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**Conceptions of being a lecturer in nursing:
Variation of identities and how these are negotiated
during a tutorial**

**Susan Harness RGN, BSc (UCLan), BSc (Lancaster),
PGCE(HE), Queen's Nurse**

Learning, Education and Development (LED) Research Centre

Thesis submitted to the University of Lancaster for the degree of Doctor of Philosophy

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74,103 words excluding references

Declaration

This thesis results entirely from my own work and has not been offered for any other degree or diploma.

A handwritten signature in black ink, appearing to read "S. Harness". The signature is written in a cursive style with a large, looping initial "S".

Susan Harness

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I would like to extend my sincere gratitude to all those who have helped me accomplish this thesis and have given me a sustained source of encouragement throughout. This study would not have been possible without the help and generous support of those who participated in the research, who willingly shared their thoughts, experiences and views and were prepared to have these video-recorded. The generosity of those who entrusted me to analyse this data and publish these findings is humbly acknowledged.

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Finally, I dedicate this thesis to my wonderful Dad who at 86 years of age and now suffering from mixed Dementia and Alzheimer's disease regularly tells me how proud he is and from being a little girl always told me to aim high. I hope this is high enough Dad.

Abstract

In the UK, lecturers in nursing normally have an extensive clinical background accumulated in the National Health Service. They arrive in the Higher Education sector with little experience of university cultures and practices. The transition into this new world can be traumatic as experienced nurses strive to develop their educational capabilities.

This thesis focuses on conceptions of being a lecturer in nursing within higher education. Data was collected for the study through video recorded interviews for each of ten lecturers in nursing based at universities across England and Scotland. For each, a semi-structured interview, a tutorial with a student, and a video stimulated recall and reflect interview took place. The data collection design aimed to get beyond espoused identities by collecting rich data including observation and reflection on practice.

A phenomenographic approach was used to analyse semi-structured interview data to identify different ways of being a lecturer in nursing. This resulted in five categories of description of identities in the outcome space: nurse; teacher; academic scholar; researcher; and academic leader. Bourdieusian analysis of how identities are negotiated during tutorials indicated that lecturers in nursing had developed new identities within the field of higher education whilst maintaining their core identity as a nurse.

Currently, it appears that there is little provision to support lecturers in nursing during the journey from transition to experienced lecturer in nursing. It is proposed that conceptions of identity are discussed through induction, mentorship and in formal development structures. As lecturers of nursing, the participants in this study occupy boundary-crossing roles on the margins of higher education. The super-complex identities of the lecturers revealed in this study provide useful insight into the life of a contemporary academic.

In addition to lecturers in nursing, this study and its findings may be relevant to those in other health professions who move between the NHS and Higher Education. The findings may also transfer to other professions where individuals move sectors, such as between public and private, where further research would be required.

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Chapter 1 – Introduction, Aim and Research Questions

The aim of this study is to investigate how university-based lecturers in nursing perceive their identity. I will argue that there is a need to understand identity and also to have an appreciation of the values, beliefs and attitudes of lecturers that teach nurses. To develop this argument further, my aim is to discover how variation of the perceived identities of lecturers in nursing are negotiated during an individual tutorial with a student. This thesis challenges lecturers in nursing to reflect and examine their identities which are often deeply embedded, and to determine how and why they negotiate their identities with a student during a tutorial. This understanding could provide insight into how they negotiate their identities and may improve teaching-learning interactions with students.

To clarify a couple of terms: firstly, 'lecturer in nursing' refers to a qualified nurse who is employed within higher education with the main function of delivering education and training to pre-registration student nurses or qualified nurses accessing additional qualifications through higher education. Secondly, throughout this study, I have chosen to adopt the term teaching-learning rather than teaching and learning. I agree with Ashwin (2012, p. 2) who firmly believes that teaching and learning are not two distinct and separate processes but, and as I consider, are interwoven so that students and academics are engaging with these processes together.

Valuable work has been written about lecturers in nursing over the years, most recently around nurses transferring from clinical settings to working within higher education (McAllister, Oprescu and Jones, 2014; Duffy, 2012; Boyd and Lawley, 2009; Boyd *et al.*, 2009; Anderson, 2008). Identity is also explored from the context of professional identity in nursing academics (Andrew, 2012; Andrew *et al.*, 2009) competing professional and academic identity in nurse education as a newly 'academic' discipline (Findlow, 2012) and the dual identity of nurses and educators (Adams, 2011; Andrew and Robb, 2011). Although there have been studies conducted on the conceptions of tutorials from a student perspective (Ashwin, 2005) and academic perspective (Ashwin, 2006) there are no known studies identifying the conceptions of being a lecturer in nursing.

The first part of the study involved using a phenomenographic approach to analysis of the initial interviews based upon inductive reasoning. This analysis identified five conceptions of being a lecturer in nursing. Additionally, as an extension of the phenomenographic analysis, this study involved a thematic analysis based on the five conceptions using a Bourdieusian theoretical framework as deductive reasoning to examine and code the data from the tutorial and video stimulated recall interview around the three concepts of Field; Capital and Habitus to consider how the different conceptions of being a lecturer in nursing are negotiated during an individual tutorial with a student nurse.

The original contribution that this empirical research offers is to develop and enhance theories of identity relating to the professional context of lecturers in nursing and how these perceived identities are negotiated within an individual tutorial. I show that this distinctive study contributes to this limited research area by providing rich and detailed qualitative data that ultimately will provide insight into what I term, the super-complex identities of lecturers in nursing. The term super-complex is significant here, to try and capture the multiple layered identities of lecturers in nursing who have spanned two distinct professions and participated in boundary crossing throughout their careers. This study will therefore examine identity theories and how multiple contributing factors have influenced the identities of lecturers in nursing. Furthermore, how identities are negotiated will be examined under the lens of Pierre Bourdieu's sociological concepts; field, capital and habitus.

Following a successful 25 years working in the NHS as a nurse, within many fields of practice around the UK and latterly as a manager, I entered the world of teaching in higher education 11 years ago. As a lecturer in nursing, this study is interesting to me from a personal perspective to develop a rich understanding of identity and how this may influence pedagogical practice. This reflexive account will clarify the motivation for the study and offer some insight into the background of my own professional careers within nursing and latterly teaching. This is an opportunity to reflect and put into context where I have been working and why this study is important to me. This study has grown from a passion and love of being a nurse and a teacher and a desire to understand what it means to be 'someone who teaches nurses'. I am heartened by Etherington (2004) who encourages researchers to acknowledge

their own history, experiences and beliefs which although in sharp contrast to traditional approaches justifies the use of writing in first person.

1.1 Research Questions

The core argument of this thesis is to understand the complex nature of how lecturers in nursing identify themselves. I argue that their previous careers as a nurse, their transition into teaching within higher education and the subsequent new roles may influence the formation of their identities. I also argue that their perceived identities can be revealed to students within an individual tutorial. The research around identity and lecturers in nursing is limited with no known study of how the perceived identities of lecturers in nursing relates to their pedagogical practices.

By undertaking this study there have been many things to take into account. Initially, consideration was given to the personal values I hold in relation to the work, and secondly, how these values aligned with deciding on the research design. Reflecting on the context of this empirical study, I explored the philosophical underpinnings that would clarify the process of inquiry and strengthen my rationale for the chosen methodology. Careful consideration was given to defining the two research questions and crucially that the choice of methodology afforded the possibility for these questions to be answered. On reflection, this involved a lengthy iterative process of thinking around the research questions and different methodological approaches that could justify the research process in order that outcomes are credible.

This empirical research involved spending 16 months in the field undertaking qualitative methods to conduct semi-structured interviews, video-recordings of tutorials and video stimulated recall and reflection interviews with 10 participants in England and Scotland to produce rich data to answer the following research questions:

- What are the *conceptions of being* a lecturer in nursing?
- How is the variation of *being* a lecturer in nursing negotiated during a tutorial?

The aim of this thesis is to answer the research questions by using a methodology and a theoretical framework that will facilitate this process. In this case, I have used qualitative methods to provide answers to both questions. For the first question, I have adopted phenomenography to discover the conceptions of identity of lecturers in nursing. This inductive approach to the rich and grounded data will ultimately reveal the variation of how lecturers in nursing experience the 'phenomena' of identity. To provide an answer to the second research question, deductive reasoning under the lens of Pierre Bourdieu's reflexive sociological theory of practice will be used as a theoretical framework of the data to discover how lecturers in nursing negotiate their identities during a tutorial. This research is based on the assumption that traditionally, lecturers in nursing have experienced the transfer from working in clinical practice into academia which resonates with Pierre Bourdieu's reflexive sociological theory of practice, suggesting that there are pre-conscious, historical and social influences on the practice of individuals (Bourdieu, 1977). The three concepts of field, capital and habitus are explored and applied within the collection of data using this as a template to be filtered and therefore interpreted. This provided the opportunity to relate the findings to the theoretical philosophy of Pierre Bourdieu. In this way, the combination of adopting two methodological approaches, firstly phenomenography using an inductive approach to the data to reveal the variation of identities and deductive reasoning under the lens of Bourdieu's theoretical framework to discover how identities are negotiated during a tutorial have complemented one another and produced findings that offer answers to the two research questions.

1.2 Organisation of the thesis

Chapter 1 Within this introductory section, includes an overview of the study, setting out the two research questions and providing some background for contextualising these questions. Included is the theoretical framework and the methodological approach and reasoning that have been taken.

Chapter 2 outlines the strategy to searching the literature and reviews key resources including books, chapters, unpublished theses and research reports as well as journal papers that are of value and relevant to this study. The literature review is structured into two

sections. The first section focuses upon identity theory and how these are exhibited as a nurse, academic, within a community of practice, as a lecturer in nursing and the presenting challenges. The second section explores the literature around teaching-learning approaches with a focus upon the tutorial. Furthermore, the literature of Bourdieu's sociological theory of practice has been examined.

Chapter 3 provides an explanation of the research methodologies including a rationale for the adoption of a pilot study. This included using inductive approaches in the form of phenomenography and deductive reasoning under the lens of Bourdieu's concepts of field, capital and habitus. It will set out the philosophical, ontological and epistemological assumptions that provide the methodological underpinning for this study. There will be a focus upon my location and position as the researcher within the study.

Chapter 4 explains the methods used to collect the data. Ethical issues are identified and consideration given to ensuring the quality of this study.

Chapter 5 specifies the detail of the phenomenographic findings. The data from illustrative accounts of the participants and interpretive commentary are constructed from the data to form categories of description in the outcome space.

Chapter 6 examines the data from the tutorial and video stimulated recall and reflect interview exercising deductive reasoning under the lens of Bourdieu's sociological theoretical framework of Field, Capital and Habitus to discover how identities are negotiated during a tutorial.

Chapter 7 reflects upon the two research questions regarding the findings, culminating in a synopsis of conclusions drawn from the study. The limitations of the study are also discussed.

Chapter 8 delivers a final exploration of personal thoughts leading to an indication of how the study may have a practical application and implications for the intended audience. The significance of the study is delineated and suggestions are made for further research.

Chapter 2 – Review of Literature

2.1 Introduction

There were three broad stages to preparing and undertaking a review of the literature. The first stage establishes the context by exploring the broad issues of concepts and theories around identity. The second stage was to direct and narrow down the focus of research into what was directly related to this study. In addition, it was necessary to keep in touch with current research that was being published during the time frame of this investigation. The final stage entailed examining the findings of this investigation and relating these to the findings from other researchers within the field during the writing of this thesis. This writing stage has been a fundamental part of the research process in being able to write while collecting the literature and to collect whilst continuing to write.

A systematic and rigorous approach was taken to search and select primary research for analysis. This selection comprised of key concepts and theories around identity and pedagogy that explain and justify how this study could provide answers to the two research questions. The intentions of this literature review were twofold: firstly, to identify what is known about the concepts within the literature and secondly, to develop meaning and understanding of how these concepts are related. In this case, the purpose of the literature review was to explore and examine extensive resources that could inform this study. From the literature review, questions emerged that highlighted significant gaps in the current research, to which this study aims to contribute. The two questions that underpins this study are:

- What are the *conceptions of being* a lecturer in nursing?
- How is the *variation of being a lecturer in nursing* negotiated during a tutorial?

A concept map (see Figure 1) helped to visually represent different conceptions for further examination.

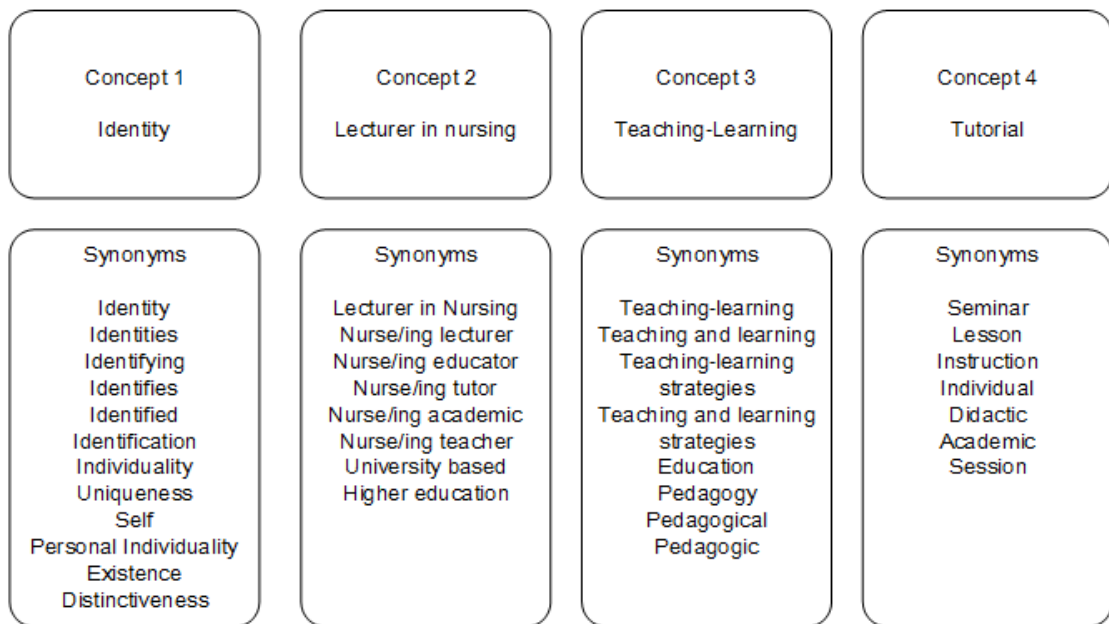


Figure 1 Concept Map

Following on from this process, boundaries needed to be in place to set the scope of this literature review. The inclusion criteria comprised of searching the literature predominantly from the UK that would reflect the situation where lecturers in nursing are in practice.

International studies have also been examined with the rationale being that there may be similarities that can be drawn despite geographical variances that would contribute to this study. The literature review has focused on lecturers in nursing within higher education or being university based and has discounted literature relating to those studies that centred on nurse educators working within clinical practice or outside of higher education. The exclusion criteria omitted materials that were published before 1990, other than seminal papers of key authors and theorists.

To provide an initial sense of the literature, this involved choosing ways of finding relevant material of what is 'out there' in the world. Initially, a search was undertaken of the university library catalogue and One Search which retrieved some useful papers. Nevertheless, it was necessary to undertake a systematic search to the most appropriate electronic databases in relation to the subject of this study. Three databases chosen were: Education Source; Web of Science and Academic Search Complete (EBSCO). These are all reputable and sophisticated search databases and were useful in identifying relevant journals with high impact factor and

articles with significant citations. The next step was to assemble the final list of key words, phrases and synonyms using truncation and wildcards. International variations in terminology were considered to narrow the search fields in each of the four key concepts. This is shown in Table 1.

Further limits involving Boolean logic in the form of AND, OR and NOT was applied to the searching through the databases that communicated specific relationships between the key words or phrases. Other strategies included 'phrase searching' by enclosing a key phrase within quotation marks. In this case "identity of lecturers in nursing", "lecturers in nursing tutorial", "lecturers in nursing teaching and learning approaches" and using parentheses to group compound Boolean statements together as in ("identity" or "lecturers in nursing" or "teaching and learning" or "tutorial") and ("identity of lecturers in nursing" or "tutorial").

As demonstrated within Table 2 the search of the three electronic databases has produced a huge number of hits. The clear majority of sources from initial searches are concerned with professional identity of nurses from a clinical or practice-based perspective rather than nurses who have moved to teaching within higher education so were discarded as they were outside of my research boundaries. The 298 selected articles that were relevant to this study were then examined further to systematically check they were specifically appropriate for this study and that all the reference lists and bibliographies to capture other sources of information that were not revealed through searching the electronic databases. Other sources of information such as books and e-books have been gathered from accessing library catalogues through the University of Cumbria and Lancaster University libraries. A small number of articles have been obtained using inter-library loans and through directly contacting authors and requesting information. To prevent printing out a large volume of papers all the electronic sources that were relevant to this study were collected and stored within RefWorks in preparation for further examination.

Table 1 Search Concepts

Search 1 Concept Identity	Search 2 Concept Lecturer in Nursing	Search 3 Concept Teaching-learning	Search 4 Concept Tutorial
<p>Education Source Web of Science Academic Search Complete</p> <p>“identity” “identi*” “individual*” “unique*” “self*” “exist*” “distincti*”</p>	<p>Education Source Web of Science Academic Search Complete</p> <p>“lecturer in nurs*” “nurs* lecturer” “nurs* educator” “nurs* tutor” “nurs* academic” “nurs* teacher” “university based nurs*” “nurs* higher education”</p>	<p>Education Source Web of Science Academic Search Complete</p> <p>“teaching-learning approach*” “teaching-learning strateg*” “teaching and learning approach*” “teaching and learning strateg*” “educat*” “pedagog*”</p>	<p>Education Source Web of Science Academic Search Complete</p> <p>“tutorial” “teach* session” “seminar” “teach* seminar” “lesson” “teach* lesson” “instruction” “individual instruction” “didactic” “academic session”</p>

Table 2 Search Detailed Analysis

Concept	Search	Natural language search terms	Education Source	Web of Science	Academic Search Complete
1: Identity	S1	identi*	265,187	7,244,728	2,192,181
1	S2	individual*	258,719	3,227,111	1,214,547
1	S3	unique*	40,046	1,089,265	362,850
1	S4	self*	217,762	2,607,465	853,406
1	S5	exist*	91,459	3,235,500	912,394
1	S6	distincti*	25,949	289,891	130,932
Set 1	S7	S1 OR S2 OR S3 OR S4 OR S5 OR S6	741,937	15,407,809	4,801,219
2: Lecturer in Nursing	S8	"lecturer in nurs*"	47	19	1,170
2	S9	"nurs* lecturer"	19	92	342
2	S10	"nurs* educator"	2,674	827	784
2	S11	"nurs* tutor"	7	60	157
2	S12	"nurs* academic"	61	279	237
2	S13	"nurs* teacher"	138	402	191
2	S14	"university based nurs*"	14	39	16
2	S15	"nurs* higher education"	8	21	16
Set 2	S16	S8 OR S9 OR S10 OR S11 OR S12 OR S13 OR S14 OR S15	2,957	1,724	2,884
3: Teaching-learning approaches	S17	"teaching-learning approach*"	51	102	29
3	S18	"teaching-learning strateg*"	604	1,291	753
3	S19	"teaching and learning approach*"	221	270	137
3	S20	"teaching and learning strateg*"	512	779	330
3	S21	educat*	2,693,003	1,892,659	2,170,102
3	S22	pedagog*	230,374	79,342	102,960
Set 3	S23	S17 OR S18 OR S19 OR S20 OR S21 OR S22	2,712,008	1,921,720	2,197,208
4: Tutorial	S24	tutorial	7,985	71,963	9,352
4	S25	"teach* session"	156	671	257
4	S26	seminar	14,727	34,970	48,026
4	S27	"teach* seminar"	99	107	67
4	S28	lesson	74,532	159,967	121,350
4	S29	"teach* lesson"	237	219	168
4	S30	instruction	514,884	888,000	349,528
4	S31	"individual instruction"	1,783	281	891

4	S32	didactic	66,271	18,731	37,392
4	S33	“academic session”	63	107	50
Set 4	S34	S24 OR S25 OR S26 OR S27 OR S28 OR S29 OR S30 OR S31 OR S32 OR S33	611,080	1,159,634	537,363
All concept sets combined with Boolean AND	S35	7 AND 16 AND 23 AND 34	191	48	70
Refined by publication date	S36	Limit to last 27 years	190	44	64

In section 2.2 , I review the relevant literature around why identity is a complex concept. To place this into context, the literature had been narrowed down to focus on the key concepts of identity within a number of theoretical frameworks of identity theory (2.2.1), including social identity theory, professional and academic theories of identity. These theories are significant to the study to understand how identity can be established and how they are exhibited within the relevant context of lecturers in nursing (2.2.2 - 2.2.10). However, the search for empirical studies on how identities are negotiated specifically as a lecturer in nursing is miserably scant. This necessitated a search around how teacher identity is negotiated which proved useful in understanding the similarities within both professions. As the chapter progresses, examination and evaluation of significant evidence derived from the literature search was brought together so that this phenomenon of identity could be comprehended. The literature review has been structured around the key concepts that are fundamental to this study. Sections 2.2.9 and 2.2.10 conclude with a discussion on the tensions around identity in relation to transition, credibility and dual identities which are relevant and have therefore been included within this chapter. This study acknowledges that there are other significant factors that may influence the identity of lecturers in nursing such as gender, feminism, ethnicity and class which although could provide evidence for a second thesis have had to be discounted from this literature review. Section 2.3 of the chapter has been structured around teaching-learning concepts with a focus on the literature on tutorials. This section also includes a review of

Bourdieu's sociological concepts of field, capital and habitus that is used as a framework for analysis in Chapter 6.

2.2 Identity

2.2.1 Identity theory

It is central to this study to understand and clarify the term 'identity' and why this is so complex. To provide a sense of the dynamic nature of identity this chapter will explore, debate and evaluate the divisive literature around the theories and methods used to try and answer the questions on identity: Is identity viewed as being from a personal, relational or a collective phenomenon? Is identity viewed as being relatively stable, or something that is fluid and constantly changing? Is identity seen as something that is to be discovered, personally constructed or socially constructed? Which research methods have been used to understand identity? Although complex, this will provide a rich and valuable understanding of the powerful construct of what identity is and by considering these core issues will offer some context to this study. This chapter will attempt to provide a framework to answer the first of my research questions on '*what are the conceptions of being a lecturer in nursing*'? This fundamental question involves participants reflecting and responding to the question: Who are you? This simple question is a disguise for the enormous complexity in answering. Initially, by thinking around 'you' this can be from an individual singular perspective (I am a British married woman, mother to four children, academic and nurse) or plural as in pairs of individuals or small groups (We are British, we are parents, we are academics and we are nurses). Alternatively, participants may take a self-introspective position to consider: 'Who am I'? or make a connection to their fellow members within a group and contemplate on 'Who are we'? Thus, the seemingly simple question encompasses a wide range of diverse concepts that involves not only 'who you think you are' but also 'who you act as being' in relation to interpersonal and intergroup interactions.

The range of conceptions are important to consider in the context of this study in what Baumeister and Leary (1986): Butler, (1990) and Reicher, (2000) introduce the idea that identity is the social recognition from other individuals or groups. In the context of this study, theory suggests that the identities of lecturers in nursing could be influenced by which

individuals or groups they are with or belong to. I would argue as a group, lecturers in nursing have strong professional principles that reflect the dominance of their discipline which has been embedded during their nurse training. This resonates with Bourdieu's concept of habitus (Bourdieu, 1977) (see section 2.4.6) which suggests that agents (lecturers in nursing) have developed certain characteristics, often subliminally over their careers that have contributed to their identities. The following sections (2.2.1.1 - 2.2.1.5) will present the literature on identity theory to demonstrate the relationship between the theory and how this may influence the identities of lecturers in nursing.

2.2.1.1 Individualisation theories of identity

Identity theories that are centred around the individual are commonly understood to be ones that are formed, maintained or changed over a period of years. Individual or personal identity tends to focus upon individual-level processes in being an 'agent' to create or discover one's own identity (Côte and Levine, 2002; Waterman, 1984) that may refer to how as individuals we are able to engage in self-definition. This could involve an individual considering what goals, values or beliefs they have (Waterman, 1999) or religious and spiritual beliefs (MacDonald, 2000), standards of behaviour and decision making (Hardy and Carlo, 2011; Atkins, 2008), self-esteem and self-evaluation (Kernis *et al.*, 2008; Sedikides and Gregg, 2008), a desire, fear and expected future for oneself (Markus and Nurius, 1986) and one's own life story (McAdams and Pals, 2006). This idea that individualisation merges into the concept of identity and by asking the question 'Who am I?' acknowledges that individuals can question themselves to clarify their own meaning of who they are which gives the opportunity of having choice and control in making things happen.

This perspective of identity being individual was explored by Anthony Giddens, a sociologist (1991) and his concept of 'self-identity'. Giddens (1991, p. 53) defines his concept of identity as '*the self as reflexively understood by the person in terms of his or her biography*'. This concept recognises that identity is about being a 'person' and what it means to be a 'person' to the self and others. Giddens acknowledges that identity spans time and space, placing importance on the reflexive nature of personhood and the creation of self-identity. What is interesting here is that Giddens believes that as individuals, we think and relate to our identity

all the time and can change and adapt to new influences and experiences as they happen in our lives which can shape our identity.

Further exploration of Giddens's concepts reveals two other important facets to his central concept of identity, namely 'ontological security' and 'existential anxiety'. Firstly, the ontological security refers to each person having a coherent existence whereby individuals are the same in different situations and possess '*unconscious and practical consciousness, 'answers' to fundamental existential questions which all human life in some way addresses*' (Giddens, 1991, p. 47). In this way, psychological perspectives relate very closely to a '*core identity*' within everyone which resonates with how lecturers in nursing place huge significance on their '*core identity*' as a nurse. Secondly, in contrast to this idea, Giddens refers to existential anxiety when our identity is challenged by unpredictable conditions making individuals unsure about themselves and their responses to others, which can impact and undermine our ontological security. Again, a question here emerges of how individuals are 'agents' of their own identity and what is interesting is this reflexive idea that our self-identity needs to be continually checked to retain ontological security and maintain some resilience to our self-identity. Giddens's concepts are thought-provoking to consider, in this case how nurses, who throughout their training and career are accustomed to being reflexive and therefore a possible interpretation of Giddens' idea is that lecturers in nursing may be subconsciously checking and re-checking their core identity. This self-evaluation is sustained throughout their clinical and academic careers in order to maintain their ontological security against the constant challenges of how they negotiate their identity in different situations. This perception of the individual as self can be seen as being reflective and experimental as the '*mental centre*' (Illeris, 2014, p.37) with the understanding, confidence and realisation of self. Giddens's concept of self-identity acknowledges that reflecting on the self is on the background of the persons biography. This broad understanding on the concept of identity views the orientation towards biography as a central feature of individual development and therefore needs investigating.

2.2.1.2 Biographical theories of identity

Several authors have considered the effects of the life course in how identity is personally constructed (Erikson, 1950; Heron, 1992; Alheit, 1992; 2009). Early on, from a biographical perspective Erikson (1950) introduced the *epigenic* model of human development whereby he theorised that there are eight stages of a life course that influence our identity (see Appendix 11 – Erikson's Psychosocial Stages). Erikson explains that by '*development through transformation*' (1968, p.94) through each stage of a life course, an individual may pass through their identity that is adapted and formed from childhood through to youth and then on to adulthood. Interestingly, this theory considers the conception of identity with the acquisition of learning through a life course. Erikson suggests that the development of the human brain throughout childhood and youth corresponds with the social interactions and experiences that an individual is exposed to in their life. Erikson's theory offers some insight into the challenges that may occur during an individual's life which can affect their identity with Sikes *et al.*, (1985, p.155) suggesting that identity '*is never gained nor maintained once and for all*'.

Erikson's psychosocial viewpoint on the formation of identity is important in being able to draw parallels with the many conceptions of learning theories (Ramsden, 1987; Marton and Säljö 1976). This relationship between how we live and learn and how our identity is developed and embedded is relevant to understanding the psychosocial influences of lecturers in nursing. Likewise, Alheit (1992; 2009) continues with the biographical perspective with his central concept of '*biographicity*' (2009 p.116) in which he attributes an individual's life story to their self-identity. This is an important standpoint in relation to this study in appreciating the biographical notion of identity where individuals, in this case, lecturers in nursing, perceive, interpret and understand what has happened to them during their lives and is closely connected with biographical learning. Alheit (2009) claims that by self-assessment of their own life story, individuals can reflect and edit unfavourable occurrences or choose to interpret and elaborate more favourable conditions in order to influence their preferred identity and self-perception of themselves. What this interpretation reveals is the idea that by being a lecturer in nursing, individuals can filter the good experiences from the bad in order to choose how their identities are negotiated.

Development theorists believe that changes to our identity occur over the life span (Kroger, 2007; Marcia and Kroger, 1993) and that most of the issues related to identity occur within adolescence and early adulthood (Gestsdóttir and Lerner, 2007; Arnett, 2000, Erikson, 1968) although Kroger and Haslett, (1988) and Stephen *et al.*, (1992) argue that issues around identity may be re-visited during adulthood. In contrast to this theory, is the social-psychological approaches that considers how identity is dependent in which group the individual finds oneself (Spears *et al.*, 2001; Turner and Onorato, 1999; Turner *et al.*, 1987). Considering the developmental theory and social-psychological approach into the context of identities of lecturers in nursing suggests that identity can be shaped over time and during social interactions with other people or groups. Again, this interpretation resonates with the idea that identity is biographical whereby lecturers in nursing have a history from childhood, adulthood and their experiences from education and training to becoming a nurse. This approach would suggest that identity from the perspective of being a lecturer in nursing is developed over time throughout their early life, nursing career and then cultivated within their teaching role working within higher education. In summary, these biographical perspectives of identity and the dynamic interplay of life and learning throughout a career both in nursing and teaching involve a negotiation of identities that may be selected within different contexts. In this way, identity becomes reflexive, requiring a balance of being stable in being oneself to being flexible and changing oneself. This suggests that identity is always open to change requiring further exploration.

2.2.1.3 Fixed or fluid theories of identity

The question 'is identity stable or fluid?' has uncovered some debate around the fixed possibility of being able to say, 'this is who I am' or whether it is constantly in flux and unstable (Rattansi and Phoenix, 2005; Brubaker and Cooper, 2000). Kenneth Gergen, a psychologist (1991) deduced that due to the modern world, individuals are saturated with choices and information, so it is impossible to pin down one's identity. An important aspect of Gergen's approach that can be considered in relation to this study, is as individuals we are exposed to multiple influences which are difficult to contain. Gergen proposed that identity can take on different dimensions depending on the role that we adopt and which situation we find ourselves in. Despite this, Illeris, (2014, p. 55) warns that an unstable identity and the lack of

having a '*core identity with no steady anchor*' may threaten an individual's accountability in themselves and their social environment. From the literature, it is apparent that a lecturer in nursing needs to balance stability in being oneself with the opposing demand to be flexible and adaptable with the ability to change. Zygmunt Bauman, a sociologist and philosopher (2000) picks up this theme and pessimistically views identity as a '*task*' (p.142), which he sees as being a project that individuals strive to achieve throughout the course of their lives. Bauman (2000) argues that modern life is constantly challenging us and changing, and this results in our identity being fragile, forever incomplete and out of reach. He rationalises this by explaining that the world is '*liquid*' and therefore our identity must also be '*liquid*'. Bauman (2000) explains identity as:

'inhabiting a liquid-modern world is like living in a labyrinth, with no clear paths or directions, many options, and little ability to look forward or backward in time and space, since one's own footprints are always disappearing' (p. 28).

Bauman's (2000) concept of identity being fluid has relevance to earlier work by Potter and Wetherell (1987, p.187) suggesting that individuals '*make up their identities as they go along during social interactions that help people achieve interactional goals*'. Although the theories around stable and fluid identities appear opposed, there is the opportunity to consider that this is a different emphasis rather than a different phenomenon. There are elements to identity that are fixed over the long term [gender, race] (Kroger, 2007; Luyckx *et al.*, 2006) with other elements able to fluctuate over the short term (Klimstra *et al.*, 2010; Lichtwarck-Aschoff *et al.*, 2008). The position of both these contexts and that individuals have a choice provides a middle ground from viewing identity being fixed or fluid.

Although this theory represents identity as fluid and a response to endless changes in modern life there are some parallels to be drawn around lecturers in nursing. The demands of exposure to an ever-changing climate both in health care and teaching within higher education may necessitate that identity involves frequent or constant re-negotiation. In this regard, a coherent formation of identity may be difficult to manage for lecturers in nursing with the additional burden of carrying out a multitude of roles that involves 'boundary crossing' to visit students and professional colleagues in clinical placements or non-clinical areas and may

contribute to the nature and re-negotiation of their identities. Considering these themes requires some thought to changes in identity from a stable long term developmental perspective to fluctuations within the moment and short term. These changes in identity indicate that as individuals we live and relate with other people and that it is the social relations that identity is constructed and deconstructed through language and social interaction that needs to be understood.

2.2.1.4 Discovered or Social Constructivist theories of identity

The literature on identity being constructed [either personally or socially] or discovered is contested. Alan Waterman (1984, p. 333) explains that a discovery perspective implies that: *'one's true self or potentials exist prior to their discovery and that one's mission is to find and actualise self or set of potentials'*. In contrast to Waterman's (1984) discovery theory, Michael Berzonsky *et al.*, (1990) self-theory assumes that a person will act with foresight and be able to manage problems or accomplish personal achievements. Berzonsky *et al.*, (2011, p 57) proposed that: *'people construct a theory about who they think they are and what they think they want'*. This perspective of identity theory is significant to understanding that constructs can be acquired from parents, peers and others through modelling (Berzonsky, *et al.*, 1990). From Berzonsky's perspective, it appears that the socialisation of nurses through modelling behaviour during nurse training and throughout their careers is significant in how their identities are constructed. Role modelling is one of the most effective ways that nursing students learn about professional behaviours that are outside the formal curriculum (Thistlethwaite and McKimm, 2016; Perry, 2009; Spouse, 2008 and Donaldson and Carter, 2005).

Post-modern philosophers (Foucault and Derrida, cited in Edley, 2001) and Gergen (1991; 1994) claimed that social constructionism and the interaction between individuals, develops identity with meaning, with understanding being constructed and deconstructed within communities through language and social interaction. This interpretation suggests that individuals can switch their identity and is dependent on which social group they belong to or are connected to. Similarly, Williams (2000) proposed that issues around identity are dealt with in normal everyday life as individuals engage in social practices where people are not

creating a new identity but rather as Blumer (1969) and Goffman (1983) believe, use their established identity to negotiate a way to deal with other individuals. In this situation, Gergen (1991; 1994) maintained that there is little space available for our personal identity and prioritises our interactions with individuals. Gergen (1994) declared that the identity of individuals has little consequence and places more significance on the social relations between people that influence our personality and develop personal qualities. Reflecting on Gergens' perspective might indicate that the social interactions of students during nurse training involves moving clinical placements every few months and meeting an array of other individuals. The development of personality and personal qualities in nurses may be influenced vicariously from having positive role models or negatively by individuals who offer a poor experience to the student. These theories of social interaction are important to this study by recognising that in this case, lecturers in nursing could interpret their established identities from previous situations and interpret these within different contexts as in the transition from working within a clinical area to higher education.

By examining sociological approaches to the meaning of identity it is possible to consider how society may influence individuals. According to Berger and Luckmann (1966, p.194) '*identity is formed by social processes*'. They suggested that interaction between the individual and society forms our identity, which can impact on each other. A proposal by Henkel (2005) suggested that identity is initially shaped by being within a strong community and the social interactions within that community. However, Taylor (1989) indicated that identity is constructed from individual choices although acknowledged that the community can define the individual, specifically the language of the community that can construct and define identity. The importance here with this interpretation is to understand the notion that the use of a common language helps individuals to develop meaning within their world. Within this perspective is the idea that values have a central role in identity. The view from Taylor (1989, p.157) intimates that individuals need to know who they are in relation to '*moral space*'. By recognising what is right and wrong, good or bad and what takes priority in life helps to embed our identity within a moral framework. I would argue that the importance of examining the concept of identity from a sociological perspective in relation to this study, is that lecturers in nursing have a history within both health and teaching professions of strong social

connections and solid moral values with both patients and students in how we communicate and interact with others. These solid professional intrinsic values may strengthen and add meaning to how lecturers in nursing identify and portray themselves as individuals.

An early example of social constructivism is presented by George Mead who understood that identity *'is not initially there, at birth, but arises in the process of social experience and activity'* (1934, p.135). According to Mead, *'self'* could only be understood and given meaning in relation to other people, based upon the interactions with others and the meanings given to those interactions. Mead, asserted that the *'self'* did not exist without communication, as he proposed that the self develops as part of the communicative process, suggesting that: *'it is impossible to conceive of a self, arising outside of social experience'* (Mead, 1934, p140). Interestingly, Mead's interpretation of the *'self'* also allows for the possibility that the *'self'* can have multiple identities, so that in different social contexts we can, or are required to, *'present different selves'* (Woodward 2004, p.33).

Expanding on Mead's interpretation of the *'self'* is the notion that identity is socially constructed and has been evidenced in the work of two influential theorists: Erving Goffman and Pierre Bourdieu. Both Goffman and Bourdieu *'introduce agents as dynamic figures in the social order'* (Calhoun, 2000, p. 704). In preference to seeing individuals as simply rule-following, both theorists introduce an *'element of improvisation and adaptation'* by expanding on the view that identity is autonomous and socially constructed by sensing that life is a *'performance'* (Calhoun, 2000, p.704). The seminal work of the sociologist Erving Goffman in *'The Presentation of Self in Everyday life'* (2002, p.53) presents us with an interesting idea that we *'socially construct our self'*. Goffman expands on this by suggesting that we can reflect and manipulate our identity, choosing which identity to convey to others. Goffman refers to a theatrical metaphor by describing this choice as adopting *'frontstage and backstage'* (2002, p.53) behaviours. This analogy, he explains, is depending on the situation we can choose to present our identity *'frontstage'* then once *'backstage'* we can reveal our true identity in being ourselves if we choose to. Goffman argues this presentation of our identity involves giving a *'performance'* to an audience whether this is to an individual or a group of people. How we *'perform'* our identity to others in terms of language, tone, expression and how others interpret

this meaning is interesting. This idea that we can 'act out' our chosen identity and influence others depending on the situation may be compared to how lecturers in nursing 'perform' on stage, in a classroom or within their social group and being able to influence their audience, in this case, students and peers.

Goffman (2002;1971) emphasised how as individuals we negotiate daily life and make conscious decisions about how we present ourselves in the public arena within different contexts or different institutions. Goffman's (2002;1971) notion of the creation of a 'front' or an image of oneself as an acceptable person makes it feasible to see how we may be less malleable and more tactical. The individual, Goffman argues, is an actor possessing agency to decide how they will present to their audience and therefore is a:

'stance-taking entity, a something that takes up a position somewhere between identification with an organisation and opposition to it, and is ready at the slightest pressure to regain its balance by shifting its involvement in either direction. It is thus against something that the self can emerge' (Goffman, 1961b, p. 280).

Although Goffman maintains that in this way individuals could 'work the system' he recognises that complete autonomy is not possible. Goffman (1961b, p.189) suggests that individuals function in a 'contained' way and are therefore not disruptive but fit into existing structures and expectations'. Goffman's work on the presentation of self has inspired a growing interest in the notion of impression regulation that through this lens we may consider the identity of a lecturer in nursing as being socially constructed. By reinforcing ideal impressions, which we wish to convey, Goffman argues, 'is a rhetoric of training' (2002, p. 46-47). Furthermore, 'when an actor takes on an established social role, usually he finds that a particular 'front' has already been established for it' (Goffman, 2002;1971, p. 24). Interestingly, this presents the idea that in this case, identities as a lecturer in nursing has been previously recognised and fashioned, with novices having to contend with determining new identities of established conventions.

Goffman's approach can be termed dramatological or 'game like' (Anderson, 1990, p. 147) Similarly, Bourdieu's (1993, p.72) favourite metaphor for social life is to see it as a 'game

revolving around power relations'. He too emphasised individuals as agents and dynamic within the social order, who have the capacity to think and act strategically; although Bourdieu recognised that individuals tend to reproduce the social order rather than challenge it to any great extent. Bourdieu introduced the concept of *'the game'* which is derived from the notion of *'fields'* within which certain stakes and interests exist (Bourdieu, 1993a, p. 72). Bourdieu proposed that:

'for a field to function, there must be stakes and people prepared to play the game, endowed with the habitus that implies knowledge and recognition of the immanent laws of the field, the stakes and so on' (1993a, p.73).

In the context of this study, the fields would be nursing and higher education with the habitus being the sense of what it is to be a lecturer in nursing. This is based on ideas about capabilities, beliefs and values, derived from the history of being a nurse and a teacher in higher education. Goffman (2002) contributed to discussions on the interpretation of identity by suggesting that the 'self' can be both presented and interpreted through a series of signs. Using the metaphor of the stage to explain how people 'perform' or 'act' their 'roles' in a variety of 'settings', Goffman suggested that:

'A setting tends to stay put, geographically speaking, so that those who would use a particular setting as part of their performance cannot begin their act until they have brought themselves to the appropriate place and must terminate their performance when they leave it'. (2002, p.33)

By understanding this interpretation, it is possible for an individual to assume different identities within different environments as in one's personal life to within the workplace. Thus, within the workplace individuals may assume different identities. For example, within higher education the same individual, in this case a lecturer in nursing, may have different aspects to their career such as nurse, academic, teacher, student, or researcher and within their personal life being a wife, mother, daughter, friend or photographer. Like Mead, Goffman's work also claims that identity can be interpreted differently by the self and others within the 'audience'. Goffman talks about the subsequent need for *'impression management'* to enable

a 'performer' to successfully 'stage a character' (Goffman, 2002, p.208), but he also acknowledges that under certain circumstances, '*misrepresentation*' may be desired by the 'performer[s]' (Goffman 2002, p. 234) as for example when the performer wishes to display or conceal an aspect of their identity in front of the 'audience'. Both Mead and Goffman theorise that identity can have multiple identities depending on the situation and context rather than viewing identity as static.

Thus, identity can have different meanings depending on an essentialist view where the mind can determine the inner self or in contrast a postmodern constructionist view where identity is built, performed and interpreted by others depending on the context, and can be dynamic and changeable. Collectively, these aspects may provide a basis for defining identity that viewed through a personal lens, combines their own characteristics, beliefs, roles and position in relation to others as in being in a group within the wider context. It is clear from these aspects that identity can be singular (personal) or multiple (social) and that an individual may consciously and deliberately make reasoned choices to form and maintain their identity (Kroger *et al.*, 2010; Luyckx *et al.*, 2006; Berzonsky, 1994a;). Alternatively, individuals may not be aware of the complexity around their identity as in defending one's own self-esteem against any threats (Gregg and Sedikides, 2010) or aspects of one's own identity shifting across different social contexts (Turner *et al.*, 1987). Within this social constructionist perspective, individuals may be unaware of their identity in categories of gender or nationality (Segal, 2010; Anderson, 1983) as these are considered 'real' and 'natural'. Other research has confirmed that '*impression regulation is a fundamental component of all social interaction and 'performances' are stage-managed and embrace a wide range of human behaviours*' (Sedgwick and Parker, 1995, p. 46). As human beings, we usually seek to present ourselves to others in the best possible light (Schlenker and Weigold, 1992, p.144), were we try to present our '*ideal*' selves (Hamachek, 1992) or the person we would ideally like to be.

In summary, the social constructivist theory of identity is where meaning and understanding of our identity is based upon the interactions with people. In taking this concept a stage further we now need to explore how social groups recognise and influence one's identity.

2.2.1.5 Relational theories of identity

The perspective of relational identity requires further exploration and how this is translated to this study. This refers to how roles such as being a parent, spouse or colleague are defined and interpreted by the individual who assumes them (Chen *et al.*, 2008; Bamberg, 2004; Kerpelman *et al.*, 1997) or within the family (Manzi *et al.*, 2006; Grotevant, *et al.*, 2000) or a role within a larger group as in the workplace (Thatcher and Zhu, 2006). Within this perspective is the idea that individuals cannot establish their identity alone but need to be recognised by a social group (Swann, 2005; Markova', 1987). Theoretical approaches to collective identity examine how developments within the group can influence a person's self-conception, where Turner *et al.*, (1987) suggest may lead to a shift from viewing themselves as an individual, to being within a group. Individuals may identify with how the group share the same beliefs, values and attitudes (van Zomeren *et al.*, 2008; De Fina, 2007; Ashmore *et al.*, 2004 and Tajfel and Turner, 1986). This may include ethnicity (Taylor, 1989), religion (Cohen *et al.*, 2005) nationality (Schildkraut, 2005b; 2007) and gender (Bussey and Bandura, 1999) together with being part of a family and work group (Scabini and Manzi, 2011). In the case of this study, a crucial issue raised from the perspective of relational identity is to question how lecturers in nursing are recognised by their social group? This social group provides a powerful arena where lecturers in nursing are able to see, think, discuss and socialise themselves to vicariously reproduce professional morals and values and where these interactions can contribute to the embedding of their identity. However, the opportunities where lecturers in nursing can converge together to share feelings and beliefs and where relational identity can be embedded are increasingly being challenged. The rise in lone working, the potential feelings of isolation of teaching within a large department, on different campuses or more commonly visiting students at clinical placements within a geographical footprint are common practice. These challenges may threaten their ontological security and could expose their struggles with self-identity from their previous clinical role and their endeavour to strengthen their academic identity with students and others within their social group.

In conclusion, the importance of understanding the general theories of identity are fundamental to this study. There is a need to consider key concepts of identity being

individual, whether identity is based upon a person's biography, if identity is fixed or fluid and if this is socially constructed or individually discovered. Crucially, in this case, how these concepts relate to lecturers in nursing. Nevertheless, there are still important questions about how other influences have contributed to shaping their identity. To come closer to this understanding further examination of the literature on the professional image of nursing and why particular models of training may have had some impact on their identity will be explored. Additional factors to consider, are, what is an academic identity and the contentious debate around nursing being an academic discipline. There is a need to understand identity in relation to practice and specifically the identities of lecturers in nursing. Furthermore, I will present the literature on how the tensions of being a lecturer in nursing could influence how they perceive their identities, specifically around how they manage the transition from their clinical role to working as a teacher within higher education. Finally, the literature will provide some insight into how lecturers in nursing manage their dual professional identities of being a nurse and a teacher and how the need to be seen as credible to others challenges their identity.

2.2.2 Professional Image of Nursing

In order to explain why the professional image of nursing may have an impact on identity, it is necessary to take account of the development of nursing as a discipline and the influential factors that have contributed to shaping identity both in the UK and internationally. Historically, there is a contested area around how nursing positions itself that may contribute to tensions around identity (Goodrich, 2014; Andrew, 2012; Findlow, 2012; Andrew and Robb, 2011; Billot, 2010; Adams, 2011; Andrew *et al.*, 2009; Gillespie and McFetridge, 2006 and Stronach *et al.*, 2002). Firstly, the notion that nursing has been through troubled times ever since nursing as a profession became organised (Allen, 2004) with Florence Nightingale having the view that nursing was an independent profession and equal to doctors (MacDonald, 2017). However, qualitative studies on this subject have revealed how the male dominance of the medical profession has dominated the image and development of nursing roles (Gordon, 2005; Hallam, 2000) with hierarchy and subordination (Walby *et al.*, 1994) being influential factors. According to Fletcher, (2006, p. 53) nursing could be portrayed as the '*oppressed group*' by the dominance of the medical profession; in this case, the oppressor may contribute

to nurses having a low self-concept leading to negative self-presentation. Toulson *et al.*, (2005, p.263) believed that nursing in the UK uses the medical model as a '*benchmark for achievement*' which has contributed to nursing being seen as less prestigious than being a medical doctor. Thus, nursing throughout the history of the profession has largely employed females with Hallam (2000) and Poovey (1988) suggesting that nursing has been in opposition with the medical profession with power been predominantly associated with males. The treatment of nurses as a '*disposable workforce*', *because they are seen as 'young, female and easily replaced'*, also needs to be considered (Mackay 1998, p.59) in the context of how nurses identify themselves.

An interesting perspective from how the public perceive nurses has been investigated by Bridges (1990, p. 853) whose literature review identified over 30 different stereotypes [mostly negative] of how nurses are seen by the public. These external forces may contribute to the challenges that nurses face with their identity and the portrayal of their professional image to others. From an international perspective, there is a body of literature on how nurses themselves perceive their identity. A qualitative study by Ohlén and Segesten (1998, p. 724) interviewed 8 Swedish nurses who confirmed the social struggle that stereotyping has on the profession and is an expression of being a female within a family. Liu (2010, p. 121) explored nurses' perception of their role using a web-based online forum with open-ended questions to 20 Chinese nurses. This qualitative study concluded that nurses' perception of their role is strongly influenced by culture and gender, with nursing being seen in China as a '*feminine, caring sub-professional occupation rather than a profession*' (Liu (2010, p. 121). Furthermore, an investigation into the perceived images of nurses within the media was undertaken by Tzeng (2006, p. 764) who conducted a quantitative study with 488 Taiwanese nurses and concluded that the public image is a mirror of what nurses perceive of themselves.

Contrastingly, a qualitative cross-sectional study was undertaken in Spain by Kemmer and Silva (2007, p.196) who interviewed several communication professionals on how they perceive nurses. The results found that the image of nurses within the media was distorted by depictions of nurses being the doctors shadow rather than as a professional. Adamson's *et al.*, (1995) qualitative study on Australian and British nurses demonstrated within the results of a questionnaire the impact of the perceived medical dominance on the workplace satisfaction

of nurses. A discussion paper in the Netherlands was conducted in 2014 by Hoeve *et al.*, (2014, p. 298) who proposed that the public image of nursing together with the values of nurses and their workplace environment contributed to their self-concept of their identity, (Allen, 2004; Ewens, 2003; Mills and Blaesing, 2000) education (Pask, 2003; Arthur, 1992) and traditional social and cultural values (Thupayagale-Tshweneagae and Dithole, 2007). They concluded that nurses may be self-creating their identity from a lack of engagement and their invisibility to the public. Interestingly, a significant observation was highlighted by Santry (2010) who proposed that nursing as a profession is often viewed through a lens of emotion rather than evidence; with additional challenges around being judged in the climate of health care that is complex and constantly shifting.

In conclusion, these national and international studies on the professional image of nursing have highlighted that there is a plethora of external factors at play that contribute to nurse identity. The following section will examine the literature of becoming a nurse and how training to become a nurse has any impact on identity.

2.2.3 Identity when becoming a nurse

The implementation of Project 2000, was the new direction for nurse education; the aim being for nurses to be '*knowledgeable doers*', United Kingdom Central Council (UKCC, 1986). Prior to Project 2000, most UK nurses were trained at schools of nursing working *on the job* training within district general hospitals by clinical nurse tutors who were considered experts within clinical practice. Nurses who were trained during this time believe this was the '*golden era*' (Gillett, 2014, p. 2498) of nursing with student competence and confidence being assessed by clinical nurse tutors working within clinical nursing practice. Nevertheless, student nurses, in the main accepted clinical routines and archaic rituals which had no theoretical underpinning, happy and compliant to continue the habituated practices of their fellow colleagues and senior nurses.

Significantly, O'Connor (2007, p.210) maintains the view that nursing is '*a calling*' which historically provided the profession with a strong sense of community *and 'role identity'* (Meerabeau, 2004, p.290). Notably, many nurses of this 'golden era' are now the current

workforce as lecturers in nursing within higher education. Interestingly, Freshwater (2000, p.484) questioned if nurses have been socialised '*into having no voice by the teachers who may themselves feel oppressed*'. She proposed that the current system of nurse education (which nurses argued should be nurse-led) was in '*danger of reinforcing the submissive position of nurses*' (Freshwater 2000, p.484).

Since the arrival of Project 2000, the nursing curriculum has been focused on enabling and empowering nurses to develop skills in critical engagement of the theories and underpinning literature that students are able to apply to their clinical practice. In addition, clinical skills are taught in university where students are encouraged to apply critical thinking processes to why these skills are necessary. This new style of education reflected the political and societal drivers to reduce the length of stay for patients in hospital, care to be delivered closer to home, together with the increased complexity of health and social care needs of patients and families, that mirrors the global multi-faceted climate within the 21st century (Department of Health, The NHS Plan, 2000). Nonetheless, nursing became thwarted by the pressures of managing disease and the acquisition of developing skills and competencies in the '*discipline of disease*' (Morrall, 2009a). In addition, there are arguments that draw attention to some of the realities of nurse education where there are relatively low entry criteria together with a 'bums on seats' philosophy that some higher education institutions (HEI) have regarding nursing. Nursing is often seen as a steady cash flow from large numbers of students. Within this consumerist society where students are seen as 'customers' and a feeder for the NHS , means that nursing is at risk of losing their freedom to control its own destiny and pessimistically, Morrall (2009) regarded universities as '*training warehouses*' (p.9) for nurses. Goodman (2011) claims that '*nursing has no philosophy of its own*' (p. 726) with Shields *et al.*, (2011) asserting that developing critical thinking skills is encumbered by intellectualism being '*devalued within nursing*' (p. 616) and the dumbing down of nursing.

Nevertheless, Cleary *et al.*, (2009, p. 634) identified the challenges to ensure that the nursing workforce is large enough and has the necessary competence to manage the changing demography and demand for the 21st century. The debate continues with the Willis Review (2012) of how nurses need to be educated to degree level at universities. However, there are

conflicts to this concept with a qualitative study by Ross *et al.*, (2013, p.1345) who used open-ended telephone interviews with Deans of Health. Responses were treated anonymously that exposed tensions within universities of offering nursing as a degree. Comments from participants included that nursing was perceived as '*diluting academic esteem, metrics and performance*'. In addition, some universities have a prejudice about nursing and do not consider nursing as being a legitimate part of an academic university. Comments such as:

"Academic standards at university XXX are about grant income, completion rates of PhDs, number of doctoral fellowships funded externally and number of quality publications."

"The university does not see nursing as being a legitimate part of an academic university. Universities are still male dominated institutions with deep-seated prejudice about nursing in universities."

These anonymised quotations from some HEI's, reflect the undercurrent of feeling towards nursing, that despite the attraction of money generated from large student numbers, their main priority is maintaining and improving the University's Research Excellence Framework (REF) score and thereby attracting the 'best' students in relation to academic ability. Recent changes within government (Department of Health (DH), 2016) have confirmed that student nurses will now need to pay for their degree and lose their existing bursary. The intention of this policy was to lift the cap on nurse numbers but early evidence suggests it is discouraging applications resulting in a reduction in student numbers. In a House of Commons briefing paper (Hubble *et al.*, 2017) confirmed that there were 10,000 fewer applicants from student nurses in England, a fall of 23%. In addition, The Kings Fund (2017) have recognised that additional pressures may arise from the Brexit negotiations by reducing the number of workers from European countries, specifically into the nursing profession.

Against the cultural backdrop over the last 30 years and the transition from hospital-based training to university education, the implications being that becoming a nurse and nursing has faced multiple challenges that continue to shape and impact on identity. The next section will

provide some understanding of how having a professional identity may influence nurses' perception of themselves.

2.2.4 Professional identity

Professional identity may be influenced by the interpersonal interactions that individuals have with others at work with Roberts (2005) believing that individuals learn who they are as a professional by viewing themselves from another person's perspective. Since the term 'professional' is positively used to describe someone with advanced training and unique knowledge and skills; that allows them to provide an important service to society (Wallace, 1995; Larson, 1977), it is seen as a desirable self-description. It is therefore likely when an individual identifies with a professional role, there will be psychological benefits. Valued role identities are linked to a sense of efficacy and esteem (Ervin and Stryker, 2001). As such, associating oneself with a respected profession such as nursing, can be an important source of well-being, esteem and pride. Professional occupations are seen to play important roles in society. Individuals who identify strongly with a valued profession are able to gain the benefits of a positive work identity (Dutton *et al.*, 2010). This reinforces a relative safety and a feeling of comfort within this cohesive group, with Hockey (1993) warning this may be regarded as a disciplinary sub-culture; which in this case may alienate lecturers in nursing within the academic community and the business of higher education. According to Roan and Rooney (2006) and Alvesson and Willmott (2002) they propose that identity is determined through 'ways of being' through positions influenced by culture that are approved and regulated within a particular context and language (Spouse, 1998). Bourdieu (1991, p.109) described how the language used within a group could differentiate a newcomer or imposter from an old timer.

A number of authors have considered how professionals think about themselves (Ashforth *et al.*, 2007; Kreiner *et al.*, 2006a; Kreiner *et al.*, 2006b; Pratt *et al.*, 2006; Ibarra, 1999) and why a professional identity can affect an individual's attitude and behaviour in the workplace. Bunderson, (2001) suggests that professional norms and values within the workplace can shape identity. Professional identity provides behavioural guidance in the workplace (Ibarra, 1999) where individuals can draw from personal attributes, the membership of social groups and how roles within work are assigned giving a meaning to who they are and what

are the roles they perform (Ashforth *et al.*, 2008). Continuing with this theme, Van Maanen and Barley (1984) earlier proposed that once an individual enters a particular professional community that shares common values that this can be seen as a social identity.

Novice lecturers in nursing entering the profession hope to share their knowledge and clinical expertise with students who have begun their nurse training and those needing postgraduate education. Professional education of nurses involves teaching concepts, facts, beliefs and principles so that nurses make the connection from the theory to skilled professional practice. Qualitative findings from studies by Smith and Boyd (2012) and Boyd and Lawley (2009) indicated that new lecturers were highly motivated to teach and develop new clinical practitioners. Lee Shulman (2005b, p.52). defines this position as 'signature pedagogies' as *'the types of teaching that organise the fundamental ways in which future practitioners are educated for their new professions'*. As Shulman explains, a signature pedagogy has three dimensions: surface structure, deep structure, and an implicit structure. Surface structures consist of concrete, operational acts of teaching-learning, while deep structures reflect a set of assumptions about how best to impart a certain body of knowledge and know-how. The implicit structure includes a moral dimension that comprises a set of beliefs about professional attitudes, values, and dispositions (2005b, p. 54-55). The implications from Shulman's work around professional education (2005a; 2005b; 2004 and 1999) suggests that a signature pedagogy within professional education differs from pedagogy in other academic disciplines as this involves an integration of three dimensions: practitioner knowledge, performative action and the development of the professional self. Shulman's perspective is significant here by suggesting that nurse education requires students to be able to think, perform and act with integrity as a nurse. By drawing on the concept of Shulman (2005a; 2005b) it can be deduced that the focus around educational attainment, advances from nursing students having conceptual and theoretical knowledge to developing and applying practical knowledge and skills is fundamental to becoming a nurse. This level of practice requires some judgement to act with integrity, that involves nurses taking responsibility for their practice by holding up to the morals, behaviours and values that constructs their professional practice. Shulman's identification of a signature pedagogy indicates how important it is for students to think, perform and develop a professional self as a nurse. This triad of actions requires nurses to

have self-awareness and be critically reflexive to inform their professional practice. The literature review has indicated that development of self is not a linear process; but encompasses a multitude of considerations such as an individual's background and upbringing, different experiences an individual has had throughout their life, relationships with others and interpersonal characteristics that weaves through the course of an individual's life that contributes to the shaping of their identity.

What emerges from having a professional identity and how lecturers in nursing engage with Shulman's *signature pedagogies* is significant to our understanding of identities of lecturers in nursing. Their position as a professional in the 21st century with the responsibility for educating the next generation of nurses who are ready for the challenges of working within the healthcare environment, undoubtedly contributes to shaping their identities. The following section reviews the literature around how being within a community of practice can facilitate and embed new identities.

2.2.5 Identity and practice

Several authors have examined the construction of academic identity and how this concept relates to communities of practice and have based their concepts on situated learning theory (Lave and Wenger, 1991; Wenger, 1998; Trowler and Knight, 2000; Hodkinson and Hodkinson, 2004; Fuller *et al.*, 2005). Their view is that knowledge is distributed through a community of practice. The importance of belonging to a discipline or community of practice is considered by Etienne Wenger (1998) whose model of professional learning for new entrants is complex. Wenger's (1998, p.148) concept of communities of practice suggest that they are formed around a group of people who share a common interest or concern and wish to *deepen their knowledge or expertise around a certain discipline*. Wenger (1998, p. 149) insists there is a *profound connection between identity and practice* with new entrants become involved in *boundary crossing* (1998, p.150) across previous communities of practice that overlap with their new community of practice. Wenger (1998) believes that as individuals begin to participate and increase their contributions to the group, this helps to develop and embed their academic identity (Lave and Wenger, 1991; Wenger *et al.*, 2002). Wenger (1998) maintains that this social participation contributes to the belonging of a community of practice

and is the '*source of identity*' (1998, p.156) with increasing participation within the community of practice to '*develop and transform*' identity (1998, p.156). Wenger (1998) also acknowledged the value of informal communities of practice to the new entrant with learning taking place away from the organised structures within an organisation that Boyd (2010, p. 163) describes as *fuzzy*, in that it is neither formal or informal. In the case of this study, Wenger (1998) considers that to:

define who we are involves negotiation and reconciliation as we steer our way along multiple trajectories related to our varying positions of membership of multiple communities. (p.149).

Wenger's theory closely reflects the position of new entrants to becoming a lecturer in nursing.

A convincing argument was proposed by Lai *et al.*, (2006, p. 1536) by stipulating that communities of practice have a strong purpose in being *situational and firmly rooted in practice*. They argued that communities of practice are more than a managed network or avenues for sharing information. They are where the members are grounded by the same interests and share their experiences, knowledge and through discussion with both experts and novices may contextualise their professional developments and embed their identity. Within these communities of practice, personal identities can be '*shaped and re-shaped*' (Trowler and Knight, 2000, p.30) with constant re-evaluation as individuals increase their engagement within the group. Importantly, in addition to this engagement, individuals interact and operate within the workplace environment. How identity is constructed is through the way individuals socially engage within the group that can influence and shape our identity (Billett, 2004b; Rainbird, Fuller and Munro 2004 and Knight and Trowler, 2000). This corresponds with the earlier study by MacNeil (1997, p.641) that the notion of identity is *socially bestowed and socially maintained* by others in the group. Once respect, confidence and acceptance has been acknowledged by others, then the transition to an identity is complete and the person assumes some credibility. A qualitative study undertaken by McAllister, (2012); McAllister *et al.*, (2014) used semi-structured interviews that concluded that Wenger's model of a community of practice enables lecturers in nursing to have increased satisfaction in their role

and to share and contribute to a productive culture. Extensive action research undertaken by Andrew *et al.*, (2008; 2009; Andrew and Robb, 2011) explored that developing a community of practice between lecturers in nursing and practitioners working within the clinical environment, resulted in successful collaborations and strengthened the identity of nursing.

Nevertheless, there have been criticism of the situated learning theory within a community of practice that Kupferberg (2004) contends, talented individuals are often identified earlier and are encouraged to develop a professional identity before they formally enter their discipline. Other authors have commented that this may not be a useful framework (Boud and Middleton, 2003, p. 195) and the value of informal learning through doing the job well is lost and not acknowledged by the organisation. The challenges of sustaining a newly formed community of practice has been recognised (Mitchell, 2003) as these require effort to become firmly established and visible.

Further examination of the literature reveals how communities of practice contribute to the development of identity by sharing values and behaviours in like-minded groups and through *co-creating professional knowledge* (Andrew *et al.*, 2008). This provides a platform for identity to be formed and embedded that reflects the identities of a lecturer in nursing. However, despite the fundamental grounding of belonging to a community of practice, the formation of identity is challenged by internal and external dynamics. There is a need to consider the professional bodies within nursing and teaching as well as the social and political climate that surround lecturers in nursing; to assume they have had no influence on their identities throughout their careers would be naïve. Similarly, the situational learning theories may provide some framework regarding the identities of lecturers in nursing; nonetheless, there are limitations to understanding how the culture, context and personal attributes completes our understanding. This necessitates the need to consider the social identity theory and how this resonates with lecturers in nursing as a professional group.

2.2.6 Social identity

Awareness of social identity theory is not recent, having first been based on the work of Tajfel and Turner (1979) the theory has been developed and refined over the past few decades.

Subsequently, a number of authors (Stets and Burke 2000; Hogg *et al.*, 1995 and Ashforth and Mael, 1989,) have described social identity theory as a social psychological theory of intergroup relations, group processes and the social self. The theory is that a social category into which a person falls, in this case, lecturers in nursing, determines who that person is in terms of defining characteristics of the category. By being a member of that category, a social identity is formed that recognises a person's attributes as a member of that group. When a specific social identity becomes the basis for self-regulation in a particular context, self-perception and conduct become in-group stereotypical and normative behaviours (see Figure 2).

Three socio-cognitive processes involved in social identity theory have been identified by Hogg *et al.*, (1995), which are, categorisation, self-enhancement and subjective belief structures. Hogg *et al.*, (1995, p.259) explain that:

'categorisation is a cognitive process which operates on social and non-social stimuli to highlight and bring into focus those aspects of experience which are subjectively meaningful'

Categorisation formalises the boundaries of the in-group with Hogg *et al.*, (1995) explaining that once a person is assigned to the appropriate category they can relate to the in-group norms and stereotypes which results in self-enhancement. As individuals, we have a basic need to be seen positively by others in the group where we can compare ourselves with the members in the in-group reinforcing self-enhancement and positive social identity. However, Stets and Burke (2000, p.230) consider that individuals could be depersonalised by being perceived as *'relevant in-group prototype rather than as unique individuals'*, in this case a *group* of lecturers in nursing rather than *a* lecturer in nursing. The notion of being a prototype is interesting here within the self-categorisation theory. Hogg *et al.*, (1995, p.261) describes a prototype as an individual whose defining attributes within the social category are around beliefs, attitudes and behaviours and are often displayed by *'exemplary members'*. This idea of a lecturer in nursing being a prototype within a group resonates with the defining attributes depicted by Hogg *et al.*, (1995) in that they are intrinsic to both nursing and teaching professions and where a lecturer

in nursing is able to uphold to these attributes comparing them with others the aim being an accepted or even exemplary member of the in-group.

As a profession, nursing practices are guided by strong values, philosophical and ethical principles (Drummond and Standish, 2007; Orland - Barak and Wilhelem, 2005) with nurses working within a system that is complex and multi-faceted. Nurses vicariously reproduce behaviours and attitudes from a history of habituated practices in the process of socialisation within training and professional practice (Bahn, 2007). Having worked within a culture of embedded organisational norms and prevailing values presents a '*culture shock*' Andrew *et al.*, (2009, p. 608) to novice lecturers in nursing when they enter the world of higher education. Furthermore, nurses may experience a shift in status as they leave as experts within their field, which has strong professional and social networks, before arriving into higher education as a novice in unknown territories and a culture that is unfamiliar. Novice lecturers in nursing undertake a process of socialisation focusing on learning the language, values and priorities of working within higher education to gain acceptance within new social groups. The reality for novice lecturers in nursing working within higher education presents challenges with high student numbers and responsibilities, unfamiliar working practices and new hierarchical structures within the university. This rite of passage from the known to the unknown confronts novice lecturers in nursing as they try to define new roles and identities. The formation of identity and achieving a sense of belonging to the sociocultural group is fundamental to '*ontological security*' (Saunders, 1995 p.209). Therefore, Tajfel and Turner (1979) social identity theory (see Figure 2) which is a social psychological theory of intergroup relations, group processes and the social self would appear relevant to the development of professional identity among lecturers in nursing.

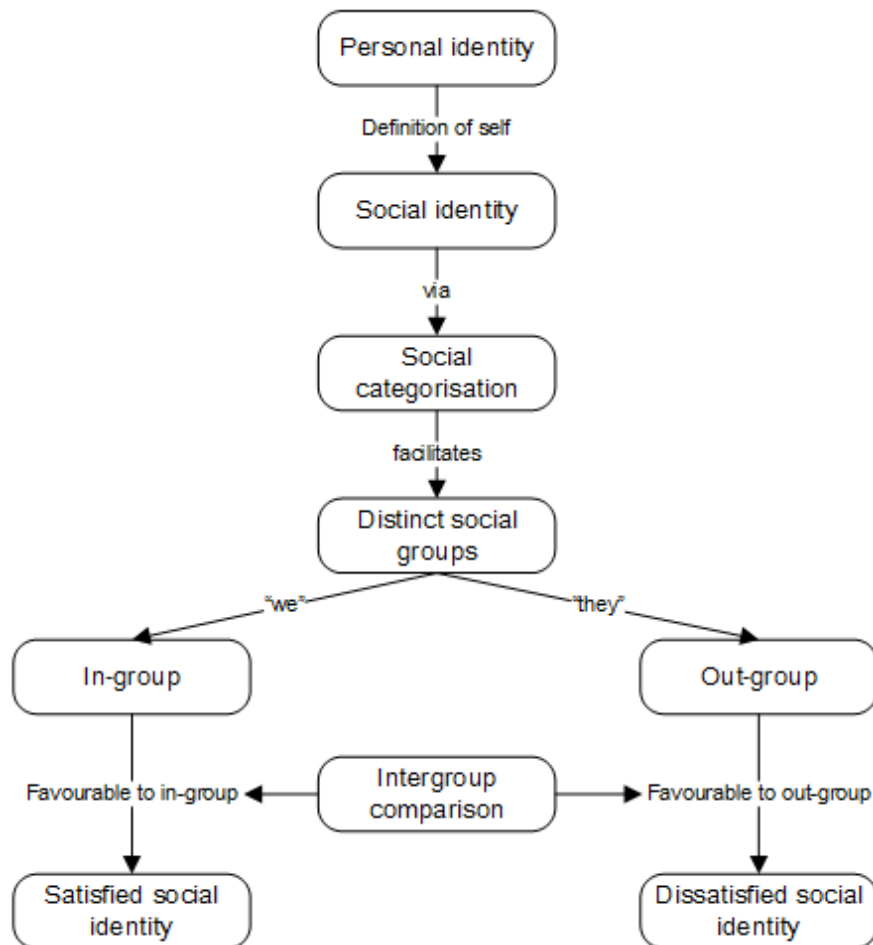


Figure 2 Tajfel and Turner (1979) Social Identity Theory

From the literature, it appears, that a combination of identity theory and social identity theory would be appropriate as theoretical frameworks to this study from which the identities of lecturers in nursing could be explored. The theories complement each other in that identity theory views the self as a multifaceted social construct that emerges from people's roles in society while social identity theory proposes that the social category into which one falls provides a definition of who a person is. Thus, identity is formed through a combination of a person's role in society and the influence of the social setting to which a person belongs. It is clear that both theories have a social basis which is particularly relevant to the identities of lecturers in nursing. It follows that novice lecturers in nursing will be assigned a social category within academia and the construction of an academic identity. This shedding of a previous identity and the induction into unfamiliar working practices, language and acronyms used with higher education may impact on their academic identity.

2.2.7 Academic identity

From an individual perspective, how academic identity is conceived, conveyed and contested has been the topic of powerful arguments over the last two decades and needs to be considered within the context of this study. Basic assumptions of the nature of identity have been challenged to the core by leading social theorists. Against this backdrop of intensity Mary Henkel (2005) characterised academic identity in degrees of '*fragmentation and dislocation in social institutions and patterns of life*' (2005, p. 155). Her analysis of the political and social influences together with the pressures of universities becoming multi-professional organisations have impacted on the autonomy of academic identity. Henkel (2005) proposed that the dynamics of academic identity has changed from the historical interaction of the two key communities of discipline and the higher education institution. The rising dominance of institutions becoming more powerful and corporate together with increasing levels of external scrutiny can force academics to face complex challenges. The need to address widening participation, consider the diversity of students and funding regimes with additional challenges to fulfil employability targets and the pressures of meeting the requirements for research activity may all influence academic identity.

In a small study of academics, Clegg (2008, p.329), explains academic identity as being '*multiple and shifting*' and maintains that '*identity should not be 'fixed' but be part of the lived complexity of individuals*'. A popular portrayal of academic identity is shaped by the educational establishment itself and the discipline that academics work in (Becher and Trowler, 2001; Neumann, 2001; Henkel, 2000; Austin, 1990 and Clark, 1987). These disciplines can become marginalised in what Clegg (2008, p. 331) describes as *spaces* in the formation of academic identity, Henkel (2000) and Kogan (2000) attribute these spaces to increased tensions through being competitive with a sense of rivalry. How academics work within their discipline can influence their personal beliefs and values around the basis of knowledge and ways of working. A study by Kreber (2010, p. 173) found the enthusiasm to share knowledge and passion for the subject matter has motivated academics to be seen as an '*authentic teacher*' to the students. Kreber (2010) observed that academics in more traditional disciplines are able to facilitate the construction of their identity through their interactions with students, colleagues and other professional networks.

Despite the view that academic identity is not synonymous with discipline (Clegg, 2008), the discipline itself is seen as a dominant influence on identity formation (Becher and Trowler, 2001; Henkel, 2000). Relationships between higher education organisations and forms of knowledge have been scrutinised, illuminating the tribal nature of academic disciplines (Becher and Trowler, 2001). Thus, at department and individual level, resistance stems from strong disciplinary influences on the identities of lecturers in nursing. Given that the source of this identity is firmly rooted within practice-based expertise, and Bourdieu's (1977) cultural specific capital and cultural positioning, it is reasonable to assume that significant differences may be expected. The debate around academic identity and nursing manifests itself around being a relative newcomer to university education together with the competitive international business of universities to recruit the right calibre of students. In addition, the priority of scoring high within the Research and Excellence Framework (REF) with Thompson (2009, p.696) identifying that *nursing consistently perform poorly* in the UK Research Assessment Exercise. Against this complexity it is important to investigate how nursing sits within an academic discipline and if this may contribute to the identities of lecturers in nursing.

2.2.8 Nursing as an academic identity

The legitimacy of nursing as an academic discipline has been a complex territory to negotiate and is a contested area (Findlow, 2012; McKendry *et al.*, 2012; Shields *et al.*, 2012; Andrew *et al.*, 2009; Watson and Thompson, 2004). To provide some context, Edinburgh University was the first to offer a degree in Nursing in 1965 with a handful of Russell Group universities including Kings College, London, Manchester, Ulster and Nottingham following in the 1970s. The success of these university programmes led to the shift from nurses being educated within the NHS to the transfer in the late 1990s to universities who offered nurse education programmes, the new training was named Project 2000 (United Kingdom Central Council for Nursing, Midwifery and Health Visiting, 1986). An early observation by Barton (1998, p.1284) recognised that there appeared to be professional jealousy from some traditionally trained nurses working in clinical practice towards students on the Project 2000 training programme. Furthermore, Barton (1998, p.1284) identified an '*anti-academic culture*' against those students who were now educated in universities and considered supernumerary when in the clinical placement.

Despite nursing moving to higher education, this shift arrived without the prestige of more traditional degrees and was subject to much criticism from governments, media stereotyping and nurses themselves (McKenna *et al.*, 2006; Watson and Thompson, 2004). This hostility towards nursing becoming an academic field is contested (McKendry *et al.*, 2012; McNamara, 2008) with the notion that only NHS trained nurses had the ability to care for patients rather than the university educated nurse and that this shift represented what Watson and Thompson earlier suggested (2004, p. 73) *lies at the heart of the present malaise*. The position from McKendry *et al.* (2012, p.183) believe that nursing is out of place within the higher educational academy, debating the academic worth and standing of nursing. Indeed, McNamara (2008), claimed that there was a resistance towards nurses being educated within a university and provokingly described this as trying to *academicise the non-academic*. (p. 465). Contrastingly, Shields *et al.*, (2011 p. 314) defends nursing as an academic workforce by maintaining that there is 'good evidence' being educated to university level has reduced patients and hospital mortality.

Nonetheless, according to Andrew *et al.*, (2009, p. 607) nursing is reluctant to embrace the academic agenda with Thompson (2009) earlier blaming nursing for the lack of fostering a research culture. Findlow (2012) provides a rationale for this insecurity of nursing as an academic status, which may be due to the high prevalence of females who may be balancing intensive study with the competing demands of caring for family. Although McKendry *et al.*, (2012) reason that it is because of this prevalence and many students being classed as older adults [albeit] with a wealth of experience that they find the demands of higher education too unfamiliar and uncomfortable. An observation by Thompson (2009) was that nursing as an academic discipline appears to be on 'shaky ground' (p. 695). The lack of political astuteness and academic performance as well as being visibly weak within the university setting contributes to internal challenges. Other external challenges to nursing being seen as an academic discipline are the pressures from NHS commissioners who fund some nurse training and are often susceptible to changing focus and fashions depending on needs of the NHS and public pressures have all contributed to a confused picture of identity. (Santry, 2010; Andrew *et al.*, 2009).

There is no doubt that the journey from student nurse to becoming a lecturer in nursing is fraught with many challenges to their identity. From early encounters in training to establishing themselves as an expert clinical practitioner then progressing through their career into working within higher education contributes to how lecturers in nursing perceive their identities. The next section will explore the tensions in the literature around transition in becoming a lecturer in nursing.

2.2.9 Identity in becoming a lecturer in nursing

There is a growing body of literature exploring the challenges that novice lecturers in nursing face from moving from their professional clinical practice (Goodrich, 2014; Smith and Boyd, 2012; Boyd and Lawley, 2009; Cangelosi, Croker and Sorrell, 2009; Murray, 2007 and Carlisle *et al.*, 1996). The literature describes transition from two viewpoints. One view is around the psychological components of transition (Janzen, 2010; Bridges, 2003; Schlossberg *et al.*, 1995) and the other view is around the social aspects of transition (Ashforth, 2001) who considered the relational aspects involved in establishing a new role with McAllister *et al.*, (2014, p.244) believing that novice educators have a *sense of professional isolation*. Meleis (2010) considers role transition to be an alteration in security or stability that involves acquiring new knowledge, a change of behaviour including a possibility of a change in social status. By becoming confident and the acquisition of new knowledge and behaviours, Meleis (2010) maintains this will stimulate the transition so that the individual is able to fulfil the role with the consequence of a change to their identity.

The literature identifies the complexities of nurses entering a role in education and the challenges they face in their identity. They are often ill-prepared for the role of teaching in higher education (Boyd, 2010; Penn *et al.*, 2008; Anderson, 2009) with Andrew *et al.*, (2009, p. 608) describing this as a '*culture shock*' and assumptions being made that expert clinicians can transfer to academia and already be prepared in having an effective role as a lecturer in nursing (Billings, 2003). A strong relationship between leaving clinical practice and transferring to new communities of practice was considered by Davies (2005) who suggested that many nurses accept a position as a lecturer in nursing without fully comprehending the role of becoming an educator within an academic setting. Anderson (2009, p.203) theorised

that to assume the role of lecturer in nursing there needs to be *a diffusion through role boundaries that has a new identity, values and knowledge base.*

The challenges for novice lecturers in nursing who are experiencing moving through role boundaries, from nursing into teaching, are primarily focused around the difficulties in understanding the functions of the new organisation. Clark *et al.*, (2002) suggest that it is the responsibility of the institution to support the transition into higher education by enabling new academics to realise the vision of embracing new approaches to teaching-learning. The role of a lecturer in nursing was studied qualitatively by McArthur-Rouse (2008, p. 404) who conducted semi-structured interviews with six participants who had made the transition from the health care setting into higher education and found that this '*lack of knowledge and understanding and function of the organisation*' was a considerable challenge to their progression. Further findings, revealed that new lecturers in nursing found the lack of structure in their new work-place difficult to comprehend compared to the highly-structured environment of the health care setting. A disconnect between the expectations of novice lecturers in nursing was a common finding within the literature (Dempsey, 2007; Schriener, 2007; Siler and Kleiner, 2001). Perceptively, Dempsey, 2007; Schriener, 2007; Siler and Kleiner, 2001 suggested that the stress from heavy workloads, learning new knowledge and skills (Young and Diekelmann, 2002; Nugent, *et al.*, 1999) and that novice lecturers in nursing were ill-prepared for the role (Boyd, 2010; Dempsey, 2007; Schriener, 2007; Davies and Ferguson, 1997) contributed to feeling disconnected. Much of the recent literature indicates that while transitions are unsettling, this difficult process could be alleviated by formal support structures (Rosser and King, 2003) with the need for academic induction (Boyd, 2010).

An early study on transition was undertaken in 1997 by MacNeil who adopted an ethnographic approach to interview an undisclosed number of nurse teachers about their transition from nurse to teacher. MacNeil (1997) used modified grounded theory to analyse the qualitative data collected from nurse teachers' descriptions of the transition process. Four main themes emerged that demonstrated the difficulties in coping with the transition: enrolment of nurses to become a nurse teacher; lack of affirmation where nurse teachers felt isolated and missed the affirmation from patients and their relatives: serving your time where

new nurse teachers described the difficulties of finding rooms to teach students, feeling alienated in not being allocated student nurses straight away and experiencing being a 'new girl'. The fourth theme to emerge was around college structure where subject areas were cherry picked by the long-term serving staff members. MacNeil explains that initially, the new nurse teachers chose to spend a '*considerable amount of their time back in the clinical area to try and resolve their inner conflict*' (1997, p. 637) however, this appeared to decline once the new nurse teachers were fully integrated. MacNeil concludes her findings around the loss of identity and initial role ambiguity and borrows the term '*troublesome dualities*' (1997, p. 639) from theorists Merleau-Ponty and Bourdieu to relate to the debate around education and clinical practice and describes the transition process from nurse to nurse teacher as a '*significant status passage*' (1997, p.640).

The early stages of transition are besieged with a multitude of factors that challenge the new lecturer in nursing to progress in their new role. Inevitably, lecturers in nursing will encounter the transition from clinical practice where their knowledge, skills and practice is familiar and safe to an environment in academia where there is uncertainty and feelings of caution. Making this transition from clinician to educator presents what Andrew and Wilkie (2007, p. 2) foresee as significant challenges for novice lecturers in nursing as they need to '*maintain and manage a dual role with a foot in both camps*'. Andrew *et al.*, (2009, p. 609) described a period of '*mourning*' that novice lecturers experienced for the loss of their role in clinical practice and expertise. Similarly, Diekelmann (2004) and McArthur-Rouse (2008) conducted qualitative studies on novice lecturers in nursing who reported that they often felt lost and inadequate in what is effectively a complete career change. In recognition of these challenges, Andrew *et al.*, (2009) piloted an online international community of practice for learning. This resource was based on collaborations between novice and expert academics to ease the transition process.

A qualitative study by Boyd (2010) explored the experience of the academic induction process for newly appointed lecturers in teacher and nurse education in the form of workplace learning and identity-building. Data in the form of semi-structured interviews were collected from nine participants from both groups who had moved from a clinical role into higher education within

the last four years. In addition, section leaders who line managed new lecturers in nursing were also interviewed. Emerging themes from the data were identified (2010, p.158) as '*feeling new*' where new lecturers in nursing perceived a loss of status and a sense of disappearing within a large organisation. These feelings were exacerbated by being exposed to a language and acronyms very different from their previous roles within health care. Furthermore, the overwhelming pressure of assessment and marking students work added to their anxieties. A second theme was around '*reconstructing pedagogy*' (2010, p. 159) of learning to teach in higher education with lecturers in nursing reflecting on their previous experience with teaching students in the workplace and patients. The third theme was around '*seeking credibility*' (2010, p.159) where previous clinical experience was highly valued and provided '*credible reference to practice*' (2010, p. 159). Furthermore, Boyd suggested that lecturers in nursing are involved in boundary crossing back into the healthcare setting to support students and professional colleagues. This encouraged them to retain their existing identity rather than assume new identities within academia and research. A number of authors (Cave, 2005; Kenny *et al.*, 2004; and Clifford, 1999) reported that credibility within professional practice was perceived to be more important by nurses than developing an academic profile and engaging in research and scholarly activity. However, Andrew *et al.*, (2009, p.610) stress the importance that lecturers in nursing need to develop an identity within higher education and *articulate the uniqueness of their role to innovation and excellence in teaching and learning*.

A quantitative study conducted by Goodrich (2014, p. 204) in the USA investigated nurses who transfer to working within higher education. This study used a convenience sample of 541 academic nurse educators utilising the Career Transitions Inventory (CTI) (Heppner *et al.*, 1991). Goodrich employed electronic surveys to collect and measure each participant's level of readiness, confidence, personal control, support, independence, self-esteem and work locus of control. The demographics of the sample consisted of females aged 50-59 years of age, which although not generalisable, does lend itself to some insights into these psychological resources. The results were indicative of how successful new lecturers in nursing were in transferring to working within higher education.

A qualitative study in the form an on-line survey, was conducted by Smith and Boyd (2012) who explored the experiences of health care professionals using a series of open and closed questions to lecturers in the professional fields of nursing, midwifery and allied health professionals working in UK universities. The study received a total of 504 responses out of a possible 2487 with 146 respondents selected that had been in post from one to five years. The authors acknowledged the limitations of the study with each university having different pressures and expectations relating to teaching and research activity. The findings (2012, p.69) are structured into three main themes: managing self, activities and support for new lecturers. A strong feature of the findings focused around the tensions in the role and the confusion this caused to the building of identity for new lecturers. Interestingly, Smith and Boyd (2012, p.69) claim that the workplace experiences of new lecturers within the three fields, *appear to encourage them to hold on to their identity as a credible practitioner* despite this being unrealistic within their new workplace setting. De Araujo Sartorio and Pavone Zoboli (2010, p.689) argue that *'nurse teachers have historical scars that still influence their focus on the role of nurses'*.

Historically, lecturers in nursing are under external pressures from governments, regulatory bodies and stakeholders to prepare and train nurses that are fit for purpose. Andrew (2012, p.847) argues that *it is our duty to turn out good nurses*. The need to manage increased numbers within each cohort, often in tighter time frames remains a challenge to meet the demand. Lasater (2010, p.663) questioned if some lecturers in nursing are having an identity crisis by examining if they are *content coverers or facilitators in learning?* The assumption that thinking and learning follows on from *'covering content'* is challenged by Ironside (2004, p.5) who promoted that creative pedagogies were needed to support deeper learning.

The literature has demonstrated that for nurses, the transition in becoming a lecturer in nursing is a challenging process. The initial eagerness in transferring into higher education to teach the future nursing workforce, is tempered by the multiple challenges that novice lecturers in nursing may encounter. This dissonance from one profession to another is keenly felt by most novice lecturers in nursing, which may influence how they identify themselves. This transitional stage

in their careers can be the most difficult to negotiate and reconcile. From this perspective, there is a need to understand identity in being a lecturer in nursing and the challenges of credibility.

2.2.10 Identity of being a lecturer in nursing

The reform of nursing education to Project 2000 had an impact upon health care delivery with Billings and Halstead (1998) suggesting the need for nursing practice to be evidence based, within a climate to reduce health care costs. The challenge for lecturers in nursing to deliver teaching that is based on the best available evidence requires knowledge of the clinical setting with Rolfe (2009) suggesting that embracing evidence-based teaching legitimises the discipline within academia. Earlier, Mead and Moseley (2000 p.214) advised that nursing must '*gain legitimacy through developing a research-based profession without denigrating the importance of teaching and developing practice skills*'. According to Neary, (2000) lecturers in nursing need to deliver classroom teaching that is meaningful to students in regard to being clinically credible (Andrews and Roberts, 2003) with knowledge translated over to students that is both '*facit and explicit to be facilitated within practice*' (Tolson *et al.*, 2008, p.687) otherwise can be rendered meaningless.

In contrast to the argument around clinical credibility, Adams (2011, p. 887) noted a distinct lack of discussion around the credibility of teaching. Rolfe (2009) suggesting that lecturers in nursing who begin their academic careers are at a disadvantage with a profile in scholarship and research not corresponding to their previous clinical expertise. Perceptibly, Andrew and Wilkie (2007) recognised the tensions around how lecturers in nursing perceive their priorities in the reality of delivering nurse education and engaging with the institutional aims of research and scholarly activity. Andrew *et al.*, (2009) attributes whether nursing should be considered as an academic career to how nurses perceive where they stand professionally in both teaching and nursing and how they manage the transition from the clinical area to working within higher education. According to Andrew and Robb (2011) the main challenge for lecturers in nursing in how their academic role is developed is the need to satisfy the twin requirements of research/scholarly activity and practice engagement/development. Andrew and Robb's (2011, p.430) qualitative study maintained that the *twin concepts of academic and vocational orientation continue to challenge role development* within Higher Education. Their

action research acknowledged that traditional training and the pursuit of technical competence had deflected nurses away from academic achievement and the need for nursing to develop an academic base. The lack of research within nursing has been questioned by Andrew *et al.*, (2009, p.607) who argue that there is a '*continuing reluctance to embrace an academic agenda*' with Thompson (2009, p. 606) suggesting that this is characteristic of a lack of confidence. Butler *et al.*, (2006, p.365) describes nursing within higher education as '*invisible*' which has failed to exploit its uniqueness and Standish (2002) insisting that as a discipline, nursing needs to preserve a discreet body of work.

A consideration from Andrew (2012) that the portrayal of nursing is viewed as a dual profession between those that practice and those who teach and are involved in research with a notion that nurses in practice are more credible than those that work within higher education (Andrew 2012; Smith, 2000). The nursing profession has and continues to have a long history of viewpoints that are polarised into the values within clinical practice to that of nurse education. An argument proposed by Andrew *et al.*, (2009) and Santry (2010) reason that these differing values contributes to the confusion surrounding identity.

Boyd's (2010) qualitative study acknowledges the need for lecturers in nursing to become proactive in taking personal responsibility to develop their scholarship and research activity and crucially how this informs their teaching. What is admirable is how Boyd (2010, p. 163) optimistically proposes that collaborative partnerships would contribute to an '*expansive working environment*' although neglects to discuss the subliminal influences from the organisational culture of the institution under investigation. Boyd (2010, p.157) clearly states that the context of where the data was derived is not a '*research intensive*' university but one that focuses upon teaching with *some 'ambivalence towards research activity'*. The study concluded that the complexities of the workplace environment can be contradictory and challenge the process of the professional learning of lecturers in nursing. Nevertheless, according to Hoeve *et al.*, (2014) the last decade has demonstrated that nursing worldwide has grown to be an academic discipline with nurses graduating with a degree and some progressing to masters and doctoral degrees to prepare them for a variety of roles. The current pressures from the institutional aims of contributing to the research and excellence

framework has, increasingly seen lecturers in nursing moving towards a culture of academia. As a result, nurses are becoming more scholarly and are now contributing to research and gaining a profile in publications.

The tensions around balancing dual professional identities as a lecturer in nursing remains challenging (Andrew, 2012; Andrew and Robb, 2011; Adams, 2011; Gazza, 2009; Anderson, 2009; Andrew *et al.*, 2008 and Murray, 2007). What is revealed within Adams discussion paper (2010, p.884) which focused upon the professional status of nursing and teaching, concluded by combining the role of nurse and teacher removes each of the concrete identities. Significantly, Adams argues that lecturers in nursing can experience a '*role crisis*' (2010, p.884) being unable to prove their competence in nursing with the difficulties of their role as a teacher. Central to this role crisis is the overarching legal duty that all nurses, including lecturers in nursing, must abide by the professional code of conduct (The Code, Nursing and Midwifery Council (NMC, 2015). The Code identifies the need to provide quality when undertaking the role as a nurse and to '*support students' and colleagues' learning to help them develop their professional competence and confidence*' (NMC, 2015 p. 8) which includes learners and ultimately patients within their care. In addition, The Code (NMC, 2015) has stipulated that all nurses must engage with a re-validation process every three years that requires significant evidence to demonstrate that nurses have remained up to date and current within their role and crucially can maintain their status as a nurse on the register. This sensitive area around lecturers in nursing being clinically up to date has been contested (Barrett, 2007; Boyd and Lawley, 2009). Furthermore, Barrett (2007, p. 370) advocated that the higher education institute need to clarify what are the requirements for '*currency*' in relation to both new and experienced lecturers in nursing. Whereas Boyd and Lawley (2009, p. 299) are very clear that new lecturers in nursing '*need to be supported to adopt a critical stance*' to be able to contribute to their credibility and identity as an academic. This level of scrutiny from the NMC may contribute to feelings of confusion and explain the tensions and inner conflict to the identities of lecturers in nursing working in higher education.

The debate around lecturers in nursing maintaining their knowledge in clinical practice is well documented (Brennan and Hutt, 2001; Maslin-Prothero and Owen, 2001; Glen and Clark,

1999; and Camiah (1998). Cave, (1994) indicated that lecturers in nursing need to engage with research into clinical areas in addition to academic practice. By contrast, a study based upon student evaluations was conducted by Ramage (2004, p. 290) that concluded the most effective of nurse teachers were '*engaged with nursing work with their students*'. Glen and Clark (1999, p. 18) suggested that '*nurse teachers of the future should be first and foremost a practitioner*' advising that the job of the nurse teacher is not a lifelong career. Interestingly, this study was published at around the time of the implementation of the new nurse education programme, Project 2000 which may yearn for the traditional type of nurse training having clinical nurse tutors working alongside the student on the ward area. However, the argument lingers with Gillespie and McFetridge (2006, p.643) maintaining that having clinical credibility is valuable in the quality of teaching to students. The argument around lecturers in nursing not maintaining their clinical credibility and keeping up to date has been raised by Rolfe (1996, p. 63) and Gillespie and McFetridge (2006, p.643) who assert will result in the widening of the gap between theory and practice. The discussions around this sensitive issue has led to a Landers (2000, p.1554) advocating that lecturers in nursing work with students in their clinical practice if they want to appear credible with Corlett, (2000, p. 500) commenting on '*teaching only textbook ideals*'. Academics are simultaneously challenged by the concept of retaining clinical credibility with Carr (2007, p. 898) maintaining that lecturers in nursing can get '*pre-occupied by the notion of whether or not they still possess it*'.

The small-scale enquiry by Boyd and Lawley (2009) who investigated the work-place learning of newly appointed lecturers in nursing within higher education conducted semi-structured interviews with nine participants who had been in post less than four years. The findings revealed that the participants describe '*feeling new and were seeking credibility*' (2009, p. 296) with little acknowledgement from the organisation of their transferable skills working and teaching with students in practice as well as patients and carers. An interesting finding from this study was that new lecturers in nursing wanted to establish their role firmly as an experienced *nurse* and focus their teaching around clinical practice. The intention here was to demonstrate their credibility to the audience of student nurses with high value being placed on being up to date (2009, p.297). This '*credibility through knowing*' (2009, p. 296) placed huge pressures on them for the time needed to prepare for their teaching with a genuine fear of not

appearing credible to students. The notion that new lecturers in nursing want to demonstrate their credibility is constrained by the rapid immersion into teaching (2009, p.298) and their reticence in asking questions and accessing non-formal support from their more experienced colleagues. According to Boyd and Lawley (2009) the unintentional impact from the workplace is that this encourages new lecturers in nursing to hold on to their identity as a nurse rather than develop their academic identity. Further evidence that lecturers in nursing were still focused upon being clinically credible rather than on scholarship are presented in the findings from an action research study by Andrew and Robb (2011). They concluded that this pre-occupation is complicated because lecturers in nursing are employed to teach their expertise of professional clinical practice to students within the higher education setting.

In summary, what the literature demonstrates is the journey from nurse to being established as a lecturer in nursing is hugely challenging. Uniquely, nurses leaving their professional discipline are often very experienced; some classed as experts in their particular field of practice with most having a strong nursing identity. They invariably enter higher education as a novice lecturer in nursing, with a multitude of challenges ahead. The literature implies that this process of learning and acceptance can be both long and difficult with patience and stamina being qualities that are needed to succeed. Inevitably, lecturers in nursing need to balance their professional identity as a nurse to educator together with negotiating how to reconcile the demands of the university and student priorities, with the understanding that the NHS needs competent and knowledgeable nurses, satisfying NHS managers and stakeholders priorities, as well as overarching adherence to the professional code of practice. It is little wonder that having a strong identity could be compromised from the plethora of competing priorities that need to be satisfied. Nevertheless, the aim of this study is to reveal the conceptions of being a lecturer in nursing and how their identities are negotiated within a tutorial with a student. Therefore, it is necessary to explore the literature on teaching-learning to provide contextual underpinning of the reality of lecturers in nursing and their pedagogy.

2.3 Pedagogy

2.3.1 Teaching-Learning

Following the literature review on identity and how this applies to the context of nursing, it is appropriate to understand and examine some key models of teaching-learning to place these within the context of lecturers in nursing, specifically within a tutorial. It is a useful reminder that the terminology of teaching-learning will be used as this embodies both aspects of student and teacher engaging together. From the literature, it is clear that there is a prolific body of research that examines concepts of learning and how the approaches to learning are influenced by the learning environment (Marton and Säljö 1976; Entwistle and Ramsden, 1983; Biggs, 1999; Prosser and Trigwell, 1999). This section will summarise some of those conceptions.

The concept of learning is described by Ramsden (1987) as the relation that a student has between themselves and the learning they are undertaking. From the literature, it is clear that many researchers who have focused upon how students learn separate the approaches into two distinct groups of surface and deep learning (Marton and Säljö, 1976a;1976b; Säljö, 1979; Marton *et. al.*, 1993). Qualitative research has revealed the correlation between a deep approach to learning, whereby students have some degree of independence over what to learn, facilitated by high quality teaching related to higher quality learning outcomes (Trigwell, *et al.*, 1999). Alternatively, Ramsden (1992) earlier reported that students who perceive their academic workload as high and are encouraged to use the skills of memorisation and recall have a tendency to adopt a surface approach to their learning. This approach was often taken by students who Ramsden (1992) claimed needed to acquire and memorise knowledge in order to pass an examination. In these instances, students viewed their learning as external to them. By contrast, Sharma, (1997) asserted that those students who wanted to understand how knowledge relates to the world around them are able to internalise their learning.

Parallel to concepts of learning, qualitative studies explored the relationship of student and lecturer in how the different approaches to teaching can influence how students learn in the context of higher education (Shay *et al.*, 2009; Ramsden *et al.*, 2007; Lizzio *et al.*, 2002; Prosser and Trigwell, 1999 and Kember, 1997). Reviewing the literature identified different

taxonomies of teaching ranging from an early study conducted by Dall' Alba (1991) where seven ways of teaching had been identified through to a continuum from being teacher to more student led.

The influential models offered by Biggs (1999) and Prosser and Trigwell (1999) presents more opportunities for lecturers by examining three levels of *'thinking about teaching'* (1999, p.57). At level one the teacher is focused on *what the student is; that is, individual student differences between a 'good' and 'poor' student*. Biggs (1999, p.62) explains that at level one the teacher is regarded as transmitting the information to students, which the student has varying levels of engagement. Student performance at this level is dependent on their individual ability and motivation for learning that can be influenced by previous experiences of learning. At level two, Biggs (1999, p.63) reasons that teachers will focus on *'what the teacher does'* whereby the teacher transmits information that they feel responsible for in terms of in the delivery. At this level, the teacher is the focus and negates to appreciate what the students are learning. Biggs explains at level three, teaching involves facilitating learning by being more interactive with students and by utilising different teaching approaches. In this way student understanding and how learning fits in with the wider picture can be realised. At level three, Biggs asserts that *'the teacher is constructing learning through aligning curriculum objectives, teaching and learning activities and assessment tasks and is a reflective practitioner'* (1999, p.72). However, this framework fails to acknowledge that there remains the possibility that teachers may decide to practice at each of the three levels during the lesson and that the content and context may dictate which teaching-learning approach is adopted. This inevitably shifts the focus away from a student-centred learning and only when the context has been decided can the approach be introduced.

A model of teaching described by Prosser and Trigwell (1999) is the 3P model of learning (presage, process and product). In this model, they assert that teachers who enter higher education hold the conception of how to teach based on their individual personal experience. Further claims are that teachers perceive their own concepts of teaching and subsequently by adopting different approaches may lead to different outcomes. This model resonates to previous experience of being educated which may influence the approach taken by teachers,

particularly those new to the profession. Integral to the model is the influence from the course and developmental context that can impact the teaching. Prosser and Trigwell (1999) propose that if teachers believe they have a degree of control over what is being taught they will feel empowered to adopt a more student-centred approach to their teaching that can focus on changing students' understanding. Prosser and Trigwell (1999, p.42) reported that:

University teachers who focus on their students and their students learning tend to have students who focus on meaning and understanding in their studies, while university teachers who focus on themselves and what they are doing tend to have students who focus on reproduction'.

The earlier phenomenographical study by Trigwell, Prosser and Taylor, (1994) identified two fundamental distinct teaching approaches: Information Transmission/Teacher-focused Approach to the Conceptual Change/Student-focused Approach. This qualitative study involved the completion of the 'Approaches to Teaching Inventory' (1994, p.70) which demonstrated how the teachers' approach to teaching was related to the students' approach to learning. Findings suggested that a Conceptual Change/Student-focused Approach to teaching correlates to deep learning with surface learning being correlated to Transmission of Information/Teacher focused. This phenomenographic study is particularly significant in that it investigated the teachers' perspective of their teaching. The relationship between this research and other studies of student learning strongly suggests that surface approaches can be linked to low quality learning outcomes (Marton and Säljö, 1976; Trigwell and Prosser, 1991; Ramsden, 1992; Prosser and Millar, 1989 and Åkerlind (2003). Teaching acceptable class sizes with appropriate academic workload and being supported by teaching departments could facilitate Conceptual Change/Student-focused Approach to teaching (Kember, 1997; Prosser and Trigwell, 1999). However, the current climate within higher education of academic pressures that arise from course delivery, high volumes of workload and the challenges of producing the calibre of students to be successful in their professional qualification, detracts from the more meaningful objective of encouraging and facilitating students to engage in scholarly activity in order to expand their horizon with independent

learning. Inevitably, these challenges do contradict internal beliefs and can have a detrimental impact on the approach to teaching-learning.

Marton and Booth (1997) used a qualitative phenomenographic approach in their research to investigate university lecturers' perceptions of leadership from the department. Interestingly, this highlighted that these perceptions were associated with their approaches to teaching. The qualitative data demonstrated that university teachers who perceived themselves to be working collaboratively, combined with a transformational style of leadership were likely to adopt teaching approaches that were student-focused and enabled more conceptual change (Bass, 1985; Burns, 1978). Those teachers who perceived themselves to be working within an environment that was not collaborative and experienced leadership that was authoritarian, tended to adopt teaching approaches that were teacher led with information being transmitted to students (Martin, *et al.*, 2000). Interestingly, Ramsden *et al.*, (2007) adds that the student's characteristic is instrumental in an approach that is change/student-focused led that depends on how students articulate their prior knowledge in class, which favours positive student learning. Ramsden *et al.*, (2007) also asserted that by adopting a conceptual change/student-centred approach will encourage teachers to engage with the students and the opportunity to observe their understanding. Challenging students existing ideas through questioning and discussion goes beyond the technique of simple transmission of information.

Entwistle and Walker (2002, p.17) suggest that teachers who have an '*expanded awareness*' allows for a varied repertoire of teaching methods resulting in greater strategic alertness. This '*expanded awareness*' correlates with earlier qualitative studies (Kember and Gow, 1994; Gow and Kember, 1993), that demonstrated, if at department level there was a strong culture and commitment to student learning, this transferred into positive and a deep approach to learning. Entwistle and Smith (2002) provide a useful perspective, drawing attention to the distinction between target understanding and personal understanding. Target understanding is related to the formal requirements of the syllabus and is interpreted by the teacher in the delivery. Personal understanding is where the student comprehends the learning that is presented by the teacher into meaningful connections from prior learning and personal history. This raises the dilemma of needing to meet professional standards of practice that

underpins the course syllabus to developing student practitioners who can reflect on prior knowledge and experience in order to formulate a deep approach that expands awareness for further learning opportunities.

The need for teachers to understand expanding awareness was investigated in a phenomenographic study by Åkerlind (2003, p.380) who discussed the relationship between conceptions of teaching and raised the possibility of a '*6-point hierarchy of expanding awareness*'. Åkerlind (2003) asserted that this hierarchy can be explained from a position of *internal relationship between concepts of teaching and conceptions of growing and developing as a teacher*. Core assumptions from the research is the underlying significance of teaching-learning from both student and teacher perspectives. Åkerlind (2008a) summarises the phenomenographic argument in that:

'student-centred understanding is more sophisticated because it is more complex, incorporating but going beyond a teacher-centred understanding' (p.634).

Åkerlind (2008b) claims that we can understand much more of the teaching-learning process for both students and teachers if a student-centred approach is adopted. Whereas, we only know what is happening for the teacher when a teacher-centred approach is taken and that student responses and interactions are not appreciated (Åkerlind, 2004; Dall'Alba, 1991; Martin and Balla 1991; Martin and Ramsden, 1992 and Prosser and Trigwell 1999).

To conclude, this section of the chapter has reviewed key concepts of teaching-learning, giving a sense of the pedagogical practices of lecturers in nursing. The rationale being to draw attention to the reality of lecturers in nursing engagement with teaching-learning and how this contributes to their amalgam of identities. The remaining section within this literature review is to have an understanding of the tutorial, as the setting where the lecturer in nursing interacts with the student. This purposive choice of setting was selected to maximise the opportunity for lecturers in nursing to reveal their identities.

2.3.2 Tutorials

For the purpose of this study, it is appropriate to understand the tutorial setting where the lecturer in nursing interacts with a student offering academic and/or pastoral support.

As a reminder, the second stage of the data collection process involved video-recording the lecturer in nursing undertake a tutorial with an individual student. The aim being, to get beyond the espoused identity to provide powerful insight into the conception of being a lecturer in nursing and crucially, how they negotiate their identities during a tutorial with a student. The tutorial is an ideal opportunity for lecturers in nursing to reveal their identities so that this can be captured on video ready for analysis.

Reviewing the literature on the key concepts of teaching-learning has consistently demonstrated that the student's perception of the learning environment is strongly related to student's approaches to learning (Prosser and Trigwell, 1999). There are further suggestions by Ramsden (2007) and Biggs (2003) that to alter the learning environment may encourage students to engage with a deep approach to learning. Undertaking individual tutorials is an example where lecturers can facilitate teaching-learning alongside a student with Duers and Brown, (2009) and Price *et al.*, (2007) affirming that tutorials are beneficial to students and lecturers and essential to high-quality learning outcomes (Entwistle, 2009). Nevertheless, there are complications to this ideal which make it difficult to be certain of the outcome. The general view is that tutorials are an opportunity for students to express their ideas and understandings with the tutor, that according to Anderson (2005) can complement previous lectures. Conversely, Biggs, (2003); Leung and Kember (2003) and Rocca, (2010) argue that tutors may use the tutorial and turn these into individual lectures, with the possibility of students not engaging in a deep approach to learning. More recently, Herrman (2014) conducted a qualitative study with a small sample of 12 students to examine their approaches to learning during a tutorial. The results identified a paradox between students who understood the purpose of the tutorial and engaged with a deep approach to learning by listening, note taking and active dialogue with the tutor against students who did not realise the purpose of the tutorial and were more likely to engage in surface learning. Furthermore, Brooks and Everett (2008) earlier suggested that students who have privileged learning within

high status universities may have a greater sense of confidence and security with less thought given to planning their academic paths. Bourdieu (1994) articulated that the reason privileged students didn't have to think about their academic paths was because of how they naturally fitted into the culture of the university establishment.

The relationship between the student and tutor during a tutorial needs to be considered as this is the opportunity for tutors to get to know the student (Akinsanya, 1992). This relationship will depend on the student being able to ask for guidance and advice (Malik, 2000) with Stephen *et al.*, (2008) and Owens and Patton, (2003) insisting that a successful student relationship needs the tutor to be approachable and available rather than have certain personal characteristics. An important factor for a successful student teacher relationship during tutorials is based upon trust (Freire, 2007; Price, 2003) that encourages dialogue (Stewart, 2007 and Keesing-Styles, 2003) and being prepared to meet regularly (McGann and Thompson, 2008). The purpose of the tutorial was around the acquisition of skills (Wisker *et al.*, 2008) for providing academic feedback to inform future submissions (Higgins *et al.*, 2001) and encourage learning (Chi *et al.*, 2008). Qualitative studies by Price *et al.*, (2007) found that students prefer immediate feedback with Duers and Brown (2009) concluding that students who attend tutorials prefer verbal feedback rather than written. More recently, Nathan (2015) conducted an exploratory study using mixed methods to examine the value of face to face tutorials with nursing students around academic support. The limited findings from this purposive sample was that students did find value of individual tutorials in the form of receiving supervision, feedback and guidance around academic writing.

The role of the tutorial, specifically the 'Oxford tutorial' has been examined by Ashwin (2005) who used a phenomenographic approach to study the qualitative variation of 28 undergraduate students' ways of experiencing the Oxford tutorial. Ashwin (2005) explains that the University of Oxford and the University of Cambridge use tutorials as an integral part of the learning system which involves students undertaking intensive reading and preparation for three tutorials every two weeks with their tutor as an individual or in small groups. From the phenomenographic data, Ashwin (2005, p. 635) constituted the different ways of experiencing the Oxford tutorial into four nested categories of description. These categories ranged from:

1. *tutorial where the tutor explains what the student does not understand*
2. *tutor showing the student how to see the subject in the same way as the tutor does*
3. *tutor bringing things in relation to each other to help the student develop a new perspective in the wider context of the discipline*
4. *tutor and the student exchanging points of view on the topic and both coming to a new understanding.*

Ashwin's study shows the variation of the students experiences in the Oxford tutorial which claims if students can be encouraged to have a better understanding of the purpose of the tutorial then student engagement and the quality of higher level learning could improve. In 2006, Ashwin conducted a second phenomenographic study; this time on the qualitative variation of tutors' accounts of tutorials. The sample consisted of 20 tutors of undergraduate students who were interviewed and asked to complete '*The Approaches to Teaching Inventory*' (Prosser and Trigwell, 1999) to provide a link to the tutors' accounts of their teaching and their teaching practice. The results constituted four nested categories of description. These categories ranged from:

1. *Tutorials as a place where tutors help students to develop an understanding of concepts*
2. *Tutorials as a place where students see how to approach their discipline*
3. *Tutorials as a place where evidence is critically discussed*
4. *Tutorials as a place where new positions on the topic are developed and refined.*

(Ashwin, 2006, p. 656)

Some conclusions that can be drawn from evaluating categories of description from both of these phenomenographic studies reveal that individual tutors approach the tutorial differently and this can be dependent on their interpretation of this approach to teaching and consequently the quality of student learning. Although both Ashwin's studies (2005; 2006) focus on the Oxford tutorial from a student, then academic perspective, there are important lessons to this approach to teaching-learning that need to be considered within any university.

What is particularly relevant to this study is how tutorials are conducted within other universities, in particular with nursing students.

The final stage of reviewing the literature is to explore Pierre Bourdieu's three sociological concepts of field, capital and habitus. In Chapter 6 the data will be examined, employing deductive reasoning under the lens of these concepts to discover how lecturers in nursing negotiate their identities during a tutorial.

2.4 Bourdieu's Sociological Concepts

Up to this point, the literature review has focused on identity and pedagogy. The final stage of the literature review considers Pierre Bourdieu's sociological framework which is to be used as a lens to investigate how lecturers in nursing negotiate their identities during a one to one tutorial with a student nurse. The conceptions of being a lecturer in nursing, their multiple identities, as developed through the phenomenographic analysis, are considered using the concepts of field, capital and habitus. Bourdieu's sociological theory offers a set of tools to investigate how the lecturers in nursing foreground different identities (as developed through the phenomenographic analysis and the five conceptions of being a lecturer in nursing within the outcome space presented in Chapter 5) during an individual tutorial with a student. The second stage of the study involved a thematic analysis based on the five conceptions plus coding data from the tutorial and video stimulated recall and reflect interviews using Bourdieu's concept of Field; Capital and Habitus. The aim of this second stage of the study is to examine the interrelatedness of how lecturers in nursing negotiate the field of higher education, how they accrue, establish and express forms of capital within the field, and how habitus becomes active as the lecturers in nursing deploy their different forms of capital within the power structure of the field.

A large number of empirical studies have applied and evaluated Bourdieu's theoretical framework to understand complex social situations (Deer, 2003; Naidoo, 2005; Maton, 2005 and Thomson, 2005). The framework has provided useful tools although not surprisingly there has also been an ongoing critique (McNay, 1999; Swartz, 1997; Lareau and Horvat,

1999; Farnell, 2000; Crossley, 2000; Jenkins, 2002; Nash, 2003; Sayer, 2005 and Kemp, 2010).

Pierre Bourdieu (1930-2002) famously developed the three sociological concepts that are central to his analysis of the social world:

to uncover the most deeply buried structures of the different social worlds that make up the social universe, as well as the 'mechanisms' that tend to ensure their reproduction or transformation (Bourdieu, 1996, p.1)

Bourdieu's analysis of the social world was fundamentally focused between the subjective and objective approaches of how issues within the social world are addressed, that characterised much of Bourdieu's work. Bourdieu's obsession with resolving the tensions with both the subjective [agent] and the objective [structure] typified his thinking (Postone, *et al.*, 1995). Bourdieu (1992) argued:

Of all the oppositions that artificially divide social science, the most fundamental, and the most ruinous, is the one that is set up between subjectivism and objectivism.
(p.25).

Bourdieu suggested that objectivism often utilises subjective observations without making an explicit understanding of the real issues; while subjectivism neglects to consider the social impact of issues that need to be addressed. Bourdieu attempts to bridge this divide by incorporating both the subjective [agent] and objective [structure] within his theory of practice that represents the world of social groups. Bourdieu's theory of practice (1977) seeks to gain an understanding on actions from individuals and groups within the social world that he argues:

cannot be explained simply as the aggregate of individual behaviours (Bourdieu, cited in Jenkins, 2002, p.74).

Therefore, the three concepts will be explored to discover how they relate to lecturers in nursing in the fields of nursing and higher education.

2.4.1 How Field contributes to identity

According to Bourdieu (2000a), he defines field as 'a *system of relations between positions of special agents and institutions who struggle for a common cause*' (p.187). Bourdieu maintained that to have an understanding of behaviour or practice it was necessary to examine the social space (field) that it took place in. Bourdieu (Cited in Rhynas, 2005) described the field as a:

frame of analysis when studying social phenomena and can be a series of structures, institutions, authorities and activities, all of which relate to the people acting within the field. (p. 181)

In this case, the social space (field) is within higher education. The concept of the field does offer an explicit sense of being able to study patterns of behaviour of lecturers in nursing within higher education rather than the lecturers in nursing themselves. The field is representative of relations within a 'social space' which has its own structure. Bourdieu (1985c) explains this as:

...the social world can be represented as a space (with several dimensions) constructed on the basis of principles of differentiation or distribution constituted by the set of properties active within the social universe in question, ie, capable of conferring strength, power within that universe.....Agents and groups of agents are thus defined by their relative positions within that space. (p. 724)

Grenfell and James (1998) simplify an explanation of the field:

A structured system of social relations at a macro and micro levelall exist in structural relation to each other in some way. (p.16).

In this case, an examination of the social relations at the macro level of the field of higher education and how this relates to the micro level field [habitus] of lecturers in nursing. Implicit within this field is the perception of 'fluidity' based on the social space of the university, position of the lecturer in nursing within that social space and the relationships with other actors taking part. (Bourdieu and Wacquant, 1992a, p. 104). Bourdieu (1998) conducted two

major studies on the field of higher education and viewed the hierarchical structure of the 'haves and the have nots' and argued that:

education within elite universities was necessary cultural capital for agents taking up dominant positions in the universal field of power, through fields of government, commerce, politics, the arts and education. (Bourdieu, cited in Grenfell, 2014, p.74).

2.4.2 Macro level playing field

From a macro level playing field, the political and socio-economic climate, including authority from the NHS, NMC, Department of Health, The Higher Education Funding Council for England (HEFCE) and Higher Education all have power and influence in the fields of nursing and higher education. The current situation within the macro level field of higher education in the UK, has seen the government adopting policies that encourage greater competitiveness by introducing tuition fees, the highest at the more 'prestigious' institutions. Gonzales (2015, p. 305) refers to a *striving agenda* where securing research grants and high scores within the REF are valued highly (James, 1998 cited in Grenfell and James, 1998) The results are linked to accountability metrics which have positive implications for the researchers and also the university; the ultimate goal being to be classed as gold standard, with a reputation that attracts the best students, greater research monies and to establish the university as a leader in university rankings.

In comparison, the field of nursing within higher education is generally within typical post 1992 institutions with considerably less funding and generally recruit from state schools from working class backgrounds (Meerabeau, 2006; Boxall *et al.*, 2002). Until recently, student nurses have been funded by the Department of Health through Health Education England to complete their education as a nurse or achieve post-graduate qualifications. One of the impacts from this commissioned funding has led to diminished autonomy as a profession, that has been under the control of the state and pressures from stakeholders. This compromised autonomy of nursing and, according to Young (2008, cited in McNamara, 2009) has *significantly undermined the production and application of new knowledge* (2009, p. 1570).

From 2017, the bursary funding has been removed, meaning that student nurses now have to

pay for their 3–year education and associated costs in travelling to placements to become a nurse. In addition, the reduction of continuing professional development monies available for qualified nurses, has created a climate of competition to secure the limited funding from local NHS Trusts or increasingly, nurses having to self-fund post-registration courses. Additionally, the advent of nursing apprenticeships, nursing associates and assistant practitioners have opened up the route for many towards qualifying as a nurse. What the future holds in the field of nursing within higher education with regards to increasing autonomy and the re-balance of power will inevitably take some time to assess.

Continuing with the macro level, the transition of nursing education moving from hospital-based training to university education during Project 2000 (UKCC, 1986) resulted in a major change in positionality for nurse educators (Carlisle *et al.*, 1996). At this time, there was the opportunity for nursing to gain academic recognition in the field of higher education. This shift demanded new roles for lecturers in nursing, who now had access to academic development in higher education; academic qualifications, research, publications and conference presentations. Significantly, this changing field steered lecturers in nursing away from clinical practice into the path of education and academia. Inevitably, enforced by the separation from the clinical setting to the new field of higher education, Boyd *et al.*, (2010) suggested these created tensions within identity. To address these tensions, Beck and Young (2005, p.184) argued that lecturers in nursing tried to gain disciplinary autonomy, coherence and specialisation by '*grounding nurses' academic and professional identities in a particular kind of humane relationship to knowledge*. Nevertheless, Latimer (2000, p.94) negates the attempt to '*carve out a specialised niche as nursing has still been, in many cases, too weak to be persuasive or to have influence*'. This consistent lack of power in the field of higher education (McNamara, 2009) has resulted in the identities of lecturers in nursing becoming compromised and devalued as a legitimate academic discipline. According to Maslin-Prothero (2005) what has detracted lecturers in nursing from gaining power in the field of higher education is the high volume of student numbers and subsequent management of students throughout intensive programmes of study. In addition, the high volume of marking and administration has diminished the opportunity to engage in sustained research and scholarship, making *nursing invisible within academia* (Meerabeau, (2005, p. 124).

The positionality of nursing within the field of higher education involves an interplay of a predominantly female discipline into the arena of the university where historically, Woodward, (2001); Hague, (2000) and Swain, (1997) claim the senior positions are often employed by men. Paradoxically, the current situation is that nursing provides the largest growth areas in the field of higher education (Universities UK, 2015). In contrast, medicine is positioned as male dominant, yet relatively small in number with Rafferty (2002, p.191) arguing that *class prejudice, misogyny and racist perceptions of educability have been constraints to the development of nursing education*. From a historical perspective, Strong and Robinson (1990) identified a strange dichotomy between:

medicine being powerful, well educated, wealthy and independent with a vast scientific evidence base to nursing which is numerically large yet weak, poorly paid, hierarchical and mostly female. (p.19).

The significance of these challenges for nursing as it positions itself against the backdrop of transferring into higher education should not be underestimated. How the game within the field as been played out over time, has inevitably impacted on the identity of nursing and lecturers in nursing.

2.4.3 Meso level playing field

Bourdieu's (1977) concept of the meso field is that the actors within the social space are taking each other into account; allowing for the reproduction of the actors and their social positions over time. In the UK, the micro level field of lecturers in nursing is influenced by the meso level of field from the Faculty and University they are employed. In this local context, the behaviour of the lecturers in nursing are communicated and modified within the meso field.

Bourdieu (1986) argued that actors are orientated toward one another and frame their actions and identities with one another. In this case, lecturers in nursing share meanings, rules of the game and norms that guide and are relational to their identities as a lecturer in nursing.

Traditionally, lecturers in nursing have moved from a team of like-minded health professionals working in the demands of providing healthcare. Typically, groups of nurses develop a sense of community to provide emotional and practical support to one another, with experienced

colleagues acting as role models for desired behaviour and practice. Novice lecturers in nursing, transferring in to working in higher education are faced with a multitude of challenges; learning a new language, new policies and priorities, developing new networks and connecting with others. Finding colleagues who have similar experiences enables mutual trust and self-confidence that contributes to the shaping of identity and sense of belonging.

Bourdieu (cited in Abrutyn, 2016) argued that within the meso field:

actors will perceive what others are doing and respond to their actions by deploying their capital in such a way as to preserve their current position as much as possible. In this way both dominant and dominated actors play the game to the best of their abilities, but in doing so tend to reproduce their field positions. (p. 189).

This re-enactment of behaviours and values between lecturers in nursing within the meso field contributes to a sub-culture within the faculty. These values are central to forming identity that tend to be focused on continuity and stability of lecturers in nursing.

2.4.4 Micro level playing field

Bourdieu's notion of the field as a '*game or playing field*', (Bourdieu and Wacquant, 1992a, p.116) refers to an arena where individuals compete with one another, with an understanding of the rules and regulations within that social group. The analogy of the *game* here indicates that the field is dynamic with a negotiation between participants. In this case, the micro level playing field where lecturers in nursing position themselves in the macro level field of higher education. This study needs to understand the micro field and how the '*game*' is played out, specifically in this case, how identities are negotiated within the tutorial. Reflecting upon the literature review, it is clear that lecturers in nursing position themselves with different identities, often with similar equal investment within those identities.

The positions within the field have particular ways of *thinking, being and doing* (Bathmaker, 2015, p.69) that suggests lecturers in nursing face the challenge of trying to reconcile identities within the field of teaching nursing within the field of higher education. Additional challenges involve positioning themselves within multiple fields. The literature review

conveyed that lecturers in nursing are engaged in boundary crossing; visiting students, mentors and managers within the clinical placements. These similar fields are interlinked, although have their *own norms, values, and combinations of capital* (Dixon-Woods *et al.*, 2006, p.35) that require lecturers in nursing to act strategically within each *game*. This reflects the negotiation of identities that are involved with moving through, understanding the game and being competent in different fields. Bourdieu, describes the field as a space that can involve struggle or tension (Wacquant, 2007; Martin, 2003). Lecturers in nursing are involved in a continuous struggle to reconcile their practice-orientated dominant identity from the field of nursing, that is exacerbated with frequent boundary crossing with their education-orientated identity within the field of higher education.

Figure 3 illustrates the different levels of field that influence the game of being a lecturer in nursing. This dynamic illustration conveys the interactions with other players in the game from a macro, meso and micro level of authority.

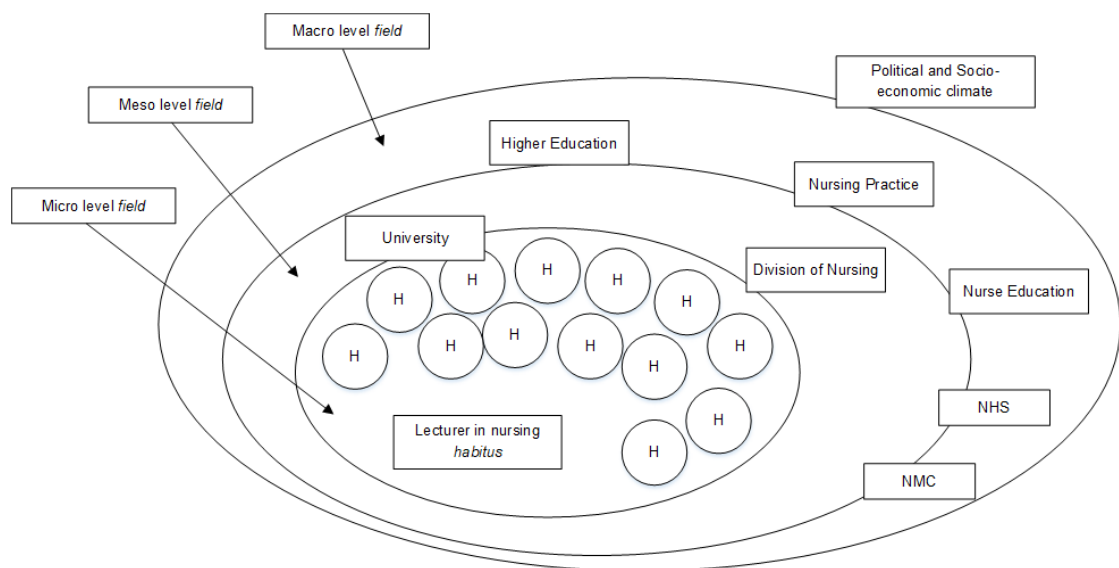


Figure 3 Representation of micro level habitus influenced by meso and macro level field (adapted from Petit-dit-Dariel *et al.*, 2014)

2.4.5 Capital

Within the field of higher education, lecturers in nursing possess what Bourdieu presents as 'capital'. Bourdieu refers to four main forms of capital being: economic (financial assets), cultural (competencies, skills or qualifications), symbolic (knowledge and titles) and social

(connected with group membership and social networks), within a particular field. Bourdieu (1984a) explains that when capital is within the field, this is described as symbolic capital. The prestige and attention that arises from symbolic capital is a crucial source of power. The field of higher education encompasses structures that organisationally are hierarchical with both symbolic and cultural capital being the currency that is used to enable capital to be organised and legitimised.

The rules of engagement within different fields involve agents [lecturers in nursing] trying to establish capital that is valued by other players in that particular field. The volume and composition of the capital that lecturers in nursing possess, and the degree of what is valued of that capital within the field, allow the 'players' to *wield power, or influence, and thus to exist, in the field under consideration* (Bourdieu and Wacquant, 1992, p.98). This influence is amassed by lecturers in nursing adopting certain behaviours and traits, having the necessary qualifications and title of being a lecturer in nursing within the field of higher education. Novice lecturers in nursing have cultural and social capital from their professional and academic qualifications, as well as experience within the field of nursing, before they transfer to the field of higher education. This cultural and social capital initially defines and sustains them in relation to the power from their previous position within the field of nursing. These acquired skills and competencies are often held in high esteem by other nurses in the social group. However, the intrinsic nature of this capital has less value when novice lecturers in nursing transfer to the field of higher education; where they face the realisation that this new field has a new game with new rules. Bourdieu compares this to a game where:

agents try to accrue species of capital that translate into forms of field-related effective power-trading within a system restricted by an exchange rate between various species of capital (Bourdieu and Wacquant, 1992b, p.120).

Overtime, lecturers in nursing have to adapt to the new field of higher education where they have the opportunity to accrue capital in teaching and academic development, research and academic leadership. Lecturers in nursing who fail to engage with the new game and rules of the field of higher education are at risk of becoming reliant on their previous practice-orientated capital that yields little power and influence in the new field of higher education.

This contributes to reduced autonomy and the balance of power falling away from lecturers in nursing in the field. Implicit within these challenges, Bourdieu's concept of habitus may facilitate better understanding of the identities of lecturers in nursing reflecting on the history and background in 2.4.6

2.4.6 Habitus

Habitus is central to Bourdieu's sociological theory of practice with his original concept contributing to social science. Yet, habitus is the concept that is ambiguous, often misunderstood and contested. Bourdieu himself argued that habitus is complex and multi-faceted in that it allows for individual freedom and also the behaviour and influence of wider groups:

The habitus, as a system of dispositions to a certain practice, is an objective basis for regular modes of behaviour, and thus for the regularity of modes of practice, and if practices can be predicted.....this is because the effect of the habitus is that agents who are equipped with it will behave in a certain way in certain circumstances. (Bourdieu, 1990b, p.77).

Bourdieu (1990c) formally defines habitus as a:

'property of actors (whether individuals, groups or institutions) that comprises a structured and structuring structure' (p. 170).

Bourdieu explains *structured* structure is developed throughout an individual's life, previous experiences, particularly those in childhood. It is *structuring* so that habitus shapes an individual's current and future practices and is a *structure* in that habitus is systematically ordered and comprises a '*system of dispositions which generate perceptions, appreciations and practices*' Bourdieu (1990c, p.53). According to Grenfell (2012, p.50) Bourdieu's use of *disposition* is important to bring together structure and tendency as Bourdieu (1977) explains it *designates a way of being, a habitual state (especially of the body) and, in particular, a predisposition, tendency, propensity or inclination* (p. 214). What this suggests, is that there is a durability in the habitus that can be transferred to other fields that he calls an *obscure and*

double relation (Bourdieu and Wacquant, 1992a, p.126) a habitus and the field. Bourdieu (1986c) uses the following equation to summarise the relational aspects of the concepts:

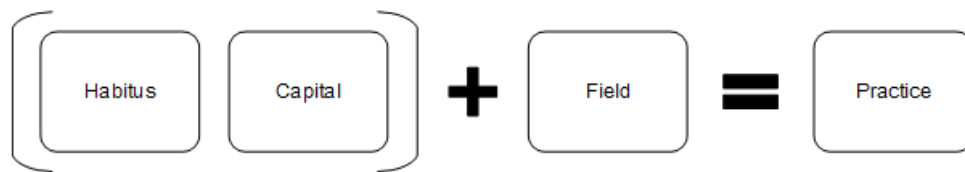


Figure 4 Habitus Equation

This equation illustrates that practice results from the relations between an individual's disposition (habitus) and their position in the field (capital) within the state of play in the field. This concise equation is useful for understanding the relationships of Bourdieu's three concepts and that practices are not simply the result of an individual's habitus but the relations between one's habitus and current situation of the field is equally important. Bourdieu argues that analysis of one must be within the context of the other two concepts to give any meaning. Therefore, habitus is interlinked with capital through the actions of the individual in the field, yet both capital and field have a constraint on the habitus.

A simple explanation of habitus focuses on how an individual is feeling, thinking and being. It captures the history of the individual and how that history is presented to the current situation. From this, an individual makes choices to behave or not behave in a certain way and can be seen as underpinning individual decisions and actions. Furthermore, the habitus of lecturers in nursing are 'agents', who hold values and beliefs that can be deep seated and often within the subconscious, have shaped their way of thinking and behaving. Thus, the habitus of the lecturer in nursing overlaps with their previous 'habitus' as a nurse working in clinical practice.

This concept implies that behaviour, which may be subliminal, may have an influence on identities. Bourdieu developed the concept of habitus to explain that the '*body is part of the social world and that the social world is therefore a part of the body*' (1977, p 78). This relationship between the body and the social world demonstrates that there is a social structure that determines individual's life experiences and how this relates to the values that individuals hold. Bourdieu maintained that habitus is the value system of each social group and this influences how individuals determine their own values. This sociological framework

supports the idea that values are learned from the life course and are unconsciously absorbed by imitating other players within the field; where individuals make sense of when they enter a new social group, within a new field. Interesting to this study, Bourdieu (1990a, p.116) argues that habitus is active within the field, however, the same habitus can lead to very different behaviours depending on the state of the field. In this case, lecturers in nursing observe other players behaviour, attitudes, language and interactions to shape and modify and internally regulate their own habitus in the field of higher education. From this perspective, this suggests how lecturers in nursing socialise, interpret, process and subliminally convey their habitus is hugely significant to their habitus. It is through this process of socialisation that lecturers in nursing have a 'feel for the game' and where Bourdieu (1992) equates this stage in the process as '*a fish in water; in that the fish does not feel the weight of the water and takes the world about itself for granted.*' (1992, p.127).

2.4.7 Critique of Bourdieu's concept of habitus

Pierre Bourdieu's sociological theory is one of the most prominent and dynamic attempts to explain the interactions within the social world. Despite this, critics have had mixed reviews of Bourdieu's theory, particularly around habitus. It is important to this study to understand this perspective, as this reframing can help to generate new perspectives.

For much of his life, Bourdieu tried to reconcile opposing forces. However, this pragmatism disclosed his vulnerability, with Jenkins (2002, p. 97) negating habitus as being '*over deterministic*'. Furthermore, Nash (2003) questioned how a set of rules can supposedly explain behaviour, as the concept of habitus fails to explain spontaneous choices made by agents within their habitus. The concept of habitus focuses on what individuals do during an interaction rather than what they know or have. This conflation of habitus with capital have been difficult for sociologists, including Bourdieu to distinguish. This is evidenced within Bourdieu's formulaic equation [(habitus)(capital) + field] = practice where Swartz (1997) argues this is ambiguous and questions if:

habitus and capital are interactive terms whereas field is additive or is the equation simply an analogy and to pay attention to all three aspects in an empirical enquiry? (p. 141).

Similarly, by naming the interactional process in the field as habitus, intimates that individuals are capable of interactions that are similar in effectiveness and therefore, success. From an individual level, there appears to be no room for differences in behaviour, ability or skills that Lareau and Horvat (1999) argue can activate cultural capital in the field. Jenkins (2002) critiqued Bourdieu's concepts as rigid and deterministic as they assume that two individuals from identical fields would be expected to act out identically within the social space. However, Bourdieu (1990b) addendum response to questions around his concept of habitus was:

There are no explicit rules or principles that dictate behaviour, rather the habitus goes hand in hand with vagueness and indeterminacy (Bourdieu, cited in Reay 2004, p.433).

Bourdieu's change of mind, that at times, suggest habitus has a degree of uniformity, to other times, when he recognises that individuals are different and have a degree of diversity within the same field, contributes to habitus being the concept that is the most unclear and contested.

Other critics have identified omissions within Bourdieu's concepts in relation that they are potentially divisive in relation to race, sexism, ageism, disabilism and homophobia (Sayer, 2005) as they are barely mentioned within Bourdieu's theoretical framework. Convincingly, Sayer (2005) argues that Bourdieu *overplays the unconscious impulses and aspects of habitus, neglecting mundane everyday reflexivity*. (p.31) and neglects the ethical dimensions of the habitus. Equally, Farnell (2000) draws attention to the unconsciousness within habitus of individuals adjustments within the social world as Crossley (2000, p.138) argues that habitus requires individuals to have *dialogues with oneself*.

From a feminist perspective, McNay (1999, p.95) considers the post-modernist view of society by insisting that habitus doesn't fit when trying to explain the position of women entering non-

feminine spheres of action and the opening up of alternative forms of masculinity. McNay contends that habitus has failed to keep up with modern society as this constantly changes. Reflecting the changing modern world, Kemp (2010) argues that the rise in computer technology weakens habitus and fails to keep up with the pace of change in the modern world.

Clearly, these criticisms need to be taken in consideration, particularly in relation to the findings and evaluation. Nevertheless, the apparent looseness of the concept of habitus, can be paradoxically also a strength. This flexibility allows the opportunity to adopt this within this empirical study as Reay (2004) maintains that there is plenty of scope to put habitus into practice (p. 442). A final reminder from Bourdieu:

....one cannot grasp the most profound logic of the social world unless one becomes immersed in the specificity of an empirical reality. (1993, p. 271)

This suggests that it is only when you work with the concepts within empirical study that it becomes meaningful.

2.5 Summary

In this chapter, I have explored the literature relevant to the central concepts of this study. In section 2.2 the key theories of identity have been examined. While identity is undoubtedly unique to each person, a professional identity also contains elements of the 'social' because of its association with a group of similarly qualified people. The literature revealed that identities are associated with performance of a role, and as such they can be interpreted differently by different audiences. The evidence demonstrates that identity is influenced through a multitude of factors, therefore a combination of identity theory and social identity theory has been investigated.

The literature review establishes that identities of lecturers in nursing is complex. How identity is influenced by their biography, training and educational developments, cultural dispositions, as well as the strong personal values and behaviours, [which can be subliminal] contributes to what I propose, are super-complex identities, reflecting the large number of influences on the

identities of lecturers in nursing. In addition, the evidence suggests that having multiple roles and negotiating boundary crossing back into the clinical environment, contributes to lecturers in nursing needing to reconcile competing identities. The literature is testament to the challenges that lay ahead for novice lecturers in nursing.

Section 2.3 focused on key concepts of teaching-learning and has provided some insight into the context for this study. The literature has revealed that different conceptions of teaching-learning fall into a limited number of categories and are predominately distinguished as teacher-centred and student-centred. In particular, the literature around tutorials has shown that student's approaches to learning is influenced by their perceptions of the learning environment and the relationship that they have with the tutor. This relationship between student and tutor depends on availability, approachability, the level of trust and rapport between the two parties and crucially, how each of them perceive the purpose of the tutorial will depend on the student engaging in a surface or a deep approach to their learning.

Section 2.4 examined Bourdieu's sociological theory of the three concepts: field, capital and habitus that will be used as a lens to reveal how lecturers in nursing negotiate their identities. The literature explored the meanings of the concepts and how they can relate to lecturers in nursing and identity. Although complex, the framework offers some flexibility to examine the interplay between the three concepts.

Undoubtedly, there appears to be a significant gap within the literature around lecturers in nursing conceptions of identity and how their identities are negotiated during a tutorial. By reviewing the literature this has exposed that most of the research methods have been based around undertaking interviews with participants; through action research or critical ethnography. However, this study not only adds a richness to the body of knowledge around identities of lecturers in nursing but goes further to explore how their perceived identities are negotiated within a tutorial. This unique design will gather rich and grounded data from lecturers in nursing using three approaches: an initial semi-structured interview, a lecturer in nursing undertaking a tutorial with an individual student and finally a video stimulated recall and reflection interview, which have all been video-recorded. Meaning that attempts to get

beyond the espoused identity, will enable detailed analysis to provide powerful insight into how lecturers in nursing negotiate their identities during a tutorial with a student.

This study suggests that how lecturers in nursing position themselves in the field, between the competing tensions of nursing and higher education, may have some impact on their identities and how these are negotiated within a tutorial. Becher and Trowler (2001 p.168) assert that discipline itself is a dominant influence on identity formation and identify the '*tribal*' nature that can arise from strong disciplinary influences. Given the fact that professional identity as in nursing is 'deep rooted' within clinical expertise and the culture of working within the health care setting, it is reasonable to assume that lecturers in nursing will face significant challenges to their identities. I argue that lecturers in nursing face super-complex challenges to their identities with tensions that may arise around negotiating multiple roles.

The following chapter outlines the methodological approaches chosen to analyse the collected data, to provide some answers to the two research questions. I argue that the most appropriate methodology to understand the conceptions of being a lecturer in nursing is by using a phenomenographical approach to the collective data. This inductive approach will generate new theory from the phenomenographic data. In contrast, deductive reasoning under the lens of Pierre Bourdieu's (1977) conceptual framework of field, capital and habitus will hope to get beyond the espoused identities of lecturers in nursing by examining the data from the tutorial and video stimulated recall and reflection interview to answer the second of my research question. These two methodological approaches will complement one another to offer a holistic view of the identities of lecturers in nursing and how they negotiate their identities during a tutorial.

Chapter 3 – Phenomenographic and complementary approaches to analysis

3.1 Introduction

This chapter offers a rationale for the research methodologies that were chosen to explore and answer the two research questions. This study adopted a qualitative methodology or naturalistic inquiry that sits within an interpretive paradigm to elicit and process the information from the collected data. Analysis of the entire data involved adopting phenomenographic approaches to provide an answer to the first research question: *What are the conceptions of being a lecturer in nursing?* Adopting a phenomenographical approach will assume that the different ways of being a lecturer in nursing and their understanding of the phenomenon, will be revealed. This methodological approach will capture the different ways [variation] of being a lecturer in nursing in the form of the outcome space which will be explained later in the next chapter (see section 4.14). This inductive approach will condense the raw phenomenographic data into the outcome space that will establish a clear link to answering the first research question.

To provide an answer to the second research question: *How is the variation of being a lecturer in nursing negotiated during a tutorial?* employs deductive reasoning under the lens of Pierre Bourdieu's reflexive sociological theory of practice that will be used as a theoretical framework. In this case, the data will be derived from the video of the tutorial and video stimulated recall and reflection interview. The aim being, to discover how lecturers in nursing negotiate their identities during a tutorial. This research is based on the assumption that traditionally, lecturers in nursing have experienced the transfer from working in clinical practice into academia which resonates with Pierre Bourdieu's reflexive sociological theory of practice, suggesting that there are pre-conscious, historical and social influences on the practice of individuals (Bourdieu, 1977). The three concepts of field, capital and habitus are explored and applied within the collection of data, using this as a template to be filtered and therefore interpreted. This provided the opportunity to relate the findings to the theoretical philosophy of Pierre Bourdieu. In this way, the combination of adopting two methodological approaches, firstly, phenomenography using an inductive [bottom up] approach to the data to

reveal the variation of identities and secondly, deductive [top down] reasoning under the lens of Bourdieu's theoretical framework to discover how identities are negotiated during a tutorial. Both the inductive approach and deductive reasoning have complemented one another and produced findings that offer meaningful answers to the two research questions.

In this chapter, I offer an explanation to why a qualitative research strategy was chosen. I continue to discuss my rationale for using a combination of inductive and deductive reasoning to the analysis of qualitative data. In addition, my position as a researcher will be revealed and a discussion of the philosophical underpinnings from epistemological and ontological perspectives which will set the context for this distinctive study. Evidence from the literature will present justifications for adopting a phenomenographic approach to analysis and offers a way of eliciting information to understand the phenomenon and answer the first research question. In contrast, a critical examination of the tensions with adopting phenomenography as an approach will be explored.

3.2 Qualitative research strategy

The world of qualitative research, particularly around education is a complex, messy place. It is multi-layered, rich and full of contradictions. A definition by Gabrielian (1999) captures this complexity:

'Qualitative research is an umbrella cross-and-interdisciplinary term, unifying very diverse methods with often contracting assumptions, which defies simple definitions'
(p. 178).

Alternatively, a simple definition by Strauss and Corbin (1998, p. 11) describes qualitative research that *'can be used to better understand any phenomenon about which little is yet known'*.

The basis of this study lies in the fact that there is a need to understand people and how they construct meaning from their situation. Qualitative research investigates people and how they make sense of their world. The participants have a voice and construct meanings from their situation. The definition by Malterud (2001b) closely captures my personal view:

'The aim of qualitative research is to investigate the meaning of social phenomena as experienced by the people themselves'. (p. 398).

I acknowledge that individuals have different, multiple views of their reality and that there is a need to be able to understand these views. This empirical study, therefore takes what Denzin and Lincoln (2003, p.33) categorise as a '*constructivist-interpretive paradigm towards understanding how the participants make sense of their experiences*'. From this social constructivist perspective, the phenomenon exists within the minds of each of the participants. From an interpretive viewpoint, it is my belief that each participant interprets and makes sense of the world, which is dependent on their own experiences and is unique to them, although they may have similar interpretations as other lecturers in nursing.

Qualitative research often takes the position that an interpretive understanding is only possible by way of uncovering or deconstructing the meanings of a phenomenon. Creswell and Plano Clark (2007) argue that studying the phenomenon involves two types of reasoning: inductive and deductive. In this case, I propose to answer the first question: *What are the conceptions of being a lecturer in nursing?* using an inductive approach as in phenomenography (Prosser and Trigwell, 1999; Ramsden, 1992; Ashworth and Lucas, 2000; Åkerlind, 2008c). Creswell and Plano Clark (2007) describe this approach to qualitative analysis as from the bottom-up, using the participants' views to build broader themes and *generate a theory interconnecting the themes* (p. 23). Within the phenomenographic analysis the emerging conceptions of being a lecturer in nursing have been developed and organised into categories of description within an outcome space in Chapter 5.

By contrast, the thematic analysis of the tutorial and video stimulated recall interviews was analysed using deductive reasoning. The deductive reasoning involved using the lens of Pierre Bourdieu's conceptual framework of pre-existing categories: field, capital and habitus to analyse data generated from the tutorial and video stimulated recall and reflection interview. This works from the '*top down*', *from a theory to hypotheses* (Creswell and Plano Clark 2007, p.23) to attempt to answer the second question: *How is the variation of being a lecturer in nursing negotiated during a tutorial?* This top down deductive reasoning activity using the data from the tutorial and video stimulated recall and reflect interviews to code the data using the

framework provided by Bourdieu of three pre-existing categories: of Field; Capital; and Habitus will be integrated with a bottom-up thematic analysis inductive reasoning approach working through open coding and moving to identify more explanatory coding and the development of themes (Braun and Clarke, 2006). To summarise, this study positions itself on the basis that reality does not exist independently from our experiences and it follows that as the researcher, an interpretive inquiry is the most appropriate approach to understand the meanings from the participants themselves.

3.3 Rationale for using inductive and deductive reasoning

Building on previous literature in the field of qualitative analysis (Boyatzis, 1998; Braun and Clarke, 2006, 2013; Clarke and Braun, 2013; Fereday and Muir-Cochrane, 2006; Guest *et al.*, 2012; Joffe, 2011) this section presents a flexible framework for using a form of thematic analysis employing a complementary approach of deductive and inductive reasoning.

Thematic analysis is the most widely used qualitative analytic method in the social sciences across a range of disciplines. Virginia Braun and Victoria Clarke (2006) maintain that thematic analysis is the first qualitative method of analysis that researchers should learn as it provides a set of foundational, core techniques and skills that are used in many other forms of qualitative analysis, some of which have already been mentioned. Braun and Clarke also argue that thematic analysis provides a great deal of flexibility and can be applied across different epistemological and ontological positions. Fereday and Muir-Cochrane (2006) describe thematic analysis as being '*a search for themes that emerge as being important to the description of the phenomenon*' (p. 82). It is a method, or process, for identifying and encoding patterns of meaning in primary qualitative research (Braun and Clarke, 2006, 2013); it pinpoints and organises the themes which the analyst deems to be important in the description of the phenomenon under study and are often associated with a specific research question (Daly *et al.*, 1997).

Nowell *et al.*, (2013) argue that thematic analysis as a qualitative research approach can be widely used across a range of epistemologies and research questions. It is a method for identifying, analysing, organising, describing, and reporting themes found within a data set

(Braun and Clarke, 2006). Through its theoretical freedom, thematic analysis provides a highly flexible approach that can be modified for the needs of many studies, providing a rich and detailed, yet complex account of data (Braun & Clarke, 2006; King, 2004).

The method of analysis that I decided to use was thematic analysis that incorporated the two main contrasting philosophical methods of reasoning: a bottom-up, inductive, data-driven process and a top-down, deductive, theoretical process. This approach has delineated a flexible process of a particular form of thematic analysis, involving deductive and inductive reasoning. I made this important decision to the whole analytical process to choose a method that is congruent to the methodology and is the one most appropriate to answer the two research questions.

3.4 Positionality

As a researcher, it is necessary to consider the position that has been taken from a philosophical perspective concerning my personal morals and values. These philosophical assumptions Kincheloe and Berry (2004, p. 6) suggest '*shape the outcome of the research*' with Sikes, (2004, p. 17) asserting that '*researcher positionality is crucial in determining the methodology*'. With a long career in nursing and now as a teacher in higher education, I uphold morals and values that can be seen as interwoven between both vocations. These altruistic principles such as being able to respect and value others, having due regard for other people's perspectives, being honest and trustworthy as well as being responsible and morally courageous have guided my actions and behaviours in life. This same philosophy underpins my justification of adopting a qualitative research methodology, that according to Wilson and Stutchbury (2009, p. 57) honesty and transparency can strengthen the rigour of the research. As a researcher, a conscious effort has been made to continue to be reflexive. In fact, reflecting on practice is a skill that is embedded within both vocations as a nurse and a teacher, that has provided an opportunity to reflect on my personality, character and skills that have shaped my own identity. My life, beliefs and values as a woman, nurse and teacher are important to me and can reflect on a long career working with people. I have considered the nature of the research and have adopted a qualitative research strategy as the most

appropriate methodology that balances my researcher positionality with the correct fit to answer the two research questions.

This study arose from valuing the quality of the tutorial and was based on a philosophical assumption that lecturers in nursing could reveal an identity during a tutorial with an individual student. The basis of this study is the need to understand the lecturers in nursing and how they construct their meaning from the situation. It is important to acknowledge that each participant may have different, multiple views of their reality that can shape their identities. Understanding the complexity of this situation aligns with an interpretive approach. It was essential that I entered the field of lecturers in nursing to collect the data from each participant in their own setting. This was necessary in order that the participant felt comfortable to answer the questions, conduct a tutorial with a student and crucially, during the video stimulated recall and reflection interview were able to reflect and explore their own realities.

My positionality as a researcher was paramount during the collection and analysis of the data. To minimise researcher bias (Ashworth and Lucas, 2000 p. 297) it was crucial that my role, identity and potential power as a lecturer in nursing was acknowledged and controlled as much as possible and that my researcher identity was foregrounded. During the data analysis, it was necessary to adopt a reflexive position with regard to my identity as a nurse and as a lecturer in nursing considering the power that I endeavoured to minimise. Although there was some awareness of the participants by their agreement to take part in the study, I did not know any participant from a close working relationship. Being mindful of the dangers including the possibility of participants wanting to 'please me' during the data collection stage to the internal threats of 'constructing' categories that were not supported by the data during the analysis stage. I remained conscious of the need to position myself as the researcher so as not to jeopardise any aspect of the study. In taking this position as a researcher, it was essential that I continued to be reflexive of my own identities and the relationship with the participants being carefully self-monitored, as this was critical in maintaining the focus on the research. My accountability to the participants and the wider community of lecturers in nursing was a constant reminder of the need to remain unprejudiced. Recognition of the challenges and opportunities that were faced due to my positionality within the study, particularly the

significance of being a lecturer in nursing myself and possibly seen by the participants as an 'insider' (Robson and McKarten, 2016, p.397). From an opportunistic context, this 'insider' status allowed access to participants, a development of mutual trust and a rapport that facilitated intimate knowledge of the community of lecturers in nursing. By having a deeper understanding and clarity around the normative rules surrounding this community, contributed to the legitimacy of the study from the participants' perspective. However, these advantages presented challenges and was acutely aware of the ethical and methodological dilemmas involved in entering the field to collect the data and analysing the findings which will be discussed later in Chapter 5 and Chapter 6.

3.5 The Philosophical Position

As a researcher, it is important to identify and articulate the philosophical position of this qualitative study. Consideration of the conceptual background from an ontological and epistemological perspective informed the decision to adopt this methodological approach. By understanding these concepts, this strengthened my rationale for the methodology and justification of the process and ultimately to defend the research outcomes. Kincheloe and Berry (2004, p.8) propose that using the philosophical tools will '*clarify the process of inquiry and provide insight into the assumptions on which it conceptually rests*'. As a researcher, the aim is to be transparent over the philosophical position that has informed my choice of methodology. This is central in generating new knowledge in the form of this qualitative study and contributes to the overall quality of the research.

In taking a phenomenographical approach to provide an answer to the first research question, there is a need to consider the nature of reality within the social world under investigation and how we know what we know (ontology) as well as understanding the nature of knowledge and crucially what counts as knowledge (epistemology). In terms of phenomenography, Åkerlind (2005b, p. 321) recognised it is only recently that these assumptions underpinning this methodology have been developed but are crucial in '*clarifying and tightening up the process*'. These underpinnings have guided this study which Guba and Lincoln (1994 p. 99) stress are a requirement to any research investigation. By reflecting on these underpinnings, they have provided a lens to understand and review what Guba and Lincoln (1994 p. 99) determine 'a

basic set of beliefs that guide actions'. From an ontological perspective, this study is '*about being*' and what Crotty describes as '*what is*' in relation to '*existence and reality*' (Crotty, 1998, p.10).

Within phenomenography, the ontological assumptions are focused on the '*conceptions*'. In this case, the ontological assumptions are around the '*conceptions*' of being a lecturer in nursing. This empirical study will explore the nature of knowledge through the descriptions of the conceptions. Pearsall and Trumble (1996, p.299) define conception as '*the process of forming an idea or mental picture of a group or class of objects formed by combining all their aspects*'. The way that knowledge is generated is according to Svensson (1997, p. 165) very similar to the way conceptions are generated. Svensson (1997) explains this as a dualist assumption by seeing the world as separate from the individual:

'knowledge is around human thinking and activities and conceptions are reliant on human activity and the world or reality external to the individual'. (p.165).

The term '*external*' is pertinent here as crucially in phenomenography, the human being, in this case the lecturer in nursing, is seen as relational to their view of the world and not seen as separate as Svensson suggests. It is significant that in phenomenography, the world is seen as one in which we live and experience with no dividing line between the world of the individual and the world outside. In this non-dualist stance, phenomenographers see:

'reality constituted through the reciprocally intertwined emergence of humans and their world' (Bowden and Marton, 2004 p. 206).

with conclusions being drawn on how individuals '*conceive of various aspects of their reality*' (Marton, 1986, p.42).

Marton (1981 p.180) presents two distinct perspectives on how we look at reality itself. He explains that how we make sense of the world and make a judgement about this is known as the *first order perspective*. How the world is experienced by other people Marton (1981 p. 180) goes on to explain this as *second-order perspective*. Marton (1981) argues that it is only by investigating peoples' descriptions of experiences that is authentic rather than making

assumptions or theorising about their experiences. In this case, this qualitative study focuses on the relation between the lecturers in nursing and the phenomenon or conceptions of being a lecturer in nursing and how these are negotiated during a tutorial with an individual student. The phenomenographic rationale is that the phenomenon will only be described by the lecturer in nursing. This rationale echoes with the position held by Dall' Alba (2004) in that knowledge is not exclusively cognitive, but is created, enacted and embodied. These non-dualist perspectives guide my ontological position with this study. The diagrammatic representation in Figure 5 clearly illustrates the path for phenomenographers.

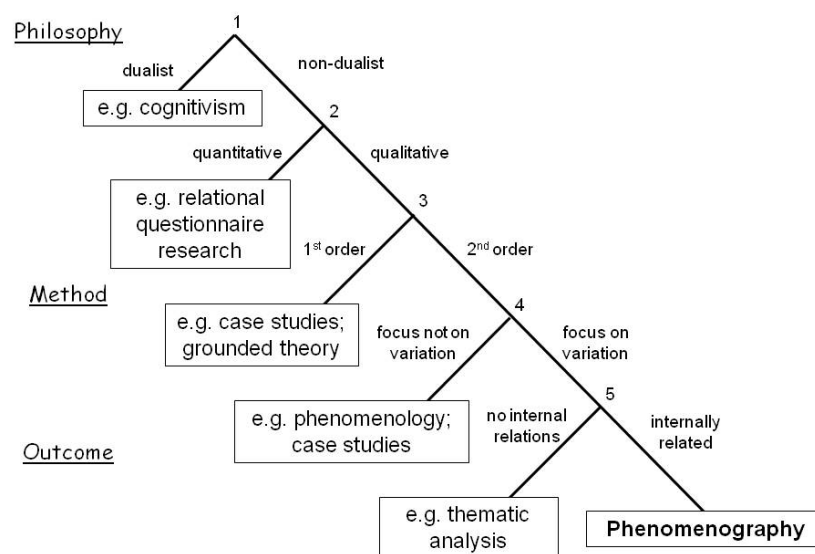


Figure 5 Points of Departure Between Phenomenography and Other Research Approaches (Trigwell, 2006, p.369)

It is equally important to position this study from an epistemological perspective. Epistemology is concerned with the theory or theories of knowledge which have been the focus of considerable debates over the years (Berger and Luckmann, (1966); Blackler, (1995); Bleiklie and Byrkjeflot, (2002); Eraut, (1994); Karseth and Nerland, (2007); Larsen *et al.*, (2002); Luckett, (2009); Maton, (2003); Nonaka and Takeuchi, (1995); Petit and Huault, (2008); Trowler and Cooper, (2002). According to Jary and Jary (1991, p.186), epistemology is how 'we can know about the world' and how new knowledge is created. This study needs to explore the formation of knowledge and how this knowledge is applied within my chosen methodological approach to examining the data.

The assumption within phenomenography is that the only world that humans can communicate about is the world that they experience. In phenomenography, it is the descriptions of conceptions that are central to the understanding of knowledge and meaning. Svensson (1997, p.167) explains this as understanding the similarities and differences in meaning. The epistemological position is that reality is dependent on how individuals perceive themselves in the world. In this case, the basic epistemological assumption regards the participants' conceptions of how they experience the world as reliable data to understand the meaning of being a lecturer in nursing.

In summary, this phenomenographic study is situated within an ontological assumption of non-dualism. That is, the relationship between the human being and reality is the only world that can be experienced and therefore communicated. The epistemological assumption is that humans and in this case lecturers in nursing, differ as to how they experience the world. However, it is the position of this qualitative study that these differences or conceptions can be described, understood and have meaning to others and takes the relational view that the world that appears to lecturers in nursing is the world that they are in the middle of and is real to them. The following section will explore the origins of phenomenography.

3.6 Historical Perspectives of Phenomenography

It is worth situating this study in relation to the historical beginnings of this methodology which as a relatively new approach is evolving over time. The term phenomenography, originally derives from two Greek words '*phainomenon*' which means appearance and '*graphein*' which means description. Pang, (2003, p.145) suggests that it '*is concerned about the descriptions of things as they appear to us*'. By recognising the origin of this methodology and how this was developed will contribute to the understanding of how this approach has been instrumental, particularly in educational research. Phenomenography was first developed at the University of Göteborg in Sweden in the late 1970s. A group of educational researchers led by Ference Marton and Roger Säljö in 1976 conducted an experiment with first year students to investigate learning. The researchers wanted answers to two basic questions 1) 'What does it *mean* that some people are better at learning than others?' and 2) 'Why are some people better at learning than others?'. Students were asked to read an academic

article which they were then interviewed [about] and questioned by the researchers. The students were asked how they experienced learning the information in the article. The researchers examined the transcripts and noted that how the students had described the article had a limited number of ways of understanding. The researchers then categorised the different ways of understanding by forming them hierarchically which they termed the 'outcome space' to answer the first of their questions. The researchers discovered that the qualitative variation in the outcome of learning was strongly related to the differences in how the students understood the article. They found that if the student simply tried to remember the article this was termed a '*surface approach*' yet if students recalled the article and tried to understand what the article was about that this was termed a '*deep approach*' (Marton and Säljö, 1976). The findings from this experiment gave valuable insights into learning and answered the second question. The researchers termed the differences as a 'variation' which acknowledges the different ways of experiencing something.

Having an understanding of the origins of the methodology is useful to add context to this study. The following section explains how this methodology can be applied.

3.7 Phenomenography

Phenomenography is the study of how people experience, understand or conceive of an identified phenomenon (Larsson and Holstrum, 2007). Marton and Booth (1997) capture the definition of phenomenography precisely as:

Phenomenography is an empirically derived approach that is used to show variations in understanding of an aspect of the world, while revealing the critical components that comprise those variations.' (p.120).

The variation in understanding or ways of experiencing the phenomenon, Marton and Booth (1997) name these *categories of description* which interprets and distinguishes the empirical data that are logically related to one another. These categories of description are commonly presented in hierarchical order, limited in number and include the qualitatively different ways of experiencing being a lecturer in nursing. In summary, the object of using phenomenographical approaches in this study is how lecturers in nursing relate to their

identity. It is this relation between the participants and the phenomenon that is of interest (see Figure 6). I acknowledge that as the researcher, I also have a relation to the phenomenon and to the participants. This required constant vigilance so that my understanding of the phenomenon was never imposed on the interpretations of the participants.

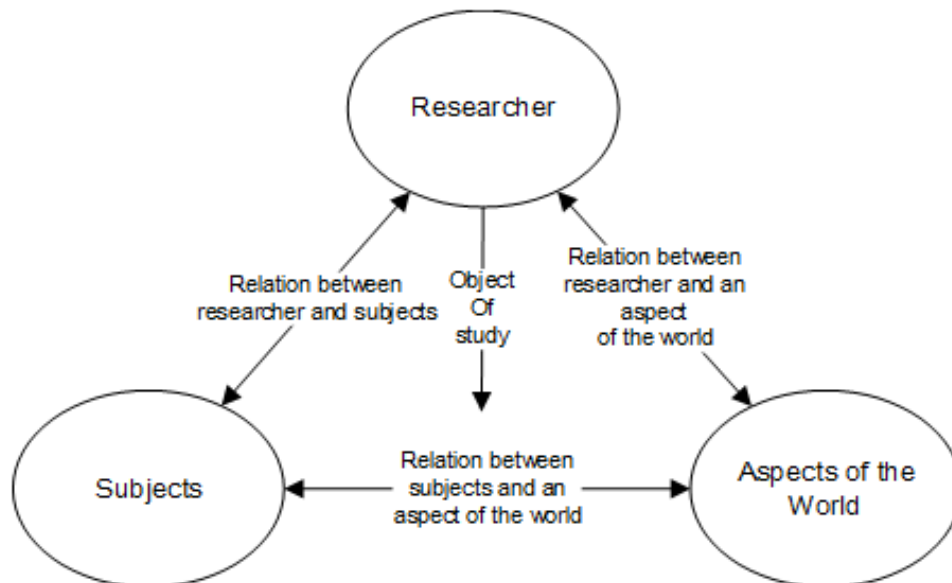


Figure 6 Relationship between objects with subjects and researcher (Based on Bowden 2005)

3.8 Using a phenomenographic approach to analyse the data

The nature of the research questions demands a certain view of knowledge that has determined a qualitative methodological approach. This empirical study has offered an answer to the first research question of: *What are the conceptions of being a lecturer in nursing?* by exploring the nature of knowledge through the descriptions of the conceptions of lecturers in nursing. Sandberg (1994, p.47) asserts that conceptions refers to a *specific aspect of people's ways of experiencing or making sense of their world*. In this way, conceptions can be seen as relational within the ontological assumptions of the non-dualistic relationship that Svensson (1997, p.166) suggests the *relationship between an individual and their reality may vary in character*. It is this variation of the conceptions of being a lecturer in nursing, that necessitates using a phenomenographic approach to analyse the data.

The review of the literature in Chapter 2 suggests that the concept of identity in relation to lecturers in nursing is complex. In addition, the exploration of how their perceived identities

are negotiated within a tutorial with a student, contributes to this complexity. The aim was not to approach this study from a quantitative perspective, as the generation of statistical data was not felt to be appropriate. This study will investigate how lecturers in nursing around England and Scotland perceive the phenomenon depending on how they describe their experiences. Collection of qualitative data from the participants over a period of 16 months has enabled a presentation of a range of conceptions or as Säljö (1997, p.176) contends is of 'people's accounts' of being a lecturer in nursing. Once all the data had been collected, the objective was then to marshal all of the participants' accounts into a *pool of meanings* ready for analysis using Computer Assisted Qualitative Data Analysis (CAQDAS) software in the form of Atlas ti (Friese (2014). These accounts represent the different ways of experiencing the phenomenon known as *categories of description* into an arrangement which is termed the 'outcome space'. What is important is to describe the *variation* between these accounts of the ways of experiencing being a lecturer in nursing.

This methodology will assume that the different ways of being a lecturer in nursing and their understanding of the phenomenon, will be evident in their conceptions of identity. It captures the different ways of being a lecturer in nursing in the form of the outcome space. Table 3 below offers a clear process of applying a phenomenographical approach to data. Although there are limitations in using a phenomenographical methodology these will be explored later in this chapter (see section 3.10), this constrained approach will identify the variation of accounts in relation to the ways of being a lecturer in nursing in a simple but highly effective way. It is not unusual to have a vast amount of qualitative data when adopting phenomenography. In this case, three different sets of data were collected from each of the 10 participants. As such, it was absolutely necessary that all of the data was stored safely within a computer software package. When the overall collection process was completed data was ready for analysis.

Table 3 Phenomenographical approaches to data

Method	Description
Purposive sampling of participants	To achieve this, the methodology requires as much variation as possible from its participant sample (Åkerlind, 2004; Khan, 2014).
In-depth interviews	The most commonly used method of data collection using phenomenography is open-ended, in-depth interviews (Bowden, 2005). The interviews are structured encouraging participants to provide personal experiences and examples relating to their understandings of the phenomena under investigation (Larsson and Holmstrom, 2007).
Data analysis	Data analysis aims to discern the qualitatively different understandings of the phenomena under investigation guided by the research question (Åkerlind, 2005). During data analysis, the identification of qualitatively separate categories describing the ways in which participants experience a phenomenon are established (Ornek, 2008). These categories are arranged to look for themes of expanding awareness. Åkerlind (2008b) described the expansion of awareness between the categories as demonstrating an increase in sophistication in the experience of the phenomenon.
Findings	Findings from phenomenographic research are described as categories of description. Differences in how participants experience the phenomena are described within the limited qualitatively different categories of description (Ramritu and Barnard, 2001) within the outcome space.

3.9 Previous Phenomenographic studies

It is important to this thesis to acknowledge other studies that have utilised phenomenographical approaches for educational research. Influential studies include university educators (Prosser and Trigwell, 1999; Ramsden, 1992; Ashworth and Lucas, 2000) academic's conceptions of teaching (Åkerlind, 2008c), creativity within teaching-learning (Kleiman, 2007) with an acceptance that student learning can be influenced by the wider context and that changing aspects of teaching-learning may improve the quality of student learning outcomes. A phenomenographic investigation was conducted by (Prosser *et al.*, 2005) which looked at the way academics from four broad fields of study experience their understanding of their subject matter and how this relates to the way they experience their teaching. Another significant phenomenographic study examined the variation in the accounts from academics on the aspect of a particular teaching method, namely tutorials (Ashwin, 2006). In 2010, Shreeve used this methodology to explore how tutors experience the

relationship between practice and teaching specifically in art and design. Whilst in 2013, a phenomenographic study focused on student's conceptions of the quality in learning within higher education in Rwanda (Mbabazi Bamwesiga, Fejes and Dahlgren) and another around competence-based education within higher education (Koenan, Dochy and Berghmans, 2015).

Finally, it is clear that phenomenographic research is a methodology that can enable rich and powerful categories to be extracted to describe a variation of a given phenomenon.. This enables greater understanding which can facilitate development of better teaching-learning practices and have added significantly to the existing literature within educational research.

3.10 A critique of Phenomenography

Phenomenography as a methodology gained momentum from the 1970s starting in Sweden then becoming more widespread in Australia, UK and USA with further interest coming from around the world. Phenomenography has emerged as a valuable research method mainly investigating higher education, although other disciplines have successfully adopted this method. With any methodology there are inevitable criticisms, often from non-phenomenographers about choosing this approach. Åkerlind (2012, p. 115) explains that there is often confusion around the accepted variation within phenomenography for researchers who are unfamiliar with this methodology.

Questions around whether phenomenography achieved anything new was a concern for Taylor (1993, p. 63). Other researchers were concerned about the process with Francis (1993, p.72) proposing that there should be '*dialogue rules*' developed for interviewing participants. Particular criticism came from Webb (1997a, p. 200) who scorned phenomenography in that it had '*no particular view of humanity and the social consequences of education*'. Further frustrations from Webb, included that phenomenography was not '*politically radical*' in that it wasn't out to change or transform but to claim neutrality and assume an '*essentially conservative position*' (p. 201). Webb deconstructs phenomenography and argues that the connection between deep and surface learning metaphor are too

convenient and proposed that it is now time to question and reconsider foundations for development in higher education.

Controversially, Webb also accused phenomenographers of arranging categories from the descriptions given by participants, into five convenient categories with the '*correct meaning, correct knowledge or correct understanding*' being sorted hierarchically with other categories being discredited. In defence of phenomenography, Ekebald (1997, p. 219) challenges Webb's criticism of phenomenography by maintaining his article is '*unrecognisable and based on an inadequate review of the literature*'. In addition, Ekebald (1997, p. 221) negates Webb's provocative discourse on phenomenography as narrow and incoherent rhetoric using his high position as an Associate Professor and Director of Higher Education Development Centre to incriminate phenomenography. Nevertheless, concerns remain if phenomenographic researchers interpret and consciously choose to accept or discard data rather than as Walsh (2000, p.20) insists phenomenographers must *look into the transcripts to discover the particular ways in which people understand the phenomenon*. However, Åkerlind (2012, p. 115) identifies Francis (1996) and Webb (1997a) as researchers who have misunderstood the nature of phenomenography as a methodological approach. These misunderstandings may have contributed to what Entwistle (1997, p. 128) reasoned that some previous phenomenographic research had been conducted without the necessary rigour within the design or analysis stages. Furthermore, Kember (1997, p.261) echoed the concerns raised by Webb by probing if the categories of description were an accurate representation and questioning if '*they are distinct entities or shades of adjoining categories or sub-categories of hierarchically superior categories?*' Interestingly, phenomenographic researchers themselves have also expressed some doubts around the analysis. One of the early pioneers Roger Säljö (1996, p.20) held anxieties over ignoring individual participants in favour of analysis of the collective group. He identified phenomenography as *having a weak spot for dogmatically disregarding what individuals say and how they communicate*. Further debate has focused upon the abandonment of individual voices. In particular Hazel, Conrad and Martin (1998, p.214) argued that phenomenography fails to consider the gender issues within using this methodology. They assert that phenomenography is an ideal medium for women's thinking

and with which to hear women's voices as this tends to be *contextual and narrative* but is lost during analysis.

Some doubt has been raised over the validity specific to phenomenographic research. Mishler (1991, p. 260) critiqued the lack of representation and reality with the inherent difference between language and meaning in interviews. In recognising these issues, Hammersley (2003, p. 122) advised caution in interpreting interview data and drawing conclusions. In addition, there is doubt around the categorisations with Alsop and Tompsett (2006, p. 242) concluding that the categorisations provide only a '*narrow snapshot view of understanding*' and the potential for the data to be distorted through the researcher being unable to 'bracket out' effectively; with Meyer and Shanahan (2002) considering if the categories could be measured quantitatively. Further criticism from Alsop and Tompsett (2006) was directed towards making generalisations from the results of many phenomenographic studies due to the relative small number of participants interviewed. Säljö (1996, p. 21) remains dissatisfied that language differences and choice of words among interviewees can be interpreted as differences in meaning. Säljö (1988, p. 45) concludes that it is unreasonable to suggest that phenomenographic results could be replicated as he argues that the researcher will construct the categories of description which may be different to how another researcher arrives at the categories. In response to replicability, phenomenographers will often incorporate more researchers to act as 'co-judges' by allowing them to read the same data and identify categories of description. However, other researchers Ottosson (1987) and Booth (1992) have criticised the trustworthiness of this 'inter-judge' strategy as one researcher could interpret and classify conceptions very differently. Conversely, Bowden *et al.*, (1992) argues that co-researchers could also act as co-judges with the primary researcher having to identify the different conceptions within the data and having to explain the reasons for the way these have been categorised to the team. Nonetheless, this does not detract from the process of achieving true replicability or as in this case phenomenographic research being undertaken by an individual. In this study, the dissertation supervisors acted as co-judges to the interpretation of the data and findings.

It is inevitable with any research design that phenomenography has been the subject of critique. However, Entwistle (1997, p. 132) dismisses these doubts and considers many criticisms to be cautionary to researchers in avoiding pitfalls of conducting phenomenographic research. Entwistle (1997, p.129) argues that phenomenography is valuable for '*producing useful insights*' rather than test its theoretical purity.

3.11 Rationale for rejecting Phenomenology

Within this study, the choice was made to adopt phenomenographic approaches to analysing the data to understand the conceptions of being a lecturer in nursing. However, there was potential to consider using phenomenology, that is concerned with the 'pre-reflective' consciousness of the essential core of the phenomenon. Phenomenological research has been described as a philosophy, approach and methodology (Holloway and Todres, 2003) and has become a popular paradigm in nursing research. Phenomenology was founded by Edmund Husserl (1859-1938) in the early twentieth century and later adapted by Martin Heidegger (1889-1976). Although phenomenography and phenomenology share the same aim of their investigation, that is to reveal the nature of human experience and awareness (Marton and Booth, 1997, p. 117) in this case, phenomenologists would try to explore the essential core to find the singular essence of identity and how each participant would experience and describe it. However, in phenomenography, the focus is on different ways or the variation that participants experience identity which is the approach that has been adopted to try to answer the research question.

Despite the criticism of phenomenography, I remain committed as an educational researcher to adopting this methodological approach. In Chapter 5, an explanation of the steps that was taken to mitigate the weaknesses of using a phenomenographical approach to collect and analysing the data was undertaken. As the researcher, I acknowledge that phenomenographic outcomes will not show the richness of the data, only the variation. Furthermore, the aim of this study is that using phenomenography as a methodology gives special attention to understanding the conceptions *of being* and therefore the variation of conceptions of being a lecturer in nursing, which will provide an answer to my first research question.

Using deductive reasoning as an approach to analysis of the tutorial and video stimulated recall and reflection interview, under the lens of Pierre Bourdieu's reflexive sociological theory of practice, this theoretical framework will be useful to provide answers to the second research question. The three concepts of field, capital and habitus is explored and applied within the collection of data using this as a template to be filtered and therefore interpreted.

3.12 Summary

This chapter has presented a comprehensive rationale for the methodology that has been selected to explore and analyse the research questions. By adopting a phenomenographical approach to the data, this inductive approach [bottom up] will seek out from the raw data, the variation of conceptions of being a lecturer in nursing, that will very simply and effectively provide an answer to the first question. By using deductive reasoning [top down] will be used under the lens of Bourdieu's sociological theory of practice to examine the data and provide answers to the second research question. These approaches will complement each other in this empirical study of the social world of lecturers in nursing. In addition, I have identified and articulated the philosophical position of this qualitative study from an ontological and epistemological perspective that informed the decision to adopt phenomenography as a methodological approach. An exploration of phenomenography has been undertaken, including the historical perspectives and examples of previous phenomenographic studies. The chapter closes with a critique of phenomenography and the rationale as to why phenomenology was rejected.

The following chapter will provide an explanation of my methodological approach to the strategy and design of the pilot study and how the sample was chosen to participate in this study.

Chapter 4 – Methods of collecting the data

4.1 Introduction

This chapter presents the methods chosen to collect the data for the study. This includes the steps taken in selecting the participants, the three approaches used to collect the data and how this data was managed and stored. The chapter will also disclose the steps taken to 'bracket' myself out of the collected data; the aim being to be transparent in accordance with the principles of the nature of qualitative and interpretative phenomenographical research. The chapter concludes with the choices I made to ensure that the rigour of this research in terms of quality assurance was explicit, as was the ethical considerations that were taken throughout this study.

When determining how the data is collected, the nature of the phenomenon under investigation is considered so that the research questions may be answered. In this case, this research aims to discover:

- What are the conceptions of *being* a lecturer in nursing?
- How is the variation of *being* a lecturer in nursing negotiated during a tutorial?

Collecting the data involved myself as the researcher being able to access the participants by visiting lecturers in nursing at universities in England and Scotland. Qualitative data was collected over a period of 16 months travelling around the UK to each of the 10 individual participants who had agreed to take part in this study. The data collection process comprised video recording each of the 10 lecturers in nursing to collect three different sets of data. In total, 30 sets of data captured the accounts from all the participants.

Firstly, I set up the recording equipment then video-recorded a semi-structured interview with the lecturer in nursing and myself as researcher. Secondly, I set the video on record before leaving the room so that the lecturer in nursing could conduct a tutorial with an individual student. Both the first and second set of data were collected and transcribed before another visit was arranged to collect the third set of data which was a video stimulated recall and reflection interview. This involved both the participant and myself watching key sections of the

video of the tutorial. This video stimulated recall and reflection interview allowed the lecturer in nursing to comment on any key points that I had identified as significant and where the lecturer in nursing portrayed their identities. All of the three approaches to collecting the data were recorded on video. These accounts provided rich and grounded qualitative data from the collective group ready for analysis.

The literature review informed my decision to adopt the three approaches to collecting the data that acknowledged the multifaceted nature of how individuals experience identity. The intention of using three different approaches was to maximise the possibility for how each participant experienced and revealed their identities. In addition, by gaining multiple perspectives, the participants provided rich data of their collective experiences of the 'phenomena' ready for analysis. The phenomenographic findings are analysed and presented within the next chapter (Chapter 5).

4.2 Strategy and Design of the Pilot Study

Prior to starting the main study, it was necessary to test the data collection methods. This included the time it took to collect one set of data from a participant using the documentation and testing the functionality of the equipment. It was important to the success of the main study that warnings of any potential failings were identified at an early stage. Therefore, a pilot study using all three approaches was collected from one lecturer in nursing employed within the University of Cumbria in January 2015. The results of the pilot study were reflected upon and analysed with modifications being necessary.

The three approaches to collecting the data were tested against the methods using the recording equipment and interview schedule (see Appendix 8 – Initial Interview Protocol, Appendix 9 – Observation of tutorial protocol and Appendix 10 – Video stimulated recall and reflection interview protocol. All data was collected during the pilot study with ethical approval (Appendix 1 – Ethical Clearance) and the use of all documentation including the handing out of the participation information sheet (Appendix 3 – Participant Information Sheet). Informed written consent (Appendix 5 – Participant Consent Form) was gained from both lecturer and

student prior to the pilot interviews taking place. For the purposes of transcription, the student's conversation was recorded but not used for analysis.

4.3 Reflections of the pilot study and lessons learned

The pilot study gave me the opportunity to evaluate the three-stage approach of the collection of data and to consider the following questions:

- Did I articulate the reasons for the study?
- Did the participant understand the information sheet and feel happy to sign the consent form?
- Did I create an atmosphere and environment for the participant to feel at ease and happy to talk, free from disturbance?
- Did the semi-structured interview schedule allow the participant to engage with the interview process?
- Were the initial interview questions phenomenographic in nature?
- Did the participant understand the questions?
- Did the semi-structured interview schedule allow the participant to share their experience of the world and their meaning of their own identity?
- Were the phenomenographic questions engaging the participant in reflective thought?
- Was there a need to change the questions or add any further questions?
- Did the video stimulated recall and reflection interview allow the participant to explore their identity?
- Did I make the right decision not to take field notes?
- Did the video-recording equipment work?
- Was my position as a researcher foregrounded?
- Were my verbal and non-verbal levels of communication aligned to phenomenographic interviewing?
- Could I transfer the video-recordings on to my laptop?
- Could I transcribe verbatim the three sets of data?
- Could I upload the transcripts on to the Atlas ti for storage ready for analysis?

Conducting the pilot study indicated that I needed to review and refine the process ready for the collection of the data for the main study. The questions within the initial semi-structured interview schedule had to be re-worded for this to be clear to the participants and so that they were phenomenographic in nature. Silverman (1993, p.148) advocates the careful piloting of interview schedules in order that reliability is enhanced before starting interviewing participants for the main study. In relation to the filming of the tutorial, this confirmed the need to set up the recording equipment and then leave the room allowing the participant and the student to be alone during the tutorial. This provided a more natural environment that helped the participants to feel more at ease, [albeit] with a video-camera recording the tutorial. In allowing the lecturer of nursing and student to be private within the tutorial, provided the optimum environment for the lecturer in nursing to reveal how they negotiated their identities much earlier and with more authenticity than if I had been present. Other modifications that I decided to implement was to fully transcribe the initial semi-structured interview and the recording of the tutorial prior to the video stimulated recall and reflection interview. This provided two opportunities. Firstly, I was able to concentrate on sections that I had identified as significant within the semi-structured interview and tutorial which would form the basis of the discussions during the final video stimulated recall and reflection interview. Secondly, the transcript could be shared with the participant to check for accuracy and that they were happy for these to be analysed at the end of the data collection process. The video stimulated recall and reflection interview involved playing back sections that I had previously identified as significant to the participant to allow for further discussion and clarification. Once the pilot study had been completed and evaluated, the data was discarded and not used as part of the main research study.

In summary, the valuable lessons learned from undertaking the pilot study demonstrated that there were certain conditions that had to be considered before any data could be collected for the main study. I needed to ensure that the participant was in a comfortable and in a private environment that they felt at ease with engaging with the interview process. It was also important that the mind frame of the participant was relaxed so that they were able to think and reflect upon their own experiences and provide meaning. This reflection proved to be significant as this gave the participant the opportunity to uncover their thoughts that on

disclosure, many had not previously considered. The use of further repetitive questions was used to develop and continue with examples around a particular line of thought. The pilot study confirmed that it was not appropriate to take field notes during the interviews nor was it appropriate to keep to a totally rigid set of questions and thereby stalling the flow of the interview. The lessons learned from the pilot study contributed to the success of the main study.

4.4 Sampling

The purposive sample was commensurate with phenomenographic study and comprised of collecting three sets of data from each of the ten lecturers in nursing from around England and Scotland. Marton and Booth (1997, p. 125) indicated that a *phenomenographic study always derives its description from a smallish number of people chosen from a particular population*. A suggestion by Sandberg (2000, p. 13) is that after 20 interviews the different ways of experiencing a phenomenon can reach saturation. In this case, 30 sets of data were collected. Potential participants were all volunteers and recruited during my attendance at national nursing conferences and events as well as an open introduction after my Queen's Nursing Institute (QNI) conference presentation. Subsequently, I was approached by a number of interested participants and briefly explained that I was conducting a study as part of my doctorate to examine what it is like being a lecturer in nursing. Most of the people who approached me were very supportive of the study and provided contact details so that I could contact them at a later date to provide more information about the study. Some of the potential participants I knew by name but had never worked with any of them from a nursing or teaching perspective. Eligibility to participate in the study required some essential criteria namely, professional registration with the Nursing and Midwifery Council (NMC), and to be employed by a University in a teaching role with nursing students. The rationale being that the sample will have experience of the phenomena under investigation.

4.5 Participants

The ten participants have a wide range of characteristics, (see Table 4) such as different demographic backgrounds across England and Scotland, ethnicity, years of experience as a nurse, years of experience within higher education, their highest degree and the type of

nursing students they taught, academic abilities and the different stages in their career as a lecturer in nursing.

Table 4 Demographic variation within the sample

Length of experience as a nurse	Ranged from 8 years to 35 years
Length of experience as a lecturer in nursing in HEI	Ranged from 3 years to 22 years
Highest academic qualifications	2 PhD 6 MSc 2 BSc
Full time/part time	9 full time and 1-part time
Gender	10 Female
Age Range	35 – 58 years

This correlates with the position that Ashworth and Lucas (2000, p. 302) advocate that it is worthwhile interviewing participants who are likely to have *different lifeworlds and experiences of the phenomenon*. My rationale being, that this spread of characteristic was intended to maximise conceptual variations in the data. The selection of participants is central to the concept of generalisation and should be chosen to provide a full range of possible ways of experiencing identity and hence categorising. Selection of a heterogeneous sample will reveal the range of meanings and categories so that these are representative of the full range of meanings within other lecturers in nursing.

It is important to declare that as the researcher, my relationships towards the purposive sample needed to be open and transparent. I acknowledge that although I have never worked with any of the participants they are, as I am, a lecturer in nursing. Consequently, the weight of power from this potential bias needed to be managed very carefully. Conscious efforts were made to embrace the position as a researcher rather than as a fellow lecturer in nursing, by adopting a reflective approach to the collection and interpretation of all the data. This reflexive approach prompted a '*bracketing out*' as much as possible my personal conceptions and experiences. Crabtree and Miller (1999, p.28) suggest a solution of being able to '*bracket out*'

prior knowledge in order to '*enter the individual's life world*' limit any preconceptions that the researcher has so as not to influence the data.

The potential impact of power as the researcher was considered with extreme caution. Primarily, it was necessary to be mindful of the initial introductions in inviting lecturers in nursing to participate with the study so that there was no conscious influence on my part or any possible distortion of any future data by providing information that may lead the responses. Furthermore, the three approaches to collecting the data required full awareness of the power dynamic of conducting interviews with the participants. As the researcher, I acknowledge that repeated visits to the participants workplace to collect the data had the potential of accelerating a friendship with the participant. This was cognisant with Burman's (1997, p. 787) criticisms of qualitative interviewing where she warns '*relationships of empathy and trust may serve as social lubrication to elicit unguarded confidences*'. Purposeful reflection on the potential power asymmetry of the interviews was a constant reminder which according to Brinkmann and Kvale (2005), is important to consider the ethical implications of qualitative interviews and the powerful knowledge that they produce. I argue that the choice of methodology facilitated the reduction of the power dynamic during the phenomenographic interview as the open-ended questions were brief, allowing the participant to reflect and explore their conceptions of identity. This served to maximise the participants input to the interview and to minimise any power that was unconsciously exerted by myself as researcher.

Continued strategies were employed to anonymise my position and avoid inputting any preconceived ideas from my own thoughts and experiences or from my review of the literature and to be faithful to the true data collected from the participants. As the researcher, I acknowledge that research interviews are not a dominance free dialogue between equal partners and where power is inevitable as Kvale (2009) believes an interview is a:

specific hierarchical and instrumental form of conversation, where the interviewer sets the stage and scripts in accord with his or her research interests. The use of power in interviews to produce knowledge is a valuable and legitimate way of conducting research. (p.485)

Nonetheless, I was reassured by Cohen *et al.*, (2007, p. 29) that interviewing is a valuable method for exploring the construction and negotiation of meanings in a natural setting. I was therefore consistently mindful to consciously monitor and acknowledge my thoughts, beliefs and any exertion of power was tempered whilst collecting and crucially when analysing the transcribed data.

4.6 Interviews

The purpose of the initial semi-structured interview was to explore the lived experiences of the lecturers in nursing and their conceptions of identity. The *intentional-expressive* approach (Anderberg, 2000, p.100) is a useful and systematic interview strategy for elucidating and confirming the conceptual meanings in the expressions that the lecturers in nursing made. In the intentional-expressive approach, interviewees are first asked open-ended questions that are phenomenographic in nature, regarding the phenomenon of interest. Brief, follow-up questions are then asked to encourage interviewees to reflect on the conceptual meanings of the terms or phrases in the expressions that they have used. Essentially, in phenomenographic interviews, the phenomenon of interest is explored jointly between the interviewer and interviewee (Marton, 1994). This process necessitates engagement and interaction between the interviewer and interviewees acknowledging that the influence of myself as the interviewer can be deemed as a weakness of the method. It is, however, important to recognise and preserve the characteristic of joint exploration between interviewer and interviewee in phenomenographic interviews. In this study, attention was given to the expressions used by the lecturers in nursing with any assumptions not made about their meanings, even if they seemed obvious, but clarification was sought to their intended meanings by asking follow-up questions. As the researcher, conscious efforts were made to avoid introducing new terms into the conversation and refrain from correcting the interviewee with more accurate expressions. It was important that the lecturer in nursing had time and space to reflect and talk and I consciously avoided showing facial expression of agreement or disagreement at the responses but remained present and listened attentively and empathically.

4.7 The Phenomenographic Interview Approach

By adopting a phenomenographic approach to the initial semi-structured interview, the focus was always to seek and reveal the answers to the research question:

- What are the *conceptions of being* a lecturer in nursing?

The phenomenographic interview is positioned somewhere between being structured to semi-structured. Marton (1986, p.42) stressed that during the phenomenographic interview there should not be too many pre-planned questions, but questions should follow from what the participant says. Careful consideration was given so that questions were focused on seeking out the variation of the phenomenon combined with asking open-ended questions so that the participants could reflect and decide to discuss those aspects that are particularly relevant to them. The intention here is to focus the participant's awareness of the conceptions of being a lecturer in nursing. A typical phenomenographic approach was to ask the participants a small set of pre-determined questions such as:

1. *How would you describe being a lecturer in nursing?*
2. *What is your experience of being a lecturer in nursing?*

Other prompts would be:

3. *What do you mean by that?*
4. *How do you feel about the experience?*
5. *Are you able to give me examples of that experience?*
6. *Have you any other thoughts on where you described.....?*
7. *How does your experience influence the way that you teach students?*
8. *Can you explain why that is?*
9. *Is there anything else that you would like to say about how you experience being a lecturer in nursing?*

These questions allow what Booth (1992, p.59) has noted '*deliberately approaches the phenomenon from a variety of directions and thus increases the chances of a full exploration*'.

During the semi-structured interview, I could interact with the participant so that the issues could be explored. Full attention was focused on how the participant experienced the phenomenon. Following the open-ended questions, clarification was sought by probing each participant further to explain their answers giving real examples if appropriate in order that a shared understanding of how they experience the phenomenon was understood. It was important that I as the researcher, was sensitive to the information being described by the participant and that I encouraged further elaboration on what was being communicated during the interview. At times, the participant came to a silence where it was apparent that they were thinking and reflecting upon their experiences. In this case the silence was encouraged and not interrupted so that they could articulate their thoughts; and I as the researcher could explore and probe deeper to extrapolate their understanding. At other times, the silence was becoming prolonged and I needed to take the cue on returning the conversation back by repeating the last statement or participants began to talk freely of issues that I felt to be outside the focus of the phenomenon. In which case, I needed to return the discussion to the focus of the phenomenon. In these cases, by asking:

- *May I return to what you were describing earlier when you said....?*

usually helped the participant to reflect on their experience and to reveal their understanding of the of the phenomenon and therefore the focus is maintained.

The phenomenographic interview process allows the participant to feel relaxed and reflect upon aspects that they may have never thought about previously. This dialogic manner of interviewing facilitates openness and depth of feeling from participants which Booth (1997) illustrates by affirming that:

'the interview is open and means that while the structure might be planned in advance, to approach the phenomenon in question from various interesting perspectives, the interviewer is prepared to follow unexpected lines of reasoning that can lead to fruitful new reflections'. (p.138)

What was significant here is that by tapping in to the reflections of the participants and how they described their awareness, captured how the participants related to their experience of the phenomenon under investigation. This second order perspective is important as Marton (2000) explains that:

'the dimensions they choose are an important source of data because they reveal an aspect of the individual's relevance structure'. (p.138).

An essential part of undertaking a phenomenographic interview is not to manipulate the participant by asking leading questions or by introducing any new topics to the participant. I was careful that I did not expose my ideas or feelings to the participant about the phenomenon under investigation. The influence of power required constant vigilance and mindful consideration to be alert to the possibility of even thinking or resisting the temptation to add comment or speak of my feelings on the phenomenon itself so as not detract from the phenomenographic technique. I was therefore cautious of my own experiences and interpretations of the phenomenon and made a real and conscious effort not to verbally or non-verbally agree or disagree with what the participants were discussing ensuring that the experiences were purely from the participants and not my own. This strategy is what Moustakas (1994, p.116) terms as *epoché* in that any theories or prejudices held by the researcher are set aside and do not influence the true data. Inevitably, there are challenges to this idea as Sandberg (2005, p.60) argues that *'in reality we always interpret things within a framework of our lived experience and that we are all prisoners of our own past'*. The need for researchers to bracket the knowledge that is relevant to the issues being investigated is how Giorgi (1992, p.121) provides some solution to these challenges. It was important that I set aside my own assumptions and *'bracket out'* as far as possible any of my preconceived ideas or make judgements on any of the responses from the participant. I acknowledge that bracketing out any power was difficult as it is impossible to totally disengage from my lifeworld as a lecturer in nursing. Nevertheless, conscious efforts were made to have empathetic understanding for the participant in order to listen and therefore set aside any presuppositions about the nature of the phenomenon. During the collection of data, it was crucial that no assumptions were made on the participants' responses or to pre-arrange responses into a

formation of categories. In addition, I needed to be mindful that awareness of any findings from earlier research and how this knowledge aligned with my own personal beliefs needed to be set aside.

The initial phenomenographic interviews were brought to a natural close when both the participant and myself felt that all aspects of their experiences of the phenomenon had been explored and communicated. A rich set of data was captured from each of the ten participants. All the interviews took place at the participant's normal workplace within their university.

4.8 Video stimulated recall and reflection method

Following the initial semi-structured [phenomenographic] interview, the filming of the tutorial and the two sets of data had been transcribed, a second visit to each participant was arranged to undertake the video stimulated recall and reflection [VSRR] interview. This generated data that was analysed using thematic qualitative analysis and involved the participants watching key sections of the video of their tutorial with a student. The purpose of this research method was to stimulate the participants memory of the tutorial and focus on how and why they negotiated their identities. This introspective method provided a real-life context for the participant to retrospectively think aloud and relive the original situation to explain and clarify their identities. The discussion was the subject of analysis rather than the video itself. My aim of the VSRR was to probe a little deeper on why the participants chose their particular identities during the tutorial. The video provided the opportunity to reveal their identities that are otherwise hard to see and know. This proved valuable in combining the data from the semi-structured interview with the video of an actual tutorial. What was particularly interesting were the participants who strongly identified with a certain identity during the initial semi-structured [phenomenographic] interview, then revealed a completely different identity during the tutorial. Using VSRR facilitated getting behind the complexity of the phenomenon and making the implicit explicit. The method was also valuable in clarifying any discrepancies between what I was seeing and interpreting and the participants explanations of the tutorial.

Nevertheless, there were some ethical considerations that had to be reflected upon as a researcher using VSRR. In particular, was it ethical to be positioning participants under the gaze for research and did I control the process by deciding which clips of video could be selected? To try and mitigate this dilemma, I ensured that we reflected together watching the video and avoided judgment. The clips of video were identified for ease of discussion; however, the participant would often control the video to watch other clips that they found particularly interesting to comment on.

Creswell (2012) asserted that researchers will often integrate and apply technology within their research as the world becomes digitalised. Increasingly, researchers are adopting to use VSRR as a research method that produces both insightful and useful data for examining the way people experience a specific event of interaction in education (Haw and Hadfield, 2011; Dempsey, 2010; Theobald, 2008; Lyle, 2003; Hoffman, 2003; Macarland, 1984; O'Brien, 1993 and Calderhead, 1981). Although there are limitations to any method, I decided to use this approach in conjunction with a phenomenographic interview so that the gathering of data could be triangulated allowing a richer understanding of the phenomenon.

4.9 Collection of the data

All three approaches to collecting the data did not involve any patients within this study. All responses from students were not considered and were discounted for the purpose of this study.

During the next few months I emailed the potential participants to remind them of my research. This included a letter of invitation with a brief description of the study and a request to confirm if they wish to participate with the research (Appendix 2 – Letter to participants). As a courtesy, I also emailed the ethics committee of the university that the participant is employed to request that I may collect data from the participant (employee) and a student and that the three approaches to collecting the data would be video recorded. I provided all of the information to the ethics committee including ethical clearance from the University of Cumbria and a copy of all the documents sent out to the participant and student. Following confirmation from each of the ethics committees to permit me to collect the data on university

premises and that the participants had agreed to take part; detailed information about the study together with the participant information sheet (Appendix 3 – Participant Information Sheet) outlining the purpose of the study, the aims, duration and expected involvement of participants were sent out via email. A participant invitation letter was forwarded to students requesting permission to video record the tutorial between themselves and a lecturer in nursing (Appendix 4 – Letter to students) together with the consent forms x 3 (Appendix 5 – Participant Consent Form) (one for the participant and student to keep and one for myself as the researcher). Once the lecturer in nursing had been selected and they had agreed to participate in the study, I emailed a letter to the lecturer (Appendix 6 – Letter/e-mail to participants (Lecturers in Nursing)) and student (Appendix 7 – Letter/e-mail to student participants) to arrange a date, time and location in order to collect the first two stages of data [phenomenographic interview and the tutorial]. Transcribing the data took around 4-6 weeks before I arranged to collect data for the third and final stage which was the video stimulated recall and reflection interview. All data was collected at the university where the participant was employed with most, but not all of the tutorials with students conducted within the university. Exceptions to this was where a lecturer in nursing conducted the tutorial at the students practice placement. All of the interviews and tutorials were conducted in privacy without any disturbance.

It is important that as a researcher this study was undertaken with the participants in their natural setting so that they felt comfortable to answer questions and explore their own reality. This commitment to collect the three sets of data at the participants workplace was important to be able understand the world of lecturers in nursing. The logistics in collecting the data involved travelling through England and Scotland, carrying lots of video equipment and spending a couple of days conducting the first two stages of the process [phenomenographic interview and tutorial]. All three approaches were video recorded using a JVC hard disk camcorder in order to facilitate accurate transcribing.

The phenomenographic interview was undertaken with the lecturer in nursing in a private room that had instructions on the door 'Do not disturb interview taking place'. This typically lasted from 45 mins to one hour. Following on from this, I set up the video-recorder on record

then left the room leaving the lecturer in nursing to conduct a tutorial with an individual student which lasted between 30 mins and 1 hour. This approach was taken so that actual teaching/interaction between the lecturer in nursing and student was video-recorded. This provided rich data and the opportunity to observe how the lecturer in nursing interacted and revealed their identities with the student. Following the collection of the two pieces of data, these were then transcribed verbatim, that typically took 4-6 weeks. During this time, I scrutinised the video of the tutorial noting the exact time when I judged that the lecturer in nursing revealed their identities. Once these were completed an arrangement was made to return to meet the participant at their workplace to collect the third stage [video stimulated recall and reflection interview]. This recall interview provided the opportunity for the lecturer in nursing to explain and clarify how and why they were negotiating their identities. Typically, these interviews lasted between 30 and 45 mins.

Prior to the start of the video stimulated recall and reflection interview, the lecturers in nursing were shown the transcripts of the phenomenographic interview and the tutorial for member checking. The purpose of sharing the transcripts of the first two stages with each participant was to check accuracy and verify what had been recorded and transcribed. This enhanced the validity and reliability of the primary data that was collected during the first two stages of this qualitative study. This strategy was used in order to steer away from relying solely on verbal interpretation of what the participant would like to be conveyed to the researcher. This behaviour is explained by Argyris and Schön (1974) in that they claim that people are often unaware of the values and beliefs that shape the way that we behave. They refer to '*espoused theory*' (1974, p. 83) which reflects the worldview and how people believe that this guides their behaviours. Argyris and Schön (1974) also refer to *theory in use*, which is the worldview together with values that influence their behaviours and therefore their actions, which often may not be recognised by the individuals. Argyris and Schön (1974, p. 83) assert that '*people have mental maps about their actions and these mental maps guide actions rather than the theories they explicitly espouse*'. The collection of this data using video has provided real examples of tutorials between a lecturer in nursing and the student. This 1:1 interaction within the tutorial is significant to the study so that the identities of the lecturer in

nursing could be observed and understood. I argue that the tutorial optimises these interactions rather than within larger classroom style teaching.

Crucially, from a phenomenographic standpoint, all 30 sets of data were collected before any analysis began. Bowden (2005) claims that in phenomenographic research no analysis should take place until all the data has been collected. This is important to this phenomenographic study because analysis of this data needs to be across the collective group of lecturers in nursing and not from any individual basis. From a phenomenographic perspective, the overall aim of using the three methods of data collection was to capture behaviour and expose their identities from the collective accounts of 10 lecturers in nursing. Subsequently, all of the data from the three approaches were uploaded into the Atlas ti ready for phenomenographic analysis. This second order perspective was taken with Booth (2001, p. 172) insisting:

that data must come from the descriptions of how the participants experience this and not be derived from the researcher's attempt at describing what the reality of the phenomenon is.

Therefore, it was necessary that the participants were allowed to express freely of how they experience being a lecturer in nursing. As the researcher, it was important to be sensitive to the experiences of the participants under investigation rather than risking the collected data by exposing my own perceptions. Field notes were not taken during the interviews so that I could concentrate on the responses and be able to communicate effectively with the participant. Crucially, although the data collected from each individual is important it was not linked to the different categories or to any individuals themselves rather an outcome space was derived from the combined data from all the collective participants.

4.10 Data collection process

Collecting the data for this study involved using a JVC hard disk camcorder and tripod to video record the three processes; initial interview, tutorial and video stimulated recall and reflection interview. The intention was to collect empirical evidence in the form of video-recordings that provided a wealth of rich data so that the phenomenon could be better

understood and crucially mitigated losing touch with the verbal and non-verbal communication. In this case, how lecturers in nursing perceive their identity and how they negotiate their identities during a tutorial with an individual student. According to Loizos (2008, p. 149) video recording is necessary whenever *any set of human actions is complex and difficult to be comprehensively described by one observer as it unfolds*. From the literature review (see Chapter 2), we know these are complex phenomena which needed to be captured on video and audio so that aspects of identity would not go unnoticed. Furthermore, I recognised that although transcripts can be taken of dialogue it was important to this study to capture other aspects such as facial expressions, intonation of voice, gestures and body movements. During the second stage of data collection, I set up the video recording equipment to record before leaving the room. This allowed the lecturer in nursing to conduct a tutorial with an individual student in private thus minimising any intervention from myself as the researcher. When the recordings had been completed I dismantled the equipment and on return home it was necessary to connect the JVC hard disk camcorder to my home computer which transferred the recordings and stored the data within a password protected home computer. Subsequently, once data had been collected from the first two stages, all the video recordings had to be identified, catalogued and stored properly within Atlas ti as soon as it was produced in order to ensure the access to each item ready for analysis on the collective data.

From the video recordings, it was possible to watch the interaction several times to have a real understanding, noting any contradictions between what was being discussed and the behaviour of the participant. Other advantages of video-recording were that I was able to pause the image, rewind or fast forward and skip certain sections of the recording. Using video-recording provided me with some valuable direct feedback to my own performance and allowed me to be reflexive as a researcher. Watching and listening to the video recording allowed me to evaluate how I conducted interviews, hearing my voice and seeing myself in action with the participants made me aware of some modification and correction of my behaviours when in the field collecting data for the third stage.

4.11 Transcription

It is common in any qualitative study to transcribe video-recorded interviews verbatim to obtain data for analysis. Transcription is the interface between oral and written data. It is also a juncture of the research process where the reliability and validity of the data may be questioned. Transcription also changes oral discourse to text where I heeded Kvale (1996) warnings:

that the linguistic complexities inherent in transforming oral language to the written form may change meanings as meanings are contextual and the context of the interview is lost in transcription. (p.206).

One of the aims of this study was to take a phenomenographical approach to answer the first research question by looking for qualitatively different conceptions of the phenomenon of interest collectively rather than the conceptions of individual participants. Thus, it is important to note that the transcripts were not analysed or interpreted individually. The collective data constituted the overall data analysis which only commenced after all interviews were completed. I was aware of the importance that opinions about conceptions were not formed at this stage. After the initial readings, I looked for qualitatively different meanings that were evident in the data through a process of coding, revision, and recoding. Phenomenographic results report the different conceptions of the phenomenon in categories. The categorisation process entails an abstraction of data in terms of similarities and differences. Marton and Booth (1997) advocate maximising the conceptual variations of participants to ensure adequate data for deriving an optimal set of categories.

4.12 Data management

All data was uploaded and stored on my personal home computer. My personal home computer is encrypted and password protected. All three stages of collecting the data were recorded on my personal video equipment that once filming had been completed was then transferred to my personal home computer. The data was then copied onto a pen drive which was encrypted and posted to the professional transcriber via recorded delivery. I emailed the password to the transcriber to access data from the encrypted pen drive. All recordings were

transcribed as fully anonymised text for data analysis purposes. Once the transcriber had emailed the written transcriptions and returned the pen drive to myself, the recordings were then deleted from the electronic device. Any hard copy anonymous written transcripts were stored in my home office in a locked cupboard that only I as the researcher have the key to. All names provided were anonymised and given a code. Where participants referred to any third parties by name, these were also anonymised in the transcripts by using the symbol '?'. Events or procedures referred to during the tutorial or interviews that could lead to others identifying the participants were also anonymised by using the symbol '...'. Publication of the research does contain direct quotes from participants but will not be transparent enough to identify any individual participants. No data, which could identify participants, will be published, including region of the country where research took place and any groups or organisations that may be mentioned during the study. All participants were given a copy of their transcript to check for accuracy prior to the data being used. All participants had the opportunity of requesting a summary of the results of the research once completed.

4.13 The Use of Computer Software in Phenomenographic Data Analysis

There exist over 25 different software programmes designed to make qualitative analysis faster and easier, but they may not be appropriate for all forms of analysis (Willig, 2008). Most phenomenographic studies have utilised a manual analysis process, whereby utterances, notes, or transcripts are arranged and rearranged in piles on the floor in the construction of categories. Their relational qualities are represented by their positioning in relation to one another on the floor. Using this approach to analysis, there are four aspects of data analysis that pose a challenge in phenomenography: (a) the sheer volume of data, (b) the challenge of keeping in mind the meaning of an utterance in the context of the transcript as well as its contribution to the meaning of a category and differences between categories, (c) the long period of time it takes to iteratively compare and contrast utterances before categories emerge and finally settle into somewhat of a final state, and (d) ensuring that categories emerge as a function of the meanings contained in the text, and not due to preconceived theories or biases of the researcher (Åkerlind *et al.*, 2005b; Bowden, 1994, 2005; Bowden and Walsh, 2000 and Marton and Booth, 1997). Computer software has been available since 1990 to alleviate the challenge posed by these factors in phenomenographic research (Booth,

1997). Computer software can serve different functions during analysis. At the most basic level it can help with the storage and organisation of material, even if just for typing in and storing transcripts in a word processing package. At the next level, it can make data handling more streamlined by allowing selection and storage of quotes, saving notes and meanings assigned to such utterances, and reducing the cognitive load of keeping in mind all the data whenever looking at a single utterance by facilitating easier access to data in various contexts (Booth, 1997). With this in mind, I chose to adopt CAQDAS software in the form of Atlas ti. Computer software becomes another tool in the researcher's belt, simplifying the management, coding, locating, control and review of data; *it does not eliminate the need for the researcher to think* (Jemmott, 2002, p. 7). Computer software does not replace the embedded role of the researcher, which is a critical part of reflexive phenomenographical practice (Penn-Edwards, 2010).

4.14 Outcomes of this phenomenographic study

The aim of this study was to collect the three sets of data (semi-structured [phenomenographic] interview, tutorial and video stimulated recall and reflection interview) from each of the 10 lecturers in nursing from England and Scotland and then transcribe all of the data. The 30 transcriptions were then uploaded on to Atlas ti ready for analysis. The data was segregated into three sections: initial semi-structured (phenomenographic), interview 2 (tutorial) and interview 3 (video stimulated recall and reflection interview). After 16 months, with the data collection completed, I was conscious not to move too quickly and attempt to categorise the data as Walsh (1994, p. 19) warns that there is '*an inevitable tension being faithful to the data and at the same time creating, from the point of view of the researcher, a tidy construction that is useful*'. By exercising interpretative awareness, I aimed for maximum fidelity to the data. Equally important was to avoid closing the analysis stage too prematurely for the sake of being tempted to arrange the categories of description.

The initial steps to examining the data involved seven steps to analysis as shown in Table 5.

Table 5 Seven steps to analysis (Dahlgren 1991)

1	Familiarisation	Reading through the interview transcripts to get a fresh impression of how the interview proceeded in this initial phase, all data in the entire pool are given equal consideration.
2	Condensation	Identifying meaning units in the dialogue and marking or saving these for the purpose of further scrutiny. The size of the meaning units identified in this step varies: some researchers claim that these chunks can be fairly small, whereas others emphasise the importance of keeping the whole transcript more or less together.
3	Comparison	Comparing the units with regard to similarities and differences
4	Grouping	Allocating answers expressing similar ways of understanding the phenomenon to the same category.
5	Articulating	Capturing the essential meaning of a certain category.
6	Labelling	Expressing the core meaning of the category. Steps 3-6 are repeated in an iterative procedure to make sure that the similarities within and differences between categories are discerned and formulated in a distinct way.
7	Contrasting	Comparing the categories through a contrastive procedure whereby the categories are described in terms of their individual meanings as well as in terms of what they do <i>not</i> comprise.

Initially, it was imperative that I was familiar with the data, by reading and re-reading the transcripts as well as watching the video recordings multiple times. The next step was to condense certain sections of the data that were initially seen as representative as a conception of being a lecturer in nursing. The intention here was to gather the collective '*conceptions of being*' into what Bowden (2000, p. 11) terms a '*pool of meanings*' that describes their understandings of the phenomenon. This pool of meanings represents the multiple ways of experiencing being a lecturer in nursing. Following on from this, each meaning was compared to see if they had any similarities or differences to one another. For example, consideration was given to understand if being a facilitator or an educator were different and why. The next stage involved similar conceptions of identity being placed in the same group and then attaching a code within Atlas ti to the utterances and quotations, with a memo being added to each code to explain why a particular code had been given and what this meant. Once all of the initial conceptions were organised into initial categories, there was the final process of comparing and contrasting to ensure that the conceptions were as faithful as possible then subsequently arranged into five '*categories of descriptions*'. Marton (1994, p. 3011) explained that '*categories of description are logically related to each other, and form hierarchies in relation to given criteria. Such an ordered set of categories is called the 'outcome space' of the phenomena*'.

The outcome space is represented by what Bruce (1997, p. 187) describes as a *'tool to capture and communicate the features of the experiences or the phenomenon'*. Furthermore, Åkerlind (2005a, p. 322) explains the outcome space as *'the structural relationship linking these different ways of experiencing'*. In this case, the outcome space included *five 'categories of description'* of how lecturers in nursing experience the phenomenon. The intention of the outcome space is not to provide individual experiences but to describe the variation in the different ways in which the collective group of lecturers in nursing experience the phenomenon. The categories of description emerged from the interpretative analysis of the collected data and within the pool of meanings, describe the different ways of being a lecturer in nursing. The ways of experiencing the phenomenon is focused at a collective level and it is important to note that in this phenomenographic approach to analysis, the categories of description were formulated after all of the data has been collected. The set of categories represent the collective experience of the lecturers in nursing being studied and is understood to be reasonably stable. According to Marton and Booth (1997, p.125) a set of categories of description need to satisfy three criteria:

- *Each individual category of description should relate a distinct way of experiencing the phenomenon*
- *There should be a logical relationship, commonly hierarchical between the categories*
- *The outcome space should be as parsimonious as possible*

The categories of description are relational to what the lecturers in nursing allied to their *experience of being* and what Cope (2004, p. 18) considers as *'qualitative and descriptive in that the categories are visible through language and represent one way of experiencing the phenomenon'*. What is crucial to phenomenographic studies is that the categories of description must come from the participants very own words and that I, as the researcher needed to be sensitive to each individual experience of being, with data being grounded in the lived experience of being a lecturer in nursing. Without this, Ashworth and Lucas (2000, p. 297) argue that understanding will be *'unsound and arbitrary'*. As a researcher, I needed to *'bracket out'* (Marton 1994, p. 4428) preconceived ideas around possible interpretations of categories and avoid bending the data to fit a particular category. I was mindful that I needed

to listen very carefully to each participant and set aside any assumptions I had, so as not to threaten the lecturer in nursing revealing their experience and take care not to expose any of my own expectations. I have attempted to 'bracket' myself out of the process as much as possible as I recognise that Ashworth and Lucas (2000, p. 299) argue that these difficult considerations will only be partially successful.

4.15 Quality assurances to this study

Within any study it is important to convey the quality of the research to ensure that the findings reflect the objective of the study and that this satisfies the criteria of rigour within the research community. Thus, I have provided significant detail in this chapter to discuss how quality was achieved through careful considerations at each stage of the process to complete this study. Initially, I had to be confident and clear of the aims of the research prior to inviting participants to take part in the study with the focus being directed towards the research questions. Every effort was made to maximise transferability by ensuring that the participants represented a wide variation of lecturers in nursing as illustrated in Table 4. To increase dependability, the participants were all given the same questions during the initial interview to collect phenomenographic data. I remained vigilant during the final video stimulated recall and reflection interview that the questions asked were focused around the clarification and rationale of the participant's behaviour whilst watching significant video clips of the tutorial. The decision to visit the participants at their place of work to collect all of the data validated a comprehensive representation of lecturers in nursing. Consistent approaches to the collection of data, transcription and analysis of data established the findings were as coherent and comprehensive as possible. Therefore, the aim was to focus on the authenticity and legitimacy of the claims being made.

4.16 Reliability of this study

I acknowledge that reliability refers to replicability of the results. I would argue that any study using phenomenographical approaches to the data would inevitably lead to differences within the outcome space if another researcher was handling the data. My rationale is that following the assumptions of phenomenography, a lecturer in nursing will experience identity in different ways so I can assume that any other researcher could experience the variation of identities

also in different ways. It is interesting to note that Kvale (1989, p.73-91) views reliability and validity as inappropriate for qualitative research as they are based on positivist epistemology and not interpretative as in this study. Sandberg (1997, p.207) argues that phenomenographic research is an internal process and that reliability and validity are external processes that can only be used against positivist criteria. In essence, replication is a positivist notion and refers to the degree of consistency with which the same categories of description may be discovered by different researchers at another time.

Marton (1986) suggests that the descriptive nature of the outcome space from a phenomenographical study is at odds with what some might consider the 'normal' research paradigm where prediction and control are considered the 'only legitimate goals'. This has led some to suggest that the question of replication with respect to phenomenography is not valid (Cope, 2004; Sandberg, 1996) as it is not reasonable to expect two researchers to find and classify previously unclassified categories of description from a set of data. Nevertheless, Åkerlind (2005a p.330) states that qualitative researchers are still expected to address issues of the validity and reliability of their research and asserts they should be addressed in relation to the assumptions guiding the research. The validity and reliability of this study were both addressed in accordance with the assumptions guiding phenomenographic research and I will explain how these were addressed and communicated throughout this study. It was important to communicate validity through my dialogue with the participants prior to each interview that I was interested in how they experience identity as a lecturer in nursing and that I assured them that there was no right or wrong answers. This developed a common understanding between us and by using open ended questioning this facilitated responses from each participant on how they experienced identity. I used the technique of repeating statements and questioning further particular experiences to give the participant as much opportunity to reflect and express and clarify their thoughts around how they experience identity.

In contrast to other qualitative methodologies, phenomenographic researchers do not seek out validity from the participants as the data is interpreted as a collective and not from the individual. However, I recognised that member checking was a critical stage of the analysis. In order to mitigate any change of meanings that could be lost in translation, I decided to share

the written transcription from the phenomenographic interview and the tutorial with each participant so that they could check this represented the accuracy of both pieces of data and that they were happy to proceed to the third stage of collecting data at a later date in the form of the video stimulated recall and reflection interview. This demonstrated to each participant that transcriptions were honest and accurate for analysis to begin. It is important to mention here that there was no member checking of the outcome space as this entailed the collective experiences and therefore from an individual basis was not felt to be appropriate. Following on from this, I met with my supervisory team to discuss and revise the meanings and their structures to confirm that the interpretations were validly derived from the data. Atlas ti was used to manage the data and systematically track the stages of the analysis to enhance the rigor of the process. Validity was also communicated through sharing findings with my supervisory team where checks were made on my interpretations of categories of descriptions and the final outcome space.

4.17 Ethical considerations

The research was conducted in accordance with the University of Cumbria ethics code of practice. Formal ethical approval for the study was obtained on 2nd July 2013 (see Appendix 1 – Ethical Clearance). There are ethical implications with any kind of research particularly when the role of the researcher is involved with collecting data from their peers (other lecturers in nursing from England and Scotland). I acknowledged the requirement to be vigilant when collecting both the phenomenographic data and analysis that there was no attempt to coerce or influence the participants or jeopardise the privileged relationship between myself as the researcher and the participants. However, the decision to video-record the three approaches to collecting the data needed careful ethical considerations. I recognised that participants will be identifiable to myself as the researcher, so the decision was made to create a code for analysis purposes only. Each participant was made aware that they were being filmed and that these recordings would only be shared between myself and my supervisory team for analysis purposes only. Therefore, informed consent was sought and obtained from each participant and student prior to any collection of data with copies of consent returned.

The handling of the data required extreme caution as some of the information gathered was sensitive. Any disclosures made by the participant were treated sensitively with data only being used that was appropriate to the study. I have kept clear and accurate records of all the transcripts and any other associated documentation throughout the study that has been stored securely at home. All the participants were informed of their right to withdraw from this study at any time.

4.18 Summary

This chapter has provided a detailed discussion of the research methods used to collect the data and how this was safely stored and managed on Atlas ti. As the chapter unfolds the process of conducting a phenomenographic interview with participants has been described with detail of the steps taken to ensure each process has been considered in relation to quality, reliability and validity. Finally, the ethical considerations to the whole study have been discussed. In summary, the decision to video record the three stages allowed for triangulation and validity of the data. Within this qualitative study the use of video recording captured data which allowed repeated viewings and therefore initial coding and revisions of coding to have a comprehensive understanding of the phenomena that established a reliability of judgement on final coding. I acknowledge that video recordings have traits of subjectivity but have merits in the possibility of recording and coding data that can be viewed by my supervisory team. This allowed for greater reliability in the analysis of empirical data around complex phenomena.

The next chapter will present the phenomenographic analysis of the collected data.

Chapter 5 – Phenomenographic Analysis of Data

5.1 Introduction

This chapter will present the phenomenographical findings from the collected data to discuss the first question:

- *What are the conceptions of being a lecturer in nursing?*

The data collection and analysis were conducted by myself as a lone phenomenographic researcher. The unit of analysis are 'lecturers in nursing conceptions of identity' focusing on the qualitative variation in the ways of experiencing the phenomenon of identity. Crucially, the variation has been derived from the collective group of lecturers in nursing and not from any individual's perspective, as it is unusual to find single quotations that perfectly illustrate each conception. The different meanings that lecturers in nursing assigned to identity were used to form categories of description. The aim being to offer empirically grounded and logically consistent categories of description of the different ways of experiencing identity.

The phenomenographic stage of the analysis process was to choose excerpts and statements from the transcripts which would give substance and support to the categories of description. The process of analysing and constituting the categories of description of how lecturers in nursing described their identities took twelve months, often with rather substantial breaks in between. At times, these breaks were forced due to other work constraints. However, at other times the breaks were an intentional respite from the analysis. Reflecting on this stage was helpful as it often resulted in coming back to the data with a new perspective and a fresh outlook.

The phenomenographic analysis process is described in the following sections (see sections 5.2 to 5.5 and is illustrated in Figure 7.

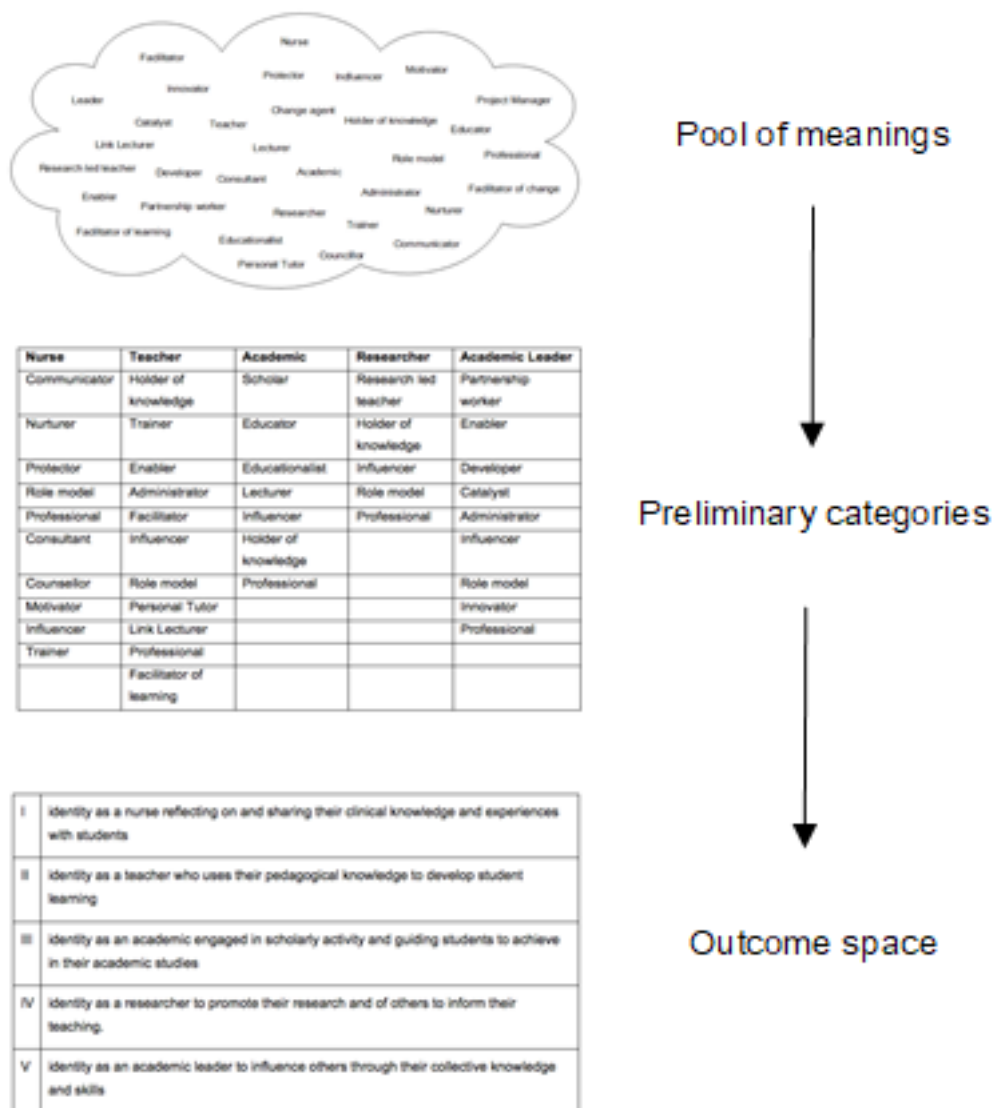


Figure 7 Illustration of phenomenographic process

5.2 Immersion into the data

After a period of sixteen months the three sets of data were finally collected from all ten lecturers in nursing. This resulted in a considerable amount of data that had been fully transcribed. Therefore, as the sole researcher it was essential to make the data manageable. In this case, storage of the data involved a password protected computer using Atlas ti ready for analysis. It was important at the early stage of analysis to upload all of the data as a whole so that a phenomenographical approach to analysis could begin. There was initial apprehension about the volume of data and with awareness of the danger that this could lead to superficial analysis or problems with data management that may not necessarily extend to

the application of the findings. Therefore, at this early stage of the analysis, several revisits and readings of the whole transcripts took place to confirm the meanings with both the immediate context of surrounding statements and the transcript as a whole. In addition, repeated viewings of the video recordings of each participant were undertaken with small fragments of video carefully coded within Atlas ti. These were linked to categories around identity. Comprehensive notes were made around the description of each of the fragments that enriched the description of each category of identity. It was therefore possible to see, hear and read the fragments associated with identity that captured a range of understandings from the collective group of lecturers in nursing. The range of understandings were then constituted within a pool of meanings for further analysis.

5.3 Pool of meanings

Throughout the initial stage of examining the transcripts, I endeavoured to keep a high degree of openness to any possible meanings. The transcripts were considered as a whole to explore the range of understandings (the pool of meaning) that acted like a vacuum cleaner to the whole data (see Figure 8). The need to remain vigilant at the early stages and not to lose my focus was to anchor all attention around reading forwards and backwards within the transcripts. I recognised that it is imperative to stay with the transcript and it is this iterative process of reading the dialogue in the transcript rather than predicting outcomes in advance by imposing categories of description. Each new reading of the transcripts brought new insights despite reading them several times over. It was this extensive iterative process where it was possible to identify specific comments or utterances within the accounts and relate these to other comments and utterances. What became challenging, was to examine the data for relationships as in a commonality of experiences as well as the diversity of experiences to reveal variations. I was mindful not to focus upon structure too early on in the analysis process so as not to form categories at this stage rather than allow these to emerge from the data.

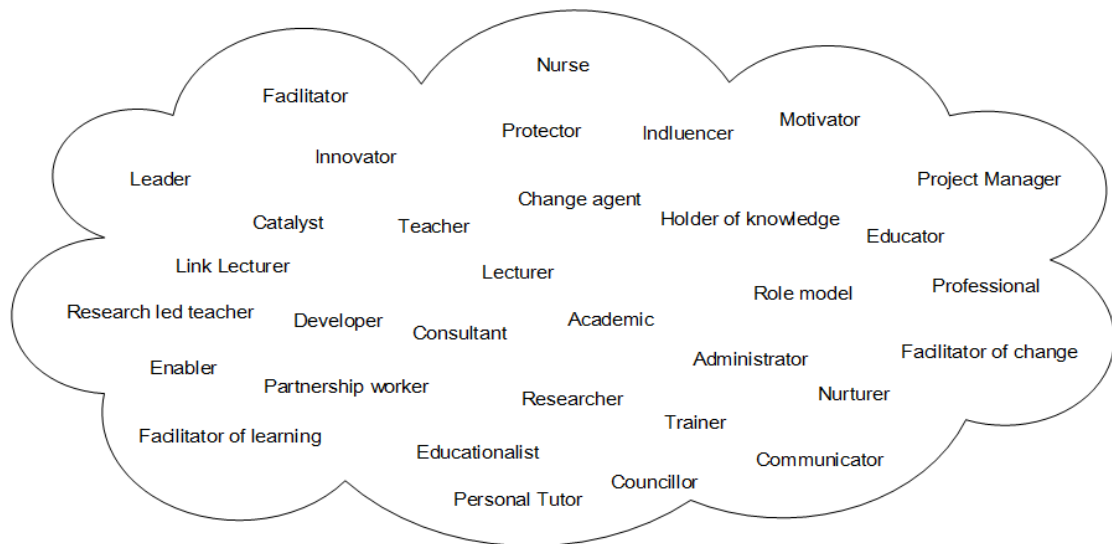


Figure 8 Pool of meanings

At this early stage, the data within Atlas ti was emerging in a fairly haphazard way that was imprecise and less orderly than I would have wished. This involved making notes within Atlas ti and searching for similarities and differences within the data while simultaneously looking for holistic meaning within the whole set of data. I moved from reading transcripts to watching the videos of the tutorial and referring back to my written notes within Atlas ti. This was a difficult and labour-intensive process that took months to decipher although thankfully became clearer and integrated over time and I was able to form categories of description.

5.4 Categories of description

During the analysis of the data, I simultaneously constituted the meaning and structure of the categories of description. The meanings of the categories were discovered through being fully immersed within the data and based solely on the empirical evidence that emerged. The overall structure of the categories was constituted through the empirical evidence of logical inclusiveness and dimensions of the variation. I was fully aware that there are certain criteria as stipulated by Marton and Booth (1997, p.152) for the quality of a set of descriptive categories, which can be seen as methodologically grounded. The first criterion is that the individual categories each stand clear in relation to the phenomenon of the investigation so that each category tells us something distinct about a particular way of experiencing the phenomenon. The second is that the categories stand in a logical relationship with one another, a relationship that is frequently hierarchical. Finally, the third criterion is that the

system is parsimonious, in that as few categories are explicated as is feasible and reasonable, in capturing the critical variation in the data (Marton and Booth, 1997, p.152).

After several iterations of analysing the whole data, preliminary categories were formed (see Table 6). Following on from this, reading the data repeatedly making further notes to gain a sense of the whole involved the next stage to scrutinise the data for the structure of the categories, although the structure became more evident through constant re-examination. In searching for the structural aspects of the approaches, the focus was identified within each overall meaning. In other words, I searched for dimension of variation that were present in each preliminary category, although at different levels which served to distinguish between the categories and identify further detail. For each category that had been constituted, a return to the data and notes to find cases of both agreement and contrast within the data. This was to ensure that the categories actually did describe the variations of identity. Indeed, even at this stage a number of the categories had to be reconstituted and redefined, until I was satisfied that I had a set of internally related categories that holistically represented the variations in identity as described by the lecturers in nursing.

Table 6 Preliminary categories

Nurse	Teacher	Academic	Researcher	Academic Leader
Communicator	Holder of knowledge	Scholar	Research led teacher	Partnership worker
Nurturer	Trainer	Educator	Holder of knowledge	Enabler
Protector	Enabler	Educationalist	Influencer	Developer
Role model	Administrator	Lecturer	Role model	Catalyst
Professional	Facilitator	Influencer	Professional	Administrator
Consultant	Influencer	Holder of knowledge		Influencer
Counsellor	Role model	Professional		Role model
Motivator	Personal Tutor			Innovator
Influencer	Link Lecturer			Professional
Trainer	Professional			
	Facilitator of learning			

Following on from constituting the preliminary categories, I organised their structure with an explanation of their dimensions (see Table 7). These were then refined into the categories of description within the final outcome space (see Table 8)

Table 7 Initial dimensions of the collective variation

Identity as a nurse	They are reflecting upon their careers as a nurse by sharing their experiences with students. Their behaviours are nursing. They are influencing students through communication. They are nurturers and protectors of students and their discipline. They act as role model, counsellor and motivator.
Identity as a teacher	They are establishing themselves as a teacher by sharing knowledge with students. They are influencing students by sharing knowledge as a teacher, educator, lecturer, holder of knowledge, trainer, enabler, administrator. They act as a role model through their role as personal tutor.
Identity as an academic	They are progressing themselves to become an academic to engage with scholarly activity. They are developing students to be scholarly and improve their academic skills to be successful in achieving better results.
Identity as a researcher	They are advancing themselves into research and using research to inform their teaching. They are influencing students, colleagues and promoting themselves by sharing knowledge, actively engaging in research and writing for publication.
Identity as an academic leader	They are asserting themselves as a leader by influencing students, colleagues and others by working in partnership, being a catalyst and innovator, developing others and processes in the university. They are a holder of knowledge acting professionally to enable change.

5.5 Outcome Space

The outcome of this phenomenographic study is a known as an outcome space. This is made up of a related set of a limited number of categories of description that show, in this case, the variation of ways of being a lecturer in nursing (see Table 8). This has provided an answer to the first research question, *the conceptions of being a lecturer in nursing*. Acknowledgement

that the results presented are true in relation to my understanding at the time of analysis with the end point being a new way on how to understand the phenomenon of identity. Five qualitatively different ways of experiencing being a lecturer in nursing emerged from the analysis of the collective data and are constituted as the outcome space:

Table 8 Outcome space showing variation of being a lecturer in nursing

I	identity as a nurse reflecting on and sharing their clinical knowledge and experiences with students
II	identity as a teacher who uses their pedagogical knowledge to develop student learning
III	identity as an academic engaged in scholarly activity and guiding students to achieve in their academic studies
IV	identity as a researcher to promote their research and of others to inform their teaching.
V	identity as an academic leader to influence others through their collective knowledge and skills

These five conceptions are qualitatively different understandings of how lecturers in nursing experience identity. The caveat to this outcome space is that lecturers in nursing may not necessarily experience all of these conceptions to reach conception V. For some participants, they move from conception III to V without any real engagement with experiencing identity as a researcher. Furthermore, if a lecturer in nursing expresses conception I it cannot be automatically inferred that they are aware of all of the other conceptions.

The variation will now be described in more detail with a brief explanation of the key aspects of the categories with illustrative quotations from the collective data. As will become apparent, these different ways of experiencing being a lecturer in nursing are seen to be related to each other through expanding awareness.

5.5.1 Conception I: Identity as a nurse reflecting on and sharing their clinical knowledge and experiences with students

Lecturers in nursing adopting this conception, overwhelmingly attached great importance to expressing their identity as a nurse. This means that the participants were reflecting on their experiences as a nurse and choosing to share these experiences and knowledge as a nurse. The length of this section is indicative of the complex dimensions and nuances of this conception that has been demonstrated within the illustrative quotations. As a collective of lecturers in nursing, the identity of being a nurse was very strong with participants becoming animated through passionate displays of placing their hands or clenched fist to their hearts.

For example:

Nursing runs through you like the words in a stick of rock and that's how it is; it's the core. nursing is at my very core.

And

It's my make up; it's what I am. I mean being a nurse is a massive part of me. I suppose because I'm still a nurse. It is still such an important part of my identity.

What this suggests is that lecturers in nursing have very strong emotional responses to being a nurse; which is an indication of how dominant their discipline is and that this has been embedded during their nurse training and subsequent practice. Reviewing the profiles of the participants revealed that the majority trained in the 'golden era' of nurse training between 1975 – 1995 with the majority of participants training within Schools of Nursing at District General Hospitals under the guidance of clinical nurse tutors. Significantly, nursing at that time had a strong culture of being hierarchical and where discipline and order prevailed. Nevertheless, within this culture followed a national body of nurses who valued their nurse training and qualifications. These quotations resonate with how Giddens (1991) refers to 'ontological security' (1991, p.47) where this psychological perspective relates very closely to a core identity.

Furthermore, the following responses from participants reflect that their identity as a nurse is rooted from earlier experiences and remains rooted even after a considerable length of time away from practicing as a nurse:

Yeah, I think deep down, yeah, I think my grass roots come from nursing.

And

Maybe deep down I still see myself as a nurse rather than as a lecturer.

Also

Probably still very much as a nurse who happens to be an educator.

These illustrative quotations suggest that being a nurse is embedded within their identity that they relate to rather than their educational identities. The quotations intimate nurses have to achieve significant levels of clinical competence and develop expertise within practice suggesting that the participants identify as a nurse. In addition, the professional regulatory body, the Nursing and Midwifery Council (NMC) is the overarching external mandate that determines all nurses, including lecturers in nursing adhere to The Code (NMC, 2015) and are required to re-validate to the nursing register every three years and pay a substantial registration fee. These mandatory requirements for all nurses on the register remains influential throughout their careers in how participants identify as being a nurse. This contributes to significant challenges to their identity as a lecturer in nursing against the professional obligations of remaining on the nursing register.

Despite these challenges, the strong emotional response of pride at being a nurse was evident. Example responses were expressed as:

Very important because the nursing part is probably the bit I'm proudest of. I'm proud to be a nurse.

And

I loved my training. I loved being a nurse.

This encapsulates the love and passion for their discipline with participants positively reflecting on their training and practice as a nurse. These responses correlate with how Giddens (1991) defines identity around a person reflecting on their biography that contributes

to their concept of self. However, the ability to articulate why being a nurse was so important to them presented some difficulties:

Yeah. My identity as a nurse is fundamental. It's part of my fabric and what makes me who I am; what makes me tick. I think it makes you feel on a very simplistic level, it makes you feel warm inside and I'm trying to think why. I'm trying to intellectualise that and I'm struggling.

And

But what I think makes me be a nurse. If that makes sense? It's confusing. It's totally confusing. I have a confused identity but it's all mashed up and that's what – it is, it's all mashed up, you know. Nursing is very important to me.

This apparent inability to define their identity relates to how Gergen (1991) concluded that due to the modern world, individuals are saturated with choices and information so it is impossible to pin down one's identity and because we are exposed to multiple influences in our lives they are difficult to contain. The second quote indicates that being a nurse, influences how the participant thinks and reveals the tensions in their identity.

The notion that identity stems from their own personality and characteristics is expressed by participants:

It's hard to say because you can't take the nurse out of me....It still makes me who I am and I guess it's my personality trait; my characteristics, that make me want to be a nurse; that's what makes me....

And

.....it's intermingled with my own kind of personal characteristics and, you know, character traits and being a nurse. Because it's that that made me want to be a nurse and being a nurse kind of, you know, built on those characteristics I guess.

This suggests that their identity as a nurse holds a permanence that is embedded with personality traits and character contributing to a purposeful yearning to be a nurse. This resonates with Bourdieu's concept of habitus (Bourdieu, 1977) which suggests that agents (lecturers in nursing) have developed certain characteristics, often subliminally over their careers that have contributed to their identity.

Some participants had specific responses on how working within a university impacted on their identity and who their line manager was:

And it is about my own identity and it's something I've thought about. The last couple of years it has troubled me a bit.....we had a re-shuffle in the University and I was moved into a department where nursing was just one of many other disciplines. My manager wasn't a nurse. In fact, still isn't a nurse – not that that matters that much but it does contribute to your sense of feeling who you are.

And

It's weird because I've had that feeling of kind of identity crisis for a while now and I think a lot of that is because we stopped being part of the department or the School of Nursing recently and moved out and that's all it was, it was just that move that made it and now we're back. I actually feel happier with that because I feel as though I'm back with my nursing colleagues.

These illustrative quotations indicate that working environments may have some impact upon identity, particularly if this is associated with organisational change within the university.

These responses indicate the importance of working alongside colleagues who have a nursing background and share similar beliefs and values. Henkel (2005) recognised that identity is initially shaped by being within a strong community and the social interactions within that community. These quotations imply that when the surrounding community changes, where colleagues may not be the same discipline, then identity is less certain. This deduction correlates with Illeris, (2014, p. 55) who warned that an unstable identity and the lack of having a 'core identity with no steady anchor' may threaten an individual's accountability in themselves and their social environment.

Conceptions of being a nurse and how this is exhibited towards others working within and external to the university is represented through the following quotations:

I met our Dean for the first time recently and she came into the room and shook my hand and she was freezing cold and I found myself suddenlyI had hold of her hands with both of mine and I think that tactile nature is just part of who you are but I think because you're a nurse.

And

I'm an educator. I happen to be a nurse. It's funny because I've just had to do this as a school governor. We had to explain who we arebecause I work in Higher Education; I'm a Lecturer at University but I also wanted to get across to them that I am a Nurse.

These illustrative quotations show that participants actively demonstrate they are a nurse either by verbal communication or by their actions and were their behaviours and values are closely aligned to caring are purposively displayed. Interestingly, Taylor (1989) indicated that

language can construct and define identity. The importance here with this interpretation is to understand the notion that the use of a common language, in this case, verbal and non-verbal language helps individuals to develop meaning within their world. Within this perspective is the idea that values have a central role in identity. The view from Taylor (1989, p.157) believes that individuals need to know who they are in relation to 'moral space'. By recognising what is right and wrong, good or bad and what takes priority in life helps to embed our identity within a moral framework. These solid professional intrinsic values may strengthen and add meaning to how lecturers in nursing identify and portray themselves to others. These following illustrative quotations further demonstrate that values and behaviour around caring and reassurance are also transferred to students:

I think when I was a nurse I did a lot of reassuring of patients, making them – especially with self-care, self-management, in nursing you do a lot of saying 'you're doing fine; you're looking after all this fine; you're ok; do more of the same. You're doing great'.....I think that's what I do with the students. They come in and they say, 'do you know I don't think I can do this big piece of work' and I say, 'you're fine; you're doing great; look at what you've done; look at where you're going' and it's like a plan where they can go next and then they go off and do it. I do feel that those skills are transferable definitely.

And

Well I had a student yesterday and she'd been having lots of personal problems and had not shared that with the University and had really struggled with some of the assessments because of some of her personal problems and I said to her 'we are here to help you. We are not just tutors, lecturers, we're also Nurses and we have compassion, the same as we would have compassion with a patient and therefore we want to know if you're struggling so we can support you'. And that's how I feel. That sense of compassion and caring, that's inherent in a Nurse, transfers across to my role as a tutor, as a lecturer, in thinking of the student and trying to facilitate them achieving their best.

These illustrative quotations reveal that lecturers in nursing hold strong values on developing rapport and educationally valuable relationships in order to care, reassure and empower students to achieve or share their concerns. These quotations indicate that their core identity as a nurse is revealed to students which suggests that they hold their identity as a nurse in high regard and enjoy demonstrating these values and behaviours whenever the opportunity arises. Participants identifying as a nurse reflected on how they use their skills of communication from nursing when teaching students:

Nursing is a lot about communication and it's not just the talking that's the communication; it's the observing of the body language and non-verbal

communication so when I'm looking round the group and I can see that comprehension in their faces, I can see that eagerness to engage in the teaching and the learning, you know, that they're interested, that they're leaning forward; that they're asking appropriate questions and that they're keen and they're falling over each other to ask the questions, then I know I've got them and I know I've got the message across.

And

It's having that empathy and having that ability to again communication, to listen to them. Understanding their role and being approachable so I think I'm almost a real person to them..... I feel like a person when my nursing skills come in.

These quotations indicate that participants use their high levels of communication and skills that they have learned from their careers as a nurse to make an assessment of a group of students. The implication from these quotations is an appreciation that participants feel contented when their identity as a nurse is demonstrated. From this, their identity as a nurse draws upon an essentialist view where the mind can determine the inner self and where Kroger *et al.*, (2010) maintain that an individual may consciously and deliberately make reasoned choices to form and maintain their identity.

Participants began to reflect on their transferable skills as a nurse to their teaching practices:

what I've found out from reflecting is that a lot of my nursing skills I have moved into my teaching so I suppose the easiest way to relate it is to talk about the Six C's. You've got compassion; you've got caring; you've got competency and communication.....I feel that I use those nursing skills within my teaching.....

This quotation reveals how this participant relates to key nursing policies and documents that underpin their teaching. In this case, the participant is implicitly referring to the extensive report by Sir Robert Francis QC (Mid Staffordshire NHS Foundation Trust Public Inquiry, 2013) where a catalogue of concerns and tragic failings was identified in the care of patients at Mid Staffordshire NHS Foundation Health Trust between 2005 and 2009. The government responded to this shocking breaking report resulting in 209 recommendations. Subsequently, the Department of Health published The NHS Constitution (Department of Health (DH), 2012b) to address these reported failings within the NHS where a shared ambition for values and principles of the NHS was enshrined as a central tenet to improve care. In conjunction, the report for nursing, Compassion in Practice (DH, 2012a) was published that identified six fundamental values (6Cs) for nursing: care, compassion, competence, communication,

courage and commitment. These documents have had a significant influence over all nurses nationwide and where one of the principles within the Compassion in Practice document is that:

Health Education England (HEE) will work with the education sector, employers, the regulator and staff groups to ensure that the 6Cs are embedded in all nursing and midwifery university education and training. (DH, 2012)

The vision and strategy within this principle is directed towards education providers that embeds the values and behaviours of being a nurse and thus contributes to their conceptions of identity. Included within the document was the quote '*A caring and compassionate nature is the cornerstone of every good nurse*' (DH, 2012) which is a powerful statement that determined how intrinsic values and behaviours represented what a 'good nurse' is. This overriding level of control from the government has had a momentous impact on the identity of nurses who have needed to reflect and reconnect to these values within all aspects of work, including educating nurses.

In this illustrative quotation, the participant conveys how nursing is real and that they understand from the students' perspective because they have been in those situations:

.....nursing was my vocation and that's how it feels so it's very real to me and that makes it real to the students then. They understand that I understand what they're going through and it makes for better communication and understanding and exchange of knowledge.

This participant is reflecting on their nursing career and their experiences within practice with students. This quotation reveals their identity as a nurse is foregrounded, enabling mutual understanding between the lecturer in nursing and students. This suggests that their identity as a nurse enables a positive interaction within their pedagogical practice. This correlates with findings from Boyd (2010, p.158) where novice lecturers in nursing learning to teach in higher education are reconstructing pedagogy by drawing upon their previous experience as a nurse. Identity as a nurse was exhibited in how participants tried to protect students from failure in clinical practice:

I enjoy the learners so much because I can see in them the stages that I've been at myselfyou have to allow people to grow and develop at their own speed, take

the risks that we obviously all take, there's a side of me that wants to warn them to slow down. To stop people doing the things that I wish I hadn't.....

And

Probably protect them. Because it's a hard place to work, the NHS isn't it and you know that so you don't want them to fall down the same holes that you've been down yourself.

These quotations indicate how participants reflect on negative experiences from their own clinical practice with a recognition of potential dangers that lie in wait for students. This suggests that their identity as a nurse is being displayed through caring and protecting students who they believe are potentially vulnerable working in a large complex organisation.

Identifying as a nurse also presented in how professional traits such as caring and nurturing was part of their role:

.....if we don't look after and nurture student nurses they could almost end up not developing enough productive ways to get better at caring for patients.....

And

they need a lot of support and encouragement to know that they can do this; that this is the thing that they all feel and you have to really be quite nurturing to get them through that and then as they start to build their skills and realise what they can achieve, then they start to really blossom and that's the point when you just sort of want them to fledge.

What these quotations indicate is that participants who identify with being a nurse are utilising nursing skills of caring, nurturing and coaching to enable students to continue and sustain their progress on the course. This suggests that the ultimate aim is students develop skills to deliver a high standard of patient care and begin to cultivate a successful nursing career.

Other participants demonstrated nurturing in more complex ways:

If you want the honest truth I think I replaced my patients with my students and I kind of nurture them.

And

Well I wanted to have that – if you like – that family that your patients are that you look after and care for and I felt bereft without it when I came here but I have the students that are my family that I need to care for and nurture so that they can be independent and fly the nest.....but then that makes me change my nurses – oh I've just done it – change my students into nurses rather than students.

Also

I would say when I first started working here, I really struggled, because I felt it took a long time to wrap my head around what it was to be a nurse in education and that transition took me a long time and it was only really when I could see the students as my caseload ...

These insightful quotations demonstrate that participants have reflected honestly on how they have come to terms with transferring from clinical practice into teaching within higher education. These illustrative quotations imply that participants are struggling to let go of their previous nursing identity by either mistakenly referring to students as patients on a caseload or nurses working within their previous team. This intimates that there has been a process of re-negotiation of how they previously cared for patients and managed nurses within their team and have reconciled this with their need to care for and nurture students. There is a strong sense of ownership from these participants towards students as they refer to *my nurses* and *my students* that are *my family* suggesting parental behaviours that articulate a form of neediness and possession when they refer to students being able to fly the nest. This way of nurturing is time intensive and stems from a strong sense of identity as a nurse as they perceive the need to personally care for and nurture students to become independent as a nurse. Another quotation suggests this altruistic philosophy could be extended to making students into better people:

I think you need to encourage them and boost them up and actually that's going to have an effect on them and make them better people.

Interestingly, one participant referred to how they reflect on their behaviours as a nurse to distinguish themselves from other disciplines:

It's kind of why people would do this job; why we're different to somebody who lectures Geography. Because I'm sure Geography lecturers do care about their students, you know.

These quotations reveal how participants used their nursing identity to influence practitioners of the future that are fit for purpose:

You're starting to be involved in the Health Visitors of the future'. That sounds a bit – do you know what I mean? But it's like yeah, you'll be able to put your stamp on – like people put their stamp on me.....

And

I want my students to be really good Nurses. Second to none Nurses really and to do that you have to act as a good role model. Because hopefully we are making some impact out there....

This encapsulates a strong sense of participants wanting to model their nursing skills, knowledge and behaviours to generate a future workforce that possess good values within their discipline. This demonstration of nursing identity is aligned with Shulman's definition of identity around signature pedagogies. Shulman's work around professional education (1999; 2004; 2005a; 2005b) suggests that a signature pedagogy involves an integration of three dimensions: practitioner knowledge, performative action and the development of the professional self. Shulman's perspective is significant here by suggesting that lecturers in nursing require students to be able to think, perform and act with integrity as a nurse.

The following illustrative quotations reveal how participants wanted to use their identity as a nurse to influence clinical practice and improve patient care:

they have to pass the theory side but I want to safeguard patients and this is my way of doing it. I want to keep the quality of care high and this is my way of doing it. The academic side – I do counsel them and we do get through it and they have support but it's what they do in practice that matters because academically they could pass everything but if they can't care for somebody I've not done my job right. I'm not Nursing now so that's my only way I can have quality or influence quality is via my students...

And

I loved being with the learners and I loved, to be honest, influencing practice. If I'm really honest that is the bit that I really enjoyed. Seeing a job done well and developing people to do the best for the patients really.

What these illustrative quotations suggest are that participants use their knowledge and skills to influence clinical practice by enabling students to improve care for patients. In the first quotation, it appears that students' success in clinical practice satisfies the participants desire to produce good nurses with academic achievement being viewed as a conciliatory component. The participant recognises their role as significant in influencing quality of care. In the second quote the participant articulates a 'love' of being with students which intimates an emotional response of being a nurse that is rejuvenated when they interact with their students and discuss patient care.

In the following illustrative quotations, participants demonstrated their nursing identity by articulating their main objectives being to make good nurses:

This is my profession. The academic part of it is necessary to the profession itself.....I want to make sure that they're good practitioners and if they're not academically brilliant it's OK. It's OK as long as that's balanced with a good practitioner.

And

I'm quite passionate about the fundamentals of Nursing because I'm a professional and I've worked a really, really long time in it and I've built it up and it's implicit in what I do so I think that's what I wanted to do, to make good Nurses....

Also

How do I describe what I do? Well I'd probably tell people that I work in a University and we train people to be good Nurses.

These quotations indicate a strong feeling of ownership from participants regarding their discipline and the objective, above all else is to ensure that the students turn out to be good nurses. This suggests that participants have comprehensive experience of working within the NHS and knowing what a 'good nurse' is. Participants feel a huge sense of responsibility of providing nurses to the healthcare environment who are clinically safe and competent for practice. Participants have aspirations for students to succeed in clinical practice that override the need to excel academically. This intimates that participants positively regard being a nurse as a desirable self-description of their professional identity which is associated with pride, self-esteem and well-being.

From the following quotation, the participant is identifying as a nurse by wanting students to be passionate about the discipline enabling them to work in the home environment and be accepted by clients. Furthermore, the participant benchmarks ability by considering the student caring for their own family and articulates strong emotions if students don't have the passion and enthusiasm in order to protect their discipline and clients:

I just think that what I'm hopefully passing over is the passion and enthusiasm to provide a really good service to people. That's what they need to do. That's all. Everything else doesn't matter. As long as they're good with the clients. As long as I've let them in the door. As long as I've produced – I can produce - but do you know what I mean? People walk away from here with what they got from practise and what they've got from us and you would let them in your house, with your kid, to look at – to work with your family..... so they'll walk away with a passion and an

enthusiasm for Health Visiting that hopefully I do put across.Don't mess with people. Don't mess with children and families because I think it's really important.

The next illustrative quotation, is where participants reveal how being a nurse is integral to their role by introducing themselves to students as a nurse. This is about affirming their experiences to students by drawing upon reflections from their clinical experience in order to facilitate teaching-learning with students:

I always introduce myself as a Nurse and I usually give them that very brief synopsis of what I've done in my career so that they can actually see that I do know.

And

Students are interested in your stuff you tell them in relation to practice. I haven't worked in clinical practice for a long time but I've got lots of..... I can link it to different practice and when I'm working with pre-registration students, I talk a lot about my groundhog experience of healthcare...

These quotations imply that credibility is driving the responses that lecturers in nursing feel they need to articulate their history and experiences as a nurse.

5.5.1.1 Summary of Conception I

In summary, the conception of being a lecturer in nursing as a nurse is powerful and embedded within a core identity. Personality traits and characteristics of caring are intrinsically associated with being a nurse, where participants lovingly reflect with pride on their nursing careers. An illustration of this conception is when participants transfer their nursing skills of communication, caring, nurturing and protecting students undertaking academic programmes of study that extends to students in clinical placements and careers within health care.

Participants who identify being a nurse purposively convey to students and others through formal introductions and by offering a brief synopsis of their career as a nurse which acts to validate their credibility. This conception is demonstrated through a signature pedagogy of the desire to educate and deliver *good nurses* to the healthcare environment and thus influencing patient care. These illustrative quotations are a small example of the multitude of responses identifying as a nurse which suggests that as a collective, lecturers in nursing relate to this conception readily. The following conceptions include quotations from participants that reflect these dimensions are less diverse than the concept of being a nurse.

5.5.2 Conception II: identity as a teacher who uses their knowledge to develop student learning.

Lecturers in nursing who expressed this conception identified establishing themselves to being a teacher in higher education. This means that the participants used their knowledge of nursing and teaching to develop teaching-learning with students. The following illustrative quotations reveal participants reflect confidently on their ability to teach, with a sense of enjoyment and satisfaction. Participants are using skills as a teacher to enable students to understand concepts that may be complex:

I think I'm a really good teacher. I like teaching and I kind of try to break things down so that people understand it.

And

Teaching is about the interaction with the students and is the best part for me. I love working with the students and I love the teaching element of it. The student I'm going to go to see this afternoon is a post-qualification student; she's doing her final project for her dissertation to complete her degree and it's about giving her the support and opportunities to reach her potential and get the degree.

The participants reflect positively on identifying themselves as a teacher, with a genuine love of the role that supports students to progress and succeed in their academic abilities. There is a sense of fulfilment as a teacher in developing students' knowledge and understanding of the subject. The quotation below is the participant acting as a role model through teaching to communicate the values and behaviours they align with in their discipline:

What I value about teaching is that opportunity to enable the students to have the principles and the positivity and the enthusiasm and the commitment to District Nursing that I would have liked all the District Nurses to have.

The following quotations suggest that their identity as a teacher involves listening and interpreting what students are discussing from clinical practice then filtering key topics that can be related to theory. Here, there is an interplay of using practice to relate to the theory and theory informing practice suggesting that students are able to process the information and the teacher takes great satisfaction in recognising comprehension. Participants are observing student behaviour in class to assess engagement in learning articulating a sense of gratification when students display understanding of the subject:

A lot of my teaching involves listening to them and hearing their stories about what we're talking about and helping them to take the theory and fit it into the reality. That's the best bit. If I can see that lightbulb going on and they understand it then that's my job done.

And

I can see that eagerness to engage in the teaching and the learning, you know, that they're interested, that they're leaning forward; that they're asking appropriate questions and that they're keen and they're falling over each other to ask the questions, then I know I've got them and I know I've got the message across.

The following quotation suggests that as a teacher, they prefer face to face interactions where participants are able to communicate with students. Here the participants are enjoying establishing themselves as a teacher with a sense of ownership of the students:

I really like teaching in the classroom. We've done some online stuff and we've done some remote and I don't like it. I like to have them – I like to have the interaction; I like being able to read them; I like being able to respond.....to what their needs are and we have different discussions each and every time so – and that's what I like. I like that spontaneity.

And

I think I really identify as a teacher I think that's the way I think now more and I'm quite comfortable in that.....

Within the next quotation, the participant is reflecting on their role as a teacher by the number of students they have supported to engage in further learning and achieve academic success. There is a recognition that their role has contributed to students adopting critical approaches to their learning and practice as a nurse:

I've seen I don't know how many students go through their pre-registration, come back, do post-qualification, do their MSc, go into sort of you know key roles and you can see how they've actually taken on board the kind of - the education and knowledge; the philosophy; the ability to question and query ...

This participant is implying that their length of time in their role has enabled them to keep track of students from their initial training to becoming more senior in their role as a nurse. This quotation implies that they gain satisfaction from students developing academically and being promoted to senior roles.

5.5.2.1 Summary of Conception II

In summary, this conception of being a lecturer in nursing indicates that participants enjoy being with students and are establishing themselves as a teacher. The illustrative quotations reveal a genuine love and fulfilment of supporting students through teaching-learning. This conception indicates lecturers in nursing sharing knowledge and expertise in order to develop students, both professionally and academically. Participants who express their identity as a teacher imply that there is mutual respect and understanding for students in practice and engaging with academic study.

5.5.3 Conception III: Identity as an academic engaged in scholarly activity and guiding students to achieve in their academic studies

In conception three, my terminology of an academic in this sense, is where lecturers in nursing have moved on from identifying themselves as a teacher and are involved in supporting students to become scholarly, through improving their skills in academic writing, encouraging students to publish and critical engagement with the theory. I will term this identity as an academic scholar to differentiate between commonly held perceptions of an academic being a teacher, researcher and leader. In this conception of identifying being an academic scholar, the data revealed that participants regarded this as progression into the role and identifying less as a nurse. The following illustrative quotations suggest that the participants are beginning to progress but remain unsure about their academic status:

I'm probably becoming more an academic; more academic and less Nurse because I'm not nursing anymore, and I've probably lost that touch.

And

I think later on I became an academic if you know what I mean but I think initially I was definitely a practitioner that came from the Community that was interested in teaching

Some participants are more confident and assertive of how they identify as an academic scholar:

I understand academic things and I think in an academic way.....in my day to day practice what I try to do is to help other people to understand academic things.....

And

I live in an academic world and I've had to become an academicwhat I'm trying to get my students to do is to take it in internally and I get them to disseminate it in a completely different way. That's my vision of what I want them to do.....

What these quotations suggest is that working in a university has contributed to their identity as an academic scholar in that they have had to conform to being academic.

The following quotation indicates that the participant has a perception of being an academic scholar that they can identify with:

I think the academics are the ones who are really cognitively engaged in theory all the time and that's me, it's my kind of definition of an academic and I suppose it goes back to how I thought academics should be in the university...

The following quotation reveals the participant asserting their identity as an academic scholar drawing from their experience. The participant is encouraging students to engage in scholarly activity [albeit] what we can assume is in an advisory capacity to publish:

I'm just giving her the value of my experience as an academic to enable her to be a scholarly District Nurse.....You're giving value to the student's work and you're advising her to publish her work aren't you?.....

And

I want nurses to get out there and publish...some of their academic assignments are excellent and I can help them to get it good enough to send it for publication....

Also

It's wonderful when students ask me to help them publish their work.....it's so satisfying as an academic that they are progressing to that level..

These illustrative quotations are evidence that some participants do express their identity as an academic scholar engaging in scholarly activity and helping students to become scholarly and actively publish their work.

5.5.3.1 Summary of Conception III

In summary, this conception of being a lecturer in nursing reveals participants progressing to being an academic scholar. There is a sense of moving beyond nursing and teaching to engage in scholarly activity and sharing knowledge with students giving them confidence to become scholarly and consider publishing their work. This implies that the participants value the students and their contribution to research in the field.

5.5.4 Conception IV: Identity as a researcher to promote their research and of others to inform their teaching.

In this conception of being a lecturer in nursing, identifying as a researcher means that participants have now engaged in research activity, completing higher awards and using their knowledge and skills of research to inform their teaching and for research to be the focus of teaching-learning with students. The emerging data indicated strong influences within the higher education sector including 'publish or perish':

I'm engaged in teaching but also very much engaged in scholarly activity. For me, scholarly activity is about publications. It might also be about research.

This quotation highlights a distinction that is seen by the participant between scholarship and research. This is sometimes blurred, for example in encouraging a student to publish her work:

I want her to understand and value her own work and have the confidence in her competence which, I think, as Nurses, we're very short of. It was a brilliant idea.

This quotation is probably not about publishing high quality research, it is about recognising the academic skills of nurses:

I think one of the difficulties is that I suspect, and we have had a lot of conversations about research-led teaching in the Faculty over the last six or eight months, I suspect that although everybody says, 'oh yes we should be using research and we are using research' I don't think that everybody's necessarily articulating it to the students so I make a conscious effort when I'm teaching, if I use a piece of research, I will tell the students about the research... I will say 'you know this was a study where they did it in America...interviewed 20 district nurses...and they found this. Now what do you think?

This lecturer is pointing out a distinction that some lecturers really take critical engagement with research seriously as part of their work and identity. Other examples illustrate an even stronger link to researcher identity by engaging students with their own personal research outputs:

I actually wrote an article with them and with another colleague and he always uses that article to show them how he found it. You know, how to do the process so that they actually have a real-life example and two of the authors are actually stood in the room and I think that's a really good way of doing it.

Throughout this way of being a lecturer in nursing there is an emphasis on identity as a researcher with a critical view of knowledge and knowledge creation:

I suppose it's this whole thing – it's difficult to articulate but it's about a philosophy; it's about an approach; it's about your values and attitudes and knowing that the research needs to be questioned and knowing, for example, that you don't necessarily know everything. Because sometimes a student will ask you something and you say, 'well I don't know'.

This is a focus on developing critical thinking but from the perspective of being a researcher, with requisite understanding and skills. This identity as a researcher is being promoted to the students but is primarily about the lecturer in nursing.

This quotation shows recognition of the doctorate as a key requirement for credibility as a researcher within the sector:

I feel that I'm changing and as I say I've just got my Doctorate, which is significant in our line of work...

These quotations suggest that their identity as a researcher has taken a significant amount of time and impacted on their personal life. However, they do imply that their research which they are passionate about is helping to drive practice forward.

I was so busy doing teaching and learning I didn't have time for scholarly activity whereas now I feel like I'm doing so much scholarly activity that I don't have time for teaching and learning so it feels quite stressful; it feels..... I want to say manageable - it doesn't really feel manageable to be honest but I do feel quite positive about it. But one of the things when I finished my Doctorate I wanted to get a bit of a work life balance back and I absolutely haven't got it; not at all. So, although last night I sat until half past ten doing some scholarly work, I quite enjoy doing it but that's not good for my family.

And

I've now done in-depth research which also challenges practice that's been really good because I can draw on recent examples.

Also

I've developed my role into being a researcher...and I love that...I am no longer clinical so this gives me credibility with the students that I can use my research in my teaching. They can see the passion that I have for the subject so this helps them see how research can explore issues and drive practice forwards...

Participants are using their identity as a researcher to teach students the process of how research relates to improving clinical and non-clinical practice and thereby their credibility as a researcher.

5.5.4.1 Summary of Conception IV

In summary, this conception of being a lecturer in nursing demonstrates participants have moved beyond earlier conceptions of identity by advancing themselves as a researcher and how their research and of others influences their teaching. This identity indicates a sense of confidence in their academic abilities where their philosophy of research is valued by themselves and others.

5.5.5 Conception V: Identity as an academic leader to influence others through their collective knowledge and skills

In this conception of being a lecturer in nursing, identifying as an academic leader means that participants have comprehensive knowledge and skills of the wider agenda within the university and higher education. I use the term academic leader meaning that lecturers in nursing are working at a senior level within the university: advising on academic regulations and quality standards for a range of programmes. They are also engaged with advising on and chairing national groups within nursing and education. The participants who expressed their identity as an academic leader used their wide-ranging knowledge and skills in the classroom teaching students. This concept indicated strong relations between length of service and feeling confident in their abilities to provide leadership and guidance to others

In the following illustrative quotations, the participants are identifying being an academic leader from their extensive experience in post and their advancement into strategic roles where they choose to share their knowledge with others:

I've worked in the Faculty for 21 years so I've got a huge range of experience.....I've worked in strategic roles. I'm not currently in a strategic role but that doesn't mean to say that the knowledge and consideration isn't there as a sounding board for others....

And

In previous roles within the Faculty I've been Head of Education; I've been a Department Manager and Line Manager for different people, and even now people

will come to me and say 'I know you're not my Line Manager, but ...' and we'll have this sort of conversation where we'll think about ideas or options or how should they approach something which is, it feels quite – it feels quite privileged; quite lucky that people will come and ask those questions.....

This next quotation is about the lecturer in nursing actively demonstrating academic leadership using a transformational style of leadership by engaging and developing others. What is interesting here is that there is a reference as 'my duty'. The participant may be relating this to their professional code of practice:

I do feel that part of my role is about.....well it's about demonstrating academic leadership.....I do feel it's my duty to develop others. I actually feel that I am in the position of leadership now that I can do that. So, I do actively look for ways I can bring folk with me.....

The following quotation is where the participant is working at a senior level as a lecturer in nursing and is using their knowledge and skills within national groups that they can share their experiences with students within the classroom:

My work in chairing ????? and being on national groups advising on academic programmes has been challenging but enjoyable...I am able to bring this into my teaching with students.....and they enjoy listening to the challenges and joys of being part of these groups....

This next quotation is focused around specific knowledge gained from their experience working within higher education that they share with students and colleagues:

Within the Faculty I'm a Senior Lecturer; I am a Programme Leader for a couple of Programmes; working across another Faculty..... I've got a lot of experience and understanding of the processes of QA etc., so from that perspective I hope that the students benefit from my experience and knowledge but also I think I'm a resource to colleagues in view of education..... It's an interesting question because we don't think about ourselves, do we?

And

I'm able to facilitate the development of colleagues in here but also colleagues in practice.

These quotations reveal their identity as an academic leader extends to colleagues within the university, in clinical practice and in regional and national groups where they are able to act as a resource for specific knowledge and guidance. Participants are able to draw on their

experiences to share these with students in the classroom. The implication here is that they are demonstrating credibility to themselves and to others.

5.5.5.1 Summary of Conception V

In summary, this conception of being a lecturer in nursing demonstrates assertiveness as an academic leader. There is a sense that the participants have a range of comprehensive knowledge and experience within their role and act as a source of expertise to students and colleagues within and external to the university.

5.6 Implications of the Phenomenographic Findings

The implication of the phenomenographic findings resulted in the outcome space (see Table 8). Within the outcome space are five conceptions of qualitatively different ways that lecturers in nursing experience identity. These five conceptions of identity are internally related and are illustrated by the Venn diagrams below (see Figure 9 - Figure 12). Figure 9 illustrates identity as a nurse, where this may be the novice leaving the healthcare provider as an expert in the field of nursing, or where a lecturer in nursing exclusively identifies as a nurse.

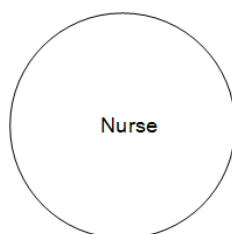


Figure 9 Identity as a novice lecturer in nursing entering the field of higher education

Novice lecturers in nursing initially expand their identity as a teacher (see Figure 10). As their experience and credibility develops, so does their identity as they progress to be an academic scholar (Figure 10).

Lecturers in nursing are involved in boundary crossing when in a tutorial context or when transferring between university and clinical practice to visit students and clinical mentors. The lecturers in nursing are seeking credibility from students and mentors that they still have the clinical competence and knowledge of nursing practice. They are also seeking credibility from students and colleagues that they are an effective teacher and academic scholar.

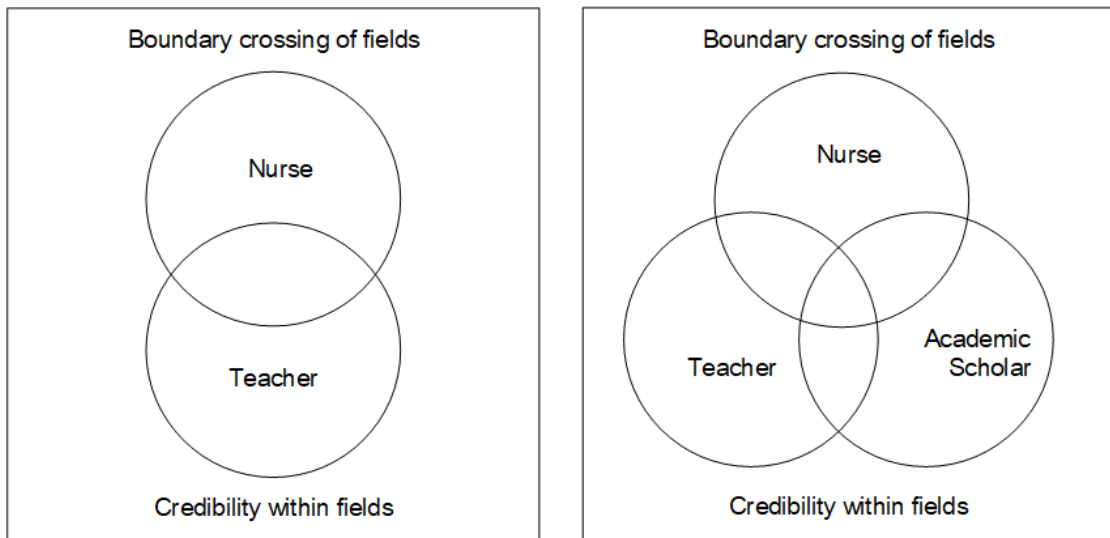


Figure 10 Develops credibility as a teacher leading towards academic scholar identity and scholarship

In figure 11 the lecturer in nursing may have the opportunity to develop identity in a number of formations. In the diagram on the left, the lecturer in nursing has entered higher education as a nurse, developed knowledge and skills of being a teacher, progressed into becoming an academic scholar then chosen to engage as a researcher. The lecturer in nursing identifying as researcher is crossing boundaries into the research arena, seeking research funding and/or attending and presenting papers at conferences. They are seeking credibility by engaging with the research community. The diagram on the right is similar, but in this case the lecturers in nursing have developed to become an academic leader and have chosen or do not engage or identify themselves as a researcher. Here the lecturer in nursing is boundary crossing over to negotiate with stakeholders within the NHS and higher education sector seeking credibility from peers, colleagues and senior members of the university.

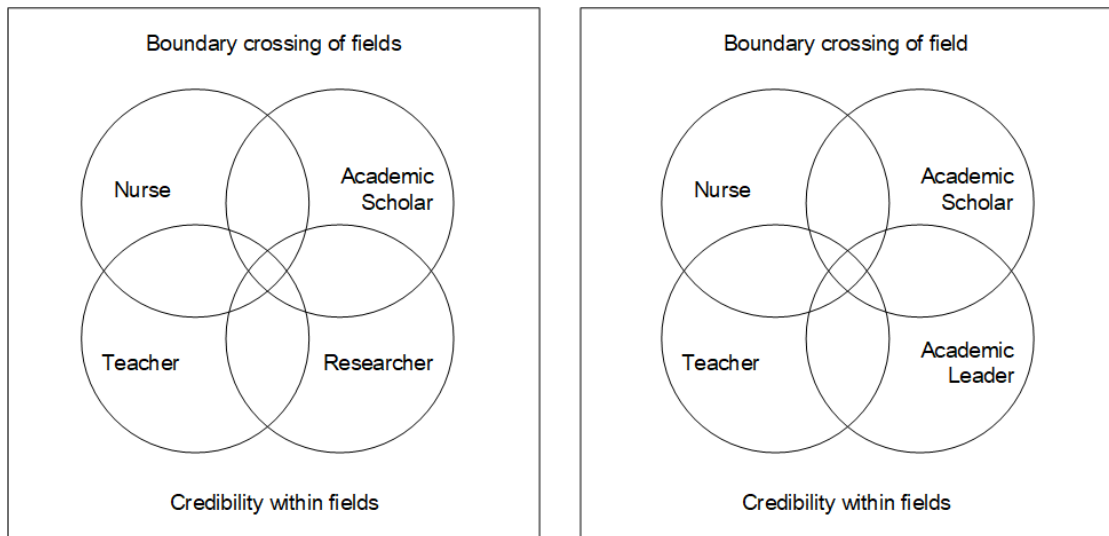


Figure 11 Lecturers in nursing who have credible identities begin to engage in research or academic leadership

Figure 12 illustrates the lecturer in nursing navigating from novice through the five categories of description and demonstrating expanding awareness of conceptions. In this case a lecturer in nursing will have developed from being an academic scholar to an academic leader whilst also being active in research. The findings indicate that the nursing identity remains strong and core to the participants.

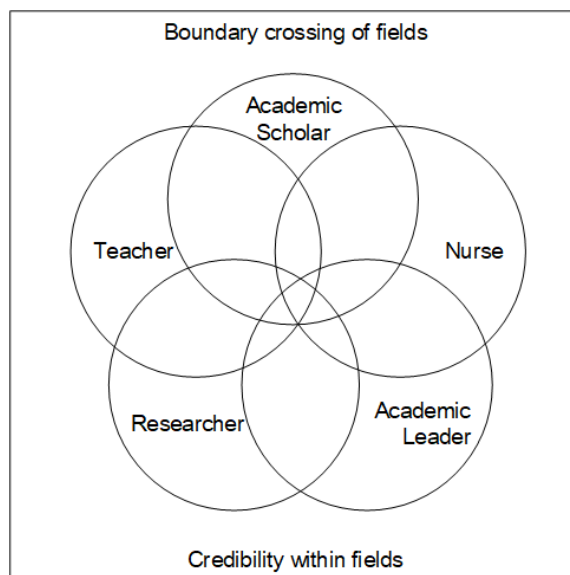


Figure 12 Some lecturers in nursing are credible in all five categories in the outcome space

This expanding awareness of conceptions of being a lecturer in nursing reflects a journey that has spanned two very distinct professions: nursing and higher education. Data analysis has

discerned the qualitatively different understandings of the phenomena under investigation guided by the research question. During data analysis, the identification of qualitatively separate categories describing the ways in which participants experience a phenomenon have been established. These categories are arranged to reflect expanding awareness. Åkerlind (2008b) described the expansion of awareness between the categories as demonstrating an increase in sophistication in the experience of the phenomenon.

Temporarily, one could be seduced into separating the identity of lecturers in nursing into two categories of either being a nurse or a teacher. The literature reveals a long-standing debate of the tensions of assuming a dualistic identity (Adams, 2011; Stronach *et al.*, 2002) and which camp lecturers in nursing should place a foot in (Andrew, 2012; Shreeve, 2010). In this case, phenomenographic data has emerged from this rich and grounded study that has exposed five distinct conceptions of being a lecturer in nursing from a wide variation of participants within England and Scotland. Crucially, these findings reveal that lecturers in nursing have described four distinctive identities other than nursing (Teacher, Academic Scholar, Researcher and Academic Leader). The implication here is that although lecturers in nursing overwhelmingly identify as being a nurse, the phenomenographic evidence within this study is that lecturers in nursing are progressing into and assuming other identities within higher education. These findings suggest that participants are becoming increasingly comfortable and competent in assuming a different identity other than being a nurse. Despite the challenges of moving into higher education after a career in nursing, the emerging data confirms that participants are now beginning to find their feet and progress further to distinctive identities within non-nursing communities of practice.

5.7 Summary

The chapter has situated this study in the context of interpretivism, having a focus on the conceptions of being a lecturer in nursing. In adopting a phenomenographic approach, to the accounts from lecturers in nursing, the emerging data was constituted into categories of description. Excerpts and statements from the transcripts have been selected that are illustrative of each conception and have been presented to demonstrate substance and support to the five categories. As a result, the outcome space in the form of a diagrammatic

representation of five distinct conceptions has revealed the variation of being a lecturer in nursing. A number of journeys through the expanding awareness of conceptions of being a lecturer in nursing have been illustrated using Venn diagrams.

Although phenomenographic findings from this study have revealed the variation of identities as experienced by lecturers in nursing, there is no evidence from this data to discover how these identities are negotiated. The following chapter will examine the data from the video-recording of the lecturer in nursing undertaking a tutorial with an individual student and the following video stimulated recall and reflection interview the lens of Pierre Bourdieu's reflexive sociological theory of practice (Bourdieu, 1977).

Chapter 6 – Negotiation of identities under the lens of Bourdieu

6.1 Introduction

This chapter will use Pierre Bourdieu's (1977) theory of practice as a theoretical framework which will be applied within qualitative analysis through deductive reasoning, applying the three inter-related concepts of Field, Capital and Habitus to develop understanding of the deployment of identities of lecturers in nursing. In particular, the analysis focuses on how the identities of lecturers in nursing are negotiated in relation to their practice during a tutorial with a student. This will help to answer the second research question:

- *How is the variation in identities of being a lecturer in nursing negotiated during a tutorial?*

The aim of this chapter is not to advocate or defend Bourdieu's sociological theory of practice but to use and evaluate his concepts as a lens to examine how lecturers in nursing negotiate their identities in relation to practice. Bourdieu's work is large, complex and dynamic in nature and critical engagement with his theory in this thesis will be appropriate to the reasonably pragmatic aims of the chapter. Despite these challenges, the three concepts can offer some flexibility when relating these to the complexity of exploring social behaviour. In this case, how do lecturers in nursing negotiate their identities within the field of higher education? what capital do they bring to the game? and finally what is their habitus? These influences are relevant to the social world of lecturers in nursing as they reflect *preconscious, historical, and social aspects of individual practices* (Bourdieu, 1977).

6.2 Using deductive reasoning to apply concepts of Field, Capital and Habitus

As a qualitative study, this research used different data collection sources to triangulate and increase the credibility of the findings and interpretations to answer the two research questions (Lincoln and Guba, 1985). By engaging with the analysis as a faithful witness to the accounts in the data, and by being honest and vigilant about my own perspectives (Starks and Trinidad, 2007) I immersed myself and explored the empirical data from the tutorial and video stimulated recall and reflect interviews as a process of deductive reasoning under the

lens of Field, Capital and Habitus. In this section, I describe the process of analysis to clearly define each phase. During the initial phase, I used the three concepts as pre-defined themes where I coded sections of text as they related to either Field, Capital or Habitus. Braun and Clarke (2006) recommended that researchers work systematically through the entire data set, giving full and equal attention to each data item, and identify interesting aspects in the data. The advantage of using the three well defined themes was that they had specific boundaries (Attride-Stirling, 2001). I adopted a consistent approach to coding the data around the three themes as Creswell (2014) described a systematic process for coding data in which specific statements are analysed and categorised into themes that represent the phenomenon of interest and provided a clear trail of evidence for the credibility of the study.

In order to store and manage large amounts of data I used Atlas ti as a software programme to facilitate sorting and organising the data. By using the memos within Atlas ti I was able to be reflexive throughout the coding process around the three themes which helped me to examine how my thoughts and ideas evolved as I engaged more deeply with the data. Reflexive journaling within the memos for each theme served the added function of establishing an audit trail, keeping track of emerging impressions of what the data meant and how they related to each other (Cutcliffe and McKenna, 1999; Morse and Richards, 2002; Starks and Trinidad, 2007) and crucially how the data within each of the three themes fits into the entire data set in relation to the research questions (Braun and Clarke, 2006). The memos created became auditable evidence to support the trustworthiness of the study (Lincoln and Guba, 1985). It was important that, by the end of this phase, the data for the three themes were clearly defined as to what they are and what they are not (Braun and Clarke, 2006).

The final phase began once the data has been coded towards the three themes ready for analysis and writing up. King (2004) suggested that direct quotes from participants are an essential component of the final report. In this case, short illustrative quotes have been included to aid in the understanding of specific points of interpretation and demonstrate the prevalence of the three themes of Field, Capital and Habitus and convincing the reader of the validity and merit of the analysis (Braun and Clarke, 2006). The illustrative quotes helped to

build a valid argument for using the three themes by referring back to the literature on Bourdieu's sociological concepts to confirm the research findings as well as provide an opportunity to challenge and add to the literature (Tuckett, 2005). Braun and Clarke (2006) suggested that researchers aim to articulate what each theme means, as well as the assumptions that underpin it and the implications. The final analysis of deductive reasoning has created an holistic interpretation of what the three themes reveal about how lecturers in nursing negotiate their identity during a tutorial.

The following sections include illustrative quotations from different participants that demonstrate how the lecturers in nursing negotiate their identities under the lens of the three concepts. This top down, deductive reasoning to analysis will complement the inductive analysis presented earlier in Chapter 5 and will illuminate and authenticate the findings of this study.

6.3 Negotiation of identities within the theme of Field

Having an understanding of the competing fields of higher education and nursing, is indicative of the many challenges lecturers in nursing face in reconciling their identities within these fields. The collected data includes illustrative quotations from the participants who are articulating their identities, revealing the difficulties with their positionality in the field of higher education. The quotations are mainly presented from the filming of the tutorial and then from the video stimulated recall and reflection interview; allowing the participant to comment and clarify aspects of their identities whilst watching key sections of the video of their tutorial. In some cases, the analytical discussion around the illustrative quotations includes comments based on observation of the video, for example where I comment on body language.

The following quotations are examples of how identities are negotiated within the Field as a lecturer in nursing, in this case as a nurse (Conception One):

There's something about a nurse who loves wound care because actually it's a fascination for some and I used to love it when we'd go out and we'd go to a messy leg ulcer and we got it all cleaned up and it would be brilliant and it's such a feeling of achievement to do it. There's a disgusting phase where they get dry skin and the nurses will go in and they'll get the skin to come off. You shouldn't have those feelings, but you do. OK so my job here is just to check your assignment as you

know and make sure everything is OK, but you always complete your work really well.
(Tutorial video)

Yeah. My identity as a nurse is fundamental. It's part of my fabric and what makes me who I am; what makes me tick. I think it makes you feel on a very simplistic level, it makes you feel warm inside and I'm trying to think why. I'm trying to intellectualise that and I'm struggling. I suppose I still think I'm in nursing and yet I know I have this job in the university.....it is so difficult to get my head around it sometimes.....
(Video stimulated recall and reflection interview).

The second quotation demonstrates that the participant is reflecting on the tutorial and acknowledging the difficulties in their identity during the video stimulated recall and reflection interview. This participant is appreciating that their discussions with the student are rekindling the passion in caring for patients and foregrounding their nursing identity. The participant also recognises the caring characteristics towards the student during the tutorial. During the tutorial, the participant uses non-verbal affirmations in their communication with the student in regard to raising eyebrows, nodding, smiling and touching the student's arm. The participant is sharing their reflections within clinical practice, conveying that their nursing identity is embedded (relating to conception one (Nurse) within the outcome space identified within chapter 5). Following the recollection, the participant abruptly re-negotiates the nursing identity that was foregrounded to bring forward their identity as a teacher. The implication here, is that they identify being a player in the field of nursing although recognise they are also in the game of higher education. The quotations reveal the internal struggles and tensions in how they reconcile and negotiate their identities as a lecturer in nursing in the field of higher education.

This next quotation is evidence of the participant having difficulty in reconciling their position in the game of boundary crossing between the fields of nursing and higher education, resulting in identity that is confused and conflicting:

I was lucky in my training because I did theatre at the ???????? but then I did theatre at what was the ???????? hospital but that's been turned into flats now, but I was fascinated because it was accidents it was all emergencies that came in. There was no elective surgery. It was brilliant. You've got to go down to theatre. You've got to go down. So, you've downloaded this from the NMC to use in your assignment?
(Tutorial video)

But what I think makes me be a nurse. If that makes sense? It's confusing. It's totally confusing. I have a confused identity but it's all mashed up and that's what – it is, it's all mashed up, you know. nursing is very important to me and yet I love this role teaching students.....
(Video stimulated recall and reflection interview).

From the tutorial, the participant negotiates their identity by foregrounding their nursing identity. The participant is passionately describing their own nurse training to the student in a positive light. Their communication is full of smiles and joy. Interestingly, this participant quickly re-negotiates the foregrounded identity as a nurse into the background, as the participant decides to foreground their identity as a teacher. During the video stimulated recall and reflection interview, the participant reveals the internal struggles they have with their identity and that the rules of the game in both fields are not clear to the participant. This implies that the participant is trying to act as a player in both games of nursing and higher education which is creating a conflict over their identity as a lecturer in nursing.

In the following quotation, the participant is articulating how to adopt a particular technique of removing staples to a student during the tutorial. The lecturer in nursing is foregrounding their nursing and teaching identity (Conception Two) in the form of clinical competence and credibility to the student on how to undertake a clinical procedure:

I know when you squeeze the staple remover you just ease one side and then ease the other because some people just squeeze it and then pull them. (Tutorial)

I was teaching the student how I used to take clips out (Video stimulated recall and reflection interview)

The following illustrative quotations are where the participants are foregrounding their identity as an academic scholar (Conception Three) in the field:

Your next chapters then are about findings. No that's fine so you could talk a little bit about how many articles but what you might talk about and remember your methodology has to be a certain length, you might talk a little bit about themes that emerged. (Tutorial video)

I understand academic things and I think in an academic way, but I think in my day to day practice what I try to do is to help other people to understand academic things and to apply academic things in a way that sometimes I think pure academics are in their world; their cognitive world of thinking academically but I don't know that they're bothered about the transition and helping other people to know it. (Video stimulated recall and reflection interview)

Here, the participant recognises that they have foregrounded their identity as an academic scholar because of the subject matter and that they have knowledge and skills as an

academic. This relates to conception three (academic scholar) within the outcome space identified in chapter 5.

This next quotation is where the participant has foregrounded their identity as an academic scholar:

And then it's thinking about the strengths and the weaknesses of their methodology so what would you start to be thinking about there? What sort of things have you thought about before? (Tutorial video)

I live in an academic world and I've had to become an academic by being there but I haven't forgotten what it is like to understand that academic thing and grasp it and you know there are some people that I think, I really do think that they come to university and they do a whole degree and they never get the academic thing because what they're doing is that they're just learning by rote, they don't internalise it and what I'm trying to get my students to do is to take it in internally and I get them to disseminate it in a completely different way. That's my vision of what I want them to do... Yeah that's what I think. (Video stimulated recall and reflection interview)

This participant is expressing their identity as an academic scholar reasoning that they live in an academic world. They value knowledge as something that students can internalise and make sense out of and that this adds meaning.

The following quotation is evidence of the participant foregrounding their academic scholar identity to the student:

It's exactly what you should be doing, and you know it's easier than you think so when I wrote a chapter in a book (Tutorial)

This student was interested in publishing her assignment which she got a good mark for. I was trying to encourage her by saying I had written a chapter recently. (Video stimulated recall and reflection interview).

Here, the lecturer in nursing has negotiated their academic scholar identity to the student that they have the academic skills and therefore academic credibility to contribute to a book.

The following quotations are extracted from the tutorial with the student that demonstrates the participant has foregrounded their identity as a researcher (Conception Four) in the field:

something that I found in my research..... (Tutorial video)

I was trying to say to the student that my findings added another perspective to the topic....I suppose I was saying that I have also done research (Video stimulated recall and reflection interview)

And

In my research, I found thatnurses were ???????? and that really surprised me...it challenged my thinking, and this is where I think you are finding out in your team... (Tutorial video)

I was trying to link in with what the student was telling me about the team that they were in and that my research findings had found a pattern of (Video stimulated recall and reflection interview)

In these quotations, the participants have conveyed to the students that they have engaged successfully with research and that their research is informing their teaching. This relates to conception four (researcher) within the outcome space identified within chapter 5. By sharing their findings demonstrates authority and academic credibility to themselves and the student. The lecturer in nursing is demonstrating the level of power and influence from their academic reputation that can be exerted within the field of higher education.

The following illustrative quotations that were collected from the video stimulated recall and reflection interviews are evidence that the participants are confident with their academic ability, engagement with research and academic leadership in the field. This relates to conception five (academic leader) within the outcome space identified within chapter 5:

I've finished my Doctorate...And I see a career that's much more research-orientated which is great. I think we've gone to a point now in academia where the next step has got to be a PhD because of the way that things have gone. (Video stimulated recall and reflection interview).

And

I've got a lot of experience and understanding of the processes of Quality Assurance within higher education. (Video stimulated recall and reflection interview).

Also

I really enjoy being with students.....I think my identity has changed over the years and now I identify as someone who is engaged with quality and development of educational programmes.....I also work very closely with theso that adds another perspective to my identity that I can share with students and others.... (Video stimulated recall and reflection interview).

These quotations illustrate the participants reflecting on their identity during the video stimulated recall and reflect interview. They are thinking about their overall identity and how

this has changed over time. The following quotations from the video stimulated recall and reflection interviews are evidence of how the meso level of the playing field, in the social space of the Faculty and the organisation within the University, is able to shape the identities of lecturers in nursing:

And it is about my own identity and it's something I've thought about. The last couple of years it has troubled me a bit.....we had a re-shuffle in the University and I was moved into a Department where nursing was just one of many other disciplines. My Manager wasn't a nurse. In fact, still isn't a nurse – not that that matters that much but it does contribute to your sense of feeling who you are. (Video stimulated recall and reflection interview).

And

It's weird because I've had that feeling of kind of identity crisis for a while now and I think a lot of that is because we stopped being part of the department or the School of Nursing recently and moved out and that's all it was, it was just that move that made it and now we're back. I actually feel happier with that because I feel as though I'm back with my Nursing colleagues. (Video stimulated recall and reflection interview).

These quotations indicate that the meso level of the social space within the field can have a negative and positive impact upon identities; particularly if this is associated with organisational change within the university. These quotations indicate the importance of working alongside colleagues who have a nursing background and share similar beliefs and values. Henkel (2005) recognised that identity is initially shaped by being within a strong community and the social interactions within that community. These quotations imply that when the surrounding community changes, where colleagues may not be the same discipline, then identity within the field is less certain. This deduction correlates with Illeris, (2014, p. 55) who warned that an unstable identity and the lack of having a 'core identity with no steady anchor' may threaten an individual's accountability in themselves and their social environment.

6.3.1 Summary of Negotiation of identities within the theme of Field

The literature review section 2.2.3 draws attention to the significant events of becoming a nurse, becoming a lecturer in nursing and the tensions that lecturers in nursing face within the field of higher education. Novice lecturers in nursing, who are transitioning into the *field* of higher education have to learn the rules of the new *game*. A game that Bourdieu claims is

unending and has the potential for change at any time (Bourdieu and Wacquant, 1992).

Inevitably, this adds to their confusion from moving from field (nursing) to field (higher education). For more established lecturers in nursing, tensions exist in competing priorities of satisfying the needs of students against the pressures of the operational needs and priorities of the university.

This understanding of the field is a significant concept, to explain the behaviour of players that are acting in the game of higher education. Bourdieu (1977) recognised the influential structures from society and how these guided the interactions of individuals within the field. Bourdieu's concept of field involved various players or actors being competitive to maintain and improve their position within the field. These positions within the field are defined by the distribution of *capital* that are at stake and are valued in the field. It is the relations between positions that Bourdieu and Wacquant (1992) determine are significant in relation to the amount of capital that they hold and which needs to be examined in this study.

6.4 How lecturers in nursing use the theme of Capital in the Field

It is important to examine how Bourdieu's concept of capital plays its part in how lecturers of nursing use capital to exert power and influence within the field of higher education.

Bourdieu's concept of capital means power and how resources can be used for power.

Bourdieu (1996) identified four categories of capital;

- economic
- symbolic, meaning knowledge and titles
- social capital relating to social position in society or the networks and membership in social groups
- cultural capital that refers to the dominant culture in a group of people and can be used to generate privileges

I acknowledge that economic capital, in this sense, is a concept that encompasses the relationship between the quality of nursing education and nurses becoming qualified or being fit for purpose within the healthcare environment. In this study, I have chosen to focus on the remaining concepts and how these have been evidenced within the data.

The following illustrative quotations are evidence of the overlapping of cultural, social and symbolic capital that are used within the field:

I worked in the hospitals for many years I went into practice nursing and from practice nursing – as part of my practice nursing role I became clinical audit facilitator so kind of quality assurance thing, I did practice development..... I did my masters in advancing nursing practice. (Tutorial video)

I didn't know this particular student, so I was just giving them a flavour of what I had done (Video stimulated recall and reflection interview)

And

I was Course Leader for Mentorship in Professional Practice, for six years,then about three years ago, I made the jump into District Nursing, but I still have my finger in the Education side so I teach Practice Teacher, alongside someone else who does the PGCE and then I'm also Course Leader for the MSc now so anyone coming back to top-up, I teachI also run the Transition to Community module. (Tutorial)

This student wanted to complete their mentorship course after she completes so I was just saying that I used to be the course leader (Video stimulated recall and reflection interview)

These illustrative quotations demonstrate that accruing cultural, social and symbolic capital is an endeavour common to lecturers in nursing who have had a long career. This acquisition of capital in the first quote convey clinical competence, credibility and authority in the field of nursing. The second quote suggests the participant has a wealth of experience and capital that they decided to share with the student. This is around demonstrating credibility to the student and themselves.

This next quotation is where the lecturer in nursing is initially foregrounding their identity as a nurse by informing the student of their capital, as in professional nursing qualifications. They continue by foregrounding their teacher identity by explaining to the student key documents that they are advising the student to include. Interestingly, the last sentence conveys to the student that they have to reproduce the tutor's knowledge and understanding of the subject to be successful. This wielding of capital relating to power and influence is communicated to the student during the tutorial:

So, when we think about beginning anything you always need to make sure that if I wasn't a Health Visitor or I wasn't a Specialist Practitioner – so a person coming and picking this up needs to have a basic understanding of what you're writing about. So, you've got your NSF there; you've got your Healthy Child Programme; you might also want to pop in a little bit of Marmott when you're talking about effectiveness of

early detection and intervention, So, perhaps, you know, it's demonstrating that you know what I know... (Tutorial)

Yes, I suppose I wanted the student to know that I have these qualifications and I have been there.....you know...I was making sure the student was going to include the key documents and that they need to know these.. (Video stimulated recall and reflection interview)

The following quotations are the lecturer in nursing commenting on the tutorials during the video stimulated recall and reflection interview. These four quotations below are the comments that the lecturer in nursing has made whilst watching key sections of the video of the tutorial:

Firstly, I had to do a degree and then I had to do my master's and then I've continued to do research since. So, it's been a long-drawn-out process and I suppose I wanted to acknowledge to the student the length of time it's taken me to get to where I've got to. (Video stimulated recall and reflection interview).

And

Yeah, they need to know how I've got where I am now. I've not just suddenly – I've not been an upstart. I don't mean that derogatorily, but I've not been somebody that's been to University and is trying to teach them something that I have no idea about. (Video stimulated recall and reflection interview).

Also

.... actually, they do know I've got a master's because I do tell them that I've got a master's, but I did actually really work for my master's and I got a distinction. (Video stimulated recall and reflection interview).

Also

I give them my background and I give them my background within my previous life – I was a Non-Medical Prescriber and what that role involved in that Trust, in that organisation that I worked for so that then gives them the credibility that I do know what I'm talking about when I talk about prescribing because I think you need to be credible. (Video stimulated recall and reflection interview).

These four quotations indicate that the lecturers in nursing are revealing their academic scholar identity through conveying to the student their symbolic capital in the form of academic and professional qualifications. This form of capital has value and in the field of nursing in higher education and seen as an indicator of status as a player. They are keen to demonstrate their credibility both as a nurse and as an academic scholar to the student.

6.4.1 Reticence of using Capital

Generally, the participants had extensive amounts of cultural and social capital that they transferred in from the field of nursing to the new field of higher education or that they had accrued in their role as lecturer in nursing. Nevertheless, the data revealed that there were some participants who were reticent of using their capital in the new field, preferring to value their cultural and social capital from the field of nursing.

The following quotations illustrate that participants are reticent about using the correct title for their role. This is about the participants valuing their practice-orientated cultural capital over their academic cultural and symbolic capital that is valued within higher education.

I normally would say 'I'm a member of academic staff'. I don't very often say I'm a Senior Lecturer. I normally say I'm a member of academic staff and my professional practice is in District Nursing. That says who I am. (Phenomenographic interview)

And

I introduce myself now as a Lecturer, because I feel like I've been doing it for a long time. So – but I've always been interested in health care and I've always been interested in practice, so I'd probably say that I'm a Lecturer but a Lecturer that's not academic really. I wouldn't call myself an academic. (Phenomenographic interview)

The following quotations indicate that the participant is not only reticent about using cultural and symbolic capital but also sensing that they are not quite good enough and are fearful that someone will find them out:

I wouldn't call myself an academic. When I first started I didn't really call myself a Senior Lecturer because I didn't feel like a Senior Lecturer but I've kind of grown into the role now.

And I don't know, maybe that's something to do with our background full stop. Because I think you do spend a lot of time in nursing thinking that you're not quite good enough and you're not meant to be there because I think when I first went into academia as well I did feel as if someone was going to find me out I suppose. (Phenomenographic interview)

And

I think possibly I'm a Nurse and an academic. Well I suppose my own vision of myself is 90% Nurse. I think people relate to Nursing. They understand what you mean when you talk about Nursing and I guess, this may be silly but, I still don't believe that I have enough skills and knowledge to actually lecture. (Phenomenographic interview)

Also

think I'm quite shy about my identity. I get pulled up about this. My husband pulls me up about this but when people say, 'where do you work?' I say 'oh I work at the University' but I never tell them what I do and there's assumptions because I'm quite quiet about it that I'm like administrative which I am. But I never say, 'oh I'm a Nurse Lecturer'. I will say 'I'm a Nurse' sometimes. So, I will sometimes say I'm a nurse but most of the time I say 'oh I work at the University' and I don't give anything else away. (Phenomenographic interview)

These illustrative quotes are evidence that the participants are experiencing being an 'imposter' within the field, that Clance and Imes (1978) termed as *Imposter Phenomenon*. Perceptibly, this terminology was used to describe women who were high achievers, yet through their personal behaviours and traits struggled to internalise their success. The quotations imply that they feel a fraud and are not able to acknowledge or attribute their success to their ability, despite having cultural and social capital. Implicit within these quotations are a sense that the participants are reticent to self-assess their own abilities and have diminished self-esteem. According to Sakulku and Alexander, (2011); Cowman and Ferrari, (2002) and Thompson, *et al.*, (2000) the result of feeling being an imposter can be a faltering of self-confidence with a tendency to internalise failures and mistakes. The long-term stress and anxiety of feeling being an imposter lends itself to individuals working harder and longer to achieve near perfection. The following quotation suggests that this participant is feeling being an imposter:

I felt as though I shouldn't really be there and that I wasn't quite up to this job ..although what it does do, and it did for me, it made me work incredibly harder because I needed to prove that I was worthy to be there and you know, at the beginning I felt like I was maybe only one step ahead of my students, whereas now maybe I think I'm four or five and I'm quite happy with that. . (Phenomenographic interview)

This quotation suggests that this participant has low self-confidence even when their efforts are the result of a lot of hard work and commitment. The implication from this quotation is that the participant has valued the transmission of practice-specific knowledge to the students as their capital rather than recognise the capital that is needed and valued in their role as lecturer in nursing in higher education.

6.4.2 Summary of Capital

Within this section, Bourdieu's concept of capital and how lecturers in nursing negotiate their capital within the field of higher education has been examined. The literature and evidence from the participants' quotations, illustrates that capital is overlapping from one field to another. Furthermore, the acquired capital is personal to each participant and has been accrued over a period of time. The evidence suggests that participants need to know the rules of the game in both fields of nursing and higher education in addition to recognising the value of capital to influence the game in the particular field. The illustrative quotations suggest that lecturers in nursing have agency on how they choose to utilise their capital. However, the quotations demonstrate that some participants have valued their cultural, social and symbolic capital and used this within the field of higher education; while other participants are reticent about using their capital, suggesting an uncertainty about the rules of the game and failure to exert power in the field of higher education.

Bourdieu (cited in Grenfell and James (2014, p.102) described capital as power and the *energy that drives development of the field through time*. In this case, lecturers in nursing are disadvantaged in two ways; firstly, those who fail to recognise their capital and how to use this capital in the field and secondly, those who align to the imposter phenomenon, exacerbate their reticence in being able to wield power and influence in the field of higher education. Lecturers in nursing who have understood the rules of the game and are adept at maximising their capital in the field tend to have '*a feel for the game*' (Cited in Ashwin, 2012, p.107) that is subliminal and engendered by their habitus. Thus, lecturers in nursing who play strategically in the game have more agency and influence in the field of higher education. This agency originates with habitus that has been influenced by the rules of the game within the field.

Bourdieu and Wacquant (1992a) explain this as:

On one side, it is a relation of conditioning: the field structures the habitus.....On the other side, it is the relation of knowledge or cognitive construction. Habitus contributes to constituting the field in a meaningful world. (1992a, p. 127).

This dichotomy resulted in Bourdieu (1994d, p. 65) questioning: '*How can behaviour be regulated without being the product of obedience to the rules?*' In this case, how might the social structure of higher education and the individual agency of lecturers in nursing be reconciled and shape each other. The following section examines the third sociological concept of habitus and how the habitus of lecturers in nursing has influence in the field of higher education.

6.5 How the theme of Habitus is revealed by lecturers in nursing in the Field?

Lecturers in nursing who are aware of their space within the social structure of the field of higher education and recognise the power of their cultural and symbolic capital, could be inclined to act out in specific ways that are particular to the field of play. Bourdieu and Wacquant (1992b) refer to *conditioning* to form a *generative principle that guides them in their present and future choices*. (1992b, p. 127). From the illustrative quotations presented, lecturers in nursing bring their own habitus from their personal histories and background together with the cultural and symbolic capital that they have accrued that have possibly shaped their identities.

In this illustrative quotation, the participant is commenting on the behaviour and practice of the student which suggests an alignment to their own values and habitus:

So, you're a good team worker, which is good because you need to be a team player. Always preserving their dignity, that's good. Adheres to safety protocols, excellent. I can see that you are trying really hard to be a good nurse. (Tutorial video)

I was reading the comments from their Mentor about the student's performance. They will make a good nurse (Video stimulated recall and reflection interview)

In the next quotation, the participant is confirming to the student that hard work and investment in their studies will result in a similar habitus to the tutor, as in becoming a good health visitor. In the video stimulated recall and reflection interview, the participant is passionately articulating the value and importance of their previous role. Interestingly, the participant shares their frustration if students who pass the course and they judge their behaviour within the classroom setting as a '*terrible practitioner*'. This suggests that the

habitus of the participant is very much practice-orientated and feels responsible for students entering their discipline:

And we are all the same. Because you are involved, you are invested in this; it's important, but because you're involved and you're invested I'm involved and invested. We want to make a good health visitor out of you. (Tutorial video)

I want to make sure that the students gets a lot out of the course and that they are brilliant health visitors.....like me....(laughing). No honestly, because this is a very big thing it's a thing they have to pass for the profession to maintain its standing in society. They're my own beliefs but they're my professional beliefs if you will, do you know what I mean? We have got powerful jobs. We go into people's homes and we are making judgements about people and what we say and do can have real consequences for some families and I think it's really important that you've got the balance. Yeah, it is important but, academic work is a different work and we have standards and guidelines and even if I think someone is a really terrible practitioner if they pass their academic work they've passed their academic work. I feel a bit frustrated that I can't say I don't think they'll be good in practice because this is my role but at the back of my mind all the time is that me as a Health Visitor. (Video stimulated recall and reflection interview)

Surprisingly, although students didn't ask or request clinical information from the tutor, some lecturers in nursing voluntarily introduced their practice-orientated habitus during the tutorial.

Remember we were talking – we were talking about leadership theory and we were talking about how sometimes, when not everybody agrees with everybody, actually that can be really useful because it can challenge the team to think and think about different ways of doing whatever they're doing. One of the issues when I was in charge of a District Nursing team, and I'm not suggesting for a minute that it's here, but it's just something to think about how we resolve conflict.....(Tutorial video)

This is where I was teaching leadership theory last week and I suppose ...I was reflecting when I was a leader of a team of nurses... I was giving the student real examples of potential problems (Video stimulated recall and reflection interview)

During the video stimulated recall and reflection interview, participants were asked to explain why they referred to their habitus and capital as a nurse. This suggested that being seen as clinically credible is important to them. Here, lecturers in nursing presented their practice-orientated social, cultural and symbolic capital to the student by reflecting on their previous experiences of being a nurse and leader.

According to Reay (2004) there may be a dissonance of habitus for individuals in the social field and as such, they are constantly preoccupied negotiating their identity (Bourdieu, 1989).

The following quotations from participants during the video stimulated recall and reflection interview reflect this dissonance from their previous habitus on entering the field of higher education. In particular, how this can be a source of internal conflict in relation to the capital they hold, their credibility in the new field and ultimately their identity:

I felt desperately torn. What I wanted to do was to have a sense of satisfaction and achievement and I didn't feel that the first year here at all. I felt like a round peg in a square hole. I felt like a complete newbie all over again. I felt unprepared for the role. I had assumptions that I had skills that would just slot across and I felt they didn't and I'd never even studied at this University, so I had no familiarity with any of the systems and processes, not even from the perspective of knowing what Blackboard was. I thought when they were talking about it they were talking about something black and a piece of chalk. I had not a clue. (Video stimulated recall and reflection interview)

In this quotation, the participant has recognised the dissonance between the value of their practice-orientated cultural capital with the deficit of capital in the new field. In reference to the metaphor the participant 'feels like a fish out of water' being in the new field. The participant articulates a deep source of internal conflict, arising from the capital and habitus that was valued previously in the field of nursing to the current situation where their capital and habitus has reduced in value and is therefore impacting on their practice within the field of higher education. Figure 4 confirms the relational aspect of the three concepts.

This quotation indicates that the participant recognises the rules of the new game are different and that they have to adapt to working in the new field. They describe the constant re-negotiation of their habitus between the different relations that they recognise as difficult:

I had to get used to changing and it's got an awful lot of pushing and pulling between different facets and I would say that that's quite difficult to manage at times (Video stimulated recall and reflection interview)

The following two quotations demonstrate that the participants have experienced real struggles with their habitus and capital in the new field, identifying different working practices and social networks as the source of conflict. The capital that they valued as being a nurse and the gravitas of being on the register, although necessary criteria for the position of lecturer in nursing, is not valued as highly within the field of higher education:

Because I missed it you know, I desperately missed it. I felt like – I know I'm on the register as a nurse but when I first came here I didn't feel like I was doing nursing. It was so different. It was creating modules, lesson plans, marking. That's not nursing. (Video stimulated recall and reflection interview).

I do remember coming into here and it's not the same team and I found it's just not the same team and I couldn't get my head around that and I struggled with that. (Video stimulated recall and reflection interview).

These quotations reveal the dissonance that participants are feeling when working within the new field and perhaps a 'culture shock' (Andrew *et al.*, (2009, p. 608) and *period of mourning* (p. 609) that novice lecturers in nursing may experience during transition to the new field.

Some participants described how having a Mentor or colleagues to support them settle in and understand their new role and working practice was invaluable to their transition:

I remember my first few weeks here.....I thought I had made a terrible mistake as I didn't know anyone and it was so different...completely different...if it wasn't forI would have felt lost.....She is such a good role model for me ...even now 4 years down the line....(Video stimulated recall and reflection interview).

I learned so much from the team when I came here....I was constantly watching the way they spoke to the students and how they managed boards and such.....in fact I am still watching them now.....they have taught me a lot.....(Video stimulated recall and reflection interview).

These illustrative quotations suggest that novice lecturers in nursing are learning values and behaviours from their peers who are supporting them in their transition into the field and that learning the new rules of the game within higher education contributes to their habitus.

6.6 Summary of Habitus

Based on the analysis, the habitus of lecturers in nursing reflects the challenges they experience to their identities and how these are negotiated. The quotations reveal the tensions during the tutorials of aligning previous habitus in the field of nursing to their habitus in higher education. There is a sense of habitus becoming blurred for some lecturers in nursing in that they often foreground their previous habitus as a nurse during the tutorial.

As a collective group, the habitus of lecturers in nursing has been constructed by the predominant mode of conduct that represent the field. Furthermore, the formation of the

habitus is cognisant of the relations between other fields suggesting that lecturers in nursing have agency over their capital which requires strategic positioning to maximise their place in the field. Bourdieu (1990a) insists that individuals do not act in isolation but behave with spontaneity and intuitiveness with conduct being executed inconspicuously, resonating with Eraut's (2000) concept of knowledge being tacit.

Bourdieu's concept of habitus as *structuring* (1990, p.53) is that this provides the shape of the practice of novice lecturers in nursing and reflects the social conditions within the field of higher education. From this, habitus is shaping and is shaped by the attitudes, values and behaviours, being influenced by a history of cultures and principles from other lecturers in nursing. These cultures and values are subliminally reproduced and become internally regulated by their habitus within the field of higher education. Lecturers in nursing are engaged with socialisation and transmission of accepted norms of behaviour by understanding and interpreting practice that shapes their habitus. The habitus becomes a comfort zone, *a fish in water* where lecturers in nursing instinctively know how to behave in the field. It is important to this study that the habitus of lecturers in nursing and the negotiation of identities are understood.

6.7 Relating Habitus and Capital in the Field

The concept of habitus is very closely entwined with the concept of capital with Bourdieu and Wacquant (1992) asserting that they cannot be considered as separate. Whilst acknowledging this, there has been the opportunity in this chapter to highlight the complex challenges that face lecturers in nursing in changing fields. Nevertheless, the relational aspects of the concepts of habitus and capital need to be examined to understand the whole context.

Bourdieu, (1977) and Bourdieu and Wacquant, (1992b) asserted that field only exists if agents participate and possess the habitus to maintain them and thus, the field structures the habitus perpetuating a mutual cycle of shaping and reproduction of field and habitus being locked together. The dynamic nature of interplay in the field and habitus offers a shape of the social world of being a lecturer in nursing in higher education. This interplay between concepts is

illustrated in Figure 4. Lecturers in nursing who have developed a *feel for the game* are reproducing previous and present experiences from nursing and higher education [habitus] including social, cultural and symbolic capital with the strategic knowledge of interpreting the rules of the game and their position within the field. This study has used a deductive approach to examine the data under the lens of the three concepts to gain an understanding of how lecturers in nursing negotiate their identities during a tutorial.

6.8 Summary

This chapter has examined how lecturers in nursing negotiate their identities under the lens of Bourdieu's three sociological concepts; field, capital and habitus. This deductive reasoning to the thematic analysis has provided a useful perspective that complements the inductive approach from the phenomenographic findings in the previous chapter. This revealed that a practice-orientated habitus [being a nurse] was a dominant conception of identity for lecturers in nursing which relates to the first conception within the outcome space. Furthermore, the variance of conceptions of identities related to their pedagogical practice, being an academic scholar, a researcher and academic leader as illustrated in the outcome space in Table 8. However, further examination of the data analysed the tutorials and video stimulated recall and reflection interviews to reveal that the lecturers in nursing negotiated their habitus from a pedagogical and academic perspective rather than as a nurse. This indicates that participants are relating to the field of higher education where their habitus and capital as a lecturer in nursing is foregrounded which relates to conceptions of being a teacher and an academic scholar. This implies that lecturers in nursing have understood the rules of the game and their position within the field of higher education. Analysis of the tutorials and video stimulated recall and reflection interviews against the three concepts has shown that field and habitus are intimately related and are mutually being shaped and re-shaped. The congruence of structure [higher education] and agency [lecturers in nursing] generates and regulates practice. Furthermore, the interplay of habitus and capital on the identities of lecturers in nursing equips their progression in the field of higher education which can be related to conceptions of being a researcher and academic leader.

Chapter 7 – Discussion

*“All the world’s a stage,
And all the men and women merely players:
They have their exits and their entrances;
And one man in his time plays many parts.”*
(William Shakespeare. *As You Like It*, Act 2. Scene 7, 1.36)

This chapter will discuss the outcomes of this study as represented through the phenomenographic findings of the data in Chapter 5 and how identities are negotiated under the lens of Pierre Bourdieu’s sociological concepts in Chapter 6. Throughout this discussion, reference to the literature review in Chapter 2 will provide a theoretical context in an attempt to reconcile my findings. My aspiration to answer the two research questions:

- *What are the conceptions of being a lecturer in nursing?*
- *How is the variation of being a lecturer in nursing negotiated during a tutorial?*

necessitated the adoption of different methodological approaches to provide comprehensive answers and a holistic understanding of the phenomenon. In this case, my decision to use inductive approaches, adopting phenomenography to answer the first question, resulted in five categories of description in the outcome space. These categories of description, related to ways of experiencing being a lecturer in nursing from the collective data of ten participants in England and Scotland. To provide answers to the second question, I chose to use deductive reasoning under the lens of Bourdieu’s concepts of field, capital and habitus to discover how lecturers in nursing negotiated their identities during the tutorial. The decision to probe further into the phenomenon, provided a rich perspective on the identities of lecturers in nursing that facilitated a holistic understanding of their social world.

From a phenomenographical perspective, I was interested in the variation of being a lecturer in nursing. Undertaking phenomenographical interviews privately with each of the participants at their workplace, facilitated deep reflexive responses that revealed that identity was a challenging and slippery concept to behold. For some, the very thought of being asked *Who are you?* and *How would you describe yourself?* would send participants into a perplexed and tortuous state of suspended animation where they reflected and contemplated on their

identity, often, seemingly, for the very first time in their career. Further probing, asking participants to give examples, gained further insight, illustrating just how challenging and complex participants found describing the phenomenon. This correlates with the dynamic nature of identity as evidenced within the range of theories in the literature review (Giddens, 1991; Erikson, 1950; Gergen, 1991; Bauman, 2000; Mead, 1934; Goffman, 1961; Bourdieu, 1977; and Wenger, 1998).

An interesting discovery was that the participants expressed their identities in other ways other than being a nurse or a teacher. Previous qualitative studies have reflected on dual identities of nursing and teaching (Andrew, 2012; Adams, 2010), or recognised the need to balance research/scholarly activity with practice engagement/development (Andrew and Robb, 2011) or where novice lecturers in nursing prefer to be aligned to their professional identity (Findlow, 2012; Boyd and Lawley, 2009). The phenomenographic findings from this study offers a variation of other expressions of identity, specifically, as an academic scholar, researcher and academic leader. Whether these findings reflect the current state of play for lecturers in nursing, perhaps needs some consideration. The socio-political environment in the UK that lecturers in nursing are working in will be influencing their experiences and decisions to remain in higher education. The current situation that the NHS is 'in crisis', is often reported on daily, local and national news bulletins (The Independent, 2017). The accounts of staff leaving the profession, together with an insurmountable increase in the number of patients accessing healthcare services, may have contributed to lecturers in nursing re-thinking their identities. The decision to remain in higher education and develop their identities in teaching, academic scholarship, research and academic leadership, may have consciously or sub-consciously distanced themselves from nursing. Although this is a personal assumption and completely without evidence, it is an interesting perspective to consider in light of Gillett's (2014, p. 2498) suggestion that nurses who trained pre- Project 2000 believe this was the *golden era* and many are now employed as lecturers in nursing. The participants may have considered that nursing has moved away from their ideals and values to such a degree that they have found the rules of the game in the field of higher education more agreeable. However, given the controversy of my speculative interpretation this will inevitably challenge opinions of the reader.

Returning now to the variation of identities within the outcome space (see Table 8), the analysis suggested a correlation to Anthony Giddens' concept of '*self-identity*' (1991, p.53) where participants reflected upon themselves relating to their biography from a career-orientated perspective. Giddens' assertion that individuals think about their identity all of the time, suggests lecturers in nursing will consider their position in the field. They may either consciously or unconsciously re-negotiate their position in relation to transition and establishing themselves within the field of higher education. However, evidence from the phenomenographic interviews indicated that some participants had great difficulty articulating their identity.

Phenomenographic findings revealed that participants overwhelmingly expressed their identity as a nurse with some participants expressing this as a hand on heart gesture. This correlates with Giddens (1991, p. 47) theory that psychological perspectives relate to a *core identity* where the participants placed huge significance on being a nurse. This finding also aligns with Becher and Trowlers' (2001) belief that academic discipline (in this case nursing) is a dominant influence on identity and contradicts Clegg's (2008) assertion that it is not. Identifying as a nurse was articulated by participants who were a relative novice to teaching within higher education, however, perhaps surprisingly this also applied to some participants who had a number of years in the role. The implication here is that lecturers in nursing tacitly identify as nurses, revealing a dominance over their disposition that is often embedded within previous cultures of nursing practice. The findings confirm that participants identify with the strong professional ethic and discipline of being a nurse and seem to enjoy reflecting and retaining their practice-based habitus when teaching and preparing students for practice. These findings relate to Lee Shulman's (2005, p.52) theory of signature pedagogies where lecturers in nursing teach to educate the future nursing workforce. The phenomenographic findings of participants expressing their identity as a nurse resonates with Becher and Trowler (2001) that link the pursuit of disciplinary knowledge of nursing to the academic culture. The illustrative quotations within the study reveal that those participants who retain their habitus as a nurse appear to have a reluctance to move away from practice-based modes of thinking and behaviour, suggesting that these participants may have difficulty understanding and following the rules of the new game within the field of higher education.

From a Bourdieusian perspective, evidence from this study highlighted that some participants had engaged with the rules of the game within the macro level field of higher education. Illustrative quotations revealed that some participants expressed their identity less as a nurse and more as a teacher, an academic scholar, researcher or academic leader. In this way, participants were influential across boundaries, using their knowledge and expertise to develop and contribute to the national agenda within higher education. The significance of these identities should not be under-estimated as the findings of this study portray new possibilities in the evolving ways of being a lecturer in nursing. Equally, the meso level of the department and the university had some impact on participants being able to understand the new rules of the game. Specifically, where participants could identify working within schools of nursing or nursing departments that are managed by a nurse. The phenomenographic findings suggested that working with colleagues who have similar values, beliefs and cultural mores were important to how they identified themselves within the university. This relates to Bourdieu's (1977) concept of the meso field, where lecturers in nursing within the social space of the faculty take each other into account, allowing for the reproduction of other lecturers in nursing and sustaining their position within the field of higher education. For example, lecturers in nursing may act as role models demonstrating strong values, commitment to students and self-development to colleagues within the department. These behaviours may be imitated and reproduced, strengthening their position in the meso field.

Similarly, the findings communicate the influences from the micro level playing field of lecturers in nursing as a social group where particular ways of thinking and doing were common behaviours. The habitus of lecturers in nursing were vicariously adopted as novices and seasoned lecturers. Equally, the findings revealed a mutual respect between participant and student with strong levels of academic and pastoral support being offered. Participants demonstrated a high degree of care, empathy and supportive behaviours that reflected their previous habitus and pride as a nurse being transferred to their interactions with the student. The evidence within the illustrative quotations demonstrated that participants felt a responsibility for students and their aim was to teach students to be competent, safe and effective practitioners, fit for purpose in the healthcare environment. Participants were aware of their responsibility to contribute to the metrics of the university by supporting and enabling

students to succeed. In addition, they showed responsibility to the healthcare provider, predominantly the NHS, to provide appropriately qualified staff, thereby taking personal ownership over public safety.

The findings within the study revealed Bourdieu's (1977) concept of capital was a distinguishing factor in how participants were evolving into their identities. Initially, this dynamic process begins with novice lecturers in nursing accessing the field of higher education having accrued capital within their previous field as a nurse. Within the clinical field, this capital is traditionally held in high esteem and valued by their nursing colleagues. Their capital is evidenced from their expertise and reputation within clinical practice. On entering the new field of higher education, this provides an element of confidence in their credibility and sustainability to their identity, albeit capital that diminishes over time. The phenomenographic findings reveal that for some participants, the transition into the new field of higher education has presented challenges to how they position themselves in relation to their capital. The evidence suggests that some participants value their social and cultural capital from their previous habitus as a nurse and try to retain and maximise this rapidly expiring capital during interactions with the student. This symbolic use of capital provides credibility to themselves and others where they are able to recall experiences from practice to students; although as time moves on, this recall of practice becomes less contemporary and less authentic in transferring to the current situation within the clinical field. This resonates to nursing being embedded within a core identity, emanating from training and practice as a nurse. A relation to claims by Alheit (2009) who suggested that individuals self-assess their own life story and can choose to edit less favourable occurrences or elaborate on more favourable conditions to influence their preferred identity. The evidence from this study is that participants have reflected positively on their identity as a nurse and the accrued capital within their previous field of nursing.

Further findings confirm that for participants, accruing new capital is central to their positioning within the field. Phenomenographic findings reveal that some participants have actively embraced other identities and in understanding the rules of the game within higher education, have developed their identities in teaching, being an academic scholar, researcher and

academic leader. These participants are aware of the field and the scrutiny from other players on the field. Thus, capital has been accrued over time, raising their status and credibility that has value in the field of higher education. The findings suggest that participants express and negotiate their habitus as a lecturer in nursing in the field of higher education depending on what capital they choose to accrue and prioritise. Furthermore, how they interpret the rules and state of play on the field, ultimately influences their position on the field and their identities. These findings correlate with Bourdieu's (1986c) relational aspects of the three concepts (see Figure 4) meaning that practice is not simply the result of an individual's habitus but crucially, the relationship between habitus, capital and field. Bourdieu argues that analysis of one must be within the context of the other two concepts to give any meaning. The findings in this study reveal the three relational concepts of field, capital and habitus are interlinked. Lecturers in nursing may exploit this understanding to evolve and strengthen their position within the field. For example, those participants who have recognised that the field of nursing and higher education has different rules and requires a different level of symbolic capital, have shaped and continue to shape their habitus to play prominent positions in the field and thus strengthen their overall position.

Indications from some participants are that positioning themselves in the field of higher education is difficult. The evidence suggests that some participants did not identify themselves as an academic scholar, preferring to foreground their identity as a nurse or teacher. For others, they chose to foreground an identity as an academic scholar in promoting scholarship in themselves and their students. Others chose to foreground their identity as a researcher and less as a nurse and teacher, while for some participants, being a nurse was concealed in favour of their preferred identity depending on the context or field they were in. These findings correlate with Erving Goffman's seminal work on *presentation of self* (1951) whereby individuals can negotiate their identities making conscious decisions about how they present themselves in the public arena within different contexts or different institutions. The findings within this study revealed that participants were purposely choosing their identity, particularly during the tutorial. Participants chose to foreground their preferred identity in a tactical way, depending on how they wanted to portray themselves to the student. Whilst the evidence from the phenomenographic interview was overwhelming as being a nurse, it was

interesting to watch how the same participants foregrounded their identity as a teacher, academic scholar and researcher during the tutorial rather than as a nurse. However, for some participants, their nursing identity was never far away as they negotiated and foregrounded being a nurse with deft manoeuvres even when the student wasn't necessarily asking for any clinical input. These findings are supported by Gillespie and McFetridge, (2006) who advocate lecturers in nursing have clinical credibility and echoes previous qualitative studies (Andrews and Roberts, 2003; Neary, 2000) suggesting that lecturers in nursing deliver teaching in an effort to remain credible to students and themselves.

The notion from Goffman (1961) that there is an element of adaptation and improvisation to identity is revealed during the tutorials where participants negotiated their identities through *impression regulation* (p. 189) to display or conceal an aspect of their identity '*in front of the audience*', in this case, students. This concept of having 'agency' also relates to Kenneth Gergen's perspective of identity having different dimensions depending on the role that individuals adopt. The evidence within the tutorials revealed that lecturers in nursing use their agency to determine the conduct and content of the tutorial, often switching identities quite quickly depending on which identity they wanted to foreground to the student. Indeed, Zygmunt Bauman referred to identity as fluid, fragile and forever out of reach with Potter and Wetherell (1987, p.187) suggesting that individuals *make up their identities as they go along during social interactions that help people achieve interactional goals*. The evidence from the tutorials and video stimulated recall and reflect interviews indicates participants having agency to decide which of their identities to foreground and which to conceal, depending on the context of the discussion within the tutorial. The fluidity of their identities is indicative of the variation of being a lecturer in nursing in the outcome space (see Table 8). This suggests an overlapping of identities with individual agency that may be revealed during the tutorial. How participants use agency during interactions with the student relates closely to social experience and activity, suggesting that identity is based upon the interactions with others and the meaning given to those interactions. The concept of identity being socially constructed was presented by George Mead in 1934 who *interpreted self as arising out of social experience* (p. 140).

The social world for lecturers in nursing comprises a range of social interactions with students, academic peers within the university and professional colleagues within clinical practice. This presents a dilemma for participants on how to negotiate their identities within competing fields. The evidence within the findings suggests that lecturers in nursing are caught up in a dichotomy of worlds that involves frequent boundary crossing over to clinical practice, presenting at conferences, advising on academic quality of educational programmes or chairing national and regional meetings. This social world represents the variation of being a lecturer in nursing, incorporating different, yet relative communities of practice and highlights what I term *super-complex* identities. Etienne Wenger's theory of a community of practice (1998) where he defines community of practice as:

involves negotiation and reconciliation as we steer our way along multiple trajectories related to our varying positions of membership of multiple communities (p149).

contributes to this super-complexity.

The social world resonates with the theory from Swann (2005) that suggests individuals cannot establish their identity alone but need to be recognised as a social group. As a social group, lecturers in nursing share the same beliefs, values and attitudes, to provide a powerful arena for intergroup relations, group processes and self. Social identity theory from Tajfel and Turner (1979) (see Figure 2) has relevance to this study. Considering the social category that a lecturer in nursing falls into when entering teaching within higher education, determines who that person is in terms of the defining characteristics of the category. In this case, evidence within the phenomenographic interviews reveals five categories of description of ways of being a lecturer in nursing that determine the social category of each participant. In reality, the social identity theory suggests that novice lecturers in nursing, entering the field of higher education, will implicitly self-assign themselves into a social category by comparing characteristics and symbolic capital from their peers. The shedding of their previous identity and the induction into unfamiliar working practices, language and acronyms used within higher education may impact on their identity where they fall into a new social group. After a period of time, the lecturer in nursing may then re-assign themselves into the 'in' group where members have similar characteristics and capital and thereby recognise the differences

between the 'out' group. For example, once the lecturer in nursing has established themselves into the 'in' group (university-based lecturers in nursing) they are able to understand others who are in the 'out' group as in nurse educators who are practice based.

The evidence from this study suggests that some participants have assigned themselves or have been assigned a category around a particular identity (for example a teacher) and then choose to evolve in other identities (academic scholar then researcher); while other participants are happy to continue in a previously assigned category (nurse) and choose to remain within that identity. Reflecting on social identity theory within the context of this study, highlights that lecturers in nursing need to have understanding and awareness of the field of higher education to assign themselves in the appropriate category in the knowledge that their identities are likely to evolve into other identities. For those lecturers in nursing who continue to find the rules of the game do not 'fit' with their habitus, will continue to play on the periphery of the field unlikely to assume a prominent position within the field of higher education.

7.1 Summary

The overall findings suggest that lecturers in nursing are exposed to culturally dependent identities that predispose them to behave in certain ways. As revealed within the tutorials, their habitus is indicative of their history from training and practice as a nurse which is embedded within their identity. The phenomenographic findings did correlate with other previous studies that participants overwhelmingly expressed some degree of their identity as a nurse. The findings revealed that for some participants, the dissonance was real and continued to be a struggle between their previous habitus as a nurse. Specifically, where participants relied on capital accrued within the field of nursing that was valued less in the field of higher education. Furthermore, where participants continued to cling on to their habitus as a nurse found them assuming positions on the periphery of the field often relying on reflections from practice to sustain their credibility, mostly to themselves. Findings also confirmed that participants who strongly identified themselves as a nurse also related to *imposter phenomenon* as an academic (Clance and Imes, 1978). The dissonance between their habitus as a nurse and feeling a reluctant player in the field of higher education was tangible.

The adoption of a phenomenography as a methodology focusing upon the variation of being a lecturer in nursing, revealed five categories of description within the outcome space.

Furthermore, this unique study attempted to get beyond their espoused identity by filming a tutorial with a student to capture interaction and identities of the lecturer in nursing.

Subsequently, a video stimulated recall and reflect interview was undertaken so that this introspective process gave the participant the opportunity to explain and clarify their identities.

Using deductive reasoning under the lens of Pierre Bourdieu's sociological theoretical framework, exposed how lecturers in nursing negotiated their identities using the concepts of field, capital and habitus. Using the three approaches facilitated a holistic understanding of how lecturers in nursing perceive and negotiate their identities. This study confirms that the ways of being a lecturer in nursing has evolved to other identities within the field of higher education. The evidence shows that the ten participants from England and Scotland expressed identities as teachers, academic scholars, researchers and academic leaders. The findings suggest that some participants had recognised that because they were now in a different field the rules of the game were also different. These participants had accrued capital that was valued in the field and therefore assumed prominent positions in higher education.

This could lead to these identities and habitus being imitated by others and reproduced to contribute to the wider development of lecturers in nursing. With this in mind, I would therefore, challenge lecturers in nursing to reflect on their habitus and capital and explore the possibility of using this opportunity to accrue further capital that could raise their position to prominent players in the field of higher education. It is only by understanding the rules of the game and tactfully negotiating their position on the field that lecturers in nursing will develop identities that are intellectually autonomous and strong.

7.2 Research questions answered

The compilation of this section culminates in over 6 years of studying the phenomenon of ways of being a lecturer in nursing and how the variation of identities are negotiated during a tutorial. My rationale for undertaking this study is to understand how lecturers in nursing identify themselves and how their identities are revealed during interactions with students.

This understanding will stimulate an awareness of how their identities may have an impact

upon themselves and others and the importance of reconciling their identities to the field of higher education.

The study involved collecting qualitative data from ten lecturers of nursing from England and Scotland. Initially, phenomenographic interviews were conducted that yielded rich and grounded data, into the ways of being a lecturer in nursing. Phenomenography as a methodology seeks to uncover the variation in people's experiences of a given 'phenomena'. In this case, using inductive approaches in phenomenographic analysis identified the range of accounts from lecturers in nursing and how they identify themselves. This resulted in five categories of description in the form of the outcome space that revealed the variation of being a lecturer in nursing. By adopting phenomenography as a methodology, I was able to answer my first research question.

Following on from this, the lecturer in nursing was filmed undertaking a tutorial with an individual student to capture interaction between lecturer in nursing and student. The video was used to generate video stimulated recall and reflection interview data. This introspective process involved the lecturer in nursing to browse through the recorded video reflecting out loud on their practice and responding to prompt questions from myself as interviewer. This design gathered rich and grounded data, to get beyond the espoused identity that enabled detailed analysis to provide powerful insight into how lecturers in nursing negotiated their identities during a tutorial with a student.

Traditionally, lecturers in nursing have experienced the transfer from working in clinical practice into academia which resonates with Bourdieu's suggestion that there are pre-conscious, historical and social influences on the practice of individuals (Bourdieu, 1977). In this thesis, I argue that lecturers in nursing have experienced challenges from being an 'expert' within the field of clinical practice to transferring as a novice in the field of teaching in higher education. The evidence within the literature suggests that this transition can have a negative impact on how lecturers in nursing perceive their identities and how other academics within the institution see them. Novice lecturers in nursing may cling to their nurse identity to believe themselves as credible before they can contemplate the transition into teaching, academia, research and leadership. Inadvertently, novice lecturers in nursing may negatively

discriminate themselves from other academics through lack of self-confidence in developing a different habitus.

Finally, the study related the range of accounts of identities to how these are negotiated within a tutorial. In this part of the study, I used the data from the tutorial and video stimulated recall and reflect interview under the lens of Pierre Bourdieu's reflexive sociological theory of practice (Bourdieu, 1977) as a theoretical framework. The data was coded using the three concepts of field, capital and habitus that were explored and interpreted in the endeavour to understand the 'whole' representation of how lecturers in nursing perceive and negotiate their identities. The results of this study have exceeded my expectations and led to an original contribution to knowledge to the body of research that has not been examined previously.

7.3 Limitations of the study

Inevitably, conducting any piece of research will have limitations that need to be taken into consideration. This study is no different to others that have trodden the same path, so in the spirit of honesty and transparency, I will acknowledge mine.

From the outset, although I have completed action research for dissertations, I am a relative newcomer to research at the level required for doctoral study. My decision on choosing the topic of investigation originated from an intrigue of lecturers in nursing and how they interacted with students. I am, as are the participants, a lecturer in nursing who collected three sets of data from each of ten other lecturers in nursing around England and Scotland. It would be naïve of me to think that my impact as an insider into the social world of other lecturers in nursing had no influence, although I made every effort to assume a researcher identity and conceal my identity as a lecturer in nursing. Other limitations that I acknowledge are that possibly the participants wanted to please or befriend me, which the design increased the likelihood of this by needing to undertake two separate visits to their place of work. Being a lecturer in nursing, I have knowledge and understanding of the organisational culture of higher education and nursing, particularly the unwritten rules, idiosyncrasies and of the world of the participants. Nevertheless, this could be regarded as a limitation as an insider rarely sees the minutiae of behaviour that may have gone unnoticed.

My decision to adopt phenomenography as the methodology to answer the first research question, was in my view, the best methodology to provide answers. Nonetheless, each methodology has their drawbacks. In this case, phenomenography was adopted to discover the variation of ways of being a lecturer in nursing using collective accounts from ten participants. Therefore, phenomenography will not provide any detail to any individual participant and focuses on the different ways of experiencing the phenomenon. One of the limitations of using phenomenography as a lone researcher was collecting and analysing the data, although I did share the accounts with my supervisor and we independently came up with the same categories. I have tried to include each stage of my analysis within Chapter 5 to clarify the phenomenographic process including written explanations and illustrations to validate the findings. I also recognise that this study is qualitative and reliant on the ten participants to share their experiences honestly which may be criticised for being unreliable and not generalised. One of the main elements of phenomenography is to capture data from the perspective of the lecturer in nursing. This second order perspective has limitations that it is very difficult, even impossible to bracket out my own perceptions of the phenomenon. However, every effort was made to minimise this bias at each stage of the process. My intention to select illustrative quotations that were written verbatim allowed the participants to speak for themselves and were more meaningful, rather than edit and therefore change the meaning. However, I am aware that some critics would say this is researcher bias as I was responsible for constructing the categories of description from the pool of meanings. In my defence, I made every attempt to ensure the emerging data formed the categories of description and that these were formed at the end of the process in the outcome space rather than preconceiving the categories and impose my personal ideas.

Other limitations were around methods of collecting the data. My decision to video-record the three sets of data inevitably altered the dynamic of the interviews and tutorial. Participants would have been conscious that they were being filmed and may have changed their behaviour for the purpose of the camera. However, the evidence from watching the videos is that both participant and student settled into the tutorial quite quickly and appeared to forget the camera was running. Ideally, the video stimulated recall and reflect interview would have been conducted straight after the tutorial. However, I decided to transcribe the

phenomenographic interview and tutorial first before making arrangements to undertake the final collection of data. This was down to logistics of transcribing, availability of the participant and the travelling arrangements to visit lecturers in nursing in England and Scotland. I was also aware of the limitation of the participants being exclusively female. In fact, I had collected the three sets of data from one male but had to destroy this as my phenomenographic interview was flawed due to lots of visible affirmations from myself with head nodding and agreeing with the participant. I was reliant on participants who wanted to take part in the study and therefore didn't have any responses from lecturers in nursing from Wales or Northern Ireland which would have provided a national perspective of the phenomenon.

The limitations of using deductive reasoning under the lens of Bourdieu's sociological concepts was acknowledging the sheer complexity of trying to apply the concepts in a way that was appropriate to this study and could be readily understood. The sheer size of his work (he has penned over two dozen books and two hundred articles), the fact that it is written in French, and his difficult writing style contributed to the limitations of interpreting the concepts of my understanding. The main limitation in using the lens of Bourdieu's concepts is the multiple and contradictory meanings that he himself applied to the concepts., particularly the poorly defined habitus. However, this paradoxically proved to be a strength as the framework provided a flexible approach to analysis of the data under the lens of the three concepts.

This study was based upon honest representation of my findings with every effort made to present these in a simple format that are easy to understand.

Chapter 8 Implications of the study, reflections and final words

This chapter presents some insight into the personal experiences that have shaped and contributed to the writing of this thesis. Unsurprisingly, the journey that ends at the last chapter has involved years of reading, thinking, re-thinking and more reading to equip me with the knowledge and understanding to provide some answers to the two research questions. This huge commitment has culminated into a study that I believe is distinctive and adds to the existing knowledge of *someone that teaches nurses* and one that I am proud of.

8.1 Implications of this study and recommendations

The findings within this thesis lead to recommendations for the development and support of all lecturers in nursing within the field of higher education. The findings revealed a variation of five identities as a nurse, teacher, academic scholar, researcher and academic leader. Currently, there appears little provision for the support of novice lecturers in nursing who enter the field of higher education to acknowledge that they will possibly experience tensions within their identity. Furthermore, it is difficult for experienced lecturers in nursing to formally communicate their identities, or to share with others how they managed to reconcile their identities or the possibility that this may be evolving. The traditional role of induction to a university or when being assigned a mentor for an initial period is limiting. Novice lecturers in nursing tend to be indoctrinated with the new policies and procedures needed to understand the organisation. The mentorship process tends to include guiding staff around the operational procedures to undertake their new role as teacher or module leader. Against this backdrop of instruction and becoming a functioning employee of the university, there are currently few opportunities to discuss the tensions around identity on transition from nursing into teaching within higher education. Furthermore, there are even fewer opportunities to discuss and recognise how identities evolve during the career of a lecturer in nursing. Attention is directed towards competence as a teacher and management of student progression under the weight of numerous administrative commitments. Currently, there is little acknowledgement of how lecturers in nursing identify themselves, nor support for the inevitable transitions and conflicts that occur between identities.

I hope that publication of the findings of this study will lead to a formal framework for the induction and subsequent yearly personal development review (PDR) of each lecturer in nursing that specifically raises discussion around identity. Identity work should also be part of formal programmes in teaching and learning that form part of academic induction for new lecturers. This would enable individuals to recognise how they identify themselves within the five categories of description, and how this evolves over time. Lecturers in nursing and their managers will recognise identity as a journey from novice to experienced lecturer. This involves high levels of self-awareness acknowledging that throughout their careers the identities of lecturers in nursing may be challenged. Furthermore, discussing identity within formal and informal structures can facilitate a better understanding and empowerment of identities in the field of higher education. Evidence from this study indicates that lecturers in nursing have '*never thought about*' their identity, yet when prompted, acknowledge that they have experienced transitions and dissonance with their identity. I argue that there is a need for lecturers in nursing to have support at all levels. I believe that encouraging self-reflection is good practice and should be embedded into formal and informal procedures.

The phenomenographic findings in this study confirm that the five categories of description within the outcome space are experienced by lecturers in nursing. The findings from examining how participants negotiate their identities during a tutorial under the lens of Bourdieu's three concepts revealed that lecturers in nursing need to accrue capital that is valued within the field of higher education to secure prominent positions in the field. By adopting a habitus that fits into higher education they will no longer play on the periphery of the field but develop themselves as scholarly academics, researchers and/or academic leaders.

8.2 Opportunities for further research

Having completed this distinctive study, it would be interesting to explore conceptions of identity with practice-based nurse educators or those in other allied health professions such as paramedics, occupational therapists and doctors. The findings may well be relevant or transferrable to other areas where individuals move between organisations. This could apply to a variety of professions where it is not unusual for an individual to move between sectors

that appear to have significantly different cultures and values, for example, from public to private sector.

8.3 Reflection on the process

My commitment to embracing phenomenography as the methodology for analysis of my data enabled a comprehensive understanding of the philosophy and characteristics of the approach. I was reassured that researchers before me had adopted phenomenography to reveal conceptions from a second order perspective. Embedding myself in the collection of three sets of data from each of the participants in England and Scotland developed my skills in planning, negotiation, creating optimum environments for interviewing, listening without prejudice, the art of extracting data from participants and the closure of the interview. Other skills that have been acquired, and are no less important to this study, are the skills in organisation. In particular, managing my diary and the appointments to visit the participants twice at each of their workplaces, the art of securing the cheapest train tickets, combined with tube and tram connections and locating the nearest Premier Inn. The purchase and functioning of the tripod and recording equipment and the inevitable logistics of carrying these all over the country was also a significant undertaking! Needless to say, that during this time of nearly two years, I had negotiated to reduce my working hours to part-time to accommodate this process successfully and then returned to full-time when this process was completed. Undertaking a large research project while fulfilling my 'normal' job as programme lead and trying to maintain some normality in my role as wife, mother and daughter was indeed challenging.

The process of collecting all of the data yielded a huge amount of information that needed transcribing verbatim. I developed other skills in learning how to store, organise and analyse the data using Atlas ti. This revolutionised my work by using a digital process to enable me to retrieve, code, add memos to quotations and analyse my data. Furthermore, the completion of this study has improved my skills in information technology: transferring video to my computer; formatting; cross referencing and producing illustrations.

8.4 Reflection on the participants

Undertaking this study has proved rewarding on so many levels including meeting and spending time with the participants. I recognise how fortunate I was that participants agreed to participate with this study and share their feelings honestly, on how they experience identity. For that I am eternally grateful. In essence, as the researcher, I was caught up between two worlds that resonated with my own experiences as a lecturer in nursing. Overwhelmingly, all the participants experienced some form of identity as a nurse which struck home just how embedded nursing is, even in some cases where participants had not practiced for many years. All the participants had the best interests of students at heart, felt responsible for their development and accountable to the university and health care providers. This was heartening to see and hear, although didn't reveal the enormity of the commitment and amount of work behind the scenes that each participant had contributed to their programmes and students.

This study has laid bare the enormity of the challenges that lay ahead for novice lecturers in nursing. The participants, including myself, originated from the NHS as an expert within clinical practice and with cultural, social and symbolic capital that was held in high esteem. Participants moved to teaching in the field of higher education where previous capital simply 'ticks the box' for criteria to enter the new field. Only by engaging with this research have I truly appreciated the tensions within the transition process and the continued journey to assume different identities. It is little wonder that any lecturer in nursing survives the process with a universal lack of real recognition of how identity takes a seismic blow during transition and working as a lecturer in nursing. It appears this happens with no recognition of the enormity of the change where lecturers in nursing feeling like a 'fish out of water' have to 'get on with it' to reconcile their identities and manage the 'best they can' until miraculously they can 'swim with the other fish'. There is little doubt this study and the findings have had a profound effect on me and I will continue to reflect on the findings and how the challenges of identity may be reconciled for novice and experienced lecturers in nursing.

8.5 Reflection on self

Without question, over the years I have reflected upon my ability to conduct and complete this large study. Even though my research topic has gripped my interest and sustained me, I have had to draw upon my strength and resilience when faced with challenges within my own family life. I also found a new perspective on my own identity and how this has been negotiated over the years with hundreds of students. My final reflections relate to how much I have learned by undertaking this study and how much more there is to learn about the identities of lecturers in nursing and just how super-complex this phenomenon is.

8.6 Final words

The contribution that this thesis makes to the existing body of research brings to the forefront the need to support lecturers in nursing to be self-aware of their identities and how this evolves during their careers. The need for formal and informal procedures aligned with professional development review, induction and mentorship will foreground identity and facilitate transition of novice lecturers in nursing as well as develop experienced lecturers in nursing to explore other categories of identity. These unique findings reveal that lecturers in nursing are moving forward to embrace additional identities. Given the capricious nature of nurse education, there is no better time to exploit and develop identities as a teacher, academic scholar, researcher and/or academic leader. Finally, the literature and the distinctive findings of this study, demonstrate the importance of understanding the super-complex identities of lecturers in nursing.

The very final words have to come from the poet Lemn Sissay.....

“Reach for the top of the tree and you may get to the first branch but reach for the stars and you’ll get to the top of the tree.”

Appendices

Appendix 1 – Ethical Clearance

2 July 2013 Our Ref: IC/SB

Sue Harness Faculty of Health and Wellbeing Bowerham Road

Dear Sue

Research Office University of Cumbria Lancaster Campus Lancaster, LA1 3JD

Tel: 01524 384175 Fax: 01524 384385 Email: sonia.barnes@cumbria.ac.uk

Request for Ethical Clearance – Ref: 12/41 Project: Conceptions of being a lecturer in nursing: Variation of identities and how these are negotiated during a tutorial.

Thank you for your application which has been given consideration by the Panel. The Panel are delighted to give approval for your project. However, please can you give clarification regarding the recruitment of practice-based educators? Our understanding is that you do not need NHS REC approval? But wish to bring to your notice page 13 of 'Does my project require NHSREC review'

Please respond electronically to sonia.barnes@cumbria.ac.uk Yours sincerely

Dr Ian Convery

Chair Ethics Advisory Panel



Invitation to Lecturers in Nursing to participate with the research

My name is Susan Harness. I am a Senior Lecturer based at the University of Cumbria. Currently, I am undertaking doctoral study at the University and as part of my research I am interested in the identities of lecturers in nursing.

The purpose of this study is to try and understand the conception of identity as described by lecturers in nursing and how this identities are negotiated during a tutorial with a student. The aim of the research is to share the findings with the faculty, other lecturers, practice-based nurse educators and students in order to improve teaching and learning practices.

You have been chosen as a potential participant because you are a lecturer in nursing.

If you would like to take part, I will arrange to visit you at your workplace to conduct a semi-structured interview and an observation of you conducting a tutorial with an individual student. I will set up the recording equipment but will not be present during the tutorial. I will then transcribe both sets of data before arranging another date to visit you in 4-6 weeks' time to conduct a second semi-structured interview where we will be able to watch the video of your tutorial. Both interviews and observation of the tutorial will be video recorded.

The first interview will involve you describing your identity as a lecturer in nursing. This interview will take around 45 min to 1 hour.

Once the first interview has been completed, I will then set up a video camera to record you and a student during a tutorial. This could take 15 mins up to 1 hour. I will not be present during the tutorial.

The second interview will allow you and I to watch the video recording of the tutorial and have the opportunity to discuss the content. This will take 30 mins to 1 hour.

If you agree to take part in the study, I will provide you with a participant information sheet that will give you information about how I will ensure your confidentiality and anonymity. Please be assured that you may leave the study at any time for whatever reason.

I will also ask you to sign two consent forms, one copy you will be able to keep.

If you would be happy to take part in my research, you can e mail me on susan.harness@cumbria.ac.uk or telephone my office on 01524 384530. I will then send out more detailed information.

Kind regards

Susan Harness



Participant Information Sheet

Title

Conceptions of being a lecturer in nursing: Variation of identities and how these are negotiated during a tutorial

The purpose of this research

The purpose of this study is to try and understand the conception of identity as described by lecturers in nursing and how these identities is negotiated during a tutorial with a student.

About the study This study will focus on the identities of lecturers in nursing, and how identity is negotiated during a tutorial.

Some questions you may have about the research project:

Why have you asked me to take part?

This study involves the collection of data from lecturers in nursing. In order to get a rich set of data, participants will be selected to take part who have had diverse experiences in terms of length of time working in a clinical setting, gender, age, length of time working as a lecturer in nursing and location within England and Scotland.

What will I be required to do?

If you agree to take part in the study, I will arrange to visit you to conduct a semi-structured interview. Once the interview is completed, I will then video-record you undertake a tutorial with an individual student. I will then arrange a second visit to conduct another semi-structured interview where we will watch the video of the tutorial.

Both interviews and the tutorial will be video recorded. I will not be present during the tutorial.

Where will this take place?

This will take place within your workplace at a time and date convenient to you.

How often will I have to take part and for how long?

The first semi-structured interview and recording of your tutorial will be undertaken at the first visit and should take approximately no more than 2 hours of your time.

I will then need to fully transcribe both sets of data which will take between 4 – 6 weeks before I arrange to visit you a second time to conduct a second and final semi-structured interview that should take 30 mins to 1 hour of your time.

When will I have the opportunity to discuss my participation?

You will have the opportunity to discuss your participation at any time from the initial invitation to the final publication of my findings.

Who will be responsible for all the information when the study is over?

As the principal investigator of this research I am responsible for all of the information.

Who will have access to it?

My supervisory team and myself.

How long will data be kept and where?

All data will be kept for 12 months after the research has been completed. Computerised data will be stored on the personal hard drive of the Chief Investigator (Sue Harness) on my personal home computer that is encrypted, and password protected. Paper transcripts and video recordings will be stored under lock and key in my home office.

What will happen to the information when this study is over?

All data will be deleted or destroyed.

How will you use what you find out?

Findings will be shared with faculty, other lecturers, practice-based nurse educators and students.

Will anyone be able to connect me with what is recorded and reported?

All participants will receive a copy of the transcript of the interviews, which they can amend or remove aspects that they are not comfortable with.

How long is the whole study likely to last?

The data collection from 10 lecturers in nursing from around England and Scotland will take 12 to 18 months. The collection of data will be completed by May 2016.

How can I find out about the results of the study?

You can request a copy of the summary of the findings once the research is complete.

What if I do not wish to take part?

Your participation in the study is entirely voluntary.

What if I change my mind during the study?

You are free to withdraw from the study at any time without having to provide a reason for doing so. In addition, you will have certain editing rights during the recorded interview, for example if you wish to retract something you have just said, it will be wiped from the recording.

Will I need to sign any documentation?

You will be asked to sign a consent form before participating in the study. You will retain a copy for your records.

Whom should I contact if I have any further questions?

Please contact the researcher directly (details below).

Complaints

All complaints from the participants are in the first instance to be directed to the Director of Research Office and Graduate Studies, University of Cumbria, Bowerham Road, Lancaster, LA1 3JD

Researcher Contact Information:

Susan Harness

University of Cumbria

Bowerham Road

Lancaster, LA1 3JD

Tel: 01524 384530

Mobile: 07540584963

Email: susan.harness@cumbria.ac.uk



Invitation to students to participate with the study

My name is Susan Harness. I am a Senior Lecturer based at the University of Cumbria.

Currently, I am undertaking doctoral study at the University and as part of my research I am interested in the ways of being a lecturer in nursing and how the variation of being a lecturer in nursing is negotiated during a tutorial.

The purpose of this study is to try and understand the identity of lecturers in nursing and how these identities is negotiated during a tutorial. The aim of the study is to share the findings with the faculty, other lecturers, practice-based nurse educators and students and improve teaching and learning practices.

I am requesting your permission that I can video record a tutorial between yourself and a lecturer in nursing because you are a student. If you would like to take part in the study, I will set up a video recorder in a room that is appropriate to conduct a tutorial with yourself and a lecturer in nursing. This tutorial will be video recorded. I will not be present during the tutorial. This tutorial will take place within a classroom at your university and will take 30 min to 1 hour.

If you agree to take part in the study I will provide you with a participant information sheet that will give you information about how I will ensure confidentiality and anonymity. You can leave the study at any time for any reason and that there will be no impact on your course of study within the university. I will also ask you to sign two consent forms, one of which you will be able to keep a copy.

If you would be happy to take part in my research, you can e mail me on susan.hararness@cumbria.ac.uk or telephone my office on 01524 384530. I will then send out more detailed information.

Kind regards

Susan Harness



Title of Investigation

Conceptions of being a lecturer in nursing: Variation of identities and how these are negotiated during a tutorial

Participant Consent Form

Please answer the following questions by circling your responses:

Have you read and understood the information sheet about this study? YES NO

Have you been able to ask questions about this study? YES NO

Have you received enough information about this study? YES NO

Do you understand that you are free to withdraw from this study at any time, and without having to give a reason for withdrawal? YES NO

Do you understand that your responses will be anonymised before they are analysed? YES NO

Do you give permission for members of the research team to have access to your anonymised responses? YES NO

Do you agree to take part in this study? YES NO

Your signature will certify that you have voluntarily decided to take part in this research study having read and understood the information in the sheet for participants. It will also certify that

you have had adequate opportunity to discuss the study with an investigator and that all questions have been answered to your satisfaction.

Signature of participant:..... **Date:**.....

Name (block letters):.....

Signature of investigator:..... **Date:**.....

Please keep your copy of the consent form and the information sheet together.

Appendix 6 – Letter/e-mail to participants (Lecturers in Nursing)

Dear

Thank you for agreeing to be interviewed as part of my study. As previously agreed the first/second interview/observation of tutorial will take place on _____ in room- _____ starting at _____. Each interview/observation should take no longer than 1 hour.

The title of my research project is: Conceptions of being a lecturer in nursing: Variation of identities and how these are negotiated during a tutorial. I am interested in exploring how lecturers in nursing perceive their identity and how this is negotiated during a tutorial.

Before the interview goes ahead I would like to confirm that:

- The Ethics Committee within the University of Cumbria has given permission for this study to be carried out.
- With your permission, both of the interviews and the observation of the tutorial will be video recorded.
- A transcript of the interviews will be sent to you after the second interview.
- Your anonymity will be maintained, and no comments will be ascribed to you by name in any written document or verbal presentation. Nor will any data be used from those interviews that might identify you to a third party.
- You are free to withdraw from the study at any time and/or request that your transcript not be used.
- A copy of the interview questions is attached.
- I will write to you on completion of the study and a copy of a summary of my final research report will be made available to you upon request.

If you have any queries concerning the nature of the study or are unclear about any question, please contact me at susan.harness@cumbria.ac.uk or telephone my office on 01524 384530. Finally, can I thank you for taking the time to help me with my study. It really is very much appreciated.

Yours sincerely,

Susan Harness

Susan Harness

Appendix 7 – Letter/e-mail to student participants

Dear

Thank you for agreeing to participate as part of my study. As previously agreed the video recording of a tutorial between yourself and a lecturer in nursing will take place on _____ in room _____ starting at _____. The observation should take no longer than 1 hour.

The title of my research project is: Conceptions of being a lecturer in nursing: Variation of identities and how these are negotiated during a tutorial.

I am interested in exploring how lecturers in nursing perceive their identity and how this identity is negotiated during a tutorial.

Before the interview goes ahead I would like to confirm that:

- The Ethics Committee within the University of Cumbria has given permission for this research to be carried out.
- With your permission, the observation of the tutorial will be video recorded.
- Your anonymity will be maintained, and no comments will be ascribed to you by name in any written document or verbal presentation. Nor will any data be used from those interviews that might identify you to a third party.
- You are free to withdraw from the study at any time and/or request that your transcript not be used.
- I will write to you on completion of the study and a copy of a summary of my final report will be made available to you upon request.

If you have any queries concerning the nature of the study or are unclear about any question, please contact me at susan.harness@cumbria.ac.uk or telephone my office on 01524 384530.

Finally, can I thank you for taking the time to help me with my study. It really is much appreciated.

Yours sincerely,

Susan Harness

Appendix 8 – Initial Interview Protocol

Study: Conceptions of being a lecturer in nursing: Variation of identities and how these are negotiated during a tutorial	
Date of initial interview	
Time of initial interview	
Place of initial interview	
Name of Interviewer	
Name of Interviewee	
<p>Initial Interview procedure:</p> <p>(Establish Rapport) (Shake hands) My name is Susan Harness. I am a Senior Lecturer based at the University of Cumbria. Currently, I am undertaking doctoral study at the University and as part of my research I am interested in the conception of identity as described by lecturers in nursing</p> <p>(Purpose) The purpose of this study is to try and understand the identities of lecturers in nursing.</p> <p>(Motivation) The aim of the research is to share the findings with the faculty, other lecturers, practice-based nurse educators and students to improve teaching-learning.</p> <p>(Time Line) The initial interview should take about 45 minutes to 1 hour.</p> <p>During this initial interview, you will be asked to respond to several open-ended questions. You may choose not to answer any or all of the questions. The procedure will involve video recording the initial interview from which an analysis will be undertaken. Your responses will be confidential, and you will not be identified individually.</p>	
<p>Informed consent:</p> <p>Please sign the informed consent form signalling your willingness to participate with this study</p>	
<p>Example Questions</p> <p><i>How would you identify yourself as a lecturer in nursing?</i></p> <p><i>What is your experience of being a lecturer in nursing?</i></p>	

Are you able to give me examples of that experience?

How does your experience influence your identity?

What do you mean by that?

Can you explain why that is?

Is there anything else that you would like to say about how you experience being a lecturer in nursing?

Closing

I would like to thank you for participating in this initial interview and appreciate you taking the time to do this. I would like to follow this interview with an observation of a tutorial that you undertake with an individual student at a time that is convenient to yourself and the student. Again, please let me reassure you that this interview and any video recording will be confidential and that you will not be identified individually. If you have any questions, please feel free to contact me by telephone at 01524 384530 or e-mail

susan.harness@cumbria.ac.uk.

Appendix 9 – Observation of tutorial protocol

Study: Conceptions of being a lecturer in nursing: Variation of identities and how these are negotiated during a tutorial.	
Date of observation	
Time of observation	
Place of observation	
Name of observer	
Name of person being observed	
<p>Observation of tutorial procedure:</p> <p>(Establish Rapport) (Shake hands) My name is Susan Harness. I am a Senior Lecturer based at the University of Cumbria. Currently, I am undertaking doctoral study at the University and as part of my research I am interested in the identity of lecturers in nursing.</p> <p>(Purpose) The purpose of this study is to try and understand the identity of lecturers in nursing and how these identities are negotiated during a tutorial.</p> <p>(Motivation) The aim of the research is to share the findings with the faculty, other lecturers, practice-based nurse educators and students to improve teaching-learning.</p> <p>(Time Line) The tutorial should take about 30 minutes to 1 hour.</p> <p>During the observation, this will involve video recording the tutorial with a student, from which an analysis will be undertaken. Your responses will be confidential, and you will not be identified individually.</p>	
<p>Closing</p> <p>I would like to thank you for participating in this observation and appreciate you taking the time to do this. I would like to follow this observation of your tutorial with a final interview at a time that is convenient to yourself and the student. Again, please let me reassure you that this observation and any video recording will be confidential and that you will not be identified individually. If you have any questions, please feel free to contact me by telephone at 01524 384530 or e-mail susan.hararness@cumbria.ac.uk.</p>	

Appendix 10 – Video stimulated recall and reflection interview protocol

Study: Conceptions of being a lecturer in nursing: Variation of identities and how these are negotiated during a tutorial.		
Date of final interview		
Time of final interview		
Place of final interview		
Name of Interviewer		
Name of Interviewee		
<p>Final Interview procedure:</p> <p>(Establish Rapport) (Shake hands) My name is Susan Harness. I am a Senior Lecturer based at the University of Cumbria. Currently, I am undertaking doctoral study at the University and as part of my research I am interested in the identity of lecturers in nursing and how their identities are negotiated during a tutorial.</p> <p>(Purpose) The purpose of this study is to try and understand the identity of lecturers in nursing and how this may influence teaching-learning.</p> <p>(Motivation) The aim of the research is to share the findings with the faculty, other lecturers, practice-based nurse educators and students to improve teaching and learning practice</p> <p>(Time Line) The final interview should take about 30 minutes to 1 hour.</p> <p>Your responses will be confidential, and you will not be identified individually.</p> <p>During this final interview, you will be asked to respond to several open-ended questions. You may choose not to answer any or all of the questions. The procedure will involve yourself as the participant and myself watching the video recording of the observation of the tutorial</p>		
<p>Informed consent:</p> <p>Please sign the informed consent form signalling your willingness to participate with this study.</p>		
<p>Example Questions:</p>		

- 1. What was the purpose of this tutorial and how does this fit within the student's programme?**
- 2. Referring to the video and choosing key sections can you tell me about your identity here? (prompts – ask them to refer to the section of the video that demonstrates this and ask them the question – can you tell me a bit more)**
- 3. To what extent does this tutorial reveal your identity. By this how does this explain who you are? (Tell me more why you say that?)**
- 4. Could you say a little more on why you say that?**

Closing

I would like to thank you for participating in the initial interview, observation of tutorial and in your final interview. I appreciate you taking the time to do this. Again, please let me reassure you that this observation and any video recording will be confidential and that you will not be identified individually. If you have any questions, please feel free to contact me by telephone at 01524 384530 or e-mail susan.harness@cumbria.ac.uk.

Appendix 11 – Erikson's Psychosocial Stages

Table 9 Erikson's Psychosocial Stages taken from

(http://www.intropsych.com/ch11_personality/eriksons_psychosocial_stages.html) Date of access Dec 2016.

Erikson's Stage Theory in its Final Version			
<i>Age</i>	<i>Conflict</i>	<i>Resolution or "Virtue"</i>	<i>Culmination in old age</i>
Infancy (0-1 year)	Basic trust vs. mistrust	Hope	Appreciation of interdependence and relatedness
Early childhood (1-3 years)	Autonomy vs. shame	Will	Acceptance of the cycle of life, from integration to disintegration
Play age (3-6 years)	Initiative vs. guilt	Purpose	Humor; empathy; resilience
School age (6-12 years)	Industry vs. Inferiority	Competence	Humility; acceptance of the course of one's life and unfulfilled hopes
Adolescence (12-19 years)	Identity vs. Confusion	Fidelity	Sense of complexity of life; merging of sensory, logical and aesthetic perception
Early adulthood (20-25 years)	Intimacy vs. Isolation	Love	Sense of the complexity of relationships; value of tenderness and loving freely
Adulthood (26-64 years)	Generativity vs. stagnation	Care	Caritas, caring for others, and agape, empathy and concern
Old age (65-death)	Integrity vs. Despair	Wisdom	Existential identity; a sense of integrity strong enough to withstand physical disintegration

Glossary of terms and abbreviations

Academic Leader – means that participants have comprehensive knowledge and skills of the wider agenda within the university, higher education. I use the term academic leader meaning that lecturers in nursing are working at a senior level within the university, advising on academic regulations, quality standards for a range of programmes. They are also engaged with advising on and chairing national groups within nursing and education. The participants who expressed their identity as an academic leader used their wide-ranging knowledge and skills in the classroom teaching students.

Academic Scholar – This means where lecturers in nursing have moved on from identifying themselves as a teacher and are involved in supporting students to become scholarly, through improving their skills in academic writing, encouraging students to publish and critical engagement with the theory.

CAQDAS - Computer Assisted Qualitative Data Analysis

Categories of Descriptions – The variation in understanding or ways of experiencing the phenomenon, are called categories of description which interprets and distinguishes the empirical data that are logically related to one another.

Cultural capital - refers to assets, e.g., competencies, skills, qualifications, which enable holders to mobilise cultural authority

Deductive reasoning - a deductive approach under the lens of Pierre Bourdieu's (1977) conceptual framework of field, capital and habitus will hope to get beyond the espoused identity of lecturers in nursing by examining the data from the tutorial and video stimulated recall and reflection interview to answer the second of my research question.

Field – The field is the place of social position that is constituted by the conflicts that occur when social groups endeavour to establish and define what is cultural capital, within a given social space

Habitus –The habitus of a person is composed of the intellectual dispositions inculcated to him or her by family and the familial environment and are manifested according to the nature of the person. As such, the social formation of a person's habitus is influenced by family, by objective changes in social class and by social interactions with other people in daily life; moreover, the habitus of a person also changes when he or she changes social positions within the field

HEFCE – Higher Education Funding Council for England

HEI – Higher Education Institution

Inductive approach – inductive approach will generate new theory from the phenomenographic data.

Lecturer in nursing – Is a qualified nurse who has moved from clinical practice to a teaching post within higher education. They are responsible for educating pre-and post-registration nurses.

NMC – Nursing and Midwifery Council

Nurse – This means that the participants were reflecting on their experiences as a nurse and choosing to share these experiences and knowledge as a nurse

Outcome Space – The outcome space describes as a tool to capture and communicate the features of the experiences or the phenomenon. explains the outcome space as ‘the structural relationship linking these different ways of experiencing’

Phenomenography – This methodology will capture the different ways [variation] of being a lecturer in nursing in the form of the outcome space

Pool of meanings –represents the multiple ways of experiencing being a lecturer in nursing

Researcher – This means that participants are identifying as a researcher and have now engaged in research activity, completing higher awards and using their knowledge and skills of research to inform their teaching and for research to be the focus of teaching-learning with students.

REF- Research Excellence Framework

Teacher – This means that the participants used their knowledge of nursing and teaching to develop teaching-learning with students.

Teaching-Learning - teaching and learning are not two distinct and separate processes but are interwoven so that students and academics are engaging with these processes together.

UKCC – United Kingdom Central Council

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