an understanding of the self and a notion of that self within an outside context" is necessary for the development of teacher

identity (p.178). This implies a relation between the personal and the professional in identity, and it is perhaps the degree of that relation which distinguishes different positions in this debate.

This degree of relation is apparent in the features illuminated from Beijaard, et al.'s, (2004) systematic review which characterises the development of teachers' professional identity as; encompassing both person and context in relation to the landscape where teachers live and work; an ongoing process of interpretative experience comprising sub-identities, and essential to agency through which teachers actively seek development of self. These perspectives support professional identity as a relational concept which is constantly evolving in response to the contextual landscape. Central to this notion appears to be engagement in, and interpretation of, experiences embedded in ongoing development through which teacher identity is continually reformed. This situates the concept within a broadly socio-cultural frame and is suggestive of mutual constitution of self in relation to the wider context. Although context is inadequately defined, the teachers' landscape is arguably representative of this notion.

While only two narrative studies are incorporated within Beijaard et al.'s, (2004) review the limited research drawing upon a positivist paradigm suggests that the phenomenon of identity may be more effectively pursued through an interpretative epistemology; a pattern which continues with qualitative approaches dominating the contemporary field. This is echoed in the limited enquiry on nurse teacher identity which more commonly draws upon a socio-cultural lens through which to view identity.

Rodgers and Scotts' (2008) insightful conceptual analysis of teacher education and adult development literature extends these perspectives within a contrasting frame of developmental psychology. They determine that identity formation continues to be a key area of enquiry and agree that the notion of self remains contested within the field. However, they also state that current perspectives on identity share four common assumptions, namely, identity is a shifting and unstable construct; it involves the reconstruction of meaning through storytelling; it is shaped in multiple contexts reflecting social, cultural, historical and political influences; and that emotion and relationships emerge as important strands in developing identity. The first three assumptions concur with the features outlined by Beijaard, et al., (2004) with narrative again distinguished as an important lens. However, the fourth assumption draws attention to threads which have seen informal support for learning as an area of developing interest (McKeon & Harrison, 2010; Murray, 2008).

In terms of identity and professional development these features highlight the place of agency as "one's ability to pursue the goals that one values" (Day, Kington, Stobart & Sammons, 2006, p.611). Rodgers and Scott (2008) broaden this idea and argue that a political dimension has become integral to these concepts. This is most evident in the lively discussion which permeates literature regarding teacher professionalism through which an active awareness of identity is viewed as essential in enabling teachers to claim their voice and influence their professional landscape (Evetts, 2011; Kennedy, 2007; Sachs, 2000). The notion of agency and voice is considerably less apparent within nurse teacher discourse (Andrew & Robb, 2011). While this may be partially accounted for by the limited exploration of identity within this group it perhaps suggests a more fundamental issue regarding a lack of

shared understanding of what it means to be a nurse teacher. Indeed, Andrew, Lopes, Pereira and Limas' (2014) thoughtful discussion regarding the repositioning of nurse teacher identity in higher education highlights the separation of clinical practice and higher education which creates a divide between "those who teach and those who practice" (p.74) within nursing. Arguably this hampers opportunities to develop a shared view of the nurse teacher. The apparent absence of a distinctive voice may also be indicative of political and professional forces which influence the nurse teacher landscape and potentially impede development of a collective awareness of identity (Carr, 2007; Findlow, 2012).

The common features and assumptions explored thus far reveal a number of facets which provide valuable reference points in constructing a conceptual view of professional identity. As a concept inextricably bound to the notion of self, the relational qualities of identity are reflective of the connection between the personal and professional, and the extent to which reinterpretation of self is constituted in relation to experiences and context within the wider landscape. Interrogation of professional identity appears to be more commonly undertaken from an interpretivist stance, whilst psychological, narrative and socio-cultural perspectives surface as the lenses through which the concept is often viewed.

3.2.2 Theoretical positions

Psychological, narrative and socio-cultural positions represent theoretically different perspectives which contribute to an understanding of professional identity. In approaching the breadth of literature reflective of these positions it becomes apparent that tackling this corpus or presenting a detailed analysis of the multiple theoretical

origins of identity is beyond the scope of this review. Instead, contrasting frameworks are sought to enable refinement of the concept and inform the overarching lens through which professional identity in nurse teachers may be viewed. Consequently, three frameworks are identified, namely, Korthagen's (2004) conceptually based model of levels of change indicative of a psychological frame; Kelchtermans (1993) and Kelchtermans and Vandenberghe's (1994) empirical conceptualisation of identity as a personal interpretive framework based upon a narrative/biographical position; and finally Wenger's (1998) learning theory derived from research on apprenticeship and located within a socio-cultural frame. All of these stem from interpretivist perspectives and emerge from an interest in the development of professionals with identity as an explicit construct. Importantly, the view of self as a starting point in defining identity and acknowledgement of the relational nature of the concept are threads which both connect and essentially differentiate these perspectives. Rather than presenting polarised views of professional identity each places greater or lesser emphasis on the notion of self and relation.

In facilitating the personal and professional development of student school teachers Korthagen's (2004, p.79) conceptually derived model is adapted from the earlier work of Dilts in the fields of therapy and personal development. Encompassing six levels of change the concentric model positions identity as the "personal singularity of the individual" (Korthagen, 2004, p.85) rather than a socially formulated self. The focus on the personal implies an intimate and unique view of oneself and reflects a view of self-concept as "one's place or position in relation to all the elements in the world" (Bergner & Holmes, 2000, p. 37). Korthagen (2004) argues that identity is

shaped by environment, behaviour and competency which ultimately inform teachers' missions regarding commitment and calling to the profession. Although the holistic intent of this conceptualisation outlines possible connections between the personal and professional, the lack of clarity and specificity regarding the relationship between identity and the influencing levels limits its application. This, to an extent, reflects the theoretical rather than empirical base of the conceptualisation. However, subsequent research suggests challenges exist in generating a practical application of the concept of identity formation within this framework (Tigchelaar, Brouwer & Korthagen, 2008).

A psychological view of identity as a frame of reference is clearly embedded in research with school teachers (Day et al., 2006; Nias, 1989) but is considerably less apparent in the context of nurse teachers (Duffy, 2013). While this perhaps reflects the challenges posed in discerning the different notions of self as a representation of identity, it also implies that a psychological lens may not fully accommodate understanding of the relational nature of identity in nurse teachers. Given the complexity of the nurse teacher environment outlined in Chapter Two, narrative/biographical and socio-cultural frames offer alternative views through which identity may be more appropriately located for this study.

Narrative is in itself a diverse and complex field which draws upon different discourse positions in gaining an understanding of identity (Bamberg, 2006; Clandinin & Connolly, 2000). In explaining identity as narrative Watson (2006, p.510) draws upon Hinchman and Hinchmans' definition of "identity is that which emerges in and through narrative" and suggests that the stories we construct about ourselves and choose to share with others are the process through which identity

becomes apparent. This implies the need to engage with others and make sense of interaction; a parallel which is also evident in social learning theory (Wenger, 1998).

Locating identity firmly within an occupational perspective Kelchtermans and Vandenberghe (1994) subscribe to the view that personal life history and experience from the past and expectation of the future influence teacher behaviour and development. Drawing upon multiple methods, including a cycle of three biographical interviews, this substantive research seeks an understanding of 12 experienced Flemish primary school teachers' professional development through reconstruction of their career stories. The concept of self as a representation of identity is distinguished as a "complex, multidimensional and dynamic system of representations and meaning which develops over time as the result of interactions between the person and an environment" (Kelchtermans, 1993, p.47).

Unlike Korthagen (2004) for whom self concept is key in terms of the singularity of the individual, Kelchtermans (1993) balances both the personal and professional in his view of identity, recognising the significance of the social world to the concept whilst simultaneously placing an emphasis on the view of self. His interpretive analysis of teachers' career stories and professional biographies illuminates a personal interpretive framework which gives meaning to teachers' professional lives characterised by the conception of self as a teacher and the knowledge and beliefs regarding teaching.

As with the psychological frame, narrative/biographical is frequently adopted as a lens through which teacher identity is viewed but appears elusive within research on nurse teacher identity both as a methodological approach and analytical lens. The

reasons for this are unclear, however it may be that the nature of narrative enquiry which utilises in-depth biographic interviewing and reconstruction through storytelling presents potential methodological challenges for insider researchers in maintaining confidentiality when working with small research populations.

Social learning theory proposed by Lave and Wenger (1991) and further developed by Wenger in 1998 emerges from the ethnographic study of craft apprenticeship which views learning as a situated, social practice through which newcomers derive meaning and shape identity through legitimate peripheral participation within social communities termed communities of practice, commonly referred to as CoP (Cox, 2005; Lave and Wenger, 1991). These principal concepts form the foundation for Wenger's ongoing work (Wenger, 1998, 2000, 2010) which evolves into a detailed and complex conceptualisation of social learning. Rooted in four principal assumptions this theory regards humans as social beings; knowledge as competence; knowing as participation in the world; and meaning as learning derived from experience and engagement. At its heart, and reflecting these assumptions, are four interrelated constructs; 'meaning', 'practice', 'identity' and 'community', each of which comprises key concepts which define these connected strands and shape a social view of learning.

According to Wenger (1998, p.4) learning involves "being an active participant in the practices of social communities and constructing identities in relation to these communities". He proposes that humans experience and understand the world through a process of engagement in practices central to social communities. This engagement involves individuals in negotiating meaning through a process of participation as multi-members of Communities of Practice (CoP, Appendix 1,

p.273). Over time these collective practices provide coherence to the community and build a locally negotiated regime of competence which stems from members learning together through mutual engagement, joint enterprise and a shared repertoire of practice. This sustained pursuit of a common enterprise which characterises a community of practice gives rise, Wenger (2010) argues, to a complex social learning system whereby communities are interrelated by the nature of their boundaries and peripheries and present a landscape of practices through which individuals have multi-membership.

Fundamental to this theory of learning is the construct of identity, the formation of which involves an ongoing journey of realignment and reconciliation. Wenger (2010, p.180) proposes that learning places “the person as a social participant”, “a meaning-making entity for whom the social world is a resource for constituting identity”. Identity is therefore viewed as social formation, an act of becoming and being through mutual constitution of self and the community. Building and sustaining identity is an endeavour which is distinguished by constant negotiation as individuals interpret the meaning of membership for themselves through the experience of participating in community enterprise and repertoire. Multiple membership of different CoP, each with its distinct boundary and regime of competence, shapes identity as the individual realigns their repertoire of practice to the joint enterprise of the community and reconciles identity within and across boundaries. Over time, participation in this “nexus of membership”, Wenger (2010, p.181) suggests creates different trajectories which reflect an individual’s journey as a member of different communities. Importantly this participation shapes identity through integrating the experience of the past and future with the present.

This socially situated conceptualisation of learning positions identity as a central construct whereby the formation of identity is explicitly defined. As such this perspective generates both possibilities and constraints as a lens through which professional identity of nurse teachers can be viewed. Specifically, this relates to non-formal workplace learning, the notion of communities of practice and concepts which shape identity formation. Sustained research examining the application of Wenger's theory in disparate institutions such as business, healthcare and education (Murillo, 2011; Wenger, 2010) suggests an appeal which originates from an emphasis on the non-formal nature of learning in the workplace. Such learning, Eraut (2000a, p.115) proposes, takes place "spontaneously in response to recent, current or imminent situations without any time being specifically set aside for it". This has particular resonance for nurses working in clinical practice who are likely to utilise such learning to enhance their teaching practice prior to engaging in formal preparation. Similarly for those who move into higher education and assume a nurse teacher role, the place of non-formal learning is well documented (Knight et al., 2006).

Given this premise its transferability to exploring professional identity during formal NTP is not immediate. Although such provision includes workplace learning as part of teaching practice, the nature of such programmes is essentially formal with prescribed curricula and pre-determined practice outcomes which direct learning (NMC, 2008). This constraint does not seem to impede researchers adopting social learning theory as a theoretical framework when examining identity in students undertaking formal education (Janhonon and Sarja, 2005; Timostsuk & Ugaste,

2010). Applying this theoretical frame beyond the confines of non-formal learning therefore appears to be a viable proposition.

Perhaps the main issue in applying Wenger's theory to investigating professional identity in nurses during and on completion of nurse teacher preparation is the notion of CoP. This naturally occurring social structure is intended to be taken only as one element of the wider framework but by Wenger's (2010) own admission, seems to be "out of control" (p. 185) as researchers and practitioners alike interpret its meaning in a variety of different ways (Cox, 2005). Certainly critiques since the theory's inception are levelled at this concept highlighting confusion regarding an agreed understanding of community and a lack of emphasis on power in social learning (Cox, 2005, 2008; Li et al., 2009, Murillo, 2011). However, the challenge that the concept of CoP presents for enquiry into professional identity of nurse teachers working in clinical practice lies in the indicators which determine this concept and the proposition that learning and identity building are located only within this social structure (Eraut, 2002b). Nevertheless, the view of a CoP as a joint enterprise with a locally negotiated regime of competence resonates with the first and second order fields of practice (Appendix 1, p.273, p.275) within which nurse teachers work and learn. If, as it is proposed, this social view of learning can be appropriately applied within formal contexts then it is also reasonable to consider the possibility of transferring these aspects of CoP to enquiry centred upon NTP.

Despite these constraints, communities of practice form only one component of social learning theory and examination of professional identity in this group of professional educators necessitates a shift in focus towards other explicitly delineated concepts through which identity can be explained. Notwithstanding this complexity

research on identity formation in student teachers, nurse teachers and teacher educators reveals a nexus of multi-membership, reconciliation, trajectory and boundary as valuable concepts (Boyd, 2010; Boyd & Harris, 2010; Harrison & McKeon, 2010; Williams, 2010). There is, therefore, considerable merit in this theoretical frame as a socio-cultural lens through which professional identity in nurse teachers can be viewed.

3.2.3 Context

Context is an expression which appears to be synonymous with professional identity emerging explicitly in the shared assumptions and implicitly in the theoretical positions which frame the concept thus far. It is surprising to find that definitive definitions of context remain somewhat unclear, with researchers often omitting to make transparent their interpretation of the notion. Beauchamp and Thomas (2009) make general reference to “the context of practice” aligning this with the “school environment, nature of the learner population and the impact of colleagues” (p.184), whilst Flores and Day (2006) similarly associate the term with the “context of teaching” (p.223). Indeed in their longitudinal study, intrinsic motivation and personal experience as pupils emerge as important personal contexts for newly qualified primary teachers in Portugal; findings which recur within the wider literature (Day et al, 2006; Knight, Baume, Tait & Yorke, 2007).

An exception in making the concept more explicit are Rodgers and Scott (2008, p.734) who cite a number of definitions of which Clandinin and Hubers’ view of context as “the landscapes past and present in which a teacher lives and works” is of particular note. Although learning is excluded, alignment with the shared

assumptions and Wenger's (1998) socio-cultural view of identity are apparent.

Taking these perspectives into consideration context in terms of the professional identity of nurse teachers in this study may reasonably be considered as the landscapes past and present in which a nurse teacher works and learns. Drawing upon the preceding analysis contextual strands representative of this landscape may be further delineated.

Continuing professional development provides an overarching context for the nurse teacher landscape through which identity is constantly reinterpreted. With an emphasis on lifelong learning, a requirement to maintain competence and a mechanism for career progression, CPD for nurses, and indeed for teachers, is integral to professionalism (Boyd, 2005; Morgan, Cullinane & Pye, 2008; NMC, 2011). This professional journey is however mediated by influences past and present which arguably encompass personal, learning and professional contexts. While these are not as yet fully realised personal contexts appear indicative of motivation and past experience, learning contexts embrace notions of formal and non-formal learning and support and professional contexts are potentially reflective of workplace organisations, role and relationships with colleagues.

Established conceptualisations in teacher development reveal professional identity to be underpinned by shared assumptions, viewed from different theoretical positions and shaped by context. Taking cognisance of these valuable insights professional identity in this study is positioned within a socio-cultural frame to reflect the inherently social nature of the nurse teacher landscape. Given that existing research on nurse teacher identity already draws upon this theoretical lens it is prudent to continue this tradition to aid transferability within the field when exploring this

concept in an under researched group of nurse teachers. Professional identity in this study is therefore assumed to be a relational concept which potentially connects the personal and professional in learning to teach. The formation of identity is considered to be an ongoing process of realignment and reconciliation as nurse teachers interpret the meaning of their experiences through participation in the landscape within which they work and learn; a landscape shaped by personal, learning and professional contexts.

3.3 Professionalism and Identity

In recent years the emergence of professionalism as a central tenet of professional work has gathered pace in the rhetoric and research associated with public service occupations. Increased government control over the nature of professional practice, organisational environments driven by accountability, quality and efficiency and raised involvement and expectations of clients have renewed interest in the nature of professionalism within service orientated professions such as nursing and teaching (Evans, 2008; Mockler, 2005; Scott, 2008; Scottish Government, 2012). The organisational and managerial perspectives which shape this contemporary view are bound up in the historical debates which characterise professions (Evetts, 2011; Sachs, 2003).

Evetts (2009, p.20) defines profession as “a distinct and generic category of occupational work” and for nursing being recognised as such within society has proven something of a challenge and remains a contested view in some quarters (Law and Arunda, 2010). The sociological discourse which charts this endeavour reveals a complex history as nursing, in line with other occupations such as teaching,

seek status and power within the social order based upon their perceived value or ability to achieve market closure (Collins, 1990; Evetts, 2009; Haralambos & Holborn, 2008; Macdonald, 1995). In meeting and maintaining the conditions for professionalism such occupations arguably establish a collective identity which distinguishes the profession and imbues professional practice.

As outlined in Chapter Two (section 2.1, p.11), the nurse teacher journey is inextricably linked to the wider occupational group (Buttigieg, 1990). The challenges encountered by nursing in this journey have inevitably shaped the direction of professionalism and, by association, the professional identity of nurse teachers. Unlike teacher professionalism which has given rise to buoyant discourse, nurse teacher professionalism does not forge such a distinct path, being subsumed within the wider debates of the profession. This is best evidenced in the persistent voice and subsequent research regarding the credibility of nurse teachers which stems from the debate regarding the academic and vocational nature of nursing (Day, Fraser & Mallick, 1998; Ousey & Gallacher, 2010).

This also surfaces in research and professional discourse following nursing's entry into the academy which questions the academic credentials and status of nurse teachers and the value placed on continued participation within the first order field (Findlow, 2011; Mckendry, McKay, Boyd & Andrew, 2012); issues shared by similar groups of professional educators (Murray & Aymer, 2009). This focus undoubtedly positions professionalism at the level of the individual nurse teacher, but the dearth of literature dealing explicitly with this issue limits analysis. This directs the remainder of this section of the review towards sources reflective of

teacher professionalism, healthcare policy and nurse and allied health professions' research.

A comparative study examining the connection between levels of professionalism in 1,850 qualified nurses in America relates the term to individual attitudes but also extends the view by suggesting that these attitudes represent "levels of identification with and commitment to a particular profession" (Wynd, 2003, p.252). This importantly situates identity within the domain of professionalism with findings suggesting affiliation with the professional organisation, autonomy and commitment as concomitant strands. This is apparent in Sammons et al.s', (2007) large scale, longitudinal study of the variation in teachers' effectiveness through their professional lives from which commitment emerges as central strand in shaping the identity of newly qualified teachers.

Key writers Meyer and Allen (1997) refer to commitment as a psychological state reflective of an individual's allegiance or loyalty to a given entity. In a synthesis of antecedent research they identify an affective component encompassing "an employee's emotional attachment to identification with and involvement in the organisation" (Meyer & Allen, 1997, p.11). They further assert that organisational role, support of the workplace, valuing an employee's contribution and enabling personal fulfilment influence affective commitment towards the organisation; all of which are relevant in the context of the nurse teacher landscape.

These themes are captured in the findings of a multiple case study which examines the factors affecting mid-career nurses future participation in the workplace (Bennett, Davey & Harris, 2009). While caution should be applied in interpreting findings

which do not distinguish between the qualified and unqualified staff, a commitment to nursing expressed through personal responsibility to develop less experienced practitioners is highlighted. This is a recurring finding in nurse teacher research where the nurturing of new professionals is considered central, with teaching providing the vehicle through which nurse teacher professionalism is enacted (Boyd, 2010; McArthur-Rouse, 2008; Smith & Boyd 2012). Bennett et al., (2009) also note the lack of recognition of individual achievement and provision of appropriate CPD as challenging the notion of commitment. This reverberates with Duffy's (2013) grounded theory findings of experienced nurse teachers who report a lack of recognition during the initial transition into higher education as limiting development of personal academic identities.

The place of identity in professionalism at an individual level is further evidenced in research centred on teacher educators (Murray, 2014), and learners engaged in formal preparation for entry to their respective healthcare professions within the UK (Morrow, et al., 2011). Murray's (2014) interpretive case study explores the construction of teacher educators' professionalism and identity across three higher education institutions in England. Teacher educators are certified school teachers who work in higher education and are involved in the preparation of student teachers (Appendix 1, p.275). Professionalism in Murray's study is situated within a broadly socio-cultural frame and is defined as "repertoires of professional knowledge, attitudes and values which articulate the character of teacher educator practices" (Murray, 2014, p.8). Three modes of professionalism emerge in shaping identity and reflect resources associated with experiential knowledge of being a teacher, pedagogical knowledge derived from supporting learners in higher education and a

repertoire of subject expertise and research. For a number of the new and experienced teacher educators' identity as academics and researchers is not pertinent to their professionalism which is of interest given these are common features associated with professional work in higher education (Trede et al., 2011). This supports the notion of identity as an inherent aspect of professionalism which is shaped through engagement in a repertoire of practice; a perspective which has resonance with social learning theory.

In contrast, Morrow et al.'s, (2011) comprehensive qualitative study explores the views of professionalism as expressed by student podiatrists, occupational therapists, paramedics and their educators across four organisations. The findings indicate that professionalism is a fluid and highly contextual concept influenced by innate qualities of the individual, the organisation, workplace and client contact. The desire to enhance competence and knowledge in order to engage in professional work is a central finding from this study. While transferability to nursing is not immediate, similar issues of holism and development of formal knowledge are reported in a small scale exploratory study of final year student nurses' perceptions of professionalism (Keeling & Templeman, 2012). Interestingly this interpretive enquiry highlights vulnerability as an additional component of professionalism.

Vulnerability and its association with identity are previously reported by Kelchtermans (1996). His findings highlight three sources of vulnerability in teachers' working lives; interaction with pupils in the classroom; relationships within the school and the influence of policy makers. Failures in the classroom limit professional efficacy as teachers begin to question their professional knowledge and skills. Although not reflective of nurse teachers per se, it is possible that on

completion of NTP the professional identity of those remaining in the first order field may be susceptible to similar sources of vulnerability.

While centred upon professionalism at an individual level these sources imply connections to the wider socio-cultural landscape. In a systematic analysis of the concepts which frame teacher professionalism Demirkasimoglu (2010) simultaneously locates professionalism at individual and organisational levels.

Whilst drawing upon the altruistic view evident in functionalist standpoints, she also infers an organisational or managerial perspective within this conceptualisation. This alludes to a broader socio-cultural frame by implying a relational component whereby the enactment of autonomous professionalism through the attitudes, behaviours and competence of the individual are mediated by the profession, organisation and workplace contexts. These perspectives have particular resonance for this study given that professional identity is conceptualised as relational, set within the socio-cultural landscape and shaped by context.

Evetts' (2003a) and Sachs' (2003) scholarly arguments on organisational and managerial professionalism are strong threads within the literature on teacher professionalism and offer perspectives through which nurse teacher professionalism can usefully be considered. Evetts (2011) proposes that the increasing influence of organisations as employers of professions has elevated their position as key stakeholders alongside government, higher education and regulatory bodies in the working practices of professionals. As a consequence of increased organisational involvement Evetts (2003b, 2009, 2011) argues that there has been a shift away from 'occupational professionalism' reflective of trust and collegiality towards 'organisational professionalism' driven by standardisation, performance and the

goals of the workplace. This, she contends, reinterprets professionalism based on value into an ideological concept focused upon occupational change and control. The imposition of professionalism 'from above' highlights managerial influence upon occupational groups, particularly those within service professions, a category within which nurse teachers fall. As a result organisational objectives dominate professional work, a situation Evetts (2011) argues is relevant to management within higher education and NHS sectors.

This position is effectively illustrated in the findings of a qualitative study conducted by Carr (2007) who investigates the perceived influences on nurse education from the perspective of 37 nurse teachers in an academic faculty in England. With an average of 15 years experience of working in formal teaching roles, participants identify government, NHS organisations, universities and NMC as influencing forces on their professional practice as educators. A managerial style and business model which direct the workforce are perceived to permeate the NHS and university organisations influencing the direction of the nurse teacher role and working practices. Participants also indicate that such organisational professionalism limits agency regarding their collective influence on nurse education and professional autonomy in their working practices. This is compounded by the perceived lack of support for nurse education and the positioning of nurse teachers by the professional body. It is acknowledged that these negative views may reflect the political and professional change which characterise the data collection period. However, more recent research supports ongoing tensions associated with organisational demands as nurse teachers strive to meet the needs of first and second order fields of practice (Andrew & Robb, 2011; Murray, 2007).

With parallels to Evetts's organisational professionalism, Sachs (2000) views of 'managerial professionalism' are derived from teacher education in Australia. This has seen attention focus upon quality, efficiency and effectiveness and a workforce who can function and perform within a highly competitive market. This is apparent in recent policy directives from the Scottish Government where quality, effectiveness and service provision to meet local need dominate the rhetoric (Connolly et al., 2010; Scottish Government, 2010; 2011b). These issues are further exemplified in government policy which set the direction for professionalism of the NHS workforce (Scottish Government, 2012) and appears to stem from organisationally and managerially driven ideology. Standardisation, collective behaviour, and measurement provide the framework for professionalism focused on "the individual healthcare worker not the profession as a group" (p.35) and is "applicable to all staff who work as part of the healthcare team regardless of their role, status, title or designation" (p.11). This effectively endorses professionalism as a concept defined by the organisation as opposed to being determined by the collective identity of distinct occupational groups.

If professional identity as it is argued, forms a component of professionalism then there is a risk that a collective view centred on organisational values may either dilute the sense of identity engendered through professional learning or present challenges for individuals in sustaining a view of themselves as a professional within that sphere. This has potential implications for nurses working in clinical practice during and on completion of NTP who may find enactment of their nurse teacher professionalism challenged within an environment which promotes a collective view of identity. This implies that sustaining a reformed identity on completion of formal

preparation may be difficult if the community has no space to support nurse teacher professionalism.

As discussed in Chapter Two (section 2.3, p.23), the recent political shift to development derived from organisational rather than professional positions for the majority of NHS staff in the first order field steers the CPD agenda towards the needs of the workplace as opposed to career progression of the individual. Consequently, irrespective of the motivations for entering NTP unless relevant to the organisation such CPD is unlikely to be valued. Although there appears to be no verification to support this in relation to nurse teachers, large scale research exploring CPD which encompasses perspectives on nurses' career management (Morgan et al., 2008; Philippou, 2012) reports that the provision of mandatory CPD activity driven by organisational need is more common. Of note in Philippou's study of 813 nurses and 58 senior management staff across five NHS Trusts in London, over half of the senior staff indicated that priority is placed on CPD which meets organisation goals as opposed to developmental needs, with mandatory activity more commonly supported. Interestingly, Morgan et al., (2008) highlight the role of the line manager as being instrumental in gaining access to CPD; a finding substantiated elsewhere in nurse research (Currie, Tolson & Booth, 2007; Roxburgh et al., 2010).

If, as these policy and organisational positions suggest, mandatory CPD is the vehicle through which organisations will best meet local service need then it is likely that opportunities for developmental CPD such as NTP (Appendix 1, p.273,274) may become more limited. However, the absence of empirical study of nurses engaged in such preparation and the organisational contexts which shape their developing professionalism limits a deeper understanding of these issues.

This review argues that individual professionalism fits within a socio-cultural frame as a relational concept whereby the enactment of autonomous professionalism through the attitudes, behaviours and competence of the individual are mediated by the wider professional and organisational landscape. Identity is an integral aspect of professionalism with commitment and vulnerability associated with individual enactment whilst organisational and managerial professionalism emerge as politically and culturally driven mechanisms through which professions, practices and identity are shaped. The influence of these perspectives on the professional identity of nurses during and on completion of NTP will benefit from further enquiry.

3.4 The Nurse Teacher Role and Professional Identity

Investigation of the nurse teacher role is a persistent theme within nurse education research, rooted in the ongoing debates regarding clinical credibility and the practice role. However there is some evidence within the professional literature of attempts to reposition this debate in broader terms to delineate better the clinical and academic components of the role and gain a coherent and collective sense of identity for this group of professional educators (Andrew, 2012; Andrew, Ferguson, Wilkie, Corcoran & Simpson 2009; Ousey & Gallacher, 2010).

From the perspective of nurse teachers, Clifford (1996, p.1135) defines the concept of role as “a set of norms and expectations applied to the incumbent of a particular population”. Based upon her theoretical analysis she argues that although the concept is often poorly delineated, the nurse teacher role may be encapsulated by its component parts, namely, teaching, research, clinical practice and management.

Distinguishing the role of the nurse teacher remains something of a challenge in contemporary practice; an issue shared across Europe as noted in a recent policy analysis on nurse teacher mobility (Salminen et al., 2010).

As outlined in Chapter Two (section 2.1.1, p.15), NMC competency based professional standards govern the educational preparation for the role of nurse teacher. With one pathway for nurse teacher the role is located in both clinical practice and higher education. However, NMC stipulate that decisions regarding the manner in which the standards are applied and ongoing development for nurse teachers reside with the employing higher education institution (NMC, 2008). This gives such organisations responsibility to determine the nature of the role presenting something of an anomaly as no such provision is accorded to first order field organisations. Not only does this reinforce the professional perception that nurse teachers are located within higher education but it fails to adequately acknowledge those nurses who remain in clinical practice on completion of NTP. This is further compounded by the absence of robust demographic information regarding the location and positions held by nurse teachers. These circumstances detract from the development of a shared understanding of professional identity. In order to gain a clearer sense of the relevant issues it is necessary to consider research associated with professional educators located within both first and second order fields of practice. As noted in the glossary (Appendix 1, p.275) professional educator refers to a defined educational role in clinical practice (first order field) or higher education (second order field) which involves the facilitation of learning for those seeking entry to, or advancement within, their professional field.

3.4.1 Professional educators in the second order field

Over the past two decades a small but concentrated body of research centred upon the nurse teacher role has developed as nursing evolves as a graduate profession located within the academy. The experience of transition from clinical practice to higher education, and examination of the clinical component of the role emerge as key research areas. Meanwhile enquiry stemming from interest in the induction of teacher educators within higher education provides a welcome and notable contribution to the understanding of such transition. This has prompted a developing literature through which the experiences of other professional educators, including nurse teachers, are captured. A synthesis of these complementary perspectives is therefore worthwhile given that they share a predominantly interpretivist epistemology and utilise, either explicitly or implicitly the process of transition to shed light on professional identity.

Kralik, Visentin & van Loons' (2006, p.323) systematic review of health literature recognises "transition as a passage of change" through which self and identity are reconstructed as a consequence of interaction with context and environment. Whilst not entering the contested debate regarding notions of self, their analysis determines transition as a socio-cultural process through which identity is reshaped and influenced by the surrounding landscape. It is important to note that nurse teacher and teacher educator research in this area generally draw upon the term transition to encapsulate entry and the initial trajectory into higher education rather than defining identity as transition. However, socio-cultural perspectives do underpin much of these works which further supports locating the exploration of nurse teacher identity within this frame.

The findings from MacNeil's (1997) early qualitative enquiry are indicative of the issues which consistently permeate contemporary research in this area and as such provide a compass which directs synthesis of this literature. Pre-dating entry to higher education, this ethnographic enquiry examines the transition of nurses who move from their role as clinicians to work as nurse teachers in colleges of nursing. Analysis of interviews with an undisclosed number of participants conceptualises transition as a significant status passage marked initially by anxiety and a sense of identity loss. Participants experience a gradual shift as they begin to view themselves as nurse teachers. This shift is facilitated by both formal and informal support. Formal nurse teacher preparation evokes credibility and recognition as an educator whilst learning to do the job is attributed to an apprenticeship approach of observation and modelling experienced nurse teacher behaviours. However, tensions surface for participants as they attempt to balance the academic and clinical aspects of the job. Despite the lack of transparency regarding the sample population which somewhat impedes credibility, this study highlights that practitioners entering this second order field experience a negotiation of their existing professional identity in becoming professional educators. This reconciliation is, however, mediated by organisational tensions and support for learning in a new role. These issues are central to the ensuing synthesis.

For nurse teachers and teacher educators alike, moving into a second order field of practice is commonly likened to a career change or mid career transition (Andrew et al., 2009; Murray & Male, 2005). The term 'mid career' generally implies substantial experience in the first order field prior to entering higher education, but is somewhat unclear within the literature. Wenger's (1998) notion of an inbound

trajectory has considerable resonance here, blending as it does initial peripheral engagement of newcomers at the boundary of a community with participation and engagement in its practices leading to the potential of full membership.

Motivations for entering the higher education community are variable with McArthur-Rouse (2008) reporting disillusionment with the health service as a factor for nurses, although the desire to nurture new professionals and a commitment to the profession are more frequently cited (Boyd, Smith, Lee & MacDonald, 2009; Duffy & Watson, 2001). A similar commitment is reported by nurses entering nurse teacher preparation (Buttigieg, 1990).

There is sound evidence to support that the transition into higher education for professional educators is often characterised by uncertainty and confusion as experienced practitioners make sense of an organisation, the reality of which is often at odds with their first order field (Andrew et al., 2009; Duffy 2013; Murray & Male, 2005). Grappling with organisational structures, sector language and working practices are common challenges for new educators irrespective of the reported length of time participants have been in post (Boyd & Harris, 2010; Gale, 2011; Harrison and McKeon, 2008).

A recent meta-synthesis of nurse teacher and allied health professionals' transitions into academia highlight that participants associate a sense of feeling new and vulnerable with this change (Murray, Stanley & Wright, 2014). Furthermore, participants in the seven reviewed studies identified that the experience of higher education did not match their prior perceptions of working in the second order field. While identity is an ongoing process, this suggests that the experiences encountered

during the inbound trajectory into a new organisation are likely to be crucial in reconciling the view of oneself as an educator. This period may also be critical in sustaining identity for nurses who remain in the first order field on completion of NTP.

Interestingly, the rationale for determining 'new' and 'experienced' professional educators is ambiguous with the former appearing to range between 3 weeks and 5 years and the latter cited as holding post for a minimum of five years (Duffy, 2013). Although this impedes direct comparison of populations and determination of the time frame of transition, Murray and Male (2005) report that the teacher educators who participated in their case study took up to three years to establish their professional identities within higher education. This concurs with the findings from Murray et al.'s, (2014) meta-synthesis.

Articulation of transition experiences in shaping professional identity within the evaluated research is not uniform. This mirrors the wider corpus of identity research whereby different theoretical positions guide interpretation. Indicative of this contrast are Duffy's (2013) grounded theory exploration of the personal academic identities of experienced nurse teachers and Boyd et al.s', (2009) large scale on-line survey of recently appointed nurse and allied health profession lecturers. Both offer insight into the shaping of professional identity during transition and are worthy of more detailed consideration.

Duffy (2013) draws upon psychological perspectives of substantive and situational selves in revealing the personal academic identities of 14 experienced nurse teachers in higher education. Although the research fails to distinguish the relationship

between personal and professional dimensions, analysis of in-depth interviews highlights that entry into a new organisation leads to a transformation of identity conceptualised through five stages. During initial stages participants express a sense of loss for their previous identity which aligns to feelings of uncertainty. Developing a sense of self as an educator is further hindered by a lack of recognition by the organisation of their professionalism as nurses; a circumstance which is shared with teacher educators (Murray, 2004) and further supported by the contested position regarding nursing's status in the academy (Findlow, 2012; Mckendry, et al., 2012).

It is however of note that in spite of this perceived challenge participants channel this professionalism into nurturing students. This implies that personal aspects of self as a nurse are brought to bear on being a nurse teacher; a finding illuminated previously by novice nurse teachers in an American faculty who translated their therapeutic practice with patients to the facilitation of student learning (Anderson, 2009). For those participants in Duffy's (2013) study who retain nursing as their core identity considerable dissonance is expressed in assimilating the substantive self with their situational self in higher education. However the reasons for this tension are not made explicit.

In contrast, Boyd et al., (2009) utilise an on-line questionnaire to examine workplace learning experiences of newly appointed lecturers in an interprofessional sample in order to inform induction practices. Firmly positioned in a socio-cultural frame, nurse teachers form the largest proportion of the population which also includes allied health professionals. Despite a low response rate, analysis of qualitative survey data outlines self management as a strategy through which identity is built in mutual constitution between the individual and the workplace. However discernible

differences are evident in the experience of identity building for nurses for whom the issue of maintaining clinical currency appears significant. This theme re-emerges in Boyd's (2010) subsequent case study of nurse and teacher educators.

It is apparent that practitioners entering higher education from their first order field experience a range of emotions and a reshaping of identity which is evidenced within the literature. No such research is available regarding this experience for nurses who remain in their first order field on completion of nurse teacher preparation. Although it is unlikely that this group will view re-entry to their previous workplace as a career change it is possible that they will encounter issues as they seek to affirm their nurse teacher identity within their previously established roles in clinical practice. This has parallels to Wenger's (1998, p.166) notion of insider trajectory whereby limited opportunity for long-standing members to participate in practices out with their accepted repertoire may restrict engagement and identity. Illuminating these perspectives would contribute a fresh perspective and build understanding of the professional identity of nurse teachers.

The works recounted thus far in this section allude to organisational tensions which participants encounter as part of their new role as professional educators within the academy. Murray's (2007) comprehensive interpretive study effectively brings to light these tensions from the perspectives of nurse, teacher and social work educators who deliver pre-registration provision within pre and post 1992 universities. Semi-structured interviews with 30 participants and subsequent content analysis reveals four components to their academic role, namely, teaching, research, scholarship and continued engagement in the first order field. While the first three are commonly associated with a traditional view of an academic (Trede et. al., 2011) the latter

appears specific to this group of educators and is reflective of the need to keep abreast of contemporary changes to inform teaching and maintain credibility within the profession. This in particular causes tension for the professional educators in Murray's (2007) research and is perceived to be under-valued by the organisation.

Two substantive commissioned research studies to emerge in the late 1990's are indicative of nursing seeking to clarify and redefine the nature of this role component giving rise to lecturer/practitioner designations to address the perceived theory-practice gap in pre-registration nurse education (Day, et al., 1998; Luker et al., 1995). As outlined in the glossary on page 273, the lecturer/practitioner is a dual role which involves responsibility for education in the second order field and service delivery in the first order field. Findings from key studies since that time highlight multiple role components and little strategic management of or preparation for the role and little consideration is given to the influence on professional identity (Duffy & Watson, 2001; Meskell, Murphy & Shaw, 2009).

A notable exception is the grounded theory study conducted by Ramage (2004) which explores the link role of nurse teachers as they participate in the practices associated with first and second order fields. The 28 nurse teachers interviewed express feelings of marginality and lack of competence as they work on the periphery of their first order field. In response they appear to reconcile their previous identity as nurses by reconstructing a view of themselves as educators in this arena. This has transference for the professional identity of nurses who remain in clinical practice on completion of NTP. If colleagues, or indeed the organisation, fail to recognise or support their reconciled identity as nurse teachers it is possible that this might present challenges in developing and sustaining this view of themselves.

Interestingly, the place of support emerges in research exploring transition and induction of nurse teachers and teacher educators working within the second order field (Harrison & McKeon, 2010; Remmick, Karm, Haamer & Lepp, 2011). Formal support is generally reported as postgraduate certificates (PgCerts, Appendix 1, p.275) which are accredited teaching programmes for academics and prepare new staff to teach in higher education (Gale, 2011). While findings often highlight those participants benefit from such provision there is seldom detail regarding how this aids transition and induction or the relationship between formal learning and identity for professional educators (Duffy, 2013; McKeon & Harrison, 2010). This gap is explored in more detail in section 3.5.4 of this chapter.

By contrast informal support is broadly reported in terms of mentorship provided by more experienced educators within the second order field with perspectives frequently elicited from ‘mentees’ as opposed to ‘mentors’. This suggests that experienced educators’ views are yet to be fully captured. In one of the few studies which distinguish participants who hold a nurse teacher qualification, McArthur-Rouse (2008) sought to explore the effectiveness of mentorship in supporting transition within one nursing department in the United Kingdom. This small scale study highlights that the six participants all value mentorship which took the form of an apprenticeship approach and is perceived to be both structured and informal in nature. However, the specifics of the relationship which were beneficial and the connection between mentorship and professional identity are not illuminated through analysis. While this may in part be due to the focus on effectiveness and the absence of transcription, this is reminiscent of the lack of connection between such support

and identity in other nurse teacher research (Anderson, 2009; Duffy 2013; MacNeil, 1997).

Research by McKeon and Harrison (2010) and Murray (2008) on the induction and transition of teacher educators into higher education offer some pertinent insights which can usefully be transferred to nurse teachers. Murray's (2008) large scale study explores the induction process and nature of the experience from the perspectives of university heads and new teacher educators within their first two years in post. Findings indicate that the provision of a mentor and peer observation of teaching forms a component of the probationary period but that the role of mentor is open to wide interpretation. Learning on the job through an apprenticeship approach is most common and is characterised in this study as 'induction by immersion'. Importantly, the teacher educators often express a sense of isolation given the unstructured nature of such informal support.

In contrast, McKeon and Harrison's (2010) longitudinal exploratory case study charts the perspectives of five new teacher educators over a three year period. Informal support from colleagues is the strategy perceived by participants to support their induction. This enables new teacher educators to navigate the boundaries and structures of higher education. However, the level of support offered by designated mentors is variable and requires an investment by the mentees in actively seeking guidance.

These findings suggest that a structured approach to mentorship with clearly delineated roles through which an appropriate relationship can be fostered has the potential to facilitate the support of new professional educators. This has

considerable resonance with Wenger's (1998) view of generational encounters between old-timers and newcomers and the relation of critical persons outlined by Kelchtermans and Vandenberghe (1994) in influencing and shaping professional identity. This is meaningful on two fronts for research exploring nurses learning to become nurse teachers.

Firstly, on entering nurse teacher preparation from their first order field practitioners are likely to have previously engaged in non-formal learning perhaps modelling their teaching behaviours on more experienced professionals. This prior experience of learning and support appears unacknowledged within nurse teacher research on transition to the second order field which detracts from a rounded picture of professional identity in this group. Secondly, and perhaps more significantly, if informal support is deemed valuable in shaping professional identity then consideration requires to be given to nurse teachers who remain in the first order field on completion of NTP. The support available in developing and sustaining identity is unclear and warrants attention.

3.4.2 Professional educators in the first order field

Enquiry centred upon education roles in clinical practice presents a somewhat complex and fragmented picture with the position of nurse teachers as defined in this study uncertain within this landscape. Given that nurses embarking on NTP often do so from this first order field and subsequently remain in their previous role on completion suggests research in this area is worthy of attention in informing understanding of professional identity.

Contemporary health care policy which emphasises the need to sustain an educated workforce has seen the emergence of a myriad of nurse education roles as NHS organisations address the needs of local populations within a framework of quality service provision (Butterworth, et al., 2005; Connolly, et al., 2010). A Scottish wide scoping exercise conducted by Buchan, O'May and Little (2008) on behalf of NES examines role provision and educational preparation of educators within clinical practice. While omission of the methodological framework within the report is limiting, it highlights inconsistency in the “number, range of titles and educational preparation of current clinical education roles” (p.7). This finding is supported by wider research with multiple titles, ill defined role boundaries and an absence of reporting of educational preparation prevalent across studies (Pollard, Ellis, Stringer & Cockayne, 2007; Rowe, 2008; Salminen, et al., 2010). Commonality is however apparent in terms of the focus on practice education and the premise that such roles are geared towards enabling the clinical learning environment and supporting the quality of service provision within organisations.

Practice education is defined as “the wide range of education which takes place in the practice setting along with the supporting infrastructure for learning which ultimately enhances patient care” (NES, 2011a, p.1). Whilst facilitating the learning of others is regarded as an inherent component of the nurse's role (Mallick & McGowan, 2007), the Clinical Education Career framework (NES, 2009) classifies such roles in terms of broad spheres of responsibility. Developed as part of the UK wide Modernising Nursing Careers agenda (Scottish Government, 2006) this framework encompasses defined clinical education roles in practice or higher education and roles which incorporate clinical education as part of the wider remit.

A literature review conducted by Pollard et al., in 2007 to inform ongoing research on the role of the clinical educator in nursing identifies limited research in this area but outlines features which are cognisant with the more recent NES classification. Utilising a 25 year search parameter they identify that roles with primary responsibility for education in clinical practice are generally located in acute hospital settings (Clarke, Gibb & Ramprogus, 2003). Responsibilities vary but include strategic positions with oversight of the practice experience, facilitation of students and mentors, and education of the wider workforce (Brennan & Hunt, 2001, Kelly, Simpson & Brown, 2002). In general these roles do not include direct responsibility for patient care, commonly reflect the titles of ‘clinical educator’, ‘clinical facilitator’, ‘practice educator’ and ‘practice education facilitator’ and embrace the NES sphere encompassing defined education roles in service (Appendix 1, p.273).

In contrast, positions which reflect an education remit as a component of the role are indicative of specialist, advanced and consultant nursing positions. Core to these roles is direct patient care, with an estimated 10-20% of post holders’ time devoted to clinical education (Ball, 2005). However, the teaching and learning practices associated with this role component are largely unexplored. Specialist nursing roles (Appendix 1, p.275) exemplify the NES sphere which denotes clinical education as part of the wider remit (NES, 2009).

It is notable that professional identity rarely emerges as a theme associated with research on professional educators in the first order field with attention to the effectiveness of the clinical educator role more representative. However, credibility, the value placed on clinical practice, tensions associated with working between two organisations and previous experience are issues which offer promise in

understanding identity in this group (Carlisle, Calman & Ibbotson, 2009; Lathlean, 2007; Rowe, 2008; Sayers & DiGiacomo, 2010).

Jowett & McMullan (2007) evaluate the success of the practice educator role which centres on supporting mentors who have responsibility for supervising and assessing student nurses in practice. Drawing upon the perspectives of educators, mentors and second year students through focus groups and interviews, clinical credibility and competence of the role holder are key contributors to success. However, the data also indicate some tension as practice educators strive to work across first and second order fields; a finding which aligns with the reported experiences of nurse teachers in higher education (Boyd, 2010; McArthur-Rouse, 2008; Smith & Boyd, 2012).

Although there is no indication that such tension requires a reconciliation of identity as depicted in the higher education research it does suggest that working across boundaries and having multi-membership of different communities generates challenges for educators in clinical practice. This resonates strongly with Wenger's (1998, p.160) view of peripheral boundary encounters and the nexus of multi-membership which can emerge as a site of 'constant struggle' as individuals seek to reconcile identity in relation to the enterprise of different communities.

The emphasis on clinical credibility rather than teaching capability highlighted by Jowett and McMullan (2007) is perhaps surprising given that the role is educationally focused. However, Mallik and Hunt (2007) report a similar finding in their process evaluation which explores the role of the practice educator from a management perspective. Participants attribute clinical knowledge and expertise of the post holder as essential to effectiveness with teaching credibility regarded as less relevant. Although respondent bias could account for this given that the purposive

sample was drawn from the population who employed the practice educators, it once again highlights the value placed on clinical rather than teaching and learning capability.

In one of the few studies which raises professional identity as an issue in the context of the clinical educator role, Conway & Elwin (2007) engage with 18 clinical nurse educators in Australia to delineate responsibilities and role demarcation. Although the reported methodological approach is scant, the outcomes of the structured workshop are worthy of consideration given the limited focus on identity within this field and comparability of the role to clinical educators in the United Kingdom. Of particular note are four factors which appear to constrain a shared sense of identity amongst the group; blurring of boundaries as a consequence of multiple nurse education roles; the absence of role models; tensions in balancing clinical and teaching aspects of the role; and the value placed on clinical rather than educational expertise by management.

Lecturer/practitioners report similar challenges in balancing their nursing role in clinical practice with their teaching role in higher education. In investigating the commonalities and differences across six professional groups, Fairbrother and Mathers' (2004) participants express the continual need to balance the different aspects of their role and describe this experience as "putting two hats on" (p.542). Credibility within the role is derived from their clinical expertise and across all disciplines the educators retain a strong sense of identity associated with their first order field. Such challenges are not evident in two qualitative studies exploring the role components of specialist nurses working in the United Kingdom and Iceland (Bamford & Gibson, 2000; Oddsdottir & Sveinsdottir, 2011). Despite

methodological differences both highlight education as a core component of specialist nursing roles. Analysis of 19 activity diaries by Oddsdottir & Sveinsdottir (2011) reveals that the majority of nurses' time is spent on education. This is in contrast to the nurses in Bamford & Gibsons' (2000) research for whom clinical practice takes precedence.

These studies suggest that in the first order field the experience of balancing role components is different for those with a prime educator role in comparison to those for whom education forms only part of their remit in clinical practice. Tensions appear to arise in response to either working across first and second order fields of practice or when there is a need to realign the teaching and nursing aspects of the role in the first order field. This is further compounded when an emphasis is placed on clinical rather than teaching expertise. Although not always explicit this suggests potential challenges in reconciling identity within an environment whose enterprise is not centred solely on teaching and learning. Indeed, newly qualified nurse teachers who continue to work in clinical practice on completion of NTP may face similar challenges. If, as research suggests, greater value is placed on clinical rather than teaching and learning capability then sustaining a sense of self-efficacy and a view of themselves as nurse teachers may prove difficult.

Recent grounded theory research sheds further light on this area highlighting the relevance of previous experience as a nurse in shaping professional practice as an educator (Heshmati-Nabavi & Vanaki, 2010). This small scale study takes cognisance of the perspectives of clinical educators and nursing students in an exploration of the characteristics which define an effective clinical educator in the context of nursing in Iran. Of particular note are findings which illuminate empathy

towards learners, affection for nursing and a commitment to the profession as being meaningful characteristics of educators.

It is acknowledged that the socio-cultural backdrop against which this research was conducted is not immediately transferable to the UK. However, the professional educators who comprise part of the study population are educated to master's level and work closely with nurses in practice and as such have transferability. The findings offer tentative insights into aspects of identity which arguably shape working practices suggesting that the clinical educators' experiences as nurses are transferred to their teaching practice. This provides a different but complementary perspective on the commitment to nurture new professionals which is so evident in nurse teacher research within the second order field. It further resonates with the notion of past experience and retrospective identity evident in social learning theory and teacher research (Beauchamp & Thomas, 2011; Flores & Day 2006; Kelchtermans & Vandenberghe, 1994; Wenger, 1998).

Review of the research focused on professional educators working in clinical practice and higher education reveals an incomplete picture of professional identity.

Methodologies reflective of small scale qualitative approaches including case study and grounded theory mark the field with interviews and focus groups commonly adopted as data gathering methods. Somewhere hidden within the clinical landscape are nurses who hold the professionally recognised teacher qualification. That is not to say this group are unrepresented within existing research, rather the lack of transparency within the literature regarding the credentials of this group of professional educators hinders understanding. Importantly for future enquiry, boundary crossing, the influence of past experiences as a nurse, commitment to the

profession and recognition of teaching in the workplace emerge as tangible contexts within the nurse teacher landscape.

3.5 Nurse Teacher Development and Professional Identity

Despite the long history of nurse teacher preparation in the United Kingdom, there is surprisingly little research which focuses solely upon the influence of formal learning in shaping the identity of nurse teachers (Buttigieg, 1990). It is therefore necessary to turn to research emanating from accredited teaching programmes for academics within higher education and initial teacher education to gain a perspective on the learning issues which illuminate understanding of nurse teacher identity. Synthesis of this literature highlights a positivist approach associated with much of the enquiry centred on accredited teaching provision for academics with the concept of identity lacking transparency in these works. This perhaps implies challenges in fully illuminating this phenomenon out with an interpretivist frame.

Nevertheless, this literature reveals an eclectic range of issues which have resonance for nurse teacher development and offer potential in gaining a deeper understanding of professional identity. These issues are captured within this final theme as development pathways for nurse teachers; learning from accredited teaching programmes; past experience; and teaching practice, the influence of colleagues and learners and support for learning.

3.5.1 Development pathways for nurse teachers

Unlike the research discourse which distinguishes teacher development (Fraser, Kennedy, Reid & Mckinney, 2007) nurse teacher development lacks a cohesive

narrative mapping the lifelong learning journey of this group of professional educators. Although reflective of the landscape of its time, Buttigieg's (1990) professionally commissioned study of approved nurse teacher provision in England provides the most complete picture of nurse teacher development to date. This comprehensive survey evaluates NTP from the perspectives of students, programme providers and senior nursing staff. Although professional identity is not a locus within this research, demographic findings from the representative sample are suggestive of two paths for nurse teacher development both emanating from the first order field; a finding supported by Luker et al.s', (1995) subsequent enquiry.

Analysis of student and course provider questionnaires indicate that the majority of nurses enter formal preparation at a midpoint in their careers following a substantive period of continuing academic and professional development. 70% of the 387 student participants follow a career path from holding a senior position in their first order field to work in formal teaching settings. Engagement with NTP takes place thereafter. The remaining students present an alternative development path by first undertaking NTP whilst holding senior positions in their first order field. Although analysis did not explore the ongoing career journey for this group, inferences from the findings tentatively suggest that on completion NQNTs (Appendix 1, p. 274) either remain in their existing roles or are subsequently employed in teaching posts within formal settings.

Given the nature of these pathways it is reasonable to presume that nurse teacher development encompasses non-formal and formal learning (Love, 1996) and contemporary views recognise both in the formation of professionals (Eraut, 2000a; Knight, 2006a). The acknowledged value of non-formal learning for nurses and

nurse teachers (Eraut, 2012; Knight et al., 2006) is accompanied by healthcare policy which positions workplace learning as central to the NHS agenda. While this has given rise to tensions between the requisites of the organisation and the profession, formal learning remains a central tenet for nurses who wish to gain professional recognition as a nurse teacher. Indeed, the Clinical Education Careers framework (NES, 2009) which establishes nurses' career paths across clinical and academic boundaries recommends formal preparation to support roles which have a prime and partial responsibility for education. However, the lack of research which investigates the adoption of these pathways by NHS organisations and higher education institutions hinders identification of the learning experiences of this group of professional educators.

3.5.2 Learning from accredited teaching programmes

Eraut (2000c) states that formal learning is predicated on codified knowledge, typified by a prescribed learning framework, the presence of a designated teacher, the award of a qualification and external specification of outcomes. These characteristics closely align with nurse teacher preparation which follows a curriculum, the theory and practice of which are directed by the professional body. A mixed methods study conducted by Bamber, Walsh, Juwah and Ross (2006) examines the pattern of such provision in Scotland from the perspective of programme developers. A hybrid model is indicative of these programmes in the thirteen participating institutions. This reflects preparation at postgraduate certificate level, a blended approach to delivery and assessment of learning through portfolio.

Accredited teaching programmes, commonly referred to as PgCerts, have become a recognised vehicle through which academics in higher education, including nurse teachers and teacher educators, can develop teaching and learning practice (Smith, 2010). Instigated as a strategy to improve the quality of learning and raise the profile of teaching, research in the sector commonly centres upon the impact of such provision in meeting this agenda (Fanghanel & Trowler, 2008; National Committee of Inquiry into Higher Education, 1997). As recognised by Trowler and Cooper (2002, p.222), this focus has led to the notion of identity becoming somewhat “submerged within this literature”. Such enquiry also often fails to differentiate study populations and findings by professional discipline which hampers interpretation and transferability of findings to nurse teachers.

Knight’s (2006b) robust mixed methods investigation elicits the views of academics regarding the influence of PgCerts on their work as educators. Participants associate such learning with increased levels of confidence, modelling by programme tutors and a better understanding of pedagogies noted to benefit professional practice. However, across the eight institutions included in the study, 171 educators who undertook programmes indicate that non-formal learning and specifically doing the job dominate their experience of learning to teach. In contrast on completion of their PgCerts, 73 participants place greater emphasis on the contribution of formal learning. Knight (2006b) concludes that the influence of PgCerts may be appreciated more fully with the passage of time. This suggests that the impact of such provision in shaping identity may continue on completion of a programme. As such future enquiry which centres upon newly qualified nurse teachers as opposed to those

currently engaged in preparation may offer potentially deeper insight into this phenomenon.

The relevance of pedagogies in learning to teach permeates research findings from the perspective of academics, professional educators and school teachers alike. Gibbs and Coffeys' (2004) frequently cited longitudinal study examines the impact of accredited provision for academics across 20 countries. They attribute as statistically significant an orientation towards student centred approaches and enhanced teaching skills for those who undertake formal learning. Enhancing teaching capability is often endorsed by research participants as a positive outcome of such learning. Indeed assessment, planning and delivery, reflection and curriculum development are common areas of development (Kandlbinder & Peseta, 2009; Knight et al., 2006; Luker et al., 1995). This view of developing competence in specified areas of teaching and learning practice is akin to Wenger's (1998) notion of a repertoire of practice which extends as individuals participate and engage in a CoP. More recent enquiry evaluating the impact of PgCerts offers additional insight into the potential influence of this teaching repertoire in shaping professional identity.

A mixed method evaluation of graduates from PgCerts across 32 institutions in the United Kingdom highlights that a developing teaching repertoire is associated with growing confidence (Hanbury, Prosser and Rickinson, 2008). Despite the low response rate, academics from health disciplines are well represented so strengthening the transferability of findings to nurse teachers. Importantly, a heightened awareness of pedagogies which underpin teaching and learning both affirm participants' existing practice and enable them to employ different strategies

in their teaching. This perception of a change in professional practice as a result of pedagogical theory is also noted by Donnelly (2008), whilst Butcher and Stoncels' (2012) institutional case study draws similar conclusions but alludes to a shift in professional identity as a consequence.

These findings support the view that learning from theory offers a gateway through which professional practice can be enhanced. This echoes Brookfield's (1995) conceptual notion that theory provides one of four lenses through which teachers can enhance a critically reflective approach to practice. He proposes that theoretical literature offers multiple perspectives on teaching and learning. Engagement with such literature opens up possibilities for educators to make sense of their existing practices and subsequently reinterpret situations with which they are familiar. This Brookfield argues contributes to a change in professional practice. While these research findings and conceptualisations support the view that knowledge gained through formal learning develops an educator's professional practice they do not make explicit the influence of theory in shaping professional identity. Indeed, the benefits of gaining a deeper understanding of pedagogical knowledge is not universal with several investigations suggesting subject or discipline specific knowledge is more relevant in retaining a sense of identity (Beijaard, Verloop & Vermunt, 2000; Pickering, 2006).

3.5.3 Past experience

According to Britzman (1991, p.8), "learning to teach, like teaching itself, is always a process of becoming, a time of formation and transformation, of scrutiny into what one is doing, and who one can become". From a socio-cultural standpoint Wenger

(1998, p.155) argues that ‘trajectory’ is inherent to this process of becoming and “incorporates the past and the future in the very process of negotiating the present”. Over time participation in CoP give rise to different trajectories through which individuals interpret experience and negotiate meaning in reconciling identity. Wenger (1998, p.154) classifies five forms of trajectory based upon the degree of participation and membership of the community. The nature of nurse teacher preparation requires participants to engage in teaching practice spanning the first and second order fields. Arguably this reflects peripheral and boundary trajectories. Furthermore, the notion of insider trajectory may have meaning for those NQNTs who remain in clinical practice, whilst inbound trajectories have resonance for those who move to work in higher education on completion of formal preparation.

William’s (2010) insightful exploratory study highlights the experience of boundary trajectory for career change teachers during ITE in Australia. Career changers are a distinct group within ITE possessing substantial life experience (Tigchelaar et al., 2008) and a career other than teaching prior to entering preparation. This resonates with nurse teachers and teacher educators whose paths into higher education are likened to a career change. Drawing upon one respondent’s narrative as representative of the 15 student teachers interviewed, William’s (2010) identifies that boundary trajectories reflect participants’ previous work environment, the school where teaching practice is taking place and the higher education institution where the programme of study is located. This nexus of membership causes discontinuity as the career changers reconcile their past and present experience of participation across boundaries during learning.

This discontinuity is akin to the ‘boundary experience’ of newly qualified teachers in Quebec for whom membership in the school community reflects an intense period of learning through which participants’ professional identity is continually reshaped (Beauchamp & Thomas, 2011). Alternatively, Geijsel and Meijers (2005) conceptualise boundary experience as the trigger for identity learning. From a psycho-social standpoint, they posit that participation in the social world involves encounters whereby “one is unable to function adequately” or with which “one cannot fully identify” (p.424). Such situations they suggest are accompanied by both positive and negative emotions and relate to opportunities for learning or experiences which engender feelings of inability or uncertainty. These concepts infer that discontinuity as a consequence of boundary trajectories is important in shaping identity. Although parallels can be drawn between this notion and transition into the academy for nurse teachers, the influence of such trajectories on the professional identity of those engaged in NTP is less certain and merits deeper consideration.

Inherent to Wenger’s view of trajectory and identity is the influence of the past and future in shaping the present. Given that nurses enter nurse teacher preparation from a position of considerable professional experience and learning, it is reasonable to presume that their past as learners and nurses informs their identity as nurse teachers. These influences do not commonly feature as explicit threads in wider nurse teacher research, although Knight et al.s’, (2007) exploration of part-time university teachers is an exception. Drawing upon the mixed methods adopted in their larger scale study of Open University lecturers, (Knight, et al., 2006) personal history emerges as an influencing factor in learning to teach for the 33 participants, 16 of whom work in nursing and health related professions. The experience of being a learner and an

intrinsic motivation to teach appear to shape their professional practice alongside the relationships built with colleagues in the workplace. These issues mirror research centred on school teachers which places considerable emphasis on past experience as pupils and motivation to enter the profession in shaping identity (Day et al., 2006; Kelchtermans & Vandenberghe, 1994).

Flores and Day (2006) reveal that past experience as pupils through an apprenticeship of observation shapes the professional identity of newly qualified primary teachers in Portugal. Positive role modelling by teachers appears to influence participants' decisions to enter the profession and informs the future approach to classroom management. In contrast, teachers who engender more negative experiences trigger a professional image which the teachers seek to avoid replicating in their own professional practice. Whilst these perspectives are reported as influencing the self-image of teachers (Anspal, Eisenschmidt & Lofstrom, 2012; Furlong, 2013) there is little evidence to indicate equivalency for nurse teachers. It may be that learning at school has less relevance for this group of professional educators and that past experience of learning as a nurse and nurse teacher have more meaning. Consequently, past engagement with experienced nurse teachers during this period of learning may be more significant.

Whilst modelling by teachers during school provides an external stimulus for entry to the profession, participants in Flores and Days' (2006) study who express an intrinsic desire to enter the profession and to care for students place value on their experience of initial teacher education. This infers a connection between intrinsic motivation, commitment and subsequent learning to become a teacher. Schepens, Aelterman and Vlerick (2009) illustrate this relationship in a large scale survey of 762 newly

qualified teachers in Belgium. Self-efficacy, commitment and professional orientation are the variables representative of the formation of professional identity at graduation. Personality, motivation to enter ITE and demographics are the factors signifying personal identity prior to ITE. Analysis indicates that an intrinsic interest in education prior to entry and formal preparation for teaching are the most influential predictors of commitment to the profession. Building upon this research Rots, Aelterman, Devos & Vlerick (2010) draw upon a larger sample and further highlight a positive correlation between initial motivation to teach prior to entering ITE and a commitment to teaching on completion.

The importance of supporting new professionals is consistently reported as a motivating factor for nurses entering teaching and working as nurse teachers in the academy (Andrew & Robb, 2011; Boyd et al., 2009; Buttigieg, 1990). Arguably this reflects a commitment to nursing through teaching which has the potential to connect the personal and professional in relation to nurse teacher identity. However, the lack of clarity regarding the motivations of those who engage in NTP whilst working in clinical practice hinders a fuller understanding of these potential connections and their relationship to formal preparation.

The final thread which has the potential to connect the past and present in reconciling nurse teacher identity is the influence of the nurse in shaping the nurse teacher. This chapter has already drawn attention to the possibility that aspects of self as a nurse including nurturing and empathy may have a bearing upon the professional identity of nurse teachers located in higher education (Anderson, 2009; Duffy, 2013; Heshmati-Nabavi & Vanaki, 2010). Studies which explore the formation of identity in Australian career change teachers (Williams, 2010) and mature students entering

ITE in England (Malderez, Hobson, Tracey & Kerr, 2007) suggest similar influences during formal learning but highlight the lack of attention given to these aspects in ITE curricula. Therefore, there is merit in exploring this issue further to extend understanding in relation to nurse teachers.

3.5.4 Teaching practice, the influence of colleagues and learners, and support for learning

It is apparent that research on the workplace experience of student teachers during ITE, and academic/professional educators' accounts of teaching during postgraduate certificates provide two different but complementary perspectives on learning to teach. Teaching practice for student teachers commonly involves set periods of time within a school environment where newcomers are generally supported by an experienced teacher often referred to as a mentor or supervisor (Malderez, et al., 2007). In contrast, the practice parameters of PgCerts are less well defined with reference to teaching in the first order field somewhat ambiguous for nurse teachers.

Reporting of findings implicitly aligns the nature of teaching practice with on the job, non-formal learning in higher education, but like ITE commonly includes formal or informal support from an experienced educator (Gale, 2011; Smith 2010). The nature of such engagement connects with notions of inbound trajectory, peripheral boundary encounters and the relationship of old-timers and newcomers with respect to a social view of learning (Wenger, 1998). However, it is of note that the standards which govern nurse teacher preparation require learners to engage in teaching within both first and second order fields but make no stipulation for mentorship during this period of formal learning (NMC, 2004; 2008).

Research on initial teacher education reveals teaching practice as an emotional experience for student teachers mediated by relationships with pupils, school-based mentors, and university staff. Valued as a mechanism to aid the integration of theory and practice, initial entry into the school environment is associated with feelings of fear and anxiety (Poulou, 2007; Timostsuk & Ugaste, 2012). Similar worth is placed on teaching practice by the nurse teachers in Buttigieg's (1990) study whilst the sentiments expressed by the student teachers align with the feelings experienced by professional educators on entry into the academy (Duffy, 2013; Harrison & McKeon, 2008; Smith & Boyd, 2012).

Lamote and Engels (2010) investigate the practices of student teachers engaged in secondary school preparation in Belgium. Despite the large attrition rate between years one and three, the findings support a decrease in self-efficacy following teaching practice. The experience of teaching led students to reassess the initially high estimation of their capabilities resulting in a more realistic view of themselves as teachers. Interestingly, examination by Poulou (2007) of 59 student teachers' reflective journals, highlight positive relationships with pupils as increasing self-efficacy. This finding is comparable to the teaching experience of academics for whom interactions with students reinforce their competence as educators (Pickering, 2006).

Such reinforcement from learners and colleagues is a potential source of strength in learning to teach. Framed by a social view of learning, Timostsuk and Ugastes' (2010) interpretive study explores the experience of practice on the formation of identity in 45 students in Estonia. Analysis of individual and focus group interviews highlights that gaining respect and recognition as a teacher reinforces students' sense

of professional identity. Similar findings are apparent for nurse teachers, teacher educators and academics who derive a sense of self through being viewed as credible by students and colleagues alike (Boyd, 2010; Butcher & Stoncel, 2012; MacNeil, 1997).

However, subsequent research by Timostsuk and Ugastes' (2012) highlight the view that school teacher mentors and university staff evoke considerable negativity during teaching practice. Indeed a lack of constructive feedback, a sense of not belonging to the school community and the absence of effective modelling of pedagogical practice are cited as influencing student teachers' developing sense of identity. These findings mirror the experience of William's (2010) career change teachers with over half of the sample citing a lack of support from academic staff as impeding development. In contrast, Malderez et al.s', (2007) participants rate their contact more positively attributing an increase in confidence and developing strategies for teaching as impacting positively on learning.

Affirmation of these findings in light of the experience of mentoring for nurse teachers is limited given the lack of attention to this area within research. Although dated, Ballard, Godfrey and Stokers' (1995) conceptual account of a student and experienced nurse teacher mentorship relationship offers some insight.

Compatibility, mutual respect and opportunities for collaborative working promote a positive experience. The mentor role is marked by guiding the student in planning learning, measuring performance and modelling teaching through which an image of the nurse teacher role is created. The duality of support and assessment inherent in the role did not appear to generate any difficulties. However the new teacher educators in Murray's (2008) survey considered this approach unhelpful to learning.

The support of experienced colleagues through formal and informal mentoring relationships has already been raised within this review as an influence in learning to teach for those in the second order field. It is apparent that despite the prevalence of this issue across studies which centre upon PgCerts, and induction into higher education there is considerable ambiguity regarding the nature of these relationships during formal learning. This raises pertinent issues for the support of nurse teachers during and on completion of NTP given that this area appears uncharted. Indeed, mentoring whether through a formal relationship negotiated at a local level or informally through the support of teaching teams, observation of colleagues or academic discussion, almost exclusively align with on the job learning as opposed to formal preparation (Gale 2011; Harrison & McKeon, 2008; Murray, 2008).

It may be that in reporting there is an underlying assumption that these relationships form part of the support mechanisms for programmes and are therefore not made explicit. This detracts from a fuller understanding of the experience of nurses undertaking NTP. Additionally, an absence of narrative regarding the influence of teaching teams who plan and deliver accredited teaching programmes in higher education signals a further gap in existing knowledge.

The importance of modelling by schoolteachers on motivation and prospective identity of those entering teaching has already been highlighted within this theme. In explaining modelling in the context of teacher educators Korthagen, Loughran and Lunenberg (2005, p.586) indicate that these professionals “teach their students as well as teach about teaching”. It is therefore reasonable to presume that educators who facilitate learning on NTP programmes fulfil a similar role. In a succinct overview of modelling that precedes their exploratory case study, Lunenberg,

Korthagen and Swennen (2007, p.589) define the concept as “the practice of intentionally displaying certain teaching behaviour with the aim of promoting student teachers’ professional learning”. They further distinguish implicit and explicit forms of modelling and argue that the latter whereby teachers explain and justify the pedagogical choices made as they teach contributes more effectively to professional learning. Analysis of the observations from twenty teaching sessions delivered by ten teachers reveal a lack of explicit modelling amongst participants which is compounded by a gap in knowledge regarding specific strategies to promote modelling.

Inferences have already been drawn with regard to the potential influence of nurse teachers in shaping motivations and images of prospective professional identity of those who enter formal preparation. Given the relevance of this issue to school teacher identity it would be prudent to consider this perspective in future enquiry centred upon nurse teacher identity.

It appears that a diverse range of interrelated issues which draw upon both formal and non-formal activities exemplify learning to teach. The strands which are likely to have most resonance in shaping the professional identity of nurses during and on completion of NTP are identifiable. In particular, motivation and commitment as potential triggers for nurse teacher development and the influence of past experience as a nurse and learner are worthy of consideration. Furthermore, the relevance of pedagogical theory and practice in learning to teach, the strategies which support formal learning and the influence of learners and colleagues offer possibilities for extending understanding of nurse teacher identity.

3.6 Theoretical Frames of Reference

This review draws upon a rich and diverse corpus in elucidating key concepts, theories and research of relevance to the professional identity of nurse teachers. In doing so, professional identity is revealed as an established area of enquiry in learning to teach, stimulating a well developed literature in relation to school teachers and more recently teacher educators. The exploration of this concept in relation to nurse teacher development is however under developed. The experience of nurse teachers in higher education forms the basis for existing knowledge but an appreciation of the influence of formal learning in shaping professional identity is indistinct.

The position of nurses who hold this professional designation and work solely in the first order field is uncertain within this corpus and significantly, the experience of nurses who remain in the first order field whilst undertaking nurse teacher preparation is under-represented. This pinpoints an area of identity research within the professional field which is ripe for enquiry. Illuminating understanding of the formation of professional identity in this under researched group of nurse teachers during and on completion of NTP will bring a fresh perspective to existing knowledge in the arena of nurse teacher development within nurse education.

In making a credible contribution to the field it is necessary to ensure that this research is anchored by a framework through which the “theoretical perspectives, research strategy and design, field work and the conceptual significance of evidence” are connected (Lesham & Trafford, 2007, p.99). Consequently, this enquiry draws

upon a number of theoretical reference points in constructing a conceptual view of professional identity which are now made explicit.

This research positions nurse teacher identity within a socio-cultural frame and considers it to be a relational and shifting concept which potentially connects the personal and professional in learning to teach. Wenger's (1998) social learning theory provides the socio-cultural lens through which professional identity is viewed. In this study, the formation of identity is therefore assumed to be a mutual constitution of self and community. However community is not distinguished in accordance with the indicators which characterise CoP (Wenger, 1998, p.125). Rather community equates to context, that is the landscapes past and present within which nurse teachers work and learn.

Inherent to the nurse teacher landscape are two fields of practice (Murray, 2007); the first order field of clinical practice and the second order field of higher education, each with their own joint enterprise and repertoire of practice. Engagement and participation in the joint enterprise and repertoire of practice builds a locally negotiated regime of competence which marks the community. This research draws upon these reference points in conceptualising nurse teacher preparation as a locally negotiated regime of competence whose joint enterprise centres upon teaching and learning. The repertoire of practice which comprises this regime includes pedagogical theory and teaching practice as well as components of the curriculum which support learning, teaching and assessment. Furthermore, in exploring the professional identity of nurses during and on completion of NTP, Wenger's (1998) notions of nexus of membership, boundary, trajectory, realignment and reconciliation inform this landscape.

Existing research enables the nurse teacher landscape to be further delineated and reveals personal, learning and professional contexts as shaping nurse teacher identity. These are distinguished by additional points of reference which for personal contexts reflect motivation, commitment and past experience. Learning contexts are represented by pedagogical theory and practice, strategies to support learning and the influence of colleagues and learners while professionalism and professional educator roles characterise professional contexts. It is from this conceptual base that the research aim and questions previously outlined in Chapter One (section 1.1, p.3) are derived. The thesis now turns to the research methodology and design which frame the conduct of this work.

Chapter Four: Research Methodology and Design

4.0 Chapter Introduction

This fourth chapter offers an explanation of the epistemological stance, methodological approach and analytical framework which direct this research. The positioning of this enquiry within an interpretivist frame and the values and beliefs I bring to the study as a nurse, nurse teacher and insider researcher are firstly made explicit. The case study approach and multiple embedded design which direct the conduct of this research are then outlined. Key features of the case including the multiple and embedded components represented by the purposive sample of newly qualified and experienced nurse teachers, the case boundary and experiential knowledge of the case are detailed. There then follows an account of the procedures which govern the conduct of the research including ethical considerations, mechanisms to ensure trustworthiness and data gathering during the main study. The chapter concludes with a discussion of the analytical framework and within case and cross case phases which mark data analysis.

4.1 An Interpretivist Position

The conduct of research involves a complex process of decision making which requires the researcher to synthesise philosophical assumptions and practical research knowledge in conceptualising a plan to address the research aim and questions (Creswell, 2009). Fundamental to this process is the positioning of enquiry within an

epistemological frame of reference which makes explicit the assumptions from which the researcher stakes their claim to knowledge.

As highlighted in the preceding chapter, the existing knowledge which informs an understanding of professional identity stems from both positivist and interpretivist positions. The former assumes an understanding of the world based upon “observable entities and objective reality” (Lichtman, 2010, p.7) whereby phenomena of interest are considered to be fact and are systematically observed and measured (Cohen, Manion & Morrison, 2011). Knowledge is often gained through deduction whereby a theory or idea of reality is posed, information is collected to test or refute the theory and then quantified through statistical analysis (Robson, 2011). This emphasis on objectivity and observation requires the researcher to remain neutral and as Creswell (2009) indicates values and beliefs held by researchers engaged in this approach play no part in the investigation. Indeed every effort is made to distance the researcher in order to gain control and minimise bias. This stance has been applied to generate knowledge in relation to professional identity, most notably in explaining the relationship between quantifiable variables in the formation of identity (Rots et al., 2010; Schepens, et al., 2010).

The interrogation of professional identity is however dominated by interpretivist activity as researchers seek to build an understanding of this multifaceted phenomenon which is inextricably bound to self and shaped by context. According to Bryman (2012, p.30), this epistemology reflects knowledge claims which originate in the “interpretive understanding of social action”. This embraces the ontological view that multiple realities exist and are held not only by research participants but also by researchers. Crucially, knowledge generated from this stance assumes that

these realities are subjective, and are constructed by, and dependent upon human cognition and interaction (Savin-Baden & Major, 2013).

Schwandt (2000) highlights that knowledge derived from this paradigm is holistic, inductive and based upon interpretation of meaning as viewed by others. This position therefore recognises the importance of context such as values, cultures and environment in the shaping of these realities (Willis, 2007). Furthermore, researchers do not seek to distance themselves from the phenomena studied, rather they immerse themselves in the field and data, often collaborating with participants and recognising and reporting on the values and influences which exist within an enquiry (Lichtman, 2010).

These epistemological perspectives align closely with the socio-cultural frame of reference from which this study's research aim and questions are derived. Indeed professional identity is viewed as a relational concept the construction of which involves an ongoing process of interpretation and meaning-making as nurse teachers interact with their socio-cultural landscape. Furthermore, the enquirer is an insider researcher who, in approaching the field, brings experience, knowledge and understanding of being a nurse and learning to become a nurse teacher. It is therefore appropriate that an interpretivist position guides the methodological and analytical frameworks for this study.

4.2 Researcher Positionality

In approaching this enquiry from an interpretivist stance I am aware that the views and beliefs that I hold shape the direction and conduct of my research (Savin-Baden & Major, 2013). It is therefore important to make explicit the ways in which my

personal and professional perspectives as a nurse, nurse teacher and insider researcher influence my research decisions and acknowledge any limits which these views place on my work. The remainder of this section locates my position and subsequent influences in terms of the research area, interpretivist stance, the nurse teacher preparation programme and study participants. The limitations associated with researcher positionality are raised in Chapter Eight (section 8.3, p.232) of this thesis.

My professional practice as a nurse teacher centres upon the development and delivery of undergraduate and postgraduate programmes of learning for qualified nurses within higher education. Learning forms a central component of my professional life providing the foundation for my working practices and enabling my personal and professional development. My commitment to nursing through teaching and learning is central to my professionalism and I hold the view that learning enables personal and professional growth and enhances professional practice. I believe formal learning to be an essential feature of the continuing professional development of qualified nurses.

I am aware that these perspectives contribute to my choice of research area which became the focus of this study. My desire to improve the learning experience of nurses undertaking nurse teacher preparation contributes to the selection of professional identity during and on completion of nurse teacher preparation as the research focus. While there is a clearly identified gap in knowledge surrounding nurse teacher preparation, I appreciate the views I hold regarding learning shape my decision to explore formal rather than non-formal development activity.

Accordingly, this influences decisions regarding the parameters for review of

existing knowledge, the subsequent research aim, and the features of the multiple embedded design including the case boundary and choice of multiple and embedded case components.

As a nurse and nurse teacher my view of the world is shaped by knowledge and experience derived from both healthcare and education and stems from different epistemological traditions in explaining, understanding and guiding my professional practice. I believe nursing and teaching to be humanistic endeavours which encompass holism, caring and empathy underpinned by evidence based practice. Experience of working with patients and carers in hospital and community settings and supporting learners has led me to believe that knowledge of the social world is constructed by the individual. Experience, interaction and engagement throughout life build meaning and understanding which provides the distinctive lens through which individuals interpret and respond to their social world and the events they encounter.

I therefore acknowledge that my personal view of the world aligns with an interpretivist epistemology. Although much of the existing knowledge regarding professional identity is positioned within this frame, I recognise that I feel most comfortable in approaching the research field from this stance due to my affiliation with this view. This contributes to my decision in the choice of interpretivism as the research lens, and influences the construction of the research aim and questions. Assuming this position also shapes the methodological choices I make in relation to the research design, and is reflected in the adoption of an interpretivist case study approach, the use of interviews as the primary research method and inductive content analysis as part of the analytical framework.

The final issue regarding researcher positionality reflects my situation as an insider researcher. As fully explained in section 4.4.2 of this chapter (p.101), the decision to conduct this study within the higher education institution within which I work is governed by the need to attain an adequate study population and aid transferability of findings at a time of significant change in the delivery of nurse teacher preparation. This situation positions me as a researcher of the NTP programme which I developed and delivered. In this capacity I also have knowledge of the research participants through my existing relationship with the newly qualified and experienced nurse teachers who comprise the study sample.

As a consequence I bring a number of assumptions to my enquiry regarding the professional identity of nurse teachers, nurse teacher preparation and the research participants. My experience of leading formal learning for nurse teachers within my institution has led me to believe that these professionals work and learn in a complex socio-cultural landscape and that this environment shapes their professional practice and the view they hold of themselves as nurses and nurse teachers. In exploring the concept of professional identity within the literature I acknowledge that socio-cultural perspectives have particular resonance for me and that this contributes to the adoption of social learning theory as the frame of reference through which professional identity is viewed in this study. Furthermore, I am aware that this view draws my attention towards the notion of context which informs the literature search and construction of the research questions.

Central to this study is the nurse teacher preparation programme which forms the boundary of the case. My experiential knowledge of developing and delivering this programme informs my opinions regarding learning contexts which may influence

identity and as such I hold that engagement in nurse teacher preparation shapes the professional identity of nurses learning to become nurse teachers. I believe that experienced nurse teachers (Appendix 1, p.273) play a role in shaping professional identity during nurse teacher preparation. Furthermore, I consider that the programme learning, teaching and assessment strategy influences learning and the student experience.

These perspectives impact upon the research design, specifically, the inclusion of the ENTs as the embedded component of the case, analysis of the portfolio documents as a research method and the construction of the interview questions. As a consequence of my knowledge of NTP I wish to avoid gathering data which reflects an evaluation of the programme as opposed to exploring the learning contexts which shape professional identity. In constructing the interview schedules I am sensitive to devising open questions which do not emphasise specific programme teaching, learning and assessment methods.

My position as an insider researcher affords me prior knowledge of the study participants through my existing relationships with the newly qualified and experienced nurse teachers. Central to the conduct of my work are the imperatives that participation in my research will not damage existing relationships and the need for self-awareness regarding the potential influence my behaviour has on these relationships and the trustworthiness of this study. My position and these perspectives therefore influence a number of key decisions in relation to the research process. I am conscious of the importance of maintaining anonymity from an ethical standpoint but also in retaining trust and respect in my ongoing relationships with study participants. The potential for intrusion exists when exploring issues of self in

relation to professional identity and this made me wary when eliciting biographical information during the individual and focus group interviews. Additionally, my position affords existing knowledge of participants and as such requires mindfulness to ensure their perspectives are captured during the interviews and that my views do not impinge on data gathering. Similar vigilance is required in the analysis and interpretation of the data. Finally, this position further impacts upon the choice of procedures for data analysis which centre upon data source and data set rather than the individual case components, and reporting within case findings by category rather than presenting each newly qualified nurse teacher as a case.

4.3 A Case Study Approach

Seeking an appropriate methodology upon which to base the research design requires careful thought to ensure alignment with this study's interpretivist stance and research aim and questions. In revealing the contexts which shape professional identity in relation to NQNTs, an approach is required which makes transparent the relation between this phenomenon and the complexity of the landscape within which this group of professional educators work and learn. Given this focus, case study provides the methodological framework for this research which Bassey (1999) asserts is a "prime strategy" to "enhance educational practice" (p.3).

As an accepted methodology in nursing research (Anthony & Jack, 2009) case study also permeates existing knowledge associated with professional identity and the nurse teacher landscape (Bamber et al., 2006; Boyd, 2010; Day et al., 1998). Yin (2003, p.13) proposes that case study offers researchers an approach through which "empirical enquiry investigates a contemporary phenomenon within its real life

context especially when the boundaries between phenomenon and context are not clearly evident”, while Stake (1995, p.xi) emphasises that case study requires in-depth study of the “particularity and complexity of the case”.

In a thoughtful examination of contemporary case study Perry (2011), amongst others, highlights Stake (1995) as a key proponent of interpretivist case study and it is his perspective which steers the approach in this research. According to Stake (1995) the case is a bounded system, the selection of which is crucial to design and is guided by the researcher’s interest in the phenomenon of study. In defining and studying the case, be it a person, event or place, he identifies the use of multiple sources of data and experiential knowledge of the contexts and activities within and out with the case as guiding principles (Casey & Houghton, 2010; Stake, 2000). Inherent to Stake’s perspectives on case study are his views on naturalistic generalisation and methods of triangulation (Stake, 1978; 1995; 2006; 2010).

A recognised strength of interpretivist case study is the opportunity to examine in detail the complexity of a phenomenon in a real life situation whilst taking account of its particularity by investigating the different contexts and perspectives of direct relevance to the case (Cohen et al, 2011; Stake, 1995). However, the extent to which general inferences can then be drawn beyond the case itself is a key limitation of case study research (Gomm, Hammersley & Foster, 2000; Thomas, 2011a).

Generalisation reflects the extent to which the findings from a study can be inferred to the wider population from which the statistically representative sample was drawn, and to other contexts or settings beyond the sampled one (Lewis, Ritchie, Ormston & Morrell, 2014; Schofield, 2000). Interpretivist case study is commonly small scale in

nature and draws on purposive rather than statistically representative samples to illuminate understanding of the phenomenon under investigation. On this basis, the opportunity to generalise to the wider population is restricted. Furthermore, key features of case study are the defining boundary and the specific contexts which inform understanding of the case. These parameters lend uniqueness and particularity to the case but place limits on the opportunity for the generalisation of findings to other similar contexts. This research is intended as a small scale interpretivist case study and limitations regarding generalisability are acknowledged in the final chapter of this thesis (section 8.3, p.230).

In responding to issues of generalisability in case study research, Stake (1978; 1995) calls for naturalistic generalisation (Gomm et al., 2000; Lewis et al., 2014) which is akin to Lincoln and Gubas' (1985) criterion of transferability for trustworthiness in interpretivist enquiry. This assumes that general conclusions from research findings are applicable to similar settings and contexts but the responsibility for drawing such inferences rests firmly with the reader. In facilitating naturalistic generalisation Stake (1995) indicates that in reporting, case study researchers should provide sufficient detail or thick description to enable the reader to draw inferences based upon their own experience and knowledge of the phenomenon studied and similar cases. Such thick description includes details of the case including participants, boundary and context, provision of raw data and an in-depth explanation of analysis and information regarding the researcher. In this study the concept of naturalistic generalisation is embraced through the measures instigated to ensure transferability as outlined in section 4.6 (p.110) of this chapter.

In addition to naturalistic generalisation, Stake (2006, p.38) advocates the application of triangulation procedures to enhance “the credibility of descriptions and findings in the multicase study as a whole”. Triangulation is regarded as the use of more than one data source, research method, methodology or theory to confirm and validate research findings (Farmer, Robinson, Elliot & Eyles, 2006; Willis, 2007). In case study, Stake (1995, 2010) proposes triangulation as a mechanism to minimise misinterpretation through the application of methods which challenge the researcher’s interpretation of findings. Specifically, he recommends the use of member checking as the primary method of triangulation (Stake, 1995). In multiple case study design gaining the perspectives of critical insiders and outsiders is also highlighted as a triangulation method (Stake, 2006, p.77). The former refers to persons, such as members of the research team, who have an understanding of the phenomenon studied by virtue of their direct involvement in the case. The latter reflects those individuals, such as colleagues or other researchers, who may challenge and clarify interpretation of findings based upon their professional knowledge of the field of study. The specific application of triangulation methods in this study align with Stake’s position and are instigated to ensure credibility (section 4.6, p.109). This differs from triangulation methods which utilise different data sources as a strategy to confirm research findings.

4.4 The Multiple Embedded Case Study Design

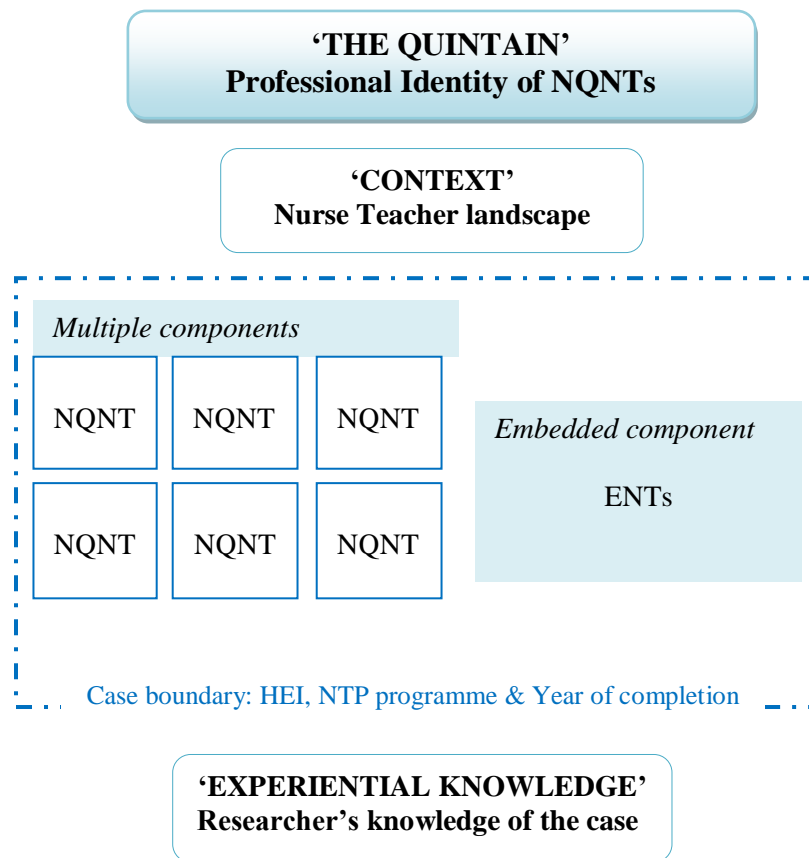
Planning the research design requires conceptual organisation in order to bridge the space between existing knowledge and reach new understanding of the phenomenon studied. This involves defining the case, that is, its components and boundaries, and

thereafter employing strategies and techniques for data gathering and interpretation which reflect the principles inherent to interpretivist case study.

Stake (1995) proposes that case study is primarily intrinsic, instrumental or multiple in nature. Intrinsic case study focuses upon singularity and commonly reflects the in-depth study of one individual or event (Thomas, 2011b). In contrast, instrumental case study is driven by interest in the research issue whereby exploration of the singular is necessary in order to better understand the research phenomenon, which Stake (2006) refers to as 'the quintain'. Multiple case design is essentially instrumental in nature but is distinguished by the examination of more than one individual, place or event in elucidating understanding of the quintain. It is argued that multiple case study offers more robust and compelling evidence in addressing the research questions (Yin, 2003). Stake (2000) and Thomas (2011b) further assert that identification of persons, places and events which have the potential to deepen understanding of the phenomenon are worthy of consideration as an embedded component of multiple case study.

The research aim and questions in this study are driven by interest in the quintain, that is, the professional identity of newly qualified nurse teachers as opposed to intrinsic interest in the identity of one NQNT. As an under researched group of professional educators, it is appropriate to draw on the perspectives of a number of NQNTs whilst taking cognisance of significant others in informing deeper understanding of nurse teacher identity. Multiple embedded case design is therefore employed in this study, the key features of which are illustrated in Figure 1 overleaf.

Figure 1 *Multiple embedded case study of newly qualified nurse teachers*



In this thesis the term ‘case’ is adopted to refer to the case study as a whole rather than signifying one individual. While Chapters Two and Three capture the case study context, the remaining facets shown above are now explored in more detail.

4.4.1 Multiple and embedded components of the case

In gaining insight into nurse teacher identity, the experiences of nurses in their final year of preparation and those who have successfully completed NTP could reasonably be explored. However, existing evidence suggests that the benefits of NTP are more fully appreciated on programme completion (Knight, 2006b), while the realisation of identity requires a passage of time (Murray & Male, 2006; Murray et al., 2014). Consequently, newly qualified nurse teachers who successfully

complete nurse teacher preparation, and are in their first year of holding the professional designation form the multiple component of this case study.

In building as complete a picture as possible of the relation between context and the professional identity of newly qualified nurse teachers (NQNT, Appendix 1, p.274) consideration is given to sources which might further illuminate the complexity of the case. Research suggests that colleagues including experienced professional educators shape identity in learning to teach (Harrison & McKeon, 2008; Lunenberg et al., 2007). Experienced nurse teachers (ENT, Appendix 1, p.273) have the potential to offer a different perspective on nurse teacher identity and as such these professionals who have successfully completed nurse teacher preparation, and have held the professional designation for five years or more form the embedded component of the case. It is also reasonable to assume that colleagues and patients from the NQNTs' first order field may offer valuable insight. However, caution is warranted in case study research which generates a considerable volume of data from the utilisation of multiple sources (Stake, 1995). In this instance, it is considered prudent to exclude patients and colleagues from the first order field as embedded components of this case.

4.4.2 Boundary of the case

In setting the parameters for the case and enabling selection of participants it is necessary to make explicit the boundary within which the multiple and embedded components are situated (Merriam, 1988). In this study, nurse teacher preparation is integral to the research aim, and as such, provides the boundary for the case.

However, as outlined in Chapter Two, this study was initiated on the cusp of a significant change in the professional standards which direct nurse teacher preparation. In addressing NMC requirements, programme providers require to continue with existing provision to enable completion for students already engaged in preparation whilst simultaneously developing one pathway for nurse teacher. This creates a state of flux with programmes at different stages of development and completion. To ensure an adequate study population and aid transferability of findings a decision was taken to locate the research within the boundary of one NTP programme based at the researcher's institution. Additionally, to maximise recall the year of completion of the NTP programme also forms the case boundary.

4.4.3 Experiential knowledge of the case

Experiential knowledge of the case is rooted in my engagement in the field of nurse teacher development associated with leading the delivery of NTP in higher education. Specifically, this understanding reflects knowledge associated with the NQNTs and ENTs who comprise the multiple and embedded components of the case, and the NTP programme which forms the boundary of the case.

The NTP programme of relevance to this study was located within a Scottish higher education institution and prepared student populations to work as prime educators in clinical practice. Representative of similar provision across the sector (Bamber, et al., 2006) the programme adopts a blended approach to learning by combining face to face and computer mediated technology. The two year, part-time, postgraduate certificate comprises 400 hours of teaching practice and four academic modules resulting in total accreditation of 60 points at Scottish Credit Qualifications

Framework Level 11. The modules, in combination, are designed to provide students with opportunities to develop and demonstrate the full range of knowledge, skills and attributes associated with the prime educator role and leads to professional recognition with NMC as Practice Educator/Lecturer. This status is equivalent to the current NMC (2008) designation of nurse teacher (Appendix 1, p.274).

The NMC Outcomes for Practice Education (NMC, 2004) provide the framework for programme-related teaching practice with learners utilising their workplace in first and second order fields to gain teaching experience. Practice learning is evidenced through a portfolio which is created and maintained by each student. In line with professional requirements NQNTs are required, on completion, to demonstrate alignment with the Standards to support learning and assessment in practice through continuing professional development (NMC, 2006, 2008).

The academic and professional profiles of NQNTs entering this programme reflect an experienced group of nurses who have undergone considerable development both professionally and academically within their fields of practice. With a minimum of three years post registration experience within the clinical setting and educated to degree level or equivalent nurses who enter this programme are predominantly employed on a full-time basis within the NHS and work across a wide range of settings in the first order field. Generally, these practitioners hold either defined educational posts or have a significant teaching commitment as part of their professional role. Support to undertake NTP is negotiated at a local level and varies from payment of fees and study time to self-funding and nurses using their own time to engage in learning.

ENTs in this case study act as facilitators to the NQNTs during their programme of study. Although not a professional requirement, this role is instigated within the programme as a mechanism to support student learning. Aligning with Duffy's (2013) classification of ENTs in the second order field, all facilitators are qualified nurse teachers who have held the designation for five or more years. They assume a central role in guiding and supporting students in relation to programme-related teaching practice. In particular the ENTs help students identify individual learning needs and appropriate learning opportunities, guide the planning of teaching practice and contribute to the assessment of practice. Additionally, two ENTs form the core programme team and have responsibility for all aspects of curriculum development, module delivery and quality assurance and enhancement.

4.4.4 Study population and sample

In multiple case study, Stake (2006, p. 23) proposes that the selection of participants should be determined by the extent to which they are relevant to the quintain and their potential to provide opportunities to learn about the case, taking account of complexity and diversity across contexts. Inherent to the design are two participant groups representing the multiple and embedded components of the case. This research therefore adopts a purposive sampling strategy (Patton, 2002) to maximise opportunities for insight into the formation of professional identity from participants who have recent experience of engaging in NTP either as a previous student or in facilitating student learning.

Participants are drawn from the population of NQNTs and ENTs associated with one nurse teacher preparation programme offered in a School of a Scottish higher

education institution. In line with the boundaries of the case, inclusion criteria are as follows:

- Newly qualified nurse teachers who undertook nurse teacher preparation whilst working in their first order field and are in the first year following programme completion.
- Experienced nurse teachers who have held the professional designation for five years or more and acted as facilitators to the NQNT population above.

Stake (2006, p. 22) suggests that multiple case study should include between four and ten cases. The sample size is determined as six to eight NQNTs and five to seven ENTs reflecting the total population who meet the inclusion criteria. This is indicative of the particularity of interpretive case study and is not intended as a basis for statistical generalisation. Additionally, the sample size is appropriate to ensure manageability given the anticipated volume and complexity of data generated from multiple sources (Stake, 2006).

Following recruitment seven NQNTs and five ENTs volunteered to participate in the research with one NQNT selected for the pilot study. To maintain anonymity of the small sample demographic information regarding age and gender are not reported within this thesis. However, biographical information pertaining to the study population is integral to the within case category findings and for the newly qualified and experienced nurse teachers is reported in Chapter Five (section 5.2.1, p.127 & section 5.4.1, p.134 respectively).

4.5 Research Methods and Data Sources: Interviews, Documents and Focus Groups

There is agreement amongst researchers that a range of research methods and multiple sources of data are commonly employed in case study methodology (Merriam, 1988; Perry, 2011; Richards, 2005). It is important to ensure that the methods for this enquiry take cognisance of the need to generate meaningful data to address the research questions and be manageable for the researcher in the timeframe of the study. Yin (2003) cites documents, participant interviews and observation amongst the most commonly used sources of evidence within case study. While the retrospective nature of this research precludes inclusion of observation, face to face semi-structured interviews with NQNTs, analysis of unobtrusive data in the form of portfolio documents and a focus group interview with ENTs are deemed appropriate; all of which mirror methods embraced within identity research.

4.5.1 Semi-structured interviews

Interviews are frequently adopted as the primary method in interpretivist enquiry and are used extensively in exploring professional identity in the school sector. Based upon purposeful social interaction and exchange interviews allow the researcher and participant to enter into dialogue in order to discuss the phenomenon studied (Cohen et al., 2011; Gerrish & Lacey 2006). Given the exploratory nature of the research questions this method is highly appropriate in elucidating NQNT perspectives on professional identity. Robson (2011), amongst others, classifies the interview as structured, semi-structured and unstructured arguing that semi and unstructured

approaches are more likely to generate meaningful data in an enquiry which is inductive in nature.

In order to explore the contexts which shape professional identity, semi-structured interviews with NQNTs are used. Kvale (2007) likens this approach to a professional conversation which offers a platform for the researcher to explore the unique perspectives and meaning as constructed by research participants. Semi-structured interviews are normally guided by an interview schedule including open ended questions, probes and prompts. This facilitates a directed but flexible approach to the interview whilst enabling the researcher to move and adapt the conversation as appropriate (Gibson & Brown 2009). Interviews like all research methods have limitations commonly identified as resource intensive and open to researcher bias, that is, values, beliefs and assumptions held by the researcher which may influence the interview (Robson, 2011). Consequently, measures outlined in section 4.6 of this chapter are adopted to ensure trustworthiness of this method.

4.5.2 Documents

Unobtrusive data in the form of texts offer valuable insight into complex phenomenon, and can augment and support data which emerge from other sources in case study research (Flick, 2006; Stake, 2000). It is acknowledged that identification and analysis of appropriate texts for use either as primary or secondary research data can be problematic. This is often due to the array of documents available and potential bias inherent in their interpretation given that their initial creation is not normally for research purposes (Prior, 2008; Scott, 1990). In the context of this case study, unobtrusive data exists in the form of teaching portfolios generated by the

NQNTs during NTP. Portfolios are recognised as a valid assessment method in vocational programmes, and are commonly used as a summative assessment strategy in NTP (Bamber et al., 2006). Additionally, these documents capture in ‘real time’ the experience of the NQNTs during NTP. The NQNT portfolios comprise a collection of written evidence which demonstrates learning and reflection on development and achievement in teaching practice and include:

- a 500 word introduction outlining the purpose and context of the portfolio.
- three criterion-referenced self-assessment forms based on a novice to expert scale.
- a teaching log documenting a minimum of 400 hours of teaching practice activity, associated learning and alignment with professional outcomes.
- two 500 word reflections on personal development at the mid and end points (Years 1 and 2) of the programme.
- a 2,000 word summary of learning applying theory to teaching practice outlining key learning from the programme.
- six summative module assessments.

4.5.3 Focus groups

Focus group interviews as a research method originate in marketing and emerge strongly in the qualitative field particularly in healthcare and education (Curtis & Redmond, 2009). Ideally comprising six to 12 participants this method is reportedly advantageous in generating data when little is known about the topic or for refining research tools (Barbour, 2007).

Curtis and Redmond (2007, p.26) define the focus group technique as an “interactional discussion that permits the researcher to investigate topics as the group members explore, articulate and clarify their views and opinions”. The collective nature of the group discussion is particularly beneficial in seeking shared and opposing views and is used with homogenous or heterogeneous groups. This method is therefore appropriate in addressing the embedded component of the case through which a deeper understanding of professional identity from the perspective of a group of ENTs is sought. It is recognised that limitations of focus group interviews often reflect issues related to group dynamics and moderation of the discussion. To counter this, strategies outlined in the following section are introduced to ensure trustworthiness.

4.6 Ensuring trustworthiness

It is argued that the extent to which interpretivist enquiry is judged to be valuable rests with the audience, that is, the readers of the research (Stake, 1995; 2010). However, in facilitating determination of quality and trustworthiness it is the researcher’s responsibility to ensure that the strategies employed to assure quality are explicit within the research design. Lincoln and Guba (1985) identify the widely accepted criteria of credibility, dependability, confirmability and transferability against which the quality of interpretivist enquiry is judged. In ensuring trustworthiness a number of strategies are adopted during data gathering and analysis to address these criteria in the context of case study (Houghton, Casey, Shaw & Murphy, 2013). In aligning with Stake’s (1995; 2006) principles of case study

methods of triangulation are utilised to enhance credibility whilst the measures instigated to aid transferability embrace his concept of naturalistic generalisation.

Credibility refers to the extent to which the findings of research are considered to be accurate and true. Audio-taping of the semi-structured and focus group interviews was employed to strengthen the accuracy of the transcribing process whilst reflective note taking by the researcher aided accurate interpretation. In addition, triangulation methods which sought to challenge and clarify and the researcher's interpretation of meaning were applied. Member checking undertaken during within case analysis sought participants' feedback on the researcher's interpretation of the interview transcripts. All six NQNTs and all five ENT participants agreed with the interpretation of meaning as expressed by the generic categories, subcategories, associated definitions and verbatim text.

Meanwhile, two critical outsiders were invited to review and challenge the researcher's interpretations from the within case and cross case phases of analysis. An independent and experienced researcher who is also a nurse teacher peer reviewed a sample of the data generated during within case analysis and the research findings from cross case synthesis. An experienced nurse teacher whose professional practice involves the facilitation of nurse teacher preparation reviewed the findings from cross case synthesis. Both critical outsiders indicated agreement with the categorisation and interpreted meaning.

Dependability in this study is addressed through the pilot study procedures and recoding a sample of data from each data set. Confirmability reflects the extent to which the findings are judged free from bias through creation of an audit trail and

Careful attention to decision making. This chapter captures this process detailing the conduct of the study and key decision making. Finally, transferability refers to the extent to which the research findings are considered by the reader to be applicable to other similar contexts. The provision of a detailed description of the case features inclusion of raw data, explanation of data analysis procedures supported by appendices and an account of researcher positionality ensure transferability and aid naturalistic generalisation.

4.7 Ethical Considerations and Procedures

Researchers have a responsibility to ensure that the manner in which they conduct their research is ethically sound (Cohen et al., 2011). In assuring the integrity of their practice researchers are expected to adhere to an 'ethic of respect' in meeting their obligations to participants, research and educational communities alike (British Education Research Association (BERA), 2004; 2011, p.4). Central to the conduct of this study are procedures instigated to safeguard participants and retain research integrity.

4.7.1 Maintaining research integrity

As an accountable professional ensuring that research practices are open to scrutiny and conducted in a spirit of critical analysis and constructive criticism are essential in supporting the integrity of this work (BERA, 2011). At the outset, the proposal for this research was scrutinised by two ethics committees with approval granted by the University of Strathclyde, School of Education Ethics Committee and the School ethics committee within the institution where the research was conducted. For the

remainder of the research journey the involvement of two doctoral supervisors and a critical friend sustained a level of scrutiny which is underpinned by self awareness on the part of the researcher, critical academic dialogue and ongoing constructive appraisal of the study.

4.7.2 Safeguarding participants

In ensuring an ethic of respect for persons the safety and privacy of participants in this research is ensured through procedures which secure voluntary informed consent and maintain confidentiality and anonymity.

From the outset I acknowledge that I have an established professional relationship with the study participants by virtue of my position as programme leader for the NTP programme. Consequently, to ensure that involvement is voluntary and there is no coercion to participate, I had no module leader or programme leader responsibilities in relation to the NQNT participants nor acted as support to ENTs during the recruitment, consent and data gathering phases of the study. Recruitment of NQNTs was by introductory letter posted to their home address, inviting participation in the study accompanied by a NQNT information sheet and consent form (Appendix 2, p.276). Similarly, all experienced nurse teachers who met the inclusion criteria were recruited via an introductory letter posted in their mail trays accompanied by an ENT information sheet and consent form (Appendix 3, p.279).

Assuring participants' privacy through procedures to maintain confidentiality and anonymity involves assigning a code to each NQNT and ENT as an identifier, known only me. These codes are used to anonymise raw data and applied to maintain confidentiality during analysis. Direct and indirect identifiers are removed during

phase one of data analysis to ensure anonymity with pseudonyms used in reporting of the research findings. While it is not possible to ensure anonymity during the focus group interview agreement was reached with ENT participants that the shared discussion would be kept confidential. Storage and handling of data adhered to the Data Protection Act (1998). Data held on computer is password protected, and all other data is kept in a locked filing cabinet accessible only to me. Data is retained until completion of the study and stored in accordance with the Data Protection Act (1998). Thereafter, all data will be destroyed.

4.8 Pilot Study

The pilot study conducted in February 2009 was instigated to strengthen the dependability of findings which emerge from the main study by ensuring a consistent approach is adopted when gathering and analysing the data (van Teijlingen & Hundley, 2001). The aims of the pilot study are threefold:

1. To identify relevant portfolio documents for analysis in the context of the research questions.
2. To clarify the analytical procedures pertaining to the portfolio documents.
3. To evaluate the appropriateness of the NQNT semi-structured interview schedule and ENT focus group interview guide.

One of the seven NQNT participants was selected at random from the study sample for the pilot. The portfolio and audio-taped interview data provided by this participant led to refinement of the research design. Scott's (1990) widely cited criteria of 'authenticity', 'credibility', 'representativeness' and 'meaning' were applied to the individual portfolio narratives to establish the relevance and

appropriateness for inclusion as data in this study. All of the documents were judged to be authentic on the basis of the signed student declaration and credible as established by the higher education institution's quality assurance processes for summative assessment. However, it was apparent that while the portfolio as a whole is representative of all NQNT submissions during that academic session only the content of the two 500 word reflections, summary of learning and teaching log were evaluated as meaningful in relation to the research questions.

The four portfolio documents were categorised through a process of inductive content analysis (Elo and Kyngas, 2007) to clarify their appropriateness as an interpretation of meaning and to determine the merit of utilising this method as part of the study's analytical framework. Categorisation revealed that the two reflective summaries and summary of learning had the potential to illuminate meaning in relation to the personal and learning contexts associated with the research questions. While it had been anticipated that the teaching log would also afford valuable data in relation to learning it became evident that the tabular structure and format of its content rendered the record unsuitable for coding and the log was eliminated as a data source.

The process of inductive content analysis was deemed suitable for coding the textual data. However, application of the analytical procedures to the portfolio documents also highlighted the need to introduce alignment of verbatim text to the relevant categories earlier in the process to maintain context and maximise dependability of coding. This modification identified the need for electronic copies of the portfolio documents to aid this step of analysis and consequently a follow up letter was sent to the NQNT participants requesting these documents in electronic format. Four of the

six NQNTs had retained electronic copies and forwarded the documents as requested.

The penultimate task of the pilot study involved determining the dependability of the NQNT interview schedule. The pilot interview conducted with the NQNT lasted one hour and proved invaluable in illuminating areas for refinement in the interview schedule. The audio-taped interview was not transcribed as the aim was to evaluate the clarity of questions and nature of responses in generating a meaningful research conversation as opposed to informing analytical procedures. This proved to be an oversight and led to a lengthier coding process during the main study. However, listening and re-listening to the recording enabled identification of repetitious questions and those which elicited less meaningful dialogue due to their deductive and closed nature. In addition, it became apparent that recalling experiences and views during the programme was challenging for the participant and this required reframing of some of the questions. The interview schedule was subsequently refined.

Finally, a colleague experienced in focus groups in the context of nursing and educational research, who had also acted as a facilitator on NTP programmes, peer reviewed the ENT focus group interview guide. This strategy was informative with the questions, prompts and probes considered appropriate to the method and research questions. Feedback indicated that further thought should be given to the manner in which the focus group conversation was introduced to enhance moderation of the discussion and the interview guide was subsequently amended. The revised NQNT interview schedule and ENT focus group interview guide utilised during the main study are outlined in Appendices 4 (p.282) and 5 respectively (p.284).

4.9 Main Study

Data gathering for the main study took place over an eight month period from April to November 2009 and was characterised by preparation of portfolio documents for analysis, semi-structured face to face interviews with the NQNTs, and the focus group interview with the ENTs.

4.9.1 Preparing the portfolio documents

The original archived portfolios submitted by the NQNTs were accessed and their content checked. It was noted that for one NQNT the Year 1 reflective summary was absent and no electronic copy of this document was available. The quality of the portfolio documents were evaluated in line with Scott's (1990) criteria previously outlined in section 4.8 and all data sources were considered to be authentic, representative and credible.

4.9.2 Semi-structured face to face interviews with NQNTs

The six NQNTs were contacted individually and a date and time for each interview was agreed. The audio-taped, face to face semi-structured interviews were conducted over a 2 week period within a venue in the higher education institution and lasted between 58 to 80 minutes. On completion of the interviews all six NQNTs agreed to review for accuracy of interpretation the interview transcripts and categorisation which emerged from my initial analysis. Following each interview reflective notes were maintained to maximise credibility.

4.9.3 Focus group interview with ENTs

The five ENTs were contacted individually to identify a suitable time and venue for the focus group interview. Co-ordinating a suitable date to accommodate participants' availability meant that the interview took place much later than had been anticipated extending the data gathering period to eight months. However this extension was considered appropriate to ensure that all five ENTs could participate to maximise the use of the focus group as a research method. The audio-taped focus group interview lasted one hour and on completion of the interview all ENTs agreed to review for accuracy of interpretation the interview transcript and categorisation which emerged from the initial analysis. Reflective notes regarding the group interaction and key issues from the conversation were noted immediately following the focus group to aid credibility.

4.10 Analytical Framework

In establishing and sustaining methodological integrity it is necessary to ensure that the analytical frames of reference are appropriate to both the interpretivist position and case study approach. Taking cognisance of these positions, analysis is inductive in nature and draws upon Stake's principles and cross case procedures for interpretive, multiple case study analysis (Stake, 1995; 2006).

The central tenet of analysis is to gain an understanding of the particular in order to inform interpretation of the phenomenon under investigation. This involves an iterative process of within case analysis and cross case synthesis through which raw data are broken down into meaningful parts which are then combined and interpreted so creating new understandings of the phenomenon studied. Stake (2006, pp.50-72)

offers three procedural tracks for multiple case analysis each differentiated by the 'case-quintain dilemma', that is, the degree to which the singularity of each component of the case or collective understanding of the phenomenon under investigation dominates the analytical process. Inherent to each track are procedures of categorisation, aggregation and direct interpretation of data through which research findings are generated.

The first track maintains the situation and particularity of the case throughout the interpretive process enabling the voice of the components and quintain to be heard in equal measure while Track 3 places little or no emphasis on particularity, rather its focus is on quantification and identification of variables which influence the case. In redressing the balance between these positions, Stake (2006) offers Track 2 whereby cross case analysis centres on the synthesis of findings from multiple and embedded components of the case. Whilst maintaining some situation and particularity, the voice of the quintain is paramount.

This study therefore draws upon Stake's (2006, pp.58-62) procedures for Track 2, with a phased approach incorporating within case analysis and cross case synthesis. Whilst centring upon the quintain, that is the contexts which shape professional identity in NQNTs, this track enables a gradual shift in emphasis from the particular to the collective thus ensuring valuable insights from data generated through the use of multiple research methods are not lost. Inductive content analysis (Elo & Kyngas, 2007) provides the frame for coding and categorisation of data whilst the use of tabulation and analytical questioning informs data aggregation and interpretation (Silverman, 2005; Stake, 1995; 2006). The remaining sections of this chapter

explain the procedures which mark the within case and cross case phases.

Appendices are used to aid confirmability and transferability.

4.11 Phase 1: Within Case Analysis

The overall aim of within case analysis is to render the data generated from the main study amenable for synthesis during the cross case phase. In doing so, it is essential to maintain the particularity of the multiple and embedded components of the case.

This first phase is characterised by coding and categorisation of the data through inductive content analysis, and the application of analytical questioning and tabulation to determine the categories worthy of retention for synthesis during phase 2.

Data gathering during the main study yielded 24 ‘documents for analysis’ from the three research methods employed in this study. To facilitate preparation and organisation of data, the documents for analysis are grouped into one of three ‘data sets’ each representing a specific data source and reflective of either the multiple or embedded components of the case. Additionally, each data source is allocated an identifier to facilitate tracking during phase 2. Table 1, on page 119, presents the organisation of these documents according to their assigned data set and data source.

To maximise retention of the particularity of the multiple and embedded components of the case, the 24 documents for analysis are coded in turn. The ten analytical steps detailed in Appendix 6 (p.286) are applied to data sets 1 and 2 whilst Appendix 7 on page 288 outlines the eight steps applied to data set 3.

Table 1 *Data organisation: documents for analysis by data set, data source and identifier and case component.*

Data Organisation	Data Set 1	Data Set 2	Data Set 3
Documents for Analysis	Six NQNT interview transcripts	NQNT Portfolio document Five Year 1, 500 word reflective summaries. Six Year 2, 500 word reflective summaries. Six 2,000 word summaries of learning.	One ENT focus group interview transcript
Data Source & Identifier	Data source A: NQNT interview	Data source B: Year 1, 500 word reflective summaries. Data source C: Year 2, 500 word reflective summaries. Data source D: 2,000 word summaries of learning.	Data source F: ENT Focus group interview
Case Component	NQNTs	NQNTs	ENTs

The iterative process of inductive content analysis is initiated by preparation and organisation of the data through open coding and grouping of codes into categories from which category definitions are then created. This is a necessary refinement to the procedures detailed by Elo and Kyngas (2007) to aid the merging of categories during abstraction and cross case synthesis (Gibson & Brown, 2009). Abstraction completes the process of coding whereby the categories associated with each data source are merged to create generic categories and associated subcategories.

These analytical steps instigate the beginning of the shift in emphasis from the particularity of the multiple and embedded components of the case towards a collective understanding of the contexts which shape professional identity. Data reduction and refinement during abstraction of the three data sets resulted in a total of 61 generic categories and 150 subcategories as shown in Table 2 overleaf. Data

set 1 generated the greatest number of generic categories and subcategories whilst the Year 1 reflective summaries from data set 2 generated the least.

Table 2 *Data Sets 1, 2 and 3: number of initial categories and abstracted generic categories and subcategories.*

Data Source	Initial number of categories	Number of generic categories	Number of subcategories
Data Set 1: NQNT interview transcripts			
Data source A	100	25	96
Data Set 2: NQNT portfolio documents			
Data Source B	28	3	3
Data Source C	33	5	11
Data Source D	38	10	13
Data Set 3: ENT Focus group transcript			
Data source F	63	18	27
TOTAL	262	61	150

To aid transparency and dependability of the analytical process, extracts from the primary source of data in this study (data source A: NQNT interview transcripts) are used to illustrate key steps from within case analysis. Drawing on one NQNT’s interview transcript, Appendices 8 and 9 (pp.290-293) show the output from within case analytical steps 7 and 8 while Appendix 10 (p.294) illustrates the output from the within case abstraction for data set 1 as a whole.

To maintain the dependability of the within case phase of analysis and strengthen credibility of findings, one document for analysis from each data source was re-coded by the researcher. This demonstrated consistency in the coding process. On completion of abstraction within case analysis continued by combining the use of tabulation and analytical questioning to determine those categories which offer the most potential in developing understanding of the contexts which shape professional identity of NQNTs. Drawing upon Stake’s (2006) criteria of ‘prominence’, ‘utility’,

‘typicality’ and ‘atypicality’ as the basis for analytical questioning the three steps outlined in Appendix 11 (p.298) are applied to each data set in turn. In this case study, prominence reflects how noticeable a generic category and subcategory is in the data source. Utility relates to the usefulness of the subcategories in developing understanding in relation to the research questions. Typicality and atypicality refer to the extent to which the generic categories and subcategories are similar or dissimilar in comparison to other responses within the data set. This focuses particularly on subcategories where only one or two NQNTs or ENTs responded.

In evaluating the data it is apparent that while the tabulations for the generic categories initially proved to be a helpful indicator in locating prominence, it is misleading if used in isolation. Consequently, it is consideration of the prominence and specifically, the utility of the subcategories which facilitate decision making. As such, critical evaluation of the data resulted in the categories within each data set judged to be ‘highly prominent and useful’, ‘prominent and useful’ or ‘least prominent and useful’ in addressing the research questions. Only those deemed to be highly prominent and useful or prominent and useful are retained for cross case synthesis. To aid transparency Appendices 12 and 13 (pp.300-307) show the output from this process in relation to data set 1. The within case category findings from phase 1 are reported fully in Chapter 5.

4.12 Phase 2: Cross Case Synthesis

Cross case synthesis emerges as a highly interpretive and reductive process through which the key findings from this case study are revealed. Appendix 14, on page 308, outlines the procedural steps which guide cross case synthesis. With an emphasis on

the collective rather than the particular this second phase of analysis is characterised by ‘sorting’ the generic categories and subcategories from all three data sets into distinct thematic clusters; ‘merging’ the categories within and across themes; and ‘making interpretive assertions’ through which the key themes and sub-themes are determined. Stake (2006, p.75) advocates that interpretive assertions should stem from “compelling persuasion”, that is the evidence upon which the researcher basis interpretation which leads to the case study findings. As such the grounds upon which such evidence is regarded as compelling should be made explicit. In this case study the following evidence informed interpretation during cross case synthesis:

- Theoretical frames of reference from which the research questions emerged.
- The extent to which the merged categories illuminate understanding in relation to the research questions and highlight the relationship between personal, learning and professional contexts in shaping the professional identity of NQNTs.
- Data sources A and F as primary evidence and data sources B, C and D as secondary evidence.
- The number of NQNTs and ENTs represented within each sub-theme.
- The number of data sources which contribute to each sub-theme in conjunction with the primary or secondary nature of the data source evidence.
- Atypical responses which extend understanding in relation to the research questions.

The themes and sub-themes from cross case synthesis emerge as the key findings of this case study and are presented in Chapter Six.

4.13 Chapter Summary

This chapter offered a comprehensive explanation of the research process for this multiple, embedded case study. Underpinned by an epistemological frame which reflects an interpretive position, three distinct data sets and 24 documents for analysis are generated through three research methods employed in this study. Attention was given to the phased approach to analysis marked by within case analysis and cross case synthesis. To aid transferability, a detailed account of the procedures which guide these phases with the support of appendices for the within-case phase illustrate the decision making process which informed interpretation. In keeping with the phased approach to analysis, findings are reported across the next two chapters of the thesis.

Chapter Five: Within Case Findings

5.0 Chapter Introduction

Chapter five presents within case category findings from this study. A brief summary of these findings is given first and there then follows a more detailed explanation of the key generic categories associated with each data set.

5.1 Within Case Category Findings

The analytical judgements made during the within case phase classify the categories within each data set in terms of their prominence and utility in addressing the research questions. This process reveals 46 generic categories and 137 subcategories which inform cross case synthesis and shape the resultant case study findings. Of the three research methods employed in this study, the semi-structured interviews with the six newly qualified nurse teachers provide the richest source of data illuminating categories reflective of personal, learning and professional contexts. The NQNTs (Appendix 1, p.274) did not appear to encounter difficulties in recalling their experiences during nurse teacher preparation (NTP, Appendix 1, p.274).

Capturing the NQNTs' experiences of learning during NTP, the 17 portfolio documents contribute primarily to learning contexts. This is unsurprising given that the intent of the portfolio is to enable the articulation of learning. However personal and professional contexts did not surface in the category findings for data set 2. This is to an extent unexpected given the reflective nature of the written narratives but these documents are not designed for research purposes which perhaps accounts for

this discrepancy. In contrast, the focus group with the five ENTs reveal categories in relation to each of the three contexts. As the embedded component of the case the generic categories and associated subcategories are noteworthy in the parallels which can be drawn to findings from data set 1. This data set effectively builds a more in-depth picture of the case by clarifying and further illuminating the NQNT responses.

The preliminary within case category findings highlight learning as the dominant context in shaping professional identity with all five data sources contributing to category generation in this area. Professional contexts are also prominent but personal contexts are less well represented in the category findings, located principally in data set 1. Factors which enable and constrain learning are also highlighted and reflect a disparate range of issues. Consequently, these are treated separately until a fuller understanding of their relationship to the overall case is discernible.

The within case category findings reveal key contexts in relation to each of the research questions. Motivation and nurse teacher development pathways are pertinent personal contexts while the support of experienced nurse teachers during NTP and the influence of pedagogical theory and practice are significant learning contexts. Professional contexts which appear to potentially shape nurse teacher identity both during and on completion of NTP reflect organisational role, colleagues in the first order field and the value placed on teaching by the profession and clinical practice.

5.2 Data Set 1: Category Findings from the NQNT Interviews

Within case analysis of data set 1 illuminates 20 generic categories and 80 associated subcategories as relevant to the three research questions. Appendix 15, on page 309, provides a detailed overview of these category findings which are delineated by their level of prominence and utility and grouped in relation to the context which they represent.

Nine highly prominent and useful and 11 prominent and useful generic category findings emerge from data set 1 as depicted in Table 3 below.

Table 3 *Data set 1 within case generic category findings*

Highly prominent and useful generic categories	Prominent and useful generic categories
PERSONAL CONTEXTS	
Intrinsic motivation	Being a learner
	Extrinsic motivation
	Professional biography
PROFESSIONAL CONTEXTS	
NHS workplace environment	Professional bodies
Nurse as teacher	Identity shaped by specialist nursing role
Developing nurse teacher identity	Identity shaped by senior education role
Teaching in higher education	Identity shaped by defined educational role
	Identity shaped by higher education role
LEARNING CONTEXTS	
Experience of learning to become a nurse teacher	Learning from role models
Learning the theory	
Blended learning	
Support for learning	
ENABLING AND CONSTRAINING FACTORS	
	Factors which enabled learning
	Factors which constrained learning

Six generic category findings are extrapolated from this data set for further discussion based upon their utility in addressing the research questions and significance in shaping the themes and sub-themes which form the basis of the main study findings. Specifically, ‘professional biography’ and ‘intrinsic motivation’ are representative of personal contexts, learning contexts are reflective of ‘support for

learning’ and ‘learning the theory’ while ‘NHS workplace environment’ and ‘identity shaped by role’ are indicative of professional contexts.

5.2.1 Professional biography and intrinsic motivation

The individual interviews with the six NQNTs began with an exploration of their professional career journeys in the hope that this would reveal potential connections between biography and nurse teacher identity. Professional biography emerges as the generic category and uncovers nurse teacher preparation as a distinct development path from the first order field. Table 4 below summaries the key biographical details through which this pathway is initially discernible. The denoted pseudonyms for the NQNTs are used throughout the remainder of this thesis to report findings and, in Chapter Six, to distinguish quotations.

Table 4 *Newly qualified nurse teachers’ biographical information*

NQNT	Year commenced pre-reg education	Years of experience prior to entering NTP	Role held in first order field during NTP	Role held following NTP
Hazel	1988	14 years	Defined education role	Lecturer in HE
Rose	1978	25 years	Specialist nurse	Lecturer in HE
Lily	1981	22 years	Defined education role	Defined education role
Daisy	1980	23 years	Specialist nurse	Specialist nurse
Iris	1991	12 years	Defined education role	Defined education role
Flora	1974	28 years	Specialist nurse	Specialist nurse

All six NQNTs enter nursing as a first career commencing pre-registration nurse education between 1974 and 1991 which leads to a certificate or diploma qualification. Prior to commencing NTP, the NQNTs average 20 years experience as nurses and have career journeys which reflect a range of clinical nursing roles and

education in practice. All NQNTs engage in continuing professional development leading to additional post-registered and academic qualifications with five holding an ordinary degree or equivalent, and one NQNT with a master's qualification. The NQNTs undertake NTP from the first order field with Rose, Daisy and Flora holding specialist nursing roles whilst Hazel, Lily and Iris work in defined educational roles. Within a year of completing the programme Daisy, Flora, Iris and Lily remain in their posts whilst Hazel and Rose move from the NHS to work in higher education.

This within case category finding infers nurse teacher preparation as a development path for those situated within the first order field. Organisational role, considerable nursing experience and a history of continuing professional development characterise the nurses embarking on this route. While this finding does not highlight the motivation for electing this path, the ongoing trajectory tentatively suggests enhancement of existing roles and career progression as possible drivers.

Intrinsic motivation does however emerge as the only highly prominent and useful category associated with personal contexts. This generic category reflects the NQNTs' reasons for engaging in NTP and illustrates a strong orientation for self improvement. The associated subcategory 'personal responsibility' appears to be a powerful driver for all six NQNTs and is indicative of a desire to improve professional practice. While caution is required in drawing firm inferences at this initial stage, these category findings imply formal learning as a gateway through which professional identity in NQNTs may be shaped with motivation to improve practice through teaching as a key personal context.

5.2.2 Learning the theory and support for learning

The generic categories learning the theory and support for learning first emerge in relation to data set 1 and are associated with learning contexts. Prominent within all NQNT narratives is a sense of the importance of gaining an understanding of educational theory in learning to become a nurse teacher. The four associated subcategories are indicative of a change in pedagogical practice as a consequence of formal learning. This early within case finding suggests a potential connection between personal and learning contexts in shaping professional identity whereby an intrinsic desire for development is fulfilled through formal preparation which enhances knowledge in relation to pedagogies. Importantly, the role of experienced nurse teachers in supporting NQNTs' learning during the programme features strongly in this data set with ENTs, including the programme team cited as critical to NQNT development. This suggests that relationships established during NTP have the potential to shape the professional identity of NQNTs.

5.2.3 NHS workplace environment and identity shaped by role

NHS workplace environment is the most prominent generic category of data set 1, eliciting 24 NQNT responses. The eleven associated subcategories imply that the organisation, colleagues and learners within the first order field are instrumental in shaping the professional identity of NQNTs both during and on completion of NTP. Meanwhile the generic categories which reflect identity shaped by role are atypical generating only one to three NQNT responses. While the prominence of these categories could be questioned the NQNTs, without exception, define their professional identity in relation to the particularity and situation of their

organisational role at the time of interview. As such these generic categories are deemed highly relevant in shaping nurse teacher identity.

5.3 Data Set 2: Category Findings from the NQNT Portfolio Documents

Within case analysis of the 17 NQNT portfolio documents determine that 16 generic categories and 27 associated subcategory findings are relevant in illuminating learning contexts which shape professional identity in NQNTs. Appendix 16, on page 311, outlines these category findings in detail and follows the same format of reporting for data set 1. Table 5 below outlines seven generic categories as highly prominent and useful and nine as prominent and useful in addressing learning during and on completion of NTP.

Table 5 *Data set 2 within case generic category findings*

Highly prominent and useful generic categories	Prominent and useful generic categories
LEARNING CONTEXTS	
Data source B (Year 1 reflective summaries)	
Learning from Year 1	Recognising progress
	Facilitator Feedback
LEARNING CONTEXTS	
Data source C (Year 2 reflective summaries)	
Learning from Year 2	Support for learning
Recognising progress and achievement	Ongoing development
LEARNING CONTEXTS	
Data source D (Summary of learning)	
Learning from programme LTAS	Learning from curriculum development
Learning from planning teaching	Learning from quality assurance
Learning from theory	Continuing professional development
Learning from assessment	Teaching experience
ENABLING AND CONSTRAINING CONTEXTS	
	Demands on time

Although deemed suitable as data sources during the pilot study the value of the portfolio documents in generating meaning is tempered by the NQNTs' ability to engage in the reflective process. The academic summaries of learning are challenging in terms of interpreting meaning to ensure it is the participant's view

rather than the literature which is captured. This highlights the difficulty in using unobtrusive data in research and the potential risk of introducing researcher bias by placing greater emphasis on meaning than is intended by the writer. From this data set, ‘learning from Years 1 and 2’, ‘learning from programme’s learning, teaching and assessment strategy (LTAS), planning and delivery and assessment’, ‘learning the theory’ and ‘support for learning’ are particularly relevant in shaping the key findings for this study.

5.3.1 Learning from Years 1 and 2

The Year 1 and Year 2 reflective summaries are underpinned by a sense of progression and a building of confidence as the NQNTs move through the programme. Importantly, this reflects a growing awareness of their progression and areas for future development both during and on completion of the programme. These generic category findings imply a critically reflective stance on the part of the NQNTs in relation to their learning and their developing self-efficacy as educators.

5.3.2 Learning from the programme learning, teaching and assessment strategy, planning and delivery, and assessment

The subcategory ‘self assessment’ associated with learning from the programme learning, teaching and assessment strategy is cited by all NQNTs as a tool which raises awareness of gaps in knowledge and assists in identifying areas for development. When considered in relation to the NQNTs’ increased levels of self awareness this suggests the potential of self-assessment as a useful strategy in enabling learning during NTP. Furthermore, in the summaries of learning all

participants highlight planning and delivery of teaching as key to learning with assessment identified as important by five of the six NQNTs. This suggests that these areas of the curriculum are particularly meaningful to the NQNTs in learning to teach.

5.3.3 Learning the theory and support for learning

In parallel with data set 1, learning the theory and support for learning are respectively determined as highly prominent and useful and prominent and useful generic category findings. While the latter category once again highlights the role of ENTs in facilitating learning, the former sheds additional light on the relevance of theory in shaping identity. Specifically, the NQNTs recount the tangible ways in which an understanding of theory informs their teaching practice providing a range of examples by way of evidence. This finding adds weight to the connection between theoretical learning and professional practice which the NQNT interviews infer.

5.4 Data Set 3: Category Findings from the ENT Focus Group Interview

This final data set reflects the embedded component of the case (experienced nurse teachers (ENT), Appendix 1, p.273). Within case category findings illuminate 10 generic and 30 associated subcategories as relevant to the three research questions as shown in Appendix 17, on page 313. The four highly prominent and useful and six prominent and useful generic category findings outlined in Table 6 overleaf signify data set 3.

Table 6 *Data set 3 within case generic category findings*

Highly prominent and useful generic categories	Prominent and useful generic categories
PERSONAL CONTEXTS	
	Intrinsic motivation
	Extrinsic motivation
	Professional biography
PROFESSIONAL CONTEXTS	
Professional perception of role	Developing identity
Identity shaped by higher education	Teaching in higher education
Higher education organisation	
LEARNING CONTEXTS	
Formal teacher preparation	Learning from ENTs

Seven generic category findings are extracted for further discussion based upon their utility in addressing the research questions and relevance in shaping the main study findings. Specifically, ‘professional biography’ and ‘intrinsic & extrinsic motivation’ are indicative of personal contexts, learning contexts are represented by ‘formal teacher preparation’ and ‘learning from ENTs’ while ‘identity shaped by higher education role and ‘professional perception of teaching’ are reflective of professional contexts.

5.4.1 Professional biography and intrinsic and extrinsic motivation

As with the NQNT interviews, the focus group opened with a discussion regarding the ENTs career journeys. It is anticipated that this would aid transparency regarding the potential relationship between professional biography and ENT identity. Akin to the NQNT findings, professional biography emerges as the generic category finding and highlights a nurse teacher development path leading from clinical practice to higher education.

Table 7 below summarises the biographical detail which marks this pathway. The designated pseudonyms for the ENTs are used throughout the remainder of this thesis to report findings, and in Chapter six, to distinguish quotations.

Table 7 *Experienced nurse teachers' biographical information*

NQNT	Year completed pre-reg education	Year commenced NTP	Years of experience prior to entering NTP	Role held during NTP	Current role in higher education
Leslie	1984	1997	13 years	Lecturer	Lecturer
Alex	1975	1986	11 years	Lecturer	Senior Lecturer
Jo	1979	2003	24years	Lecturer	Senior Lecturer
Sandy	1983	1998	15 years	Specialist nurse	Lecturer
Lee	1990	2002	12 years	Lecturer/Practitioner	Lecturer

All five ENT participants are qualified teachers and hold lecturer or senior lecturer roles within higher education. Having acted as facilitators, each ENT supported participants in the NQNT group during NTP. The ENTs had experience of teaching either in formal settings or as part of their nursing role prior to entering higher education and have been qualified between 5 and 21 years as nurse teachers. Only one ENT undertook nurse teacher preparation whilst working solely in clinical practice.

The pattern emerging from professional biography indicates that the ENTs have been registered nurses for an average of 15 years prior to engaging in formal learning to become nurse teachers. While this group appear to enter NTP at an earlier stage in their professional lives the biographical information is insufficient to determine the length of time working in clinical practice prior to moving into higher education to teach. Furthermore, this data does not provide an indication of the length of time in these roles prior to commencing NTP. This limits comparison between the newly qualified and experienced nurse teachers.

This within case category finding suggests moving from the first to second order field as a route for nurse teacher development. Considerable nursing experience and teaching as an inherent part of the nursing role are characteristic of the four ENTs who follow this pathway. While motivations for entering higher education are not explored with this group the drivers for engaging in NTP are reflected in the generic category findings ‘intrinsic and extrinsic motivation’. Interestingly, these distinguish motivation according to the field within which the ENTs are situated prior to entering NTP. These nuances tentatively imply the possibility that motivations in learning to become a nurse teacher may differ.

5.4.2 Formal teacher preparation and learning from ENTs

Formal teacher preparation is the most prominent generic category finding in data set 3. All the ENTs highlight the relevance of NTP in learning to become a nurse teacher. The associated subcategories reflect different aspects of the programme which the ENTs deem as relevant in shaping the professional identity of the NQNTs. Learning the theory resurfaces and mirrors the findings in data sets 1 and 2 while the associated subcategory, ‘viewing practice differently’ highlights the ENTs awareness of a shift in the NQNTs’ approach to teaching as a consequence of NTP. Learning from ENTs reflects the experience of supporting NQNTs during the programme and adds weight to the importance of support for learning which is apparent in all three data sets.

5.4.3 Identity shaped by higher education role and professional perception of teaching

Akin to the NQNT interview responses, when invited to share their view of themselves as nurse teachers, the ENTs associate their professional identity with their role in higher education at the time of interview. In terms of professional contexts, this potentially adds weight to organisational role as an influence in shaping professional identity. Noteworthy in this data set is professional perception of teaching. This highly prominent and useful generic category finding emerges in response to discussion regarding the value placed on teaching by nursing and is atypical for the case as a whole. Specifically, the associated subcategory 'misperception' reflects a view that nursing and the first order field do not fully appreciate teaching and the nurse teacher role. This suggests that the views colleagues hold regarding teaching may influence the professional identity of NQNTs both during and on completion of NTP.

5.5 Chapter Summary

This chapter presented an overview of the category findings which emerge from the within case phase of data analysis. Consideration is given to the generic categories which have particular resonance for cross case synthesis and the emergence of the key case study findings which are now subsequently reported.

Chapter Six: Cross Case Findings

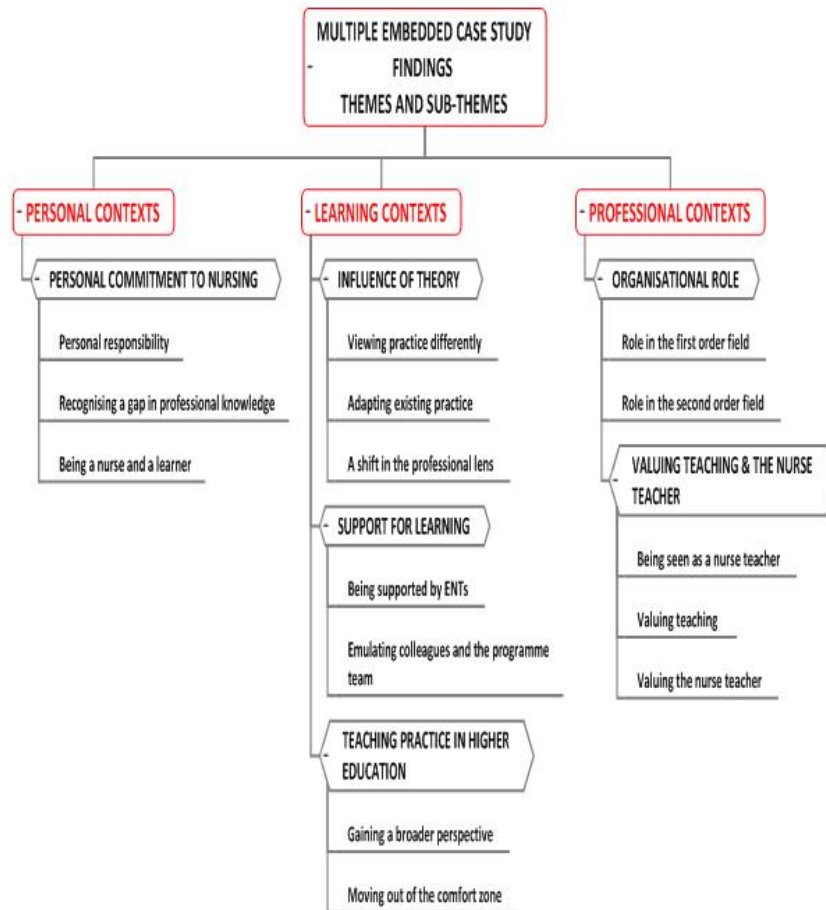
6.0 Chapter Introduction

Chapter six reports the findings which emerge from cross case synthesis. The six themes and 15 sub-themes shown in Figure 2, on page 138, represent the key findings from this multiple embedded case study, and reveal personal, learning and professional contexts in shaping the professional identity of newly qualified nurse teachers. These findings are presented thematically in order of personal, learning and professional contexts. Enabling and constraining factors from the within case phase are deemed to reflect professional and learning contexts and as such are integrated within these findings. An outline of each context is given first, the associated themes and sub-themes are then explained and connections between personal, learning and professional contexts are highlighted. The NQNT and ENT narratives are used to support the findings as denoted by the pseudonyms outlined in the previous chapter and data source identifier codes (Table 1, p.119). The chapter concludes with a summary of the key case study findings.

6.1 Personal Contexts

Personal contexts which shape professional identity stem from the individual interviews with the NQNTs (data source A) and the ENT focus group interview (data source F). ‘Personal Commitment to Nursing’ appears as the central theme and is expressed by the three sub-themes ‘Personal responsibility’, ‘Recognising a gap in professional knowledge’ and ‘Being a nurse and a learner’.

Figure 2 *Multiple embedded case study findings: themes and sub-themes*



6.2 Personal Commitment to Nursing

The overarching sense of this theme is the NQNTs’ personal commitment to the profession through teaching and learning. This theme merges within case generic category findings which reflect ‘intrinsic and extrinsic motivation’, ‘being a learner’ and ‘nurse as teacher’, the latter of which was moved from professional contexts during cross case synthesis.

6.2.1 Personal responsibility

All six NQNTs and the one ENT who worked in clinical practice during their programmes of preparation express an intrinsic motivation to undertake NTP in order to improve their practice as nurse teachers. Personal responsibility reflects a strong orientation towards enhancing professional practice and a commitment to ‘becoming better’ and wanting to ‘get it right’ for the benefit of others within the profession:

I knew what I did and what worked well for me but what became apparent was there's lots of different people with lots of different styles and lots of different needs and I didn't feel prepared enough I suppose to help support all these other individuals. {Hazel:A}

For myself I needed to know that I was doing everything that I could be doing and that I was doing it right, not just for the service and for the client having competent practitioners out there, but also to do the best I could for the student, to make sure she got everything she could out of that placement. {Iris:A}

I thought one of the ways forward was to gain an educational qualification because I really wanted to advance practice within the clinical area so that was the reason I wanted to undertake a teaching qualification at that point. {Sandy:F}

For NQNT Rose, personal responsibility is coupled by external motivation to have the teaching aspect of the role formally recognised:

I suppose as a nurse I had this wider role that was clinical but I had also a teaching component as well. I think it was the desire to kind of make that bit better and build on what I already knew and to add to it. To formalise it I suppose for recognition of, actually I was teaching. {Rose:A}

For these participants, personal responsibility centres upon a desire to improve their professional practice as teachers. While the motivation to engage in learning to become a nurse teacher is driven by developmental need, it is interesting that none of the NQNTs express this as an impetus to move from clinical practice to work in higher education. Although it is not possible to state that such motives do not exist, this finding implies a commitment to the first order field through teaching.

While atypical for the group, the issue Rose highlights regarding recognition of teaching resurfaces within two themes associated with professional contexts: ‘Organisational Role’ and ‘Valuing Teaching and the Nurse Teacher’. This implies a connection between personal and professional contexts in shaping professional identity; an issue explored further in sections 6.10 and 6.11 of this chapter.

In contrast to the seven participants who undertook nurse teacher preparation whilst working in clinical practice, four ENTs were employed within formal education settings such as colleges of nursing and higher education prior to engaging in formal preparation. For these participants, job requirement is cited as the dominant motivator for engagement as is reflected in Alex and Lees’ responses:

I was directed. It was just the done thing then. You went to do the PgC, the health board paid for it all, end of story. {Alex:F}. Requirement of the post in higher education but supported by both higher education and the NHS in terms of funding. {Lee:F}

The emphasis on requirement by the ENTs suggests that the sense of personal responsibility may differ for those who move from clinical practice to work in more formal settings such as higher education prior to undertaking NTP. For these experienced nurse teachers the sense of becoming a better teacher and their commitment to nursing has perhaps been enacted through their decision to follow a developmental path from clinical practice to nurse education as opposed to the NQNTs whose commitment reflects development through formal preparation whilst remaining in clinical practice.

6.2.2 Recognising a gap in professional knowledge

For all the NQNTs, an awareness of a gap in theoretical knowledge which underpins their teaching practice appears to be the primary trigger for seeking opportunities to enable their development as educators. This is reflected in the narratives from Hazel and Lily:

It was all based on my experience and my reflection on my experience without having any underpinning, no theoretical underpinning whatsoever. It was just a kind of implicit, tacit knowledge or understanding of what was going on. {Hazel:A}

It was a natural progression from where I was. You know I was standing up I was teaching people but really I didn't have the background to support it. I didn't feel I had the background to support what I was doing. I wanted to know what I was doing. {Lily:A}

From the perspective of working in higher education, ENT Jo expresses a similar view:

It's that coming off what I think was a long time in clinical practice and having that level of accountability in clinical practice. You then shifted that to an education forum and because you were aware of how much you didn't know and to progress that and confirm your role within working in higher education. {Jo:F}

For the NQNTs, formal learning is actively sought as the means through which this gap might be filled and is the route chosen to enable nurse teacher development as is captured by Daisy:

Not until this qualification came in front of me did I think that's really what I've been looking for because I taught, I suppose I taught instinctively but I had nothing to underpin that. I didn't know why I did things the way I did them. {Daisy:A}

This recognition of a gap is supported by three ENTs who highlight that their awareness of the educational aspect of facilitating students in clinical practice and questioning how to support teaching triggered their interest in pedagogy.

These findings imply that learning from experience within the workplace forms part of nurse teacher development. However, there appears to be a point when this is no longer sufficient. This conscious awareness of a gap in professional knowledge seems to prompt an active search for formal learning opportunities. This implies that both formal and non-formal learning are relevant in learning to teach.

6.2.3 Being a nurse and a learner

The final sub-theme associated with personal contexts reflects how being a nurse and experience as a learner shapes NQNT identity. In terms of being a nurse, the NQNTs appear to bring attributes of ‘sharing’ and ‘caring’ to teaching and being a nurse teacher. The quotes from Daisy and Flora effectively encapsulate these aspects of the nurse in the nurse teacher:

In a nutshell it's about not wanting to keep it all to yourself. Whatever you know, what knowledge you have, what skills you have, wanting to share that for the greater good so that other people can benefit from that. {Daisy:A}

You almost have to have that life experience, and that experience of nursing and caring for people to get that you as a teacher are a huge influence on these new novice practitioners. To make them understand that they're here to care for people. {Flora:A}

This suggests a contribution to the profession through sharing their knowledge of nursing with others and instilling a caring approach to practice. For four of the NQNTs this philosophy appears to extend beyond nurturing a caring ethos to applying caring to teaching, as is captured by Rose:

I think the nursing part of you is always there, that sort of caring for want of a better word. Almost like my students have become my caseload, and that, you're not just seeing them there as learners your actually seeing their family and their life and I think you do that as a nurse all the time. {Rose:A}

This notion that caring for patients as a nurse translates to caring for students as a nurse teacher is also shared by three of the ENTs as the following focus group exchange shows:

Don't you think to some extent they (the students) become your caseload, there is a sort of transferability there {Jo:F}? Oh definitely {Leslie:F}. And that can be a worrying thing actually because of the way you might interact with them {Sandy:F}. But I think that's what you bring from your nursing to that because you therefore just translate these skills across {Jo:F}. You do {Leslie:F}. Your students become your patients {Sandy:F}.

This finding suggests that caring as a nurse and the desire to share knowledge reflects a stance whereby the commitment to nursing is through teaching rather than direct patient care. Promoting this ethos in novice practitioners is seen as important in being a nurse teacher whilst caring as a nurse is brought to bear in the view the NQNTs hold of themselves with learners at the centre of their professional practice.

The final strand through which personal commitment to nursing is expressed reflects the NQNTs' past experience as learners. For five of the NQNTs, being empathic is highlighted as important to their view of themselves and is based upon their personal experience as learners. Remembering the feeling of being a student and the personal challenges associated with learning enables them to be empathic nurse teachers and help support students as Iris and Hazel explain:

I think it's important to remember that when you are teaching people, taking yourself right back to their level and what it's actually like, and not forgetting. So many people forget what it's like to be a student and expect them to know everything whereas when you actually take yourself back to that level you think well, no, I didn't know everything, you still don't. {Iris:A}

You've had to go through the same as what they've had to go through in their nurse education. I think if you're able to help them recognise that we all started from the same point and here were the highs and here were the lows and we all go through the same thing, there's a reassurance somewhere. {Hazel:A}

This finding suggests that it is the NQNTs' experiences of learning during nurse education as opposed to their school years which shape their present approach to teaching and being a nurse teacher. Interestingly, in recalling their learner experiences during nurse education two NQNTs and one ENT refer specifically to the impact of negative role modelling in shaping the image of themselves as nurse teachers.

6.3 Synopsis of the Findings for Personal Contexts

For this group of NQNTs professional identity appears to be shaped by personal contexts through which personal commitment to nursing is the binding thread, and from which connections to learning and professional contexts are inferred. Primarily stemming from an intrinsic desire to enhance professional practice and benefit others, NQNTs working in clinical practice seek opportunities for formal learning to enhance their individual professionalism as nurse teachers with a gap in pedagogical knowledge cited as the main driver. This suggests formal learning is a mechanism through which commitment is enacted and presents as a viable route for nurse teacher development. For those working in higher education, job requirement is the dominant motivator for undertaking NTP with commitment arguably already enacted through the decision to work in a formal education setting.

The experience of being nurses and learners also emerge as personal contexts which shape NQNT identity. The desire to share knowledge, nurture caring in learners and adopt a caring approach to teaching seems to originate from the NQNTs' views of themselves as nurses. As learners, empathy is the prominent characteristic which influences the NQNTs' approach to teaching and learners. This originates from their

experiences in nurse education rather than school with negative modelling by nurse teachers shaping the prospective view of nurse teacher identity.

6.4 Learning Contexts

The learning contexts which shape the formation of nurse teacher identity emerge from the synthesis of 22 generic categories from the within case findings. This reflects the inclusion of all five data sources and results in three themes; 'Influence of Theory, 'Support for Learning' and 'Teaching Practice in Higher Education'. Category findings from the portfolio data set are highly prominent within this context. However, their utility in aiding understanding becomes much less apparent when the narratives are drawn together cross case, resulting in significant data reduction. It is of note that data sources B, C and D do remain prominent in their contribution to the theme influence of theory.

6.5 Influence of Theory

This theme results from the merging of within case generic categories: 'learning from year 1, 'learning from year 2' and learning the theory' from data sources B, C and D respectively; 'learning the theory' from the NQNT interviews and 'formal teacher preparation' from the ENT focus group interview. This theme illustrates the influence of formal learning, and in particular learning from educational theory and practice on nurse teacher` identity. Noteworthy on two counts this theme encapsulates all five data sources, and resonates strongly with the professional experience from which this study originates. The sub-themes 'Viewing practice

differently’, ‘Adapting existing practice’, and ‘A shift in the professional lens’ are representative of this theme.

6.5.1 Viewing practice differently

As previously reported within personal contexts, all six NQNTs recognise a gap in their professional knowledge which in part triggers their motivation to undertake formal learning. During the programme this recognition is tangible in the portfolios as the NQNTs become increasingly aware of the deficits in their theoretical knowledge suggesting a link between learning and personal contexts.

The following extracts from Lily’s portfolio during years 1, 2 and on completion of the programme are indicative of the NQNT responses in general:

Over the last year I have identified that all the techniques that I used within the department are those I have learned from observing more experienced educators without having an understanding of the underpinning theories of what I do and why. This 1st year has opened my eyes to the role that I do. I believe I have become much more self aware. {Lily:B}

On comparing the self assessment forms I can see a clear progression in my skills. I can also see that there are some NMC outcomes in which “I did not know what I did not know.” In other words it is now clear that I did not have the underpinning theoretical knowledge to back up where I placed myself on the scale. {Lily:C}

Previously no consideration was taken as to what underpinned the assessment or whether it was a valid method of assessment. At the beginning of the course the author believed that they knew and understood what underpinned these activities but throughout the course has come to recognise how superficial that knowledge was. {Lily:D}

These quotes suggest that reflection and self assessment contribute to a conscious awareness of progression and recognition of knowledge deficits. It is perhaps unsurprising that self assessment is mentioned so frequently in the written narratives given that this tool forms part of the portfolio. However, as the only programme

learning, teaching and assessment strategy consistently referred to by all NQNT participants, self assessment can reasonably be considered a useful tool for learning.

Crucially, Lily's narratives exemplify the value placed on gaining an understanding of theoretical knowledge which is a recurring thread both in the portfolio documents and interviews with the NQNTs. This recognition appears to enable the NQNTs to consider their practice in a different light as a consequence of developing pedagogical knowledge. The extracts from the interviews with Rose and Lily effectively capture this sense of viewing practice differently in response to learning from theory:

I think that it made me look differently at some aspects of what I was doing in practice because of the different perspective I had been given and the knowledge and understanding that I gained from doing the course. So some of the things you went back and thought actually you've been doing this quite well and other things you went back and you think no actually you've not been doing that very well and can do that differently. {Rose:A}

I suppose it was just the gradual building up of knowledge and the theories and the background and an understanding, some of which you knew but you just didn't know why you knew it. It's about understanding what I'm doing and why I'm doing things. {Lily:A}

Understanding the theory appears to help the NQNTs make sense of their professional practice by affirming aspects of their existing practice whilst also raising awareness of areas for change. Becoming more self aware and engendering confidence emerge as underlying threads in shaping the NQNTs and is best illustrated in Hazel's narrative below:

I am much more self aware, much more self aware. I think recognising that for whatever reason a lot of what I was doing probably did reflect theory that I was unaware of and for me that was a huge confidence boost because it meant I must have been doing something right even though I didn't know what I was doing right at the time and all that's done is increased my motivation for it. {Hazel:A}

This positive affirmation appears to enable a change in perspective and opens up possibilities for alternative ways of working, the latter of which is reflective of the next sub-theme.

6.5.2 Adapting existing practice

All six NQNTs express the influence of learning educational theory in shaping their professional practice as nurse teachers. In particular learning from theory is perceived to widen their teaching repertoire. In the NQNT and ENT discourse this repertoire is likened to a toolkit:

I can now look much more in-depth at the teaching and learning strategies and think, that didn't work, what else can I try? I feel I have a much bigger, a separate tool bag for the educational side of things. {Flora:A}

It gives them a toolkit to try different approaches and see which one fits their style and move themselves that way but it also gives them strategies if one approach doesn't work then there are others that they can draw upon. {Leslie:F}

This extended repertoire opens up alternative possibilities for teaching which enable the NQNTs to then adapt and enhance their professional practice; a finding which resonates with their personal commitment to nursing and infers a connection between learning and personal contexts. The following extracts from the Year 1 and 2 reflections and NQNT interviews evidence this adaptation:

I probably didn't realise at the time that the educational theory was as important. I probably didn't realise how much it influenced me when I was learning until you started putting it into practice and realised that you hadn't used it before. {Iris:A}

Lesson planning has helped my teaching to be more effective because I take into consideration the potential learning styles of the learners I am engaged with. {Daisy:B}

The theories and principles which underpin assessment have allowed me to examine my own practice and the assessments I am using. It has empowered me to challenge not only the assessment documentation but how it is used within the workplace. {Lily:C}

These descriptions highlight planning and delivering teaching and assessment as practices through which pedagogical change is enacted. Interestingly, in the summaries of learning (data source D) the NQNTs note these as the key areas of learning from NTP further supporting the influence of pedagogical theory in shaping professional practice.

6.5.3 A shift in the professional lens

While gaining a deeper understanding of educational theory stimulates an ability to adapt professional practice, the influence of NTP also prompts a shift in the view the NQNTs hold of themselves as educators. This appears strongly in the narratives of four ENTs in response to a question inviting perspectives on how learning during the programme shapes the professional identity of their students. The focus group exchange between ENTs' Jo and Lee characterises this as 'thinking differently':

I think it made them think about what they were doing in a different way. By taking on board the theoretical and adapting that, there was quite a big transformation {Lee:F}. I think there is a definite mind shift to begin to think of themselves as prime educators that's certainly what I saw initially there was that hesitation but as they progressed on the programme there was a clear articulation they were beginning to talk the talk and walk the walk {Jo:F}.

The mind shift perceived by the ENTs is articulated by NQNTs' Lily and Hazel as strengthening their view of themselves as educators:

I do probably see myself more as a teacher now than I did. I think it's to do with confidence in that well actually I have this qualification. You know I am, so I think it's that. {Lily:A}

I think taking the route of the PgC afforded me that opportunity to look specifically at that part of my identity and it's probably honed it and focused it a bit more sharply. It's not that I have lost the nursing part but I have probably reduced the nursing focus a wee bit and increased the teaching focus. The balance is very much different. {Hazel:A}

As Lily comments, having a recognised teaching qualification appears to validate her identity as a nurse teacher. Indeed four of the NQNTs perceive that they are now working in a different way from colleagues who do not hold a teaching qualification; a view supported by two of the ENTs. This finding suggests that for this group of NQNTs the experience of formal learning, and in particular learning from theory facilitates a shift in the professional lens, strengthening the sense of self as professional educators.

6.6 Support for Learning

The second theme associated with learning contexts reveals the support of specific individuals in shaping nurse teacher identity during learning and is represented by two sub-themes; ‘Being supported by experienced nurse teachers’ and ‘Emulating colleagues and the programme team’. This theme synthesises within case category findings from four data sources; ‘support for learning’ (data sources A & C), ‘learning from role models’ (data source A), ‘facilitator feedback’ (data source B) and ‘learning from experienced nurse teachers’ (data source F). Consequently, experienced nurse teachers, the programme team and colleagues within the workplace emerge as key influences in learning to become a nurse teacher. While five of the NQNTs highlight their student peers as enabling learning during the programme the connection to professional identity is ambiguous and as such is excluded from the key findings.

6.6.1 Being supported by experienced nurse teachers

In this case study, experienced nurse teachers act as facilitators to the NQNTs during their programme-related teaching practice. Being supported by ENTs encompasses both ENT and NQNT experiences in shaping identity. The narrative from ENT Sandy effectively captures supportive relationships, enabling development and feedback as the meaningful strands to this experience:

It's first and foremost about the relationship. It's about the relationship you would have with that supporting or facilitating a learner that you're open to, you're agreeing to give critical feedback so that you're picking up areas for development as well as areas that are working. {Sandy:F}

A supportive relationship emerges as important in learning to become a nurse teacher for ENT Alex and two NQNTs. Although the narratives below do not fully explain the nature of the relationship they do offer insight into aspects which are pertinent to learning:

So a symbiotic relationship one hopes develops, coming together of the mature experienced person who can say do this, do this but don't do that, that's not going to work and the other person being prepared to accept what you've got to say. {Alex:F}

It enabled me. I found it really worthwhile because it meant it wasn't just about me as being a student in that class it was about me as a person and what my needs were as an individual. {Hazel:A}

These quotes emphasise that a mutual relationship based upon respect between an experienced nurse teacher and a newcomer to the profession is considered beneficial. However, for Rose the relationship with her ENT appears less conducive to learning and is atypical of the NQNT narratives.

I think they did have an impact. I found the relationship quite remote and it was helpful but I felt that the facilitator's role was always a kind of assessment role, rather than a support role. {Rose:A}

On probing during the interview this anomaly seems to reflect a lack of understanding of the facilitator role and opportunity to observe which would have been more helpful to learning:

I can remember at the start not really understanding their role. I was always nervous and apprehensive about meeting and I felt as though that was part of being assessed in everything. If their role had been more about shadowing them as a kind of lead in to doing it yourself. I like that kind of observing and standing back. {Rose:A}

This tentatively suggests that a lack of clarity regarding the role of the ENT in facilitating learning and a dissonance between support and assessment impacts upon the development of a mutual relationship.

From the ENT perspectives enabling development appears central to their facilitator role and reflects helping students identify areas for development, plan to address the gaps, build self belief and share knowledge and experience as Lee's quote shows:

I found a lot was working with the student in identifying with them the gaps and what they needed to plug and then there were opportunities that arose sometimes it was with me then it was sharing your knowledge that you had with them and hopefully that would have informed their identity. {Lee:F}

This is supported by the NQNTs who indicate that the ENT belief in them and assistance in focusing learning towards teaching is valuable. Interestingly, in enabling the students to learn to become nurse teachers, the ENTs appear uncertain as to their influence in shaping identity as the exchange between Alex and Sandy illustrates:

I was never consciously aware that I was actually doing that. I didn't sit and think what can I do as a facilitator to shape professional identity? That's not to say it wasn't happening as a serendipitous thing that was going along side and that's entirely possible. {Alex:F}. I think you're right I don't think you're consciously thinking about forming or influencing anyone's personal identity. {Sandy:F}

In contrast, for NQNTs Flora and Daisy the relationship with the facilitator reinforces identity during and sustains identity beyond the programme.

They had a more overall educational role because I'm well aware that my focus was on health which was different I think to some other teacher's perspective and that helped broaden it out again and look at teaching as a teacher whereas I tended to focus importance on practice so that was very good. {Flora:A}

I could quite easily conform and do lots of rote teaching but because of my experience and the inspiration the facilitator gave me I know I'm right so that gives me that impetus to think no we'll just keep doing it this way and this is the reason. {Daisy:A}

The meaning of such a relationship in building resilience in sustaining newly formed nurse teacher identity may be particularly important for NQNTs should the workplace environment be less supportive of the nurse teacher role. Although highlighted by ENT Sandy as a component of the relationship, feedback does not emerge as a prominent thread within the NQNT interviews. However, within the Year 1 and Year 2 reflective summaries, four NQNTs document the positive benefits of feedback which improves confidence, reinforces progress and assists the NQNTs to recognise their learning. Flora's narrative is reflective of the NQNT responses in general:

The meeting with my facilitator left me feeling very positive about my learning and progression over the course. My facilitator gave good constructive feedback on all elements of assessment and encouragement with the progress made so far. {Flora:B}

These findings suggest merit in a formal mentoring relationship between an ENT and student in learning to become a nurse teacher. Although aspects which are valued by the NQNTs both during and beyond formal preparation are apparent, the parameters for establishing and developing such a relationship are fuzzy, particularly in relation to the dual role of support and assessment and the teaching and learning strategies

which best enable a mutual relationship. In addition, the facilitator role in this study is undertaken by ENTs within higher education as opposed to nurse teachers in clinical practice. This highlights an additional deficit in understanding with respect to the value of this role in terms of the location of the ENT and consequently the shared experiences and opportunities for learning within academic and practice settings.

6.6.2 Emulating colleagues and the programme team

Emanating from interview questions regarding support for learning to become a nurse teacher, colleagues in the workplace are viewed as critical to learning by four ENTs and three of the NQNTs whilst five of the NQNTs highlight the role of the programme team in shaping their view of themselves. Drawing support from colleagues following the transition from clinical practice to higher education is considered important in shaping identity for four ENTs as the following narratives from Sandy and Jo exemplify:

There were people that I looked at, that I thought that's how I want to be able to do it. I want to deliver my teaching in that kind of way and respond so I looked for role models and there definitely were role models for me. {Sandy:F}

For me it was initially the people around me that guided me through what I felt was a fairly terrifying process when you have nothing to draw on except your clinical background and then moving into higher education. The support from peers at an early stage in formulating that identity and showing you the road in many ways was absolutely crucial. I still respect those peers, I have progressed over the last ten years because they're still there for me should I need them. That was a really, really important part for me early on and if that hadn't been there I'm not sure I would be here. {Jo:F}

The support appears to mirror informal rather than formal arrangements and reflects observing colleagues' practices, identifying those who reflect the nurse teacher they want to be and learning in a new role. The value of observing colleagues in the role

and learning how to do the job is similarly expressed by the three NQNTs for whom colleagues emerge as significant prior to commencing NTP. This highlights the value of learning in the workplace from ENTs particularly in relation to assuming a new role. Support and role modelling appear particularly important for nurses in assisting the transition from clinical practice to the higher education workplace.

In the context of NTP, five of the NQNTs identify the programme team as critical to their learning. In this context the team comprises two lecturers with leadership and modular responsibility for planning and delivery of the curriculum who also act as facilitators for students' teaching practice. The respective relationship and emphasis placed upon the teaching aspect of the nurse teacher role transmitted by the programme team is valued by the NQNTs as the comments from Rose and Lily demonstrate:

I think the enthusiasm from the programme team and their way that teaching was delivered in a way that gave great respect for the people that were in the room had a very positive impact and I valued it. {Rose:A}

I think it's because of the way you approach it. You always talk about us being teachers and educators and that's how you term everything I never came in thinking I was a nurse, you are a teacher, you're an educator so it was the way you approach everything and how you term it. {Lily:A}

Being taught by the programme team appears to extend beyond learning the subject matter. Indeed, the NQNTs observe the programme team 'at work', that is they took note of the approach to teaching and the pedagogical strategies which underpinned how they were being taught:

I would probably say the biggest impact was the programme team. We could see how you approached what you did with us. So all these kind of things you're taking back. We would look at it, you know whatever we're having, and as I say that very much has an influence because I was saying that's how I learned so I very much use it within my own teaching. {Lily:A}

I think as a learner on the PgC course, it was in there to bring out but it took special people to bring that out and it wasn't just about giving knowledge. What they did was sit with us and draw out the knowledge that was there. I am much better at bringing that out of people now and that's because I saw somebody week after week doing that. {Daisy:A}

I think that taught me things because just now I am a clinical mentor for somebody and I'm kind of thinking back to what we used to do in our sessions. Before that I probably wouldn't have had much of an idea about what to do. The small group work and realising just how effective it is when I learned things it was just the whole class. {Iris:A}

It appears that for these NQNTs the professional practice modelled in the classroom setting is emulated and applied to their practice as nurse teachers. As articulated by one ENT this reflects:

...walking the walk and talking the talk so that you're not sitting saying well this is how it should be done and then you're doing something completely different when they are observing. {Sandy:F}

This finding infers that the role of the programme team in shaping professional identity extends beyond teaching the subject matter and that the manner of engagement and teaching and learning strategies adopted influence the way in which the NQNTs subsequently teach.

6.7 Teaching Practice in Higher Education

Teaching practice in higher education is the final theme associated with learning contexts and reflects the experience of engaging in teaching practice in higher education during NTP. It is of note that the NQNT and ENT responses to the original interview questions are solely reflective of teaching in higher education and do not elicit experiences of teaching in clinical practice. The absence of such experiences from these narratives perhaps implies that for these NQNTs teaching out with the first order field is particularly meaningful. Synthesis of the within case

category findings ‘teaching in higher education’ from data sources A and F illuminate two sub-themes; ‘Gaining a broader perspective’; and ‘Moving out of the comfort zone’.

6.7.1 Gaining a broader perspective

From the perspective of all six NQNTs and two ENTs teaching practice in higher education during the programme provides an opportunity to engage with a different community and participate in experiences which enable a wider view of teaching and learning:

It gave you a broader view of how things are done, because if you only did your teaching within your work environment I think you wouldn't have a very wide knowledge base of certain things. So it lets you see the difference between working in a hospital based setting and a higher education setting, and how different that actually is. {Iris:A}

Having an opportunity to try different things. I think having the opportunity to undertake different approaches to teaching has really helped broaden that toolkit I've got but it still needs a lot more added. {Hazel:A}

For Lily and Flora, the opportunity to participate raises an awareness that the strategies for teaching are transferable between first and second order fields:

I know that part of the PgCert we came out into higher education and other areas and that was really good and that was really interesting and I can see how everything could adapt. {Lily:A}

It gave me another breadth and wealth of learning because within a formal setting you can do different things. There's more than one way to cook an egg and it gives you that as well and things that you can take with you and then use out in practice as well. {Flora:A}

The ENT narratives support the view that teaching in higher education opens up the teaching and learning landscape for the NQNTs and widens their view of teaching. However, as the quote from ENT Lee illustrates, teaching in higher education also

enables the NQNTs to participate in new experiences not available in clinical practice:

I think coming here to do the practice education it then allowed them to see what the wider world had to offer in terms of developing within that role or their own professional identity in practice. There was many areas that they hadn't considered or thought about or been exposed to. {Lee:F}

The perspective that higher education provides specific opportunities unavailable in clinical practice is supported by the NQNTs Year 1 reflective summaries. This finding emphasises the value of NQNTs gaining access to, and experience of, teaching in an academic setting which offers new and contrasting experiences to their workplace. This contributes to a broader view of teaching and learning in their nurse teacher role.

6.7.2 Moving out of the comfort zone

Although engaging in teaching practice in higher education widens their view of teaching and learning, the initial experience evokes anticipatory anxiety for four of the NQNTs. For Lily and Flora teaching out with their first order field engenders feelings of fear and being scared:

The most difficult thing I would say about it was trying to get the teaching practice and that was a fear. It was putting myself into places I wasn't comfortable, again I was comfortable with what I was doing and that was okay but then having to put myself into different situations and just the sort of feeling of I've no idea what's going on around me. {Lily:A}

Scary again. It took me out of my comfort zone in a few ways and especially into taking a large number of students and doing the formal teaching. {Flora:A}

This view is supported by ENT Jo who observed similar emotions in students:

I remember some of my students being somewhat terrified. They had the comfort zone of teaching in clinical practice whether it be with a client group or a group of other professionals but bringing them into the HE environment did challenge and unnerve them somewhat. {Jo:F}

For Lily, Daisy and Rose nervousness is the expressed emotion which is associated with the teaching environment and the learner group:

I was more nervous, I was more anxious about it. In lots of ways I was much more thoroughly prepared for being in higher education because I knew I didn't have my experience as a clinician to fall back on. {Rose:A}

This is once again confirmed by ENT Jo:

Having observed my student in the clinical area and perform very, very well the thought of coming into higher education unnerved her and I remember her saying don't give me any more than two people to talk to. {Jo:F}

This implies that the NQNTs experience of teaching in higher education is in contrast to their usual workplace community. Indeed for five of the NQNTs, the experience of participating in a formal education community is substantially different to teaching within clinical practice. The formality and physicality of the environment are cited as key differences as explained by Iris:

Because it's out of the workplace you're seeing how higher education actually works and it's completely different from your workplace. It's completely different because you're within a hospital you're in an environment that's not always conducive to teaching. {Iris:A}

ENTs Sandy and Leslie suggest that these differences are felt more acutely by the NQNTs as they are required to adapt and apply their skills within a different setting and with different learner groups:

I think the context is different. Maybe it's an awakening skills they actually have out in clinical practice and education. They need the same skills it's just the context. Maybe it's a perception of how different it's is, than actuality. {Sandy:F}

It is different when you come into higher education. I think students in higher education have a particular expectation of you as a teacher or facilitator which you might not always get out in the clinical area. Students post registration, pre-registration have a particular expectation of you as a teacher. {Leslie:F}

Interestingly, for three NQNTs the expectations of learners and formality of the higher education environment appear to limit the view they hold of themselves as nurse teachers as Daisy's quote illustrates:

It's probably about the students' expectation of me as they would see me as a nurse teacher here. So it's about your credibility I suppose as a teacher and my doubt in my professionalism as a teacher. {Daisy:A}

The view that the higher education environment and the nurse teacher role therein are substantially different appears to shape the NQNTs perspectives of teaching and themselves as nurse teachers. This issue surfaces again within professional contexts in relation to 'Organisational Role' and will be further explored in section 6.10 of this chapter.

6.8 Synopsis of the Findings for Learning Contexts

For the NQNTs in this study, professional identity is influenced by engaging in NTP. Gaining an understanding of pedagogical theory, the support of ENTs and the programme team and the experience of teaching in higher education emerge as instrumental in shaping nurse teacher development with connections to personal and professional contexts evident. Learning from theory brings a new perspective to professional practice whilst a widening teaching repertoire enables the NQNTs to adapt their existing practice, raise self awareness and build confidence. This in turn appears to strengthen the view of themselves as nurse teachers.

The involvement of experienced nurse teachers in supporting newcomers during preparation is considered valuable. The assumption of a mentorship role by ENTs is cited as helpful with support and a mutual relationship considered beneficial.

Although the findings point towards a potentially positive impact on nurse teacher

identity both during and on completion of the programme, the exact nature of the facilitator/learner relationship and strategies which best enable newcomers is not entirely clear. It is however apparent that modelling by the programme team shapes the NQNTs view of themselves and their professional practice.

Finally, the opportunity to teach in higher education is an important facet of learning. Triggering a range of emotional responses, higher education is experienced as substantially different to teaching in the first order field with perceived formality and learner expectations influencing nurse teacher identity.

6.9 Professional Contexts

The final two themes, namely, 'Organisational Role' and 'Valuing Teaching and the Nurse Teacher' are representative of the professional contexts which shape identity in NQNTs. These findings are derived from the synthesis of 15 within case generic categories primarily from data sources A and F. The portfolio narratives are less relevant to this context although the summaries of learning do contribute to the findings associated with the sub-theme 'Valuing the nurse teacher'.

6.10 Organisational Role

Synthesis of the four within case NQNT category findings which reflect 'identity shaped by role', and the ENT category 'identity shaped by higher education role' comprise this penultimate theme. It is noteworthy that when sharing their understanding of the term professional identity and their view of themselves as nurse teachers all participants define themselves in relation to their role within their respective organisations. The perspectives which the NQNTs offer reflect their

current view which may have altered in the period since completion of NTP.

However, all the NQNTs did remain for a time in the posts they held whilst undertaking the programme and draw upon this in their discourse. Furthermore, two NQNTs changed jobs and are working in higher education at the time of the interviews. Their narratives provide unanticipated but valuable insight into identity for NQNTs in the transition from clinical practice to higher education.

6.10.1 Role in the first order field

All six NQNTs held posts in clinical practice whilst undertaking NTP. Daisy, Rose and Flora held specialist nursing roles which are characterised by the delivery of specialist services and direct patient contact. Although teaching of peers, patients, carers and professionals forms an integral part of their professional practice, their job titles reflect nursing rather than education. In contrast Hazel, Iris and Lily held defined educational roles within clinical practice during the programme which is reflected in their job titles. Unlike those in specialist roles, all three have minimal patient contact as their working practices primarily centre upon the support and education of the workforce, mentors, and pre-registration nurses. Following completion of NTP, Daisy, Flora, Lily and Iris remain in their posts. Within a year of completion, Hazel and Rose move from clinical practice to work as lecturers in higher education.

Professional identity for NQNTs holding a specialist nursing role in clinical practice emerges as a relational concept shaped by organisational role, day to day working practices and the perception of others within the workplace. For this group of three NQNTs, the professional role is embedded within nursing in the first order field and

as such teaching is an integral component of their day to day work as the quote from Rose illustrates:

I had a large clinical input and a lot of face to face contact with other health professionals but also with patients and the people that worked with them. But I also had this other sort of what we would view as an educational input. {Rose:A}

For Daisy, the inherent nature of teaching within her role as a specialist nurse prevents her from seeing herself as a nurse teacher in clinical practice:

I probably don't think of myself as a teacher out in practice. I think it's an aspect of my job, a huge aspect, but if people ask me what I am, I'm an advisor. Maybe it's because the teaching is inherent in the role that I don't. {Daisy:A}

The embedded nature of teaching within the role requires these NQNTs to constantly realign the nursing and teaching aspects of their practice or 'wear different hats' as the following extracts from Flora's and Daisy's dialogue capture:

I suppose as I say in this role you put a different hat on each time you go through a door. One door you might be going in, its more formalised teaching as you discuss a health topic... whereas with post natal depression that's a whole different area of psychology... You immediately switch then to a more formal setting... I've been working on educational programmes for staff at work, and then you go into another meeting, on the quality indicators for practice so within a working day you can put on quite a few different professional hats. {Flora:A}

So within that role I facilitate clinics where I see clients on a one to one basis and teach them, you know explore the difficulties, because they're problem solving clinics.. Very often I will have people shadowing me, so I'm also teaching other professionals coming along to shadow me at the clinics and then teaching again big groups so it's still teaching. You can be teaching in the morning a huge group and in the afternoon be one to one with a client, you're still teaching but because it's just what you do, that is what you do. {Daisy:A}

These narratives show that while nursing is core to their specialist roles, these NQNTs consider teaching as a tangible and substantive aspect of their day to day working practices and as such has the potential to affirm their identity as nurse teachers. However, it is apparent that for Daisy and Flora, the perception of colleagues and patients tempers this view:

I have been told that I'm an advisor and I've not to think of myself as a specialist and you give up fighting and you just say yeah ok. {Daisy:A}

I find that with being a specialist nurse people aren't as clear about that role, and I mean even other professionals don't always know what that role is or what it entails. I'm thinking it's more as our clients see us... I think people possibly identify what you do with them. {Flora:A}

This suggests that the teaching aspect of their specialist role is not as transparent to others, rather it is their nursing personas which dominate perception. The lack of recognition for their nurse teacher role in clinical practice has the potential to limit nurse teacher identity making it vulnerable and difficult to sustain; an issue which re-emerges in relation to the theme valuing teaching and the nurse teacher.

For the three NQNTs holding a defined educational role in clinical practice, professional identity also emerges as a relational concept shaped by their organisational role and in this instance, service need as determined by the workplace.

For Hazel identity as a nurse teacher is viewed in direct relation to the organisation as a whole:

For me it's about being clear about who you are and where you fit in the bigger scheme of things. How you can contribute, what your role, your responsibilities, your accountability is to yourself as the individual but also to the bigger group. A small cog in a big machine really but hopefully moving and in the same direction for the kind of greater aim, the greater object. (Hazel:A)

This involves Hazel in an ongoing process of realignment and reconciliation of her identity in response to the evolving demands the organisation:

You have got your own perception of what your identity might be but obviously that needs to fit with job descriptions, roles, responsibilities... from a more corporate perspective their perspective might be quite different about what your professional identity should be and sometimes it's about constantly revisiting what your identity is. {Hazel:A}

This corporate perspective appears to be influenced by the wider aspirations of the organisation rather than day to day working practices which are so apparent for those NQNTs in specialist nursing roles.

For Iris and Lily the organisation and by association, the needs of service are also defining influences. However, it is their working practices with specified learner groups and their immediate educational environment which appear to shape nurse teacher identity:

I suppose it's your perception of yourself. I suppose just where I am, the role I am because the role I am is core induction. I don't know if I would say I would see myself as a nurse teacher because I think a nurse teacher has a much wider scope than I do. I suppose I would see myself as a teacher within the NHS, a nurse teacher within this specific organisation but I don't know if I would say it in the wider scope. {Lily:A}

I suppose as an educator within your profession. I think in nursing you probably think about education but it's not at the forefront of your mind and it's just part of the job. Whereas I think as a nurse teacher you're focused on education and how you're going to pass on that knowledge to other people and how you're going to teach them. {Iris:A}

For both NQNTs the demands of the organisation to meet specified service need seems to take precedence over their teaching remit as Iris highlights:

I think in the workplace. There is a firm focus on teaching but other things take priority. If the hospitals full to capacity, staff are off sick then you may get pulled in to work which upsets everything that you're doing and it doesn't stop at any level. {Iris:A}

These narratives suggest that even when holding a defined educational position, the demands of clinical practice within the organisation take priority over teaching. For these NQNTs this appears accepted as part of the job and arguably such acceptance enables them to reconcile their identities. This raises questions regarding the value placed on teaching within the clinical areas, the impact this has on the visibility of the nurse teacher and, as a consequence, the influence on sustaining and developing a

view of oneself as a nurse teacher. These issues are reflective of findings associated with valuing teaching and the nurse teacher which are explored in upcoming section 6.11.

6.10.2 Role in the second order field

Following completion of NTP two NQNTs moved from clinical practice to work in higher education as lecturers. Hazel and Rose view this transition similarly and express the move as entering a ‘different world’. Working in higher education requires realignment and reconciliation of their previous identities as nurse teachers in clinical practice with their new roles in the second order field. This is evident in Rose’s description of professional identity and subsequent narrative regarding her current view of herself:

How I view myself professionally. How I’m defined by what I’ve done in the past and where I am now. I think I view myself very much professionally now as almost kind of being back at the beginning of something. I suppose if I had stayed in clinical practice my nurse teacher role would have been as it was before albeit with the additional knowledge and the ability to build and make something different, whereas now I do see it as being quite different. {Rose:A}

For Rose this shift in identity is a direct consequence of her new role within a different organisation which she perceives as a significant career change:

I think it’s the new job bit of it it’s not so much about the nursing, it’s about the new organisation and really it’s a different career. It’s a different organisation, it’s a different ethos. {Rose:A}

This sense of reconciling the past and the present in response to working in a different organisation is also expressed by Hazel:

The NHS, it was something I was familiar with and there was less of a learning curve because I knew where my base was. This is me now in a totally different entity in some ways, a new world, a new era. I was much more assured of where I was

because I knew where my position was, I knew where my identity sat in the main. I don't have that clarity as yet in higher education. {Hazel:A}

While both Hazel and Rose share similar views on entering higher education, the experience of reconciliation is different. For Hazel the corporate view of professional identity held in relation to her previous role in clinical practice is realigned to her new role in higher education:

I'm still learning about the organisation, I'm still learning about the academic element. As a nurse teacher it's about trying to get some sort of reconciliation with them. I'm going to be quite clear, comfortable that my responsibilities and my accountability within this role fit both what the NMC expectations are as well as the HEI expectations. {Hazel:A}

Once again Hazel realigns her identity to meet potentially competing demands of the profession and a new organisation. However, for Rose reconciling her previous identity as a nurse teacher within a specialist role and her new role in higher education appears to be more challenging:

I have preparation for this role but it's almost like preparation for the specifics of the role but it's the bigger picture. It's like yesterday in the assessment board but really nobody can prepare you for the kind of fact that you've like almost landed on a different planet that's got a different language. {Rose:A}

The challenges in adapting to an organisation which appears so different to the one within which she had been familiar and confident appear to make it difficult for Rose to retain the previously held view of herself as a nurse teacher. This could account for the perception of being back at the beginning which reflects the expressed feelings of vulnerability and lack of confidence:

I suppose sometimes I feel vulnerable is probably the best way to describe it. I think it affects your confidence, you see yourself at the beginning of something. I don't necessarily mean that being a negative thing. It's challenging and you know I look forward to most bits of it but there are some bits that you think this is just so difficult because you don't know how things work and you're intimidated by processes and structures. {Rose:A}

The contrast between Hazel and Rose emphasises the relation between past and present roles and experience in shaping identity. However, this also highlights the influence of the nature of the role and tentatively implies that those nurse teachers who hold a defined educational role in clinical practice prior to working in higher education may find it easier to realign and reconcile their nurse teacher identity in comparison to those who hold specialist nursing roles.

During the focus group interview the ENTs were invited to share the view they held of themselves as nurse teachers. While the ENTs express their identity in terms of their organisational role, the relational nature of the concept and the influences which shape this are much less discernible. This perhaps reflects their established roles and experience in the second order field. For Lee, Leslie and Sandy difficulty in articulating their role to others and the subject matter taught appear to influence the view held:

I certainly struggle to explain to my friends who are nurses, they think that you just stand up and talk, of what that identity is so it becomes a bit complex for others. I see myself as both a nurse and teacher. I feel quite a dual role when I'm supporting mentors and pre-registration nurses in practice. You have to have as well as an educational type hat on you have to be relating to the nurses and the challenges out there in practice {Lee:F}

I think it's definitely a way that you think about yourself and how you imagine others perceive you. I've never narrowed it down to whether I am a nurse lecturer or a lecturer. I'd need to think about that when people ask me what I do. {Leslie:F}

Having a role in educating nurses I need to still have quite a locus in that and when I can I spend time out in practice with colleagues so that when I am in the classroom delivering theory I have a grasp of what's actually happening. My other end of the week when I am teaching practitioners to become educators then I don't latch onto nursing, the focus aren't from nursing {Sandy:F}.

These findings have resonance with the NQNTs in specialist nursing roles and the sense of wearing different hats, the difference being that nursing rather than teaching is inherent to the ENT role in higher education. Similarly, the notion that the subject matter and learner groups shape identity have parallels with the NQNTs working in defined educational roles in clinical practice. It is noteworthy that none of the ENTs define themselves in relation to the needs of the organisation and as such aspects of academic identity including scholarship and research are absent from their discourse. This may be due to the use of the term ‘nurse teacher’ rather than ‘lecturer’ during the interview.

As senior lecturers, Alex and Jo reveal slightly different perspectives on their views of professional identity with teaching and education dominating their perceptions. The recognition of a shift in the professional lens from nurse to teacher requires a passage of time for Jo as the requisite knowledge and skills are developed:

I think for myself there came a point where I realised I was working as an educator as opposed to working as a nurse and that was a period of transition. I can't put a timeframe on it but it did take a length of time when I moved into higher education It took me a long time to accept that shift from nurse to teacher in my head because when I came on board I didn't have the requisite skills and knowledge, the learning curve was stick shaped. {Jo:F}

For Alex, this shift is captured in the vivid description below:

I remember carrying a guilt around with me for years in so far as I always knew that my roots were in nursing so that's where my loyalties and my identity lay and I had no hang ups with that. I went to a conference and there was debate that if you are a nurse and you go into teaching you have to leave the nursing behind, you have to discard the baggage and for me that was a cathartic moment because I had no difficulty discarding nursing. I am now a lecturer in the higher education setting first and foremost. My expertise is in teaching and learning and that's what I do. I now realise that is to do with professional identity, people say to me what do you do. I tell them I'm a senior lecturer in university... but I don't say to them I am a nurse. {Alex:F}

This response is atypical for the ENT group and may reflect the considerable length of time working in education and the senior position held by this ENT. Arguably for Alex, education and teaching have replaced nursing in the view held which is perhaps reflective of a fully reconciled professional identity.

These findings suggest that for ENTs teaching rather than nursing drives their role and professional practice. It is not unexpected that the need to realign identity is less apparent in the ENT narratives than their NQNT counterparts given their length of experience since qualifying as nurse teachers. However, reconciliation of identity as a teacher rather than a nurse is evident and appears to be shaped by the passage of time within the role.

6.11 Valuing Teaching and the Nurse Teacher

Valuing teaching and the nurse teacher emerges as the final theme. The desire for recognition of teaching within the clinical practice role was previously highlighted within personal contexts and this theme further extends understanding in this area. Narratives from data sources A, B and F draw together seven within case categories ‘factors which enabled learning’; ‘factors which constrained learning, ‘NHS workplace environment’, ‘professional bodies’ and ‘professional perception of teaching’ ‘developing nurse teacher identity’ and ‘developing identity’.

Furthermore, ‘ongoing development’ and ‘continuing professional development’ from the portfolio data sources C and D also underpin this theme. This theme is supported by three sub-themes, namely: ‘Being seen as a nurse teacher’; ‘Valuing teaching’ and ‘Valuing the nurse teacher role’. The influence of these perspectives in shaping nurse teacher identity both during and on completion of NTP is apparent.

6.11.1 Being seen as a nurse teacher

In exploring their view of themselves as nurse teachers in relation to their role within the workplace all six NQNTs discuss the influence of the organisation in shaping identity. On completion of NTP, the level of recognition by colleagues in the workplace is relevant for the NQNTs. For Rose the positive feedback from peers in higher education provides confirmation that her teaching practices within her new role are appropriate:

The feedback that you get from colleagues (influenced my identity). That made me feel good to get a bit of feedback, that you were doing the right thing. {Rose:A}

Four of the NQNTs also express the positive effects of being seen as a nurse teacher in clinical practice as the following interview extracts exemplify:

I suppose people use us for things, for educational things or they'll phone, ask advice. It makes you feel quite good, as long as you can help them. They must be starting to think well I'll go to her because she should know about that or whatever and I suppose they're using us for the purpose that we're there for. {Iris:A}

Already out with my discipline they're looking for my input. I hadn't identified my knowledge level until then, you are coming from a different perspective from that educational basis. It's how other people see you, because as I say they will now come and ask me knowing that I've done that course. {Flora:A}

For these NQNTs recognition of their expertise by colleagues appears to offer external reinforcement of their professional knowledge, reaffirm their teaching role and engender positivity and security in their identity as nurse teachers. However, Flora and Daisy also express the impact when colleagues in clinical practice fail to acknowledge their nurse teacher qualification and enhanced expertise:

I feel there's very little recognition to the qualification that I have in practice. I've had to push my way on to the education sub-group of the strategy. So why would you pay for someone and give them study leave to gain a qualification and not use their expertise. I would like to think that they (the team) look at me and think I would

know that because I've got that qualification but I don't think they do. Whenever I say you know how about trying this it's just dismissed, so that professionally as a teacher that reduces your confidence in your abilities. {Daisy:A}

I don't think they appreciate what the course has been about and what qualification I have. I don't think they do appreciate to what level you have been working and what that covers. On a personal level, it does put you down a bit because it also affects your practice as well because then they don't actually allow you the time to put everything into the students. {Flora:A}

For Flora and Daisy the lack of appreciation by colleagues of their teaching expertise which is alluded to in terms of their identity as specialist nurses continues despite attaining professional body status as a nurse teacher. This results in a loss of confidence with the NQNTs questioning their teaching capabilities as they struggle to justify their position as nurse teachers. Rather than affirming their professional identity, this seems to be a source of vulnerability which makes it difficult to sustain the view they hold of themselves as nurse teachers.

This lack of recognition is supported by two ENTs but in contrast reflects their observation of students' experiences during NTP with line managers identified as key influencing agents within the first order field:

I think it definitely has (an impact) from the line manager of the student. I think the students who got support to undertake that they could see the relevance of having an educational qualification to improve health care would make a difference from those students who weren't getting that kind of support. {Sandy:F}

There is always an expectation within nursing that you will facilitate the learning of others and although it might not have that formal identity, when you want to therefore develop that identity further to allow you to do that role better. I'm thinking about the students I have had it's not valued (in clinical practice) and therefore they face constraints in relation to being able to undertake activities and develop their teaching opportunities and learning to support that role identity. {Jo:F}

Two NQNTs also cite managers as influencing their learning during NTP but offer contrasting views:

It was the value placed on me coming to learn, that was a real motivator for me. My manager was really keen for myself to undertake this teaching because she valued it

and she saw that that would be good for the Trust....I was told by my (new) manager just the other day that I know you do all that stuff about adult learners and why they learn and how they learn and they have to feel it but that's a lot of rubbish. So if the hierarchy out there doesn't value what I've learned it makes my job very difficult in practice. {Daisy:A}

When I got the job and I was getting to come on the course the senior nurse said that's great and you'll do that, and then you'll do that, and then it'll be your Masters and then it'll be that. There's certainly encouragement from the senior staff. {Lily:A}

These findings suggest that the level of recognition afforded to NQNTs by colleagues in relation to their learning, professional knowledge and teaching qualification can affirm or limit identity. Positive responses appear to be a source of confirmation, strengthening the view they hold of themselves as nurse teachers. Conversely, a lack of recognition which devalues their qualification emerges as a source of vulnerability and subsequently limits their identity as nurse teachers.

6.11.2 Valuing teaching

Inherent to the perspectives offered by the NQNTs and ENTs in relation to recognition is a perception that the contribution of teaching within the first order field is not fully valued. ENT Leslie and NQNT Iris note this in relation to areas within which they work:

We can all identify clinical areas that are more receptive to course learning than other clinical areas. {Leslie:F}

You're going into the ward environment, some nurses hate education and don't think you need education to be a nurse and in that environment you think nobody's really interested in what I do. {Iris:A}

This implies an environment where education and teaching are perhaps seen to be superfluous and may present challenges in sustaining professional practice. This is already alluded to in the findings associated with the NQNTs who hold defined

education roles in clinical practice for whom service need takes precedence over teaching.

However, the NQNT and ENT narratives provide additional insight into potential reasons for the lack of value placed on education and teaching within this environment. Daisy, Rose and Hazel cite the impact of organisational change while ENT Jo and NQNT Flora highlight the low status of education within the first order field:

I think that's a strong theme this issue about valuing education because I think it's often done to tick the box in a sense or it has to be part of the ethos and it's not always there. That isolation where in reality that isn't valued and nurtured because education is the first thing to be withdrawn, it's almost that value status needs to be raised. {Jo:F}

They want me to be a nurse teacher as long as I can provide that for them when they want it. If they don't see that identity and I don't then have a student, if I don't have a student within the next three years I lose my status and that identity. {Flora:A}

Finally as the extracts below highlight, the implicit rather than explicit nature of teaching within the nursing role is identified as contributing to the lack of value given to teaching; an issue previously noted by those NQNTs holding specialist nursing roles in clinical practice:

I think that's the case for lots of nurses and midwives they don't realise actually that's [teaching] what they're doing. They don't realise that that's a huge component of their role. {Rose:A}

I think that role just merges into the roles that nurses do every day and perhaps more recognition is required at all levels. {Lee:F}

Daisy and Flora also refer to the importance of a higher level recognition for the role of nurse teachers as is apparent in the following quotes:

It would have to be recognised at a higher level I think than my nurse management. {Flora:A}

Just to reiterate, nurse teachers should be valued in practice. I don't know what systems or mechanisms or bodies can ensure that, but I wouldn't really know if anybody else has this qualification and I think that probably says quite a lot, that it's not valued. {Daisy:A}

This finding suggests that a lack of value placed on teaching at an organisational level has a bearing upon learning to teach and on sustaining identity in the first order field on completion of NTP. Organisational change, low status of education, priority of service demand over teaching and the implicit nature of teaching within nursing are factors which emerge as influencing recognition and value.

6.11.3 Valuing the nurse teacher

The final sub-theme encompasses two different perspectives associated with valuing the nurse teacher. The first emerges only in the ENT discourse and reflects the groups' perception of the professions view of nurse teachers. The second strand is evidenced by both NQNT and ENT participants and illuminates the position of nurse teacher development within this arena.

The following ENT discourse is representative of a discussion regarding the position of teaching within nursing which was triggered by Alex in relation to 'leaving nursing behind' and is supported in the subsequent discourse from Sandy and Leslie:

If you talk about professional identity and you begin to think about the nursing profession in general. I find it an endless battle with colleagues from in the main the NHS persuading them that teaching isn't a doddle. I think there is a counter peer movement within nursing that kind of perceives if you are not in clinical practice you're not really working. I think that's all to do with professional identity as well in that some people might perceive if I make the declaration that I've left nursing behind, I've left them behind as well and that could be part of that same formulae. {Alex:F}

I was out in clinical practice undertaking a teaching qualification and personally I didn't think it was valued by colleagues. I was doing something that wasn't nursing. I was going away and doing something that wasn't connected. {Sandy:F}

I think the profession as a whole is quite insecure and feels threatened by anything that's different in any shape or form. If you go into education, into management I think they are insecure there is no clear professional identity for the profession they hang onto what they know and challenge what they don't as the first line of defence. {Leslie:F}

The conversation then turned towards the perceived lack of understanding of the nurse teacher role and teaching as demonstrated by the dialogue between Lee, Alex and Jo:

I think it boils down to understanding and looking at what each other do, a lot of the time that we don't stop and find out what's involved in other people's roles in both camps {Lee:F}. The interesting thing about that is that nurse teachers 99.9% of them have been through clinical practice. It's the opposite way round for people in practice who have not been through education and that's a very unbalanced kind of equation. {Alex:F}. I remember being told that education and practice don't merge and that was 20 years ago. So I can identify with what Alex is saying. You're absolutely right there is a lack of perception about the identity of educationalists from nursing backgrounds and how they operate and function. {Jo:F}

The ENTs support this perception through their observations of the common response of nurses coming to teach in higher education:

It's about people coming into the environment in whatever shape or form and expressing surprise either what they need to do, what they need to know, how they need to go about it and everything that we take for granted that we would call teaching. I think they are quite taken aback. {Alex:F}

And when they come into education on secondment very often in the very early stages they say I didn't think it would be anything like this at all. {Leslie:F}

I've had conversations with individuals who have wanted to undertake a shortened teaching qualification, there was a perception from individuals that they thought they were doing it. {Sandy:F}

This sub-theme suggests a lack of shared understanding within the profession regarding the nurse teacher role which has the potential to impact upon both the collective and individual nature of identity.

The final strand associated with this sub-theme reflects the place of ongoing development in sustaining nurse teacher identity and provides insight into the

experiences of the NQNT on completion of the programme. The main findings primarily stem from two different interview questions. The NQNTs were invited to discuss enablers which support their ongoing development as nurse teachers whilst the ENT conversation follows on from a unanimously positive response to the necessity for NTP. Additionally, enablers and constraints associated with the workplace organisation noted by the NQNTs in relation to learning to become nurse teachers are integrated.

Almost a year after completion of the programme all six NQNTs express the need to continue to develop as nurse teachers, a finding supported by three of the ENTs. This recognition for ongoing development is previously noted in portfolio data sources C and D compiled towards the end of the programme. However, of the four NQNTs who remain in clinical practice, three highlight limited opportunities within their organisations for such development.

I don't have the scope to develop other things. I think because my role is so specialised. I am teaching the same things so there are no opportunities for me to diversify so yeah practice is a bit constraining. {Lily:A}

In practice I think there is very limited scope for me to use what I have learned... The opportunities I see very much in an academic setting, so that's very sad, that there are no opportunities for me in practice to develop as a teacher. {Daisy:A}

It's kind of difficult because I don't feel I've had the opportunity to use it because of the constraints of management. I certainly haven't been able to develop it at the moment and that I find very frustrating not being able to use it or develop it. {Flora:A}

In contrast, Iris expresses support for her development which appears to be as a consequence of the educationally based department within which she is located:

I think in my work I've always got that opportunity because there are other people that I work with, we're all doing the same thing, we keep each other motivated. The people I work with, they're all educational based or from the department so that kind of makes you focus more on what you're doing. {Iris:A}

This finding implies that preparation forms only part of the nurse teacher journey and that NQNTs recognise the need to continue lifelong learning. However, it appears that those who remain in the first order field encounter difficulties in utilising their educational expertise and accessing suitable opportunities for ongoing development. It is therefore possible that these NQNTs may experience challenges in sustaining and developing their professional identity in such an environment. Furthermore, this finding perhaps alludes to a wider issue regarding the support for educators in the first order field, the practices of which are centred upon nursing rather than education. While caution must be applied in drawing firm assertions from this limited narrative the ENT discussion sheds additional light on this issue.

The notion that support and ongoing development are essential for NQNTs is clearly evident in the ENT discourse. The emphasis for these participants centres upon enabling opportunities for NQNTs to tap into an educational community as the exchange between Alex and Sandy illustrates:

It would be essential for them to maintain a strong link with the community that gave them that start point in the first instance. For them to go back into clinical practice and to work exclusively there as a practitioner in an educational role or otherwise would then re-isolate them if you like. I think they would go back to where they were before and they might continue to try hard but they would never really quite succeed so they need the link back into the system to encourage them along as it did in the first place. {Alex:F}

I would agree. I think the students need a link either to where they were prepared and supported or an equivalent link in practice but if they don't have links to peers who have an educational perspective or focus I think that might be quite difficult. It's to do with their CPD, they need to have a learning community. {Sandy:F}

Indeed, three of the ENTs express some doubt as to whether or not such a community exists in practice. This acknowledges the importance of environments which foster education within the first order field but suggests uncertainty regarding such provision. This perhaps accounts for the limited opportunity experienced by some of

the NQNTs and the positive support provided to Iris who works within such an educational pocket. Despite this challenge all four NQNTs who remain in clinical practice recognise the need to seek opportunities out with their workplace and maintain links with the second order field. This reflects non-formal opportunities rather than formal learning and is best illustrated by Daisy's narrative:

The professional development that's offered by the University you know once we've finished. It's like a reference point that you could, you could very easily in practice lose the motivation. Having the professional development opportunities within the university will keep me focused until hopefully there will be opportunities that I'll be able to take up. {Daisy:A}

Interestingly, for the two NQNTs who moved into higher education ongoing development within the new organisation is also seen as important but pertains to their role rather than seeking opportunities for learning out with the second order field.

6.12 Synopsis of the Findings for Professional Contexts

Organisational role and valuing teaching and the nurse teacher emerge as the professional contexts which shape NQNT identity in this study. Professional identity is defined in relation to organisational role and is a relational process of realignment and reconciliation shaped by the perception of others, day to day working practices and service need. For NQNTs in specialist nursing roles teaching appears less visible to others as part of the role. Despite formal preparation, the transition of NQNTs from clinical practice to higher education appears significant, more so when moving from a specialist nursing role in the first order field. Reconciliation of professional identity in the second order field is associated with assuming a new role.

From NQNT and ENT perspectives, the perceived lack of value placed upon teaching within the first order field is deemed to shape professional identity with organisational change, the low status of teaching, service need and the inherent nature of teaching within a nurse's role accounting for this position. From the ENT viewpoint the lack of value placed on the nurse teacher role within the profession is perceived to reflect a poor understanding in both fields regarding roles and uncertainty of the contribution of teaching to nursing.

On completion of NTP sustaining nurse teacher identity appears to be more challenging for NQNTs in the first order field. Being recognised as a nurse teacher is an important influence in affirming and limiting professional identity. Limited recognition by colleagues of teaching expertise and associated status as nurse teachers is a source of vulnerability. This is compounded by the perceived misunderstanding of the nurse teacher role, and the position of teaching within the profession. This in turn appears to influence ongoing nurse teacher development with limited opportunity to enhance teaching in the first order field. However, retaining and forming links with educational communities either in clinical practice or higher education offers strategies for nurturing development and sustaining nurse teacher identity.

6.13 Chapter Summary

The case study findings illuminate personal, learning and professional contexts as shaping the professional identity of NQNTs during and on completion of nurse teacher preparation. Stemming from personal contexts relationships which connect to learning and professional contexts are evident. In moving forward with

interpretation, the following key findings form the basis of the ensuing discussion in Chapter Seven:

In relation to personal contexts:

- Two pathways for nurse teacher development are discernible.
- Motivation to engage in nurse teacher preparation is differentiated by the field of practice at the time of commencement.
- A commitment to nursing is enacted through teaching and the pathway chosen for nurse teacher development.
- Past trajectories as nurses and learners shape present and prospective nurse teacher identity.

In relation to learning contexts:

- Learning during nurse teacher preparation is perceived to shape the professional identity of newly qualified nurse teachers.
- Learning from pedagogical theory and practice contributes to a shift in the professional lens.
- Teaching in higher education is an emotional experience and although perceived to be substantially different to teaching within the first order field provides new opportunities for learning and enables a wider view of teaching.
- Support of experienced nurse teachers is valued but the influence of a formal mentoring relationship in shaping professional identity is uncertain.
- Positive modelling by the programme team influences nurse teacher identity and the NQNT's approach to teaching.

In relation to professional contexts:

- Professional identity is defined in relation to organisational role.

- Working practices, the needs of service and relationships in the workplace shape nurse teacher identity, the formation of which involves an ongoing process of realignment and reconciliation within and across first and second order fields of practice.
- Recognition of teaching capability and opportunities for nurse teacher development strengthen and limit the professional identity of NQNTs.
- The contribution to the profession of teaching and the nurse teacher is not fully understood.

Chapter Seven: Discussion

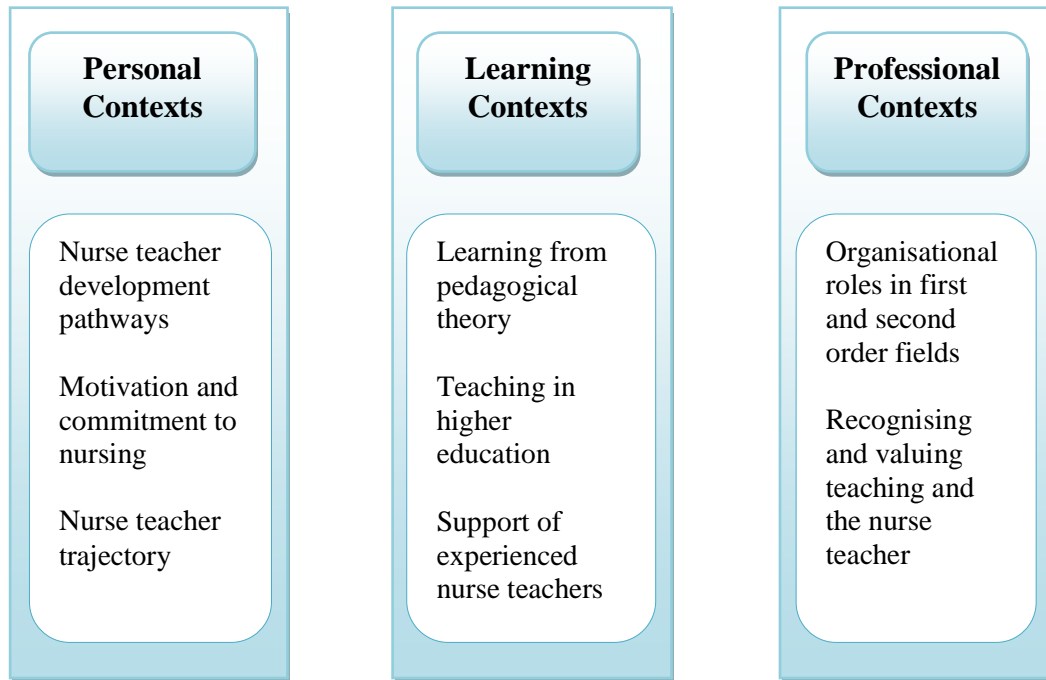
7.0 Chapter Introduction

This study sought the perspectives of six newly qualified nurse teachers within the first year of completion of NTP (Appendix 1, p.274), and the five experienced nurse teachers (ENT, Appendix 1, p.273) who acted as their facilitators, to illuminate understanding of professional identity in relation to the following research questions:

1. How do personal contexts shape the professional identity of newly qualified nurse teachers?
2. How do learning contexts shape the professional identity of newly qualified nurse teachers?
3. How do professional contexts shape the professional identity of newly qualified nurse teachers?

This penultimate chapter is structured around the three research questions and offers a critical discussion of the key findings summarised at the end of the previous chapter. The findings are interpreted in light of the theoretical frames of reference and literature introduced in Chapters Two and Three through which eight contextual strands, shown in Figure 3 on page 184, emerge as representing the personal, learning and professional contexts which shape the professional identity of newly qualified nurse teachers.

Figure 3 *Personal, learning and professional contexts: the contextual strands which shape nurse teacher identity*



7.1 How do Personal Contexts Shape the Professional Identity of Newly Qualified Nurse Teachers?

Personal contexts in this study are revealed to be highly pertinent in shaping the professional identity of newly qualified nurse teachers. The contextual strands which represent this landscape reflect nurse teacher development pathways, motivation and commitment to nursing, and nurse teacher trajectory.

7.1.1 Nurse teacher development pathways

The within case phase of this study illuminates biographical information regarding the career trajectories of newly qualified and experienced nurse teachers. As a result,

two pathways for nurse teacher development are discernible. The first represents the majority of ENTs and is distinguished by a career move from working as a nurse in the first order field to teaching in higher education. Learning to teach in this environment encompasses both learning on the job and engagement in nurse teacher preparation. This development pathway mirrors the recognised route commonly reported within nurse teacher research (Andrew & Robb, 2011; Boyd et al., 2009; MacNeil, 1997).

The alternate path which emerges in this study is less visible within the wider literature (Buttigieg, 1990; Luker et al., 1995). Engagement in nurse teacher preparation whilst working in the first order field typifies this route. All six NQNTs and one ENT who follow this pathway do so from specialist nursing and defined education roles in clinical practice. Prior to entering NTP, non-formal learning informs teaching practice. In the first year of completion of NTP, the career paths of the NQNTs reflect continuation within the first order field or movement into higher education to teach. This confirms the ongoing trajectory for NQNTs alluded to in Buttigieg's (1990) large scale survey of nurse teacher preparation.

Common to participants on both pathways is their previous engagement in formal and non-formal learning and considerable nursing experience which characterise nurse teacher populations reported within wider research (Boyd, 2010; Duffy 2013). The latter also aligns to the notion of moving into the academy 'mid-career' which, although poorly defined, is commonly cited in the professional educator literature (Kenny et al., 2004). The findings of this study do not necessarily enable clarity regarding this notion but some comparisons can be drawn in relation to newly qualified and experienced nurse teachers' entry to NTP (Appendix 1, p.274).

Murray and Males' (2005) sample of 28 teacher educators (Appendix 1, p.275) were considered to have made a mid career transition into higher education. As such, nine had between 11-15 years experience in school teaching prior to entering the academy while seven teacher educators recorded 15 years or more within the school sector. These findings are comparable to the ENT population in this study who, whilst located in higher education, exhibit similar years of experience in nursing prior to engaging in NTP. This is however in contrast to the NQNTs who have on average 20 years experience of nursing prior to following a developmental path for teaching. This tentatively suggests that nurses who elect to undertake NTP as a development path from the first order field may do so at a later stage in their professional lives. The findings therefore reveal nurse teacher preparation as a distinct development pathway for those working in clinical practice. To date there is scant evidence of the implementation of the Clinical Education Career Framework (NES, 2009) which recommends nurse teacher preparation as a prerequisite for clinical roles which mirror those held by the NQNTs in this study. Due to the interpretivist nature of this enquiry firm conclusions cannot be drawn regarding the extent to which NTP is utilised by clinical practice as a viable development pathway to support these roles. However, the findings infer that practitioners who embark upon NTP whilst holding specialist nursing and defined education roles view this as an appropriate pathway to enhance their individual professionalism. This inference is further evidenced by the personal motivations for entry to nurse teacher preparation which emerge as key to the findings associated with personal contexts.

7.1.2 Motivation and commitment to nursing

Interpretivist and positivist enquiries centred upon nurse teachers and school teachers have consistently reported intrinsic and extrinsic motivations for entry to teaching (Flores and Day, 2006; Luker et al., 1995; Rots et al., 2010). However, the drivers which motivate nurses to undertake nurse teacher preparation from the first order field have not always been made explicit. Consistent with existing research both intrinsic and extrinsic motivators for entry to formal preparation are highlighted. However in this study motivation to engage in NTP is differentiated by the field of practice at the time of commencement with those located in the first order field expressing intrinsic drivers for entry. For these participants, the desire to become a better teacher for the benefit of others and enhancing clinical practice are the reasons given. In contrast, job requirement is exclusively cited by the ENTs located in higher education as the extrinsic trigger for engaging in NTP.

At first sight this implies that nurses in the first order field are driven by internal motivation whilst those in the second order field are influenced purely by external drivers. However, deeper interpretation reveals an underlying association which unites professional educators across these fields. During the focus group interview the reasons for moving from clinical practice to work in higher education were not sought from the ENTs. It is therefore not possible to conclude that the drivers for this career change would not reflect similar intrinsic motivations as those expressed by the other participants. Indeed, there is credible evidence to support that entry into teaching and the experience of being a nurse teacher in the second order field is associated with the desire to influence professional practice through nurturing new professionals (Boyd et al., 2009; Duffy & Watson, 2001). This resonates with the

intrinsic drivers expressed by participants situated in the first order field during this study and importantly suggests commitment as the unifying feature.

According to Meyer and Allan (1997), commitment is a psychological state reflective of an individual's allegiance or loyalty to a given entity, commonly reflecting a profession or organisation. This sense of loyalty to nursing is evident in the findings of experienced nurses reported by Bennett et al., (2009) for whom commitment was expressed through a motivation to ensure high standards of care for patients and support less experienced nurses. The newly qualified and experienced nurse teachers in this study have a similarly strong orientation towards nursing however their commitment to the profession and first order field is enacted through teaching and the pathway chosen for nurse teacher development. This desire to enhance competence was reported by Morrow et al., (2011) as a central tenet of professionalism in allied health professionals. This aligns with findings regarding school teachers' allegiance during professional life phases where motivation, a desire to make a difference to pupils and a continued willingness to learn typifies a commitment to teaching (Sammons et al., 2007). While this illustrates a connection between the NQNTs' personal motivation and professional commitment, there is an additional link in this chain of association.

In exploring motivations for entry to nurse teacher preparation all the NQNTs recognise a gap in professional knowledge which is perceived to limit their development as teachers and in turn hampers their perceived contribution to the first order field. This awareness triggers an active search for formal rather than non-formal learning suggesting developmental rather than mandatory CPD as an appropriate vehicle for learning. This finding is not apparent in the motivations

reported by the ENTs or in nurse teacher research elsewhere and suggests learning as the additional link in this chain of association. The connection between personal motivation to teach, engagement in formal preparation and professional commitment as positive indicators in the formation of identity has already been established in positivist enquiry with school teachers (Rots et al., 2010; Schepens et al., 2009). The findings in this study also suggest such connections, but the interpretivist nature of this research conveys a different sense of association.

The NQNT's awareness of a knowledge deficit which stems from personal motivation can be regarded as a boundary experience which, propose Geijsel & Meijers (2005), triggers identity learning. This reflects an encounter which compromises an individual's usual capability and engenders feelings of inability. In applying this conceptualisation to the NQNTs' experience, it would appear that the limits placed upon teaching capability as a consequence of their awareness of a gap in knowledge results in discontinuity in the participants' image of themselves as effective nurse teachers. In order to redress this discontinuity and become better educators, the participants seek formal learning as a means to extend competence in response to professional practice and reconcile the view of themselves as nurse teachers. Arguably, this demonstrates a central tenet of individual professionalism and commitment to nursing (Demirkasimoglu, 2010; NMC, 2011).

This association supports a connection between personal motivation, professional commitment and learning whereby motivation and specifically a boundary experience provide the triggers for formal learning through which professionalism is enacted and professional identity is shaped. Indeed, this aligns with the theoretical

assumption which underpins this research that professional identity is a relational concept which connects the personal and professional in learning to teach.

7.1.3 Nurse teacher trajectory

Knight et al., (2006) revealed that in learning to teach personal history including the experience of learning, shapes formation of professional educators in the second order field. In this study, NQNTs' past trajectories as nurses and learners shape present and prospective nurse teacher identity. Being a nurse and the experience of being a learner emerge as subtle influences aligning with Wenger's (1998) notion of trajectory whereby identity is negotiated through connecting the past and future with the present. Sharing professional knowledge and instilling a caring approach to patient care surface within the NQNTs' trajectories as nurses. This perspective is also noted by Heshmati-Nabavi & Vanaki (2010) who illustrate that nurturing the ethos of caring is a key characteristic of effective clinical educators situated in the first order field in Iran. This is arguably reflective of imparting subject knowledge which Beijaard et al., (2000) highlight as distinguishing the identity of beginning school teachers; a finding similarly associated with new teacher educators in Murray's (2014) case study of professionalism.

For NQNTs, caring extends beyond the subject matter and is perceived to be integral to their teaching approach; a circumstance shared with the experienced nurse teachers. Specifically, past experiences of caring for patients in their capacity as nurses is transferred to learners in their role as nurse teachers. This is consistent with the experience of new educators in an American faculty (Anderson, 2009) and also resonates with the nurturing approach to learners reported by the experienced nurse

teachers in Duffy's (2013) research on nurse teacher identity. It is of note that the past experience of teaching as a nurse does not emerge in the NQNTs' trajectories and is in contrast to findings from Boyd's (2010) enquiry which highlights this as influencing the reconstruction of nurse teachers' pedagogical practice in learning to teach in higher education.

Coupled with their trajectory as nurses is the NQNTs' experiences as learners in shaping present and future nurse teacher identity. Research exploring school teacher identity places emphasis upon experience as pupils, and in particular, the positive and negative influence of teachers during the school years (Malderez et al., 2007; Timostuk & Ugaste, 2010). Although the findings from this case study mirror these perspectives the NQNTs reveal contrasting experiences with an emphasis placed upon learning during nurse education, and to a lesser extent the negative impact of nurse teachers during this time. In parallel with school teacher research by Anspal et al., (2012), Flores and Day (2006), and Furlong (2013), negative modelling by nurse teachers is reported by two NQNTs as a professional image which they avoid emulating. These participants recall in detail the experience which triggers this professional image. Although not representative of the study sample as a whole, this finding is worthy of inclusion as the positive influence of modelling by experienced nurse teachers emerges as a key learning context.

More meaningful in shaping professional identity is the view of empathy as a personal context. The challenges encountered in learning and the experience of embarking on NTP afford the NQNTs an insider view; a finding which aligns with nurse teacher and teacher educators' experiences of PgCerts in higher education (Boyd, 2010). However for the NQNTs in this study empathy is a defining feature of

being a learner and shapes nurse teacher identity through their approach to teaching and supporting learners. While empathy as a nursing attribute is apparent in the nurse education literature, this notion does not resonate strongly with research centred upon nurse teacher identity. This is exemplified by Heshmati-Nabavi & Vanaki (2010) who highlight empathy as a characteristic of nurse teachers from participants' experiences as nurses rather than learners. Interestingly, in exploring past experience in shaping school teacher identity, Furlong's (2013) participants refer to their time as pupils with no apparent reference made to their experience as undergraduate learners prior to entering ITE. This perhaps suggests that empathy develops through a trajectory which reflects lifelong learning and becomes more apparent following considerable experience as a learner.

These findings support the view that NQNT's past trajectories as nurses and learners shape present and future identity. Previous research on career change teachers highlight the relevance of prior career experience in ITE but do not necessarily make transparent the meaning of such experience nor reveal the extent to which curricula recognise this aspect of prior learning (Malderez et al., 2007; Williams, 2010). For the NQNTs in this study caring and empathy appear to connect their past as nurses and learners with their present nurse teacher trajectory and in doing so shapes their professional identity. Although shaping a prospective image of self, the influence of nurse teachers during nurse education is a less prominent feature of this trajectory in comparison to the experience of school teachers (Flores & Day, 2006).

7.2 How do Learning Contexts Shape the Professional Identity of Newly Qualified Nurse Teachers?

Research on the influence of formal learning in shaping the identity of nurse teachers is limited with nurses undertaking such preparation from their first order field under-represented within this corpus. In this study, NTP (Appendix 1, p.274) forms an important stage in the development of nurses working in the first order field and learning from the programme is perceived to shape the professional identity of newly qualified nurse teachers. Learning is a significant context within the nurse teacher landscape through which learning from pedagogical theory, teaching in higher education and the support of experienced nurse teachers are the contextual strands.

7.2.1 Learning from pedagogical theory

Learning from pedagogical theory is determined by participants in this study to contribute to a shift in the professional lens. From the perspective of the ENTs, learning from NTP facilitates a shift in thinking whereby the NQNTs view themselves as educators rather than nurses; a finding which resonates strongly with the professional experience from which this study emanates. In acknowledging this change, the NQNTs indicate that gaining a recognised teaching qualification enables them to work in a different way so strengthening the view they hold of themselves as educators; a perspective which the ENTs reinforce. This concurs with the shift in identity noted by Butcher & Stoncel (2012) who examined the impact of PgCerts (postgraduate certificates, Appendix 1, p.275) on professionals entering the academy. Whilst attributed to learning from the PgCert, the implied nature of this influence was loosely tied to theory and practice with respondents reporting increased

confidence and an ability to change practice as a consequence of deepening pedagogical knowledge. The findings from this study confirm this inference but also extend understanding of the influence of theory in shaping the identity of professional educators.

In this study, learning during NTP initiates a process of meaning-making which evokes Brookfield's (1995, p.186) conceptualisation of a theoretical lens which enables teachers to become more critically reflective through "naming practice" and "breaking the circle of familiarity". For the NQNTs this process is marked by 'viewing practice differently' and 'adapting existing practice'. Specifically, learning from pedagogical theory allows the NQNTs to view their professional practice in a different light and helps them make sense of their existing working practices. In negotiating meaning from this experience current practice is affirmed, confidence develops and an awareness of areas for potential change are identified. For the NQNTs, reflection and self assessment highlight progression which contributes to viewing practice differently. The knowledge gained is deemed by the NQNTs to widen their teaching repertoire. This in turn opens up alternative possibilities for teaching through which the NQNTs adapt and enhance existing practice with planning and delivering teaching and assessment emerging as prominent areas of change.

Elements of this process are clearly discernible in the outcome driven findings regarding the benefits of PgCerts, and limited research on nurse teacher preparation. In particular, affirmation of existing practice (Hanbury et al., 2008; Smith 2010); growing confidence (Butcher & Stoncel, 2012; Janhonen & Sarja, 2005); a reflective approach to practice (Kandlbinder & Peseta, 2009); and developing teaching

capabilities (Donnelly, 2008) resonate with the findings of this case study. Planning and delivering teaching and assessment are key areas of learning in wider research which includes nurse teachers in the study populations (Butcher and Stoncel, 2012; Luker et al., 1995; Knight, et al., 2006). This is consistent with the NQNTs in this study who report these areas as particularly pertinent in learning to teach. The influence of learning, teaching and assessment strategies in shaping professional identity during learning is however less clear although self assessment is deemed useful in facilitating the integration of pedagogical theory and practice.

While this meaning-making process usefully illuminates the influence of pedagogical theory in learning to become a nurse teacher it does not fully address the issue of professional identity. However, this becomes transparent when considered in light of the boundary experience associated with personal contexts and its relation to social learning theory. As discussed previously, the boundary experience encountered by the NQNTs whilst working in the first order field (Appendix 1, p.273) results in a discontinuity in the view they hold of themselves as effective educators. In order to address the gap in pedagogical knowledge the NQNTs engage in formal learning in order to become better teachers. Wenger (1998) proposes that learning and identity are inextricably linked as newcomers develop their repertoire of practice and interpret meaning through sustained engagement in these practices.

It appears that for the NQNTs in this study, engagement with teaching and learning pedagogies inherent to the programme's regime of competence enable them to view practice differently and adapt and enhance their existing repertoire. In learning from the programme the NQNTs negotiate meaning and redress the discontinuity caused

by the boundary experience. This shifts the professional lens and strengthens their professional identity as educators.

Essentially, this finding establishes a connection between personal and learning contexts in shaping nurse teacher identity and points towards formal learning as important in this endeavour. This adds weight to the theoretical assumption that professional identity is a relational concept which connects the personal and professional in learning to teach.

7.2.2 Teaching in higher education

Review of findings associated with existing research on accredited teaching programmes for academics in higher education reveal teaching practice to be an ambiguous component of formal learning (Gale, 2011; Knight, 2006b).

Consequently, this section relies upon the wider experience of professional educators in higher education and initial teacher education (ITE, Appendix 1, p.273) in supporting the discussion. Nurse teachers in Buttigieg's (1990, p.407) survey undertook teaching practice in formal settings as part of a structured block placement and valued the opportunity to experience the "reality of life as a nurse teacher". This finding is not evident in the experiences of participants in this study.

In line with professional standards teaching practice for NQNTs forms an integral part of the nurse teacher curriculum and accounts for a minimum of 12 weeks of learning over a two year period (NMC, 2004). Participation in teaching is situated primarily in the first order field with NQNTs accessing opportunities within higher education to meet individual learning needs and competency based outcomes. It is therefore interesting to note that when exploring teaching practice during focus group

and individual interviews participants only refer to experiences in the second order field. Although the familiarity of teaching within the first order field may make this experience less significant it appears that NQNTs attach particular meaning to teaching in higher education.

Teaching practice for the NQNTs in this study is conceptualised as a peripheral boundary encounter (Wenger, 1998, p.117) whereby higher education provides opportunities for engagement out with the first order field without the ensuing demands associated with full membership. Such boundary encounters argues Wenger (1998) are common in professional learning whereby the level of legitimate involvement provides the NQNTs with access to the regime of competence necessary to further develop their repertoire of practice. Indeed findings indicate that new opportunities for learning located in the second order field (Appendix 1, p.275) encourage a wider view of teaching. Specifically, these experiences facilitate engagement with teaching opportunities unavailable in clinical practice and reveal practices which are transferable across first and second order fields.

While these boundary encounters are valued by the NQNTs, teaching in higher education is an emotional experience and is perceived to be substantially different to teaching within the first order field. Feelings of anxiety and nervousness are expressed by four NQNTs which are also noted by the ENTs in their support of students. This emotional response concurs with the experience of student teachers during ITE who recall similar feelings on entering the school environment to teach (Poulou, 2007). Emotion is also perceptible in research findings based upon the perspectives of nurses and teachers entering the second order field as professional educators. Feelings of confusion, stress and anxiety are commonly reported (Duffy,

2013; Smith & Boyd, 2012). Although these sentiments relate to role transition as opposed to programme-related teaching practice they support the NQNT view that stepping into the second order field is disconcerting and different to clinical practice.

The newly qualified nurse teachers attribute this difference to the formality of higher education and the expectation of learners; a finding substantiated by the ENTs and echoed in the wider research corpus. Studies which investigated new academics and professional educators in higher education cited organisational structure, educational language and academic culture as challenges of the work environment (Findlow, 2012; Gale, 2011; Kandlbinder & Peseta, 2009). These factors arguably represent the sense of formality which the NQNTs in this study express and appear somewhat alien in comparison to the familiarity of the first order field.

The influence of pupils in the experience of teaching has been associated with positive emotions linked to affirming school teacher identity (Poulou, 2007; Timostuk & Ugaste, 2012), while reinforcing capability and credibility for professional educators have been ascribed to students in higher education (Boyd, 2010; Butcher & Stoncel, 2012; Pickering 2006). These issues are also apparent for the NQNTs in this study but in contrast appear to accentuate the sense of difference associated with teaching in the second order field. Kelchtermans (1996) identified relationships with pupils, schools and policy makers as sources of vulnerability for school teacher identity. While this offers the potential to further interpret these findings in relation to nurse teacher identity, it does not fully capture the notion of peripheral boundary encounters which are at the heart of the NQNTs' learning during teaching practice. Rather Wenger's (1998) concepts of multi-membership and reconciliation offer clarity.

In this study, engagement with teaching practice is located in both clinical practice and higher education and as such creates a nexus of membership for the NQNTs whereby there is a need to work across the boundary and participate in both first and second order fields. In negotiating meaning from this experience the NQNTs require to realign practices from the first order field with the regime of competence associated with higher education. Such realignment shapes identity but presents significant challenges as individuals reconcile the competing demands of membership in different communities which Wenger (1998, p. 160) argues leads to either “successful resolution” or “constant struggle”. This could account for the tensions expressed by the lecturer/practitioners who, in Fairbrother and Mathers’ (2004) investigation, had a role in both first and second order fields.

It appears that the process of reconciliation presents an emotional site of struggle for the NQNTs, with the formality of higher education and the expectation of learners creating discontinuity in the familiar regime of competence associated with the first order field. Indeed, this is confirmed by two ENTs who note that these differences are more acutely felt when the NQNTs need to adapt their repertoire of skills and respond to different learner groups. Arguably, this struggle for reconciliation influences professional identity as several of the NQNTs call into question the view they hold of themselves as nurse teachers within this environment.

Similar challenges of reconciliation were apparent for the career change teachers in William’s (2010) research. Although not conceptualised in terms of reconciliation parallels can also be drawn with the findings from Boyd’s (2010) enquiry whereby newly appointed nurse teachers and teacher educators reconstructed existing pedagogies on entry to the second order field. Significantly for this study, the work

of reconciliation is revealed once again in relation to the professional contexts which shape the identity of NQNTs and will be revisited later in this chapter.

7.2.3 Support of experienced nurse teachers

There is a general acceptance in enquiry centred upon ITE and teaching in higher education that the support of experienced educators has a bearing on learning to teach (Harrison & McKeon, 2008; Hobson, 2009; Knight, et al., 2006). The involvement of a mentor or supervisor in guiding newcomers is common as part of induction into higher education (McArthur-Rouse, 2008; Murray, 2008) and is cited as influencing the identity of school teachers during ITE (Timostsuk & Ugaste, 2010). Despite some evidence of the incorporation of similar roles in nurse teacher preparation (Ballard et al., 1995; Buttigieg, 1990) there is currently no professional stipulation to include such support as part of the learning, teaching and assessment strategy within programmes (NMC, 2008).

The findings from this study reveal that while there is merit in NQNTs being supported by an experienced nurse teacher during NTP, the influence of a formal mentoring relationship in shaping professional identity is uncertain. The lack of coherence in the expressed views of the NQNTs limits the extent to which firm conclusions can be drawn. Nonetheless, the threads from which this finding emanates draw attention to aspects of the experience which have the potential to inform future enquiry.

For both newly qualified and experienced nurse teachers in this study, a mutually, respectful relationship appears to be fundamental in supporting learning during NTP, while the ENTs perceive sharing knowledge and assisting in planning teaching

practice as relevant to their role. These features mark the mentorship relationship outlined in Ballard et al.s', (1995) conceptual model based upon a student nurse teacher and experienced nurse teacher relationship during NTP. An enabling approach was also reported as beneficial in supporting newly qualified teachers by Hobson (2009) while career change teachers highlighted the detrimental effect on learning when teacher mentors did not extend such support during ITE (Williams, 2010).

Constructive feedback and promoting learners' self-efficacy are also cited by the NQNTs and ENTs as supporting the mentorship relationship. There is evidence to suggest that positive feedback from colleagues regarding teaching promotes confidence and enhances a sense of self (Butcher & Stoncel, 2012; Malderez et. al., 2007; Pickering, 2006). This is also apparent in the experience of student teachers who indicated that the lack of constructive feedback impacted upon their developing teacher identity (Timostsuk & Ugaste, 2010) inferring that this is perhaps crucial to the relationship.

However, a lack of clarity regarding the support and assessment elements of the ENT role and limited opportunity for apprenticeship through observation are considered by one NQNT to detract from the mentoring relationship. While atypical for the group the duality of the mentor role is cited by Murray's (2008) teacher educators as unhelpful in learning to teach in higher education. Interestingly, the benefit of an apprenticeship of observation in professional formation is well documented (Flores & Day, 2006; Knight, et al., 2007; MacNeil, 1997) supporting the adoption of strategies which facilitate a structured approach to teaching practice during NTP.

The relationship between newcomers and old-timers as they share the experience of participating in a community of practice is a key element of social learning.

According to Wenger (1998, p.156), “experienced peers” represent the “history of practice to which newcomers are exposed”, and through which they negotiate meaning and shape identity. While the findings from this study do not make transparent the influence of mentorship by ENTs in shaping professional identity during formal learning it is reasonable to assume that such a connection exists. Indeed for two NQNTs, the support offered by the ENTs during NTP is attributed to reinforcing nurse teacher identity and sustaining this view on completion of the programme.

It is however of note that in assuming the role of facilitators on the programme the ENTs are not consciously aware of shaping the professional identity of their students. This is somewhat intriguing given that this participant group consider support from identified peers as influential in shaping their own identity during the transition from clinical practice to higher education. Informal arrangements and an apprenticeship of observation appear to characterise these relationships, circumstances which are well documented in the wider literature (Knight, 2006b, Knight et al., 2006). This is reciprocated by three NQNTs who note the support of colleagues and the opportunity to observe their working practice as valuable when first learning to teach in the first order field.

This finding tentatively infers that in this study the support of a designated individual is perceived to be more relevant in shaping identity when predicated on non-formal learning in relation to a new role. It may therefore be that the absence of formal mechanisms to support learning in the early stages of transition to teaching raise the

significance of informal mentoring within the workplace. The growing interest in induction practices of teacher educators and probationary arrangement for academics support these inferences (McKeon and Harrison, 2010; Smith 2010). Although the influence of mentoring by ENTs on nurse teacher identity is inconclusive, modelling by the programme team does appear to contribute to nurse teacher identity and the NQNT's approach to teaching.

Based upon their narrative/biographical work with experienced school teachers, Kelchtermans & Vandenberghe (1994, p.52) outline the notion of critical persons as those individuals whose "presence and behaviour strongly influence the professional self". In applying this concept, critical persons can reasonably refer to the core lecturing team who have sustained engagement with students as a consequence of their responsibilities in all aspects of curriculum planning and delivery. The positive professional practice modelled by the team in the classroom is emulated by the NQNTs and applied to their own practice as nurse teachers through an apprenticeship of observation.

The influence of modelling, both positive and negative is well documented as shaping the prospective identity of school teachers (Lunenberg et al., 2007; Timostsuck & Ugaste, 2012). While not associated with identity per se, there is also evidence to suggest that in learning to teach, newcomers to higher education gain most from working with their designated teaching team (Gale, 2011). This suggests an apprenticeship approach in learning to teach. It appears that the nurse teachers who comprise the programme team display positive teaching behaviours which the NQNTs incorporate into their own repertoire of practice. In the absence of the perspectives of the programme team it is not possible to identify whether implicit or

expect modelling is adopted (Lunenberg et al., 2007). However, this finding adds weight to the position of experienced nurse teachers as powerful agents in shaping the present and prospective identity of newcomers to nurse teaching

7.3 How do Professional Contexts Shape the Professional Identity of Newly Qualified Nurse Teachers?

In delineating the professional field, Chapter Two of this thesis presents an overview of the historical, political and professional events which distinguish the nurse teacher landscape. Prominent in shaping the direction of nurse education and the nurse teacher role within this terrain are the profession, NHS organisations and higher education institutions. In this study, the contextual strands which mark the professional influences which shape nurse teacher identity stem from these entities and reflect organisational roles in first and second order fields, and recognition and value placed on teaching and the nurse teacher by the first order field and the profession.

7.3.1 Organisational roles in first and second order fields

For the newly qualified and experienced nurse teachers, professional identity is defined in relation to organisational role. Rather than aligning themselves with the professional designation denoted by NMC, participants view themselves in relation to their situated roles within their respective fields of practice. Consequently, working practices, the needs of service and relationships in the workplace are revealed to shape nurse teacher identity, the formation of which involves an ongoing process of realignment and reconciliation within and across boundaries. In

advancing this discussion it is necessary to consider these findings in relation to the first and second order fields of practice, that is clinical practice and higher education. It is recognised that the limited research on the identity of nurse teachers situated in the first order field will curtail interpretation of the professional contexts which emerge from the findings in this study. Where appropriate, inferences will be made to relevant research but the conceptualisations presented in the ensuing discussion draw particularly upon Wenger's socio-cultural view of identity with which the findings concur.

7.3.2 Organisational roles in the first order field

For the three NQNTs who hold specialist nursing positions, teaching is inherent to a role within an organisation whose joint enterprise centres upon quality person centred care and service delivery. While Pollard et al.s', (2007) literature review supports teaching as a role component for specialist nurses, Ball (2005) and Bamford and Gibson (2000) identify that the majority of post holders' time is allocated to clinical practice rather than teaching. This is at odds with the experience of the NQNTs in this study for whom teaching is perceived as a substantive part of their specialist role and integral to their working practices. Significantly for this group, the nature of teaching within their professional practice is likened to 'wearing different hats', a metaphor similarly used by lecturer/practitioners to explain their experience of balancing the teaching and clinical aspects of their role (Fairbrother & Mather, 2004). Conway and Elwin (2007) reported a similar finding when exploring the identity of professional educators located in clinical practice which gives weight to the experience of the NQNTs in this study.

Despite the emphasis NQNTs place upon teaching within the role, it is their perception that colleagues and patients view them in light of their nursing rather than teaching persona. Indeed, the NQNTs in specialist nursing roles consider the teaching component to be largely invisible to these stakeholders. This finding is supported by the nurse teachers in Ramage's (2004) study who identified that their teaching role was not recognised by the first order field. While the paucity of existing research in this area makes further direct comparison unfeasible, there is some evidence from research on clinical educators to support this position. In their examination of the role of practice educators working in the first order field, Jowett and McMullan, (2007) and Mallick and Hunt (2007) reported that key stakeholders including managers and learners placed importance on the clinical rather than teaching capabilities of these professional educators. This may be accounted for by the joint enterprise of those working in clinical practice which centres upon quality person centred care and service delivery rather than teaching and learning. It is this issue that appears pivotal in shaping the identity of this group of NQNTs.

For those holding specialist nursing roles professional identity is affirmed by the meaning derived from their experience of teaching as an embedded but substantive component of day to day practice. However, the perceived lack of recognition ascribed by colleagues and patients to the teaching component of their role requires the NQNTs to reconcile these different positions in holding onto a view of themselves as professional educators. In reconciling identity and maintaining a sense of belonging, this organisational role arguably presents as a site of struggle for the NQNTs as they attempt to align teaching within their role to the broader enterprise of an organisation whose primary goal does not centre upon teaching and learning.

As long-standing members who hold an insider trajectory in the first order field, this arguably places the NQNTs in a position of marginality (Wenger, 1998) whereby the institutional practices reinforce their role as specialist nurses and limits their participation as nurse teachers. While Wenger (2000) argues that realignment and reconciliation are heightened for those entering a community as newcomers, the findings of this study suggest that this process is equally acute for those who, as insiders, have full membership of a community. This position is also shared by the three NQNTs who hold defined education roles in the first order field.

Unlike specialist nursing roles, teaching and learning is a prime responsibility for participants in defined education roles which concurs with existing research in the first order field (Brennan & Hunt, 2001; Kelly et al., 2002). For this group of NQNTs professional identity is shaped in direct relation to the needs of the workplace. While this experience is also common to professional educators located in higher education (Andrew & Robb, 2011; Murray, 2007), in the first order field the needs of service provision take precedence over learning and teaching. There is an acknowledgement by this group of NQNTs that they will subjugate their teaching and learning practices, and consequently realign their repertoire of practice to meet the clinical requirements of the first order field.

However, reconciling identity and maintaining a sense of belonging do not appear to present such a struggle for these NQNTs in their day to day working practices. It may be that accepting this situation as part of the job is a means through which these NQNTs align their professional practice to the broader enterprise enabling them to more effectively reconcile their identity as nurse teachers within this field.

Alternatively, it is also plausible to consider that these events may be sporadic and,

unlike the experience of those in specialist nursing roles, are less likely to place these NQNTs in a position of marginality.

7.3.3 Organisational roles in the second order field

In this study, NQNTs are within their first year of completion of their preparation programme whilst the ENTs are qualified as nurse teachers in higher education for five years or more. According to Murray and Male (2006) reforming professional identity for teacher educators' entering the academy is estimated to take up to three years so it is likely that the ENTs in this study will have clearly reconciled identities. However, exploration of professional identity during the focus group interview elicits a limited view of this group of educators. It is acknowledged that the focus group technique may have precluded in-depth probing of individual participants and that the use of the term nurse teacher may have influenced the nature of the ENT responses. While professional identity aligns with the joint enterprise of higher education, the process of reconciliation in relation to recognised role components is considerably less discernible and consequently not possible to fully elucidate. Nevertheless, three issues emerge as noteworthy at this juncture.

Firstly, it is of interest that these participants do not refer to research or scholarly activity in relation to their professional identity; a situation mirrored by the experienced teacher educators in Murray's (2014) interpretivist case study. These components are acknowledged aspects of the academic role and for professional educators are reported as a site of struggle in reconciling professional identity (Andrew & Robb, 2011; Boyd et al., 2009; Duffy, 2013). This omission does not

infer that such challenges do not exist for this group, rather a fuller understanding of the nature of professional identity of ENTs is needed.

Secondly, the perception of others and in particular colleagues located in the first order field and the profession is an underlying feature of the ENTs' identity conversation. This is not reminiscent of the influence of colleagues in affirming credibility and supporting learning to teach reported elsewhere (Boyd, 2010; Butcher & Stoncel, 2012). Rather this evokes a sense of uncertainty on the part of the ENTs in explaining themselves to others and in particular a view that colleagues in the first order field do not fully understand the role. Carr (2007) elucidated similar views from his sample of nurse teachers located in higher education. This arguably infers a lack of shared understanding of the nurse teacher role which concurs with findings which highlighted role confusion as a challenge to professional educators working in both first and second order fields (Conway & Elwin, 2007; Day et al., 1995).

Thirdly, the ENT who worked in higher education for the longest period indicates that through the passage of time identity shifts from a focus on nursing and clinical practice to become fully aligned to the enterprise of teaching and learning. This response is atypical for the case study and infers successful resolution in reconciling nurse teacher identity (Wenger, 1998).

For the two NQNTs who moved to work in higher education, the experience of entering the academy is viewed as a different world and is likened to a career change as is reported elsewhere (Andrew, 2012). Importantly although undertaking the same preparation programme, there is clear recognition that this boundary transition involves further learning which concurs with Beauchamp and Thomas' (2011) exploration of newly qualified teachers entering the school community following

ITE. Consistent with the reported experience of professional educators' transition into the academy, these two NQNTs highlight similar challenges associated with uncertainty, educational discourse and organisational structures (Gale, 2011; Kandlbinder & Peseta, 2009).

Indeed, the feeling of being new and subsequent sense of vulnerability clearly resonate with the transition experience of nurse and allied health professionals uncovered in Murray, et al.s', (2014) meta-synthesis. However, in contrast to Duffy's (2013) findings of the professional identity of nurse teachers in the academy, the two NQNTs in this study do not express a sense of loss during transition. Having already made a commitment to teaching by following NTP as a developmental pathway these NQNTs have perhaps already partially reconciled their professional identity which accounts for this difference.

Nonetheless, it is clear from the findings that both NQNTs are in the process of an inbound trajectory. In line with Wenger's (1998) view of identity formation this is marked by realigning their repertoire of practice with the imperatives of the academy and reconciling their view of themselves as nurse teachers in relation to their new role. As previously stated, Wenger (2010) posits that entering a new community presents a significant challenge for newcomers. This appears more acute for the NQNT who held a specialist nursing role as opposed to a defined education position in clinical practice prior to entering the second order field. This suggests the process of realignment and reconciliation may be more challenging for practitioners whose previous roles centre upon person centred care and service delivery. Additionally this may be accentuated for those who have not undergone NTP and may account for the sense of loss reported by Duffy (2013).

7.3.4 Recognising and valuing teaching and the nurse teacher

The final contextual strand to shape the professional identity of NQNTs stems from participants' perceptions of the value placed upon teaching by the first order field and the profession. Specifically, in this study recognition of teaching capability and opportunities for nurse teacher development both strengthen and limit the professional identity of NQNTs. For the NQNTs, recognition by colleagues of their enhanced professional knowledge as educators following NTP appears to affirm and reinforce their identity as nurse teachers. Positive feedback from peers and being contacted for advice and guidance regarding teaching promotes self-efficacy and confirms their credibility as professional educators. This is consistent with findings from research centred upon academics and professional educators, including nurse teachers (Boyd & Harris, 2010; Gale, 2011; Luker et al., 1995; MacNeil, 1997). Conversely, a lack of appreciation by colleagues of the achievement associated with gaining and holding a recognised teaching qualification results in a loss of confidence and causes the two NQNTs in specialist nursing roles to question their ability. This limits their self-efficacy and sense of identity as nurse teachers.

While not directly comparable, Bennett et al.'s, (2009) case study of nursing workforce issues reports similar perspectives regarding recognition of nurses' achievements within the workplace. It is not possible to corroborate this finding further due to the lack of existing evidence regarding the identity of nurse teachers who remain in clinical practice following NTP. However, additional insight is apparent when applying Kelchtermans' (1996) concept of vulnerability to this issue.

Originating from the career stories of experienced school teachers vulnerability refers to “the way in which teachers experience their interaction with other actors in the school and community” (Kelchtermans, 2006, p.307) and takes cognisance of emotions as well as perception. Pupils, colleagues and external policy makers were identified as sources of vulnerability as teachers attempted to maintain their sense of professional self within the school environment. For the NQNTs in this study colleagues appear significant within the workplace engendering both positive and negative views of nurse teacher identity. It is therefore plausible to consider that workplace colleagues can be both a source of strength and vulnerability in confirming and limiting the identity of NQNTs. This finding suggests that colleagues’ acknowledgement of the enhanced teaching expertise gained through formal learning may be a significant mediating force in the ability of NQNTs to sustain nurse teacher identity on completion of NTP. This is particularly so given that participants make no mention of patients or learners in affirming their identity; a finding which is at odds with the experience of academics and professional educators in the second order field (Duffy 2013; Pickering, 2006;).

Furthermore, opportunities for nurse teacher development both during and on completion of NTP emerge from this study as a second source of vulnerability. The ENTs recognise that whilst undertaking the programme students face constraints in learning which are attributed to the lack of value placed on teaching by management in the first order field. This perspective is reiterated by the majority of NQNTs although one participant acknowledges the encouragement of senior staff as enabling development during learning. Research exploring the continuing professional development experience of nurses highlights the influence of managers in enabling

staff to gain access to development opportunities, with mandatory CPD aligned to organisational objectives more common place (Currie et al., 2007; Morgan et al., 2008).

This thesis argues that the increasing emphasis on workplace learning and shift towards development triggered by the goals of the organisation may limit the perceived benefit of professional learning such as nurse teacher preparation. It is not possible to lay firm claim to this premise without gathering the perspectives of key stakeholders in the first order field. Nevertheless, the findings of this study support this view with NQNTs and ENTs highlighting a lack of value placed on teaching and learning within some clinical areas while the needs of service take precedence over teaching, particularly for those with a defined education role.

Furthermore, this situation appears to become more distinct following completion of NTP. All NQNTs articulate the need for continuing opportunities to enhance their teaching and learning practice and maintain their nurse teacher identity. Of the four NQNTs who remain in the first order field, three highlight the limited scope available for nurse teacher development, a situation which is arguably a source of vulnerability. Indeed Meyer and Allen (1997) cited support for development in the workplace as a key indicator of commitment, a concept which emerges strongly as a feature of professional identity in the findings of this study. The influence of the perceived lack of attention afforded by clinical practice to NQNTs' development in shaping professional identity can be viewed meaningfully from two different perspectives; the joint enterprise which characterises social learning theory (Wenger, 2010); and organisational professionalism (Evetts, 2009).

Unlike the higher education community whose locus is teaching and learning, the enterprise of the first order field is directed towards quality person centred care and service delivery. Consequently, senior staff and the structures within the organisation may not immediately recognise or take cognisance of nurse teacher development as a means to improve practice and meet the objectives of the organisation. Therefore, formal and non-formal opportunities for nurse teacher development which are not directly linked to organisational role, and by association organisational objectives, may be undervalued while the necessity for ongoing support may be unrecognised.

Arguably, NQNTs are not newcomers to their first order field having full membership and a sense of belonging. Nonetheless, it is likely that there will be a sense of discontinuity as the NQNTs attempt to fully realign their enhanced repertoire of practice to fit with the regime of competence and joint enterprise of clinical practice. If, as Murray and Male (2006) propose, alignment of teacher educator identity can take up to three years on entering the academy it is probable that the first year following completion of formal learning may be a critical time in affirming nurse teacher identity. It is therefore plausible to infer that should opportunities for nurse teacher development be unavailable in the first order field, the sense of identity garnered during the experience of NTP may be lessened.

Significantly, the one NQNT who had development opportunities in the first order field is located in a team whose prime remit is education. In seeking to identify experiences which will sustain professional identity, the ENTs cite the importance of access to such an educational community but question its existence in clinical practice. Indeed, in the absence of opportunities within the workplace, the NQNTs

actively seek non-formal learning opportunities out with the first order field as a mechanism for ongoing development and to sustain their identity as nurse teachers. This highlights the provision of ongoing development for nurse teachers as an important issue in strengthening professional identity and supporting professionalism.

The shift towards organisational professionalism centred upon control and change offers an alternative perspective on this finding (Evetts, 2003b; 2009; 2011). In ensuring workforce performance meets organisational objectives, managerial influence imposes professionalism from above. This could account for the prioritisation of service over teaching and the control of teaching remits of those NQNTs holding defined education roles within the organisation. This perspective is supported by Carr (2007) who identified that organisational professionalism within first and second order fields was perceived by nurse teachers to limit agency and autonomy in their working practices. The lack of coherent structures and development opportunities for nurse teachers within clinical practice could be construed as a mechanism to inhibit nurse teacher professionalism. The absence of opportunities for ongoing development coupled with poor utilisation of their teaching expertise is therefore likely to curtail the NQNTs' sense of agency and identity. It is possible that these experienced and educated professionals will be lost as a valuable resource to the first order field should they seek opportunities elsewhere to enable their professionalism and sense of agency to be fulfilled.

The final strand associated with professional contexts emerges primarily from the ENT conversation and extends the issue of value beyond the individual and organisation to the profession of nursing itself. It is noteworthy that reference to the

influence of the professional body in shaping nurse teacher identity is negligible in the data derived from the NQNTs. This is unexpected given that professional standards guide the theoretical and practical elements of a programme leading to professional recognition. Rather, it is the experienced nurse teacher discussion which illuminates an unanticipated finding regarding the perceived position of teaching and the nurse teacher within the profession.

The ENTs hold the view that the contribution of teaching and the nurse teacher to the profession is not fully understood. This thesis establishes the nurse teacher as a professionally defined specialism of nursing, the professionalisation of which is inextricably linked to the wider occupation (Law & Arunda, 2010). The development of this specialism rests firmly with the professional body and evolves in direct response to the needs of nursing, the core of which centres upon “the use of clinical judgement in the provision of care” (RCN, 2003, p.3). Nurse teacher professionalism is therefore determined by the confines of this landscape and voiced through the historical discourse regarding the clinical and more recently academic credibility of nurse teachers (Mckendry, et al., 2012).

The emphasis placed on the clinical credibility of nurse teachers by the profession (Day et al., 1998; NMC, 2011) arguably contributes to both the perceived status of nurse teachers within the academy and a lack of appreciation of teaching and hence the nurse teacher within the profession (Findlow, 2012; Ousey & Gallacher, 2010). This perspective is effectively illustrated by Boyd (2010) who highlights the importance nurse teachers place on retaining such credibility in comparison to their teacher educator counterparts. Furthermore, the positioning of nurse teachers in higher education creates a professional divide which perhaps promotes a sense of

separation from colleagues within the first order field; a position which is supported by Andrew et al., (2014). This is perhaps compounded by the view that the move into higher education is akin to a career change (Andrew & Robb, 2011; Carr, 2007). The two NQNTs in this study who moved to work in the academy express similar sentiments despite having recently engaged in NTP.

The ENTs' view that teaching is perceived to be unconnected to nursing, and that making a career choice to become a nurse teacher is akin to leaving the profession are particularly meaningful in this context. The findings already show that the motivation to develop as a nurse teacher either by entering the academy to work as a professional educator or undertaking nurse teacher preparation is driven by a commitment to nursing. This commitment is however enacted through teaching as opposed to the provision of clinical care. The findings also highlight that within the first order field teaching which is integral to specialist nursing roles often goes unnoticed while prioritising clinical care over teaching is an accepted part of the job for those working in defined education roles. This would support the ENTs perceptions that the connection between teaching and nursing and the contribution nurse teachers make to the profession are not fully understood by colleagues in clinical practice; a perspective shared by Ousey and Gallacher (2010) who in calling for closer partnerships across the boundaries of first and second order fields state that "nurses should eschew professional parochialism and value each others' contribution to the totality that is nursing" (p.665).

This view implies the need for a greater understanding of professional educator roles. In discussing the lack of understanding of teaching within nursing the ENTs highlight the common response of those entering the academy as one of surprise in

terms of the reality of teaching. This resonates strongly with the finding regarding the NQNTs peripheral boundary experience during teaching practice which is acknowledged as being substantially different to teaching in the first order field. This perspective is further extended by the ENT discussion which highlights that while nurse teachers have experience of working in the first order field not all nurses have equivalent experience of the higher education workplace. This, the ENTs argue, leads to a misperception regarding the contribution of teaching and nurse teachers within the profession.

Research exploring the experiences of nurse educators in first and second order fields further supports this perspective. For those in higher education, confusion regarding role expectations and the relevance of their continued engagement in clinical practice in meeting the imperatives of the academy is apparent (Andrew et al., 2009). Indeed, Murray and Aymer (2009) also highlighted a limited awareness of the professional educator role beyond the boundary of higher education. Meanwhile, the lack of transparency regarding the strategic development of nurse education roles in the first order field has led to multiple designations and ill defined role boundaries (Buchan et al., 2008; Pollard, et. al, 2007). Although the introduction of such roles raises the profile of teaching within clinical practice there is an apparent absence of consistency in the parameters and educational requirements which direct these positions. Akin to the situation in higher education, these roles respond to organisational as opposed to professional imperatives.

Rather than promoting teaching and learning as a mutual enterprise for professional educators irrespective of the field of practice, these positions reinforce a view that such roles are distinct and infer difference rather than commonality. This further

compounds the separatist view imbued by the profession. It is possible that these positions limit opportunities for nurse teachers and clinical educators to develop a collective understanding of their roles in the context of these fields so adding to the lack of understanding regarding the contribution of teaching and nurse teachers to the profession. In turn it is likely that this situation impedes the development of a collective awareness of what it means to be a nurse teacher within the profession contributing to the absence of a distinctive nurse teacher voice within this landscape.

7.4 Chapter Summary

This discussion has drawn upon the literature and theoretical frames of reference to illustrate the conceptual relevance of the findings of this case study to the research questions. It is argued that nurse teacher identity is shaped in relation to personal, learning and professional contexts from which eight contextual strands represent the landscapes past and present in which NQNTs work and learn. As a relational concept, the discussion proposes that personal and professional contexts connect in learning to teach with formation underpinned by an ongoing process of realignment and reconciliation; concepts which surface throughout the professional journey of newly qualified nurse teachers in this study. The thesis now turns to the final chapter where the conclusions of this study are discussed.

Chapter Eight: Conclusions

8.0 Chapter Introduction

Chapter Eight begins with a summary of the main findings of this study and then, in addressing the research aim, makes explicit the relationship and influence of context in shaping professional identity. Limitations of this small scale interpretivist case study are then discussed and implications for professional practice in relation to nurse teacher development, the provision of nurse teacher preparation and the positioning of teaching and the nurse teacher in the professional field are explored. Reflections on learning from the research journey which includes the implications for personal practice are recounted. The chapter then turns to the study's contribution to knowledge within the professional field and proposes areas of future research which merit further investigation by the author and others. The thesis concludes with the recommendations for professional practice and closing remarks.

8.1 Summary of Study Findings

The preceding chapter of this thesis offered a detailed conceptual discussion of the study findings in relation to the three research questions. The main findings from this study are now summarised while the implications of these findings for professional and personal practice are highlighted later in this chapter (sections 8.4 and 8.5 respectively).

Drawing upon socio-cultural and interpretivist positions as the underpinning theoretical frames of reference, this study aims to critically explore the personal,

learning and professional contexts which shape the professional identity of newly qualified nurse teachers during and on completion of nurse teacher preparation. Wenger's (1998) social theory of learning is the lens through which professional identity is viewed while Stake's (1995) interpretivist approach to case study frames the conduct of this research. The multiple embedded design set the parameters for this investigation which draws upon the perspectives of newly qualified and experienced nurse teachers as the multiple and embedded case components. The case boundary is defined in relation to one nurse teacher preparation programme located in a Scottish higher education institution.

Professional identity in this study is revealed as a relational concept formed through mutual constitution of self and the nurse teacher landscape (Wenger, 1998). This landscape is distinguished by personal, learning and professional contexts from which eight contextual strands shape the professional identity of NQNTs. These strands connect the personal and professional in learning to teach. Building and sustaining identity involves an ongoing process of realignment and reconciliation as newly qualified nurse teachers interpret the meaning of their experiences through participation within and across the boundary of first order (clinical practice) and second order (higher education) fields of practice.

In relation to personal contexts, intrinsic motivation for engagement in nurse teacher preparation for the NQNTs holding specialist nursing and defined education roles is driven by a commitment to enhance individual professionalism and improve professional practice in the first order field. Caring as a nurse and empathy as a learner are attributes which shape the NQNTs approach to teaching and their professional identity.

Engaging in formal learning during nurse teacher preparation is perceived to shape the professional identity of newly qualified nurse teachers. In relation to learning contexts, learning from pedagogical theory is considered instrumental in shifting the professional lens while teaching practice in higher education is a meaningful but emotional experience which presents challenges for NQNTs in building identity across first and second order fields of practice. The involvement of experienced nurse teachers in supporting learning during NTP is valued by newly qualified nurse teachers. While positive modelling by the programme team shapes the NQNTs' approach to teaching and prospective nurse teacher identity, the influence of a mentorship relationship with ENTs in shaping professional identity is not fully elucidated in this study.

In relation to professional contexts, newly qualified and experienced nurse teachers define their professional identity in relation to their organisational role in first and second order fields of practice. Day to day working practices, service need, the perception of colleagues, and the opportunity for ongoing development through non-formal learning shape the professional identity of newly qualified nurse teachers in clinical practice. These influences emerge as sources of strength and vulnerability which have the potential to reinforce and limit professional identity. The formation of professional identity for those NQNTs holding specialist nursing and defined education roles in clinical practice reflects an insider trajectory and involves an ongoing process of realignment and reconciliation in sustaining identity within the boundary of clinical practice. For this group of NQNTs, the opportunity for non-formal learning in the first order field is important in sustaining professional identity in the first year following completion of NTP. In this study, experienced nurse

teachers located in higher education perceive that teaching and the nurse teacher role is not fully understood by the profession or the first order field.

8.2 Research Aim: The Relationship and Influence of Context

As highlighted in the preceding summary, the nurse teacher landscape is distinguished by personal, learning and professional contexts which shape the professional identity of newly qualified nurse teachers. Importantly, each context offers a different perspective on identity formation for this group of professional educators. However, when interpreted holistically, the relationship between personal and professional contexts in learning to teach and their influence in shaping identity during and on completion of nurse teacher preparation are apparent.

This study positions professional identity as a relational concept which connects the personal and the professional in the development of self and is shaped in multiple contexts (Beijaard, et al., 2004; Rodgers & Scott, 2008). The findings support this view but it is concluded that in becoming and being a nurse teacher a relationship which connects the personal and professional in learning to teach exists. Personal contexts emerge as pivotal to this relationship and, crucially, provide the impetus for nurse teacher development which sets in motion the process of realignment and reconciliation through which professional identity is shaped.

Essentially, personal motivation, professional commitment and learning are connected whereby motivation, and specifically a boundary experience, (Geijsel & Meijers, 2005) are the triggers for formal learning through which professionalism is enacted and professional identity is shaped. Importantly, the commitment to nursing

through teaching, as evidenced by the newly qualified and experienced nurse teachers, connects the personal and professional in learning to teach.

Nurse teacher development pathways and motivation and commitment to nursing are therefore considered to be precursors which mark nurse teacher preparation as a significant juncture in the professional development of the NQNTs in this study.

Inherent to nurse teacher development is the notion of trajectory which connects the NQNTs' past as nurses and learners with their present in shaping nurse teacher identity.

Learning from pedagogical theory, the experience of teaching in higher education and the support of experienced nurse teachers are the contextual strands which reflect learning and, essentially, shape the professional identity of NQNTs during nurse teacher preparation. Integral to learning contexts are the first and second order fields of practice where the NQNTs respectively work and learn. Importantly, in learning to teach, participation in both fields creates a nexus of membership for the NQNTs which necessitates stepping into the second order field to engage in formal learning. In this research, NTP is positioned as a locally negotiated regime of competence marked by learners' engagement and participation in the joint enterprise and repertoire of practice. While the joint enterprise centres upon teaching and learning, the repertoire of practice which comprises this regime includes pedagogical theory and teaching practice as well as components of the curriculum which support learning, teaching and assessment.

For the NQNTs, an understanding of pedagogical theory emerges as instrumental in shifting the view they hold of themselves as nurse teachers. Viewing their

professional practice through a theoretical lens (Brookfield, 1995) and utilising self assessment as a learning strategy extends the NQNTs' teaching repertoire, raises awareness and increases confidence and self-efficacy. This contributes to redressing the discontinuity caused by the boundary experience and enables the NQNTs to realign the view they hold of themselves as professional educators so strengthening their identity as nurse teachers. It is concluded that this illustrates the relational nature of identity which connects learning and personal contexts.

The NQNTs' repertoire of practice is also shaped by their experience of teaching in the second order field. Rather than reflecting an inbound trajectory, teaching practice is experienced as peripheral boundary encounters which reflect a nexus of membership as the NQNTs cross into higher education to teach. Although broadening their teaching repertoire, this experience is a site of struggle as the participants reconcile the view they hold of themselves as nurse teachers in the first order field and realign their repertoire of practice with the second order field. Whilst meaningful, teaching practice as a boundary encounter is an emotional experience for NQNTs supporting Wenger's (1998) view that reconciliation is challenging for learners who move from one community to another.

In learning to teach during NTP, the support of experienced nurse teachers shapes professional identity. In this study, the potential for generational encounters to sustain nurse teacher identity following programme completion is alluded to but the influence of the mentoring relationship in shaping nurse teacher identity during NTP remains indistinct. However, interpretation of the findings through a socio-cultural lens draws attention to peripheral boundary encounters during teaching practice, the parameters which define the mentor/mentee relationship, and the teaching and

learning strategies which support this relationship as promising threads which may illuminate future understanding.

In contrast, the involvement of experienced nurse teachers in supporting inbound trajectories during the transition from first to second order fields is distinct in this study. This informal support is acknowledged by the ENT participants as instrumental in enabling transition into higher education, and by the NQNTs when learning in a new role in both first and second order fields. Furthermore, for the NQNTs, sustained encounters with the programme team are attributed to shaping professional identity and the approach to teaching. These encounters appear to be characterised by positive modelling of the repertoire of practice by the programme team and an apprenticeship of observation on the part of the NQNTs.

Learning during NTP shapes nurse teacher identity and is an ongoing process of realignment and reconciliation as the NQNTs interpret the meaning of their experiences in building a repertoire of practice across the boundary of first and second order fields. These concepts which distinguish professional formation during NTP also feature prominently in the professional contexts which mark the nurse teacher landscape. Significantly, this supports the assumption that formation is ongoing and highlights realignment and reconciliation as concepts which unite this process during and on completion of nurse teacher preparation.

In this study, professional contexts illuminate organisational roles in first and second order fields and recognising and valuing teaching and the nurse teacher as the contextual strands which, crucially, shape the professional identity of NQNTs on completion of NTP. All participants define their professional identity in relation to

their organisational role as determined either by clinical practice or higher education. This supports the view of identity formation as the mutual constitution of self and the landscape within which nurse teachers' work. For the NQNTs, formation is ongoing as they realign their enhanced repertoire of teaching and learning practice to the joint enterprise of either first or second order fields, and reconcile their identity within or across boundaries. Working practices, the needs of service and relationships in the workplace influence this process.

Following completion of nurse teacher preparation, NQNTs holding specialist nursing positions engage in a constant process of realignment and reconciliation balancing the teaching and nursing aspects of their organisational roles within the boundary of the first order field. The embedded nature of teaching within day to day working practices and the subsequent invisibility of this aspect of the role restrict nurse teacher identity. For those NQNTs in defined education roles the process of reconciliation is less pronounced as their day to day practices centre on teaching. However, the prioritisation of service need over teaching requires these practitioners to realign their repertoire of practice accordingly and, at times, subjugate their identity as educators in favour of nursing. These perspectives suggest that insider trajectory following completion of NTP emerges as a site of struggle for NQNTs, which potentially places this group of professional educators in a position of marginality within the first order field.

The process of realignment and reconciliation is also heightened for NQNTs who relocate to higher education. This inbound trajectory has parallels to the peripheral boundary encounters which characterise teaching practice and require realignment of the NQNTs' existing repertoire to the joint enterprise of the academy. This appears

more challenging when making the transition from a specialist nursing role rather than a defined education role and is acknowledged as a period of further learning. This supports Wenger's (1998, 2010) view that entering a new community presents a significant challenge for newcomers. However, it is noteworthy that this study also demonstrates the existence of similar challenges for NQNTs who hold an insider trajectory and have full membership of a community.

The professional identity of ENTs in the second order field is less discernible from the findings of this study. While working practices also shape identity for this group, the process of realignment and reconciliation is less apparent although findings support the passage of time as influencing reconciliation. This perhaps reflects the insider trajectory of ENTs as long standing members of this community who, over time, have realigned and reconciled their identities to the joint enterprise of higher education. However, scholarship and research which commonly characterise educator roles in higher education are not articulated as shaping identity for the ENTs in this study. This suggests the need for further consideration of professional identity in this group of nurse teachers.

Recognising and valuing teaching and the nurse teacher is the final contextual strand representative of professional contexts. This strand emerges as a source of strength and vulnerability (Kelchtermans, 1996) in sustaining identity for NQNTs. For the experienced nurse teachers, this reflects the position of teaching and the nurse teacher within the professional field.

For those NQNTs who remain in clinical practice, sustaining the view held of themselves as nurse teachers is inherent to the process of reconciliation on

completion of NTP. Recognition by colleagues of teaching expertise and professional status as a nurse teacher both affirm and limit the professional identity of NQNTs. This is a source of vulnerability for those in specialist nursing roles. Although learning following NTP is acknowledged by both NQNTs and ENTs as essential in enabling nurse teacher development, the absence of opportunity within the first order field emerges as a second source of vulnerability. This perpetuates the perceived lack of value placed on teaching within the first order field and presents a challenge for NQNTs in sustaining nurse teacher identity. In counteracting this situation NQNTs actively seek opportunities out with clinical practice and create links with communities which centre upon teaching and learning to sustain professional identity. In contrast, for the NQNTs who relocate to higher education nurse teacher development relates to learning in a new role within this organisation. For the ENTs, the notion of valuing extends beyond the individual and reflects the perception that the contribution of teaching and the nurse teacher is not fully understood at organisational and professional levels. While the reasons for this are not fully apparent from the findings of this study, professionalism offers the lens through which three contributory factors are proposed.

Firstly, nurse teacher professionalism is predominantly shaped by nursing which historically places an emphasis upon clinical credibility and positions the nurse teacher role in higher education. This endorses a separatist view of nurse teachers and creates a sense of difference rather than commonality. Arguably, this hinders a shared understanding of the nurse teacher role and the development of a collective nurse teacher identity. Secondly, the emergence of different professional educator roles in response to the directives of NHS organisations and higher education results

in confusion regarding role expectations and boundaries. This presents challenges in reaching a shared understanding of the nurse teacher role, building a collective identity and carving a distinct nurse teacher voice within this landscape.

Thirdly, the enterprises of first and second order fields of practice are essentially different; the former centring on quality person centred care and service delivery whilst the latter focuses upon teaching and learning. The apparent lack of an agreed enterprise through which teaching and learning is valued in meeting the imperatives of both fields detracts from reaching a shared understanding of organisational roles and a collective sense of nurse teacher identity

8.3 Limitations of the Study

Maintaining the integrity of professional enquiry is central to ensuring the quality and rigour of research. The measures instigated within the research design to maintain trustworthiness as outlined in Chapter Four (section 4.6, p.108) maximise the quality of this research, however this study has a number of limitations which are now made explicit.

This small scale, interpretivist case study set out to explore the professional identity of newly qualified nurse teachers who hold specialist nursing (Appendix 1, p.275) and defined education roles (Appendix 1, p.273) in clinical practice. While appropriate in terms of interpretivist enquiry and case study methodology, it is accepted that the small purposive sample of newly qualified nurse teachers is not statistically representative of all the nurses who hold this professional designation in clinical practice. On this basis it is acknowledged that the opportunity to generalise the findings of this study to the wider nurse teacher population and other nurse

teacher preparation programmes is not feasible. This does not detract from the value of the findings in relation to enhancing understanding of professional identity in an under-researched group of professional educators. However, it is recognised that this limits opportunities to draw inferences to the newly qualified nurse teacher population in general and NQNTs who hold positions other than specialist nursing and defined education roles in clinical practice.

In line with case study methodology the boundary, context and multiple and embedded components which comprise this case enable an in-depth exploration of the uniqueness and particularity of professional identity within a given timeframe. While conforming to the United Kingdom wide NMC professional standards which guide the preparation of nurse teachers, it is acknowledged that key features of the NTP programme including the learning, teaching and assessment strategies and support of experienced nurse teachers may not be representative of all nurse teacher preparation programmes. This limits opportunities for generalisation. However, the detailed description of the case does aid transferability of the study findings to similar nurse teacher preparation programmes.

In gaining an understanding of professional identity newly qualified and experienced nurse teachers were invited to recall their experiences of nurse teacher preparation within a year of programme completion. While this timeframe was adopted to best capture an appreciation of the formation of identity it is accepted that the accuracy of participants' accounts may be affected by the passage of time. Furthermore, it is recognised that the demographic information gathered from study participants is somewhat limited. While providing sufficient detail to facilitate transferability

comparison between the newly qualified and experienced nurse teacher groups is limited in this study.

In addressing the research aim and questions the views of patients, managers and professional educators within the first order field are not sought. Furthermore, a second focus group interview with experienced nurse teachers in higher education was not conducted. These decisions were informed by practical issues regarding the management of this study. It is however acknowledged that the findings associated with recognising and valuing teaching and the nurse teacher do not take account of these perspectives which limits a fuller understanding of this contextual strand of the nurse teacher landscape.

The final limitations of this study reflect researcher positionality and in particular the influence which my personal and professional perspectives place on the findings of this study. My experience as a nurse teacher and the beliefs I hold regarding learning emphasise my regard for formal learning as an essential feature of the development of qualified nurses and the influence of such learning in shaping the professional identity of nurse teachers. I acknowledge that these views direct research attention towards formal rather than non-formal learning which restricts the extent to which the latter is revealed as a component of nurse teacher development in this study.

The interpretivist stance and socio-cultural view of professional identity which provide the theoretical framework for this study align with my epistemological stance and view of the landscape within which nurse teachers' work and learn. In adopting these positions I acknowledge that the extent to which self-concept and life history can be explored is limited, and I recognise that the findings of this study do

not fully reveal these concepts in relation to the professional identity of newly qualified nurse teachers.

Finally, I appreciate the limits which my position as an insider researcher place on my work. While the measures instigated in this study to avoid coercion are robust, I recognise that the willingness of the newly qualified and experienced nurse teachers to participate in this study may have been influenced by the pre-existing relationship prior to commencement of the research. Additionally, it is accepted that participant responses to interview questions may have been tempered in relation to their knowledge of me, and anticipation of the impact their responses might have in relation to my role as programme leader.

Given my vested interest in this work I realise my potential to influence the findings of this study by seeking verification of the assumptions I hold regarding the influence of nurse teacher preparation in shaping professional identity. While the measures of trustworthiness offer protection against this limitation, particularly when implementing the research methods and during the conduct of within case analysis and cross case synthesis, I fully acknowledge the existence of these assumptions during the research process. Furthermore, it is important to recognise that my imperatives in avoiding damage to existing relationships and a wariness of conducting a programme evaluation potentially limit the biographical detail and views on specific teaching and learning methods gathered during this study.

8.4 Implications for Professional Practice

The findings from this study highlight implications for both personal and professional practice within the field of nurse teacher development in nurse

education. While the former is explored in the next section of this chapter the issues for professional practice which take cognisance of the limitations of this study centre upon three areas; nurse teacher development; the provision of nurse teacher preparation; and the positioning of teaching and nurse teachers in the professional field.

8.4.1 Nurse teacher development

In this study nurse teacher preparation is distinguished as a viable pathway for nurse teacher development from the first order field. The professionals who embark upon NTP whilst holding specialist nursing and defined education roles view this as an appropriate route to enhance their individual professionalism within the first order field. It is acknowledged that the adoption of a small purposive sample of newly qualified nurse teachers limits the extent to which it can be inferred that all qualified nurses undertaking NTP from the first order field will consider this a suitable pathway for development. However, for the participants in this study formal learning is positioned as an integral component of nurse teacher development and as such has potential implications for the provision of continuing professional development opportunities through formal and non-formal learning in the first order field.

With government and NHS policy agendas driven by quality and effectiveness, continuing professional development for nurses is increasingly steered towards workplace learning and role responsibilities which align with organisational objectives. It is not the intention of this research to examine the relationship between formal and non-formal learning, nor explore the influence of different forms of

knowledge in shaping nurse teacher identity. However, the importance placed upon theoretical knowledge by the participants in this study suggests the continued relevance of formal activity in learning to teach. This is particularly so given the evident connection between motivation, commitment and learning which emerges from this study, and the potential contribution of formal learning in addressing the recognised gap between educational theory and practice for those participants teaching in the first order field.

It is apparent that on completion of nurse teacher preparation non-formal learning is recognised by newly qualified and experienced nurse teachers as a mechanism through which professionalism may be enhanced and identity sustained. However, the findings also suggest that access to opportunities for ongoing development in clinical practice is restricted which has the potential to curtail the NQNTs' sense of agency. It is fully acknowledged that the purposive nature of the study sample and exclusion of the perspectives of other stakeholders such as managers from the first order field limits the extent to which general conclusions can be drawn from this finding to the wider nurse teacher population and the first order field in general. It is however possible to surmise that these experienced and educated professionals may potentially be lost as a valuable resource to the first order field should they seek opportunities elsewhere to enable their professionalism and sense of agency to be fulfilled.

This has potential implications for nurse teacher development at a time when CPD for nurses and the preparation of healthcare professional educators gain strategic momentum both at home and abroad (Scottish Government, 2014; WHO, 2013). Given the limitations on generalisation from this study it would be prudent to

investigate further the existing support for nurse teacher development in the first order field. Thereafter, attention could be directed towards enhancing collaborative and coherent structures which offer space for both formal and non-formal learning in enhancing nurse teacher development.

8.4.2 The provision of nurse teacher preparation

This study highlights that learning during NTP is perceived to shape nurse teacher identity. It is important to recognise that the particularity of this study reflects one nurse teacher preparation programme which is defined by the case boundary, multiple and embedded components and context. This therefore restricts the extent to which inferences from the findings can be made to all such programmes.

However, the emphasis placed upon professional identity and articulation of the professional educator group who comprise the study sample is not commonly replicated in research which centres upon accredited programmes for academics in higher education. This draws attention to the value of researchers making explicit these perspectives to aid transferability and understanding within the field.

Furthermore, the relevance of past experience, teaching practice and the support of experienced educators in shaping nurse teacher identity has potential implications for the provision of nurse teacher preparation.

The past experience of being a nurse and a learner emerges as influencing nurse teacher identity and in this small scale study highlights the importance of acknowledging the relevance of trajectory in learning to teach. Although generalisations cannot be made on this basis, all qualified nurses who enter nurse teacher preparation programmes do so from the experience of being a nurse and

learning to become a nurse. This finding therefore has potential implications for programme providers in developing curricula which take cognisance of previous career experience to support the formation of nurse teacher identity.

The findings from this study which highlight the position of teaching practice in higher education are also pertinent to curriculum development. Rather than undertaking a block placement in one field of practice, NQNTs utilise their own workplace and opportunities in higher education to gain teaching experience during NTP. Teaching practice in higher education is particularly meaningful for participants and is characterised as peripheral boundary encounters. It is acknowledged that the nature of teaching practice in this case study may differ from the configuration of practice experience in other NTP programmes and as such direct inferences cannot be made. However, given that the NMC professional standards (NMC, 2008) require programmes to prepare nurse teachers to work in both clinical practice and higher education it is likely that those undertaking nurse teacher preparation will require to engage in teaching activity in the second order field.

To maximise opportunities for learning from teaching practice in higher education programme providers may need to give consideration to the parameters for such boundary encounters including, access to higher education for teaching, the nature of learning opportunities and, given the emotional experience, support for learning during teaching practice.

In addition, the position of ENTs in this endeavour warrants particular attention within the professional field. This study highlights ENTs who teach and support prospective nurse teachers as potentially powerful agents in shaping nurse teacher

identity. Although the merit of a formal mentoring relationship between an ENT and student in learning to teach is valued by participants in this study, the influence of such a relationship in shaping nurse teacher identity is uncertain. While the findings from this small scale study tentatively point towards the benefits of a mentoring relationship in shaping nurse teacher identity the parameters which define, and the teaching and learning strategies which enable such a relationship are unclear.

It is important to recognise that this finding reflects the utilisation of experienced nurse teachers in supporting learning for those undertaking the nurse teacher preparation programme which forms the boundary of this case study. The particularity of this feature of the case limits generalisability as such support mechanisms may not be replicated in other programmes. However, the position of experienced nurse teachers in supporting learning during NTP is ill defined in existing research which suggests a lack of clarity regarding the role. This has potential policy implications for NMC who, in the near future, are likely to engage in a review of the standards which guide nurse teacher preparation. This would provide a timely opportunity for the professional body to initiate discussion regarding the position of ENTs in both fields of practice, and their role in supporting students during nurse teacher preparation.

In supporting this endeavour it is essential to investigate the role of ENTs during NTP to inform professional practice and further develop the research base for nurse teacher development. Capturing the perspectives of ENTs in both the first and second order fields in this enterprise is important. Furthermore, this study highlights the position of the programme team in modelling professional practice during NTP and the influence of their classroom behaviour in shaping the approach to teaching

and nurse teacher identity. Despite the limits to generalisability from this small scale interpretivist study this area is largely uncharted in the wider research literature and is potentially ripe for enquiry.

The final implication for the provision of nurse teacher preparation raised by the findings of this study relates to the challenges NQNTs experience in accessing ongoing opportunities for development within the first year of programme completion. There is considerable recognition within nursing and teaching of the place of support in the initial stages of entry to the profession; a concern which is extended to the induction of teacher educators into the academy. However, there is currently no professional recognition of the transition period for NQNTs who remain in their first order field following programme completion. It is recognised that generalisations cannot be made based upon this study's small purposive sample. Furthermore, the perspectives of stakeholders from NHS organisations and other nurse teacher preparation programmes were not included.

Despite these limits the findings from this study suggest that in sustaining nurse teacher identity it would be important to maximise opportunities for NQNTs to build networks and engage with colleagues and nurse teachers who share a similar repertoire of practice within the first order field. This is likely to be essential for NQNTs in nursing roles where teaching is inherent and may already be unrecognised by colleagues. Accessing peripheral boundary opportunities in the second order field may be one way of supporting this transition. However, such experiences require to be made readily available and accessible by higher education. In turn recognition by the first order field of the relevance of such opportunities in developing NQNTs is required. This suggests the need for closer partnerships between first and second

order fields in the provision of ongoing development to support professionalism and meet the imperatives of both organisations. In addition, it would be timely for the professional body to make explicit the parameters for this period of transition for those professionals who remain in the first order field to illustrate parity with their counterparts in higher education.

8.4.3 Positioning teaching and nurse teachers in the professional field

For the participants in this study nurse teacher professionalism and a commitment to nursing are enacted through teaching and learning. However the findings also reveal a perception from ENTs situated in higher education that the position of teaching and the contribution of nurse teachers to the profession and first order field are not fully understood. Caution in generalising from this finding is required given the small number of experienced nurse teachers in higher education who comprise the embedded component of the case and the omission of the perspectives of nurse teachers and other key stakeholders in the first order field. Although the reasons for this viewpoint merit further investigation by drawing upon wider perspectives it can be concluded that that this perspective raises potential implications for the development of a collective sense of nurse teacher identity.

Based upon existing knowledge, this thesis proposes that a number of interrelated issues potentially contribute to this viewpoint including; a separatist view promoted by the emergence of different education roles to meet the imperatives of higher education and NHS organisations; teaching becoming subsumed within the broader enterprises of nursing and the first order field; the emphasis placed on clinical

credibility by the profession; and the absence of information regarding the nurse teacher demographic in clinical practice and higher education.

As NHS policy initiatives move towards an integrated workforce there is potential benefit in stimulating discourse through publication and at professional and organisational levels through which the plethora of education roles, including the nurse teacher, may be more clearly understood and delineated. In reaching a shared understanding of the nurse teacher role, discussion which illuminates commonality in professional practice and identifies the boundaries which distinguish difference may prove beneficial and offer a step towards engendering a collective sense of nurse teacher identity and carve a united voice in this landscape.

If, as the existing literature and the tentative finding from this small scale study suggest, teaching and the nurse teacher is not fully understood within the profession then such dialogue may also have the potential to stimulate further collaboration between the profession, clinical practice and higher education and raise the profile of teaching as a substantive and valued component of nursing and professional practice in both first and second order fields.

8.5 Becoming a Researching Professional

Undertaking a professional doctorate as a pathway for nurse teacher development forms a significant chapter in my professional life. My motivation to engage in research at this level reflects a desire to enhance professional practice and offers the opportunity to develop as a learner. I am aware that my identity as a professional educator in higher education is shaped by my working practices with qualified

nurses, and that my professionalism and commitment to nursing is enacted through teaching and learning.

This learning experience has shifted my professional lens and equipped me with the knowledge, skills and confidence to view myself in a different light. Learning with peers from different educational backgrounds has challenged my thinking and widened my teaching and research horizons. Gaining a deeper understanding of the theories and principles of research and having the opportunity to apply them in an authentic context have been instrumental to my development. A heightened appreciation of the importance of decision making in maintaining the integrity of my research, applying and adapting the principles of case study analysis and writing this thesis have also been central to my learning.

The most meaningful aspect of conducting this study has been the understanding I have gained from the research findings in relation to the experience of learning to become a nurse teacher. The findings have implications for my personal practice in facilitating learning for qualified nurses undertaking nurse teacher preparation, and the development of nurse teacher curricula. In my role as programme and module leader the findings of this study highlight the need for me to reposition professional identity as an explicit concept within the curriculum and develop learning opportunities which support students to explore nurse teacher identity as a component of professionalism. Embedding reflective learning activities which harness students' past trajectories as nurses and learners in shaping their identity as nurse teachers would contribute to this.

The uncertainty regarding the influence of experienced nurse teachers in shaping the professional identity of students during the programme indicates the necessity to review this mentorship role and engage with nursing's professional body regarding the expectations and parameters for the role. The apparent lack of opportunity for nurse teacher development in clinical practice during the first year of programme completion highlights the need to review existing partnerships with NHS organisations and explore the provision of such learning opportunities for newly qualified nurse teachers within first and second order fields of practice. Finally, the findings of my work draw attention to the influence of positive modelling by the programme team. I therefore require to reconsider the strategies which foster this approach in my own teaching and teaching by members of the programme team.

8.6 Contribution to Knowledge within the Professional Field

This study is driven by the desire to contribute to nurse teacher development within the field of nurse education through the production and dissemination of original research. The contribution to knowledge which the findings of this study offer is derived from an investigation of the experiences of a group of nurse teachers who are under-represented in nurse education research. The exploration of the contexts which shape professional identity from the perspectives of nurse teachers situated in clinical practice rather than higher education, and an emphasis on the influence of formal as opposed to non-formal learning in shaping nurse teacher identity set the parameters which distinguish this research as original.

This study is enriched by the extensive body of identity research within the school sector and more limited research centred upon professional educators. Subsequently,

this work synthesises existing knowledge from teacher development, professional identity and professional educator research in higher education to reveal new insights into nurse teacher identity from the perspectives of those located in the first order field. This research contributes original knowledge by uncovering the contextual strands of the nurse teacher landscape which shape the formation of professional identity of newly qualified nurse teachers who are situated in clinical practice, and hold specialist nursing and defined education roles.

This work supports the existing socio-cultural view of professional identity as a relational concept which connects the personal and professional in the development of self and is shaped in multiple contexts. However, this study adds to existing knowledge of the professional identity of nurse teachers by uncovering a relationship which connects the personal and professional in learning to teach. Personal contexts are central to this relationship and in particular, personal motivation, professional commitment and learning are connected whereby motivation and a recognised a gap in pedagogical knowledge trigger engagement with nurse teacher preparation through which professional identity is shaped. This brings a fuller understanding to the professional field of the commitment to nursing through teaching and the motivations for engagement in formal learning as a mechanism to enhance nurse teacher professionalism and professional practice within the first order field.

Although this research aligns with existing knowledge which highlights the influence of past experience in shaping the identity of school teachers and professional educators in the second order field, this study brings fresh insight to this aspect of nurse teacher identity. Participants' past trajectories as nurses and learners are defining features of nurse teacher identity. Knowledge associated with higher

education currently emphasises the nurturing of new professionals as an inherent aspect of being a nurse teacher. The findings of this study develop this view by revealing caring as a nurse and empathy as a learner as attributes which shape newly qualified nurse teachers' approaches to teaching and supporting learners. For the professional field, the concept of nurse teacher trajectory is therefore highlighted as an influencing force and an important consideration in shaping nurse teacher identity during formal learning.

This study centres upon the place of formal rather than non-formal learning and for participants, learning during nurse teacher preparation is perceived to shape professional identity. Existing knowledge associated with accredited teaching programmes for academics in higher education commonly report the relevance of formal learning, and specifically pedagogical theory, in enhancing teaching practice but often fail to make transparent the influence of such learning on the formation of professional identity. This research offers a new perspective by making explicit the meaning-making process through which learning from pedagogical theory addresses the gap in pedagogical knowledge, shifts the professional lens and strengthens professional identity. This connects the personal and professional in learning to teach and for the professional field supports the continued relevance of formal learning as an essential component of nurse teacher development in a policy arena which has seen a shift towards non-formal activity.

The influence of teaching practice in shaping professional identity is seldom reported in research centred upon nurse teacher preparation and accredited teaching programmes for academics in higher education. This work sheds new light on this area. Newly qualified nurse teachers in this study regard teaching in higher

education during nurse teacher preparation to be an emotional experience and significantly different to teaching in the first order field; a finding similarly reported by nurses when making the transition from clinical practice to work as nurse teachers in higher education. However, this study draws attention to the experience of teaching practice during formal learning as a peripheral boundary encounter which emerges as a site of struggle for learners and sets in motion the process of realignment and reconciliation which shapes professional identity. This brings a deeper understanding to the field of the importance of teaching practice in higher education during formal learning, and the potential challenges this presents in building and sustaining nurse teacher identity during nurse teacher preparation.

The findings of this study also reveal the value of experienced nurse teachers who support learners during nurse teacher preparation. While positive modelling by the programme team informs the approach to teaching and professional identity, the influence of a mentoring relationship in shaping nurse teacher identity during formal learning is indistinct. For nurse education, this illuminates experienced nurse teachers as potentially powerful agents in shaping the present and prospective identity of nurse teachers during nurse teacher preparation. This draws attention to a research area which is currently poorly represented within the field and highlights a new focus of enquiry within nurse teacher development.

Finally, this study contributes new knowledge to the field by illuminating the influence of professional contexts in shaping the professional identity of newly qualified nurse teachers who remain in the first order field on completion of nurse teacher preparation. From a socio-cultural standpoint existing knowledge of nurse teachers in higher education indicates that professional identity is shaped by an

inbound trajectory and the professional practices associated with organisational role and working across the boundary of first and second order fields. This concurs with participants in this study who on completion of nurse teacher preparation make the transition to work in higher education. However, a fresh perspective emerges from this study in relation to newly qualified nurse teachers who remain in clinical practice on completion of nurse teacher preparation.

For those who hold specialist nursing and defined education roles, professional identity is shaped by an insider trajectory which involves an ongoing process of realignment and reconciliation influenced by day to day working practices, the needs of service and relationships in the workplace within the boundary of the first order field. Sources of strength and vulnerability in sustaining nurse teacher identity in the first year of completion of nurse teacher preparation are discernible and reflect the recognition conferred by colleagues with regard to teaching expertise and the professional designation, and scope for non-formal opportunities for teaching.

These insights from the perspective of clinical practice bring a new understanding to the field of nurse education regarding the influence of organisational roles in shaping and sustaining nurse teacher identity. In particular, this signposts the first year of holding the nurse teacher designation as a potentially crucial time in supporting newly qualified nurse teachers in the first order field to sustain professional identity.

8.7 Future Research

The findings from this research open up possibilities for future research which will extend knowledge in the field of nurse education. Central to the findings from this small scale interpretivist study has been the insight into the nature of professional

identity in a group of nurse teachers who are situated in clinical practice rather than higher education. There is therefore a need for research which continues to centre upon the experience of nurses who hold the professional designation of nurse teacher whilst working in the first order field to better understand and illuminate their contribution to nursing through teaching.

Given that organisational roles and recognising and valuing teaching and the nurse teacher emerge as key professional contexts which shape identity in this study my engagement in future research needs to turn to the professional practice of nurses who hold specialist nursing and defined education roles in the first order field.

Maintaining an interpretivist lens, such enquiry requires to firstly explore the working practices of this group of nurse teachers in relation to their organisational roles to examine the influence of day to day work and workplace environment in shaping professionalism and nurse teacher identity. The acknowledged limitations of my original work indicate the need to gather more detailed biographical information regarding the nurse teacher population, and include the perspectives of stakeholders in the first order field. Patients, professional colleagues and managers have the potential to offer valuable insights into the professionalism and identity of nurse teachers.

The second strand of this ongoing work should attend to the findings from this study which suggests that opportunities for nurse teacher development are limited in the first order field. It is necessary to engage with both programme providers in higher education and key stakeholders in the first order field, including nurse teachers, managers and NHS organisations who support workplace learning, to survey the existence and nature of development opportunities. Thereafter, interpretivist enquiry

which further explores the influence of such opportunities in sustaining nurse teacher identity from the perspective of nurses holding this professional designation in the first order field is necessary. This has the potential to identify gaps in existing provision and clarify the development needs of this group of professional educators.

Thirdly, my engagement in future research needs to address the finding from this study which suggests that the contribution of teaching and the nurse teacher are not fully understood by the profession or clinical practice. Interpretivist activity is needed to explore the perception of key stakeholders representing the profession, clinical practice and higher education with regard to the position of teaching and nurse teachers.

In addition to these three strands, those with an interest in nurse education and nurse teacher identity may wish to consider future research which further extends an understanding of the influence of nurse teacher preparation in the development of nurse teachers. This may include replicating aspects of my original work in exploring nurse teacher identity in different nurse teacher preparation programmes. The findings from my original research reveal that the influence of mentoring by experienced nurse teachers in shaping professional identity during nurse teacher preparation is uncertain but that positive modelling by the programme team shapes identity and the approach to teaching. The dearth of existing research which explores these facets of nurse teacher preparation indicates the need for enquiry which examines the role of experienced nurse teachers and programme teams in supporting learners and shaping professional identity during and on completion of nurse teacher preparation.

In particular, the parameters for establishing and developing mentoring relationships with experienced nurse teachers and the teaching and learning strategies which enable these relationships would merit deeper investigation. Similarly, attention needs to be directed towards the modelling practices of professional educators who deliver nurse teacher preparation and their influence in shaping professional identity and the professional practice of nurse teachers.

8.8 Recommendations for Professional Practice

Drawing upon the findings, discussion and conclusions from this study, recommendations for professional practice are apparent. The recommendations below are highlighted for consideration by key stakeholders in the professional field.

In enhancing nurse teacher curricula, programme providers in higher education may wish to consider:

- Teaching and learning strategies which take cognisance of past nurse and learner trajectories in shaping the formation of nurse teacher identity.
- The emotional support of students accessing higher education as a peripheral boundary encounter for programme-related teaching practice and tailoring learning opportunities to include those unavailable in clinical practice.

- The mentorship position of experienced nurse teachers in supporting learners during nurse teacher preparation, including the parameters which define the role and teaching and learning strategies which enable a mutually beneficial relationship.
- Modelling practices adopted by programme team members which positively shape nurse teacher identity and learners' approaches to teaching.
- Opportunities to extend partnerships with the first order field in identifying mechanisms to support newly qualified nurse teachers during the first year of completion of nurse teacher preparation, and work in collaboration with key stakeholders to create a unified approach to nurse teacher development.

The Nursing and Midwifery Council may wish to consider:

- Raising the profile of nurses who hold this professional designation and are situated in specialist and defined education roles in clinical practice.
- Clarifying the requirements of clinical practice and higher education in the support of newly qualified nurse teachers in the first year of completion of NMC approved programmes of teacher preparation.
- Initiating and co-ordinating professional dialogue regarding mentorship by experienced nurse teachers during NMC approved programmes of teacher preparation.
- Introducing mechanisms through which demographic data regarding the nurse teacher population can be gathered and disseminated to establish trends and inform nurse teacher development.

NHS organisations and higher education institutions may wish to consider:

- The value of nurse teacher preparation as a continuing professional development opportunity for nurses in supporting the enhancement of teaching in NHS organisations.
- Exploring opportunities to develop a shared understanding of education roles in clinical practice and higher education centred upon a joint enterprise.
- Working in partnership with key stakeholders to explore coherent structures and opportunities to support nurse teacher development in the first order field.

8.9 Concluding Remarks

This research journey has been a unique and meaningful apprenticeship through which my nurse teacher professionalism has been enacted. Learning during this process has been instrumental in shaping my identity as a researching professional and enhancing my practice as a professional educator. This thesis offers a conceptually coherent account of my engagement in high level educational research which contributes to nurse teacher development within the field of nurse education. The findings of my research bring fresh insight and new perspectives to existing knowledge regarding the contexts which shape professional identity in a group of nurse teachers under-represented within the professional field. Areas for future research and recommendations for professional practice which emerge from the findings of this study offer promising opportunities to enhance nurse teacher development and continue to build the evidence base for professional practice.

References

- Anderson, J. K. (2009) The work-role transition of expert clinician to novice academic educator. *Journal of Nursing Education*, 48(4), 203-208.
- Andrew, N. (2012). Professional identity in nursing: Are we there yet? *Nurse Education Today*, 32(8), 846-849.
- Andrew, N., Ferguson, D., Wilkie, G., Corcoran, T., & Simpson, L. (2009). Developing professional identity in nursing academics: The role of communities of practice. *Nurse Education Today*, 29(6), 607-611.
- Andrew, N., & Robb, Y. (2011). The duality of professional practice in nursing. Academics for the 21st century. *Nurse Education Today*, 31(5), 429-433.
- Andrew, N., Lopes, A., Pereira, F., & Lima, I. (2014). Building communities in higher education: The case for nursing. *Teaching in Higher Education*, 19(1), 72-77.
- Anspal, T., Eisenschmidt, E., & Lofstrom, E. (2012). Finding myself as a teacher: Exploring the shaping of teacher identities through student teachers' narratives. *Teachers and Teaching: Theory and Practice*, 18(2), 189-216.
- Anthony, S., & Jack, S. (2009). Qualitative case study methodology in nursing research. An integrative review. *Journal of Advanced Nursing*, 65(6), 1171-1181.
- Arunda, K., & Law, K. (2007). Tales of sociology and the nursing curriculum: Revisiting the debates. *Nurse Education Today*, 27(6), 561-567.
- Aveyard, H. (2010). *Doing a literature review in health and social sciences. A practical guide (2nd ed.)*. New York: Open University Press.
- Ball, J. (2005). *Maxi nurses, advanced and specialist nursing roles. Results from a survey of RCN members in advanced and specialist nursing roles*. London: RCN Retrieved from RCN website: http://www.rcn.org.uk/_data/assets/pdf_file/0007/1947/13/maxi_nurses_advanced.pdf
- Ballard, E., Godfrey, S., & Stoker, D. (1995). A model for mentorship in nurse teacher preparation. *The Vocational Aspect of Education*, 47(4), 387-399.

- Bamber, V., Walsh, L., Juwah, C., & Ross, D. (2006). New lecturer development programmes: A case study of Scottish higher education institutions. *Teacher Development, 10*(2), 207-231.
- Bamberg, M. (2006). Stories big or small. Why do we care? *Narrative Inquiry, 16*(1), 139-147.
- Bamford, O., & Gibson, F. (2000). The clinical nurse specialist: Perceptions of practising CNS of their role and development needs. *Journal of Clinical Nursing, 9*(2) 282-292.
- Barbour, R. (2007). *Doing focus groups*. London: Sage Publications Ltd.
- Barton, T. D. (1998). The integration of nursing and midwifery education within higher education: Implications for teachers, a qualitative research study. *Journal of Advanced Nursing, 27*(6), 1278-1286.
- Baruch, Y. (2004). Transforming careers from linear to multidirectional career paths: Organisational and individual perspectives. *Career Development International, 9*(1), 58-73.
- Bassey, M. (1999). *Case study research in educational settings*. Buckingham: Open University Press.
- Beauchamp, C., & Thomas, L. (2009). Understanding teacher identity: An overview of the issues in the literature and implications for teacher education. *Cambridge Journal of Education, 39*(2), 175-189.
- Beauchamp, C., & Thomas, L. (2011). New teachers' identity shifts at the boundary of teacher education and initial practice. *International Journal of Educational Research, 50*(1), 6-13.
- Beijaard, D., Verloop, N., & Vermunt, J. D. (2000). Teachers' perceptions of professional identity: An exploratory study from a personal knowledge perspective. *Teaching and Teacher Education, 16*, 749-764.
- Beijaard, D., Meijer, P. C., & Verloop, N. (2004). Reconsidering research on teachers' professional identity. *Teaching and Teacher Education, 20*(2), 107-128.
- Bennett, J., Davey, B., & Harris, R. (2009). Commitment expressions of nurses aged 45 and over: Organisational, professional and personal factors. *Journal of Research in Nursing, 14*(5), 391-401.
- Bergner, R. M., & Holmes, J. R. (2000). Self concept and self concept change: A status dynamic approach. *Psychotherapy, 37*(1), 36-44.

- Boyd, B. (2005). *CPD: Improving professional practice. An introduction to CPD for teachers*. Paisley: Hodder Gibson.
- Boyd, P. (2010). Academic induction for professional educators: Supporting the workplace learning of newly appointed lecturers in teacher and nurse education. *International Journal for Academic Development*, 15(2), 155-165.
- Boyd, P., Smith, C., Lee, S., & MacDonald, I. (2009) *Becoming a health profession educator in a university: Experiences of recently appointed lecturers in nursing, midwifery and the allied health professions*. The Higher Education Academy Health Sciences and Practice Subject Centre. Retrieved from HEA website:http://www.heacademy.ac.uk/assets/documents/subjects/health/2009p_boyd.pdf.
- Boyd, P., & Harris, K. (2010). Becoming a university lecturer in teacher education: Expert school teachers reconstructing their pedagogy and identity. *Professional Development in Education*, 36(1-2), 9-24.
- Brennan, A., & Hunt, R. (2001). The challenges and conflicts of facilitating learning in practice: The experiences of two clinical educators. *Nurse Education in Practice*, 1(4), 181-188.
- Briggs, A. (1972). *Report of the Committee on Nursing*. Cmnd 5115. London: HMSO.
- British Education Research Association. (2004). *Revised ethical guidelines for educational research*. Notts: British Education Research Association.
- British Education Research Association. (2011). *Ethical guidelines for educational research*. London: British Education Research Association.
- Britzman, D. (1991). *Practice makes practice*. USA. State University of New York.
- Brodie, I., & Williams, V. (2013). Lifting the lid: Perspectives on and activity within student supervision. *Social Work Education: The International Journal*, 32(4), 506-522.
- Brookfield, S. (1995). *Becoming a critically reflective teacher*. San Francisco: Jossey-Bass.
- Bryman, A. (2012). *Social research methods* (4 ed). Oxford: Oxford University Press.
- Buchan, J., O'May, F., & Little, L. (2008). *Review of models of employment for nursing roles which bridge practice and education. A report for NHS Education for Scotland*. Edinburgh: Queen Margaret University. Retrieved from e-Research the open access repository of the research output of Queen

- Burnard, P., & Chapman, C. (1990). *Nurse education. The way forward*. Middlesex: Scutari Press.
- Butcher, J., & Stoncel, D. (2012). The impact of a postgraduate certificate in teaching in higher education on university lecturers appointed for their professional expertise at a teaching-led university: It's made me braver. *International Journal for Academic Development*, 17(2), 149-162.
- Butterworth, A., Jackson, C., Brown, E., Hessey, E., Fergusson, J., & Orme, M. (2005). Clinical academic careers for educators and researchers in nursing. Some challenges and solutions. *Journal of Research in Nursing*, 10(1), 85-97.
- Buttigieg, M. A. (1990). *Teacher preparation: An evaluation of the preparation of teachers within nursing, midwifery and health visiting. A report of a survey and evaluation*. London: English National Board for Nursing, Midwifery and Health Visiting.
- Carlisle, C., Kirk, S., & Luker, K. A. (1996). The changing role of the nurse teacher following the formation of links with higher education. *Journal of Advanced Nursing*, 24(4), 762-770.
- Carlisle, C., Calman, L., & Ibbotson, T. (2009). Practice-based learning: The role of practice education facilitators in supporting mentors. *Nurse Education Today*, 29(7), 715-721.
- Carr, G. (2007). Changes in nurse education: Being a nurse teacher. *Nurse Education Today*, 27(8), 893-899.
- Casey, D., & Murphy, K. (2009) Issues in using methodological triangulation in research. *Nurse Researcher*, 16(4), 40-55.
- Casey, D., & Houghton, C. (2010). Clarifying case study research: Examples from practice. *Nurse Researcher*, 17(3), 41-51.
- Clandinin, D. J., & Connelly, F. M. (2000). *Narrative Inquiry. Experience and story in qualitative research*. San Francisco. Jossey-Bass.
- Clarke, C., Gibb, C., & Ramprogus, V. (2003). Clinical learning environments: An evaluation of innovative role to support pre-registration nursing placements. *Learning in Health and Social Care*, 2(2), 105-115.
- Clifford, C. (1996). Role: A concept explored in nursing education. *Journal of Advanced Nursing*, 23(6), 1135-1141.

- Cohen, L., Manion, L., & Morrison, K. (2011). *Research methods in education*. (7 ed). Oxon: Routledge.
- Collins, R. (1990). Changing conceptions in the sociology of the professions. In R. Torstendahl & M. Burrage (Eds.), *The formation of professions: Knowledge, state and strategy* (chap. 2, pp.1-23). London: Sage Publications Ltd.
- Connolly, S., Bevan, G., & Mays, N. (2010). *Funding and performance of healthcare systems in the four countries of the United Kingdom before and after devolution*. London: The Nuffield Trust for Research and Policy Studies in Health Services.
- Conway, J., & Elwin, C. (2007). Mistaken, misshapen and mythical images of nurse education: Creating a shared identity for clinical nurse educator practice. *Nurse Education in Practice*, 7(3), 187-194.
- Cox, A. M. (2005). What are communities of practice? A comparative review of four seminal works. *Journal of Information Science*, 31(6), 527-540.
- Cox, A. M. (2008). An exploration of concepts of community through a case study of UK university web production. *Journal of Information Science*, 34(4), 327-345.
- Creswell, J. W. (2009). *Research design. Qualitative, quantitative and mixed methods approaches* (3rd ed). California: Sage Publications Inc.
- Currie, K., Tolson, D., & Booth, J. (2007). Helping or hindering: The role of nurse managers in the transfer of practice development learning. *Journal of Nursing Management*, 15, 585-594.
- Curtis, E., & Redmond, R. (2009). Focus groups in nursing research. *Nurse Researcher*, 14(2), 25-37.
- Day, C., Fraser, D., & Mallick, M. (1998). *Researching professional education. The role of the teacher/lecturer in practice. Research report series number 8*. London: English National Board for Nursing, Midwifery and Health Visiting.
- Day, C., Kington, A., Stobart, G., & Sammons, P. (2006). The personal and professional selves of teachers: Stable and unstable identities. *British Educational Research Journal*, 32(4), 601–616.
- Demirkasimoglu, N. (2010). Defining teacher professionalism from different perspectives. *Procedia Social and Behavioural Sciences*, 9, 2047-2051.
- Department of Health. (2004). *The NHS knowledge and skills framework and the development review process*. London: The Stationary Office.

- Department of Health. (2011). *Enabling excellence. Autonomy and accountability for healthcare workers, social workers and social care workers*. London: The Stationary Office.
- Donnelly, R. (2008). Lecturers' self-perception of change in their teaching approaches: Reflections on a qualitative study. *Educational Research*, 50(3), 207-222.
- Drey, N., Gould, D., & Allan, T. (2009). The relationship between continuing professional development and commitment to nursing. *Nurse Education Today*, 29(7), 740-745.
- Duffy, K., & Watson, H. E. (2001). An interpretive study of the nurse teacher's role in practice placement areas. *Nurse Education Today*, 21(7), 551-58.
- Duffy, R. (2013). Nurse to educator? Academic roles and the formation of personal academic identities. *Nurse Education Today*, 33(6), 620-624.
- Elo, S., & Kyngas, H. (2007). The qualitative content analysis process. *Journal of Advanced Nursing*, 62(1), 107-115.
- English National Board for Nursing, Midwifery and Health Visiting. (2001). *Preparation of mentors and teachers. A new framework of guidance*. London: English National Board for Nursing, Midwifery and Health Visiting.
- Eraut, M. (2000a). Non-formal learning and tacit knowledge in professional work. *British Journal of Educational Psychology*, 70(1), 113-136.
- Eraut, M. (2002b). *Conceptual analysis and research questions: Do the concept of learning community and community of practice provide added value?* Paper presented at the Annual meeting of the American Educational Research Association, April 1-5, 2002. New Orleans, LA.
- Eraut, M. (2000c). Non-formal learning, implicit learning and tacit knowledge in professional learning. In F. Coffield (Ed.), *The necessity of informal learning* (chap. 1, pp.12-31). London: The Policy Press.
- Eraut, M. (2012). Developing a broader approach to professional learning. In A. McKee & M. Eraut (Eds), *Learning trajectories, innovations and identity for professional development* (chap. 2, pp.21-45). Dordrecht: Springer.
- Evans, L. (2008). Professionalism, professionalism and the development of education professionals. *British Journal of Educational Studies*, 56(1), 20-38.
- Evetts, J. (2003a). The sociological analysis of professionalism: Occupational change in the modern world. *International Sociology*, 18(2), 395-415.

- Evetts, J. (2003b). The construction of professionalism in new and existing occupational contexts: Promoting and facilitating occupational change. *International Journal of Sociology and Social Policy*, 23(4/5), 22-35.
- Evetts, J. (2009). The management of professionalism. In S. Gewirtz, P. Mahoney, I. Hextall, & A. Cribb (Eds), *Changing teacher professionalism. International trends, challenges and ways forward* (chap. 2, pp19-29). London: Routledge.
- Evetts, J. (2011). A new professionalism? Challenges and opportunities. *Current Sociology*, 59(4), 406-422.
- Fairbrother, P. & Mathers, N. J. (2004). Lecturer practitioners in six professions: Combining culture. *Journal of Clinical Nursing*, 13(5), 539-546.
- Fanghanel, J., & Trowler, P. (2008). Exploring academic identities and practices in a competitive enhancement context: A UK based case study. *European Journal of Education*, 43(3), 301-313.
- Farmer, T., Robinson, K., Elliot, S.J., & Eyles, J. (2006). Developing and implementing a triangulation protocol for qualitative health research. *Qualitative Health Research*, 16(3), 377-394.
- Findlow, S. (2012). Higher education change and professional academic identity in newly academic disciplines: The case of nurse education. *Higher Education*, 63(1), 117-133.
- Flick, U. (2006). *An introduction to qualitative research* (3rd ed). California: Sage Publications Inc.
- Flores, M. A., & Day, C. (2006). Contexts which shape and reshape new teachers' identities. A multi-perspective study. *Teaching and Teacher Education*, 22(2), 219-232.
- Fraser, C., Kennedy, A., Reid, L., & Mckinney, S. (2007). Teachers' continuing professional development: Contested concepts, understandings and models. *Journal of In-Service Education*, 33(2), 153-169.
- Friedman, A., Phillips, M. (2004). Continuing professional development: Developing a vision. *Journal of Education and Work*, 17(3), 361-376.
- Furlong, C. (2013). The teacher I wish to be: Exploring the influence of life histories on student teacher idealised identities. *European Journal of Teacher Education*, 36(1), 68-83.
- Fyffe, T. (2009). Nursing shaping and influencing health policy. *Journal of Nursing Management*, 17(6), 698-706.

- Gale, H. (2011). The reluctant academic: Early career academics in a teaching orientated university. *International Journal for Academic Development*, 16(3), 215-227.
- Geijsel, F., & Meijers, F. (2005). Identity learning: the core process of educational change. *Educational Studies*, 31(4), 419-430.
- Gerrish, K., & Lacey, A. (2006). *The research process in nursing*. Oxford: Blackwell.
- Gibbs, G., & Coffey, M. (2004). The impact of training of university teachers on their teaching skills, their approach to teaching and the approach to learning of their students. *Active Learning in Higher Education*, 5(1), 87-100.
- Gibson, W. J., & Brown, A. (2009). *Working with qualitative data*. London: Sage Publications Ltd.
- Gomm, R., Hammersley, M., & Foster, P. (2000). Case study and generalisation. In: R. Gomm, M. Hammersley & P. Foster (Eds.), *Case study method. Key issues and key texts* (chap 5. pp.69-96). London: Sage Publications Ltd.
- Gould, D., Drey, N., & Berridge, E. J. (2007). Nurses' experiences of continuing professional development. *Nurse Education Today*, 27(6), 602-609.
- Greer, S. L., & Trench, A. (2008). *Health and intergovernmental relations in the devolved United Kingdom*. London: The Nuffield Trust for Research and Policy Studies in Health Services.
- Guy, J., Taylor, C., Roden, J., Blundell, J., & Tolhurst, G. (2011). Reframing the Australian nurse teacher competencies: Do they reflect the real world of nurse teacher practice? *Nurse Education Today*, 31(3), 231-237.
- Hanbury, A., Prosser, M., & Rickinson, M. (2008). The differential impact of UK accredited teaching development programmes on academics' approaches to teaching. *Studies in Higher Education*, 33(4), 469-483.
- Haralambos, M., & Holborn, M. (2008). *Sociology: Themes and perspectives* (7ed.). London: Harper Collins Publishers Ltd.
- Hardy, I., & Smith, E. (2006). Contesting tertiary teaching qualifications: An Australian perspective. *Teaching in Higher Education*, 11(3), 337-350.
- Harrison, J., & McKeon, F. (2008). The formal and situated learning of beginning teacher educators in England: Identifying characteristics for successful induction in the transition from workplace in schools to workplace in higher education. *European Journal of Teacher Education*, 31(2), 151-168.

- Harrison, J., & McKeon, F. (2010). Perceptions of beginning teacher educators of their development in research and scholarship: Identifying the turning point experiences. *Journal of Education for Teaching*, 36(1), 19-34.
- Hart, C. (1998). *Doing a literature review. Releasing the social science research imagination*. London: Sage Publications Ltd.
- Heshmati-Nabavi, F., & Vanaki, Z. (2010). Professional approach: The key features of effective clinical educators in Iran. *Nurse Education Today*, 30(2), 163-168.
- Hobson, A. J. (2009). On being bottom of the pecking order: Beginner teachers' perceptions and experiences of support. *Teacher Development: An International Journal of Teachers' Professional Development*, 13(4), 299-320.
- Houghton, C., Casey, D., Shaw, D., & Murphy, K. (2013). Rigour in qualitative case study research. *Nurse Researcher*, 20(4), 12-17.
- Jackson, C., Bell, L., Zabalegui, A., Palese, A., Siguroardottir, A. K., & Owen, S. (2009). A review of nurse educator career pathways: A European perspective. *Journal of Research in Nursing*, 14(2), 111-122.
- Janhonen, S., & Sarja, A. (2005). Emerging identity of Finnish nurse teachers: Student teachers' narratives in a group exam. *Nurse Education Today*, 25(7), 550-555.
- Jervis, P. (2008). *Devolution and Health*. London: The Nuffield Trust for Research and Policy Studies in Health Services.
- Jesson, J. K., Matheson, L., & Lacey, F. M. (2011). *Doing your literature review*. London: Sage Publications Ltd.
- Jowett, R., & McMullan, M. (2007). Learning in practice. Practice educator role. *Nurse Education in Practice*, 7(4), 266-271.
- Kandlbinder, P., & Peseta, T. (2009). Key concepts in postgraduate certificates in higher education teaching and learning in Australasia and the United Kingdom. *International Journal for Academic Development*, 14(1), 19-31.
- Keeling, J., & Templeman, J. (2012). An exploratory study: Student nurses' perceptions of professionalism. *Nurse Education in Practice*, 13(1), 18-22.
- Kelchtermans, G. (1993). Getting the story, understanding the lives: From career stories to teachers' professional development. *Teaching and Teacher Education*, 9(5/6), 443-456.

- Kelchtermans, G. (1996). Teacher vulnerability: Understanding its moral and political roots. *Cambridge Journal of Education*, 26(3), 307-323.
- Kelchtermans, G., & Vandenberghe, R. (1994). Teachers' professional development: A biographical perspective. *Journal of Curriculum Studies*, 26(1), 45-62.
- Kelly, D., Simpson, S., & Brown, P. (2002). An action research project to evaluate the clinical practice facilitator role for junior nurses in an acute hospital setting. *Journal of Clinical Nursing*, 11(1), 90-98.
- Kemp, N., & Lawton, W. (2013). *A strategic analysis of the Scottish higher education sector's distinctive assets*. Edinburgh: British Council Scotland.
- Kennedy, A. (2007). Continuing professional development (CPD) policy and the discourse of teacher professionalism in Scotland. *Research Papers in Education*, 22(1), 95-111. ISSN 0267-1522
- Kenny, G., Pontin, D., & Moore, L. (2004). Negotiating socialisation: The journey of novice academics into higher education. *Nurse Education Today*, 24(8), 629-637.
- Kerr, D., & Feeley, D. (2007). Collectivism and collaboration in NHS Scotland. In: S. L. Greer & D. Rowland (Eds.), *Devolving policy diverging values? The value of the United Kingdom's national health services (pp. 29-36)*. London: The Nuffield Trust for Research and Policy Studies in Health Services.
- Knight, P. (2006a). Quality enhancement and educational professional development. *Quality in Higher Education*, 12(1), 29-40.
- Knight, P. (2006b). The effects of postgraduate certificates. A report to sponsors and partners. The Institute of Educational Technology: The Open University. Retrieved from the OU Knowledge Network website: <http://kn.open.ac.uk/public/document.cfm?docid=8640>
- Knight, P., Tait, J., & Yorke, M. (2006). The professional learning of teachers in higher education. *Studies in Higher Education*, 31(3), 319-339.
- Knight, P., Baume, D., Tait, J., Yorke, M. (2007). Enhancing part-time teaching in higher education: A challenge for institutional policy and practice. *Higher Education Quarterly*, 61(4), 420-438.
- Korthagen, F. A. J. (2004). In search of the essence of a good teacher: Towards a more holistic approach in teacher education. *Teaching and Teacher Education*, 20(1), 77-97.
- Korthagen, F. A. J., Loughran, J. J., & Lunenberg, M. (2005). Teaching teachers and studies into the expertise of teacher educators: An introduction to this theme issue. *Teaching and Teacher Education*, 21(2), 107-115.

- Kralik, D., Visentin, K., & van Loon, A. (2006). Transition: A literature review. *Journal of Advanced Nursing*, 5(3), 320-329.
- Kvale, S. (2007). *Doing interviews*. London: Sage Publications Ltd.
- Lamote, C., & Engels, N. (2010). The development of student teachers' professional identity. *European Journal of Teacher Education*, 33(1), 3-18.
- Lathlean, J. (2007). Researching the implementation of pioneering roles in nursing and midwifery. Empirical insights about lecturer practitioners, consultant nurses and nurse registrars. *Journal of Research in Nursing*, 12(1), 29-39.
- Lave, J., & Wenger, E. (1991). *Situated learning. Legitimate peripheral participation*. New York: Cambridge University Press.
- Law, K., & Arunda, K. (2010). The shifting foundations of nursing. *Nurse Education Today*, 30(6), 544-547.
- Lesham, S., & Trafford, V. (2007). Overlooking the conceptual framework. *Innovations in Education and Teaching International*. 44(1), 93-105.
- Lewis, J., Ritchie, J., Ormston, R., & Morrell, G. (2014). Generalising from qualitative research. In: J. Ritchie, J. Lewis, C, Nicholls & R. Ormston (Eds.), *Qualitative research practice. A guide for social science students and researchers*. (chap. 12, pp. 348-366). London: Sage Publications Ltd.
- Li, L.C., Grimshaw, J. M., Nielsen, C., Judd, M., Coyte, P. C., & Graham, I. D. (2009). Evolution of Wenger's concept of communities of practice. *Implementation Science*, 4(11), 1-8.
- Lichtman, M. (2010). *Qualitative research in education. A user's guide*. California: Sage publications Inc.
- Lincoln, Y. S., & Guba, E. G. (1995). *Naturalistic inquiry*. London: Sage Publications.
- Linsley, P., Kane, R., McKinnon, J., Spencer, R., & Simpson, T. (2008). Preparing for future nurse education and workforce development. *Quality in Primary Care*, 16(3), 171-176.
- Love, C. (1996). How nurse teachers keep up to date: their methods and practices. *Nurse Education Today*, 16(4), 287-295.
- Luker, K. A., Carlisle, C., & Kirk, S. (1995). *The evolving role of the nurse teacher in light of educational reforms*. London: English National Board for Nursing, Midwifery and Health Visiting.

- Lunenberg, M., Korthagen, F., & Swennen, A. (2007). The teacher educator as role model. *Teaching and Teacher Education*, 23(5), 586-601.
- Macdonald, K. M. (1995). *The sociology of the professions*. London: Sage.
- MacNeil, M. (1997). From nurse to teacher: Recognising a status passage. *Journal of Advanced Nursing*, 25(3), 634-642.
- Malderez, A., Hobson, A.J., Tracey, L., & Kerr, K. (2007). Becoming a student teacher: Core features of the experience. *European Journal of Teacher Education*, 30(3), 225-248.
- Mallik, M., & Hunt, J. A. (2007). Plugging a hole and lightening the burden: A process evaluation of a practice education team. *Journal of Clinical Nursing*, 16(10), 1848-1857.
- Mallik, M., & McGowan, B. (2007). Issues in practice based learning in nursing in the United Kingdom and the Republic of Ireland: Results from a multi professional scoping exercise. *Nurse Education Today*, 27(1), 52-59.
- Maslin-Prothero, S., Masterton, A., & Jones, K. (2008). Four parts or one whole. The National Health Service (NHS) post devolution. *Journal of Nursing Management*, 16, 662-672.
- McArthur-Rouse, F. (2008). From expert to novice: An exploration of the experiences of new academic staff to a department of adult nursing studies. *Nurse Education Today*, 28(4), 401-408.
- McGloin, S. (2008). The trustworthiness of case study methodology. *Nurse Researcher*, 16(1), 45-55.
- Mckendry, S., McKay, G., Boyd, V., & Andrew, N. (2012). The route into the academy: The liminal state of the nursing and construction professions? *Teaching in Higher Education*, 17(2), 181-192.
- McKeon, F., & Harrison, J. (2010). Developing pedagogical practice and professional identities of beginning teacher educators. *Professional Development in Education*, 36(1-2), 25-44.
- Merriam, S. B. (1988). *Case study research in education. A qualitative approach*. California: Jossey-Bass Publishers.
- Meskill, P., Murphy, K., & Shaw, D. (2009). The clinical role of lecturers in nursing in Ireland: Perceptions from key stakeholder groups in nurse education on the role. *Nurse Education Today*, 29(7), 784-790.
- Meyer, J. P., & Allen, N. J. (1997). *Commitment to the workplace: theory, research and application*. California: Sage Publications Ltd.

- Mid Staffordshire NHS Foundation Trust Public Inquiry. (2013). *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. Executive Summary*. Retrieved from the Mid Staffordshire NHS Foundation Trust Public Inquiry website:<http://www.midstaffpublicinquiry.com/report>.
- Mockler, N. (2005). Transforming teachers: New professional learning and transformative teacher professionalism. *Journal of In-service Education*, 31(4), 733-746.
- Morgan, A., Cullinane, J., & Pye, M. (2008). Continuing professional development: Rhetoric and practice in the NHS. *Journal of Education and Work*, 21(3), 233-248.
- Morrow, G., Burford, B., Rothwell, C., Carter, M., McLachlan, J., & Illing, J. (2011). *Professionalism in healthcare professionals*. London: Health Professionals Council.
- Murillo, E. (2011). Communities of practice in the business and organisation studies literature. *Information Research*, 16(10), paper 464. Retrieved from <http://www.informationr.net/ir/16-1/infres161.html>.
- Murray, J. (2004). *Professional educators in the English University Sector: A comparison of teacher educators' professional practices with those of medical, social work and nurse educators. Research Study for the Universities Council for the Education of Teachers*. Retrieved from UCET website: <http://www.ucet.ac.uk/628>
- Murray, J. (2007). Countering insularity in teacher education: Academic work on pre-service courses in nursing, social work and teacher education. *Journal of Education for Teaching, International Research and Pedagogy*, 33(3), 271-291.
- Murray, J. (2008). Teacher educators' induction into higher education: Work-based learning in micro communities of teacher education. *European Journal of Teacher Education*, 31(2), 117-133.
- Murray, J. (2014). Teacher educators' constructions of professionalism: A case study. *Asia-Pacific Journal of Teacher Education*, 42(1), 7-21.
- Murray, J., & Male, T. (2005). Becoming a teacher educator: Evidence from the field. *Teaching and Teacher Education*, 21(1), 125-142.
- Murray, J., & Aymer, C. (2009). The apparent conflict between commitment to the development of the profession and the imperatives of the academy. *Social Work Education*, 28(1), 81-95.

- Murray, C., Stanley, M., & Wright, S. (2014). The transition from clinician to academic in nursing and allied health: A qualitative meta-synthesis. *Nurse Education Today*, 34(3), 389-395.
- National Committee of Inquiry into Higher Education. (1997). *Higher education in the learning society. Report of the National Committee of Inquiry into Higher Education*. London: HMSO.
- Nias, J. (1989). *Primary teachers talking. A study of teaching as work*. London: Routledge.
- NHS Education for Scotland. (2009). *Clinical education careers framework*. Retrieved from NHS Education for Scotland website: <http://www.nes.scot.nhs.uk/media/5840/Clinical-Education-Career-Framework.pdf>.
- NHS Education for Scotland. (2011a). *Glossary of titles associated with practice education support roles used for nursing and midwifery in the NHS*. Edinburgh: NHS Education for Scotland.
- NHS Education for Scotland. (2011b). *National guidance for clinical academic research careers for nursing, midwifery and allied health professions in Scotland*. Retrieved from NHS Education for Scotland website: <http://www.nes.scot.nhs.uk/education-and-training/by-discipline/nursing-and-midwifery/resources/publications/national-guidance-for-clinical-academic-research-careers-for-nursing-midwifery-and-allied-health-professions-in-scotland.aspx>.
- Nursing and Midwifery Council. (2002). *Standards for the preparation of teachers of nurses, midwives and health visitors*. London: NMC.
- Nursing and Midwifery Council. (2004). *Standards for the preparation of teachers of nurses, midwives and specialist community public health nurses* (2nd ed.). London: NMC.
- Nursing and Midwifery Council. (2006). *Standards to support learning and assessment in practice*. London. NMC.
- Nursing and Midwifery Council. (2008). *Standards to support learning and assessment in practice* (2nd ed.). London. NMC.
- Nursing and Midwifery Council. (2010). *Standards for pre-registration nurse education*. London: Nursing and Midwifery Council.
- Nursing and Midwifery Council. (2011). *The Prep handbook* (2nd ed.). London: Nursing and Midwifery Council.

- Nursing and Midwifery Council. (2013). *The response of the Nursing and Midwifery Council to the Mid Staffordshire NHS Foundation Trust Public Inquiry Report*. Retrieved from the NMC website: <http://www.nmc-uk.org/Documents/Francis%20report/NMC%20response%20to%20the%20Francis%20report%2018%20July.pdf>.
- Nursing and Midwifery Council. NMC Approved programmes: Accessed April 2014: <http://www.nmc-uk.org/Documents/Francis%20report/NMC%20response%20to%20the%20Francis%20report%2018%20July.pdf>.
- Nursing and Midwifery Council. (2014). *Nursing and Midwifery Council consultation on a proposed model of revalidation*. Retrieved from NMC website: <http://www.nmc-uk.org/Get-involved/Consultations/Consultation-on-revalidation-and-the-revised-Code/>.
- Oddsottir, E. J., & Sveinsdottir, H. (2011). The content of the work of clinical nurse specialists described by use of daily activity diaries. *Journal of Clinical Nursing, 20*(9-10), 1393-1404.
- Ousey, K., & Gallagher, P. (2010). The clinical credibility of nurse educators: Time the debate was put to rest. *Nurse Education Today, 30*(7), 662-665.
- Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed). California: Sage Publications Inc.
- Perry, B. (2011). Case study research. In T. May, *Social research: Issues, methods and process* (4 ed., chap. 9, pp.219-242), Berkshire: Open University Press & McGraw Hill Education.
- Philippou, J. (2012). *Managing careers as a strategy for developing a dynamic nursing workforce*. Paper presented at Royal College of Nursing The 2012 International Nursing Research Conference, April 23-25, 2012. London, United Kingdom.
- Pickering, A. M. (2006). Learning about university teaching: Reflections on a research study investigating influences for change. *Teaching in Higher Education, 11*(3), 319-335.
- Pollard, C., Ellis, L., Stringer, E., & Cockayne, D. (2007). Clinical education: A review of the literature. *Nurse Education in Practice, 7*(5), 315-322.
- Pope, R., Garrett, R., & Graham, L. (2000). Quality assurance for nursing and midwifery education: An analysis of the approach in England. *Nurse Education Today, 20*(5), 341-349.
- Poulou, M. (2007). Student teachers concerns about teaching practice. *European Journal of Teacher Education, 30*(1), 91-110.

- Prior, L. (2008). Repositioning documents in social research. *Sociology*, 42(5), 821-826.
- Ramage, C. (2004). Negotiating multiple roles: Link teachers in clinical nursing practice. *Journal of Advanced Nursing*, 45(3), 287-296.
- Remmik, M., Karm, M., Haamer, A., & Lepp, L. (2011). Early career academics learning in academic communities. *International Journal for Academic Development*, 16(3), 187-199.
- Richards, L. (2005). *Handling qualitative data. A practical guide*. London: Sage Publications Ltd.
- Robson. C. (2011). *Real world research* (3rd ed). Chichester: John Wiley & Sons Ltd.
- Robson, K. (2011). *SPICe Briefing 11/49. The National Health Service in Scotland: Subject profile*. Retrieved from Scottish Parliament Information Centre website: http://www.scottish.parliament.uk/parliamentary_business/30170.aspx.
- Rodgers, C. R., & Scott, K. H. (2008). The development of personal self and professional identity in learning to teach. In: M. Cochran-Smith, S. Feirman-Nemser, D. J. McIntyre & K.E. Demers (Eds.), *Handbook of research on teacher education. Enduring questions in changing contexts* (3rd ed., chap, 40, pp. 732-754). New York: Routledge.
- Rots, I., Aelterman, A., Devos, G., & Vlerick, P. (2010). Teacher education and the choice to enter the teaching profession: a prospective study. *Teaching and Teacher Education*, 26(8), 1619-1629.
- Rowe, J. (2008). Practice educators in the United Kingdom; A national job description. *Nurse Education in Practice*, 8(6), 369-372.
- Roxburgh, M., Lauder, W., Topping, K., Holland, K, Johnson, M., & Watson, R. (2010). Early findings from an evaluation of a post registration staff development programme: The flying start NHS initiative in Scotland, UK. *Nurse Education in Practice*, 10(2), 76-81.
- Royal College of Nursing. (2002). *The future nurse, the future for nurse education. A discussion paper*. London: Royal College of Nursing.
- Royal College of Nursing. (2003). *Defining nursing*. London: Royal College of Nursing.
- Sachs, J. (2000). The activist professional. *Journal of Educational Change*, 1(1), 77-95.

- Sachs, J. (2001). Teacher professional identity: Competing discourses, competing outcomes. *Journal of Education Policy*, 16(2), 149-161.
- Sachs, J. (2003). The sociological analysis of professionalism: Occupational change in the modern world. *International Sociology*, 18(2), 395-415.
- Salminen, L., Stolt, M., Saarikoski, M., Suikkala, A., Vaartio, H., & Leino-Kilpi, H. (2010). Future challenges for nursing education: A European perspective. *Nurse Education Today*, 30(3), 233-238.
- Sammons, P., Day, C., Kington, A., Gu, Q., Stobart, G., & Smees, R. (2007). Exploring variations in teacher's work, lives and their effect on pupils: Key findings and implications from a longitudinal mixed method study. *British Educational Research Journal*, 33(5), 681-701.
- Savin-Baden, M., & Major, C. H. (2013). *Qualitative research. The essential guide to theory and practice*. Oxon: Routledge.
- Sayers, J. M., & DiGiacomo, M. (2010) The nurse educator role in Australian hospitals: Implications for health policy. *Collegian*, 17(2), 77-84.
- Schepens, A., Aelterman, A., & Vlerick, P. (2009). Student teachers' professional identity formation: Between being born as a teacher and becoming one. *Educational Studies*, 35(4), 361-378.
- Schofield, J. W. (2000). Increasing the generalisability of qualitative research. In R. Gomm, M. Hammersley & P. Foster (Eds.), *Case study method. Key issues, key texts*. (chap. 4, pp.69-95). London: Sage Publications Ltd.
- Schwandt, T. A. (2000). Three epistemological stances for qualitative inquiry. Interpretivism, hermeneutics and social constructionism. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., chap. 7, pp.189-213). Thousand Oaks, California: Sage Publications Inc.
- Scott, J. (1990). *A matter of record. Documentary sources in social research*. Cambridge: Basil Blackwell Inc.
- Scott, S. D. (2008). New professionalism. Shifting relationships between nursing education and nursing practice. *Nurse Education Today*, 28(2), 240-245.
- Scottish Executive. (2003). *The framework for higher education in Scotland*. Edinburgh: Scottish Executive.
- Scottish Executive. (2005). *Building a health service fit for the future. A national framework for service change in the NHS in Scotland*. Edinburgh: Scottish Executive.

- Scottish Government. (2006). *Modernising nursing careers, setting the direction*. Edinburgh: Scottish Executive.
- Scottish Government. (2007a). *Better health, better care*. Edinburgh: Scottish Government.
- Scottish Government. (2007b). *Skills for Scotland. A lifelong learning strategy*. Edinburgh: Scottish Government.
- Scottish Government. (2009). *A force for improvement. The workforce response to better health, better care*. Edinburgh: Scottish Government
- Scottish Government. (2010). *The healthcare quality strategy for NHS Scotland*. Edinburgh: Scottish Government.
- Scottish Government. (2011a). *Achieving sustainable quality in Scotland's healthcare. A 2020 vision*. Edinburgh: Scottish Government.
- Scottish Government. (2011b). *Putting learners at the centre. Delivering our ambitions for post-16 education*. Edinburgh, Scottish Government.
- Scottish Government. (2012). *Professionalism in nursing, midwifery and the allied health professions in Scotland. A report to the coordinating council for the NMAHP contribution to the healthcare quality strategy for NHS Scotland*. Edinburgh: Scottish Government.
- Scottish Government. (2013a). *Integration of Adult Health and social care Consultation: Scottish Government Response*. Edinburgh: Scottish Government.
- Scottish Government. (2013b). *Everyone matters: 2020 workforce vision*. Edinburgh: Scottish Government.
- Scottish Government. (2014). *Setting the direction for nursing and midwifery education in Scotland. The strategic aims from the Chief Nursing Officer's education review*. Edinburgh: Scottish Government.
- Silverman, D. (2005). *Doing qualitative research. A practical handbook*. London: Sage Publications Ltd.
- Smidt, H., & Sursock, A. (2011). *Engaging in lifelong learning. Shaping inclusive and responsive education strategies*. Brussels: European University Association.
- Smith, J. (2010). Forging identities: The experience of probationary lecturers in the UK. *Studies in Higher Education*, 35(5), 577-591.

- Smith, C., & Boyd, P. (2012). Becoming an academic: The reconstruction of identity by recently appointed lecturers in nursing, midwifery and allied health professions. *Innovations in Education and Teaching International*, 49(1), 63-72.
- Stake, R.E. (1978). The case study method in social inquiry. *Educational Researcher*, 7(5), 5-8.
- Stake, R.E. (1995). *The art of case study research*. Thousand Oaks, California: Sage Publications Inc.
- Stake, R.E. (2000). Qualitative case studies. In N.K. Denzin, & Y.S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 443-466). Thousand Oaks, California: Sage Publications Inc.
- Stake, R.E. (2006). *Multiple case study research*. New York: The Guilford Press.
- Stake, R.E. (2010). *Qualitative research. Studying how things work*. New York: The Guilford Press.
- Taylor, J., Irvine, F., Bradbury-Jones, C., & McKenna, H. (2010). On the precipice of great things. The current state of UK nurse education. *Nurse Education Today*, 30(8), 239-244.
- Thomas, G. (2011a). The case; generalisation, theory and phronesis in case study. *Oxford Review of Education*, 37(1), 21-35.
- Thomas, G. (2011b). *How to do your case study. A guide for students and researchers*. London: Sage Publications Ltd.
- Thorne, S., E. (2006). Nursing education: Key issues for the 21st century. *Nurse Education Today*, 26(8), 614-621.
- Tigchelaar, A., Brouwer, N., & Korthagen, F. (2008). Crossing horizons: Continuity and change during second-career teachers' entry into teaching. *Teaching and Teacher Education*, 24(6), 1530-1550.
- Timostsuk, I., & Ugaste, A. (2010). Student teachers' professional identity. *Teaching and Teacher Education*, 26(8), 1563-1570.
- Timostsuk, I., & Ugaste, A. (2012). The role of emotions in student teachers' professional identity. *European Journal of Teacher Education*, 35(4), 421-433.
- Trede, F., Macklin, R., & Bridges, D. (2012). Professional identity development: A review of the higher education literature. *Studies in Higher Education*, 37(3), 365-384.

- Trowler, P. R., & Cooper, A. (2002). Teaching and learning regimes: Implicit theories and recurrent practices in the enhancement of teaching and learning through educational development programmes. *Higher Education Research and Development*, 21(3), 221-240.
- United Kingdom Central Council for Nursing, Midwifery and Health Visiting. (1986). *Project 2000. A new preparation for practice*. London: UKCC.
- United Kingdom Central Council for Nursing, Midwifery and Health Visiting. (1999). *Fitness for Practice. The UKCC commission for nursing and midwifery education*. London: UKCC
- van Teijlingen, E. R., & Hundley, V. (2001). The importance of pilot studies. University of Surrey: Social Research Update.
- Watson, C. (2006). Narrative of practice and the construction of identity in teaching. *Teachers and Teaching: Theory and Practice*, 12(5), 509-526.
- Wenger, E. (1998). *Communities of practice. Learning, meaning and identity*. Cambridge: Cambridge University Press.
- Wenger, E. (2000). Communities of practice and social learning systems. *Organization*, 7(2), 225-246.
- Wenger, E. (2010). Communities of practice and social learning systems: The career of a concept, In: C. Blackmore (Ed.), *Social learning systems and communities of practice* (Part 3, chap. 11, pp.179-198). London: Springer Verlag and the Open University.
- Williams, J. (2010). Reconstructing a new professional identity: Career change into teaching. *Teaching and Teacher Education*, 26(3), 639-647.
- Willis, J. W. (2007). *Foundations of qualitative research. Interpretive and critical theory approaches*. California: Sage Publications Inc.
- World Health Organisation. (2013). *Transforming and scaling up health professionals' education and training*. World Health Organisation Guidelines 2013. Switzerland: WHO.
- Wynd, C. (2003). Current factors contributing to professionalism in nursing. *Journal of Professional Nursing*, 19(5), 251-261.
- Yin, R.K. (2003). *Case study research: design and methods*. (3rd ed). Thousand Oaks, California: Sage Publications.

Appendix 1: Glossary of key terms, abbreviations and definitions

Term	Abbreviation	Definition
Community of practice	CoP	A construct inherent to Wenger's (1998) social theory of learning. Refers to a social community within which humans experience and understand the world through participation in the practices central to the community.
Continuing professional development	CPD	Ongoing development for qualified nurses as a condition for periodic renewal of registration and maintenance of competence.
Defined education roles		Nursing roles located in clinical practice and determined by NHS organisations where education is the prime responsibility associated with the role. Titles which reflect these roles within nursing include Practice Educator, Practice Education Facilitator and Clinical Educator.
Experienced nurse teacher	ENT	Qualified nurses who have successfully completed nurse teacher preparation and have held the professional designation of nurse teacher (as recognised by NMC) for five years or more.
First order field of practice/First order field		Original occupational field of the professional educator. For nurse teachers, this is deemed to be clinical practice.
Initial teacher education	ITE	Formal learning programmes governed by professional standards which prepare student teachers for entry to the profession of teaching within the school sector.
Lecturer		Designated title conferred by the Nursing and Midwifery Council for nurse teachers situated in higher education who have successfully completed an approved nurse teacher preparation programme in accordance with the 2002 and 2004 standards.
Lecturer/practitioner		Dual role which involves responsibility for education in the second order field and service delivery in the first order field.

Term	Abbreviation	Definition
Mentor		Qualified nurses working within clinical practice who supervise and assess pre-registration nursing students during their practice placements. This title aligns with similar roles for allied health professions such as clinical educator and practice educator.
Newly qualified nurse teacher	NQNT	Qualified nurses who have successfully completed nurse teacher preparation and are in their first year of holding the professional designation of nurse teacher as recognised by NMC.
NHS Education for Scotland	NES	A special health board for Scotland which develops and delivers education, training and workforce development for those who work in NHS Scotland.
Nurse		Qualified professionals who are registered with NMC and practice nursing, that is use clinical judgement in the provision of care to enable people to improve, maintain or recover health, to cope with health problems, and to achieve the best possible quality of life, whatever their disease or disability until death.
Nurse teacher		An NMC registrant who, having successfully completed an NMC approved nurse teacher preparation programme, has achieved the knowledge, skills and competence required to meet the associated NMC standards, and through continuing professional development meets the NMC defined stage 4 outcomes of the Standards to support learning and assessment in practice (NMC, 2008). The title which denotes this professional designation has changed over time in accordance with the revision of the NMC professional standards which guide the preparation of nurse teachers. Previous titles include Registered nurse teacher, Clinical nurse tutor and Practice educator/Lecturer.
Nurse teacher development		The ongoing development of nurse teachers which embraces the wide range of learning activities, both formal and non-formal, which enable personal and professional growth and enhance professionalism.
Nurse teacher preparation	NTP	A formal programme of learning at postgraduate level governed by NMC professional standards and offered by higher education institutions. Leads to a recordable teaching qualification with NMC and prepares qualified nurses to work as nurse teachers in clinical practice and higher education.

Term	Abbreviation	Definition
Nursing		The profession, that is, the distinct occupational group to which all practising nurses and nurse teachers belong.
Nursing and Midwifery Council	NMC	The regulatory body which governs nursing and sets standards for the education of nurses and nurse teachers and the conduct of the profession.
Postgraduate certificates	PGCerts	Accredited teaching programmes for academics in higher education. These programmes prepare new staff, including nurse teachers and teacher educators to teach in higher education.
Practice Educator		Designated title conferred by the Nursing and Midwifery Council for nurse teachers situated in clinical practice who have successfully completed an approved nurse teacher preparation programme in accordance with the 2002 and 2004 standards. This professional designation should not be confused with the similarly titled practice educator role created by NHS organisations as a defined role to provide education associated with specified service need.
Professional educator		Educators including nurse teachers who have a defined educational role in clinical practice or higher education which involves the facilitation of learning for those seeking entry to, or advancement within, their professional field.
Second order field of practice/Second order field		The occupational setting to which professional educators from the first order field commonly relocate. For nurse teachers this is deemed to be higher education.
Specialist nursing roles		Nursing roles located in clinical practice the responsibilities of which centre on a specialist area of nursing practice. Direct patient care and service delivery are prime role responsibilities with education forming part of the role.
Teacher educators		Certified school teachers who work in higher education and are involved in the preparation of student teachers.

Appendix 2: NQNT information sheet and consent form

Study title: A critical exploration of the formation of professional identity during nurse teacher preparation: Perspectives of newly qualified and experienced nurse teachers.

Purpose of the research

I would like to invite you to take part in a research study. Before you decide whether or not you would like to participate you need to understand why the research is being done and what it will involve for you. Please take time to read through the following information.

The aim of the research study is to critically explore the contexts which shape the formation of professional identity during nurse teacher preparation from the perspectives of a group of newly qualified nurse teachers and experienced nurse teachers who acted as their facilitators. You have been invited to take part in the study because you have recently completed the nurse teacher preparation programme whilst working in a practice setting and your perspectives on becoming a teacher during this programme are very relevant to the aim of the study.

The study will commence in February 2009 and be completed by May 2010. Permission to undertake the study has been granted by the Dean and Head of School. Ethical approval to conduct the research has also been granted by the University of Strathclyde, School of Education Ethics Committee, and School Ethics Committee.

Your involvement in the study

Your participation in the study will involve the researcher accessing your Practice Education portfolio for documentary analysis of your teaching experiences and learning during the programme. Documentary analysis of the portfolio will take place between February and March 2009. Thereafter you may be invited to take part in face to face individual interview which will be held at a mutually agreed time at the University between April and May 2009. The audio-taped interview will last approximately one hour and will explore your perspectives on becoming a teacher during the programme. The tape will then be transcribed and you will have an opportunity to review the transcripts for accuracy and have the right to reconsider any taped material.

You are under no obligation to take part in the study as participation is entirely voluntary. You are free to withdraw at any time without giving a reason. Agreeing or declining to participate or withdrawing from the research will in no way affect your future academic study at University or the opportunity to undertake teaching practice within the University.

There are no anticipated risks in taking part in the study and no direct benefit to you in participating. It is anticipated that the findings from the study will however extend

educators' understandings of the formation of professional nurse teacher identity and inform future design and development of teacher preparation within the School.

Maintaining your anonymity and confidentiality

Confidentiality and anonymity will be maintained throughout the study. On giving consent at the start of the study you will be assigned a code which will be used as an identifier, known only to the researcher. A photocopy of your portfolio will be taken and labelled with the assigned code which will also be used to code your interview tape prior to transcription. The tape will then be transcribed verbatim and data will be anonymised for the purpose of analysis. Storage and handling of data will adhere to the Data Protection Act (1998). Any data held on computer will be password protected, and all other data will be kept in a locked filing cabinet accessible only to the researcher. The audio-taped interview, portfolio documents and raw data will be retained until the completion of the study and stored in accordance with the Data Protection Act (1998). Thereafter, all data will be destroyed. For the purposes of the doctoral thesis and dissemination through publication, no identifying features or personal details will be reported and the use of verbatim quotations will be anonymous.

Your consent to take part in the study

Having read the above information should you have any questions related to the study itself or your participation please contact me or my supervisor by e-mail or telephone:

Researcher

Linda Proudfoot
Lecturer
Email: XXX
Tel No: XXX

Supervisor

Dr. June Mitchell
Course Director
Department of educational &
Professional Studies
Sir Henry Wood Building
Jordanhill Campus
76 Southbrae Drive
Glasgow G13 1PP
E-mail: XXX
Tel No: XXX

If you wish to take part in the study please read, complete and sign the enclosed consent form and return it to me in the stamped addressed envelope provided. Any questions or concerns you may have during or after your participation in the study should be directed to the researcher or supervisor.

Thank you for reading this information sheet and taking the time to consider participating in the research study.

NEWLY QUALIFIED NURSE TEACHER CONSENT FORM

Title of Research: A critical exploration of the formation of professional identity during nurse teacher preparation: Perspectives of newly qualified and experienced nurse teachers.

Name of Researcher: Linda Proudfoot

Please tick the boxes to indicate consent

1. I confirm that I have read and understand the information sheet for the above study.
2. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
3. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without any future study at university being affected.
4. I consent to my portfolio being used as part of the study with the use of anonymous verbatim quotations on publication.
5. I consent to participate in an audio-taped, face to face individual interview with the use of anonymous verbatim quotations on publication.
6. I consent to take part in the above study.

Name of participant

Signature of participant

Date

Name of researcher

Signature of researcher

Date

Appendix 3: ENT information sheet and consent form

Study title: A critical exploration of the formation of professional identity during nurse teacher preparation: Perspectives of newly qualified and experienced nurse teachers.

I would like to invite you to take part in a research study. Before you decide whether or not you would like to participate you need to understand why the research is being undertaken and what it will involve for you. Please take time to read through the following information.

Purpose of the research study

The aim of the research study is to critically explore the contexts which shape the formation of professional identity during nurse teacher preparation from the perspectives of a group of newly qualified nurse teachers and experienced nurse teachers who acted as their facilitators. You have been invited to take part in the study because you have supported a student who has recently completed the nurse teacher preparation programme. Your perspectives as a facilitator in supporting students as they prepare to become nurse teachers are very relevant to the aim of the study.

The study will commence in February 2009 and be completed by May 2010. Permission to undertake the study has been granted by the Dean and Head of School. Ethical approval to conduct the research has also been granted by the University of Strathclyde, School of Education Ethics Committee, and School Ethics Committee.

Your involvement in the study

Your participation in the study will involve taking part in a focus group interview with a three to five colleagues who also acted as facilitators to students who recently completed the nurse teacher preparation programme. The focus group will be held at a mutually agreed time between April and May 2009 at university and will last approximately one hour. The focus group interview will explore your personal perspectives on nurse teacher identity and your views on the student experience of becoming a teacher during the programme. The focus group discussion will be audio-taped and then transcribed. You will have an opportunity to review the transcripts for accuracy.

You are under no obligation to take part in the study as participation is entirely voluntary. You are free to withdraw at any time without giving a reason. Non-participation or withdrawal will in no way affect your support of students or facilitation role on the programme. There are no anticipated risks to taking part in the study and no direct benefit to you in participating. It is anticipated that the findings from the study will however extend educators' understandings of the formation of professional nurse teacher identity and inform future design and development of teacher preparation within the School.

Maintaining your anonymity and confidentiality

It will not be possible to ensure anonymity during the focus group interview due to the nature of this research method. However, agreement will be reached with participants that the shared discussion will be kept confidential. Thereafter, the audio-tape of the focus group interview will be transcribed verbatim. Each participant response will be identified by an assigned code to maintain anonymity. Storage and handling of data will adhere to the Data Protection Act (1998). Any data held on computer will be password protected, and all other data will be kept in a locked filing cabinet accessible only to the researcher. The audio-taped interview and raw data will be retained until completion of the study, stored accordance with the Data Protection Act (1998). Thereafter, all data will be destroyed. For the purposes of the doctoral thesis and dissemination through publication, no identifying features or personal details will be reported and the use of verbatim quotations will be anonymous.

Your consent to take part in the study

Having read the above information should you have any questions related to the study itself or your participation please contact me or my supervisor by e-mail or telephone:

Researcher

Linda Proudfoot
Lecturer
Email: XXX
Tel No: XXX

Supervisor

Dr. June Mitchell
Course Director
Department of educational &
Professional Studies
Sir Henry Wood Building
Jordanhill Campus
76 Southbrae Drive
Glasgow G13 1PP
E-mail: XXX
Tel No: XXX

If you wish to take part in the study please read, complete and sign the enclosed consent form and return it in the stamped addressed envelope provided to my mail tray. Any questions or concerns you may have during or after your participation in the study should be directed to the researcher or supervisor.

Thank you for reading this information sheet and taking the time to consider participating in the research study.

EXPERIENCED NURSE TEACHER CONSENT FORM

Title of Research: A critical exploration of the formation of professional identity during nurse teacher preparation: Perspectives of newly qualified and experienced nurse teachers.

Name of Researcher: Linda Proudfoot

Please tick the box to indicate consent

1. I confirm that I have read and understand the information sheet for the above study.

2. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

3. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.

4. I consent to participate in an audio-taped focus group interview with the use of anonymous verbatim quotations on publication.

5. I consent to take part in the above study

Name of participant	Date	Signature
_____	_____	_____
Name of researcher	Date	Signature
_____	_____	_____

Appendix 4: NQNT semi-structured interview schedule

Briefing

- Thank participant for agreeing to take part in the research.
 - Outline the aim of the research and revisit signed consent form with participant reiterating issues of confidentiality, anonymity and withdrawal at any time.
 - Provide an overview of the interview purpose and content {exploring their perspectives on professional identity – becoming a nurse teacher- contexts which shaped this during the programme; highlight importance of their perspectives – no right or wrong response, use of tape recorder, note taking and duration indicating the interview can be stopped at any time.
 - Invite any questions for clarification.
 - **PROBES PROMPTS**
-

PERSONAL CONTEXTS

Career pathway

When did you begin your nurse education and where did you train?

What professional and academic qualifications have you gained since registering as a nurse?

What was your experience of teaching before starting nurse teacher preparation?

Were these experiences of teaching always associated with your workplace role?

Why did you apply to learn to become a nurse teacher?

Perception of identity

What do you understand by the term professional identity?

How would you describe your professional identity?

Does the description reflect how you view yourself as a nurse teacher?

Relevance of professional identity to professional practice

What do you think influenced this view you have of yourself as a nurse teacher?

Role models

PROFESSIONAL CONTEXTS

What professional influences shaped your identity as a nurse teacher?

How did these professional influences shape the view you have of yourself as a nurse teacher?

How did your workplace influence your view of yourself as a nurse teacher?

Role, relationships,

Do you think professional bodies/organisations influence formation of your identity as a nurse teacher?

LEARNING CONTEXTS

What was your experience of learning to become a nurse teacher?

Influence of previous experiences as a learner on becoming a nurse teacher

Influence of previous experiences as a nurse on becoming a nurse teacher

Influence of teaching practice
Challenges of learning to become a nurse teacher

How has learning shaped your identity as a nurse teacher?

Place of educational theory
Developing skills and practices
Support for learning
Programme LTAS

ENABLING/CONTSTRAINING FACTORS

What factors do you consider enabled you to form your identity as a nurse teacher?

What factors do you think constrained you in forming your identity as a nurse teacher?

Do you think that your view of yourself as a teacher has changed since completing the programme?

If so how? - what has enabled this change?

If not what has constrained your ability to retain or develop this view about yourself?

Debriefing

I have no more questions, is there anything else you would like to say or bring up before we finish the interview?

On completion of taping: How did you find the experience of the interview?

Thank participant and seek involvement in process of member checking.

Appendix 5: ENT focus group interview guide

INTRODUCTION

Welcome everyone and thank them for giving their time and agreeing to participate in the focus group.

Conduct and ground rules

- Before beginning I wanted to agree with you how the focus group will be conducted and ground rules for the discussion. In agreeing to participate in this shared discussion anonymity within the group isn't possible but I would ask that you agree to keep the conversation we have today between ourselves to maintain confidentiality outwith the group.
Please remember you are free to withdraw from the group at any time.
- The discussion will last about an hour and will be tape recorded. Can I ask that you speak clearly and try not to speak over one another as this will help me decipher the conversation later.

Outline study aim and rationale for their involvement

- As you might remember from the information sheet my research is exploratory and is focused on the contexts which shape the formation of professional identity during nurse teacher preparation for practitioners who are working in clinical practice.
- As facilitators you have all worked closely with students who completed the nurse teacher preparation programme and you can offer particular insights which I think will be very relevant to the research which
- The questions I am going to ask are intended to stimulate discussion and a sharing of views within the group and will focus on the concept of professional identity and the influences which shaped nurse teacher identity for those students who you supported on the nurse teacher preparation programme.
- I am using the term 'nurse teacher' to refer to nurses who hold a recordable teaching qualification with NMC having followed a recognised programme of study.

Does anyone have any questions before we start?

Recording

Could you begin by introducing yourselves for the purpose of the tape and telling me how long you have been qualified as a nurse and when and where you undertook your nurse teacher preparation programme?

- **Previous experience of teaching/motivation**
- **Where were they working at the time**

What do you understand by the term professional identity?

- **Is that how you view the identity of a nurse teacher?**
- **If not, what is the difference?**
- **Is that the view you hold of your own identity as a nurse teacher?**

What influences do you think shape the formation of nurse teacher identity?

- **Professional bodies**
- **Policy**
- **Nursing as a profession**
- **Role/job**
- **Organisation/workplace**
- **Formal preparation**
 - **Is formal preparation necessary?**
 - **What is the relevance of professional identity when educating nurses working in clinical practice to become nurse teachers?**
- **Learning**
- **People/relationships**
- **Personal characteristics**

How do you think these influences shaped the identity of the student you supported on the programme?

Staying with your involvement in supporting your student:

How do you think learning to become a nurse teacher on the programme shaped your student's professional identity?

- Facilitator role**
- Support**
- Teaching in higher education/Teaching practice**
- Enabling/constraining**
- Blend**
- Teaching and learning methods**

How do you think the facilitator role influenced their learning to become a nurse teacher?

- Do you think your view of your own professional identity shaped the development of their identity as a nurse teacher?**

How do you think newly qualified nurse teachers working in clinical practice can be enabled to retain and further develop their view of themselves as nurse teachers once they have completed formal study?

We have covered a wide range of different issues this morning. Before we finish up do you think there is anything we have left out which is relevant to the discussion?

Seek agreement for member checking.

Accuracy of transcript and coding/categorisation

Thank participants

Appendix 6: Phase 1 within case analysis: Analytical steps for data sets 1 & 2

'Document for analysis' refers to each NQNT interview transcript (n=6) and the 17 portfolio documents (Year 1 reflective summary (n=5); Year 2 reflective summary (n=6) and Summary of learning (n=6)) which comprise these data sets. Steps 1 & 2 pertain only to the interview transcripts.

Preparation

- Step 1 The audio-recorded digital interview was listened to and then transcribed verbatim.
- Step 2 The original transcription was checked against the audio-taped interview for accuracy and amendments made including anonymisation of the transcript.
- Step 3 The anonymised hard copy of the document for analysis was read through to gain a sense of the text as a whole.

Organisation

- Step 4 The document for analysis was read through again with key words, phrases and sentences pertinent to the research questions highlighted. Where appropriate, the researcher's reflective comments were noted in the margins of the document. These comments captured initial interpretive thoughts as the researcher became familiar with the data and were used to clarify meaning during the next step of the analytical process.
- Step 5 The document was read through for a third time and the highlighted sections of the document were openly categorised. These initial categories were labels which represented the researchers' interpretation of meaning of the text and took account of the reflective comments generated during step 4.
- Step 6 The categories and location of the associated text within the document for analysis (identified by participant identifier, data source, page and paragraph number) were then lifted from the margins and listed on a coding sheet.
- Step 7 An electronic file was created for each NQNT and the categories listed on the coding sheet for each document for analysis were placed in the file. The text associated with each category was then cut and pasted from the electronic copy of the document for analysis and assigned to the relevant category. The categories and associated text for each document of analysis were then reviewed and grouped

according to the sense that they belonged together. This involved an iterative process moving back and forth between the categories and associated text to seek connections and ensure a fit in interpreted meaning. When appropriate, assigned verbatim text was moved between categories which were more representative of meaning. *Refer to Appendix 8 for an extract of the output of step 7 from data source A in relation to one NQNT.*

Step 8 A definition was created for each category which encapsulated the overall meaning of the associated text and a reflective synopsis was created for each NQNT. This facilitated retention of particularity of each case and guarded against potential misinterpretation of meaning when merging categories during abstraction and cross case synthesis. *Refer to Appendix 9 for an illustration of the output of step 8 from data source A in relation to one NQNT.*

Abstraction

Step 9 The categories and associated definitions generated for each document for analysis from step 8 were transferred into one of four electronic tables according to their respective data sources. Approaching each data source independently, the category definitions were compared to identify and remove duplication which resulted in refinement of the number of categories and subsequent data reduction.

Step 10 The categories for each data source were then transferred into one of four electronic files. Approaching each data source independently the categories were placed into distinct groupings based upon the similarity of their category definitions. The verbatim text was then aligned to the relevant groupings and reviewed to ensure a fit in the interpreted meaning. Each grouping was assigned a generic category heading and the associated categories within each grouping became named subcategories. A note was kept of the NQNTs for whom the generic categories and associated subcategories were related. *Refer to Appendix 10 for a summary of the generic categories and associated subcategories from abstraction for data set 1, data source A.*

Appendix 7: Phase 1 within case analysis: Analytical steps for data set 3

'Document for analysis' refers to the focus group interview transcript which comprises this data set.

Preparation

- Step 1 The audio-recorded digital interview was listened to and then transcribed verbatim.
- Step 2 The original transcription was checked against the audio-taped interview for accuracy and amendments made including anonymisation of the transcript.
- Step 3 The anonymised hard copy of the document for analysis was read through to gain a sense of the text as a whole.

Organisation

- Step 4 The document for analysis was read through again with key words, phrases and sentences pertinent to the research questions highlighted. Where appropriate the researcher's reflective comments were noted in the margins of the document. These comments captured initial interpretive thoughts as the researcher became familiar with the data and were used to clarify meaning during the next step of the analytical process.
- Step 5 The document for analysis was read through for a third time and the highlighted sections of the document were openly categorised. These initial categories were labels which represented the researcher's interpretation of meaning of the text and took account of the reflective comments generated during Step 4.
- Step 6 The categories and location of the associated text within the document for analysis (identified by participant identifier, data source, page and paragraph number) were then lifted from the margins and listed by hand on a coding sheet.

Abstraction

- Step 7 An electronic file was created and the categories listed on the coding sheet placed in the file. The text associated with each category was then cut and pasted from the electronic copy of the document for analysis and assigned to the relevant category. The categories and associated text were then reviewed and grouped according to the sense that they belonged together. This involved an iterative process moving

back and forth between the categories and associated text to seek connections and ensure a fit in interpreted meaning. When appropriate, assigned verbatim text was moved between categories which were more representative of meaning.

Step 8

Each grouping was assigned a generic category heading and the associated subcategories within each grouping became named subcategories. A definition was created for each generic category which encapsulated the overall meaning of the subcategories and associated text. A reflective synopsis of the embedded ENT group was generated. Additionally, a note was kept of the ENTs for whom the generic categories and associated subcategories were related. This facilitated retention of particularity of this component of the case and guarded against potential misinterpretation of meaning when merging categories during cross case synthesis.

Appendix 8: Phase 1 within case analysis: Extract of initial categories and verbatim text (step 7) from data source A for one NQNT

Internal motivation to learn to become a teacher

Because the majority of what I was doing was totally unsupported I suppose. It was all based on my experience and my reflection on my experience without having any underpinning no theoretical underpinning whatsoever. {a/6/4}

Like everybody else I would participate in something and I would reflect on it and think well that went well or it didn't go so well. I didn't know why. {a/6/4}

I found that I was really limited in what different approaches I could take or what methods I could use or the different teaching styles that could be adopted. I knew what I did and what worked well for me but what became apparent was there's lots of different people with lots of different styles and lots of different needs and I didn't feel prepared enough I suppose to help support all these other individuals. {a/6/4}

I wanted to understand a wee bit better about well why is their style different and why it's important for them to have visual as opposed to verbal. So the biggest element for me, the biggest deciding factor was to get that theoretical underpinning and try and put all the pieces of the jigsaw together because a lot of it did seem to work well but I had no criteria to evaluate it as such. {a/6/4}

Personal responsibility

I just see it as a fundamental part of everything that we should be doing and I see it as integral to what I was doing. So I didn't see it as this is part of your job description and you have got to participate. I felt that it was something if I wanted to offer the best that I could offer and I could do that by sharing with other people what I had experienced, what I had learned from other people and continue to spread that kind of good practice and what we were aspiring to achieve. {a/4/3}

Collective responsibility

If I could role model particularly when I was in a more senior position then for me I was hopefully demonstrating to other people that it's not just one persons responsibility or an additional it's part and parcel of what we should all be involved in. {a/5/2}

Perception of professional identity by role

For me it's about being clear about who you are and where you fit in the bigger scheme of things. How you can contribute what your role your responsibilities your accountability is to yourself as the individual but also to the bigger group that you are participating in or who you might be supporting. {a/7/2}

As a small cog in a big machine really but hopefully moving and in the same direction for the kind of greater aim the greater object. {a/7/6}

Organisational challenges to nurse teacher identity

I would say that sometimes that identity can be challenged for a lot of reasons. You have got your own perception of what your identity might be but obviously that needs to fit with job descriptions roles, responsibilities and through my own experience part of the challenge is about your interpretation of what that role is. You don't take that in isolation but when you do have discussions with other people often depending on what their agenda is either personally or from a more corporate perspective their perspective might be quite different about what your professional identity should be. {a/7/6}

Reshaping identity

Sometimes it's about constantly revisiting what your identity is because from my own personal experience at times I feel that if you are not aware self aware for one but you're not clear in your own mind about what it is you are trying to achieve and where you should fit in you could easily be manoeuvred to be doing other thing. {a/7/6}

So you need to be clear and strong not to the point of being tenacious or defiant or negative or not willing to change but to understand the rationale behind why that professional identity may need to be tweaked or reshaped a wee bit. {a/7/6}

Appendix 9: Phase 1 within case analysis: Categories, category definitions and reflective synopsis (step 8) from data source A for one NQNT

NQNT	DEFINITION OF CATEGORIES
INTERVIEW CATEGORIES (n=36)	DEFINITION OF CATEGORIES
Professional biography	an explanation of career pathway reflecting professional and academic qualifications since commencing nurse training.
Personal experience of teaching	a description of previous experience of teaching related to personal life prior to commencing the PgC
Internal motivation to learn to become a teacher	factors intrinsic to the NQNT which were identified as drivers in applying to learn to become a nurse teacher
Personal responsibility	where the NQNT expresses a personal responsibility for the inherent place of teaching in nursing prior to commencing PgC
Collective responsibility	where the NQNT expresses teaching as a collective responsibility within nursing prior to commencing PgC
Perception of professional identity by role	view of self (identity) as a nurse teacher as defined by role in organisation
Organisational challenges to nurse teacher identity	identified challenges within the organisation which influence view held of nurse teacher identity
Reshaping identity	awareness of the need to revisit and reshape identity as a result of the role/organisation
Influence of people in the workplace (NHS)	work colleagues are considered to have had a professional influence on shaping nurse teacher identity
Personal characteristics	aspects of individual personality considered to be part of nurse teacher identity
Being a nurse teacher	description of how the NQNT views their identity as a nurse teacher
Professional identity of nursing	view of nursings' professional identity
Shared identity	where the view of identity held by the NQNT reflects a balance between nurse and teacher identities
Perception of nurse teacher identity in higher education	view of self (identity) as a nurse teacher within higher education
Higher education in changing nurse teacher identity	where a change or shift in perception of nurse teacher identity is viewed as a consequence of moving into higher education
Influence of people in the workplace (HEL)	work colleagues are considered to have had a professional influence on shaping nurse teacher identity
Taking responsibility	recognition of a personal responsibility for CPD as a nurse teacher
Professional influence	influences within the workplace which shape identity
Experience of learning to become a nurse teacher	general description of the experience of learning on the programme
Learning from peers	how peers influenced learning and teaching during the programme
Blended learning	the place of blended learning in the experience of learning on the programme
Being a learner	how the experience of being a learner influences their identity as a nurse teacher
Experience as a nurse	how previous experience as a nurse shapes identity as a nurse teacher
Motivation to become a nurse	factors extrinsic & intrinsic to the NQNT which influenced the decision to enter nursing as a career
Facilitation	where learning about facilitation was considered to have shaped nurse teacher identity
Evaluation	where learning about evaluation was considered to have shaped nurse teacher identity
Place of educational theory	where learning about educational theory was considered to have shaped nurse teacher identity
View of teaching	the NQNT view of teaching
Evolving as nurse teacher	where NQNT expresses ways in which they are actively developing their practices and identity as a nurse teacher
Support in learning	where support during learning is important in becoming a nurse teacher
Facilitator role	role of the facilitator in learning to become a nurse teacher
Teaching practice	the experience of learning from teaching as part of the programme
Enabling factors	factors which were identified as enabling learning to become a nurse teacher
Constraining factors	factors which constrain learning to become a nurse teacher during the programme
Change in view of identity	view of self as a nurse teacher having changes since undertaking the programme
Developing identity	recognition of the opportunities or lack of to develop as a nurse teacher

NQNT REFLECTIVE SYNOPSIS

This NQNT qualified as a nurse in the early 1990s having undertaken a degree route through nurse education. With fourteen years experience prior to commencing NTP this participant had already studied at postgraduate level holding a masters award. In clinical practice this participant held a number of junior and senior posts within a clinical specialty before taking up a designated education post. This was the post held during the programme although since completion this participant has taken up a lecturer's post in higher education.

Categorisation of the interview transcript initially generated 94 categories. My reflections indicated that a substantive part of the interview focused on the first set of questions with the NQNT willing to share perspectives with me. Following review of the categories associated quotes and category definitions these were reduced to 36. The following emerged as relevant issues for this participant:

- Identity perceived to be corporate in nature
- Role, organisation and reshaping identity accordingly
- Learner identity
- Education integral to professional and personal life

General reflection

The immediate sense of this interview is of a driven and highly motivated individual for whom education is an integral and fundamental component of professional and personal life. The view of identity while related to role also has a corporate/organizational and collective feel perhaps reflecting the position held by this individual but also the philosophy or view of teaching in nursing as a collective responsibility. Identity as a nurse teacher is not seen separately from that of the nurse but the balance of these identities seems to have shifted for this individual with the programme offering an opportunity to enhance the teacher identity which has resulted in a raised self awareness and evolving practice and nurse teacher identity. The shift into higher education is not expressed as vividly by this participant in comparison to others but when highlighted is still described in distinctive terms as being different. Learning is peppered throughout the interview with support from the programme team, peer support and blended learning being mentioned. View of self as a learner for this individual appears to shape identity as a nurse teacher and how teaching is approached. Role modelling is also apparent but from the perspective of the NQNT as role model. Skills and practices and the place of theory along with how this participant teaches are also evident.

Appendix 10: Phase 1 within case analysis: Generic categories, category definitions and subcategories from abstraction (step 10) for data set 1

GENERIC CATEGORIES (N=25)	GENERIC CATEGORY DEFINITIONS AND SUBCATEGORIES (N=96)
NQNT KEY: Hazel; Rose; Lily; Daisy; Iris & Flora	
PROFESSIONAL BIOGRAPHY	An explanation of career choices and journey reflecting professional and academic qualifications since commencing nurse training
[NQNTs H, L, I & F]	Motivation to become a nurse (factors extrinsic & intrinsic to the NQNT which influenced the decision to enter nursing as a first career)
[NQNTs H, R, L, D, I & F]	Pre-registration nurse training
[NQNTs H, R, L, D, I & F]	Post registration nursing career
[NQNTs H, R, L, D, I & F]	Post registration education
PREVIOUS TEACHING EXPERIENCE	A description of previous experience of teaching prior to commencing teacher preparation
[NQNTs H, R, L, D, I & F]	Teaching as a nurse
[NQNTs L & I]	Teaching in a defined educational role
[NQNT H]	Teaching outwith nursing
PERSONAL TRAITS [NQNT H,R,L,D]	Aspects of self which are considered to shape identity as a nurse teacher
NURSE AS TEACHER	How the nurse part of professional identity emerges in the teacher
[NQNTs H & D]	Acting as a role model
[NQNTs H, L, D & I]	Sharing knowledge through teaching
[NQNTs H, L, D, I & F]	Enabling/Meeting a need
[NQNTs H, R & L]	Person centred
[NQNTs H, R, L, & D]	Teaching inherent in nurses' role
EXTRINSIC MOTIVATION TO LEARN	External factors which were identified as drivers in applying to learn to become a nurse teacher
[NQNTs R, L, D & I]	Workplace environment/Role
[NQNTs L & I]	Role models
INTRINSIC MOTIVATION TO LEARN	Internal factors which were identified as drivers in applying to learn to become a nurse teacher
[NQNTs H, L, D & I]	Recognising a gap in knowledge
[NQNTs R & F]	Formalising teaching
[NQNTs R, L, D & I]	Early motivation
[NQNTs H, R, L, D, I & F]	Personal responsibility/accountability
IDENTITY SHAPED BY DEFINED EDUCATIONAL ROLE	Perception of professional identity as a nurse teacher shaped by defined education role in clinical practice
[NQNT I]	Nursing profession
[NQNT L]	Self
[NQNT I]	Environment
[NQNT L]	Scope of role
[NQNT L]	Subject matter

IDENTITY SHAPED BY SPECIALIST NURSING ROLE	Perception of professional identity as a nurse teacher shaped by specialist nursing role in clinical practice
[NQNTs R, D, & F]	Teaching as inherent
[NQNTs R, D, & F]	Wearing different hats
IDENTITY SHAPED BY SENIOR EDUCATIONAL ROLE	Perception of professional identity as a nurse teacher shaped by senior education role in clinical practice
[NQNT H]	Corporate identity
IDENTITY SHAPED BY HIGHER EDUCATION ROLE	Perception of professional identity as a nurse teacher shaped by move into lecturer role in higher education
[NQNTs H & R]	Negotiating identity
[NQNT R]	Mechanics of the organisation
[NQNT R]	Feeling new
[NQNT R]	Negotiating identity in a different world
NHS WORKPLACE ORGANISATION	How the workplace environment is considered to have shaped the view of nurse teacher identity
[NQNTs L & I]	Needs of service
[NQNTs H, R & D]	Challenges of organisational change
[NQNTs D & F]	Lack of recognition by organisation
PEOPLE IN THE WORKPLACE ORGANISATION	The influence of people within the workplace organisation on formation of nurse teacher identity
[NQNTs H, D & F]	Lack of recognition by colleagues
[NQNTs R, L, D & I]	Recognition of expertise
[NQNT F]	Recognition of expertise outwith the profession
[NQNTs L & D]	Limiting identity by senior level staff
[NQNTs R & I]	Encouragement from colleagues
[NQNTs H & D]	Colleague negativity
[NQNT I]	Learner negativity
[NQNTs D & F]	Devaluing nurse teachers in practice
PROFESSIONAL BODIES	How professional bodies and policy viewed as an influence in shaping nurse teacher identity
[NQNTs H, R, L, D & I]	Influence of NMC
[NQNT D]	Influence of RCN
[NQNT L]	Influence of NES
[NQNT F]	Influence of policy
FORMAL TEACHER PREPARATION	How learning on a formal teacher preparation programme has shaped identity as a nurse teacher
[NQNTs H, L & F]	Conscious awareness of teacher identity
[NQNTs H, L & F]	Confidence in teaching
EXPERIENCE OF LEARNING TO BECOME A NURSE TEACHER	General description of the experience of learning on a formal teacher preparation programme
[NQNTs H, D & I]	Positive learning experience
[NQNTs R, L & F]	Iterative learning process
[NQNTs L & D]	Gaining confidence
[NQNTs R, L, D, I & F]	Returning to academic study
[NQNTs H, R, L, D & I]	Learning with peers
LEARNING FROM ROLE MODELS	The influence of learning from role models in the formation of nurse teacher identity
[NQNTs R, L & I]	Colleagues as role models
[NQNTs H, D & I]	Negative role models

[NQNTs R, D & I]	Programme team as role models
BLENDED LEARNING	The place of face to face and on-line learning in shaping nurse teacher identity
[NQNTs L, D & I]	Benefits of learning face to face
[NQNTs R, L & D]	Benefits of learning on-line
[NQNTs H, L, D, I & F]	Limitations of learning on-line
[NQNTs L, D, I & F]	Using on-line learning in teaching
BEING A LEARNER	How the experience of being a learner influenced identity as a nurse teacher
[NQNTs H, L, I & F]	Personal learning style
[NQNTs H & I]	Remembering the learning experience
[NQNTs H & D]	Teacher/Learner partnership
[NQNTs H, R, D & F]	Empathy
TEACHING PRACTICE IN THE CLINICAL SETTING	The experience of learning from teaching in clinical practice as part of the programme
[NQNTs R & I]	Nature of teaching practice
[NQNTs R & I]	Change in teaching
TEACHING PRACTICE IN THE HIGHER EDUCATION SETTING	The experience of learning from teaching in higher education as part of the programme
[NQNTs H, R, L, I, & F]	Different way of working
[NQNTs R, D, I & F]	Formality of HEI
[NQNTs R, L, D & F]	Credibility as a teacher
[NQNT L]	Reflection
[NQNT D]	Learner expectations
LEARNING THE THEORY	How learning about educational theory during the programme influenced formation of identity
[NQNTs H, R, L, D & I]	Influence of LTA methods
[NQNTs R, D, I & F]	Putting the theory into practice
[NQNTs D, I & F]	Improving teaching
[NQNT H]	Evaluation
[NQNTs R, L, D & F]	Viewing practice differently
[NQNT F]	Teaching methods
[NQNT H]	Engaging learners
SUPPORT FOR LEARNING	Support mechanisms which were considered to have supported NQNT as they learned to become nurse teachers
[NQNTs H, D, I & F]	Facilitator as support
[NQNT R]	Facilitator as assessor
[NQNT R]	Facilitator role
[NQNT H]	Negotiating relationship
[NQNTs H, L, D, I & F]	Support of the programme team
[NQNTs L, D & F]	Reinforcing teacher identity
FACTORS WHICH ENABLED LEARNING	Factors which were identified as enabling learning to become a nurse teacher during the programme
[NQNTs R, D, I & F]	Support from people
[NQNTs D & I]	Intrinsic motivation
[NQNTs H, L & D]	Opportunity
CONSTRAINTS ON LEARNING	Factors which were identified as constraining learning to become a nurse teacher during the programme
[NQNTs R, L & F]	Workplace organisation
[NQNTs D & F]	Studying at a distance

[NQNTs H & I]	Time for part-time study
[NQNT H]	People in the workplace
[NQNT D]	Personal constraints
DEVELOPING NURSE TEACHER IDENTITY	Recognition of issues which shape the ongoing development of nurse teacher identity following formal preparation
[NQNTs L, D & I]	Opportunities for learning
[NQNTs L, D & F]	Limiting opportunity
[NQNTs H & D]	Support for ongoing learning
[NQNTs H & R]	Learning in a new role
[NQNTs H, R, D, I & F]	Taking responsibility

Appendix 11: Phase 1 within case analysis: Procedures for tabulation & analytical questioning for data sets 1, 2 & 3

- Step 1 For each generic category the total number of NQNTs and ENTs represented within each of the associated subcategories was totalled. A tally of the number of NQNTs and ENTs represented within each generic category (based upon the subcategory totals) was then calculated. A tabulation table was created for each data set comprising the generic category and subcategory tallies. *Refer to Appendix 12 for the tabulation table for data set 1.*
- Step 2 Approaching each data set in turn, the data sources were reviewed in conjunction with the NQNT and ENT narratives associated with the relevant subcategories and the following analytical questions applied:
1. Which generic categories are judged to be prominent as evidenced by the tally of NQNTs or ENTs represented in the associated subcategories?
 2. Which subcategories are judged to be prominent as evidenced by the number of NQNTs or ENTs represented.
 3. How useful are the prominent generic categories and subcategories in extending understanding in relation to the research questions as evidenced by the NQNT or ENT narratives, taking account of typicality and atypicality in and across data sets?
- Step 3 Generic categories were ranked based upon the following criteria:
- A generic category is judged to be **highly prominent and useful (HPU)** when
- All NQNT or ENT participants are represented in the generic category.
 - Five NQNTs or four ENTs are represented in one or more of the subcategories associated with the generic category.
 - Interpretive meaning of the NQNT and ENT subcategory text extends understanding in relation to the research questions taking account of atypical responses within the data source and typicality of the subcategories in comparison to the other data sets.

A generic category is judged to be **prominent and useful (PU)** when:

- Five NQNTs or four ENTs are represented in the generic category.
- Four NQNTs or three ENTs are represented in one or more of the subcategories associated with the generic category.
- Interpretive meaning of the NQNT and ENT subcategory text extends understanding in relation to the research questions taking account of atypical responses within the data source and typicality of the subcategories in comparison to the other data sets.

A generic category is judged to be **least prominent and useful (LPU)** when:

- Irrespective of the number of NQNTs or ENTs represented in the generic category, interpretive meaning of the associated subcategory text fails to extend understanding in relation to the research questions or develop understanding in relation to the other data sets.

A category ranking table was then generated for each data source detailing the generic categories and associated subcategories. *Refer to Appendix 13 for an extract of the decision making narrative associated with step 2 and the category ranking table for data set 1.*

Appendix 12: Phase 1 within case analysis: Data set 1 tabulation table

Key: Generic category; Subcategory; N= total number of NQNTs represented in each subcategory; Tally: Total number of NQNT responses in the generic category

Generic category	N=6	N=5	N=4	N=3	N=2	N=1	Tally
Professional biography	<i>Pre registration nurse training</i> <i>Post reg nursing career</i> <i>Post reg education</i>		<i>Motivation to become a nurse</i>				22
Nurse as teacher		<i>Enabling/meeting need</i>	<i>Sharing knowledge through teaching</i> <i>Teaching inherent in nurses' role</i>	<i>Person centred</i>	<i>Acting as a role model</i>		18
Learning the theory			<i>Influence of LTA methods</i> <i>Putting the theory into practice</i> <i>Viewing practice differently</i>	<i>Improving teaching</i>		<i>Evaluation</i> <i>Teaching methods</i> <i>Engaging learners</i>	18
Experience of learning to become a nurse teacher		<i>Returning to academic study</i> <i>Learning with peers</i>		<i>Positive learning experience</i> <i>Iterative learning process</i>	<i>Gaining confidence</i>		18
People in the workplace organisation			<i>Recognition of expertise</i>	<i>Lack of recognition by colleagues</i>	<i>Limiting identity by senior level staff</i> <i>Encouragement from colleagues</i> <i>Colleague negativity</i> <i>Devaluing nurse teachers in practice</i>	<i>Recognition of expertise outwith profession</i> <i>Learner negativity</i>	17
Intrinsic motivation to learn	<i>Personal responsibility/accountability</i>		<i>Recognising a gap in knowledge</i> <i>Early motivation</i>		<i>Formalising teaching</i>		16
Blended learning		<i>Limitations of learning on-line</i>	<i>Using on-line learning in teaching</i>	<i>Benefits of learning face to face</i> <i>Benefits of learning on-line</i>			15
Teaching practice in HEI		<i>Different way of working</i>	<i>Formality of HEI</i> <i>Credibility as a teacher</i>			<i>Reflection</i> <i>Learner expectations</i>	15
Support for learning		<i>Support of the programme team</i>	<i>Facilitator as support</i>	<i>Reinforcing teacher identity</i>		<i>Facilitator as assessor</i> <i>Negotiating relationship</i> <i>Facilitator role</i>	15

Developing nurse teacher identity		<i>Taking responsibility</i>		<i>Opportunities for learning</i> <i>Limiting opportunity</i>	<i>Support for ongoing learning</i> <i>Learning in a new role</i>		15
Being a learner			<i>Personal learning style</i> <i>Empathy</i>		<i>Remembering the learning experience</i> <i>Teacher/learner partnership</i>		12
Previous experience teaching	<i>Teaching as a nurse</i>				<i>Teaching in defined educational role</i>	<i>Teaching outwith nursing</i>	9
Learning from role models				<i>Colleagues as role models</i> <i>Negative role models</i> <i>Programme team as role models</i>			9
Factors which enabled learning			<i>Support from people</i>	<i>Opportunity</i>	<i>Intrinsic motivation</i>		9
Constraints on learning				<i>Workplace organisation</i>	<i>Studying at a distance</i> <i>Time for part-time study</i>	<i>Personal constraints</i> <i>People in the workplace</i>	9
Professional bodies		<i>Influence of NMC</i>				<i>Influence of RCN</i> <i>Influence of NES</i> <i>Influence of policy</i>	8
NHS workplace organisation				<i>Challenges of organisational change</i>	<i>Needs of service</i> <i>Lack of recognition by organisation</i>		7
Extrinsic motivation to learn			<i>Workplace environment/role</i>		<i>Role models</i>		6
Identity shaped by specialist nursing role				<i>Teaching as inherent</i> <i>Wearing different hats</i>			6
Formal teacher preparation				<i>Conscious awareness of teacher identity</i> <i>Confidence in teaching</i>			6
Identity shaped by defined educational role						<i>Nursing profession</i> <i>Self</i> <i>Environment</i> <i>Scope of role</i> <i>Subject matter</i>	5
Identity shaped by HEI role					<i>Negotiating identity</i>	<i>Mechanics of the organisation</i>	5

						<i>Feeling new</i>		
						<i>Negotiating identity in a different world</i>		
Teaching practice in the clinical setting						<i>Nature of teaching practice</i>	4	
						<i>Change in teaching</i>		
Personal traits	<i>NO SUBCATEGORIES</i>							4
Identity shaped by senior educational role						<i>Corporate identity</i>	1	

Appendix 13: Phase 1 within case analysis: Category ranking table and extract of decision making narrative (steps 2 & 3) for data set 1

Key: Generic category; Subcategory; N= total number of NQNTs represented in each subcategory; Tally: Total number of NQNT responses in the generic category

Generic categories	N=6	N=5	N=4	N=3	N=2	N=1	Tally
HIGHLY PROMINENT AND USEFUL (HPU)							
NHS workplace environment			<i>Recognition of expertise</i>	<i>Challenges of organisational change</i> <i>Lack of recognition by colleagues</i>	<i>Needs of service</i> <i>Lack of recognition by organisation</i> <i>Limiting identity by senior level staff</i> <i>Encouragement from colleagues</i> <i>Colleague negativity</i> <i>Devaluing nurse teachers in practice</i>	<i>Recognition of expertise outwith profession</i> <i>Learner negativity</i>	24
Experience of learning to become a nurse teacher		<i>Returning to academic study</i> <i>Learning with peers</i>		<i>Positive learning experience</i> <i>Iterative learning process</i> <i>Conscious awareness of teacher identity</i> <i>Confidence in teaching</i>	<i>Gaining confidence</i>		24

Generic category	N=6	N=5	N=4	N=3	N=2	N=1	Tally
HIGHLY PROMINENT AND USEFUL (HPU)							
Professional biography	<i>Pre registration nurse training</i> <i>Post reg nursing career</i> <i>Post reg education</i>		<i>Motivation to become a nurse</i>				22
Nurse as teacher		<i>Enabling/meeting need</i>	<i>Sharing knowledge through teaching</i> <i>Teaching inherent in nurses' role</i>	<i>Person centred</i>	<i>Acting as a role model</i>		18
Learning the theory		<i>Viewing practice differently</i>	<i>Influence of LTA methods</i> <i>Putting theory into practice</i> <i>Improving teaching</i>				18
Intrinsic motivation	<i>Personal responsibility/accountability</i>		<i>Recognising a gap in knowledge</i> <i>Early motivation</i>		<i>Formalising teaching</i>		16
Blended learning		<i>Limitations of learning on-line</i>	<i>Using on-line learning in teaching</i>	<i>Benefits of learning face to face</i> <i>Benefits of learning on-line</i>			15
Developing nurse teacher identity		<i>Taking responsibility</i>		<i>Opportunities for learning</i> <i>Limiting opportunity</i>	<i>Support for ongoing learning</i> <i>Learning in a new role</i>		15
Support for learning		<i>Support of the programme team</i> <i>Facilitator role</i>		<i>Reinforcing teacher identity</i>			13
Teaching practice in HEI		<i>Different way of working</i>	<i>Formality of HEI</i> <i>Credibility as a teacher</i>				13

Generic category	N=6	N=5	N=4	N=3	N=2	N=1	Tally
PROMINENT AND USEFUL (PU)							
Being a learner			<i>Personal learning style</i> <i>Empathy</i>		<i>Remembering the learning experience</i> <i>Teacher/learner partnership</i>		12
Learning from role models				<i>Colleagues as role models</i> <i>Negative role models</i> <i>Programme team as role models</i>			9
Factors which enabled learning			<i>Support from people</i>	<i>Opportunity</i>	<i>Intrinsic motivation</i>		9
Constraints on learning				<i>Workplace organisation</i>	<i>Studying at a distance</i> <i>Time for part-time study</i>	<i>Personal constraints</i> <i>People in the workplace</i>	9
Extrinsic motivation			<i>Workplace environment/role</i>		<i>Role models</i>		6
Professional bodies		<i>Influence of NMC</i>				<i>Influence of NES</i>	6

Extract of decision making narrative

Which generic categories are judged to be prominent as evidenced by the tally of NQNTs represented in the associated subcategories?

Professional biography, experience of learning to become a nurse teacher, learning the theory and nurse as teacher emerged as most prominent with tallies of 18 and 22 respectively.

With tallies of 12-15 *people in the workplace organisation, blended learning, teaching practice in higher education, support for learning, developing nurse teacher identity, intrinsic motivation and being a learner* also appeared to be prominent within the data set.

The remaining 14 generic categories attracted nine or less NQNT responses which implied less prominence suggesting they might be less useful. *Personal traits* had no subcategories although this emerged in 4 NQNTs interview narratives.

This tentative picture directs deeper consideration of data set focused on subcategories. Tabulations are helpful in letting me view the volume of data from a different angle and offer a different perspective but perhaps alone is limited in aiding critical evaluation.

Which subcategories are judged to be prominent as evidenced by the number of NQNTs represented (n=6, n=5, n=4, n=3, n=2, n=1)

Of the 96 subcategories, 30 attracted responses from 4 or more of the NQNTs. In particular, those within professional biography, teaching as a nurse and personal responsibility emerged from all six NQNT narratives. Of the 96 subcategories, 21 reflected only two NQNTs and 25 reflected only one NQNT response. This suggests a lack of prominence - need to be cautious at this stage as prominence alone may be slightly misleading and need to consider these in terms of atypicality in relation to the other subcategories in the data set and removal and realignment of subcategories. Prominence is a tool which offers me direction on where to look and evaluate more deeply.

How useful are the prominent generic categories and subcategories in extending understanding in relation to the research questions as evidenced by the NQNT narratives, taking account of typicality and atypicality in and across the data set?

'Corporate identity' is atypical and lacks prominence but on review of narrative and in consideration with other NQNT responses potentially extends understanding in relation to professional contexts.

Highly prominent and useful generic categories and associated subcategories

Professional biography attracted responses from all six NQNTs with a tally of 22 responses within the subcategories suggesting this was a prominent category within the data set. This generic category is ranked HPU because all six NQNTs are represented; three subcategories reflect all six NQNTs; the narrative offers information regarding the career path into teaching and provides important demographic detail re. the sample; potential to aid understanding of personal contexts and is a generic category mirrored in data set 3.

People in the workplace (tally 17) and *NHS organisation* appear inextricably linked but latter much less prominent (tally 7)- both generic category headings removed and renamed as *NHS workplace environment* and all associated subcategories regrouped under this heading. This is judged to be a HPU category because all six NQNTs are represented. While it does not meet the criteria of five NQNTs represented in one or more of the subcategories, the associated text offers rich narrative which captures a range of issues (hence large no. subcats) which reflect the different organisations within which the NQNTs worked during and on completion of NTP. Furthermore there is potential for patterns during cross case in relation to data set 3 in terms of the value placed on teaching within clinical practice and I think that the understanding this offers could also link to identity shaped by the different roles held by the NQNTs.

Prominent and useful generic categories

Identity shaped by different organisational roles (specialist, defined, senior and HEI role) reflects atypicality across the data set as evidenced by the low tallies. The tallies could be manipulated and prominence increased if I removed the generic category heading and grouped the subcategories under a new heading. However, it is the particularity of the subcategory responses representing each of the multiple components of the case i.e. the six NQNTs and their importance to the quintain (professional identity) that is so meaningful here. I feel it is crucial to retain particularity at this point and that cross case synthesis will illuminate this further. While not all six NQNTs are represented in each generic category and there are less than 4 NQNTs represented in the subcategories the interpretive meaning of the text and potential for gaining a deeper understanding in relation to the research questions is I think compelling. Furthermore identity shaped by HE emerges in data set 3. As such this is ranked as PU.

Least prominent and useful generic categories

Personal traits and *previous experience of teaching* attracted tallies of 4 & 9 respectively, indeed teaching as a nurse reflected all six NQNT responses. However, review of the personal trait narratives highlighted a disparate collection of traits which were not linked to any other narrative or subcategory responses associated with this data source. This subcategory did not emerge in either data set 2 or 3. Its ability to extend understanding as a context which shapes identity in this study is limited and as such is ranked as LPU. Similarly, previous experience of teaching, the narratives were superficial and did not offer connections to other subcategories nor were evident in data sets 2 or 3. Hence this is ranked as LPU.

Appendix 14: Phase 2 cross case synthesis: Analytical steps

Sorting

Step 1 An electronic list of the generic categories and associated subcategories which emerged from within case analysis was compiled. The list was colour coded to identify each data source (data source A: red; Data set 2: data source B: green, data source C: orange, data source D: grey; Data source F: blue). The prominence, utility and, where relevant, atypicality were noted beside each. In addition a code was added to each subcategory denoting the associated generic category. The electronic list was printed and each generic and subcategory was cut into individual strips.

Merging

Step 2 The generic categories and associated subcategory strips were clustered together by hand according to the apparent similarity of the generic category headings. This enabled a holistic approach to synthesis.

Making assertions

Step 3 Using the narratives associated with each subcategory as the foundation for synthesis, each cluster was interpreted in turn. Subcategories and associated narratives were removed or reassigned to more fitting clusters. Findings which did not appear to belong were set aside to be considered later. Drawing upon the generic category heading each cluster was assigned a thematic name while the associated subcategories became sub-themes.

Step 4 Drawing upon evidence for compelling persuasion the themes and sub-themes were reviewed and interpreted in their totality to ensure a final fit to the research questions and determine the key findings. A summary of each theme was compiled which tracked the decision making process.

Personal contexts Prominent & Useful		Enabling and constraining contexts Prominent & Useful	
Generic categories (N=3)	Subcategories (N=9)	Generic categories (N=2)	Subcategories (N=8)
Being a learner	Personal learning style Empathy Remembering the learning experience Teacher/learner partnership	Factors which enabled learning	Support from people Opportunity Intrinsic motivation
Extrinsic motivation	Workplace environment/role Role models	Factors which constrained learning	Workplace organisation Studying at a distance Time for part-time study Personal constraints People in the workplace
Professional biography	Pre reg nurse training Post reg nursing career Post reg education		
Professional contexts Prominent & Useful		Learning contexts Prominent & Useful	
Generic categories (N=5)	Subcategories (N=14)	Generic categories (N=1)	Subcategories (N=3)
Professional bodies	Influence of NMC Influence of NES	Learning from role models	Colleagues as role models Negative role models Programme team as role models
Identity shaped by specialist nursing role	Teaching as inherent Wearing different hats		
Identity shaped by HEI role	Negotiating identity Mechanics of the organisation Feeling new Negotiating identity in a different world		
Identity shaped by defined educational role	Nursing profession Self Environment Scope of role Subject matter		
Identity shaped by senior educational role	Corporate identity		
DATA SET 1: TOTAL NUMBER OF PROMINENT AND USEFUL CATEGORIES: 11 GENERIC CATEGORIES; 34 SUBCATEGORIES			

Professional contexts		Learning contexts	
Highly Prominent & Useful		Highly Prominent & Useful	
Generic categories (N=4)	Subcategories (N=24)	Generic categories (N=4)	Subcategories (N=18)
NHS workplace environment	Recognition of expertise Challenges of organisational change Lack of recognition by colleagues Needs of service Lack of recognition by organisation Limiting identity by senior level staff Encouragement from colleagues Colleague negativity Devaluing nurse teachers in practice Recognition of expertise outwith profession Learner negativity	Experience of learning to become a nurse teacher	Returning to academic study Learning with peers Positive learning experience Iterative learning process Conscious awareness of teacher identity Confidence in teaching Gaining confidence
Nurse as teacher	Enabling/meeting need Sharing knowledge through teaching Teaching inherent in nurses' role Person centred Acting as a role model	Learning the theory	Viewing practice differently Influence of LTA methods Putting the theory into practice Improving teaching
Developing nurse teacher identity	Taking responsibility Opportunities for learning Limiting opportunity Support for ongoing learning Learning in a new role	Blended learning	Limitations of learning on-line Using on-line learning in teaching Benefits of learning face to face Benefits of learning on-line
Teaching practice in HEI	Different way of working Formality of HEI Credibility as a teacher	Support for learning	Support of the programme team Facilitator role Reinforcing teacher identity
Personal contexts			
Highly Prominent & Useful			
Generic categories (N=1)	Subcategories (N=4)		
Intrinsic motivation	Personal responsibility/accountability Recognising a gap in knowledge Early motivation Formalising teaching		
DATA SET 1: TOTAL NUMBER OF HIGHLY PROMINENT AND USEFUL CATEGORIES: 9 GENERIC CATEGORIES; 46 SUBCATEGORIES			

Enabling & Constraining contexts		Learning contexts	
Prominent & Useful		Prominent & Useful	
DATA SOURCE (B)			
		Generic categories (N=2)	Subcategories (N=0)
		Recognising progress	
		Facilitator feedback	
DATA SOURCE (C)			
Generic categories (N=1)	Subcategories (N=0)	Generic categories (N=2)	Subcategories (N=6)
Demands on time		Support for learning	Facilitator support Facilitator role Facilitator feedback Role models
		Ongoing development	Career trajectory Academic study
DATA SOURCE (D)			
		Generic categories (N=4)	Subcategories (N=0)
		Learning from curriculum development	
		Learning from quality assurance	
		Continuing professional development	
		Teaching experience	
DATA SET 2: TOTAL NUMBER OF PROMINENT AND USEFUL CATEGORIES: 9 GENERIC CATEGORIES; 6SUBCATEGORIES			

Learning contexts	
DATA SOURCE (B)	
Highly Prominent & Useful	
Generic categories (N=1)	Subcategories (N=3)
Learning from Year 1	Learning needs Learning the theory Learning from teaching
DATA SOURCE (C)	
Generic categories (N=2)	Subcategories (N=5)
Learning from Year 2	Learning the theory Learning from teaching Challenge of teaching in HE Learning need Putting theory into practice
Recognising progression and achievement	
DATA SOURCE (D)	
Generic categories (N=4)	Subcategories (N=13)
Learning from programme LTAS	Self assessment Peer assessment Reflection
Learning from planning teaching	Constructive alignment Lesson planning Delivering teaching
Learning the theory	Enhancing understanding Enabling learning Changing practice
Learning from assessment	Devising assessment criteria Devising & implementing assessment methods Providing feedback Supporting mentors
DATA SET 2: TOTAL NUMBER OF HIGHLY PROMINENT AND USEFUL CATEGORIES: 7 GENERIC CATEGORIES; 21 SUBCATEGORIES	

Professional contexts		Learning contexts	
Prominent & Useful		Prominent & Useful	
Generic categories (N=5)	Subcategories (N=13)	Generic categories (N=1)	Subcategories (N=3)
Developing identity	Belonging to an educational community Taking responsibility	Learning from ENTs	Supportive relationship Sharing knowledge Unconscious influence
Teaching practice in higher education	Formality of HEI Wider opportunity Peer support Learner expectations		
Personal contexts Prominent & useful			
Professional biography	Nurse teacher preparation Teaching experience		
Intrinsic motivation	Advancing clinical practice Career enhancement; Gap in knowledge		
Extrinsic motivation	Job requirement; Recognised potential		
DATA SET 3: TOTAL NUMBER OF PROMINENT AND USEFUL CATEGORIES: 6 GENERIC CATEGORIES; 16 SUBCATEGORIES			
Professional contexts		Learning contexts	
Highly Prominent & Useful		Highly Prominent & Useful	
Generic categories (N=3)	Subcategories (N=9)	Generic categories (N=1)	Subcategories (N=5)
Professional perception of teaching	Misperception Teaching inherent in nurses' role Devaluing education in practice Lack of recognition of teaching role Professional insecurity	Formal teacher preparation	Learning process Enabling factors Learning the theory Viewing practice differently Constraints on learning
Identity shaped by HEI role	Dual identity Negotiating identity Subject perspective		
HEI organisation	Learning from role models		
DATA SET 3: TOTAL NUMBER OF HIGHLY PROMINENT AND USEFUL CATEGORIES: 10 GENERIC CATEGORIES; 30 SUBCATEGORIES			