

## **Nurse academics identities and contributions to the clinical practice environment: An appreciative inquiry**

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**Nurse academics identities and contributions to the clinical practice environment: An  
Appreciative Inquiry**

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RN (Adult Nursing), MSc (Advanced Practice) PGCE, SFHEA

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requirements of the University of Wolverhampton

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**Abstract:**

Nurse academics have a key role in supporting the Clinical Practice Environment (CPE) where student nurses undertake 50% of their course. Much of the previous literature regarding nurse academics contributions to the CPE has appeared to be quite negative and they have appeared stuck in a no-man's-land between the HEI and the CPE. Alongside this, the literature indicates that nurse academic identities are complex, fluid and situational. Nurse academic identities appear to have been shaped by a culture of subservience learnt from practice and reinforced by wider society. Appreciative Inquiry was used to explore new perspectives framed in being 'possibility centred' rather than 'problem centred' to elicit new understandings.

The aim of the study was to develop practice guidance through exploring the identities of nurse academics and their contribution to the CPE. Primary data was collected from nurse academics (N=10) and nurses in practice (N=6) using a range of data collection methods, which included individual semi-structured interviews, focus groups and theme board technique. The data was analysed using thematic analysis.

Findings indicated that nurse academic identities are derived from CPE engagement, where positive relationships with practice and the ability to draw on their clinical expertise 'anchor' nurse academics identities. Nurse academics primarily identified themselves as nurses and were comfortable with that. Nurse academics and nurses in practice identify positively where nurse academic role and practice contributions are harmonised. Nurse academics independence from the CPE was perceived as positive in terms giving advice and guidance to students and nurses in practice. Nurses in practice see education as an intrinsic element of being a nurse and therefore feel affiliated to the HEI and built positive relationships with nurse academics. Nurse academics had positive identities within

the Higher Education Institution (HEI) and CPE, viewing themselves as 'complex hybrids'. Findings also indicated contested areas, which included logistical constraints, competing demands and 'Queen Mother' visits to practice (lacking purpose), impacted on nurse academics contribution to the CPE. There was a level of dissonance from nurse academics regarding how 'practice' was defined, which influenced perceived contributions to the CPE.

This research presents a differing perspective on nurse academic identities, which shows that they are established in the HEI setting and can make meaningful contributions to the CPE using their academic repertoire. Recommendations include that senior managers in HEI's and the CPE should work more closely to retain the highly prized intersection with the CPE. Nurse academics themselves need to confidently assert opportunities to utilise their clinical, educational and research skills explicitly through career planning and should support clinical areas that draw on their expertise.

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## **Definitions**

Concepts of identity can be explained with differing emphasis such as academic identity, professional identity and social identity. Gendered concepts of identity are also prevalent within the literature (Lester 2008, Meerabeau 2006). It is well documented within research that defining identity can be difficult (Monrouxe, 2010). Whilst I have explored some of the varying differing perspectives of identity, I have deliberately avoided attempting to align any identity theoretical framework to nurse academic identity, as to do so would betray the complex facets in which nurse academics express their identities. The plurality of 'identities' throughout the text of the thesis is deliberate to reflect this point.

Nurse Academics can be defined as a registered nurse whose career is based in higher education and who has undertaken a specialist post-graduate teaching qualification. The role involves teaching student nurses and registrants and promoting research activity.

## **Abbreviations**

A number of abbreviations are used within the thesis. These are explicated below so that the reader enters the thesis with an understanding of these terms:

**AI**-Appreciative Inquiry

**CPE**-Clinical Practice Environment an environment where care is given and student nurses practice under the guidance of a suitably qualified practitioner

**CoDH**-Council of Deans for Health

**HEI**- Higher Education Institution, normally a University.

**NMC**- Nursing and Midwifery Council

**RN**-Registered Nurse, also referred to as 'nurses in practice' and 'mentors' for the purposes of this research. Referring to an RN who supports student nurses in the CPE.

**RCN**- Royal College of Nursing

**TNA**- Thematic Network Analysis

## **1.0 Chapter One**

### **1.1 Introduction**

In this chapter, I intend to provide definitions and abbreviation to my thesis, give a background to my thesis, set out the aims and objectives. I also propose to explain how my thesis will be set out, the significance of the study and foreshadow any assumptions or limitations of the research. I will conclude with a reflective commentary, which explores how I refined my research question and a chapter summary.

### **1.2 Background to the thesis**

As a senior nurse academic in a Higher Education Institution (HEI) setting, I was motivated to explore the identity of nurse academics; as I believe they represented a little understood group that was under-researched from a social constructionist perspective. The Appreciative Inquiry (AI) position has its philosophical underpinnings in that knowledge is derived from human relationships. It focuses on what works well within an organisation (Cooperrider et al, 2008) and takes a solution-focused approach to an area of research. I felt I understood the challenges that nurse academics faced from an emic perspective and wanted to explore their perceptions of their identities and how they contributed to the clinical practice environment (CPE). I was also interested in how nurses in practice perceived the contributions to the CPE to make recommendations for practice guidance. The literature revealed nurse academics were represented as 'outsiders' to both the HEI and CPE that nurse academics lacked confidence in their identities. These themes relate to the complexities of identity and nursing, the habitus within the HEI and its influences on nurse academics, and nurse academics as seen through the lens of the CPE.

Understanding the perspectives of nurse academics was a key concern contextualising the pertinence of the research question from an AI perspective. Nursing, and in particular the education of nurses, had been a hotbed of political controversy over recent years as highlighted in the Francis Report (2013). Francis offered a damning criticism of a nursing workforce who failed to care and lacked many of the attributes associated with the 6 'C's of good nursing practice: care, compassion, courage, communication, competence and commitment (Department of Health, 2012). Although Francis (2013) highlighted criticism and recommendations for clinical managers and doctors, it appeared that nursing was the political discourse most debated. Furthermore, the Francis Report (2013) levied criticism at pre-registration nurse education, suggesting that student nurses needed to be assessed for their caring attributes. However, Francis (2013) was unable to present evidence that student nurses did not display caring attributes nor that they were not assessed on their caring skills at interview or during their studies. However, the result of this independent report was significant inference that HEIs were in some way culpable. This is not to minimize, the stark reality that nursing needed to collectively accept that there were failings in clinical practice; and whilst they might not have been wholly responsible, were accountable for their decisions (Nursing and Midwifery Council, NMC 2015). So the attributes towards patient centred care, which Willis (2012) described as 'the golden thread that runs through all pre-registration nursing education' had brought into question the whole nature of academic nursing identity, as a bi-product of this political discourse and their contribution to the CPE

Since AI approaches (Cooperrider et al, 2008) are not widely recognised within nursing epistemologies, it is helpful to contextualise the perspective undertaken within this research. The principles of AI are aligned to social constructionist theory, whereby language, knowledge and actions are intertwined (Koster and Lemelin, 2009). The five principles that define AI are

1. Constructionist principle- that human knowledge and destiny are interwoven and organisations, in this case the HEI and the CPE are living constructions.
2. Simultaneity principle, a dialogue in a subject that inspires a positive image of the future through an empowered approach, as in the relationship between the participants and myself as the researcher.
3. Poetic principle, encourages reconsideration of the aims of the inquiry, so that change is not mundane and moves forward, in this case, through the researcher adopting a focussed approach.
4. Anticipatory principle, the use of positive imagery.
5. Positive principle, in this case the approach to the data collection, which lends itself to flexibility, creativity and organisational resilience (Cooperrider et al 2008).

The literature review revealed there was a lack of exploration of nurse academics identities and contributions to the CPE from an AI perspective, which I thought warranted further interrogation, particularly as this methodology focused on co-constructing what should be, with the participants.

### **1.3 Significance of the study**

My role within the HEI potentially allowed me to affect some collaborative changes as a result of my recommendations for practice. Experientially, concepts of nurse academic identity appeared difficult to pin down for nurse academics I was working with; suggesting that identity itself was not easily defined and was influenced by extraneous factors. Moreover, some of the literature about roles and identities of nurse academics was not contemporaneous and frequently, negatively portrayed in terms of the relationship with the CPE. Theoretical contributions can be realised through new and differing contexts that create new understandings (Tracy, 2010) and therefore, I thought it represented a gap that warranted further exploration from a differing perspective that may elicit new knowledge.

#### **1.4 Potential implications for practice**

It is posited that the HEI intersection with the CPE is of paramount importance. This could suggest that senior managers in HEI and practice need to work closely to create more teaching and learning opportunities for nurse academics and nurses in practice. Nurse academics contribution to the CPE could potentially be viewed in broader terms to utilise their skills. Nurse academics could support clinical areas that draw on their previous clinical expertise.

#### **1.5 Purpose of the study**

##### Aims and objectives

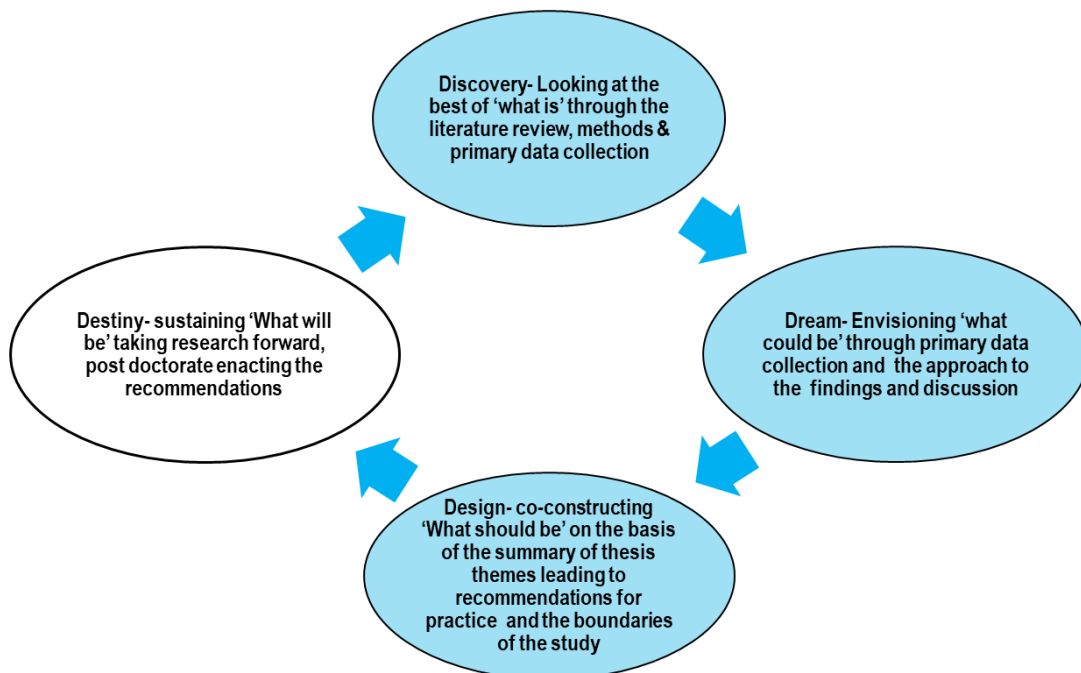
The aim of the study was to develop practice guidance, through exploring the identities of nurse academics and their contributions to the CPE

To achieve the aim the following objectives were identified:

1. To explore the nursing identities of a group of nurse academics who were engaged in a re-formed academic clinical practice team, from the perspectives of nurse academics and nurses in practice.
2. To explore how nurse academics perceived their contributions to the CPE, from an emancipatory perspective.
3. To understand how nurses in practice perceived the contributions of nurse academics, to the CPE.
4. To elicit any enabling or blocking factors that were likely to impact on nurse academics contributions to the clinical practice environment.

Appreciative inquiry methodology (Cooperrider, 2008) was utilised with the intention of making recommendations to develop practice, through understanding the identities of nurse academics and any contributions that they could make to the CPE. It was necessary for me to adapt the AI cycle, as I was not able to use it in its entirety within the confines of the research. Therefore, the Destiny phase focusing on enacting the recommendations will be taken forward as part of post-doctoral research. The thesis flows using the structure of the highlighted phases of the AI 4 D cycle (Cooperrider et al, 2008) which I have adapted, as seen in Figure 1.

**Figure 1: Structure of thesis in relation to AI**



Chapter Two, will focus on a critical review of the literature to demonstrate that the research was justified and identify gaps within the literature. This is the 'Discovery phase' looking at the 'best of what is' (Cooperrider et al, 2008). This included an explanation of the search strategy including

inclusion and exclusion criteria. This was followed by the review of the literature, which focussed on four themes that developed from the literature, namely; 1. The historical context of nursing identity formation 2. The complexities of identity and nursing, 3. The habitus within the HEI and its influences on nurse academics and finally 4. How nurse academics are viewed through the lens of the CPE.

The 'discovery phase' continues into Chapter Three, which concentrates on the methodology for primary data collection. The chapter explores the choice of qualitative approaches and consideration of other methods. The rationale for choosing Appreciative Inquiry as the methodological approach will be justified. Following on from this, methods used for data collection are explained. The approach to data analysis is discussed within the context of the research design. Furthermore, ethical considerations are explored and how trustworthiness was attained.

Chapter Four takes the 'Discovery' journey further, through the presentation of the findings and discussion of primary data and then moves into the AI 'Dream Phase'. The 'Dream Phase' concentrates on 'envisioning what could be' through thematic analysis of findings. Findings and discussion were integrated within Chapter Four, as it assisted in facilitating the interpretation of findings and exploration of relationships.

Chapter Five focuses on the Design phase of the AI cycle 'co-constructing what should be' (Cooperrider et al, 2008) on the basis of the summary of thesis themes, boundaries of the study and recommendations for practice. Recommendations for future research will also be made in chapter five, along with conclusions.

## **1.6 Assumptions and limitations**

In the early part of my research journey, I was grappling with refining my topic area. I had considered implementing a community of practice (CoP) (Wenger, 1998) for nurse academics to explore their identity. My reading of the literature at that point had suggested that nurse academics had difficulties in engaging with clinical practice in a meaningful way, despite it being a central tenant to their identity. Wenger (1998) argued identity was something that could be realised through CoP as it focuses on what matters to its members. Implicitly the culture of the membership is set around the beliefs and values of a CoP. However, on discussion with my supervisory team and other experts, my thinking on this was challenged, as it was felt my topic area was too broad for a doctoral thesis. In some senses, my preconceived ideas regarding setting up a CoP to explore nurse academic identity suggested I was being polemic, in that I thought I knew the answer, before exploring the question. In further consideration of this, I recognised that my interest was towards focussing on understanding nurse academic identity and how nurse academics could contribute towards the CPE, from the perspective of what works well, as this seemed to be the gap in the literature.

As mentioned earlier, the fourth phase of the AI cycle 'Destiny, 'sustaining what will be' is not considered in this research study due to the boundaries of the research, which can be argued as a potential limitation. This phase will focus on enacting the research findings and is intended to form part of post-doctoral research.

## **1.7 Reflection on chapter**

How the reflexive aspects of my research were captured was something that I needed to consider. Originally, I had intended to write a separate reflective chapter at the end of my thesis. However, as I

constructed my research, I noticed I had a tendency to reflect as I was writing, oscillating between the research and my relationship with it. Stevens (1993, p153) reminds us that, 'the personal voice can become a self-reflective meditation allowing the reader to gain a deeper sense of the challenges that the researcher has experienced'. Whilst attempting to align my thoughts I decided that the reflexive aspects should appear at the end of each chapter this appeared natural to me, as Johns (2017 p6) suggests being reflective, exposes the 'ontological approach concerned more with 'who I am' rather than 'what I do'. In this case, the 'what I do' was related to the epistemic approach (Johns, 2017) that I had taken within AI from the dialectic perspective, in terms of connections, tensions and the socially constructed nature of practice (Gergen 2014, Kemmis 2008). Presenting my relationship to my research as a thread throughout appeared appropriate to the theoretical framework as the relationship between reflexivity as a tool to exert a positive understanding through critical analysis and AI with a focus on positive change were aligned.

Reflexively, refining my research question was particularly challenging during the early part of my thesis. I had anticipated that nurse academics were a disempowered group and had associated this with gender. As I developed my epistemic positioning which moved from feminism to AI, I came to realise that my research question went beyond a feminist lens towards something that had the potential to create transformational improvement (Trajkovski, et al 2012) whilst retaining the emancipatory principles. The process was aided by reviewing the literature and identifying gaps, supervisory discussion and encouragement to visit a number experts who challenged my thinking regarding my taken for granted assumptions, regarding nurse academics' identities. Later in my research journey, I also realised that ambitions to the complete AI cycle were not possible within the confines of the doctoral study. The Destiny phase 'sustaining what will be' (Cooperrider et al, 2008) would need to be taken forward as post-doctoral research. Roddy and Dewar (2016) suggest that compromising on 'what ideas are helpful to let go of' help to bring about deeper knowledge. To do

justice to the research I needed to limit the objectives for the research, which was difficult. Part of refining the aims and objectives of the research was achieved through keeping a reflective portfolio to have an internal dialogue, as well as challenging discussion with my supervisory team. Conversations with other doctoral students and presenting at doctoral annual progress review also assisted in critical reflection. The turmoil that ensued from shaping my research question is highlighted through the reflexive gaze, but rarely revealed in research publications per se (Stevens, 1993).

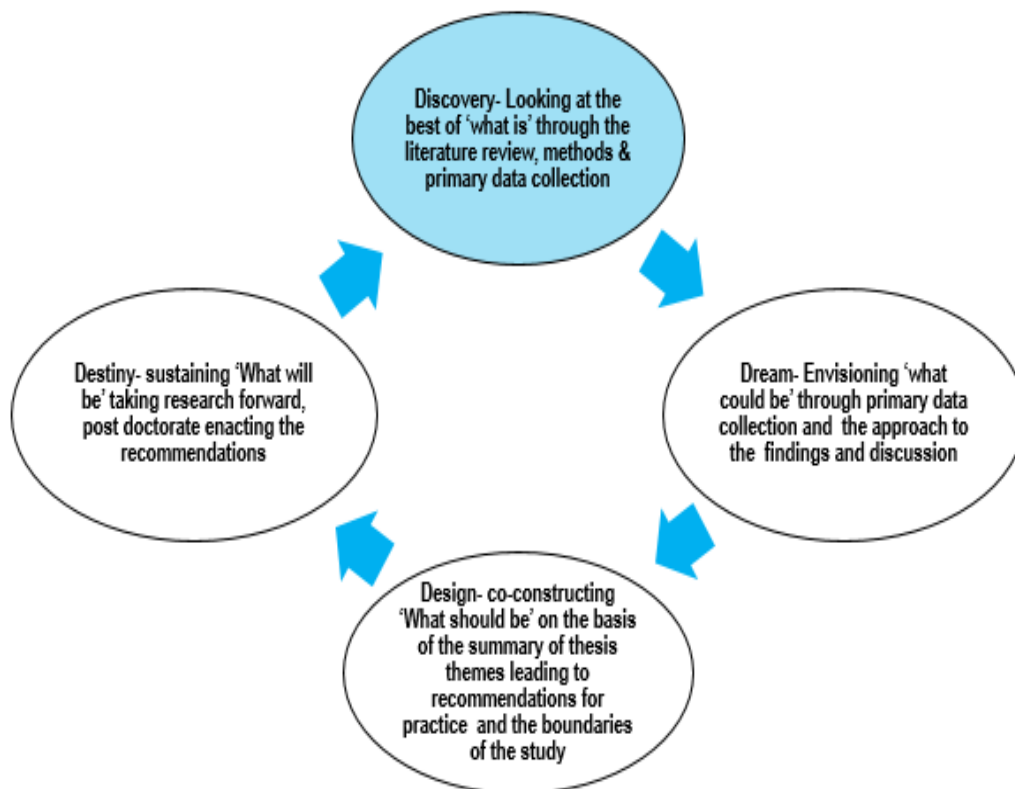
### **1.8 Chapter summary**

In Chapter One I have set out the definitions of the research, given a rationale for the research field, I have introduced AI methodology and aligned it to the subject area. I have explored the significance of the research and set out the aims and objectives of the study. I have explained how the thesis is structured in relation to AI methodology. I have outlined the assumptions and limitations of the research and reflected on the chapter. In Chapter Two, I will explore the literature using the 'Discovery phase' of the AI 4D Cycle (Cooperrider et al, 2008). I will highlight the gaps within the literature that warranted further examination.

## 2.0 Chapter Two - Literature Review

Chapter Two focuses on the AI Discovery phase - looking at the best of 'what is' through the existing literature as seen in figure 2 below.

Figure 2: Illustration of discovery stage of AI cycle applied to literature review



### 2.1 Introduction

In Chapter One I set out the context of my research, identified the aims and objectives and explained my interest in nurse academic identities and contributions of the CPE. I explored the potential significance of the study and my assumptions and limitations. In Chapter Two, I explain the literature

search strategy and introduce a historical context of nursing identity formation. I explore the literature to part fulfil to the 'Discovery phase' of the AI 4D Cycle (Cooperrider et al, 2008). The literature themes focus on the complexities of identities and nursing, the habitus within the HEI and its influences on nurse academics and how nurse academics are viewed through the lens of the CPE. I identify gaps that my research will attempt to address. I provide a reflective account of the literature review process at the end of the Chapter.

## **2.2 Search Strategy**

The approach was to adopt a literature review method, which sought to distinguish what knowledge had been achieved previously to allow for consolidation and identify gaps for further exploration (Grant and Booth, 2009). The starting point for the literature review was illuminating key, overlapping broad search terms of Identity, Nurs\* and academic. Sub theme search terms were also used which included

- Clinical Practice Environment
- Clinical learning Environment
- Professional Identity
- Social Identity
- Nurs\* lecturers
- Link tutor
- Link Lecturer

The data extraction tool illustrated (Appendix 1) shows the parameters of the data in searching the literature. The original search was conducted in 2014 and then the data extraction tool terms were revisited in December 2018. This revealed an additional 21 articles of interest. Although appraisal checklists can be viewed as being helpful in quantitative paradigms it can be argued that they more

difficult to apply in qualitative approaches (Rees et al. 2015) and interpretive aspects of analysis elucidate more interesting findings, accepting that these can be subjective (Green and Thorogood, 2018). However, it was still essential, that all literature appraised broadly fulfilled the following criteria to determine appropriateness (Rees et al, 2015):

- A clear aim for the project
- An appropriate methodology
- A justification for the sampling strategy with response rates (where appropriate)
- Characteristics of the respondents (where appropriate)
- Clarity in the subject findings
- Application of how the research contributes to my research question

During my journey in reading and construction of the thesis, I appraised many other articles of interest on the subject area, which I included in the literature review Summary table (Appendix 2). However, the scope of the literature was not just limited to those articles within the summary table. Papers cited in some of the research papers generated further primary sources, in some instances. In addition, fellow doctoral students who knew my research interests gave some articles to me. Databases are recognised as being effective and efficient (Polit and Beck, 2018) but cannot be taken as the totality of available literature and as Green and Thorogood (2018) suggest, it worthwhile reading widely in qualitative approaches. Therefore, a variety of sources included, professional body guidance from the Nursing and Midwifery Council (NMC) and Royal College of Nursing (RCN) as well as government policy was helpful in understanding the context in which nurse academics practice from a social constructionist perspective (Green and Thorogood, 2018).

Search terms were used individually and collectively to reduce that data accordingly. Boolean operator criteria were omitted in the first three searches of the broad terms; however, the volume of

data precluded synthesis. Therefore Boolean criteria (AND) were applied to link the search terms.

Restrictions were placed on the databases and search engines used as follows:

- (CINHAL plus, and written in English reduced the potential number of visible journals. Main Word in subject heading and 'any author is a nurse'
- MEDLINE with full text English and 'any author is a nurse'
- SCOPUS
- SocINDEX with full text
- Google Scholar

As new terms became perceptible these were added into the data extraction tool and the full text function was utilised on some searches. Other journal articles were sourced by checking through databases electronically and the use of Google Scholar. In some instances, librarian staff were able to source articles that were not in University stock. Dates were not limited during the searches due to the narrow focus of the topic area. Some databases proved more fruitful than others, with CINHAL yielding the greatest number of relevant articles.

### **2.2.1 Inclusion and exclusion criteria**

Research articles, policy or theoretical perspectives were included in the literature review if they met the following criteria:

- Focused predominantly on nurses and midwives within academia, as this links closely to the subject specific area. Literature from medicine and allied health professions were included to gain a perspective and context.
- Written in English to ensure any meaning intended was not misrepresented.

- Represented views from different countries in relation to the identity of nurse academics to build understanding.
- Methodology or approach was explicit to create a balance of perspectives
- Peer reviewed publications
- Response rates and characteristics of respondents were identified to contextualise the research.
- Articles were not excluded by date to include the breadth of available literature

Research articles were excluded if they were only directly related to student nurses, as whilst interesting, this was not relevant to this research. Articles that focused solely on clinical practice or were not related to higher education were also rejected. Some articles were excluded because they did not appear to ethically merit inclusion E.g. Research that was organisationally funded, which potentially cause bias in the findings.

The summary table (Appendix 2) indicates the final studies that were included. Each were individually critiqued. In all, 50 articles were found to be useful in exploring the identities of nurse academics and the relationships to the CPE perspective. These were complemented other sources as previously stated. The Summary table was useful in identifying the approaches used and the main findings to elucidate the gaps worthy of further exposition.

### **2.3 Review of the literature organised by themes**

The literature will be explored in the following order:

- Historical context of nursing identity formation
- The complexity of identity and nursing

- The habitus within the HEI and its influences on nurse academics
- How nurse academics are viewed through the lens of the CPE

### **2.3.1 Historical context of nursing identity formation**

To understand nursing identity it was important to recognise the historical background perspective as identity interacts with elements of gender, culture, politics, philosophy and history (Padilha, 2011).

The nature of identity being intertwined with the contextual environment has been explored in the seminal work of Menzies (1993) which revealed a captivating insight into the identity of nurses. As a historical document capturing the experiences of the anxieties of student nurses and Registered Nurses (RNs) in the 1970s practice, Menzies (1993) identified that although the primary task was that of caring for patients, it was the culture and the social structures that dictated how tasks were achieved. The insight into the rituals that nurses performed, e.g. all patients will be washed in the morning, all beds will be made in the same way and the hierarchy of uniforms which were seen as a symbol of what Menzies referred to as 'inner and behavioural uniformity' (Menzies 1971 p 13) that largely still pervades nursing. These rituals created separateness from the patients and reinforced a ritualistic structure of safety. Anxiety was provoked by the excursion into unknown territory, therefore there was a temptation to 'play it safe' and avoid change wherever possible. It indicated that historical submissiveness has been part of nursing identity.

Through the use of observation and group interviews, Menzies (1993) revealed the culture of the workplace in that tasks carried out by nurses were at a low level compared to their ability and skill. Moreover, decisions were frequently pushed up the hierarchical chain, leaving nurses dependent on their superiors. The parallels with the findings of Menzies (1993) may compare to the experiences of

nurse academics lack of empowerment, as described elsewhere in the literature, as a learnt behaviour for the culture of nursing. This historical context is helpful to the research since it shows the influence that hierarchy and strong culture of organisations such as the NHS affect the identities of the nurses within them.

### **2.3.2 The complexity of identities and nursing**

To explore the research question it appeared important to first explore some theoretical concepts of identity. Giddens (1991) speaks of 'self-identity', which is influenced by the culture of modernity. Modernity can be explained as a continuum, between personal dispositions and the relationship with globalising influences (Giddens, 1991). The critical point for Giddens (1991) is the ability of self-identity to be shaped by external influences, but also the capacity of self, to shape social lives. However, Bourdieu and Wacquant (1992) highlight the primacy of social relations concept in relation to identity. Here, social spaces could be seen as structures of differences between individuals, groups and institutions, while the positions of the agents are based on the distribution and possession of capital (Bourdieu and Wacquant, 1992). The most common forms are economic capital in the form of wealth and cultural capital which can be incorporated into dispositions that influence identity e.g. taste and lifestyle, objectified capital (cultural goods owned by an individual), or institutional such as educational qualifications (Bourdieu and Wacquant, 1992). In nursing this is exemplified in the work of Ayala et al (2014) whose ethnographic study found that the hierarchy within nursing in Chile was a strong indicator of identity, associated with class structures between auxiliary nurses who were dominated by the university educated RNs, replicated from wider society. The cultural aspects are an illustration of how nursing identities can be shaped and reinforced through self, organisations and wider society.

Therefore based on these social constructionist principles, Identity therefore is a dynamic construct, which is continually formed and reformed by extraneous and internal forces (Monrouxe, 2010). Similarly Kemmis (2008) argued that identity must be viewed as fluid and dynamic and continually constructed in a cultural discursive; identity is not a fixed attribute in a person. However, identity encompasses how individuals understand themselves, how they present themselves and how they interpret their experiences and also how they wish to be perceived by others or seen by a broader community (Gee et al, 1996). The dynamic nature of identity is explained by Leiff et al (2012) as being formed through personal views such as the impact of prior experiences and perception of capability, relational contexts as in a sense of belonging and contextual such as the work environment. Leiff et al (2012) espoused that rather than identity being evolving, it was actually fluid and situational. These facets were helpful in exploring the concept of identities and provided a broad useful framework for data gathering to explore the influences of identity on nurse academics through the perspective of AI.

Similarly, theoretical concepts of nurse identity have also been posited through a positivist psychological viewpoint by Johnson et al (2012), which suggested flexible identity was critical for nurses. Their literature review considered the nub of identity, as this was not always clear within nursing, and was combined with constructs of self-concept to explain the theories of the 'self' (Johnson et al 2012). Notions considered by Johnson et al (2012) include self-concept as explained by Marsh and Scalas (2010) of how individuals think and feel about themselves. Furthermore, this extended to notions of confidence, worth, esteem and self-awareness. Clearly, exploration of those personal aspects of nurse academic identities were important to consider in the data collection with participants and gives an indication of the sensitivity required for the data collection. When exploring identities within nursing, differing foci present themselves, which indicate the subtle perspectives in which one may consider it.

### 2.3.3 Professional identity

Some argued that the professional identity of nursing in the UK had been muffled by the strategic stance of the Royal College of Nursing with its dual roles in being a professional body, yet at the same time functioning as a trade union left UK nursing professionally conflated (Degeling et al 2000). Countries, such as Australia, accepted that the unions could tackle employment issues, whilst professional organisations could focus on creating a professional identity, separate from medicine and promoting its stance within policy formation (Degeling et al 2000). This would suggest that internationally, nursing might have solidified professional identity more readily. Furthermore, concepts of identity were documented in Australian research, since 16 articles from the literature review regarding identity emanated from there, indicating it as a topic of interest. However, other Australian studies do not concur with this view (Conway and Elwin 2007, Glass 2005). Contrastingly, professional identity was a component of overall identity augmented by position in society, interpretation of experience and interactions with others (Sutherland et al 2010 cited in Johnson et al 2012 p 563). Weaver et al, (2011) findings concur that medical students professional identity came from professional inclusivity of 'one of us' generated from being on clinical placements and being embraced by medical colleagues.

Professional identity is also a variable factor and not always the most prominent aspect of identity (who we think and feel that we are) due to the variables of prior socialisation, opportunities and socio-economic factors and organisational structures (Callan et al, 2007) that can influence occupational appeal, as mentioned previously. This is further explained in the systematic review of Cardoso et al (2014) who found nurses' professional identity was limited by needing to redefine the professional limits of nursing, a lack of autonomy and more understanding regarding nurses' professional collective identity. Aspects of professional identity viewed as important were collective identity, which derived from a shared purpose, and individual identity that was associated within

individual decision-making (Cardoso et al (2014)). Similar findings were also found in an ethnographic study by Botchatay (2018) whose findings indicated professional identity was affirmed by nurses highlighting meaning in their work, individually and from peer recognition and collective recognition, showing their unique contribution to healthcare. However, in critique of this aspect of the literature by Ayala et al (2014), Cardoso et al (2014), Johnson et al (2012), and qualitative research by McArthur-Rouse (2008) there seemed limited consideration of the gender influences of nurses' identity which may be an indication of a gap within the literature. Indeed the context may also differ when considering the identity of nurse academics, as a more specific group. These nuances were important to consider in constructing the methodological approaches to the research question in order to elicit new meanings.

Education remains critical to the professional identity of nurses because, it is through education that nurses actually become professionals; and yet this presents challenges. For example, qualitative research examining at the early identity of student nurses found; most (45%) strongly identified themselves with practical concepts in terms of nursing (Cook et al 2003). These applied aspects appear to be engendered as a strong strand of identity from early on. This is not to diminish the practical aspects, which are important facets of nursing identity, but to recognise that nursing identity should have breadth as a discipline. On the other hand, there has been an on-going debate on the epistemological stance of nursing. Quantitative research showed that nursing has become more technical and specialised and therefore discourses with positivist overtones have been seen as an accepted way in which nurses advance themselves; as the evidence base is still largely constructed in biomedical clinical terms (Degeling et al 2000, Macleod-Clark 2014). Positivist discourses prevail within the dominant medical perspectives of the NHS and the academy for nursing to adopt, as espoused by Macleod-Clarke (2014).

However, there is evidence that nurse academics transmit culture, encouraging student nurses to follow their own paths and develop their own construction of knowledge (Johnson et al 2012, Padilha 2011). Developing an identity was therefore as important, as the acquisition of knowledge during pre-registration nurse education (Meyer and Land 2003, Ware 2008). If student nurses appear not able to connect with notions academic identity, then it could be give the impression that nurse academic identity is disconnected from nursing. My research adopted interpretivist and holistic perspectives to reflect the epistemological position as this was viewed as aligning itself to AI for a longer-term benefit. Gaining understanding into nurse academic identity, potentially would aid student nurses to anchor themselves to them, in terms of early professional role models and moreover, the future for nurse academics.

In the Netherlands, where nursing is viewed a predominantly practical job, nursing culture emphasises direct patient care and is seen as a misfit with academia (van Oostveen et al 2017). Equally, quantitative research by Degeling et al (2000) found having a degree increases self-confidence, indicating that academia has the potential to increase nurses' autonomy and therefore strengthen their professional identity. More recently, Booth (2016) comments that nursing practice is diverse and cites that in the United States, the National League for Nurses categorises nurse academics in advanced practice roles recognising a level of expertise, which may facilitate their identity. These global perspectives indicate the lack of international consistency, which potentially thwarts nursing identities.

#### **2.3.4 Academic identity**

Academic identity theory is discussed by McNamara (2008) who speaks of the dichotomy that nurse academics face exploring the 'discursive backcloth of opposition which constructs nursing work'

(McNamara 2008 p458). The poetic and emotive way in which McNamara explores nursing identity is assisted by the framework of Bernstein (who explored Jewish identity) McNamara 2008 p 459). McNamara's work describes four discursive threads: that nursing work is profane and undeserving of a sacred place in the academy; nursing work is sacred but its essence has long been corroded by attempts to intellectualise it; a profane undertaking that gives status to the individual nurse but nothing to patient care; or, that nursing work lacks the sacred dimension in the sense of a treasury of revered knowledge. Drawing from media commentary in the UK and Ireland as well as research articles, McNamara's (2008) review of the literature under these themes, revealed the complexities of academic identity in relation to the identity of nurse academics. It suggests that they are 'mythological mariners caught between nursing fundamentalists and disciplinary eclectics, trying to navigate a route between these twin terrors' (McNamara 2008 p 462). He advocated that a discourse of legitimation that can carve a path between the extremes of nursing identity would enable the nurse academics to identify themselves (McNamara 2008, 2009). How this was to be achieved was not suggested and identified as both a limitation and a gap worthy of further exploration. However, the structure in which McNamara (2008, 2009, and 2010) explored and illuminated the complexities of nurse academic identity provided a helpful framework for further exploration in considering the research question, because of the distinctiveness of the discourses he found through the literature.

The model of transformation from nurse to nurse academic by Duffy (2013) used in-depth interviews, offers a different view. She proposed a framework through which nurses become academics and suggests three core identities 'nurse' 'academic' and 'hybrid' using grounded theory. Participants who adopted a hybrid or academic identity reported greater assimilation with academic identity than those who hold onto a purely nursing identity. Those nurse academics who felt stronger connections with the culture of academia were found to be more comfortable with their role and further demonstrates the multi-faceted nature of academic identity (Duffy 2013) which was similarly found by

McArthur-Rouse (2008). Qualitative research by Ross et al (2013) suggested experienced nurse academics (Deans in Higher Education) also expressed that they had dual identities related to the influence of practice and the HEI advocating that established academics retain a degree of nursing identity through their careers.

### **2.3.5 Gender influences on academic identity**

Historically, Etzioni (1969) describes nursing as one of the 'semi-professions'. Etzioni perceived nursing as having a knowledge base that was unhelpful and neglecting the primary role of the nurse in patient care; a theme echoed in the discourse analysis by McNamara (2008, 2009, and 2010). Although, Etzioni's work was conducted some 50 years ago it is still a view that pervades nursing, as well as society at large through the media gender stereotype of nursing (Gillett 2012). This may suggest that little has changed in the role of women in work and nursing in particular. Nursing is dominated by females and Etzioni considered that gender was the defining feature of the 'semi-profession'. Meerabeau's (2005) literature review compares nursing to other female dominated professions such as social work and teaching, commenting that nursing is often defined (in Cartesian terms) by what it is not: medicine, the dominant discourse. Moreover, Meerabeau (1995) described nurse academics as one of 'the muted groups within higher education'. Work by Cohen (1981) argued that the submissiveness of nursing has restricted the ability of nursing to align itself to the requirements of a professional occupation, perhaps reflecting the position of women in professional environments. From a social constructionist perspective, politically as well as historically, it was important to understand that the health professions of today are also a product of past struggles of occupational groups facilitated or constrained by gender (Witz, 1992) and I was interested to explore if nurse academics viewed this in the same way in terms of understanding their identities.

The context of gender from the literature was focal when exploring nurse academic identity. The question of gender to the identity of nurse academics is not a new one, in some senses. As Hoffman (1991) argued that nursing has been characterised by external and internal struggles to identify itself and make an impact in the health care arena. Ironically perhaps, despite nursing being a female dominated profession, it has had an awkward relationship with the feminist gaze. This is perhaps reflected in the paucity of papers that were found in relation to gender and academic identity. However, perhaps not so surprising, since research by Zucker and Bey-Cheng (2010) hypothesises that although feminist attitudes buffer against the effects of sexism; ideologically those who hold feminist attitudes do not necessarily identify themselves as feminists. In terms of my research, it was helpful to understand if gendered perspectives on identity resonated with nurse academics.

The feminist work of Glass (2005) focused on the characteristics of nurse academics. In her ethnographic study, Glass (2005) highlighted the dichotomy of research versus education and the lack of value that is placed on nursing research, through Research Excellence Frameworks. Glass (2005) argued for more recognition of the nurse academic discipline to validate nursing within the academy as an equal player and drew her data from nurse academics in four different countries. The emic perspective obtained by Glass (2005) revealed the workplace pressures and health issues between self-integration and wellbeing. This highlights the challenges of the performativity within the academy with the many competing demands that nurse academics experience. Glass (2005) research also found that the closer the relationship feeling 'personally complete' the more likely one is to feel 'professionally complete' which aligns itself to established emotional intelligence theory (Golman et al 1999). The counterculture of university meant that nurse academics were treated like 'foreign bodies' in both their disciplinary approaches and their research activities (Glass, 2005). Although in the research of Glass (2005) the data was gathered internationally, the perspectives may be confused or diluted by this particular sampling strategy due to differing ways in which nurse

academic perform their roles. There was also an assumption that as all participants were female, the gendered views of male nurse academics was seen as a gap in the literature from this particular perspective. The work of Clegg (2008) explored academic identities more broadly among university academics and found that university appeared to be a gendered space for both men and women although academic identities were described as 'distinctive' and 'strongly framed'. A potential limitation of Clegg's (2008) work is it did not classify the academic backgrounds of the participants and so its transferability to nursing is unclear and warrants exposition.

An aspect of gender in nurse academics that emerges from the literature is in terms of the 'Mothering' aspect of clinical teachers in supporting students, which is explicated by McKenna and Wellard (2009). There was an important distinction here as typically in the Australian HEI system clinical teaching is not usually undertaken directly by nurse academics but by clinical staff who are employed via agency or on a casual basis and the more traditional mentoring model of RNs supervising student nurses' in practice (McKenna and Wellard, 2009). Nevertheless, the comparison with nurse academic contributions to the CPE was similar to that in the UK. The findings indicated a positive aspect of supporting, motivating, guiding and disciplining, similar to that of a Mother to a child (McKenna and Wellard, 2009). Whilst this may raise eyebrows, in terms of gender stereotyping the participants themselves saw it as positive, perhaps confirming the gendered nature of nursing and education. McKenna and Wellard (2009) highlight that the findings may lead to tensions in terms of adult learning and also objective in critical feedback that may hamper the profession. This aspect of nurse academics contribution to the CPE was felt worthy of further exploration within my own research.

When considering gendered perspectives of nurse academic identity it was important to consider the view of male nurse academics within the literature. A large-scale survey by Fisher (2011) in

Australia found that comparisons between female nurses, male nurses and male engineers found that male nurses preferred not to conceptualise nursing identity around the culturally constructed gender ideology but for it to become more androgynous (Fisher 2011). Nevertheless, it was important to acknowledge, that since being a nurse academic is largely experienced by women (Meerabeau 2005, Woods et al 2016) it would suggest that the relationship between gender and nurse academic identity was worthy of further exploration. Moreover, the feminist perspective position paper, posited by Sabus (2010) found that academic institutions claimed to be gender-neutral and were also accepted as such, a perspective reflected in the work of others (Clegg, 2008, Eveline 2004, Lester 2008 and Madden 2004). Sabus (2010) research raised the plight of repressed physiotherapist academics in a similar way to the nurse academic experience; in that experientially she found that many Directors of physiotherapy found aspects of their work academically devalued and the paternalistic metric that determines faculty promotion (specialist research, management and administration) limited the opportunity for influence and development (Sabus,2010). This was attributed to teaching being 'feminised' by society (Sabus, 2010). This feminist gaze challenged the prevailing academic, encouraging academics to restate the importance of the creative, skilled and academic nature of the role (Sabus, 2010). Therefore, there was a prevailing question about how nurse academics identify themselves within the HEI, as a gap that was not dominant within this discourse. In terms of a gap, this aspect of the literature did not illuminate how a positive workplace culture could be adopted for nurse academics, working in HEIs and contributing to the CPE, which I felt warranted further examination.

### **2.3.6 The habitus within the HEI and its influences on nurse academic identity**

Although nursing has been within the academy for nearly 30 years, it can be argued that the discipline lacks academic maturity in comparison to other health disciplines such as medicine and pharmacy. Nursing's autonomy from government has not been established since the purchasing

forces for nurse education remained until recently largely the control of the NHS, (through Health Education England) and the drivers of local practice providers. This was further complicated by the recent introduction of apprenticeships within the nursing workforce, which placed funding control with the employer via the apprenticeship levy from central government, as a buffer to the abolition of the student nurse bursary. There have been concerns that the education of degree level nurses would be compromised through this route (Rosser, 2017) due to the dominance of employer needs vis a vis the immersive educational needs of student nurses. The political hegemony of nursing in higher education was summarised by the CoDH (House of Commons Education Committee 2018 p 5) whose frustrations with nursing in the HEI are documented 'we are sitting between higher education regulation and healthcare regulation'. The status of nursing with the HEI reflects the market and it can be argued, compromises the ability of the academic voice of nursing to be heard (McNamara 2010, Meerabeau, 2005). Therefore, exploration regarding nurse academics perspectives of how the HEI influences their identity and supports their contributions to the CPE was of interest.

There is further political rhetoric within the HEI sector which has seen universities become more corporate in outlook moving from a focus on scholarship to a competitive business environment in what Rolfe (2012) refers to as the 'McVersity' (Rolfe, 2012 p733). Ross et al (2013) asserts that the position of nursing in HEIs is contested and threatened academic identity. Rolfe (2012) argues that this has led to nurse academics feeling more confused about their identity and their separation from nursing education to nursing practice is unhelpful to the discipline and needs resisting. However, it does not suggest how this position can be reconciled. Rolfe (2012) argued that universities have not accommodated the epistemological and ontological requirements of nursing since it moved into the academy. In some senses there has been a 'rub' as there has been a failure of universities to respond to the needs of practice placed disciplines (Rolfe, 2012) Furthermore he asserts that the marketisation of the HEI sector no longer reflects 'the values and purpose of nurse education and

scholarship' (Rolfe, 2012 p 736). Nurse academics face the challenges of being visible in the CPE whilst at the same time balancing the challenges of an educational, research and clinical career (van Oosteveen et al, 2017) which is not helpful. This suggested that Directors in nurse education needed to further understand how this dichotomy could be reconciled if nurse academics are to be productive contributors to the HEI sector.

Conversely, Beck and Young (2005) proposed that Bernstein's (1971) traditional views of identity concepts of being an scholar and a professional concern themselves with purism in subject, subject loyalty since it is the subject that becomes the lynchpin of identity Berstein (1971), in Beck and Young (2005 p185) and 'inwardness and inner dedication' (Beck and Young, 2005 p185). They argue professions and their knowledge base are characterised by collective collegiate autonomy over their professional training, have set boundaries which manifests as a curriculum taught within a professional school within a HEI, subject to a code of ethics for which individuals are accountable to the profession and; that the professional training is more than imparting specialist knowledge but is about socialisation into the values of the profession (Beck and Young, 2005). Whilst much of this would appear to resonate with nurse academics one cannot help but postulate the wider cultural influences on nursing would suggest to accept it wholly would be completely naïve. As a rebuff to the status quo within the academy, theoretical frameworks for scholarship, as proposed by Boyer (1996) have been more accepted to 'unseat the traditional academic structure' (Sabus, 2010 p46). Boyer (1996) focused on broadening concepts of scholarship. Scholarship of application embraces the notion of knowledge as an institutional or social change agent (Boyer 1996) and that scholarship should be applied as it creates new perspectives. Such theories are helpful in understanding nursing's contribution within the academy. Certainly, exposition of how nurse academics saw themselves in comparison to other disciplines within the HEI was of significance.

Studies using discourse analysis by Gillett (2012, 2014), found nurse academic identity has been further compounded by the assumption from the media that nurses are becoming 'too academic' despite other allied health care professionals moving into higher education, whilst avoiding negative media attention (Gillett 2012). Conversely, the less publicised aspect of the Willis report (2012) suggested that there was no evidence that degree educated student nurses were less caring or that there were shortcomings in nurse education. Nevertheless, nostalgic stereotyping prevailed as the discourse that defines nursing, ignoring the level of knowledge required to practice safely and effectively (Gillett 2012, 2014). Nurses who practice within the academy were therefore perceived as an anathema to the public, the media and this view often unfortunately chimes with nurses themselves also (Gillett, 2014). Moreover, Gillespie and McFetridge (2006) found a level of professional jealousy and anti-academic culture prevalent in the nursing profession itself. The passivity of nursing meant the academic nursing voice seemed not to be heard outside of its domain. The need to create a strong and coherent public image was deemed essential for nurses to embrace their identity within and outside of the academy (Gillett 2012, Willis Commission, 2012) and respond to the criticism that had been levied at the profession. Johnson et al (2012) argued that professional identity has changed the perceptions of nursing in the past few decades by the initiation of degree pathways and embedding nurse education within the HEI setting. Therefore to elucidate, if nurse academic identity and the contribution to the CPE may differ because of this shift, it was worthy of some interrogation through the research undertaken. To contextualise the view of nurse academic identity in the context of the cultural climate through AI was therefore regarded as an empowering approach to the research question.

Looking towards the experience of other academic healthcare professionals, focus groups conducted by Kumar et al (2011) found that medical academics found that teaching was perceived as being low status, due to reduced opportunity for career progression compared to those medics taking a clinical

career route, which embodied research. On a slightly different note, McNamara (2010) suggested that nurse academics had weak boundaries and were too influenced by the research agendas of others.

From a positivist perspective Phoenix-Bittner and O'Connor's (2010) survey of nurse academics found there was overall job satisfaction with nurse academics primary role. However, work environment and workload were consistent factors affecting job satisfaction and suggests that there needs to be an organisational commitment to address workload issues and fostering of personal growth. Participants (71%) felt that their workload was higher than non-nurses within their institutions, reinforcing the differing cultural perspectives within the academy. Unfortunately, the quantitative design precluded deeper understanding of the culture and identity of the nurse academics' experience. Similar work undertaken by Baker et al (2011) using a correlational survey design found 91% of nurse educators thought that they would work in a nurse faculty again, but only 41% of respondents believed that they had significant impact upon control or influence within their faculty. Seventy-three percent of nurse academics had large numbers of student nurses enrolled on programmes at any one time and least empowerment satisfaction was related to a lack in resources such as administration and staffing levels (Baker et al, 2011). Whilst there is ambiguity in the results (suggesting poor question design) and the superficial nature of findings, it does concur with the comments of established research investigating conflicting roles of nurse academics. It also indicated that the habitus of the HEI could restrict the development of nurse academics atmosphere of academic freedom, career advancement and work-life balance and potentially inhibit the development of their identities.

Furthermore, difficulties experienced for nurse academics have been cited as; lack of value by HEIs, who favoured traditional academic activities over clinical practice activities (Owen et al 2005).

Several qualitative studies (Bentley and Pegram 2003, Findlow 2012, Griscti et al 2004, Williams and Taylor 2008) found lack of time, demanding workload and diversity of academic role, left little time to engage with clinical practice. Adams (2011) literature review argues that combining nurse roles with that of nurse teacher led to a lack of concrete identity. Whilst there are limitations to the literature review since the search term 'nurse academic' is not used, it does highlight the competing demands over function and identity. This indicated the cultural challenges that nurse academics experience whilst trying to meet multiple demands and was worthy of further debate in the context academic identity from an AI perspective.

In a similar way, Findlow (2012) also found new nurse academics struggled with their identity and this is supported in the literature by other health disciplines such as paramedicine who speak of a 'no man's land' of identity (Munro and Mathisen, 2018). Findlow's research (2012) used grounded theory and ethnographic approaches, discovering nurse academics perceived that they lacked academic authority, associated with other disciplines. Participants wanted academic status and respect on account of their professional expertise and the vestiges of a traditional nursing role were often stronger than what they felt to be obscure academic identities (Findlow, 2012). Although universities are 'academic' by definition, the participants felt excluded from parts of the academic business; and the logistical separation of their jurisdictional space, detracted from their ability to be worthy at the academic table (Findlow, 2012). This however may be attributed to the transition that, as new nurse academics, they are making into the academy, which can be an identity confusion (McArthur-Rouse 2008). Furthermore, the process of making an identity shift to becoming a nurse academic has been established as between one to three years (Murray et al 2014). McDirmid et al (2016 and 2018) utilised semi-structured interviews among 14 new nurse academics and found that they have a 'liminal state', whereby their identity appeared uncertain, without the vestiges of clinical structures and safety (Menzies, 1993). Conversely, it may also be indicative of the centrality clinical practice to

identity (McNamara, 2010) and one might question that it is not surprising that nurse academic identity appears vague if the relationship to the CPE is remote and the tacit culture of the academy is unfamiliar. Since the evidence suggested that time in academia was key in identity formation, the profile of the participants in the research was a central consideration in the sampling strategy.

McDermid et al (2016) and Vahasantanen et al (2017) suggested that resilience strategies could be created through supportive relationships, embracing positivity and reflection to assist academics to make the transition to the academy. It appeared that drawing on some of the skills were helpful in helping new nurse academics to cultivate their identity. McDermid et al (2016) postulated that participants' involvement in their research may have been a cathartic strategy in itself for building resilience. Whilst Wyllie et al (2016) systematic review emphasised the personal responsibility that nurse academics demand to be career resilient and take responsibility for their own career management. These findings require HEIs to take an engaging and active role to cement identity (Vahasantanen et al 2017). The need for HEIs and collegiality from the nurse academic discipline was highlighted as desirable in creating leaders to support research into practice, which enhances healthcare (CoDH 2018, Murray et al, 2014 and Ross et al 2013, van Oostveen et al 2017).

Considering the enabling strategies for nurse academics contribution in more depth, with participants was helpful to explore within my own research in creating new knowledge and would assist in the AI process of 'designing, co-constructing what should be' (Cooperrider et al 2008) in terms of recommendations for practice.

To summarise, nurses have been placed within the academy and seem to want to develop a distinctive nurse academic voice. They are however thwarted by heavy workload, sometimes logistical displacement and the traditions of the academy. Wider gender, cultural and societal influences appeared to conspire against meaningful development of academic identity. Furthermore,

there was detachment from clinical practice, which alienates nurse academics and prohibits identity formation (Andrew and Robb, 2011). Therefore, the myriad of cultural discourses in which nurse academics find themselves appear to influence how their identities could be eroded or cultivated.

### **2.3.7 How nurse academics are viewed through lens of the CPE**

Nurse education has been housed within the academy for nearly 30 years, and yet the literature of the nurse academics had often been constructed in negative terms of their failings to engage in the traditional role of 'hands on' clinical practice and supporting students through concept analyses (Barratt 2007, Bentley and Pegram 2003, Cave 2005, Gillespie and McFetridge 2006 Paskiwicz 2003, Shuttleworth et al 2008) and qualitative research (Fisher 2005). Little had focused on what nurse academics could offer to the CPE through their academic expertise, which is identified as a gap in the literature.

Part of the challenges with the identity of nurse academics appeared to be the CPE; it was beneficial to explore its ostensibly uncomfortable relationship with it. The literature revealed there has been much remonstrance about the role of nurse academics in relation to their clinical practice (Barratt 2007, Bentley and Pegram 2003, Cave 2005, Fisher 2005, Gillespie and McFetridge 2006, Paskiwicz 2003, Shuttleworth et al 2008) in terms of position papers, but there was paucity in actual research looking at their identity. An auto-ethnographic study by McKinley et al (2017) found that nurses working in a New Zealand medical school sought to maintain their nursing identity, but felt the nursing profession often did not recognise them as nurses as they were not deemed clinically focussed. They also found that opportunities to pursue research interests were more abundant, presumably due to the dominance of being in a medical school environment. The reflexivity of the approach taken within McKinley et al (2017) research facilitated this new perspective. Following on

from this, it seemed important to gain the perspective of nurses in practice regarding the identity of nurse academics, within my own research.

The policy drivers of the Nursing and Midwifery Council (NMC) Standards to support learning in Practice (NMC, 2008) underpinned the ideas to assist nurse academics in meaningful engagement in practice. The NMC (2008) acknowledged that there were many interpretations on how it can be achieved based on personal and professional needs, which was cited in the literature (Barrett 2007, Humphreys et al 2000, Maslin-Prothero and Owen et al 2005, Shuttleworth et al 2008). The new standards for student supervision and assessment (NMC, 2018) appeared to 'side-step' the notion of the meaningful contribution of the nurse academic within the CPE, to focus more specifically on the academic assessors' role in student assessment of practice (NMC, 2018 part 2 section 9) stating; 'academic assessors maintain current knowledge and expertise relevant for the proficiencies and programme outcomes they are assessing and confirming' (NMC, 2018 p10).

The lack of clarity on what nurse academics could or should be doing in their interface with the CPE could be argued as the operationalisation of their identity crisis. Nurses are not alone in this dilemma; since findings from a longitudinal case study by Leiff et al (2012) found participants such as physicians, pharmacists and speech and language therapists, also struggled to balance their academic identity with their clinical identity once placed within the academic setting. Conversely, Andrew (2012) makes the case for academic identity being shaped by communities of reference e.g. Good practice guidelines, professional statutory regulatory body requirements, evidence based practice guidelines, suggesting that professional identity is being achieved.

As previously stated, there has been evidence of a lack of meaningful data looking at the subjective experience of academics clinical experience (Fisher, 2004). Research by Shuttleworth et al (2008) and Hartigan et al (2009) using a mixed methods approach, attempted to address this but only focused on the role of the practice teacher, rather than the traditional nurse academics' role. Although student nurses and RNs comment that lecturer, practitioner/practice teacher roles enhance learning between theory and practice, the study does not comment on how knowledge was enhanced, in terms of having nurse academic roles in practice. Contractually, the lecturer practitioners were separately employed by hospital and university and expected to deliver hands on care, when in the CPE (Hartigan et al 2009). This suggested the performativity of the roles was completely separate. Conversely, Conway and Elwin (2007) using action research found that clinical nurse educators were poorly understood by other staff and that the inter-professional boundary between various education roles had led to a blurring of identity. Moreover, Fisher (2005) found some lecturers thought the only way to remain a credible nurse was by directly working in the CPE. This view was reinforced in research by Meskell et al (2009) whose mixed methods approach revealed that whilst nurse academics perceived that their role was to support students in the CPE (a view also found in semi-structured interviews conducted by Owen et al 2005); clinicians and policy makers believed nurse academics should have a clinical role and were concerned with how the nurse academic role was currently being operated. On the other hand, Goorapah's research (1997 p301) questioned 'if the clinical competence of all nurse teachers was a sensible expectation'. The literature suggested the identity of the nurse academic and a meaningful contribution to the CPE was poorly understood and strengthened the argument for nurse academics articulating how their academic expertise could contribute to the CPE.

However, Fisher's (2005) ethnographic study, also showed how newly appointed nurse academics demonstrated a spectrum of views on how a legitimate role in practice could be realised through

'hands on care', being visible in the clinical area and role development. Whilst the study did not state if the group of nurse academics represented all fields of nursing, the discussion seemed to focus on those with adult nursing experience who appeared more apprehensive. The relationship with clinical practice seemed less problematic in mental health and learning disability nursing because it is less technically orientated and perhaps easier for nurse academics to connect with it (Meskell et al 2009). Indeed, Velde et al (2009) found that academic allied health professions did not give up their identities as health professionals but integrated it with their identities as teachers. This may have indicated that nurse academics with differing professional backgrounds contextualise their identified selves and connections with the CPE differently, which I felt warranted further research.

The literature cautions that if nurse academics do not engage in clinical practice, then this will increase the theory-practice gap (Cave 2005 and McNamara 2010). Clearly, one view is that it is not possible for nurse academics to relate to the CPE if they are not involved; this has been a widely held concern amongst nurse academics in the literature for some time (Andrew 2012, Andrew et al 2009, Andrew and Robb 2011, Bentley and Pegram 2003, Humphreys et al 2000, Murray and Thomas 1998, Williams and Taylor 2008). Joint university-healthcare provider roles were a key recommendation of the Willis report (2012) which also supported the notion that academic identity was created through that connection with clinical practice. Andrew and Robb (2011) in particular proposed a model of working that facilitates 'close to practice' model for those making the transition to HEI based on action research through a weblog and clinical practitioners considering an academic career. Whilst this focused on the transition phase to becoming an academic it did offer potential to be conceptualised in a broader sense and was worthy of further exploration with the participants in this research.

The Australian and US experience offers some positive models for how the intersection for nurse academics and the CPE could be achieved. A mixed methods study by Mulready-Shick and Flanagan (2014) focused on the work of a Dedicated Education Unit (DEU) that provided clinical instruction with faculty support. The DEU was sustained by building strong relationships with practice by cultivating and partnerships to place more emphasis on the educational role of the RN through the support of the clinical faculty co-ordinators who are expert teachers (Mulready-Shick and Flanagan, 2014). Nishioka et al (2014) concurs the DEU model appeared to provided student nurses with superior clinical education experiences as it made maximum use of the RN an the teaching expertise of the faculty. This offered possible evidence of a more structured role for the nurse academic in practice and was useful when posing research questions with nurse academics and nurses in practice.

It appeared the important intersection between nurse academics and the CPE, required further exploration and if nurse academic identity could be exploited in clinical practice, it was posited that nurse academic identity could be strengthened. In relationship to the research question, the literature has revealed that pinpointing meaningful engagement with clinical practice seems integral to the sense of identity for nurse academics. Much has been written about the benefits and limitations of nurse academics giving 'hands on care' or supporting roles in liaison with students or practice supervisors or assessors. However, this is not thus far assisted nurse academics is creating a meaningful identity. It may be that they could identify themselves more clearly by offering their academic role to the CPE.

To summarise, the literature review indicated nurse academic identities are complex, fluid and situational (Duffy 2013, Johnson et al 2012, Leiff et al 2012, Willetts and Clarke 2014). Their formations have been historically influenced by a culture of subservience learnt from practice

(Menzies 1993, Padilha 2011). The literature suggested nurse academic identities appear to be shaped by the habitus within the HEI and societal and political influences on nurse academics (Findlow 2012, Gillett 2012 and 2014, Meerabeau 2005, McNamara 2008, 2009, 2010). The socially constructed nature of nurse academic identities is therefore revealing. Moreover, the literature review indicated, nurse academics have appeared lacking in confidence in their own identity due to factors that relate to complexity of the lens of clinical practice (Adams 2011, Andrew et al 2009, Andrew and Robb 2011, Andrew 2012, Barratt 2007, Bentley and Pegram 2003, Cave 2005, Fisher 2005, Gillespie and McFetridge 2006 Paskiwicz 2003, Shuttleworth et al 2008). The latter was of particular interest since the literature indicated the challenges that nurse academics have previously experienced in engaging with practice. Researching how nurse academics viewed their identity and contribution to the CPE within an AI framework presented a gap in knowledge and an opportunity to make recommendations for practice.

## **2.4 Reflection on chapter**

A literature review was originally completed as part of the taught modules for the Doctorate. I found that as my research question and epistemic position distilled, the content of the literature review needed refining during the thesis development, as some elements were no longer relevant and it was also imperative to discover any contemporary literature that could inform the research. I found the process of using the data extract tool and the literature summary table very helpful in identifying gaps in the literature. As I reviewed my findings, I conducted a further review of the literature to check for contemporary resources and build on my literature sources. Data extraction experience was enhanced through the thesis process and in particular, when I conducted the formal search description a second time towards the end of my research. The revisit of the data extraction tool again in 2018 was helpful in generating 21 further articles to add to the body of literature. On both occasions I undertook a tutorial from the subject librarian so that I could familiarise myself with new

techniques. For example, it was recommended to use wider searches of databases such as SCOPUS, which had a broader selection of peer-reviewed literature. On reflection, although I used the truncation symbol for nurs\*, I could have saved myself some time by applying the truncation symbol to the word academ\* to expand the search for all forms of a root (Polit and Beck, 2018). Generally, I reflected that I had become more confident in searching the data and attributed this to the fact that I had been consistently motivated with searching the literature, following on from my original search throughout my writing time and collating my doctoral thesis portfolio. Gathering literature not only adds to one's knowledge but also assists in seeing how others have addressed the research process and prompts us to consider connections between our own research and that of others (Green and Thorogood, 2018).

Distinguishing features of a literature review are that it goes further than simply describing, and including analysis and critique (Grant and Booth, 2009). The approach to the literature sat well epistemically as it offered a broad base of research findings, review articles and policy, commensurate with the topic area. However, adopting this method, it was not without its limitations. Literature reviews are not explicit in maximising the scope and it could be argued that more formal systematic literature review techniques could have been advantageous (Gerrish and Lathlean, 2015). However, there is little consensus as to which methods should be used for appraising and synthesising literature in that it may 'privilege' some research (Gerrish and Lathlean, 2015).

The literature had been scrutinised to contextualise the research question and adopted the broad literature review approach as espoused by Grant and Booth, 2009). The decision to use this approach was significant, as theoretical concepts and social constructionist epistemology were central to the research process, as was the current research evidence base. The sampling frame of the literature review embraced a quantitative and qualitative data as well as theoretical literature and

policy (Grant and Booth, 2009). This included a breadth of data sources to facilitate a holistic understanding of the research interest and I felt aligned itself ideologically to the epistemology of nursing. Reading broadly and imaginatively among the literature (Glasper and Rees, 2017, Green and Thorogood 2018) helped to set the context of the backdrop in which literature and research was being produced and was particularly relevant to nursing in terms of the strong influences of government policy and professional regulation. Moreover, some of the literature was established such as Menzies (1971) and reading outside of subject discipline. In particular, looking at literature from other health disciplines and internationally was extremely useful. I thought this approach sat well with the constructionist principle of AI (Cooperrider et al, 2008) and helped me to take a more balanced approach to the literature and developing the aims and objectives for my research.

The literature review also helped me refine the topic area as a result of appraising it (Cronin et al 2008 p38, Grant and Booth, 2009, Morse and Field 2002) and to understand the body of evidence around nurse academic identities, the cultural influences of the academy on nurse academics and nurse academics relationships to the CPE. Moreover, it assisted me in identifying what was not known, areas of controversy and formulating further questions that need answering, accepting that the process was dynamic and there are always new understandings (Green and Thorogood 2018, Taylor and Procter 2013).

Reflecting on the process of reading and developing the literature review, I became much more cognisant of the epistemic position of social constructionism, which had appeared more abstract in the early stage of my thesis. Reading developed my writing style and ability to critique the literature, when reviewing the original chapter and research articles. Green and Thorogood (2018) remind us that reading of texts have multiple interpretations that can change over time and so engagement with literature is always an evolving process.

## 2.5 Chapter summary

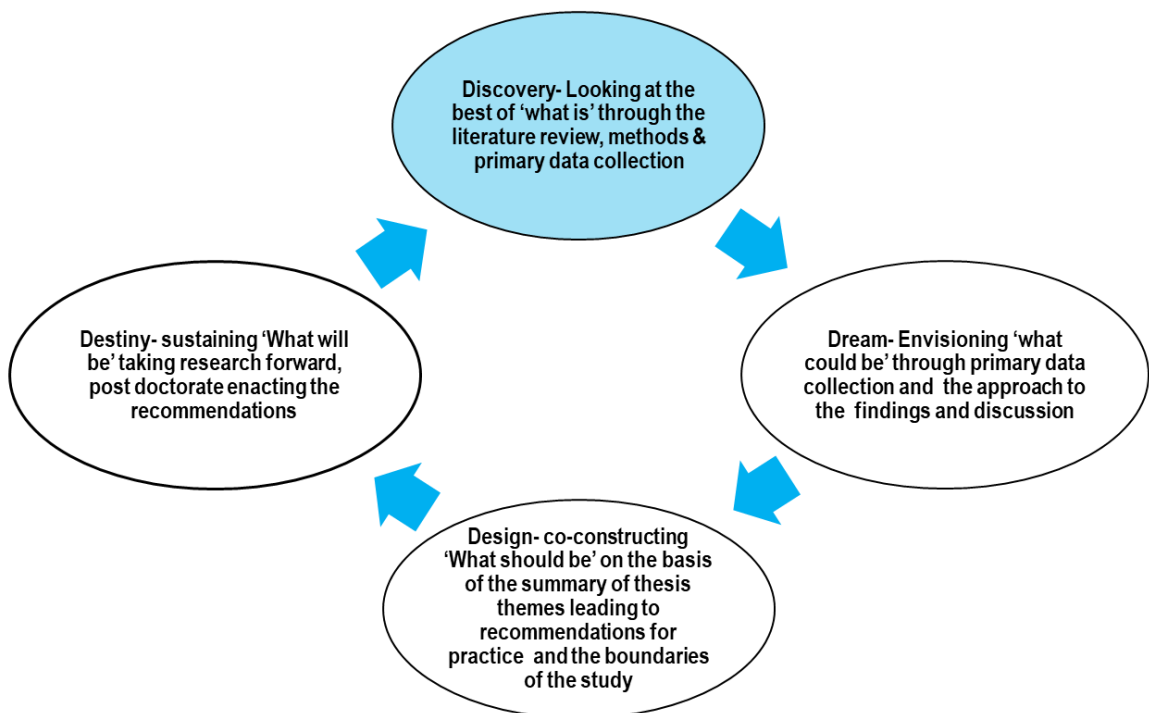
In Chapter Two I set out the search strategy, presented a historical context of nursing identity formation. I utilised the 'Discovery phase' of the AI 4D Cycle (Cooperrider et al, 2008) to explore the literature and identify new understandings that my research attempted to address. The main themes included the historical context of nursing identity formation, complexity of identity and nursing, the habitus within the HEI and its influences on nurse academics and the how nurse academics are viewed through the lens of the CPE. The main area of 'Discovery' through these themes was the need to explore further, how nurse academics viewed their identity and contribution to the clinical practice environment from an AI perspective, to make recommendations for practice. AI had not been used as a theoretical framework elsewhere in the literature in this area of research. A reflective account of the literature review process at the end of the chapter explored a justification for the literature review approach, my learning from undertaking it and my relationship to the research.

## Discovery phase

### 3.0 Chapter Three: Methodology

Chapter Three continues on the AI Discovery phase - Looking at the best of 'what is' through the approach to the data collection, as seen in figure 3 below.

Figure 3: Illustration of discovery stage of AI cycle applied to methodology



### 3.1 Introduction

The previous chapter provided a critical review of the literature and context that was used to identify new understandings in knowledge as a basis for justifying the research. Chapter Three continues the 'Discovery journey of the 4 D cycle (Cooperrider et al, 2008) and will explore the choice of methodology and qualitative approaches. The rationale for choosing AI as the methodological approach will be justified. Following on from this, the methods used for data collection will be

explored. The approach to data analysis is discussed within the context of this research design. Furthermore, ethical considerations will be explained and how trustworthiness was attained. The chapter will conclude with a reflective summary.

### **3.2 Aims and objectives of the study**

The aim of the study was to develop practice guidance through exploring the identities of nurse academics and their contributions to the CPE.

To achieve the aim the following objectives were identified:

1. To explore the nursing identities of a group of nurse academics who were engaged in a re-formed academic clinical practice team, from the perspectives of nurse academics and nurses in practice.
2. To explore how nurse academics perceived their contributions to the CPE, from an emancipatory perspective.
3. To understand how nurses in practice perceived the contributions of nurse academics, to the CPE.
4. To elicit any blocking or enabling factors that were likely to impact on nurse academics contributions to the CPE.

AI methodology (Cooperider et al, 2008) was utilised with the intention of making recommendations to develop practice, through understanding the identities of nurse academics and the contributions that they can make to the CPE.

### 3.3 Theoretical Framework

#### 3.3.1 Appreciative Inquiry

For the purposes of this research, it was decided to use AI methodology to further understand nurse academic identities and the contribution that nurse academics could make to the clinical practice environment. AI can be defined as ‘A philosophy that incorporates an approach, a process (4-D cycle of discovery, dream, design and destiny) for engaging people at all levels to produce effective positive change (Cooperrider et al 2008 p. Figure 2 (below) illustrates the AI process (Cooperrider et al, 2008). It is based on the assumption ‘every organisation has something that works right, and begins by identifying what is positive and connecting it in ways that heighten energy, vision and action for change’. (Cooperrider et al 2008 pxv). The values of AI focus on empowerment and assumes that participants will respond positively to their inclusion in the process that makes recommendations for practice (Clossey et al 2011).

Figure 4: Illustration of the AI process (Cooperrider et al, 2008)



Sankarasubramanian and Joshi (2013) comment that AI is to inquire appreciatively on ‘what is’ and ‘what is emerging’ rather than dominant positivist paradigms that have prevailed through medical

discourses (Weaver and Olson 2006). Sitting within the paradigm of critical theory, research findings are considered to be value relative, with an emphasis on emancipation (Weaver and Olson, 2006). AI is based on the theory of social constructionism, which emphasises that the perception of reality based on one's beliefs are co-constructed by the people who participate in the stories that are told. This constructionist worldview emphasises that organisations and social structures are products of interaction (Cooperrider et al, 2008). They argue that we make choices on what gives energy or is working; and amplify this to create new stories.

In choosing AI methodology, it was also important to understand its shortcomings. For example, Fineman (2006) argues that favouring positive narratives fails to acknowledge changes that take place due to negative experiences. Critics are cautious about the 4D model, which encourages what they see as unconditional positive questions, and that seeking out predominantly positive views can alienate participants from expressing their experiences (Barge and Oliver 2003, Bushe 2012). However, it is important to recognise that seeking out the positive from some experiences that may appear negative may have been an empowering experience for the participants (Bushe, 2012). Furthermore, it is important to recognise that AI moves the researcher away from identifying and framing a problem, as part of the traditional research process and encourages an affirmative topic choice (Trajkovski et al 2012). Therefore, crafting a research question that was positioned within the AI theoretical framework was of significance from an epistemic perspective.

First, having developed a social constructionist position there was empathy with the challenges that nurse academics face from an emic perspective, as previously discussed in the literature review. Second, as a senior nurse academic myself, there was a desire to explore the identities of nurse academics, as the literature revealed they appeared to represent a marginalised group. The research was motivated by aspiring to empower nurse academics to explore their contributions to the

CPE and make further recommendations for future practice. Cowling (2004a) theorised that emancipation is achieved through the power of knowledge related to wholeness and context. In this case, my understanding of the organisation and the position (role) within in the HEI. However, it was also imperative to be cautious of the AI process, in that researcher needs to focus on the views of the participants' rather than the researcher's own recommendations (Oliver et al 2011) and so carefully constructed questions to galvanise the participants' experiences was essential within this theoretical framework.

The five principles of AI set out by Cooperider et al (2008) are as follows:

The constructionist principle- This is the notion that destiny, social knowledge and organisation are interwoven concepts. The questions to be asked are the material out of which the future is conceived or constructed and so the way of 'knowing' is determined by fate. To become effective as a change agent, Cooperider et al (2008) encourages one to become expert in the art of reading, understanding and analysing organisations. As a researcher, I was well placed in 'knowing' 'the organisation from 'within', as a senior nurse academic and so the emic perspective has the potential to be realised due to my own positionality within the organisation. Moreover, my role within the organisation had the capacity to focus the vision of the participants with whom I was working, due to my epistemological stance. Cooperrider et al (2008) refer to this as reclaiming imaginative competence and is a specific concept to counter habitual styles of thought, assumptions and rules of analysis that often define organisations in a particular way- a conscious alternative way of positively thinking.

The principle of simultaneity- The understanding that inquiry and change are not separate moments but happen together is another important facet of AI (Cooperrider et al 2008). Inquiry was the

intervention, because from the moment the research became ethically approved, participants (nurse academics and nurses in practice) thought about the research, discussed and perhaps considered how it might influence their future. This illustrated the essence of 'getting to the nub' of my area of research needed to be conceived through asking precisely the right questions, in a way in which the participants would see the process as positive, egalitarian and empowering. Therefore, it was important to ensure clarity in my research question and that the aims and objectives were well defined, so that the research principles were clear to the participants and that they would be to engage with it (Williams and Haizlip, 2013). A chart linking research questions and methods was created, based on the work of Mason (2002) so that the justification and rationale for the questions was linked through the method of data collection (Appendix 3).

Cooperrider et al (2008) posit the notion of the poetic principle, that the studies of people within organisations are an 'open book' and continually being co-authored. From an AI perspective it was about creating an authentic voice in which to create change and, one that is respectful to those who are constructing it. This significant ethical consideration will be discussed later in the chapter. For Cooperider et al (2008) this principle acknowledges that the centrality in studying people is an endless source on which to interpret.

Anticipatory principle- For change to be affected it was imperative to create a collective imagination in which all the participants had an opportunity to shape the discourse about the future (Cooperider et al 2008). This was an important point, since hearing the voices of all of those who have an interest or view of how nurse academics identify and could contribute to the CPE, is the most likely way in which change can be realised. Therefore, the data collection needed to carefully navigate both academic and clinical practice colleagues, to gain meaningful information in which to make recommendations for future practice. This was achieved through interviews, focus groups and theme

board discussion activities with nurse academics and a focus group with nurses in practice who engaged with the nurse academics.

The positive or Heliotropic (an orientating response to the sun) principle, the central tenet of AI is that of creating a positive vision by creating a climate of inspiration, working together. Cooperider et al (2008) argued that as human constructs we are most attuned to positive thoughts and knowledge. The more positive the questions used to guide and shape the group the more likely the change will have longevity. This notion was aligned to my own epistemological beliefs, since I think that nursing should explore the aspects that unite and create the opportunities for reciprocity in shared knowledge and understanding. Furthermore, AI shares philosophical values with nursing since both explore holism of human life (Cowling, 2001). By collecting data from nurse academics and nurses in practice, this encouraged multiple themes generated from the data collected and the link between these experiences was the essence of the research and the potential to create new understandings. Considering the power of cooperation through initiation and support of collective change with the participants was a critical perspective as espoused by Cowling (2004b).

### **3.4 Overview of the design of the study**

To achieve the aims and objectives the three-phased AI, a primary research study was designed with the intention of each phase informing the next, as outlined below and illustrated in Figure 3 (p49) and that the data set would be viewed as a whole.

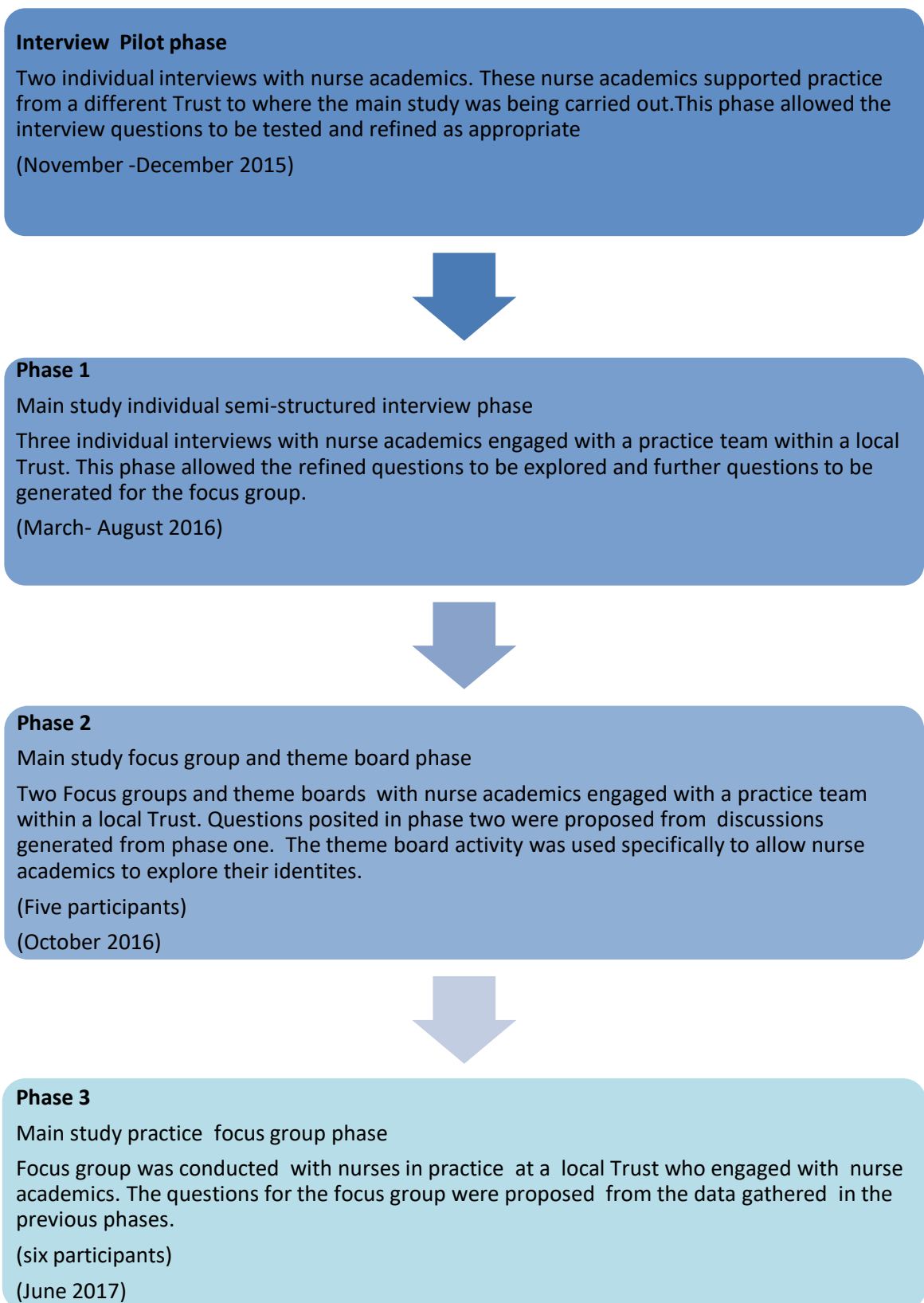
**Pilot phase-** Two preliminary interviews were carried out with nurse academics that supported a practice team at a local Trust.

**Phase 1-** Further interviews were carried out with nurse academics that supported a practice team at a local Trust.

**Phase 2** – Two semi-structured focus groups and theme boards' techniques were carried out with nurse academics supporting a local Trust.

**Phase 3**- A focus group was carried out with nurses in practice who engaged with the nurse academic supporting practice at a local Trust.

Figure 5: Phases of Data Collection



Broadly, qualitative methodology 'aims to understand describe and interpret social phenomena as perceived by individuals groups and cultures' (Holloway and Wheeler 2010). The main tenets of qualitative research as posited by Holloway and Wheeler (2010) are that the data has precedence, whereby although a researcher may have ideas of what the research may generate the data is sacrosanct. Qualitative researchers immerse themselves within the setting that they are researching and have an emic perspective on the subject of the research, so embedding themselves in the data; they are collecting (Holloway and wheeler, 2010). The description, analysis and interpretation of the data go beyond simply gathering the views of the participants, as there is a close connection between the participants and the research based on notions of equality (Holloway and Wheeler, 2010). Thus, the data emerges through a process of co-construction between the researcher and participants. Within the research, the data set was looked at as a whole. Reflexivity is a key feature of qualitative approaches, so that the biases, values and experiences of the researcher are acknowledged within the research (Creswell, 2013).

#### **3.4.1 Individual semi- structured interviews**

AI is an increasingly popular research perspective used within a healthcare context (Trajkovski et al 2013, Williams and Haizlip 2013). A methodological review by Trajkovski et al (2013) revealed that interviews are the most commonly used data collection techniques utilised within AI methodology. Research interviews help elicit information from participants with the purpose of discovering informants' feelings, perceptions and thoughts; moreover, semi- structured interviews allow focus to be on the topics discussed and a more fluid approach to the questioning process, whilst ensuring that similar types of data are collected (Holloway and Wheeler, 2010). The sequencing of questions is not the same for every participant as it depends on the route the interview takes and how the participants respond, thus giving participants some control (Holloway and Wheeler, 2010).

Interviews can often be regarded as complex (Robson, 2011) and the researcher requires skills to produce results that are meaningful, useful and reflect the valuable contribution of the participant (Gerrish and Lathlean 2015). Furthermore, Interviews are defined by having both a structure and purpose, thus going beyond a spontaneous exchange requiring thorough listening and questioning to obtain meticulous knowledge (Brinkmann and Kvale, 2015). It is also significant to understand that from a social constructionist perspective, the roles that are undertaken as interviewer and interviewee are not the everyday interactions; despite the familiarity of communication (Brinkmann and Kvale, 2015).

Brinkmann and Kvale (2015) categorise seven facets of interview knowledge:

Knowledge is socially constructed in the interaction between the interviewer and interviewee and is co-authored by both parties. This process flows through transcriptions, analysis and findings within the AI approach to this research.

Knowledge as relational in focusing on both the knowledge produced and the interaction between the two parties. Indeed this is nuanced by the interpersonal relationship between interviewer and interviewee, which was particularly pertinent in this research.

Knowledge as conversational research interviews rely on conversation as contribution of knowledge, since the concepts of facts is disputable. Hence, the importance of the skill of the interviewer in managing the interaction as well as the artefacts produced was seen as paramount.

Knowledge obtained in one situation is not necessarily transferable to another and therefore the meaning of interview texts relate to the context in which they are produced.

Brinkmann and Kvale (2015) place emphasis on language as the medium of interviews in both written and verbal forms, since this is what is then analysed; knowledge as a narrative, whereby social realities and lives are told through stories. Knowledge can be viewed as pragmatic where it becomes the ability to perform effective actions through conversation and deeds.

From a critical perspective, I would argue that these principles extend beyond interviewing and apply to other forms of qualitative data collection. However, these facets of knowledge are further encapsulated in what Brinkmann and Kvale (2015) refer to as the craft of interviewing, the sensitivity, knowledge and skills of the interviewer that become paramount to the quality of the knowledge produced. The ability to reflect on these skills and record them in field notes and thesis portfolio add another dimension to the research journey in the development of this thesis.

Individual semi-structured interviews allowed me to be responsive to how the questions were organised or phrased so that the interview guide could be reframed to elicit deeper responses (Hollway and Wheeler, 2010). This could be useful as the use of prompts were advantageous to explore further points or clarifications. Moreover, there are specific considerations when employing AI to the design of the questions, as the central tenant is discovering and enhancing the positive core of an organisation, based on goals, strengths and achievements (Trajkovski et al 2012, Zandee and Cooperider, 2008 ) through action and visualising how things could be different ( Williams and Haizlip 2013). This needed to be carefully balanced with listening to the challenges, since simply 'being positive' will not enable research approaches that are fruitful in complex organisations (Williams and Haizlip 2013, Zandee and Cooperider, 2008) such as nursing faculties within HEIs.

Challenges for semi- structured interviews are that the experience and skill of the interviewer are an essential component of the quality of the data produced as a lack of standardisation can raise questions of reliability (Gray 2014, Robson, 2011). Certainly, the ability to synthesise the participants' comments, write field notes and maintain the flow of the discussion was a challenge during the early phase of the interview gathering process. In addition, semi structured interviews can be time consuming in capturing data and analysing it (Gray, 2014).

### **3.4.2 Focus groups**

Focus groups can be defined as 'an organised discussion among a selected group of participants with the aim of eliciting information from their views' (Gray, 2014) and again, AI often employs focus groups as a method of data collection (Trajkovski et al 2013). It is usual to have a number of between four and 12 participants (Holloway and Wheeler, 2010) within a focus group setting. Unlike other research methods, focus groups create an organic data collection through the interaction and discussion between the participants (Gray, 2014). Furthermore, participants can feel their views are validated when they are sharing a common perspective with others (Gray, 2014) and this may mean they are more willing to share their views (Robson,2011).

Focus groups have been described as having advantages in that they facilitate the collection of data on group norms and provide insight into the group's social process and articulation of knowledge. Focus groups tend to encourage greater participation through communication between participants where differing perspectives can be challenged, thus creating a more dynamic approach to data collection and help to empower and motivate participants as part of emancipatory research methodologies such as AI ( Holloway and Wheeler, 2010, Kitzinger 1995 in Gray 2014 p470, Robson, 2011,Trajkovski et al 2012). Furthermore, sharing stories can be a valuable approach in

gathering rich qualitative data and from a practical perspective; focus groups are efficient since data can be collected from a range of participants at the same time (Holloway and Wheeler 2010, Jayasekara 2012, Kitzinger 1995 in Gray 2014 p470, Robson, 2011, Trajkovski et al 2012).

Whilst focus groups are a popular form of data collection, there are some limitations to their application. There can be more difficulties in managing the conversations that take place and certain individuals may dominate the discussion so that other participants voices are not heard (Gray 2014, Holloway and Wheeler 2010, Robson, 2011). There are also inherent challenges in the researcher noticing non-verbal responses of participants (Gray,2014). Moreover, if group members have similar educational backgrounds then the chance of contributions from all members is greater, conversely where this is not the case it may mean that there is a reticence to share opinions (Holloway and Wheeler, 2010). A literature review of focus group limitations by Moriarty Daley (2013) advises that being cognisant with the goals and assumptions of focus group methods and carefully matching research questions with the methodology, makes the best use of the data collected. Therefore, careful thought relating to the generation of questions, building on the discussions from the individual semi-structured interviews was of paramount importance.

### **3.4.3 Theme Boards**

A lesser-known data collection method, known as theme boards was also employed for this research. The creation of images can be seen as 'diagrammatic' (Schaverien, 1999) in that an individual will try to reproduce pre-conceived ideas that may verbally explain the meaning of the picture created (Woodhouse, 2012). Theme boards are part of visual research methods, used to generate data to explore research questions (Rose, 2014). The participants used a range of visual images such as magazine cuttings, photographs, illustrations to depict their thoughts and ideas,

which they then discussed. This placed the participant centrally in explaining their visual interpretations (Velde et al 2009, Woodhouse, 2012) and I believed, sat well with the methodological intentions of the research. Furthermore, theme boards were a way of sharing stories on the identities of nurse academics that may not have been divulged through more conventional methods. Visual research methods have been used in health research to allow participants to portray their visions (Carter et al 2007, Woodhouse 2012).

However, Wagner's chapter in Stanczak's (2007) cautions, that visual data can be 'real' but can also reflect on distortions of perceptions and memory. Visual accounts can provide data that is not available in other forms but can also introduce judgments that depart from what participants may really think. Wagner (2007) argues that artefacts created may become meaningful to researchers reflecting naïve and manipulative human agency. Goldstein in Stanczak (2007) goes further commenting that every image is manipulated, thus no image can represent reality, visual content largely depends on the technical choices made by the creator based on their intent, and the response from the researcher of the image will be based on content, perception of intent and context. Moreover, the relationship between epistemology and methods can be explained as loosely linked, in that epistemology sets the parameters in which some, but not all, methodological approaches can be of use (Wagner, 2007). Visual methodology should aim to ensure that the findings are valid and reliable and therefore the discussion of with the participants to elicit meaning enhanced the data analysis (Woodhouse, 2012). Therefore, it could also be argued that participants were empowered through being the experts on their generated images (Liebenberg 2009) and gain something from their involvement and creation of new knowledge (Rose, 2014). Furthermore, Cowling, (2004) argues the development of creative processes allowed participants to enact their ideas, referring to this as the power of liberation.

### 3.5 Consideration of other methods

Whilst differing methods can be utilised within AI, the principle focus is that knowledge is created through collaborative conversation (Ludema and Fry 2008) and therefore to some extent this underlying epistemology can be seen as less naturally inherent within quantitative methods. Furthermore, an integrative review by Watkins et al (2016) suggests that methods used in AI predominantly utilise focus groups and structured interviews in relation to changing practice in the in-patient context. Nevertheless, it was important to consider other approaches that could have been adopted in my research. Literature by Chauke et al (2015) is an example of where AI has been utilised in quantitative research, using quasi-experimental design in student nurses' perceptions of the image of nursing. Curiously, in this particular study AI has been utilised as an intervention between pre and post -test questionnaires, which shows how research methods intersect in research paradigms. Moreover, examples such as Lazic et al (2011) utilised questionnaires when researching the implementation of a nurse education programme in paediatric oncology, using AI. However, this data was collected alongside other activities such as developing educational plans and lectures, suggesting the limitations of questionnaires in enacting changes within nursing organisations as a standalone tool for data collection. A more robust study exemplified a mixed methods case study design in AI, in relation to pain management in paediatric settings (Kavanagh et al 2010). This AI research gathered descriptive data on duration of AI sessions and qualitative content analysis indicating how mixed method approaches can be complimentary, albeit time consuming in the transparent presentation of AI findings.

Other data collection techniques that could have been considered were nominal group technique, to identify what a group consider to be the key themes of the data (Allen, Dyas and Jones 2004, Delbecq et al 1986, Dunham 1998). In this technique individuals are brought together to discuss the issue concerned or to provide and views (Robson, 2011). However, there can be logistical difficulties

making data collection a challenge, without the use of media such as Skype or FaceTime, which can also bring their own technical hitches. Nevertheless this type of data collection had been used in AI methodology in research by Reed et al (2001) who employed nominal data collection in a 'whole system event' to look at improving hospital discharge. Again, this technique was used as part of other data collection techniques such as workshops, interviews and feedback forms which necessitated from a large and diverse group of participants (n=71). It was felt that this may be useful in larger groups of participants; it would be less useful in capturing rich data in relation to my own research, which contained a relatively small number of participants.

Participant observation is another technique that could have been employed within this research design. Closely associated with ethnography it is described as being fully immersed in the day to day cultural lives of the participants being studied (Creswell 2013, Holloway and Wheeler 2010, Robson, 2011) Evidence of its application to AI can be found in research by Helms et al (2011) who used observation as part of data collection among resident doctors 'signing out' (a form of written handover of individual patients to those coming on duty) looking for patterns and longevity of handover. Again, this was not the only method used within the study as surveys were also used and a framework for practice for 'signing out' based on exemplars utilising interviews and an AI approach (Helms et al, 2011). However, participant observation was rejected as it was felt it would be too time consuming to undertake, there would be challenges of my position as line manager for the nurse academic participants, potentially being an intrusion and creating an observer effect (Holloway and Wheeler, 2010).

### **3.6 Sampling strategy**

The sampling strategy utilised for the research was a purposeful sample, whereby participants were selected who were considered to be typical of the population being studied (Gray, 2014, LoBiondo-Wood and Haber, 2014, Polit and Beck, 2018). The population sample inclusion criteria were nurse academics that were part of a clinical practice team, working in a University and supporting a local NHS Trust. Further participants (nurses in practice from the same local NHS Trust) were recruited from the CPE, as another element of this research. The participants were selected to meet the specific needs of the research (Gray, 2014, Robson 2011).

#### **3.6.1 Recruitment**

One of the challenges for the research was the limited number of nurse academic participants that could potentially be engaged with for the research. Two nurse academics self-nominated to be part of the research pilot when I informally discussed my research with them. I thought it was useful to recruit them to the Pilot Phase as they both supported another local NHS Trust and therefore would not be part of Phase 1 or Phase 2 of the main research. Consideration of whom is sampled, rather than the number of participants, is emphasised by Creswell (2013). Furthermore, Gerrish and Lathlean (2015) suggest that the sample size should be defined by its appropriateness to answer the research question, as well as considering the practicalities of gaining access to the participants. As I was carrying out research in two locations (University and a local NHS Trust), it seemed appropriate that the academic practice team and staff within that local Trust could be aligned from the same academic-practice relationships. Potentially, 13 nurse academics could participate in Phase 1 of the research, from the academic practice team. However, it was imperative to be mindful that this same group could potentially be part of the Phase 2 focus group, in the later part of the data collection. It was therefore decided that the invitations would state that the participants would be interviewed or

participate in a focus group and theme board activity, as this afforded more flexibility in recruiting nurse academic participants to the study.

### **3.6.2 Profile of participants**

The advantage of the emic perspective in relation to gaining access was that it was more positive engaging the nurse academic participants, who were interested in being part of the research.

Participants appeared see the benefits of the AI approach as it fostered a positive perspective and was focused towards research outcomes that interested them (Williams and Haizlip, 2013). All participants were asked to complete participants' background information forms (Appendix 4). From the nurse academics who participated, two were male and eight were female. All participants had worked for the University for over five years with some working over 26 years. Participants varied in age. One was aged between 31 and 40, three were aged 41-50, five were 51-60 and the other was 61 or over. Two held degree level qualifications, seven held Masters level qualifications and one held a PhD. Nine participants ethnically defined themselves as White and one as Black (see Appendix 5 for demographic data).

The profile of the participants in the CPE were six nurses from practice were recruited to the focus group. One of the group was male and five were female. I thought the participants were a good representation of the ethnic diversity within the local population of the NHS Trust but were also a homogenous group (Green and Thorogood 2018), in that they were focussed on supporting student nurses in the CPE. Four of the participants worked within an acute setting within the NHS Trust and two were employed within the practice education team within the Trust. All were experienced RNs as five were Band 6 grade and one was a Band 7 grade (see Appendix 5 for demographic data).

### **3.7 Ethical Issues**

University of Wolverhampton ethics approval was obtained in July 2015 (Appendix 6) and this allowed me to undertake the research with nurse academic participants with some minor recommendations (Appendix 7) which were approved by my Director of Studies. There were some challenges in obtaining the participants from the practice setting in that IRAS and Health Research Authority (HRA) ethics approval took nearly 12 months to complete. The process was hampered by changes in the HRA ethics processes in March 2016 and; difficulties in getting responses from HRA regarding my ethics application. Nevertheless, HRA ethical approval granted in November 2016 (Appendix 8) allowing me to undertake research with nurses in practice in a local NHS Trust.

#### **3.7.1 Gatekeepers**

Gatekeepers can often be described as the people who have power to grant or withhold access to a setting (Holloway and Wheeler, 2010). Nonetheless, the role of the gatekeeper in relation to the recruitment of nurse academics was quite different to how it is normally perceived. The ethics approval panel at the university advised the use of a gatekeeper, since recruits were from a staff group that was line-managed by the researcher, and it was viewed as good ethical practice to utilise a third party. A methodological review by McDermid et al (2014) highlights that there can be difficulties associated with interviewing participants within the same organisation, as participants can feel obliged to contribute. Moreover, it is worthy to highlight transparency in respect of gaining access, as it is often 'glossed over' in research (Hoyland, Holland and Olsen, 2015) and is crucial when considering ethical principles such as beneficence. The gatekeeper in this instance was a senior member of the administration team who sent out the invitation letters and information sheets. The collated responses of those willing to be part of the study were sent to me. This element was extremely successful as 10 out of 13 nurse academics responded favourably to participate.

Moreover, the positive responses were also indicative that the research question and AI approach demonstrated the practicality of the methodology from a participant perspective (Clarke et al 2012).

### **3.7.2 Gaining consent**

Informed consent can be described as ensuring that the participants have the power of free choice to participate enabling them to participate or decline on the basis of having had adequate information about the research, by comprehending the information (Polit and Beck, 2018). Participants for each phase of the research were invited to join the study via an invitation letter, introducing the research aims and objectives and corresponding reply slips (see Appendix 9 and Appendix 10). Full Information sheets about the research was provided for phase 1 (Appendix 11) phase 2 (Appendix 12) and phase 3 (Appendix 13) for each of the participant groups. This was sent out to potential nurse academic participants by email via the Deputy Faculty Administrator and she collated the responses, so that nurse academic participants did not feel pressurised to respond. For nurses in the CPE, the practice placement manager provided the researcher with the email addresses for potential participants through the 'live mentor' database, held within the local NHS Trust. As previously stated, this did not yield a good response rate, so in agreement with my supervisory team and the Head of Nurse Education at the local Trust, I attended a practice assessor workshop update. This allowed me to explain the study and potential participants were given the information sheet, and offered the opportunity to discuss the study with me, have their questions answered and any concerns addressed prior to making up their minds whether to join the study. Potential participants were left with the reply slips so that they did not feel pressurised to participate and the responses were then handed to the practice placement manager and forwarded on to me. Participants were asked to sign a Consent form (see Appendix 14), prior to commencing the interview or focus group or theme board activity. Discussion of the right to withdraw was repeated at the start of the interviews, focus groups and theme board activities.

The identity of participants was protected by keeping all personal data (e.g. consent forms) securely on University premises, in a locked cabinet. The research data transcripts were anonymised and any identifying information removed. I ensured that any identifying details were not used in reporting. The data was stored on an encrypted memory stick, in a locked cabinet. The research data will be destroyed once the thesis is accepted.

Written consent was obtained from all the participants using the consent form that I had designed and approved during the ethics process (Appendix 14). This was supplemented with encouraging the participants to read the copy of the participant information sheet again, as a refresh of the original that I had sent to them when inviting them to participate. I reinforced that if the participants wanted to stop the process at any time, they could do so, without giving explanation. I also explained that the data produced would be confidential and anonymised and would only be shared with my supervisory team.

### **3.7.3 Timetable of interviews**

The interviews were carried out over a four-month period from April 2016 until August 2016. Each interview was carried out for an hour and a half, as the pilot study had indicated this was a satisfactory amount of time in which to collect data. The interviews were carried out in a small quiet room on the University campus as this had worked well and facilitated accessibility for the participants during the pilot phase. It was valuable for signage to be posted around the immediate vicinity to alert staff and students not to interrupt the interview process. Light refreshments were provided and the interviews were carried during normal working hours, at a time that was convenient to the participants. As the surroundings were familiar to the participants, it was hoped that this would

create meaningful discussions. Furthermore, the recordings obtained at the pilot interviews were clear, suggesting minimal disturbance occurred by repeating this same process.

### **3.7.4 Trustworthiness**

Trustworthiness of qualitative research is very important and described by Holloway and Wheeler (2010) as having rigour from competence and thoroughness in completing a study. It was achieved through Lincoln and Guba's framework of quality criteria (Polit and Beck, 2018). Dependability, was achieved by being consistent and accurate in the reporting of the study (Lincoln and Guba, 1994); as the research procedures and decision making along the way was explicit and the structure of the data collection in each phase was similar. Trustworthiness was also achieved through a number of differing qualitative approaches to collecting the data in this case; interviews, focus groups and theme board discussions (Lincoln and Guba, 1994). This is known as 'within-method triangulation' as the research question was being examined from different aspects concordant with the methodological and epistemic approaches (Holloway and Wheeler, 2010). Transparently identifying the decision-making processes through this research was achieved by keeping a reflexive thesis portfolio, field notes and detailed mapping of the thematic data analysis. Furthermore, Transferability depicted by Lincoln and Guba (1994) meant the findings of the research could be transferred to other similar situations. This was achieved through making the context of the study clear and through presenting rich, clear data. Clearly articulating the steps that had been used in research gathering for further or similar research to be undertaken was also significant.

Credibility or confidence in the truth of the finding (Guba and Lincoln, 1994) was achieved by emphasis on my epistemic stance of emancipation (Weaver and Olson, 2006) in attempting to create an honest depiction of the research participants' views during the research gathering process,

through purposeful sampling. Credibility was also achieved by checking points of clarification with the participants during the data collection and carefully listening to the interview, focus group transcripts. Transcribing the data close to the point of gathering and supporting interpretations with participant quotes also helped to achieve credibility. Moreover, the application of AI focussed on empowerment and hoped that participants responded positively to their inclusion in the research, that makes recommendations for practice (Clossey, Mehnert and Silva, 2011). Research is judged by the way that findings and conclusions have achieved the aims, rather than the researcher's bias and this is referred to as confirmability (Guba and Lincoln, 1994). The AI process attempted to achieve authenticity through the reflective commentary within the chapters.

### **3.8 Data collection**

#### **3.8.1 Pilot Phase- Individual semi structured Interviews**

The pilot individual semi structured interviews with nurse academics were the first phase of the data collection. This had been quite a taxing process undertaking seven drafts (from December 2014-May 2015) before the questions were framed and specific enough to answer my research question. Moreover, the questions needed to be developed at the intersection between the literature, and the experience (Greenwood and Levin, 2006) within the methodological framework of AI and this is a process that took time.

Two pilot interviews were carried out with nurse academics, which each lasted approximately one hour. The data were collected through audio recording and field notes being taken during the interviews. Since the participants would emanate from the team with whom I worked, it was imperative to carry out a pilot study to test out the questions and how I situated myself in relation to those whom I was researching, from a reflexive perspective (McDermid et al, 2014). The language of

AI has been critiqued within its application to health research as being 'fluffy' (Williams and Haizlip, 2013). Therefore questions were constructed in a simple and action orientated manner to connect with the participants. Informal contact between participants and myself was also important to developing a collaborative relationship. (Carter et al 2007, Garton and Copeland, 2010) in the pilot phase of the research.

The pilot interviews were identified as a good starting point to give an opportunity for nurse academics to be heard through one to one interviews (Cooperrider et al 2008) accepting that it is challenging to collect rich data at the first interview (Morse and Field, 2002). It was important to explain the underpinning ideas of AI to the participants and although I did this, following my first pilot interview the participant suggested that I provide a definition on the information sheet and therefore I amended it accordingly. The first participant also requested a signed copy of the consent form, and so I did this as requested and provided this for all further interviews and focus groups. In addition, the first participants suggested that I ask participants if there were any special or enabling need and so that was added to the reply slips for all further participants.

### **3.8.2 Phase 1- Interviews**

Using the same questions in the semi- structured interviews (Appendix 15), facilitated that similar types of data was collected from the participants (Gerrish and Lathlean 2015, Holloway and Wheeler, 2010). Again, the interviews lasted for approximately one hour and field notes were taken, alongside recording the participants. The field notes were written up the day of the interviews as recommended by Gray (2014) to ensure clarity .The previous commentary indicated some significant learning from having carried out the two pilot interviews with nurse academics. Individual semi-structured interviews were specifically chosen so that flexibility was permitted in the sequencing of the

questions with an opportunity to probe through identified prompts or cues (Gerrish and Lathlean, 2015, Holloway and Wheeler 2010). Therefore, since there had been some difficulties in the pilot phase in eluding responses in relation to nurse academic identities and gender issues, the sequencing of the questions was revised. Questions relating to the practice team role were planned to be asked first to settle the participants into the interviews, and allow them to focus on their contributions.

The data collected during the main interview studies were much richer, having gained some experience and improved my interview technique through the pilot phase of interview. The reorganising of the question format facilitated the flow of the interview process. The semi-structured interview allowed participants to expand on their answers so that I could probe more for perspectives (Gray 2014, Holloway and Wheeler 2010, Robson 2011). Certainly, I noticed from my field notes and as I transcribed the interviews that I became more comfortable with my interviewing style. From an epistemic perspective, the notion of social constructionism, the interviews became more of a dialogue whereby we made an appreciation of the research topic together (Roulston, 2010).

### **3.8.3 Phase 2 Focus groups and theme boards with Nurse Academics**

Two focus groups were carried out for this research, with nurse academics who supported the CPE (due to the logistical challenges of gathering all nurse academic participants together). The questions were developed further from the questions that had been asked during the interviews, to elicit meaningful responses, and so the focus groups generated from themes from the previous interviews (Appendix 16). Field notes were taken during the focus groups and written up a day after the focus groups had taken place to capture the context of the data collection, which is seen as good practice (Holloway and Wheeler, 2010)

Two focus groups and theme board activities with nurse academics took place in October 2016. Each focus group was carried out at a University campus (but away from the immediate working vicinity). The focus groups were scheduled to last two hours during the working day and lunch was provided. Following the lunch the nurse academic participants then undertook the theme board activity and discussion which took approximately one and a half hours.

Exactly the same process was followed for gaining consent, as for the interviews, in that participants were encouraged to read the copy of the participant information sheet again, as a refresh of the original that I had sent to them when inviting them to participate and ask any questions. It was reinforced that if the participants did not want to proceed with the focus groups or theme board activities, they could do so, without giving explanation. It was explained that the focus groups and theme board discussions would be digitally recorded to obtain accurate data. I asked for permission to photograph the theme boards as artefacts for my thesis and all participants agreed to this. All participants took their theme boards away after the event. I also explained that the data transcripts and artefacts produced would be confidential and anonymised and would only be shared within the body of my thesis.

#### **3.8.3.1 Format of focus groups and theme boards (Phase 2) - nurse academics**

As the researcher, I facilitated the focus groups, used a digital recorder and took field notes during the discussions. Ground rules were set in the form of confidentiality, mutual respect and ensuring everyone had an opportunity to speak. The ethical principles of Autonomy in respect to the rights of individuals, beneficence in doing good, non-maleficence in not doing harm and justice in upholding equity (Beauchamp and Childress, 2012) were integral to me to ensure that participants were

treated fairly and equitably as they were known to one another and myself (McDermid 2014). I gave the participants a copy of the focus group schedule of questions (Appendix 16) a few minutes prior to starting the focus groups to allow them to hone in on the purpose of the discussion. The conversations flowed well between the participants and myself and they were encouraged to express their views. All participants were very enthusiastic regarding the discussions. I finished the focus groups by summarising the areas we had discussed and asked if there was anything further to add to the conversation before concluding.

### **3.8.3.2 Theme board discussion activity**

Following a lunchbreak and refreshments all the participants set about creating their theme board based around the question 'What are your identities as nurse academics?' The participants of both focus groups spent about an hour individually creating their theme boards by cutting out pictures and sometimes words from a wide selection of magazines to explore their identities and sticking them onto A2 size card. Once completed each participant discussed their theme board with the group. Again this was digitally recorded and was an opportunity for me to prompt further questions to elicit meaning. This process took longer than anticipated however; the participants were fully immersed in the theme board activity. It is noted that visual research methods are argued to be effective where other data collection techniques are not (Rose 2014) and this was particularly important since the semi-structured interviews with nurse academics had not revealed extensive data relating to this particular question. Following the discussions, the activity was concluded and I photographed the theme boards with the verbal consent of the participants (Appendix 17).

### **3.9 Phase 3 - Focus group nurses in practice**

This focus group was assembled from nurses working in a local NHS Trust, who were assisted by nurse academics within the local HEI to support student nurses in the CPE. The ethical processes previously described were adhered to in the same way, noting that this strand of the research had required additional ethics approval via IRAS. The focus group for the nurses in practice took place in June 2017 and was carried out in a seminar room within the local NHS Trust.

#### **3.9.1 Gatekeepers in practice**

Negotiating with gatekeepers was an essential part of the data collection for the focus groups, especially in relation to the data collected in practice and it was important to build a rapport as suggested by Gerrish and Lathlean (2015). Traditionally gatekeepers are those who control access to participants or data. In the case of collecting data in relation to practice colleagues employed within a local Trust, the gatekeeper was the Head of nurse education, who had access to the practice support team and facilitated my contact with those particular participants. This was particularly useful since a number of differing methods of engagement were needed to encourage nurse participants in the clinical setting. Having someone who had knowledge of the common 'access procedure' is helpful and often not clearly identified in research (Hoyland, Hollund and Olsen 2015).

#### **3.9.2 Recruitment to the CPE focus group**

Participants who were recruited from the CPE were RNs who worked with the academic clinical practice team or; who were part of the education practice placement team, in the local Trust. Potential participants were sent the participation information sheets and reply slips to elicit further contact details previously described in Appendix 10, so that they understood the purpose of the

research (Polit and Beck, 2018). From an emic perspective, I had been able to recruit nurse academics quite readily. However, nurses in the CPE were largely unknown to me. Therefore, the process was partially dependent upon the practice team (nurse academics and practice placement team within the Trust), identifying nurses in practice with whom they had access. This had the advantage that, the nurses in the CPE had some insight and experience of the clinical practice team and potentially afforded the opportunity for rich data collection, due to those connections. However, access was a challenge within the local Trust as although I had been provided with email addresses for 13 potential participants, and two responded quickly, it was generally difficult to get responses from nurses working in clinical practice. Having sent two emails at two weekly intervals. To elicit more responses I decided to send the participant information through the post (including a chocolate bar). However, despite these endeavours no further participants came forward. Jessiman (2013) highlights the challenges of a lack of literature concerning the challenges of recruiting to qualitative research designs and that researchers need to be more aware of the issues. Following discussion with the Head of Nurse Education at the Trust, I decided to explain my research more directly at the end of a practice mentor update. This process elicited one further potential participant. I had originally planned the focus group to be held at the University, as I thought it would encourage participants to speak freely. This decision was re-evaluated, locating the focus group on Trust premises to facilitate attendance. This helped significantly with the response rate and in total six attended. I set the focus group up for early evening between 5-6.30pm so that participants could attend after their shift. I also obtained participant demographic data via the reply slips, so that potentially I had a variety of participants from differing backgrounds and experiences e.g. mentors of differing ages, clinical backgrounds, educational experience and gender.

### **3.9.3 CPE Focus group**

The focus group was carried out in a large seminar room at the Trust and I provided a light buffet and refreshments for the six participants. This appeared to help them settle, before I started the focus group. I re-distributed the information sheet. I also explained the consent process and that the remarks would be transcribed and themed but that participants' comments would be anonymised and only shared with my supervisory team. I reinforced that if anyone wished to leave, they could do so at any time without giving an explanation. All participants were given the consent forms (Appendix 14) to sign and a copy of the focus group schedule (Appendix 18). This afforded an opportunity to consider areas of discussion and the format in which questions would be asked, as this had worked well with the focus groups for the nurse academics. I set out the aims and objectives of the research. Ground rules were established in the form of confidentiality, mutual respect and ensuring everyone had an opportunity to speak, if they wished to do so. This appeared to encourage dialogue and listening between participants. I explained that I would try to elicit comments from all the participants but they did not have to speak if they did not wish to. The nurses spoke freely throughout the focus group and did not seem inhibited by the recording equipment.

### **3.10 Data Analysis**

Cooperider et al (2008) suggest that the discovery phase of the AI process defines data analysis as 'sense making' and that a variety of approaches can be used in narrative analysis e.g. diagrams, charts, pictures storybooks etc. Moreover, that there is no single 'right way' to analyse data, the importance is what is being said from multiple perspectives, both during and after the interviews or focus groups, that it is coded under key themes and may require recoding under new or emerging themes (Cooperider et al, 2008). From a process perspective, the writing up of field notes, transcribing and simply listening to the conversations can be viewed as an important analytical stage of becoming familiar with the data, as explained by May (2005). However, Coffey and Atkinson

(1996) encourage the researcher to view data analysis as a more reflexive activity that weaves itself through all aspects of the research process, data collection, writing and further data collection; so it is a more fluid and less rigid process. As previously stated, the data set was viewed as a whole.

'Data analysis' itself is a complex term contested by many qualitative researchers (Coffey and Atkinson 1996, Creswell 2013). Nevertheless, some features are prevalent, according to Creswell (2013) namely that organising data e.g transcripts or image data (in this case, theme boards), then reducing the data into themes and representing those themes in a discussion. Equally, this approach to data analysis is not of-the shelf but crafted through the process (Creswell, 2013). Data analysis therefore, can be described as imaginative, artful and flexible, whilst maintaining methodological, scholarly and intellectual rigor (Coffey and Atkinson 1996). Likewise, Coffey and Atkinson (1996) and Creswell (2013) comment that 'Coding' or 'categorising' is a term that encompasses a variety of approaches that involves organising data, enabling the researcher to generate concepts to review what the data is explicating. They also assert that categorising/coding can be viewed not only as a reduction and simplification of data, but also to expand and transform data, permitting more analytical inferences.

Gray (2014) asserts that there are steps that should be followed when analysing any form of qualitative data:

- Transcribe the data- Write up field notes from reflective diaries and field notes should be written up into documents as soon as possible. I carried out transcribing of interviews, focus groups and theme boards within a day or so of the events, as it allowed familiarisation and immersion in the data early on.
- Start the coding process as the data comes- this enabled me to become familiar with the themes as they emerged. Data was placed into broad categories and colour coded

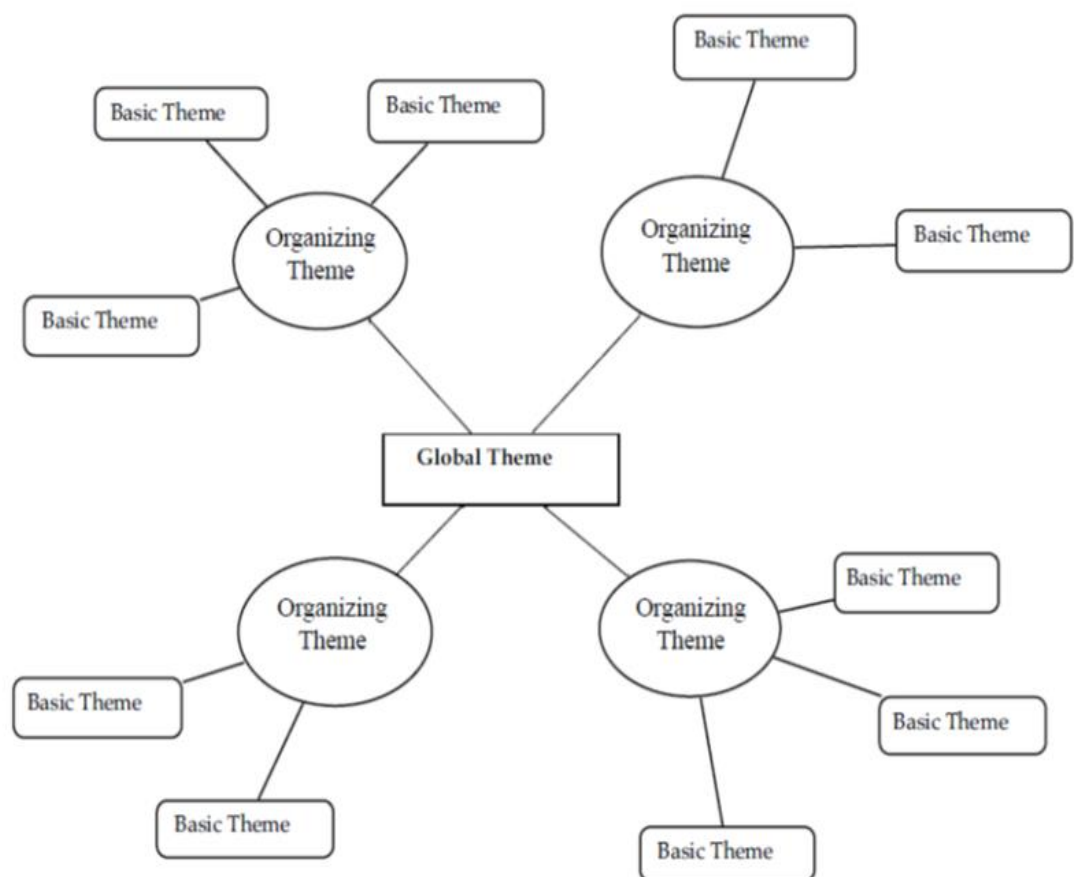
- Familiarisation with the data- This was gained by reading through all the field notes and transcriptions and listening to the recordings repeatedly to get a sense of what was happening. I listened to each of the recordings six times in totality and many times more; listening to specific passages of discussion from the data I had collected.
- Focused reading of the data- This allowed me to highlight key words or passages and to pick out elements of significance, complimented by field notes.
- Review or amend the codes- This facilitated some organisation of the data and was a chance to distil the codes, if one word meant the same thing and create sub- categories.
- Generate theory- This was achieved by looking for connections between themes and categories that emerge from the data. These could be drawn together to form a principle or relate to a theoretical model in the literature. Some inferences can then start to be made and connected to existing literature or in creating new knowledge (Gray, 2014).

From an emancipatory perspective, what the data said in terms of empowering representations of the participants was central, but again, the relationship that one has with the data, reflexively coding. This meant that I needed draw on field notes and comments, as well as what the participants had expressed. Coding the data was the first step to reduce it by specific topics or words or reoccurring themes (Attride-Stirling 2001). Repeatedly listening to the data helped to generate the codes and dissect the data into segments (these can be quotations, passages or single words) using my coding framework (Attride-Stirling 2001). Categories in the coding framework needed to have explicit boundaries or definitions so that they were clearly understood, which has been stressed by Attride-Stirling (2001). Subsequently, once the texts had been categorised the basic themes could be generated from the coded segments leading into thematic analysis.

### 3.10.1 Thematic network analysis

Thematic network analysis described by Attride-Stirling (2001) are a way of organising a thematic analysis of qualitative data, so that themes can be seen at different levels and the network aims to structure and depict these themes. The aim is to provide a technique for breaking up text and finding within it explicit rationalisation and the implicit signification using a web like structure (Attride-Stirling, 2001) illustrated in figure 6 below:

Figure 6: Attride-Stirling (2001) Thematic Network Analysis

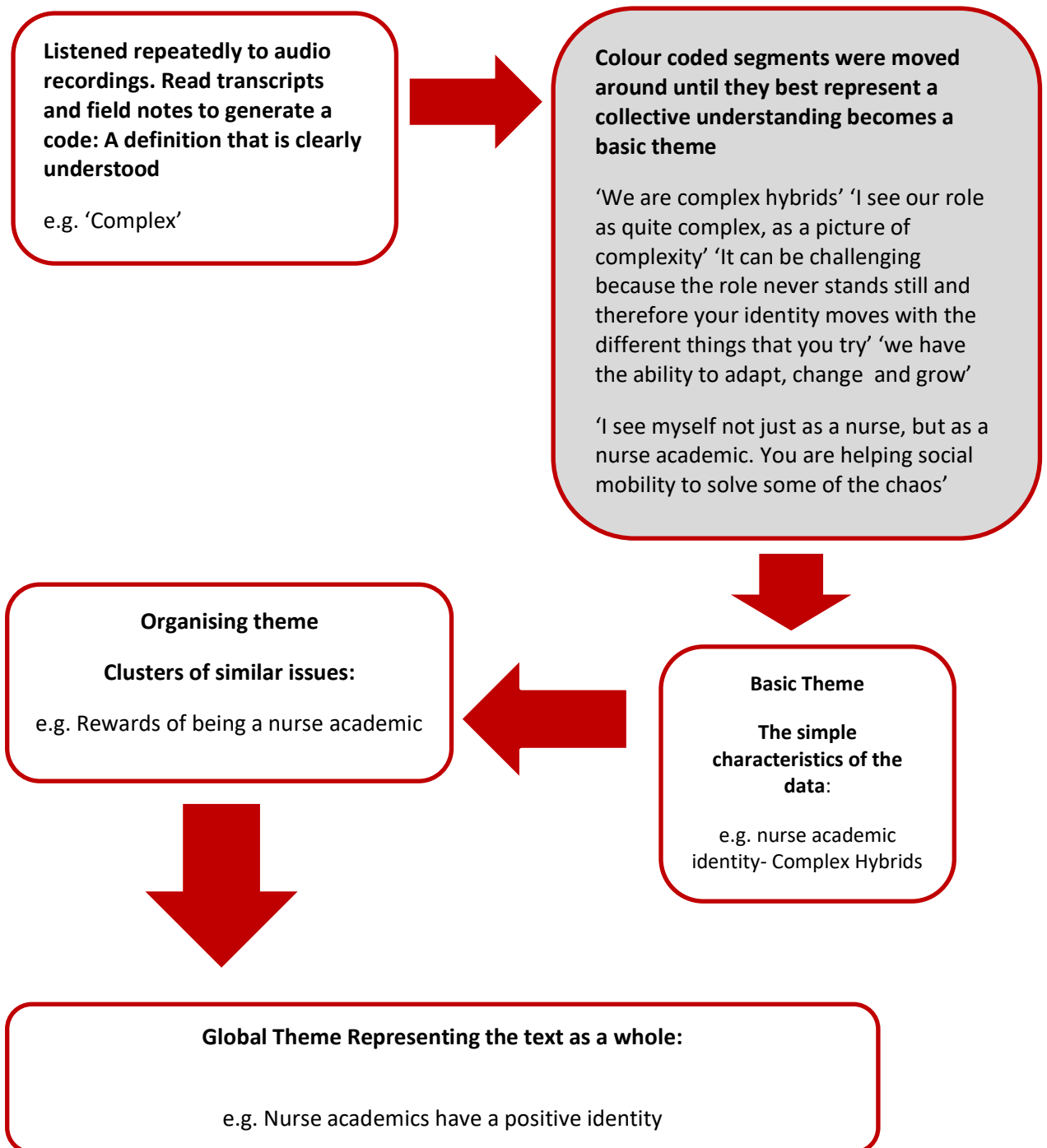


Attride-Stirling (2001) describes the Thematic Network Analysis (TNA) as starting from basic themes, which are the simple premises and characteristics of the data, and they say very little about the text or group of texts as a whole. In this framework, basic themes can only be made sense of when

pulled together with other basic themes to make an organising theme. Organising themes are the next layer that clusters similar issues or signifiers that summarise the principle assumptions of the basic themes and collect the main ideas together. Overarching these organising themes, are what Attride-Stirling (2001) refers to as global themes. These global themes provide what the texts as a whole are regarded as, within the context of the analysis. As such, Attride-Stirling (2001) views these as the main themes and revealing interpretation of the text; but also stresses that a set of texts may yield more than one global theme. Nevertheless the global themes will always be less in number than the organising or basic themes. Within the data analysis, it is possible to have a number of global themes and therefore more than one TNA. To conceptualise the data in this visual way seemed a natural way in which to analyse, as it shows the connections throughout the network created, as a tool to enable analysis. Moreover, the structure is non-hierarchical which aligned itself to AI.

Figure 7 (p76) illustrates a worked step-by-step example of how data was analysed and coded. The example is drawn from TNA Three (purple). Audio-recordings of the interviews, focus group and theme board activities were listened to, and transcriptions and field notes repeated read to elicit meaning. Key words or ideas became codes. Examples of distilled coded segments became a basic theme, which along with other connected Basic Themes, were collated into a broader Organising Theme, which ultimately fed into a Global Theme.

Figure 7: Step-by-step example of data was analysed, coded and themed



### 3.10.2 Data analysis of the interviews, focus groups and theme boards

Thematic analysis was used in the analysis of the interviews, focus groups and theme boards. As I started to collect data it had become apparent to me that the process of attentive listening and careful probing of the participants was merely the start of this process. A framework whereby the data could be analysed in a structured in themed approach was paramount, so as not to become subsumed by the data I was collecting. Software packages such as NVivo 10 had the capability to support the coding process, replicating the manual procedure (Glasper and Rees, 2017). Whilst potentially this could have reduced the number of manual tasks required in primary data analysis, the data is not analysed by the computer programme and so the interpretation of the data still lies with the researcher (Glasper and Rees, 2017). I preferred to work with the data visually and listening, myself to analyse it.

Where possible, I transcribed the interviews and focus groups and theme boards as close to the time when the data was collected. The majority of the focus group and theme board data was transcribed over an intensive period of one month, following listening to the recordings repeatedly, to immerse myself in the data (Robson, 2011). The thematic analysis of the data utilised the Attride-Stirling model (2001) as previously discussed, as a way of making sense of my findings and creating a data trail. This element of distilling the findings was crucial in managing the large volume of data collected from the interviews, focus groups and theme boards. The model was applied in a structured way as described by Attride-Stirling (2001). I further adapted the model, using a colour coding technique to correspond with the data narrative. This method was extremely useful from a visual perspective (Mayer and Massa, 2003).

The Attride-Stirling thematic network analysis process used is described below:

Step one was to code the data by dissecting the text into manageable segments based on specific topics and words that arose (Attride-Stirling, 2001). Grouping the codes together, considering and moving them around was a long process. Following on from this, the text was broadly further coloured coded as follows and pasted onto A1 sheets of paper (Appendix 19).

- Green indicated positive comments in relation to the contribution of the nurse academic and had the largest number of comments in the initial coding phase.
- Blue related to comments that derived to the CPE contributions
- Orange were comments associated to areas of perceived tension for the participants
- Red linked to explicitly negative comments that occurred during the discussions
- Purple connected to comments that related specifically to identity and emanated predominately from the theme board activities.
- Pink related to gender comments were generally scant.
- Yellow was used for my comments. These comments become more obvious as the data collection became more dialogic, through my growing confidence in the data collection process. The yellow comments were threaded throughout the data to draw out further meaning or clarify points and provide a visual illustration of my relationship with the data.

Basic themes began to develop from the data by picking out salient or recurring points that were made by the participants, which could then be linked by organising themes as clusters of connected data (Attride-Stirling 2001). A global theme then linked the collective organising themes together to express the nub of the data analysed. This process was revisited on six occasions for each TNA created as the data were refined (Appendix 20). The colour coding the researcher developed

through the data continued as a further visual representation of the thematic analysis network and was a helpful way in which to locate the original data from the participants.

### **3.11 Reflection on chapter**

In the early part of my doctoral journey, I considered feminist approaches due to the emancipatory focus of my research and the fact that most nurse academics are women. The literature had led me to view nurse academics as a disempowered group (Glass 2005, Meerabeau 2006) albeit that some of the literature was not that contemporary. I think my critical assumption, at this stage was that gender was route of frustration in some of the aspects of nurse academics' experiences and that this would have an impact on their identity. However, much later I found my research findings did not substantiate this, in the way I had anticipated. I had made assumptions about female nurse academics as a disempowered group, perhaps overemphasising this rather than understanding new knowledge about their identities and what their contributions were, towards the CPE. Reflexively, I considered that research of merit would try to employ emancipatory perspectives and it was not entirely convinced that this was exclusive to feminist epistemologies. Clossey et al (2011) and Grant et al (2008) suggest that participatory methodologies attempt to address power imbalances and oppressive social structures. Some doubts on utilising feminism per se as a theoretical framework began to cause some uncertainty as a complete way in which to answer my research question as I thought AI would fit better to the research aims and objectives. I do however think that the early grappling with feminism led me towards other epistemologies and participatory methodologies as I moved my thinking to AI.

From an ethical stance, since AI is a participatory approach I was acutely aware that this may present me with some challenges and potentially diminish the emancipatory intentions of the

methodology (Grant et al 2008), as I line managed some of the nurse academic participants. In some senses, the emic perspective assisted in addressing some of the potential ethical challenges in terms of building relationships with the participants, as I knew them extremely well. I was also conscious of the need to acknowledge and share power with the participants (Grant et al, 2008). Reflectively, the decision to use a gatekeeper to recruit the potential nurse academic participants meant that those who came forward, did so willingly and I was further reassured, as the response rate made the research viable.

Reflectively, ethical approval from the university had been quite straightforward, however completing NHS ethics via the HRA to carry out research in practice was very challenging since the documentation and processes changed during 2016 when I was going through NHS ethics. However, it was an important learning opportunity in the research process (Gelling, 2015) as it required me to undertake the National Institute of Health Research, Good Clinical Practice training (NIHR, 2014) and aided in a positive outcome of gaining ethical approval. As the gatekeeper in the recruitment of nurses in the CPE was the Head of Nurse Education at the local Trust that aided in identifying possible recruits. It was however extremely challenging trying to gain responses from nurses in practice to be part of a focus group at the University. I deployed a number of tactics, which involved email, letters and sending chocolates. I also attended a practice mentor update to recruit. I realised by arranging to carry out the research 'on site' in a seminar room, positively impacted on nurses from the CPE agreement to be part of the study. Collecting data in a space that was familiar to participants appeared helpful in creating a relaxed atmosphere and in developing a rapport (Green and Thorogood, 2018).

Reflexively as my confidence in interviewing grew, I decided at the 4th and 5th interviews to send the questions out in advance and gave copies to the participants before the interviews as an aide

memoir. I carried this through with the focus groups and theme board activities. I began to understand that the more trusting, relaxed and engaged the participants were with the process and discussion, the ability to collect meaningful data was enhanced (Holloway and Wheeler, 2010).

The interview process was quite a time consuming process. This was borne out in the data collection as each interview took one to one and a half hours to carry out, a further day or two to write up the field notes and transcribe the interview. Moreover, the analysis was very lengthy taking several days over a few months due to the nature of listening repeatedly to the interview transcriptions and making further notes to develop within my analysis framework.

My reflections on the focus groups were that it was much more of a dialogue and that I was able to use probing throughout. In terms of the discussions, the nurses in practice offered positive comments to the discussion regarding the relationship between the CPE and the HEI. There was a definite feel of new data emerging in that the nurses in practice spoke a good deal about their own continuous practice development in relation to higher education in a very positive way.

Overall, negative comments were minimal. The conversations flowed very freely and I got a sense from the group that they were completely engaged in our discussions. I reflected that all participants in the focus groups seemed genuinely interested in what I was trying to do with my research. All of the events had gone well. I thought the groups had been cohesive, despite having differing views on some of the areas of discussion.

Reflecting on the use of different data collection methods, I noticed that building from the interviews to the focus groups and then theme boards allowed one technique to inform another and refine questions accordingly. Particularly, the connection between the theme board data and the epistemology became more enlightened as a genuinely useful tool, during the research process. My field notes relating to the theme board technique highlighted that all the participants seemed to be industrious and contemplative, working almost silently creating their theme board. This was particularly interesting since the pilot phase had revealed the challenges that nurse academics found in identifying themselves through the more traditional interview phase and the use of the theme board technique seemed to illuminate how nurse academics could express the more tacit aspects of their identity visually. I also reflected that the shared experience of being part of a focus group seemed to enrich the process. All the participants commented on the value of the theme board exercise as it allowed them to reflect on their own practice in a way that other data collection techniques did not. Although it was more time consuming, as the participants were absorbed in the activity. It appeared to give participants some distance to express thoughts that were usually implicit (Rose, 2014). All the participants took their theme boards away with them and I wrote in my field notes a few days later that many were displayed them in their academic offices, which I thought was symbolic that they had found the process meaningful.

Overall, on the data collection methods were not without problems. Not least as I had been forewarned in a doctorate Annual Progress Review regarding synthesising the large amount of data within the confines of a doctorate. Focussing on the thematic analysis by seeking some guidance from an expert who had used the Attride-Stirling thematic analysis model (2001) was extremely helpful in the process of distillation of the data. The Attride-Stirling Model (2001) allowed me to create a clear data trail, which was helpful when synthesising the data, and coded in a way that was inductive from the data. I adapted the Attride-Stirling model (2001) by colour coding the themes as

they emerged from the data and this visual representation helped significantly in condensing the data to capture its meaning.

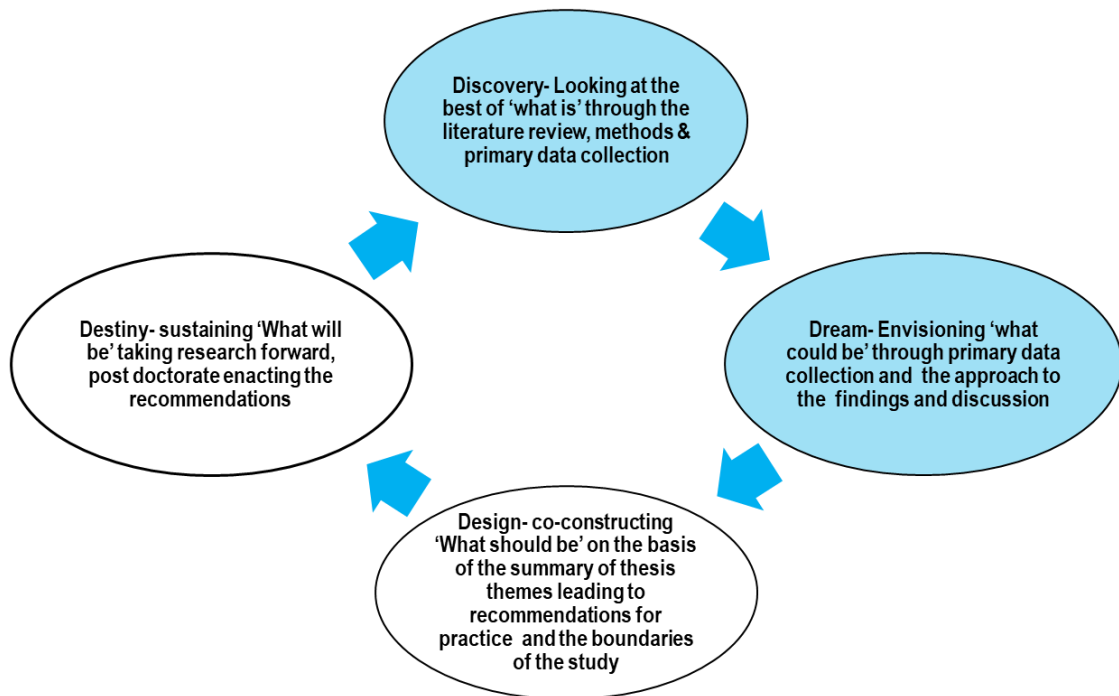
### **3.12 Summary of chapter**

Chapter three continued with the 'Discovery phase' (Cooperrider et al 2008). I presented the aims and objectives of the study and identified a rationale for using AI. Various methods for data collection were critiqued and justification provided for the use of semi- structured interviews, focus groups and theme boards as an approach to the AI methodology. The approach to thematic data analysis was examined within the context of the research design. Furthermore, ethical considerations were explained and how trustworthiness and credibility were attained within this study. A reflective summary of the methodology chapter highlighted some of the challenges of the data collection process and the benefits of the strategies taken. Chapter Four will focus on the findings and discussion from the interviews, focus groups and theme boards.

## 4.0 Chapter Four- Findings and Discussion

Chapter Four continues on the AI Discovery phase - Looking at the best of 'what is' through the data collection, and Dream Phase- 'Envisioning what could be' through the primary research as seen in figure 8 below.

Figure 8: Illustration of Discovery and Dream stage of AI Cycle applied to findings and discussion



### 4.1 Introduction

The previous chapter continued the Discovery phase of the AI cycle, presenting the aims and objectives of the research, the rationale for using AI methodology (Cooperrider et al 2008), methods used to gather and analyse the data, and ethical considerations. The intention was to identify the 'best of what is' in aligning the methods used in the primary data collection to the AI approach. This chapter takes the 'Discovery' journey further, through the presentation of the findings and discussion of primary data and then moves through into the 'Dream Phase'. The 'Dream Phase' (Cooperrider, et al 2008) concentrates on 'envisioning what could be' through thematic analysis. The findings and

discussion were integrated, as it appeared to facilitate the interpretation of findings and exploration of any relationships, in the context of the thematic networks created.

The findings were analysed based on the thematic network analysis (TNA) of Attride-Stirling (2001). For clarity, the TNA are illustrated using four colour-coded diagrams with relevant discussion. The TNA are non-hierarchical and the colours serve to both link to the original data collected (as this was colour coded during the stages of the thematic analysis) and to promote clarity between each of the TNA. The shades of colour for each TNA indicate the global, organising and basic themes. TNA are listed as follows:

TNA One (blue), 'Nurse academic identity is derived from CPE engagement'

TNA Two (green), 'Nurse academics and nurses in practice identify positively where academic role and practice contribution are harmonised'.

TNA Three (purple) 'Nurse academics have a positive identity'.

TNA Four (orange), 'Contested areas of nurse academic contribution to HEI and practice'.

TNA Four has purposefully been placed as the final theme in the sequence, since its focus was on some of the challenges that nurse academics experienced, not identified in the other TNAs. The TNAs composed are used as an architecture, to guide the understanding of the themes of the research (Attride- Stirling, 2001). Two Organising themes link to the Global theme for each TNA. There are two facets that Attride-Stirling (2001) suggests need to be considered within this step of the interpretation. First, to describe the TNA by taking each TNA in turn, describing its contents. This is supported by the evidence segments noted in bold italics. Second, to explore the TNA and its underlying patterns, thus taking consideration of the whole. Each Basic theme contributes to the

Organising theme, which supports the overarching Global theme. Further detailed coded tables of the Basic, Organising and Global themes (see Appendix 20) formed the four TNAs with quotations from the data analysis (Attride-Stirling, 2001). The Basic themes should be read around each of the Organising themes, which are numbered accordingly. The aim of this chapter is to explain each of the TNAs to demonstrate interpretation of the findings and discussion within the context of AI Discovery 'the best of what is' in terms of nurse academics understandings of their identity and perspectives from nurse academics' and nurses in practice on the contribution to the CPE. Furthermore, the Dream phase focused on 'Envisioning what could be', in terms of how the participants could share positive discussions about their identity and contributions to the CPE for the future (Cooperrider et al 2008).

Each nurse academic participant was identified as NA 1, NA2 etc. From an ethical perspective it was decided not to subdivide the nurse academics into the constituent data collection groups (interviews, focus groups and theme boards), as this could compromise their anonymity (Cresswell, 2013). Focus group participants who were Registered Nurses in practice were identified as RN1, RN2 etc.

#### **4.2 TNA One 'Nurse academic identity derived from CPE engagement'**

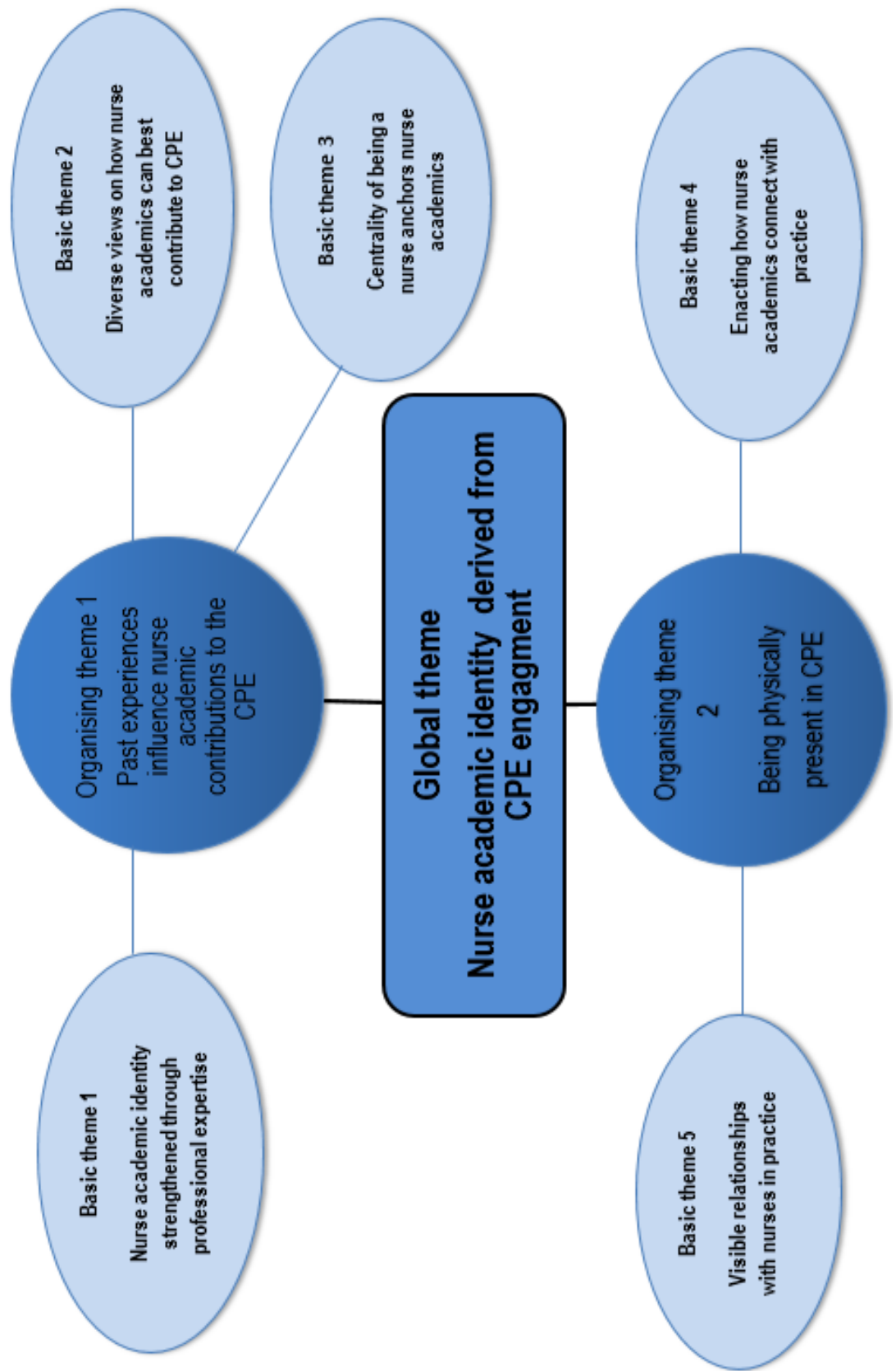
TNA one was based on the Global theme of nurse academic identity being derived from CPE engagement. It comprised of two Organising themes and five Basic themes (see figure 6 p89). This TNA explains the importance of the relationship between nurse academics and the CPE, to nurse academic identity. Organising theme 1 discloses that past experiences as a nurse and nurse academic, influence their contributions to practice. Organising theme 2 shows that being physically present in the CPE strengthens nurse academic identity.

Organising theme 1 is underpinned by three basic themes. Basic theme 1 '*Nurse academic identity is strengthened through professional expertise*', Basic theme 2 '*Diverse views on how nurse academics can best contribute to the CPE*' and Basic theme 3 '*Centrality of being a nurse anchors nurse academics*'.

Organising theme 2 is supported by Basic theme 4 '*Enacting how Nurse academics connect with practice*' and Basic theme 5 '*Visible relationships with nurses in practice*'.

TNA One will now be explored in detail (see Figure 9, p88).

Figure 9 TNA One



#### 4.2.1 Basic theme 1 'Nurse academic identity is strengthened through professional expertise'

The findings uncovered the value that nurse academics placed on supporting CPEs where they had previous clinical expertise. Some participants articulated that they felt their clinical expertise was utilised in the CPE and helped to build a clinical rapport in the CPE. **'It is that inner knowledge (expertise) so you can support students better'** (NA3). Nurse academics cited the relationship with their own identity in terms of previous clinical experience. On the other hand, some nurse academics that were not aligned to their own areas of professional expertise expressed deep frustrations. The theme garnered that nurse academics generally aspired to support the CPE, through being affiliated to their clinical background, a view shared by nurses in practice.

Connections with professional backgrounds appeared to be an important expression of nurse academic identity, as participants were able to draw on their expertise in the context of supporting the CPE and seemingly, on a professional level. **'That is my background. That is what I know'** (NA8). Willetts and Clarke (2014) refer to this as the 'salience of identity', whereby social identity is dependent on the setting, and so individuals perform their identity most relevant to their environment. Therefore, where there is affinity to the CPE background, the nurse academic identity is stronger. This view also resonated with nurses in practice, who found it reassuring to have nurse academics expressing a passion towards their specialism, supporting areas of similar expertise, and as a professional resource. **'It makes sense to link with those areas of clinical experience, as nurse academics have the knowledge and skills- it seems obvious'** (RN3). Nurses in practice appeared perplexed that this was not the case more widely for nurse academics. These findings concur with research by Meskell et al (2009) who found nurse academics had a reduced sense of belongingness and increased vulnerability in the CPE, if they were in unfamiliar areas, where they had not had some level of previous clinical experience. Owen et al (2005) agrees that accustomed clinical areas can help nurse academics remain in touch with the 'real world', explain how policies

are interpreted in practice and translated into their pedagogical teaching. Furthermore, Andrew and Robb (2011) suggest that the way in which nurse academics maintain their clinical contribution is 'embryonic in its inception' (Andrew and Robb, 2011, p 431), indicating that more research is needed to realise the potential of nurse academics to the CPE.

Likewise, some participants wanted to explore the interface with the CPE more directly, expressing that they wished to establish honorary contracts with areas where they have clinical expertise. **'One of the proposals I put forward was to have an honorary contract at a local walk-in centre and students could work with me'** (NA6). This emphasised the nuances of how clinical aspects of professional expertise is interwoven with concepts of nurse academic identity. Evidence suggests this could be formalised in a similar way to which clinical academic careers have developed through the collaboration between HEIs and healthcare organisations with commitment from nursing, managerial and research leadership (Gerrish and Chapman, 2017).

Basic theme 1 revealed that not only is the connection to areas of previous clinical expertise of paramount importance to nurse academics when considering how they identify themselves; but also the complexity of identity as a dynamic process dependent on how it is expressed and received within the CPE (Leiff et al 2012, Monrouxe, 2010). What is more, the research aligned to Wenger (1998) who argues that the construction of identity is a process that reflects the importance gained from being a member of a social community, and so there is a level of dependence upon the CPE as being a positive identifier where clinical expertise can be drawn upon by the nurse academic.

Importantly, those nurse academics that were not supporting areas from their own clinical professional expertise were dissatisfied with their contributions to the CPE. **'I don't feel very useful**

*on a ward because my knowledge and skills are from working as an ANP in primary care'* (NA6) and *'I have no links to my specialist (community) areas and that saddens me, I feel deskilled'* (NA5). The participants expressed that their clinical skills were not being utilised, which agrees with the findings of Andrew and Robb (2011 p 432) who comment that the 'complexity of the role cannot be fully communicated in a classroom situation, as much of the knowledge is not generated in a single environment'. This supports the notion of the importance for nurse academics of the 'direct application' of theory to the CPE (Andrews and Robb, 2011). Findings indicated that those who contributed to areas of their own expertise have more to offer in terms of education knowledge exchange. This is strengthened by the findings, which indicated nurses in practice also welcome the contribution that nurse academics can make in those areas of professional expertise.

#### **4.2.2 Basic theme 2 'Diverse views on how nurse academics can best contribute to the CPE'**

Basic theme 2 related to the '*Diverse views on how nurse academics can best contribute to the CPE*'. Based on participants' own experiences through their clinical backgrounds there were a number of differing views on how nurse academics felt they best contributed to the CPE. In some senses, a lack of consensus could have made it difficult for nurse academics to be clear-cut about their contributions; however, the AI focus in the discussion seemed to draw out participants' ideas. *'I would like to participate in some areas of patient care, such as helping Trusts with risk areas such as drug administration and safety, so my knowledge and expertise can improve practice'* (NA7) and *'I would like direct involvement in teaching in the Trust, I think we could have an input into that'* (NA3). Findings indicated expressions of how the knowledge and skills of nurse academics could contribute in differing ways, both directly to patient care and in teaching students in practice more directly; bringing together the very practical elements that assist nurses in identifying themselves from early in their nursing careers (Cook et al 2003). In other words, nurse academic participants were rooted in their clinical experience and identified themselves in that way

as aligning to work by Lopes et al (2014) who found Portuguese nurse academics give salience to their identity as nurses, as a primary identifier. Nurse academic contribution to the CPE is synonymous with reconciling professional identity in the nature of practical pursuits, of giving nursing care and teaching clinical care (Baldwin et al 2017). Academics construct multiple identities due to the participation in differing communities (Kreber, 2010). In this case, nurse academics frequently interchanged between NHS and HEI environments it was therefore expected, as influences from these varying habitus were plentiful, that their identities and that of others were shaped by the environment in which they were situated at a particular time. Moreover, the participants' views on their various contributions to the CPE were also eclectic. In the main, nurse academic participants felt a strong sense of purpose to the clinical component of expertise to offer the CPE, based on their personal knowledge and experience of practice. This was coupled with their professional knowledge as nurse academics, which they articulated as of value.

Conversely, the focus of a few participants' was solely on that of engaging with student nurses, with some overtones about the superficial level of engagement due to the number of areas to cover. ***'I have 18 areas to cover; it is so vast so I just think I need to focus on the areas (of student support) that are struggling'*** (NA9). One or two nurse academics limited themselves predominantly towards recording the student nurse experience and learning within the placement setting as the principle function, perhaps to the exclusion of other practice based activities. ***'It's not about patient contact but understanding the student's perspective!'*** (NA2). From these discussions, interactions with mentors were not particularly considered in the context of contributing to practice, suggesting that their relationships with nurses in the CPE were not cemented. This somewhat narrow perspective concurs with earlier findings of Meskell et al (2009) who found that nurse academics who had large geographical areas to cover, tended to adopt a 'trouble shooting' approach. For example, my research found these particular participants tended to concentrate on

understanding the perspectives of student nurses who were on action plans in the CPE. Hence, some participants' apparent doubt towards their contribution to the CPE could be explained by the challenging interactions that came from mainly focusing on students with problems with their clinical documentation.

Likewise, research by Owen et al (2005) regarding mental health nurses identified that the contribution to practice was contested due to differing views on what constitutes clinical activity. Two points emerge from Basic theme 2. First, superficial interactions seem likely to ensue if nurse academics do not have quality time to spend in the CPE and are stretched from a logistical and workload perspective. Second, a minority of nurse academics view engagement in the CPE in a purely functional sense. Notions of function may be limited towards the most pressing and important aspects of the individual student experience, rather than on building relationships with a particular clinical area, where knowledge exchanges could flourish. This suggested that aspects of their contribution to the CPE was less meaningful and therefore not a strong signifier to their individual nurse academic identity. One nurse academic articulated that they felt the most meaningful contribution to the CPE emanated at arm's length, through teaching student nurses clinical skills in the laboratories. **'There should be opportunities for all nurse academics to participate in the clinical skills modules'** (NA2). On the one hand this represented a positive association with being a nurse academic in its broadest sense as suggested in the literature review of Ousey and Gallagher (2010, p665) who argue that 'nurses should eschew professional parochialism and value the contribution in the totality that is nursing'. At the same time, this view also seemed contradictory, as nurse academics frequently draw from their 'real life' clinical experiences in their teaching. This finding supports research by Baldwin et al (2017) into concepts of role modelling in professional identity, as nurse academics draw on their 'clinical self' in planning teaching and role modelling. I therefore saw this anomaly as a potentially missed opportunity from these particular

participants. I hypothesised that the explanation lay in less fruitful experiences of engaging with the CPE.

#### **4.2.3 Basic theme 3 'The centrality of being a nurse, anchors nurse academics'**

Basic theme 3 '*The centrality of being a nurse, anchors nurse academics*' was a robust and consistent finding among nurse academics. The notion of foremost being a nurse was a strong identifier for nurse academics. '***I identify as a nurse, first and foremost, rather than a teacher***' (NA 5). Being a teacher or academic was secondary to the primary identifier as a nurse. '***I am a nurse first and always will be. Ultimately it's about the patients***' (NA3) and '***I teach nurses and think of myself as a nurse. I am passionate about that***' (NA2). The explanation for this can also be seen in the work of Andrew (2012) who argues that nurses who enter academia have clinical expertise but do not have an equal profile in research and scholarship; as this develops as nurse academics progress their careers within the HEI environment. However, the profile of the nurse academic participants in my research, showed that the majority were experienced within HEIs, suggesting that the value of clinical expertise is paramount as an identifier and makes the role of the nurse academic a distinctive one among other academics.

One could argue that nurse education being fully present in HEIs (since the Further and Higher Education Act, 1992), has led to more confidence in nurse academic identity, embodied from being a nurse and embracing their professional differences from traditional academic paths. Equally, Findlow's (2012) ethnographic research regarding new nurse academics, drew similar conclusions suggesting that nurse academics 'want academic status and respect but on account of their professional expertise' (Findlow 2012 p 131).

To explain, nurse academics perceive the value of their expertise and knowledge in a broader sense, as theorised by Boyer (1996) who comments 'the scope of scholarships should be in its broadest sense to include the discovery, integration, applications and teaching of knowledge (Boyer, 1996 p135). Moreover, the findings suggests that nurse academic identity goes beyond a desire, but is now a bold pillar of confidence in their nurse academic identity, as evidenced in the findings relating to Basic theme 3. Furthermore, Andrew and Robb (2011) found that evidencing activity in the areas of research, teaching and practice revealed nurse academics were concerned with their clinical focus. The findings from my research indicated that clinical background seemed significant and meaningful to participants' identities as nurse academics and the way that they wanted to contribute to the CPE to express that identity. This is useful when considering the emancipatory and transformational nature of AI (Cooperrider 2008, Cowling 2004), in that the Discovery phase focused on framing questions from an affirmative position as nurses, whilst the Dream phase enabled participants to consider what can be aspired to from their own perspectives, (Ludema and Fry, 2008).

#### **4.2.4 Basic theme 4 'Enacting how nurse academics connect with practice'**

Some of the most emphatic discussions from all participants related to being physically present in the CPE, which was Organising theme 2, within TNA One. Deeper discussions through Basic theme 4 '*Enacting how nurse academics connect with practice*' revealed proficiency in understanding what students were experiencing and 'inner knowledge' so that students could be better supported. **'We can use our knowledge of the CPE to properly prepare our students'** (NA1) and **'When I am in practice I feel more 'clinical' because I am listening to what students are sharing and its shared learning'** (NA7). These views indicated that nurse academics view the CPE as a rich source of knowledge and engagement for nurse academics to enhance their professional expertise. It

concur with research of Andrew (2012) and Fisher (2005) who argue that nurse academics should retain their role in supporting learning at the intersection between theory and practice. Findings indicated that the CPE helped nurse academics to contextualise their teaching pedagogies. Furthermore, it demonstrates that the physical presence of the nurse academic showed an understanding of the culture, what the CPE was like, as they look through the lens of both student nurses and Registered Nurses (RNs). Alongside this, nurses in practice identified that positive relationships were fostered with students and nurses, through that physical presence and that there was an implicit understanding that students were supported. ***'It promotes the relationship with students because students think "my tutor is here for me in Uni (sic) and also in practice"'*** (RN1). Moreover, that physical presence of being in the CPE illustrated to nurses in practice that nurse academics have insight into the culture of the CPE and were offering support to those areas more generally. ***'It shows I am here, I am interested!'*** (RN4 speaking about nurse academics, in the CPE). What is also interesting in Basic theme 4 is that it indicated nurse academics and nurses in practice explicitly focused on how they work together. ***'Partnership working is important as we are not two separate entities'*** (RN6). This symbiotic relationship could suggest that the move to the graduate nature of pre-registration nursing (NMC, 2008) has fostered a mutual understanding in the CPE, in that many nurses will have experienced a university education and are inclined to understand the importance of working together as set out in the 'Standards framework for nursing and midwifery education' (NMC, 2018).

#### **4.2.5 Basic theme 5 'Visible relationships with nurses in practice'**

Basic theme 5 was that of *'Visible relationships with nurses in practice'*. Visible relationships were seen as important for all participants in the context of the Organising theme 2 of 'Being physically present in the CPE'. In particular, for some nurses in practice 'visible relationships' were positively associated with those nurse academics who wore a uniform and were viewed as being part of the

CPE. ***'I did a locum shift with one of my tutors (teaching on the ITU course) and it was good to see her in uniform, in the bed space next to me. It was good that she worked next to me and was marking my work'*** (RN2). Spragley and Francis (2006) argue that there is positive association between wearing a uniform and professionalism, mooring symbolism and identity. However, there are less favourable historical overtures that are associated with nursing identity in the attachment of the familiar, through wearing of uniform. This is described in the historical observational work of Menzies (1993) who is critical of nursing's overt hierarchy, as a way of subordinating the profession through 'inner behavioural uniformity' (Menzies, 1971 p12) rather than a measure of a particular skill. However, in the context of my findings it appeared that the wearing a uniform could be a way in which participants in practice expressed that nurse academics could integrate and express their identity and feel part of the CPE.

Willetts and Clarke (2014) explain this as 'lower order nested identity' that is, attached to organisational structure, such as the CPE, within a social identity framework. The impact of 'lower order nested identities' tends to have an immediate and direct impact on identity (Willetts and Clarke, 2014). Nurses in practice spoke positively about physical presence enhancing relationships and indicated mutual willingness for nurse academics to be part of 'the team'. ***'Seeing them out here in the Trust helps students to see that nurse academics are connected to practice'*** (RN3). The visibility related to nurse academics wearing a uniform appeared to be a symbolic endorsement, to identify as a part of the nursing team, from the perspective of nurses in practice. This new concept does not appear evidenced in other literature in relation to nurse academics and reinforces that nurses in practice welcome the clinical contribution that nurse academics can make to the CPE.

There appeared to be a level of recognition from nurses in practice that nurse academics visibility in the CPE and knowledge base were connected. ***'If a nurse sees nurse academics' in practice its***

**good'** (RN1). To explain, nurses in practice saw the visibility of nurse academics as an acknowledgment of understanding the realities of clinical practice for themselves but also for the student nurses. This agrees with the work of Fisher (2005) who also found that visibility in the clinical area was important in terms of clinical expertise but also in relationships with the CPE.

'Visible relationships' from the nurse academic perspective, related to embedding themselves in the CPE. This was associated with their own knowledge, but also in their interactions with students and nurses in practice, in a spirit of reciprocity. **'I do think those ties need to happen and I do think we need to go (to the CPE)'** (NA10) and **'If you are in the CPE you become a familiar face with the staff. You see what is going on and those incidents, observing the constant changes in practice'** (NA7). Participants reflected the multi-dimensional contributions that nurse academics can make to the practice area where theoretical knowledge can be enhanced by the clinical practice contributions **'Having contact with CPE does maintain relevancy, having contact with clinicians and having those conversations'** (NA5) which has also been highlighted by Fisher (2005) and McSharry et al (2010). Furthermore, nurse academic identity could be strengthened through seizing the collaborative opportunities that develop the profession (Andrew, 2012). My findings in Basic theme 5 align to those of Collington et al (2012) who found that the role was essential in supporting the practice learning from an academic, student and staff perspective. Nurse academic participants articulated that the connections with the CPE helped them to understand the context of integrating evidenced based care into challenging and changing practice environments. Moreover, it provided chances to explore innovations/technologies occurring in specific clinical areas and opportunities to connect with other members of the Multi-Disciplinary Team, which may impact on care. **'We can use the knowledge of how it is in the CPE, to properly prepare students'** (NA1). This supports research by MacIntosh (2015); who used focus groups with student nurses and nurse academics to gain understanding of the expectations, politics and culture to enhance partnership working

(Macintosh 2015), thus emphasising the cultural aspects that nurse academics gleaned from contributing to the CPE.

To summarise TNA One, the overarching perspective relates to how nurse academic identities were derived from the CPE. There were confident perspectives from nurse academics and nurses in the CPE about the benefits of nurse academics drawing on their previous clinical experience.

Encouraging relationships with the CPE helped in cementing their identities as nurse academics.

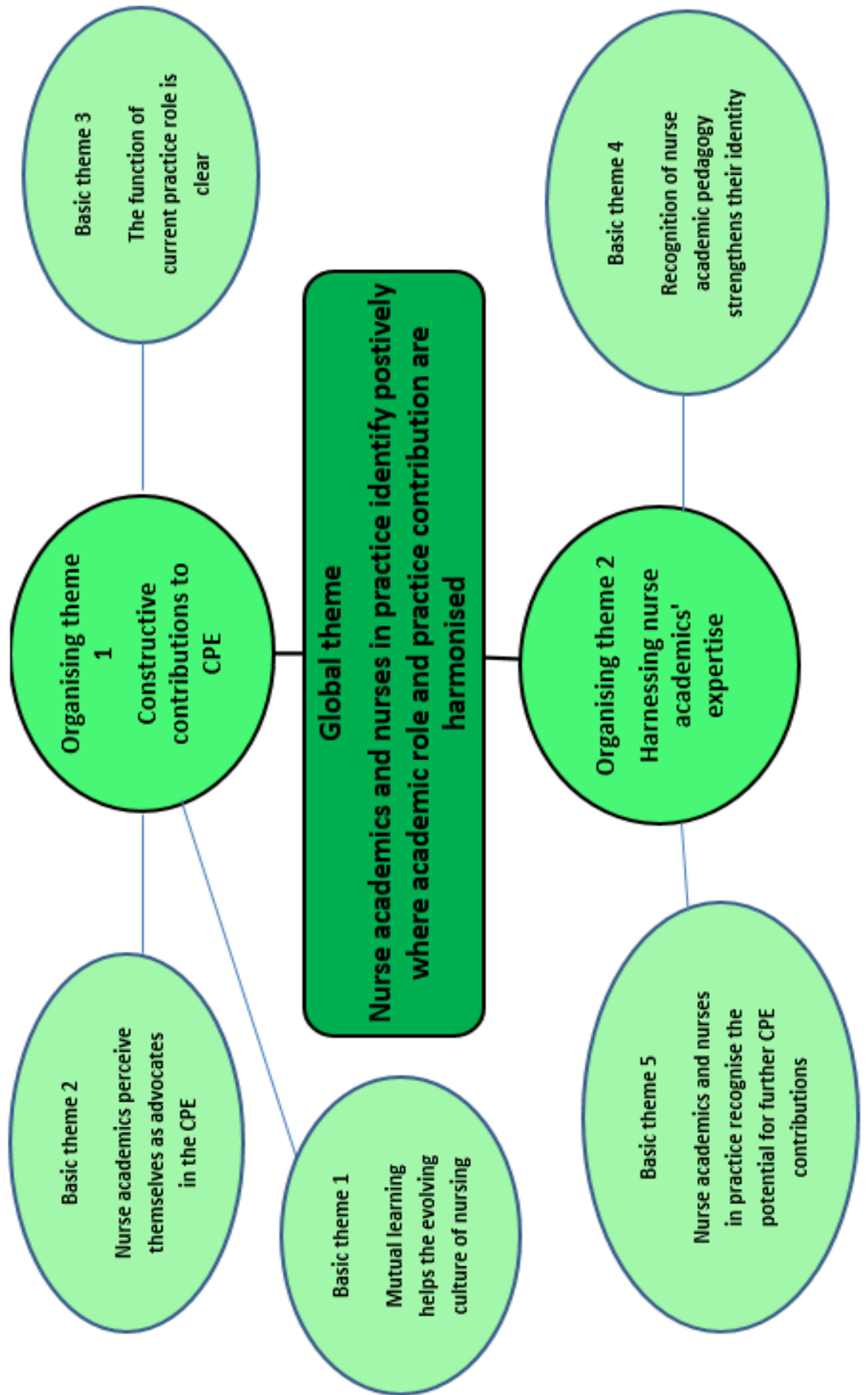
There were an encouraging variety of views on how those contributions can be realised in a meaningful way, which moved beyond merely focussing on students who have issues in the CPE.

Nurse academics identified themselves primarily and positively as nurses and therefore the significance of the relationship with the CPE as a resource for knowledge exchange was even more important. Furthermore, there was evidence in this research that nurses in practice understood and valued the contributions of nurse academics, where they were a visible presence.

### **4.3 TNA Two 'Nurse academics and nurses in practice identify positively where academic role and practice contribution are harmonised'**

TNA Two related to the global theme '*Nurse academics and nurses in practice identify positively where academic role and practice contribution are harmonised*'. (Figure 10 p101). Two organising themes were developed from the data. Organising theme 1 'Constructive contributions to the CPE' and Organising theme 2 'Harnessing nurse academics' expertise'. Organising theme 1 contained three Basic themes. Basic theme 1 was '*Mutual learning helps the evolving culture of nursing*', Basic theme 2, '*Nurse academics perceive themselves as advocates in the CPE*' and Basic theme 3 the '*Function of current practice role is clear*'. Organising theme 2 contained 2 Basic themes. Basic theme 4 '*Recognition of nurse academic pedagogy strengthens their identity*' and Basic theme 5 '*Nurse academics and nurses in practice recognise the potential for further CPE contributions*'

Figure 10: TNA Two



#### 4.3.1 Basic theme 1 'Mutual learning helps the evolving culture of nursing'

Basic theme 1 was categorised as 'Mutual learning helps the evolving culture of nursing'. This was an affirming discussion elicited from all the participants and indicated the reciprocity between nurse academics and nurses in practice where the role was harmonised and relationships were formed for mutual learning. **'We can see how the nurses are applying broad theory, (we) are challenging and changing practice, what the innovations are in the clinical area'** (NA7).

There was a sense from these discussions, particularly in the focus groups, that social interactions were central to building professional relationships **'I asked the practice staff how I can support them and they have been receptive and pleased to see me'** (NA2) action supported by Collington et al (2012). Furthermore, McSharry et al (2010) argue that ongoing professional development for nurses is where nursing academics can contribute. **'I have helped nurses and managers in practice identify their own CPD needs, it has been effective'** (NA5). I gleaned that there was common understanding between participants and that the knowledge exchange that took place increased mutual respect. MacPhee et al (2009) describes the exchange of knowledge as a culture that values education as being a key criterion for effective learning environments. The findings indicated that when nurse academics promoted their academic skills, nurses in practice responded positively, offering their own knowledge and experience towards educational activities encouraged by the nurse academics. **'My engagement would be if they (nurse academics) want me to teach clinical skills or be involved with interviewing'** (RN2). This suggested that more value was placed on the value of learning from the perspective of nurses in practice in both the CPE and the HEI. There has been limited perspectives from the literature regarding nurses in practice views about nurse academic

contributions (Meskell et al 2009) and so this point was encouraging about the collegiate nature of learning at the intersection of the CPE.

#### 4.3.2 Basic theme 2 'Nurse academics perceive themselves as advocates in the CPE'

Basic theme 2 concerned 'Nurse academics *perceive themselves as advocates in the CPE*'.

Nurse academics considered themselves to be independent of practice and felt able to offer opinions in dealing with critical incidents from an external perspective as they were employed by the HEI rather than the Trust. Nurse academics' discussions with nurses in practice and student nurses seemed to offer points of reflection and clinical supervision type activities e.g. debriefs around managing student performance. These were seemingly enhanced by the nurse academics being external to the Trust and were encouraged through student nurse support sessions or one to one visits to see student nurses in practice.

Price et al (2011) acknowledged the importance of reflection in the CPE. However, they identified this exclusively as part of the role of the mentor, rather than of the nurse academic. Conversely, MacPhee et al (2009) and Lopes et al (2014) propose that nurse academics can help overcome the problems associated with educating students in practice, in terms of contextualising their experiences, which is indicated in my research. **'We can be almost an ethical voice to the students and beyond, because it stays with them'** (NA10). Meaning that the opportunity for students to discuss practice impartially with nurse academics had a lasting impact from an experiential perspective in encouraging good nursing practice. Findings appeared to indicate that the value of the nurse academic as external to the CPE was an advantage in terms of

assisting nurses and student nurses to frame their experiences in practice. ***'Nurse Academics in practice can challenge rituals. Newly qualified nurses say 'I heard your voice and I have stopped and not done what the others have done, I have stood back and thought I am not going to do it that way'*** (NA9). The findings showed that experience and positionality of nurse academics in the HEI can be seen as offering a level of impartiality from the Trust, which builds opportunities for meaningful learning in the CPE. This has not been found in other research findings. ***'I have had mentors say 'what would you do in this situation?' and I can be a critical friend, as there is trust because you are not part of the organisation, so you give them a few tools and they can guide themselves'*** (NA1). This positive view is juxtaposed with other findings, which related to negative connotations from some nurse academics in the sense of being 'outsiders' and helps to explain the subtle nuances of the relationships with the CPE through the perspective of AI.

#### **4.3.3 Basic theme 3 'The function of the current practice role is clear'**

Basic theme 3 relates to *'The function of the current practice role is clear'*. The essence of what was articulated was in a collegiate sense. The parameters of the current practice role were very clear to nurse academics and nurses in practice, as defined by the then Standards for Learning and Assessment in Practice (NMC, 2008) and the RCN toolkit (2017). The discussions evidenced a clear remit of identifying and participating in the quality assurance aspects of how nurse academics currently contribute to the CPE. ***'They assist us with mentor updates and student evaluations and some visit the clinical areas to see students. They tend to run and facilitate the biology club and have a partial role in educational audits'*** (RN5). This theme highlights the quality monitoring aspects of the role that are required as a minimum standard

(NMC, 2008). ***'Managing the quality aspects, so if the NMC do a visit, it's business as usual'*** (NA7). The findings are reflected in other literature regarding the contributions that nurse academics make in the context of a broader practice team (Gillespie and McFetridge 2005, Griscti et al 2004, MacIntosh 2015, McSharry, 2010). ***'I am easily able to define functions of the practice team, in terms of seeing students, practice mentor updates and escalating concerns'*** (NA2). There was a sense within Basic theme 3 that the current expectations of practice contributions were clear to nurse academics and nurses in practice.

#### **4.3.4 Basic theme 4 'Recognition of nurse academic pedagogy strengthens their identity'**

Focussing on the Organising theme 2 'Harnessing nurse academic expertise', Basic theme 4 related to *'Recognition of nurse academic pedagogy strengthens their identity'*. Participants appeared attuned to their academic skills and embraced them as part of their identities. Nurses in practice also recognised this academic contribution. There was awareness that nurse academics and nurses in practice have 'moved on' from the dichotomy of academics and the nurse who simply practices. There was a sense of conviction that if nurse academics felt secure in their 'academic selves' that they could make a contribution to the CPE. ***'Policy development. We have that combination of clinical experience with the knowledge, so you could have a more coherent evidenced based practice policy'*** (NA1, in relation to developing Trust policy and guidelines). Equally, nurses in practice recognised the nurse academics' pedagogical contributions. ***'I am a member of an international forum for critical care nurses and we use nurse academics to contribute to study evenings and events'*** (RN2). The findings indicated that the academic and practice contribution could be both harmonised and harnessed. ***'That's what makes me keen to work in a clinical academic role, because I can do both***

***components well and bring something***' (NA6). Andrew (2012) refers to this as an 'evolving identity'. Practice appeared to be perceived as part of the teaching activities through the viewpoints of the nurse academic and that of nurses in practice, corresponding with research by Lopes et al (2014).

#### **4.3.5 Basic theme 5 'Nurse academics and nurses in practice recognise the potential for further CPE contributions'**

Basic theme 5 '*Nurse academics and nurses in practice recognise the potential for further CPE contributions*' was a particularly rich discussion with all participants, who offered many suggestions, which are highlighted in Text Box 1 below:

Text Box 1: Further contributions to the CPE

Honorary contracts within Trusts
Joint conferences
Joint publishing
Mentor updates with practice
Participation in strategic level boards within Trusts
Student support sessions
Reflective activities
Teaching clinical skills in Trust simulation labs
Writing policies and procedures

Contrary to Adams (2011) who found that 'role crisis' occurred as nurse academics were unable to use their clinical experience or establish themselves as an academic. My findings suggested nurse academics and nurses in practice could see a variety of contributions that nurse academics could make in the context of the CPE, by drawing on their skill set of teaching pedagogy and research, supporting the findings of Collington et al (2012) and McSharry et al (2010). Nurses in practice spoke positively, recognising pedagogical suggestions that could be taken forward at many levels within their organisation. **'Some nurse academics sit on strategic level boards. Potentially we could have more of that, and I think they would like that too'** (RN5) and **'Writing policies and procedures, it would be good to have that expertise to draw on'** (RN6). Basic theme 5 emphasised the importance of the intersection with practice as pivotal to the contributions that nurse academics can make to the CPE. Nurse academics were both viewed as a resource that could enhance the CPE and with the potential for further contributions. The AI approach in terms of 'envisioning what could be' (Cooperrider et al 2008) was evident through the data collection process here and stimulated the discussion among participants. **'Do you think you could reimagine the nurse academic role in practice, if you were drawing on your experience and making those connections?'** (Researcher) indicating the relationship between the methodology and AI theoretical framework.

To conclude TNA Two, nurse academics and nurses in practice identify positively where academic role and practice contribution are harmonised. The findings showed that contributions to the CPE were strengthened, as nurses in practice were responsive, when nurse academics utilised their educational skills, which afforded opportunities for knowledge exchange. Moreover, nurse academics independence from the CPE, as external to the Trust, was viewed as constructive, as it presented opportunities for reflection with student nurses and nurses in practice. Nurse academics describe themselves as having an ethical voice in influencing students

and RNs when they are in practice. The current functions of nurse academics are clear and could be further developed when nurse academics draw more specifically on their academic pedagogy within the CPE. There appeared to be a strong sense that nurse academics and nurses in practice had moved away from the dichotomy of theory-practice gap and work together in a spirit of harmonisation. Furthermore, there was encouraging evidence from within this theme of how nurse academics could contribute further by drawing on their pedagogical and research skills.

#### **4.4 TNA Three (purple) for 'Nurse academics have a positive identity'**

TNA Three (Figure 11, p109 ) had the Global theme of 'Nurse academics have a positive identity' which was developed principally from the focus groups with nurses in practice and latterly the theme board data with nurse academics. Two Organising themes were developed from the findings. Organising theme 1, 'Nurses in practice reinforce nurse academic identity' and Organising theme 2, 'Rewards of being a nurse academic'. Organising theme 1 contained two Basic themes. Basic theme 1 was categorised as '*Nurses in practice value their own continuous professional development*' and Basic theme 2 '*Graduate nurses in practice affiliate with the HEI*'. Organising theme 2 had four Basic themes. Basic theme 3 '*pastoral significance for nurse academics*', Basic theme 4 '*nurse academic identity-complex hybrids*', basic theme 5 '*Habitus of the HEI*' and Basic theme 6 '*Nurse academics do not appear to recognise gender differences*'.

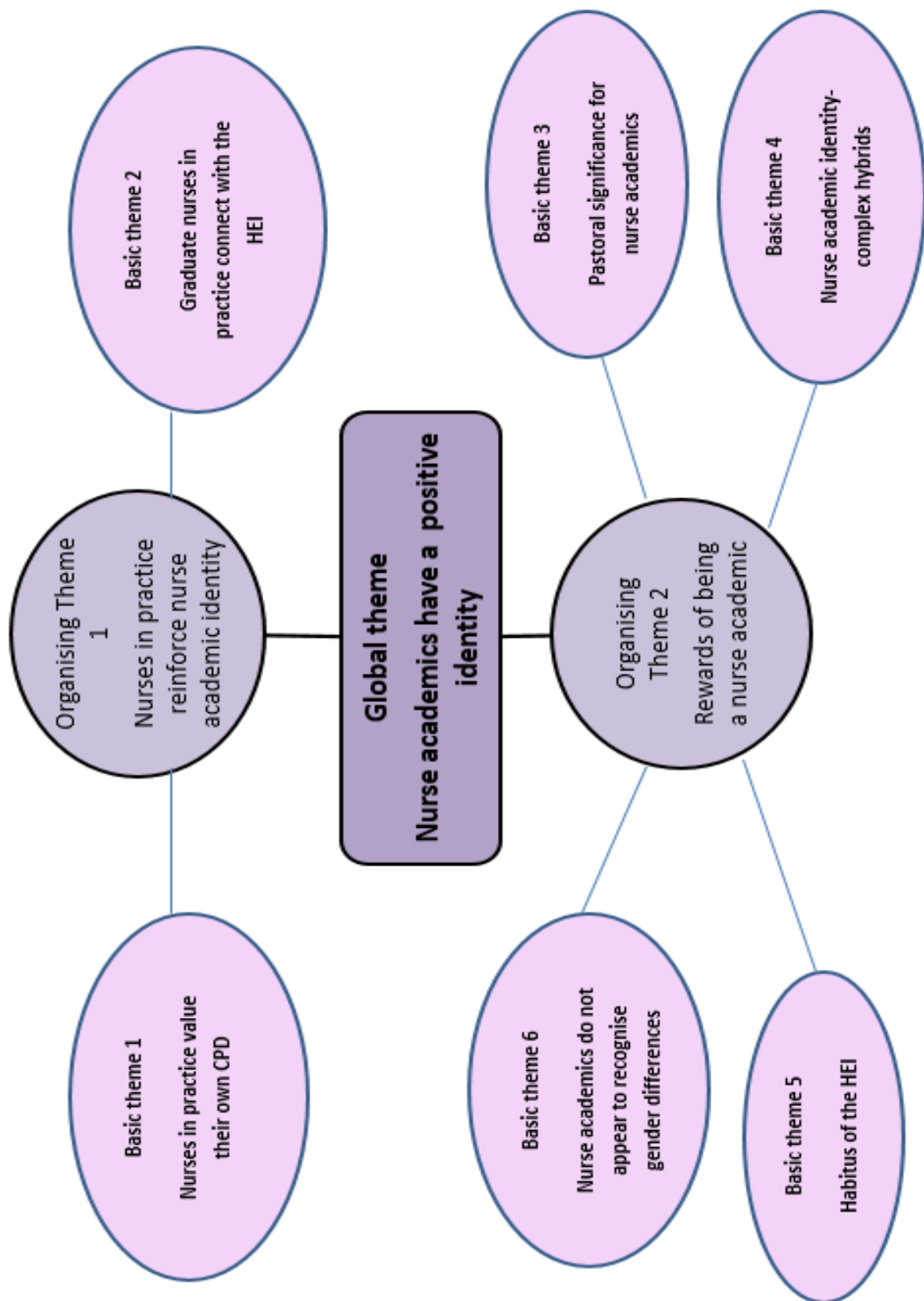


Figure 11: TAN Three

## Organising Theme 1 'Nurses in practice reinforce nurse academic identity'

### 4.4.1 Basic theme 1 'Nurses in practice value their own continuous professional development (CPD)'

Participants from practice articulated that education was an integral part of being a nurse and was a positive identifier of their professional selves, concurring with theories of professional nursing identity (Johnson et al 2012, Weaver et al, 2011) and aligning to the earlier findings of nurse academic identities within this research. ***'I've continued my journey in education, all the way through my nursing career, I've gone to University and I keep going back!'*** (RN6). Findings indicated that nurses in practice seemed able to closely relate to nurse academics for this reason, as they valued their own educational experiences and embodied these within their identities as nurses. ***'If you want a career as a nurse, you have to be educated'*** (RN3). The findings indicated that the synergy between nurses in practice and nurse academics manifested itself through the socialisation of continuous professional development.

Nurses in practice identified that specialist courses at university helped them to develop their professional repertoire in their careers as nurses. It seemed quite natural to them that they would be returning to study throughout their careers. Participants articulated that having studied the first time at university on undergraduate diplomas or degrees, they viewed returning to university as something they were familiar and comfortable with. ***'We have all come on, got a degree and gone on to better things'*** (RN1). Nurses in practice valued the learning opportunities to support and develop their own practice through post registration study. ***'I'm doing my PGCE now, and my lecturer has come to practice and observed some of my teaching'*** (RN4). This is supported by Carlson and Bengtsson (2015) who found that well developed post registration

courses were perceived by RNs to enhance their abilities, competence and professional status. From the discussions, it appeared that the greater emphasis on education per se for nurses helped to reinforce nurse academic identities. Nurses in practice understood nurse academics to be a resource and were familiar with them from their own CPD. This was an unexpected finding in the research that had not been found in other literature.

#### **4.4.2 Basic theme 2 ‘Graduate nurses in practice affiliate themselves to the HEI’**

Basic theme 2 ‘*Graduate nurses in practice affiliate themselves to the HEI*’ was an interesting theme to explore, as much of the previous literature was quite dated and mostly negative towards nurse academic contributions; (Barratt 2007, Bentley and Pegram 2003, Cave 2005) therefore it represented a gap in the literature. Moreover, I speculated that views may differ now, as many of the nurses in the CPE are now graduates themselves, as represented by the participants involved in this research.

Nurses in practice felt that there was much more focus on nursing having an evidence base to support their practice, that there was a need to keep abreast of research as RNs. Moreover, they expressed that student nurses were much more questioning of practice and so it was important that their own knowledge base was sound. **‘Students do feel more connected to University (Research) and University life’** (RN1). Participants articulated that nursing as a profession had progressed and that most jobs advertised required a degree. Nurses in practice also expressed that they would like nurse academics to continue those links more formally for post-registration nurses to offer support to the CPE and mentors in particular. **‘We’ve talked a lot about nurse academics in the pre-reg sense, but there may be potential in post reg (sic) as well’** (RN4). This was an interesting element to this theme and indicative of how the nurse academic

contribution could be further developed. There appeared to be a compelling perception of a positive connection between the nurse in practice and the HEI, which appeared to be embedded from their own personal experiences as nurses who had engaged with the HEI themselves. ***'They (nurse academics) are readily accepted. Nurses have always had to study to progress'*** (RN6). This was illuminated as a new finding and was positively affirming to the identity of nurse academics, as it appears that the nurses in practice reinforce nurse academic identity.

### **Organising theme 2 'Rewards of being a nurse academic'**

Organising theme 2 'Rewards of being a nurse academic' had four further basic themes linked to the TNA. As previously stated, much of the data was generated from the theme board activity as participants appeared to struggle to explore this concept through the more traditional means of interviews and focus groups. For this reason I had provided the participants with the question 'What are your identities as nurse academics?' a few weeks prior to the theme board workshop, as a way of stimulating their ideas. Green and Thorogood, (2018) assert that visual data collection methods can be particularly helpful when they are on topics that are difficult for people to articulate.

#### **4.4.3 Basic theme 3 'Pastoral significance for nurse academics'**

In Basic theme 3 '*Pastoral significance for nurse academics*' nurse academics highlighted, that supporting students was of great value to them and it appeared that this norm was drawn from their previous clinical expertise as they were likely to possess pastoral aptitudes. Moreover, within the literature 'caring' was regarded as a self-concept and professional identity for nurses

who may relate to traditional values, culture and gender (Ten Hoeve et al, 2014). ***'When students are at that low ebb, they just need that small act of kindness'*** (NA9). Pastoral significance was observed as an area of deep satisfaction in relation to nurse academic identities. ***'I see it in a holistic way. If there is something that is affecting their studies that I can help them with, I will'*** (NA1). Nurse academics felt they were able to recognise when students needed pastoral support, to help them to develop professionally and academically. Participants gave examples of when they had offered support and I observed concepts of caring from this discussion within this theme, as illustrated in text box 2.

Text box 2: Examples of pastoral support

***'Students have said to me that those five minutes that I waited behind in class (to listen to a concern) mattered to them'*** (NA9).

***'I saw a student in practice and she said everything was fine but when I looked at the practice assessment document, it clearly wasn't. I got the mentor 'in' who was very defensive and the student was crying and I needed to look underneath the surface and escalate the situation to an action plan (to support the student)'*** (NA10).

Pastoral skills appeared to manifest itself as role modelling for students, although the focus for the participants was related to meeting the student nurses' immediate pastoral needs.

***'Sometimes you can be that pebble on the pond that ripples out. We have our professional requirements from the NMC, but as one human being to another, we are investing'*** (NA10).

Nurse academics appeared to embody their pastoral skills in developing nurses for the future. The care for students as individuals appeared to be a personal philosophy and understanding of themselves as nurses and academics. It was seen as synonymous with the rewards of being a nurse academic. This is supported in the literature by Ten Hoeve et al (2013) who posits that the notion of caring was the most prominent feature in nurses' professional identity and self-concept.

#### **4.4.4 Basic theme 4 'Nurse academic identity- complex hybrids'**

Basic theme 4 '*Nurse academic identity- complex hybrids*' focused nurse academics towards their personal views of identity through their own lens, which indicated its multifaceted nature and distinctiveness. Through the theme board activity, it appeared that participants perceived themselves as being different to traditional academics. ***'I see our role as quite complex, as a picture of complexity'*** (NA8). This was attributed to the complex and professional nature of nursing courses and through the interface with practice, corresponding to findings of Calvert et al (2011). Nurse academic identities seemed to be interpreted as being a holistic way in which to engage with student nurses ***'I see myself not just as a nurse, but as a nurse academic you are helping social mobility, to solve some of the chaos'*** (NA10). This was associated with enabling student nurses to develop aspects of personal growth, clinical aspects and critical thinking skills for, chiming with concepts of professional identity (Calvert et al, 2011). Participants used their theme boards to explore personal experiences that had shaped their nurse academic identity. Furthermore, it was the integration of all of these aspects, which was felt to be so important and the pinnacle of being a nurse academic and set them apart from other academic disciplines.

Participants expressed that the nature of the role was constantly evolving and therefore their identities changed and were shaped because of this. **'We have the ability to adapt, change and grow'** (NA7). Boyd and Lawley (2009) highlight that academic and practice environments encourage differing facets of nurse academic identity. Moreover, notions of reconciling professional identity explored by Baldwin et al (2017) and Johnson et al (2012) whose theory describe a continuous process throughout nurse academic careers which is based in creating a context for learning, role modelling for students and evidenced based practice (Baldwin et al, 2017). This was echoed in findings from the theme board activity. **'Although being a nurse is an important part of my identity, the educationalist part is about preparing students, to have those skills'** (NA7). Nurse academics appeared to strongly identify with the educational aspect as an area of competence and constant development but reconciled within the discipline of nursing. **'We originate in practice but have evolved as nurses to be to become nurse educators'** (NA4). Some participants seemed self-assured about their own personal academic identity through their particular educational attainment and evidenced based practice concurring with Duffy (2013) and Malik et al (2016). Participants who identified with those academic characteristics explained that it was an integral part of their fundamental selves, illustrating the complexity of nurse academic identity. **'We are complex hybrids!'** (NA6).

#### **4.4.5 Basic theme 5 'Habitus of the HEI'**

Basic theme 5 related to nurse academics identifying positively with the *'Habitus of the HEI'*. This relates to 'academic' identities through the milieu of being part of the HEI. Nurse academic participants felt comfortably situated in the HEI. **'We are in a privileged position, what a lovely job to be able to influence the future'** (NA10) and **'For me learning is an adventure. And that's what I aim to achieve with what I do'**. (NA8). They expressed that it was a positive

environment in which to develop their academic repertoire, despite its separateness from the jurisdictional space of the practice environment as found by Findlow (2012). All nurse academics expressed their identities against the backdrop of being a nurse, but drew very much on their academic identities and gave clear positive examples of their experiences in support of this notion ***'There is so much still to be discovered, which we can help with, as researchers and nurse academics'*** (NA6). Participants did not appear to be coveting traditional academic roles and embraced the diversity that being a nurse academic afforded, whilst recognising the potential of the HEI as a positive habitus in which to dwell. A possible explanation for this could be the emergence of skills and simulation laboratories where the clinical and academic habitus are amalgamated. This differs significantly from the work of Findlow (2012) Meerabeau (2006) and McNamara (2008, 2009) who found that HEIs were contested spaces for nurse academics. However, my findings may not be generalizable to other HEIs. The findings may provide a unique habitus and synergy, than that of more traditional research institutions where nursing faculties may have less prominence, as a matter of conjecture.

#### **4.4.6 Basic Theme 6 'Nurse academics to not appear to recognise gender differences'**

Basic theme 6 related to gender. Originally, through the review of the literature my research ideas had posited about the influence of gender on nurse academic identities. Interestingly, this assumption was not borne out of my findings and thus created the theme *'Nurse academics to not appear to recognise gender differences'*.

For the purposes of this research, both female and male participants were included in the data collection. For these participants, nurse academic identities appeared to be framed through the perspective of being a nurse, rather than a gendered issue per se. ***'I've noticed that male and***

***female nurse academics have very similar traits-its about being a nurse'*** (NA7). This was illuminating since Padilha (2011) suggests that professional identity is influenced by history, power, politics and philosophy and yet for these nurse academics it did not appear to be a significant facet of their identities. During the discussions many of the participants struggled to relate to the concept of gender having an influence on their identity as nurse academics. ***'My wife is a nurse and our experiences come from being a nurse rather than as a man or a woman'*** (NA6). This is contrary to other literature by Gillett (2012 and 2014) Meerabeau (2005) but is consistent with other research (Baldwin et al 2017, Findlow 2012, Johnson et al 2012, and Lopes 2014) which suggest that professional identity is strong due to the number of years it is formed before entering HEI. Arguably, gender is tied in to nurse academic identities but if this is the case, it appears from my research to be subsumed by stronger identifiers which are associated with a more positive sense of self through being both a nurse and situated within the HEI. Participants expressed that they felt the environment of the HEI had a positive approach to gender equality and thus their identity has been solidified. ***'I don't think it matters'. 'We are all the same'*** (NA1). Nurse academic participants expressed that they felt they had more autonomy and were secure in their academic identities. ***'I think it's our organisational culture'*** (NA1). No doubt, there is a process of transition to academic identity as found in the research of Duffy (2013), but perhaps the transition is now swifter than we had first imagined.

In summarising TNA Three, 'Nurse academics have a positive identity' there was data from nurses in practice that education was viewed as a distinctive aspect of being a contemporary nurse, seemingly associated with CPD and the graduate nature of nursing, which meant that they themselves had an affiliation to the HEI. Nurse academics hold stock in their pastoral skills as part of nurse academic identity and view themselves as complex hybrids, due to the multifaceted nature of their identities. In relation to the habitus of the HEI, in this context, it is seen in a positive

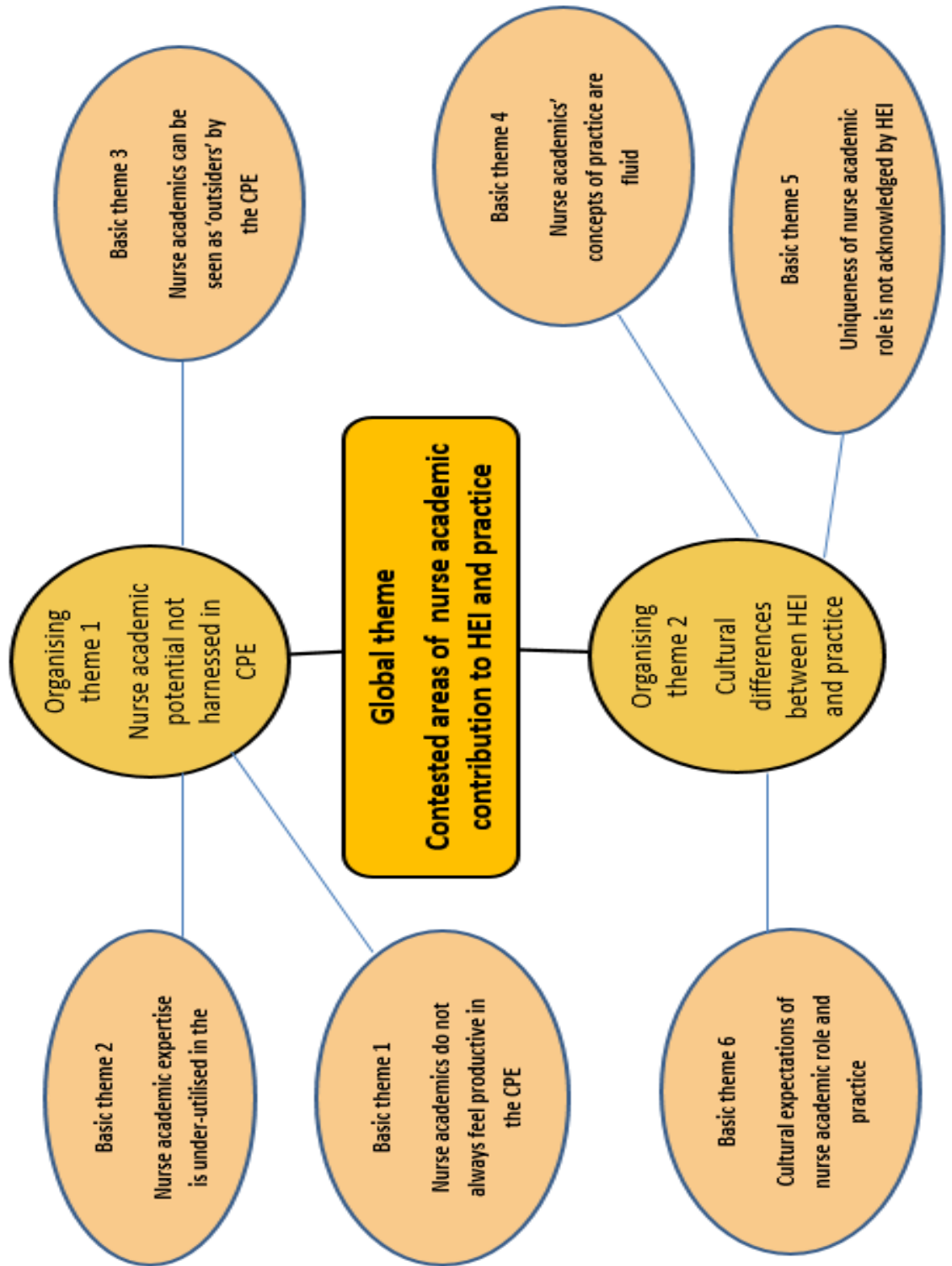
perspective, which has facilitated academic growth. Unexpectedly, this theme reveals that gender appeared less important as a facet of nurse academic identity, when compared to other aspects such as professional identity as a nurse and academic and the positionality within the HEI, which seem to reinforce positive identities for nurse academics.

#### **4.5 TNA Four ‘Contested areas of nurse academic contribution to HEI and practice’.**

TNA Four, ‘Contested areas of nurse academic contribution to HEI and practice’ (Figure 12, p119). This TNA was very much a narrative of tension where the differences between the culture of the HEI and CPE were more amplified, perhaps driven by the methodological approach being able to envision ‘what could be’ through the Cooperrider (2008) AI cycle in this chapter. From time to time, nurse academics appeared conflicted in their contributions to the CPE and increased levels of frustration manifested themselves through the discussions. It is important to acknowledge that suppressing negative discussions can be viewed as oppressive (Bushe, 2012) and therefore participants’ conversations regarding the barriers to their contributions to the CPE were helpful in generating understanding and adding to the authenticity of the findings.

The Global theme links to Organising theme 1 ‘Nurse academic potential not harnessed in the CPE’ which contained three Basic themes; *‘Nurse academics do not always feel productive in the CPE’*, *‘Nurse academic expertise is under-utilised in the CPE’* and *‘Nurse Academics’ can be seen as ‘outsiders’ by the CPE’*. Organising theme 2 ‘Cultural differences between the HEI and practice’ contained three Basic themes; *‘Nurse academics concepts of practice are fluid’*, *‘Uniqueness of nurse academic role is not acknowledged by the HEI’*, and *‘Cultural expectations of nurse academic role and practice’*.

Figure 12: TNA Four



## Organising theme 1 'Nurse academic potential not harnessed in the CPE'

### 4.5.1 Basic Theme 1 'Nurse academics do not always feel productive in the CPE'

Basic theme 1 developed as *'Nurse academics do not always feel productive in the CPE'*. Nurse academics and nurses in practice expressed that opportunities were missed with their academic skills as a resource. Nurse academics articulated frustrations when they were not able to see students in practice due to differing shift patterns or students being on visits away from the clinical area. Nurse academics articulated that their visits to the CPE sometimes required a clearer emphasis and structure. ***'It needs to be less of the 'Queen Mother' visits and have more of a purpose'*** (NA10). Frequently time allocated for visits to clinical areas were based around the nurse academics teaching commitments. Therefore 'seeing' students was sometimes viewed as a haphazard affair. ***'It raises a question about the purpose of the visits, it seems very peripheral and superficial, if I don't see the student nurses it is quite disheartening'*** (NA7). This is evidenced extensively elsewhere in the literature (Fisher et al 2012, MacIntosh 2015, and McSharry et al 2010). Furthermore, nurses in practice acknowledged that the shift patterns (working three long days) meant that connecting with nurse academics was more challenging due to their own availability. ***'It can be difficult because of the long shifts; we do not always see the nurse academics'*** (RN4). Missed opportunities from the perspective of nurses in practice meant that they were less likely to understand the nurse academic contribution in relation to the CPE because the relationship was not developed effectively. ***'If nurses in practice do not see academics, they do not necessarily understand what they do'*** (RN1).

#### 4.5.2 Basic Theme 2 'Nurse academic expertise is under-utilised'

Basic Theme 2 '*Nurse academic expertise is under-utilised*' pertained to the notion that nurse academics did not always feel that their academic or teaching skills were sought after in the CPE; and yet this was previously identified by participants as a skill that could enhance their contribution to the CPE. Nurse academic participants appeared to lack resolve regarding their academic contribution to the CPE and some expressed feelings of disempowerment in relation to their teaching expertise when visiting clinical practice. ***'I feel deskilled in a way, I have to remind myself that I am a nurse and that I worked in a senior position within a local Trust, but these (academic skills) are never asked for'*** (NA5). Data indicated that in areas where more formal teaching took place in practice, such as support sessions for students and practice mentor updates, that nurse academics tended to take a 'back seat'; with Trust practice education colleagues tending to lead those sessions. ***'I help with the mentor and sign-off mentor preparation but that could be developed significantly and be far more dynamic and meaningful'*** (NA9).

However, there was a strong desire to contribute more fully and participants enthused about using external speakers, structured reflection sessions and how to develop the practice documents with students. This is a noteworthy point since the skills and expertise of nurse academics measured through teaching excellence could strengthen their contribution to the CPE (Higher Education Academy, 2017). One participant expressed some frustration in relation to wanting to teach clinical skills and simulation, in practice, as they had an eminent amount of experience in teaching and publishing using this pedagogical approach. Juxtaposed to this, it was evident from the findings that some nurse academics were passive in practice without articulating the pedagogical skills they could contribute. Other research identifies that nurse

academics perceive their clinical role as one of support, advice and reflection activities where they act as advisors to clinical staff relating to educational matters, in a secondary sense (MacIntosh 2015, Meskell et al, 2009). It appears that nurse academics could advocate their teaching attributes more strongly and underpin this with pedagogical expertise to further enhance their contribution to the CPE, in a variety of ways. ***'I see the students and mentors need support in practice and I can see the benefits of what I do in practice but I don't think this makes full use of my clinical knowledge and skills'*** (NA4). The findings in this theme indicated nurse academics could be much more forthright in their academic contributions, so that their talents are fully optimised, working with nurses in the CPE.

Linking to the other findings in this theme also identified that there were perceived overlaps with the role of the practice education team within the Trust, highlighted by both nurse academics and nurses in practice. ***'Clinical practice facilitators are part of the organisation and there is an awful lot of affinity there. I am grateful for the service they offer, but where is my role?'*** (NA7). As previously stated nurse academics indicated that the partnership working element was important and reflected the Standards to Support Learning and Assessment in Practice (SLAiP, NMC, 2008). However, participants stated that there were no clear lines of demarcation between the roles of those within the Trust practice team and themselves. ***'There is replication with what a PPM (Practice Placement Manager) is employed to do'*** (NA4). Much of the focus appeared to be on student support sessions and practice mentor updates, which was perceived as being beneficial. Nurse academics expressed a vision for other aspects, such as honorary contracts working with student nurses and developing structured teaching sessions with a practice focus, as previously discussed in TNA Two.

All participants expressed that students and nurses in practice felt more clinical affinity to the Trust Practice Team, as they were known to them and part of their organisation, and were therefore more likely to ask for their advice. ***'I think our link is the clinical practice education team in the Trust'*** (RN2). These views correspond with research by McSharry et al (2010) who found, that the nurse academic role in practice had been replaced by practice educators employed within hospitals, creating blurred lines. Research indicated a lack of a role definition related to the nurse academic clinical role, expressed by a variety of stakeholders, evidenced in the literature (Meskell et al 2009, O'Driscoll et al 2010 and Price et al 2011). Equally, Collington et al (2012) found that midwifery lecturers were embedded in contributing to the CPE (perhaps because of the need for tripartite assessment of students), thus reinforcing the collegiate nature to support learning opportunities in the CPE. The crux of the nurse academic contribution may be about solidifying academic skills in a shared vision with practice, as posited by Andrew (2012) MacPhee et al (2009) and McNamara (2009). Some level of confidence by nurse academics was needed to take this forward and the challenges of this related to Basic theme 3 explored below.

#### **4.5.3 Basic theme 3 'Nurse academics can be seen as 'outsiders' by the CPE'**

Basic theme 3 was *'Nurse academics can be seen as 'outsiders' by the CPE'*. Nurse academic participants expressed that sometimes they felt excluded from the CPE and this led to feelings of despondency and they occasionally felt misunderstood by nurses in practice. Some cultural differences or a lack of relationship with nurses in the CPE was evident from this aspect of the findings. ***'Sometimes the mentors say, "we cannot see you today because we are too busy". I appreciate they are busy, but sometimes it's an easy excuse with the implication, that you (nurse academics) are not'*** (NA9). Some nurse academics did not feel welcomed in

the CPE and some commented on the physical barriers, which made it difficult to enter ward areas, leading to feelings of exclusion and being an 'outsider'. **'When I visit I have to wait 5 minutes to gain access to a ward. I feel like an imposter'** (NA8). Moreover, a minority of nurses in practice expressed that nurse academics presence in the CPE could be overwhelming to patients if they were directly involved in care giving in specific settings. **'if they (nurse academics) were coming to work in an ITU setting it might be pretty overwhelming for the patient if they had a member of staff, student and someone from the university'** (RN3).

Nurses in practice expressed that they sometimes felt that academics did not always attend the CPE at times that were convenient. **'The nurse academics can sometimes just turn up, if we knew when they were visiting it might be better'** (RN1). I gleaned from this that there was a lack of perception from all participants about how nurse academic potential could be harnessed in a pragmatic sense. These findings are consistent with research by Meskell et al (2009) who found that nurse academics felt that they lacked belongingness in the CPE and were a distraction to the clinical aspects that took place in practice. Nurse academics appearing in the CPE at inopportune moments for nurses in practice, further underscores that 'outsider' view.

Explanation of the importance of this theme can be further offered by Baldwin et al (2017) who argues that in creating a context for learning, nurse academics need to pull on their clinical 'self' in how they prepare for teaching. Therefore, nurse academics that are not embodied within the CPE may not be getting those experiential opportunities to enrich their teaching, as espoused in earlier research by McSharry et al (2010). This reinforces concepts of feeling an 'outsider' from the functional aspects of the contribution of nurse academics but also that the experiential aspects that could enrich teaching were sparse; a view shared by Lopes et al (2014).

Consequently, nurse academics' contributions to practice maybe enhanced through the reciprocity that the CPE can bring to nurse academic identities.

Equally, nurses in practice also expressed that the predominant focus of the nurse academic role was in supporting students in practice and the majority viewed it as the principle contribution, concurring with early findings relating to nurse academics' views of their contribution to the CPE themselves. ***'The nurse academics want to see the students, I am sure I could ask them something but their main focus is the students'*** (RN3). Generally, there was a perception from participants in practice that the relationship with nurse academics in the CPE mostly related to the student nurse experience, which is supported by Gillespie and McFetridge (2005), and Conway and Elwin (2007), as being the primary focus of nurse academics to the CPE. This was enshrined in the NMC SLAiP Standards (NMC, 2008) and remains the dominant focus, as part of the academic assessor role within the NMC standards for supervision and assessment (2018) offering little scope to nurse academics to contribute to the CPE in other ways. Analysis by MacIntosh (2015) suggests that the focus of the nurse academic contribution to practice is largely concerned with student learning and the interface with the mentor.

In some senses, the other aspects of clinical practice contributions such as CPD development for RNs, pursuit of clinical knowledge exchanges and research opportunities may have been diminished. This could be due to the focus on students' learning as the predominant function and this was reflected in my findings; ***'I have only really had an interaction with a nurse academic when I have action planned a student or if they had a concern. They have been there to support me'*** (RN1). Price et al (2011) identifies that nurse academics should focus their energy towards ensuring student nurses feel connected with the HEI whilst on placement due to other

supportive roles offered by the practice education teams within Trusts. This was borne out by some findings from nurses in practice whose interactions were limited to seeking advice from nurse academics only in relation to when student nurses needed to go onto an action plan whilst in practice; and that they did not see the potential value of nurse academics as a broader educational resource to the CPE. This is commensurate with other findings which suggest that the relationship between practice staff and the HEI can be tenuous (Gristi et al 2004, O'Driscoll et al, 2010) and primarily focused on advising on educational matters relating to students (Meskell et al 2009, MacPhee 2009, NMC 2008, Ramage 2004). However, it is crucial to note that earlier themes in this research indicated that nurses in practice do value the connections with nurse academics directly for their own development, as well as in support of developing educational opportunities for student nurses, where there are meaningful established relationships and to overcome 'outsider' barriers.

#### **4.5.4 Basic theme 4 'Nurse academics' concepts of practice are fluid'**

Organising theme 2 'cultural differences between the HEI and practice contained Basic theme 4 '*Nurse academics concepts of practice are fluid*'. This became apparent, as nurse academics disputed what being in 'practice' meant. ***'What constitutes practice is not clear, for me the NMC have not nailed it down. If I see a student in the hospital coffee bar is that practice?'*** (NA4). For some nurse academics the physical presence of being in a practice setting denoted that they were engaged with the CPE, through direct connections with service users, student nurses or nurses in practice. ***'Practice is anything that is outside the HEI, involving service users, students or staff'*** (NA7). Other participants went further highlighting differences between supporting practice and participating in clinical practice. ***'You could be supporting practice by doing a mentor update, but being in clinical practice is about the environment in which***

*care is given. Supporting practice is part of your requirements with the NMC and they (NMC) say that is an important part of being a nurse teacher. It's part of it but you are just visiting and observing, you are not participating in practice'* (NA6). Levels of the perception of engagement varied among nurse academic participants. What appears from the findings is that the notions of 'keeping in touch' with clinical practice vary widely and supports earlier research by Collington et al (2012), Fisher (2005), Owen et al (2005) and Meskell et al (2009) who argue for role clarity. The findings also indicate that nurse academics were looking to the NMC more directly for clearer guidance on the nurse academics' contributions to the clinical practice environment from a regulatory perspective, which supports research by MacIntosh (2015). On the contrary, it could also be considered that nurse academics should also take some responsibility in being empowered to work to craft their contributions more readily, since they have the experience of both clinical practice and the HEI environments. However, the challenges of this could be further explained by understanding the role of the HEI in Basic theme 5.

#### **4.5.5 Basic theme 5 'Uniqueness of the nurse academic role is not acknowledged by the HEI'.**

Basic theme 5 was the *'Uniqueness of the nurse academic role is not acknowledged by the HEI'*. Nurse academics stated there was little understanding from the HEI of the many potential contributions that nurse academics could make to the CPE. Competing demands where HEI priorities dominate were part of this theme. This was of particular interest since 50% of the pre-registration nursing courses are delivered in the practice setting. Research by Calvert et al (2011) and Lopez et al (2014) argue that as educators, nurse academics are aware of the relational aspects of educating professionals. This Basic theme linked foremost to perspectives of time constraints and multiple aspects to the nurse academic role, which the HEI does not

appear to recognise. Findings also indicated that nurses in practice seem to be aware of the competing demands of nurse academics and recognise that HEI commitments are likely to take priority. This understanding from nurses in practice was particularly noteworthy, as it indicated a level of insight into the role of the nurse academic through the lens of practice, which has not been found elsewhere in the literature.

The findings indicated that there was a strong desire by nurse academics to contribute to the CPE however, the nature of the role meant that this was difficult as they felt that academic activities within the HEI took precedence. ***'It's difficult to identify time to go out (to visit the CPE) sometimes when I have so many other aspects of my role that occupy me'*** (NA1) and ***'For a long time, I tried to develop that clinical academic role myself. It did work well, but it's tough having two jobs going on, it's difficult to fit it in'*** (NA6). This tension has previously been highlighted extensively in the literature, over some years (Adams 2011, Andrew and Robb 2011, Collington et al 2012, McArthur-Rouse 2008, Owen et al 2005). Certainly, the political culture in which nurse academics exist has radically shifted in the last five years in the measurement of key performance indicators (Teaching Excellence Framework and Research Excellence Framework) within HEI. These are ever present as drivers through a standpoint of professionalism as acknowledged by the Council of Deans of Health (2016 p1) 'The quality assurance burden is already very substantial for institutions engaged in teaching nursing, midwifery and Allied Health Professional students with inefficient parallel systems across health and higher education'. These competing demands can mean that HEIs lose sight of how to support nurse academics in contributing to the CPE. ***'There needs to more understanding of the challenges (of the nurse academic role) the Faculty pays lip service to this. There needs to be more support to enhance and develop the role'*** (NA5).

There is now greater emphasis for nurse academics to be involved in scholarship, research and obtaining higher level degrees, commensurate with being in academia, (Calvert et al, 2011). My findings indicated limited time through the burden of academic workload meant that practice contribution was hindered or devolved as a secondary function. ***'There are constraints around their (nurse academics) time in practice due to their teaching commitments'*** (RN5). Other literature also identifies the challenges of time (MacIntosh 2015, McSharry et al 2010, and Meskell et al 2009). Furthermore, emphasis on academic support for students has been highlighted as a priority by Ousey and Gallagher (2009) and O'Driscoll et al (2010) and Price et al (2011) who comment on the 'uncoupling' of practice and education, where nurse academics purely focus on the academic rather than practice aspects of the course (O'Driscoll et al , 2010). However, others argue this can also be seen as an opportunity for integration through embedding evidenced based practice within clinical practice settings (Malik et al 2016) and reflected this this research. The AI approach seemed to encourage participants to explore their contributions in this regard from an emancipatory perspective, despite some of the challenges discussed within this theme.

#### **4.5.6 Basic theme 6 'Cultural expectations of nurse academics role and practice'**

Basic theme 6 of the TNA related to '*Cultural expectations of nurse academics role and practice*', in terms of nurse academic contribution to the CPE. Nurse academic participants reflected that the cultural differences between the HEI and practice were not always conducive to understanding potential contribution that could be made by nurse academics. Nurse academics felt that the clinical practice environment was sometimes rather autocratic with differing approaches to dealing with issues. ***'My role (as a nurse academic) is trying to take the role forward and bring new ideas that would make a real difference, but that is quite difficult if I***

**am honest (in the CPE)**' (NA9). Nurse academics expressed that they felt they had little agency when connecting with the CPE. A level of frustration emerged that participants felt the task-orientated nature of the quality monitoring aspects stifled the creative educational contribution to the CPE; this was seen as very much counter to their cultural experience of working in a HEI, where more freedom to act autonomously was afforded. **'We are different organisations with different cultures and processes and ways of working'** (NA5). Nurse academic participants explained their academic role in HEI was seen as having more independence to organise and be self-directing in planning learning opportunities. That level of independence was viewed as being synonymous with having high levels of experience from being in practice and university, was seen as integral element of nurse academic identity, and coincides with research by Duffy (2013). Moreover, Lopes et al (2014) subscribe to this point suggesting that nurse academics by virtue of being in a HEI environment are committed to the empowerment of nursing through nurse education.

On the contrary, McNamara (2009) argues that autonomy for nurse academics is hampered by outside influences of other agencies (government) and the requirement to meet the needs of the economy. The subtext for this can be seen as the importance of the SLAiP Standards (NMC, 2010) which prioritise the quality monitoring aspects, perhaps at the expense of other activities that develop the learning opportunities for the CPE. **'Practice colleagues are so tied up in the what we must do that they don't get the opportunity to think creatively'** (NA10). Therefore, these extraneous factors may have a further influence on the value of concepts of the cultural expectation of nurse academics and desire to meaningfully contribute to the CPE. Nurse academics expressed that aspects of culture within the Trust had a sole focus towards the quality aspects of the role and did not encourage new ways of thinking about how nurse academics could contribute and thus inhibited agency.

This final Global theme brought together some of the challenges for nurse academics through 'Contested areas of nurse academic contribution to the HEI and practice'. The organising theme illustrated that 'Nurse academic potential is not harnessed in the CPE' through missed opportunities which appeared to relate to logistics and constraints of nurse academics' competing demands (teaching and marking) being within the HEI and the shift pattern of nurses in practice (long days) which did not always afford productive relationships. Nurse academics felt that 'Queen Mother' visits lacked purpose. Nurse academics expressed that they could use their expertise in academic and clinical skills knowledge to greater effect but that this was not always recognised. McNamara (2009 p486) cautions that 'to succeed your performance must be recognisable to others who inhabit the domains of academia and of nursing, if not then legitimacy has not been established'. The findings indicated that nurse academics wish to seek out this 'performance' and utilise their academic expertise more widely in the CPE.

Findings indicated overlaps in role between nurse academics and the practice education team led to nurse academics sometimes feeling that there was role replication and this was further emphasised by nurses in practice who expressed that they felt a strong link to the practice education team within the Trust. Contributions to the CPE were sometimes hindered by nurse academics feeling 'outsiders' due to a lack of relationship with nurses in practice and physical barriers due to logistical issues of security in some clinical areas. Nurses in practice felt that nurse academics' focus was exclusively towards the needs of students and therefore overlooked them as a resource for themselves. The nuances of the contribution to the CPE were explicated by nurse academics who debated how 'Practice' should be defined and this seem to be compounded by competing demands within the HEI and a lack of insight from the HEI about how nurse academics could contribute to the CPE. Findings indicated that nurses in practice recognised that HEI commitments were likely to take priority and therefore showed understanding

towards how nurse academic contributions may sometimes be limited, which reflected other literature. Cultural experiences of working in a HEI afforded nurse academics more agency, which did not always transfer well into the CPE where the overriding priority was towards the quality monitoring aspects, seemingly to the exclusion of other pedagogical or research activities that could develop nurse academic contributions.

#### **4.6 Reflection on chapter**

In AI, the emphasis is placed on high quality research being created from the relationships that form the locus of knowledge (Cooperrider,2008). Through the findings and discussion, I strived to achieve new understanding through application of AI, through epistemic viewpoint of critical realism. The critical realist perspective, helped me to further understand the multi-layered character of the natural and social worlds where causal mechanisms operate at different strata (Outhwaite,1987). This was particularly important to me since I was undertaking research in two differing environments.

Critical realism also asserts that the collection of data is rigorous in its approach and the researcher should subject themselves to critical scrutiny and challenge one's own assumptions (Green and Thorogood,2018). Some of the research findings had been unexpected, for example the significance of gender in this research was not nearly as noteworthy as I had first anticipated. I was surprised about this since the literature strongly highlighted it as an influence on nurse academic identity. Furthermore, questions relating to gender and identities of nurse academics were not commented on significantly by the participants; in fact some appeared perplexed by this line of questioning.

Reflexively, I considered the need to be more challenging and probing as I moved through the phases of the data collection of the research, which is common in novice researchers (Robson, 2011). As I progressed through the interviews and the focus groups, I reflected that my interview style improved and I created more dialogue with the participants. This was also aided through a growing confidence in applying the AI approach in terms of how the research questions were framed. This highlighted the balance of perceived power over the participants (Kvale and Brinkmann 2009) and that of being native as part of the organisation (McDermid et al, 2014). Reflexively, the very nature of the focus groups aided discussion allowing participants to be active (Goodman and Evans, 2015) but also the AI ethos focussing on what worked well, envisioning what could be and designing what should be (Cooperrider et al, 2008). Moreover, the theme board technique assisted the participants in expressing their ideas on nurse academic identity more fully through this visual medium. In analysing this in TNA Three, I noted that I interjected less, as the participants seemed engaged with exploring their theme boards and explaining their ideas.

It was imperative to consider my engagement with the participants throughout the data collection phase to build up a rapport (Gerrish and Lathlean, 2015). I was heartened regarding the number of nurse academic colleagues who had agreed to participate in the research, as I was aware, that as a line manager for some of the participants, the questions would need to be conveyed in a sensitive and supportive manner so that they felt able to be frank with their responses and not judged. On occasions, I was unsure when to interject, as in some senses, I was concerned regarding my own power in relation to the participants that made me more reticent to interject. However, by closely adhering to the ethical principles of the research within the AI framework, I think I was able to create a conducive environment for all the participants. Reflexivity, I facilitated an understanding of myself as a researcher and the social context in which the research was

undertaken; and so it allowed the influential aspects to be recognised without letting one aspect dominate (Alvesson and Skoldberg, 2018). The reflexive stance helped me to strengthen the trustworthiness of AI research (Cousin, 2009).

I endeavoured to create a collaborative dialogue as suggested by Kvale and Brinkman (2009). Throughout the research, I kept detailed field notes and reflexive comments. This allowed me to make minor adjustments to the questions particularly in relation to the cues used. For example, I noticed that participants appeared more awkwardly challenged with the questions regarding personal experiences, concepts of self and identities as a nurse academics. Therefore, reflexivity aided the context in which the research was created and facilitated the next steps to improve the way in which data was collected. Therefore, for the later interviews and focus groups with nurse academics I changed the order of the questions, so that I ask about the clinical practice team role first and then moved into the questions about nurse academic identity.

Reflecting on a pragmatic level, I noticed in the pilot interviews that deep discussion continued once the Dictaphone was switched off, as the participants appeared more relaxed. Reflexively, for future data collection I decided to leave the Dictaphone on until the end of the activities to ensure that all relevant discussion was captured. Ensuring that I had captured the data accurately was also enabled by writing up the transcriptions and field notes as closely to the data collection activities as possible, as recommended by Morse and Field (2002).

As a researcher one interprets through one's own values. The critical point is representing others' views through the process of interpreting the data, through an inclusive process and an

openness in doing-so. Reflexively, on occasion I found it quite difficult to not challenge some of the participant's negative responses in light of my literature review findings and my own views. This was juxtaposed with the need for more active member checking as the data collection proceeded and thus was a learning curve. Furthermore, this reinforced the powerfully emic nature of the research and my place as the researcher within it. The epistemic approach is one of a constructionist view within AI (Zandee and Cooperrider, 2008) and consequently promoted knowledge creation rather than standalone individual accounts (Zandee and Cooperrider, 2008); therefore, my own comments also periodically featured within the data to illustrate the emic perspective and my relationship with the research from an AI viewpoint. These particular findings were illustrated in TNA Four (orange) and I reflected that differing perspectives were seen as being helpful in contextualising some of the other TNAs and also for the recommendations of the research, in that AI does not always have exclusively positive outcomes.

Early in the data analysis phase, I sought advice from a researcher who was experienced in utilising the Attride-Sterling model (2001) so that I could further understand the process. This assisted me in making sense of the data. She suggested that I could be more precise in my basic themes, organizing themes and global themes to capture the essence of the analysis. She suggested that I think about my thematic analysis as signposting for the reader. This was helpful and writing up the data analysis allowed me to distil what was required in the TNA networks.

In the findings and discussion I acknowledged my emic perspective whilst focusing on placing some critical distance from my research through this reflexive discussion. Stevens (1993, p153) asserts that 'the personal voice can become a self-reflective meditation, allowing the reader to gain a deeper sense of the problems posed by the enterprise itself'. Reflexive comments on the

process of analysis and discussion enabled me to critically reflect on the influences within my research and learn from them.

#### **4.7 Chapter Summary**

To summarise Chapter Four, I have discussed the findings which have been substantially presented using four TNAs. Whilst each TNA is unique, I have been able to illustrate the relationship between them, which added to the nuances within the research findings.

Furthermore, the similarities and differences in perspective between participants as well as between nurse academics and nurses in practice was helpful to developing new knowledge and will be built on in recommendations for practice. Some of the research findings were unexpected, in terms of the influence of gender on nurse academics identities, was not as significant as I had anticipated. Furthermore, the contribution of nurse academics to the CPE through the lens of nurses in practice appears more aligned as nursing is now an established graduate profession and there is affinity to the HEI. The AI approach encouraged participants in creating a vision for the future, in terms of nurse academic contributions to the CPE, which can positively influence their identity. Whilst accepting that not all findings were exclusively affirmative, it concurs with Bushe (2012) who argues that AI is not exclusively about being positive but creating deeper discussion that constructs generative ideas. I would assert the discussion and findings within Dream phase of 'envisioning what could be' (Cooperrider, 2008) theoretical framework of AI has created meaning from the TNAs in understanding the complexity of nurse academic identity and contributions to the CPE and offers topics to make further recommendations.

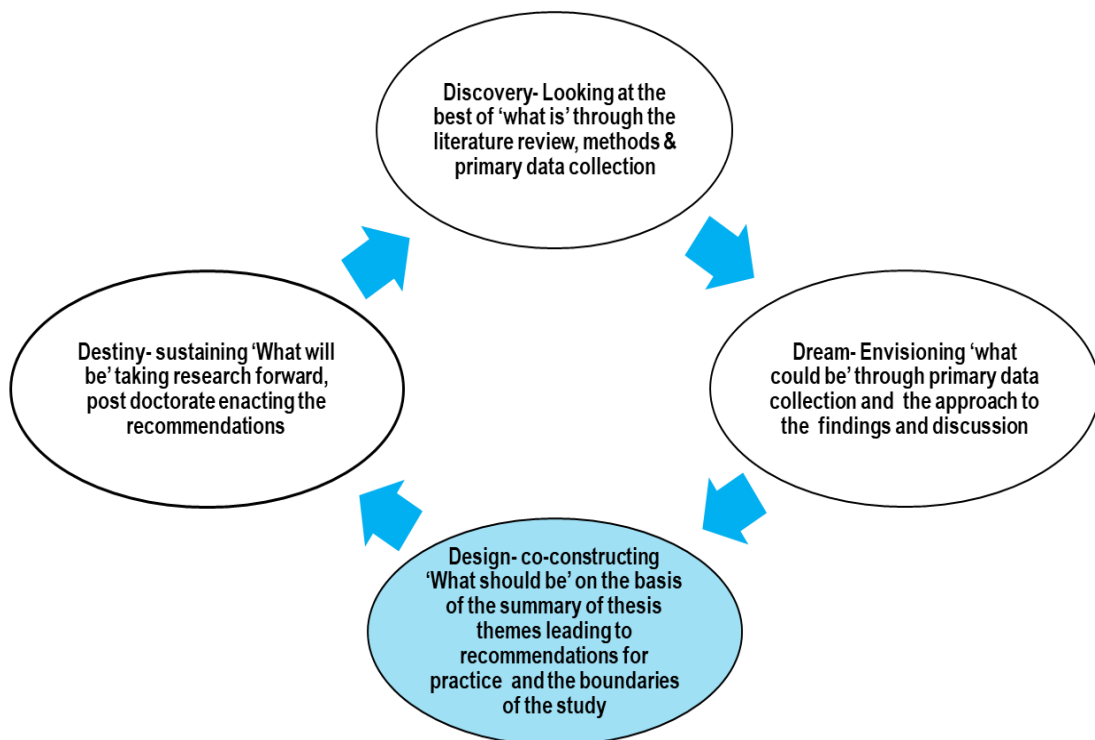
Chapter Five will move focus into the Design phase of the AI cycle 'co- constructing what should be' (Cooperrider et al, 2008) in making recommendations for practice and areas for further

research. I will then focus my concluding comments to the thesis in relation to the research questions and exploring the constraints of the study, addressing the limitations of the research and methodology employed. I will reflect on my thoughts regarding the chapter and offer some concluding thoughts to the thesis.

## 5.0 Chapter Five: Recommendations for future research and conclusions

Chapter Five focuses on the AI Design phase- Co-constructing what should be as seen in figure 13 below.

Figure 13: Illustration of Design Stage of AI cycle applied to recommendations for practice and the boundaries of the study



### 5.1 Introduction

The previous chapter presented the findings and discussion from the four TNAs. In this final chapter, I intend to make recommendations for future practice based on my research findings

building on the AI cycle of Design, 'co-constructing what should be' (Cooperrider et al, 2008). I will make concluding comments based on the aims and objectives of my research, listed below:

The aim of the study was to develop practice guidance through exploring the identities of nurse academics and their contributions to the CPE.

To achieve the aim the following objectives were identified:

1. To explore the nursing identities of a group of nurse academics who were engaged in a re-formed academic clinical practice team, from the perspectives of nurse academics and nurses in practice.
2. To explore how nurse academics perceived their contributions to the CPE, from an emancipatory perspective.
3. To understand how nurses in practice perceived the contributions of nurse academics, to the CPE.
4. To elicit any blocking or enabling factors that were likely to impact on nurse academics contributions to the CPE.

AI methodology (Cooperider et al, 2008) was utilised with the intention of making recommendations to develop practice, through understanding the identities of nurse academics and the contributions that they could make to the CPE.

I will identify the constraints and boundaries of the research and offer a reflexive summary.

## **5.2 Recommendations for future practice**

This new contribution to knowledge has been made on the basis of the findings from the research study

- **Nurse academics should have opportunities to support in their clinical background when contributing the CPE. (For example, nurse academics who have expertise in community settings could offer to have those connections with that CPE and likewise for those who have expertise in acute or specialist settings.)**
- **The breadth in which nurse academics could contribute to the CPE needs to be conceptualised much more flexibly, to optimise the individual skill set of the nurse academic and be the best advantage to the CPE. In terms of clinical contributions, this could be achieved through honorary contracts with practice providers, teaching in the clinical area or in CPE simulation laboratories.**
- **Alongside the expected quality monitoring aspects of student support, through the academic assessor role (NMC, 2018) educational contributions in the CPE could be realised through formalised student support sessions E.g. Reflective sessions or critical incident analysis and journal clubs.**
- **Nurse academic expertise could be utilised to contribute to the CPE through clinical supervision and debriefing in supporting RNs, as they are independent from it.**

- **There are opportunities for collaborations between nurse academics and RNs with their own CPD and research ideas, which can be mutually beneficial.**
- **Consultative CPE opportunities for nurse academics, in terms of contributing to writing CPE policies and procedures or participating in strategic level meetings within organisations.**
- **Research opportunities in the CPE for joint bids and research projects, publishing and joint conferences with nurses in practice.**
- **The uniqueness of the nurse academic role needs further support at strategic levels within the HEI, so that meaningful opportunities to support the rich learning which takes place in the CPE can be realised. Investment is required to identify and facilitate constructive use of time in CPE activities and profiling the CPE contributions within job descriptions for nurse academics and the way in which nurse academics themselves use their time creatively in terms of supporting practice.**
- **Strength in partnership working needs to be visionary at senior levels between the HEI and CPE, so that the intersection with practice can be developed for collaborative opportunities previously suggested. Furthermore, some structure of how this is attained when nurse's move into academic careers and on an ongoing**

**basis is a critical ‘window of opportunity’ for senior academics in nursing as highlighted in the literature, in terms of career planning so that nurse academics contributions to the CPE can be maximised to mutual benefit.**

These types of activities help to strengthen nurse academic identities and solidify concepts of ‘practice’ in a way that is broader and more helpful to the nursing profession. The contributions could build relationships with both student nurses and nurses in practice, recognising that the CPE is a rich habitus for mutual learning and the intersection with the CPE is to be prized.

### **5.3 Critique of the study**

The constraints of the research were considered using the broad qualitative criteria of Tracy (2010). Although participatory methods such as AI centre on the involvement of the participants in gathering the research data, a possible limitation was in exploring in more depth how the participants conceptualised their involvement in AI process itself as seen in other AI approaches (Cowling 2004, Kavanagh et al, 2010) to be truly participatory. Whilst the fluidity of AI can be seen a flexible, it can also be argued as lacking in methodological rigor (Trajkovski et al (2012, 2013) which could weaken research findings. This can be overcome by using explicit, appropriate approaches and methods within the research design (Topping, 2015) and through self-awareness and acknowledging biases (Bushe, 2012).

The literature review sought to highlight what had been accomplished, acknowledge gaps in the literature and allowed for building on previous work as described by Grant and Booth (2009). The approach was helpful in that its structure allows for a diverse combination of methodological

approaches within the literature review. It is however acknowledged that combining diverse sources of evidence can be complex and challenging (Tracy 2010, Grant and Booth, 2009). As a limitation of this research, literature reviews are sometimes criticised, as they can be open to bias as they lack intent to set parameters and by lacking the systematic structure of other approaches, it could have led a selection of literature that supports the proclivities of the researcher (Grant and Booth, 2009).

Tracy (2010) proposes the need for rich rigor within qualitative research. This point centred on the requirement that there is enough data to support claims. A substantial amount of time was spent collecting rich data in the form of interviews, focus groups and theme board activities, which was justified within the methodology in terms of ethics, sample size approach and detailed processes to thematic analysis. However, from a sample size perspective, it is acknowledged that it was difficult to ascertain how representative the HEI setting was in comparison to other institutions and therefore it could be viewed as a constraint of the research that could have been achieved by having participants from different HEIs. However, this was a small-scale study, hindered by the requirements of my degree and clearly may or may not have been replicated in similar settings. The study was able to collect rich, informative data for this group of participants, using established methods, which benefited from using AI as the approach.

Sincerity (a study characterised by self-reflexivity biases and inclinations of the researcher and transparency about the methods and challenges) is highlighted a facet of good qualitative research (Tracy, 2010). The theme board activity gained a significant amount of rich data and it was a joy to experiment with this method as it seemed to engage participant's discussions, in a deep and creative way. In some senses, it could be argued that I could have been bolder in using

theme board methodology more widely. Potentially, using theme board technique among the participants could have garnered richer responses, particularly in relation to the questions regarding nurse academic identity, which appeared to fall on fallow ground in the early interview phase of the research and thus is acknowledged as a potential limitation.

Tracy (2010) suggests that credibility is achieved through thick description based on concrete detail and tacit knowledge in a spirit of showing rather than telling. The transcriptions within the TNAs indicate the presence of multiple voices which aided credibility (Tracy, 2010). This, was achieved through multiple listening to the recordings and reading at my field notes. However, as a less experienced researcher I perhaps assumed that much of the data came from what the participants were saying and in retrospect my field notes could have been more detailed to expose the tacit inferences that help to contextualise findings (Tracy, 2010) and therefore is acknowledged as a limitation.

Tracy (2010) asserts that research findings need to reverberate with the reader. Resonance was attempted through the verbatim quotations used within the findings and discussion chapter, which indicated the way in which the participants responded to the research questions. It is acknowledged that there were limitations on what could be deemed as the clearest representations of the participant's discussions through the time limits in which the data was collected, typically one and a half hours for each interview and a day for each of the focus group and theme board activities. It could be intimated that if a more focussed range of data collection techniques had been used, deeper discussions could have been be more revealing.

I highlighted in the methodology chapter that through the early part of the data collection, it had been particularly challenging for nurse academics to express their identity, particularly in relation to gender. This may have been influenced by myself as a line manager as well as a researcher and is acknowledged as a potential limitation. Whilst procedural ethics (Tracy 2010) were transparent within the research design and relational ethics (the ethics of care of the participants) had been explored reflexively within the context of the data collection (Tracy 2010), it was still important to acknowledge the insider research has inherent challenges in the power relations (Hughes, 2012) particularly within workplace settings (McDermid et al 2014).

A constraint of the research was in keeping with the philosophical principles that participants should be involved throughout the AI phases and completing AI cycle (Bushe and Kassam 2005, Cousin 2009, Williams and Haizlip 2013). 'Designing' recommendations for practice were built on the 'Discovery' and 'Dream' phases however the study did not incorporate returning to the participants to ascertain if they thought the TNAs reflected their ideas. Furthermore, as stated earlier, it was not possible to undertake the 'Destiny' phase of the AI cycle due to the boundaries within the research found also in other AI studies (Taylor et al 2012, Trajkovski et al 2012) and will therefore be pursued in post-doctoral research. Whilst understanding that 'best practice serves as a goal to strive for, researchers will fall short, deviate and improvise' (Tracy, 2011 p849).

#### **5.4 Recommendations for future research**

Utilising the final section of the AI cycle (Cooperrider et al, 2008) is seen as an essential component for future research as it affords an opportunity to take forward the Design phase, co-constructing 'what should be' and enacting the recommendations. Further research is required

to understand the influences on nurse academic identities, particularly in the area of gender. Exploration of the HEI-CPE intersection through academic and service partnerships such as Dedicated Education Units, to utilise nurse academics teaching expertise and the clinical skills of the expert RN in the CPE (Mulready-Shick and Flanagan 2014, Nishioka et al 2014) also offer opportunities for further research.

### **5.5 Reflection on chapter**

Goh and Simpson (2012) offer a critique of AI methodology suggesting that it should not overlook the fragilities, and concerns the importance of giving participants an opportunity to raise their uneasiness. Whilst I felt this was achieved and exemplified in TNA Four (orange), Foucault (1979) reminds us that 'institutions exert forms of discipline and organisational regulation that revolve around economic transactions and psychological forms' ( Foucault in Goh and Simpson, 2012 p46). Therefore it is important that AI goes beyond the 'positive' and offers itself as a methodology that frames itself within a critical appreciation, where reflexivity is built into the process (Goh and Simpson, 2012). I do feel that this was achieved within the study and that I have been transparent in my proximity to the research.

Reflexively, recognising the relevance and worthiness of my research topic (Tracy, 2010) was explicated by my epistemic position and emic perspective. As the literature review found that nurse academics were a poorly understood group that had not been researched from an AI perspective I had the potential to make empowering recommendations for practice (Bushe and Kassam 2005, Cooperrider et al 2008) based on my findings. Contextually, I argued that the political and social discourses (Gillett 2012, Padilha 2011, Rolfe 2012) in which nursing identities were framed were suggestive that the research was timely. This highlighted the socially

constructed nature of nurse academics identities that helped to further understand the complexities in which they operate.

Tracy (2010) asserts that research that encourages the reader to forego their assumptions makes it interesting, it could be argued elements were the research were strengthened by nurses in practice concurring with nurse academics perspectives of how they can contribute to the CPE. The AI approach assisted in developing new knowledge (Bushe and Kassam, 2005) as it exposed ethical elements of nurse academics contribution to the CPE, which had not been found elsewhere. New knowledge was also discovered regarding nurses in practice positive perceptions of nurse academics contributions, which was contrary to research elsewhere in the literature. Also my findings in relation to 'nurse academics do not appear to recognise gender differences' was also unexpected finding of this research. These small but significant understandings have indicated that my research has been a worthwhile endeavour.

The thesis portfolio created alongside the research contains reflective accounts of how the research journey had progressed on the basis of decisions made, influencing themes, constructs and interpretation (Holloway and Wheeler, 2010). Furthermore, the thesis portfolio shows an openness of some of the challenges experienced through reflexive writing (Alvesson and Skoldberg, 2018). During the whole of my doctorate thesis, it has been essential to reflect on journey as a doctoral student and my relationship with my research and discussions with experts through supervision and forays to other universities. To this end, the reflective thesis portfolio enabled me to view the research process and application to practice through a critical perspective. Moreover, it has allowed me to record how my thinking has developed over a number of years. On revisiting the thesis portfolio, I could see when I started the thesis, that I

was concerned with my influence over the participants in my research and that I might “contaminate my participant’s views before I started the research proper”. Consideration of epistemic positioning myself and differing theoretical frameworks had been a dominant element of the taught doctorate and yet I clearly I had limited insight and I was searching for what I could align myself to. The reflexive journey allowed me to think much more clearly about my own position and who I am. As I became more enlightened, understanding that qualitative research is nuanced and the dialect, that is both the insider subjective experience and the outsider objective experience; is to recognise the tensions and connections throughout the research journey and how these are socially constructed (Cooperrider et al 2008, Gergen 2008, Kemmis, 2008).

## **5.6 Conclusions**

My research suggests nurse academics should feel empowered to contribute to the CPE in a greater variety of ways that draws on their academic expertise. This strengthens academic identity and the rich intersection with the CPE. Senior nurses in the HEI have a responsibility to nurture this. Since nursing is established as a graduate profession, nurses in practice value educational development as an element of being a nurse and therefore recognise and welcome the contribution of nurse academics to the CPE, further affirming nurse academic identities. Nurse academics need support to meaningfully contribute to the CPE from senior nurse academics. Nurse academics perceive themselves as ‘complex hybrids’ within the HEI but are comfortable with their nurse academic identity in this habitus.

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## Appendices

Appendix 1: Data Extraction Tool

<b>Date</b>	<b>Source</b>	<b>Keywords</b>	<b>Results/hits</b>	<b>Boolean</b>	<b>Limitations and comments</b>
17.12.18	CINAHL Plus (1955-2019)	Identity	Academic Journals (20,324) Magazines (1,048) Dissertations (652) CEUs (135) Books (5)	Omitted	The volume of data precludes synthesis.
17.12.18	CINAHL Plus (1937-2019)	Nurs*	Academic Journals (247,991) Magazines (114,882) Dissertations (9,659) CEUs (9,453) Pamphlets (208)	Omitted	The volume of data precludes synthesis.
17.12.18	CINAHL Plus (1942-2019)	Academic	Academic Journals (86,336) Magazines (7,321) Dissertations (1,857) CEUs (947) Books (4)	Omitted	The volume of data precludes synthesis.
17.12.18	CINAHL Plus (1952-2019)	Identity AND Nurs* AND Academic	Academic Journals (102) Dissertations (28) Magazines (2)	AND	The search terms revealed a manageable amount of sources to access. Some articles were known to me, from literature searches conducted in March 2013 using the same criteria. Two new articles were catalogued but the search terms had excluded full text and therefore it was necessary to search other databases to assess their relevance. Some of the articles were discounted as the focus was towards student nurses or towards nurses in clinical practice

17.12.18	CINAHL Plus with peer review (1999-2018)	Identity AND Nurse AND Academic peer reviewed	Academic Journals (77)	AND	This search did not reveal any new articles. The additional peer review function was not beneficial since the articles were already sourced and were mostly all peer reviewed.
17.12.18	CINAHL Plus(2010-2014) Any Author is a nurse	Clinical Practice Environment	Academic Journals (19) CEUs (2)	omitted	As the search term was broad I included 'any author is a nurse' to focus towards the discipline. The search terms did not reveal any articles with all the search term included.
17.2.18	CINAHL Plus (2009-2015) Any Author is a nurse	Clinical Learning Environment	Academic Journals (107) Dissertations (3) Magazines (2) CEUs (2)	omitted	As the search term was broad I included 'any author is a nurse' to focus towards the discipline. Many of the articles were focussed towards student nurse experience in clinical practice and were excluded for the purposes of this research.
17.12.18	CINAHL Plus 1967-2015) with full text English	Professional Identity	Academic Journals (417) CEUs (2) Magazines (1)	omitted	The volume of data precluded synthesis. However, from scanning the articles many seemed focussed towards allied health disciplines within practice rather than academic settings. There were some articles relating to the professional identity of medical students, health visitors, social workers and counsellors that may be of interest.
17.12.18	CINAHL Plus 2009-2015) with full text English Any Author is a nurse	Professional Identity	Academic Journals (33) Dissertations (2) Magazines (1)	omitted	As the previous search criteria provided articles that were not related to nurses, the additional search term of 'any author is a nurse' was added. This facilitated synthesis. Many of the articles were focused towards student nurse's identity development, rather than that of nurse academics. No new articles were sourced during this search.

17.12.18	CINAHL Plus (1975-2009) with full text English	Social identity	Academic Journals (6,497) Magazines (284) Dissertations (105) CEUs (30) Books (4)	omitted	The volume of data precluded synthesis.
17.12.18	CINAHL Plus (2009-2015) Full text not included	Social identity	Academic Journals (52) Magazines (3) CEUs (1)	omitted	One article was retrieved from this search. An integrative review article was not able to be sourced in full text and was written in Portuguese. Many of the articles were focussed towards race and gender within groups and were not relevant to the search criteria.
20.12.18	CINAHL Plus (2008-2014) with full text English	Nurs* Lecturer	Academic Journals (20) Magazines (2)	omitted	No new articles were sourced as a result of this search
20.12.18	CINAHL Plus with full text English Any author is a nurse	Link Tutor	No results	omitted	Search criteria did not elucidate any results Possibly the term link tutor is now dated or the search term was too restrictive.
20.12.18	CINAHL Plus with full text English Any author is a nurse	Link Lecturer	No results	omitted	Search criteria did not elucidate any results. Possibly the term link lecturer is now dated or the search term was too restrictive.

17.12.18	Medline with full text (1827-2019)	Identity	Academic Journals (149,836) Magazines (744) Guidelines (39)	omitted	The volume of data precluded synthesis.
17.12.18	Medline with full text (1825-2019)	Nurs*	Academic Journals (327,391) Magazines (4,490) Guidelines (962)	omitted	The volume of data precluded synthesis.
17.12.18	Medline with full text (1840-2019)	Academic	Academic Journals (205,228) Magazines (747) Guidelines (461)	omitted	The volume of data precluded synthesis.
17.12.18	Medline with full text (1987-2019)	Identity AND Nurs* AND Academic	Academic Journals (207)	AND	Many of the articles were the same as previous searches for March 2013. Many articles focussed towards student nurses and were excluded. Others focussed towards cultural identities and therefore were excluded. Articles that focussed towards clinical practice or patient care were also excluded. However, This search revealed six new articles but were not accessible through the Medline database. I therefore used Google scholar and was able to access the full text articles in two instances. One article was a Spanish article (English translation) related to the identity of the nursing academic between teaching and research. Another article related to paramedic identities in Australia and New Zealand and was thought to be of interest, as the positionality of paramedics within the HEI setting is a new phenomenon. Four of the remaining articles searched via google scholar were limited to abstracts only, so I undertook an online journal search using ISSN numbers via

					the University of Wolverhampton library pages and located those articles.
20.12.18	Medline with full text (1969-2018)	Clinical Practice Environment	Academic Journals (448) Guidelines (4) Magazines (1)	omitted	The volume of data precluded synthesis.
20.12.18	Medline with full text Full text in English (1990-2018)	Clinical Practice Environment	Academic Journals (96) Guidelines (2)	omitted	No articles were of relevance. All were focused towards clinical practice rather than education. Nearly all articles were medically focused.
20.12.18	Medline with full text (1974-2018)	Clinical Learning Environment	Academic Journals (773) Guidelines (2) Magazines (1)	omitted	The volume of data precluded synthesis
20.12.18	Medline with full text in English (1994-2018)	Clinical Learning Environment AND nurs*	Academic Journals (53)	AND	The search terms were refined to focus on nursing, rather than medicine. Most of the articles related towards nursing students. One article regarding the mothering as an unacknowledged aspect of undergraduate clinical teachers work in nursing was sourced.
20.12.18	Medline with full text (2004-2018)	Professional Identity AND Nurs*	Academic Journals (16)	AND	All articles were focussed towards clinical practice rather than education
20.12.18	Medline with full text (1999-2018)	Social identity AND Nurs*	Academic Journals (60)	AND	No relevant articles were sourced during the search. The focus was towards clinical practice or student experiences.

20.12.18	Medline with full text (1988-2018)	Nurs* Lecturer	Academic Journals (486) Magazines (1)	omitted	The volume of data precluded synthesis.
	Medline with full text (2003-2018)	Nurs* Lecturer AND nurses role	Academic Journals (27)	AND	All articles were clinically focused.
20.12.18	Medline with full text (1993-2000)	Link Tutor	Academic Journals (2)		No new articles. The dates suggest that the term link tutor may be outdated.
20.12.18	Medline with full text (2002-2018)	Link Lecturer	Academic Journals (3)		No new articles. All articles were focused towards students
18.12.18	SCOPUS (2015-2019)	Identity	Open Access -68,353 Other 386,635	omitted	The volume of data precluded synthesis.
18.12.18	SCOPUS (2015-2019)	Nurs*	Open Access -61,272 Other- 754,979	omitted	The volume of data precluded synthesis.
18.12.18	SCOPUS (2015-2019)	Academic	Open Access- 86,586 Other- 636,525	omitted	The volume of data precluded synthesis.
18.12.18	SCOPUS (2015-2019)	Identity AND Nurs* AND Academic Limited to search term of Nurs*	Open Access-28 Other- 211	AND	All the articles of interest with the exception of two had been sourced via previous database searches. Professional identity in analysis: A systematic review of the literature Cardoso et al (2014) was sourced during this search and Crossing Professional cultures: A qualitative study of nurses working in a medical school McKinlay et al (2017). Other articles were focussed more directly towards clinical practice or student nurses

19.12.18	SocINDEX with Full Text (1882-2019)	Identity	Academic Journals (76,317) Reviews (8,893) Magazines (8,101) Conference Papers (4,874) Books (2,819)	omitted	The volume of data precluded synthesis.
19.12.18	SocINDEX with Full Text (1881-2019)	Nurs*	Academic Journals (27,633) Magazines (5,791) Reviews (1,387) Books (601) Conference Papers (411)	omitted	The volume of data precluded synthesis.
19.12.18	SocINDEX with Full Text (1881-2019)	Academic	Academic Journals (67,213) Magazines (16,152) Reviews (6,098) Conference Papers (3,097) Books (1,437)	omitted	The volume of data precluded synthesis.
19.12.18	SocINDEX with Full Text (1955-2019)	Identity AND Nurs* AND Academic	Academic Journals (38) Magazines (3) Books (1) Reviews (1)	AND	No new articles were sourced during this search. Articles focussed more on ethnic and cultural issues within groups and were aligned closely to social work and social care disciplines, rather than nursing.

Appendix 2: Summary table

<b>Author(s) Year and country of origin</b>	<b>Design</b>	<b>Sampling strategy and population and environment</b>	<b>Response rate</b>	<b>Characteristics of respondents</b>	<b>Subject Specific</b>
Adams R (2011) UK	Discussion paper	N/A			The findings indicate that the combining nurse roles with that of nurse teacher led to a lack of concrete identity.
<b>Critique</b> the literature search strategy is explained. Takes a positivist perspective in its criticism of tacit or intuitive characteristics. Recommendations included the need for inter-professional education to prevent problems associated with academic status, although this is not explored as such in the context of identity it sits well with pedagogical approaches. There are limitations to the literature review since the search term 'nurse academic' is not used and therefore literature that focused more directly towards the potential positive perspectives of nurse academia in the HEI is absent.					
Andrew N (2012) UK	Discussion paper	N/A			Communities of reference help to shape identity Eg. Good practice guidelines Professional Statutory Regulatory Body requirements, evidence based practice guidelines suggests that professional identity is being achieved
<b>Critique</b> Positive article in that it suggests that seeing nurse academics as a dual profession (split between nursing and teaching) is a professionally limiting view. The use of collaboration with inter-professional peers, service users and students helps to reflect the communities of reference that shape nurse academic identity.					
<b>Author(s) Year and country of origin</b>	<b>Design</b>	<b>Sampling strategy and population and environment</b>	<b>Response rate</b>	<b>Characteristics of respondents</b>	<b>Subject Specific</b>
					Proposed an international community of practice as a

Andrew N, Ferguson D, Wilkie G, Corcoran T and Simpson L ( 2009) UK	Discussion paper	N/A			way of nurse academics forging their professional identity
<b>Critique</b> Analysis of the context of nursing within the HEI environment in relation to academic identity. Limited in some sense as focus is mainly on communities of practice.					
<b>Author(s) Year and country of origin</b>  Andrew N and Robb Y ( 2011)	<b>Design</b>  Action research	<b>Sampling strategy and population and environment</b>	<b>Response rate</b>	<b>Characteristics of respondents</b>	<b>Subject Specific</b>  Highlights that the role of the nurse academic is still controversial. Suggests a model of working that facilitates 'close to practice' model for those making the transition to HEI.
<b>Critique</b> Diverse data collection techniques limited the analytical approach by admission of the authors and the CoP can be self-limiting due to the energy needed to keep the process going. Encourages a partnership that would facilitate a smooth transition for those nurses wanting to enter higher education as a career. Useful perspective that the ideal nurse academic does not exist and could link in with my own recommendations for practice.					
<b>Author(s) Year and country of origin</b>  Ayala R, Fealy G Vanderstraeten R and Bracke P (2014) Belgium and Holland Research undertaken in Chile	<b>Design</b>  Ethnographic study using grounded theory	<b>Sampling strategy and population and environment</b>  Purposeful Observation, interviews and casual conversations with nurses at a range of levels working in	<b>Response rate</b>  Not stated explicitly 5 participants are mentioned	<b>Characteristics of respondents</b>  7 clinical areas were used including AED, Intensive care and a chemotherapy unit. Participants included managers, academics and clinically based nurses.	<b>Subject Specific</b>  Findings highlighted that class was play a part in social inequalities in nursing individually and collectively in Chile; and that class is an element of identity formation in nursing. University educated nurses had dominance over auxiliary

		an acute hospital in Chile			nurses who appeared excluded from the HEI environment and nursing more generally. Nursing was seen to be quite hierarchical from these findings on the basis of class.
<p>Critique: It was difficult to appraise if these findings were transferable to other cultures. It appeared that class hierarchy was a strong indicator of identity within this study but had not been seen elsewhere in the literature. It appeared that the number of participants interviewed were 5 in number but this was unclear. The data was based significantly on the observations by the researchers/anthropologists perspectives and therefore findings may not be generalisable. Consent was gained from the participants and a second observer was used to observe the process of data collection.</p>					
<p><b>Author(s) Year and country of origin</b> Baker S, Fitzpatrick J, and Quinn Griffin M (2010)  US</p>	<p><b>Design</b> Descriptive correlational survey design. Instruments- Psychological empowerment Scale (Spreitzer 1995) Conditions of work effectiveness II (Laschinger et al (2001) Job Diagnostic Survey (Hackman and Oldham's (1975)</p>	<p><b>Sampling strategy and population and environment</b> Purposeful sample of Nurse educators who worked full-time in a Californian community college, holding a Master degree in Nursing and had worked there for 1 year or more.</p>	<p><b>Response rate</b>  23.4% Nurse educators (n=139) responded to the survey</p>	<p><b>Characteristics of respondents</b>  94% Female, 83.6% Caucasian, mean age 51.  71.9% taught clinical and theory 11.1years mean teaching experience Faculty ranking from 30.2% to Professor 45.3% 72.5% had never published.</p>	<p><b>Subject Specific</b>  Educators experienced Job satisfaction and empowerment in their workplace. 91% indicated that they would work in a nurse faculty again if they started their careers again. Fewer (73%) believed they had autonomy and freedom, 41% believed they had significant impact, control and influence within their department. Least empowerment satisfaction relates to</p>

				73% has student enrolments of 101-300 students	resources (paperwork, job and help)
<p><b>Critique:</b> The findings showed nurse educators were satisfied and empowered but had concerns about the resources they need to accomplish their work. Greater satisfaction would be gained through more time to teach nursing students and a collegial approach to decision making and promote faculty accomplishments within the colleges. The focus of the study was purely quantitative and the meaning of the results except on a superficial level was not fully understood. Some ambiguity in results suggested a poor question design.</p>					
<p><b>Author(s) Year and country of origin</b></p> <p>Barrett D (2006) UK</p>	<p><b>Design</b></p> <p>Discussion paper</p>	<p><b>Sampling strategy and population environment</b></p> <p>N/A</p>	<p><b>Response rate</b></p> <p>N/A</p>	<p><b>Characteristics of respondents</b></p> <p>N/A</p>	<p><b>Subject specific</b></p> <p>Suggests that clinical credibility through contact with CPE is not necessary. Highlights the challenges and the requirements of fulling the academic elements of the nurse tutor role, with competing demands.</p>
<p><b>Critique:</b> Offers an alternative view based on policy and current literature available at the time</p>					
<p><b>Author(s) Year and country of origin</b></p> <p>Bentley J and Pegram, A (2003) UK</p>	<p><b>Design</b></p> <p>Discussion paper</p>	<p><b>Sampling strategy and population environment</b></p> <p>N/A</p>	<p><b>Response rate</b></p> <p>N/A</p>	<p><b>Characteristics of respondents</b></p> <p>N/A</p>	<p><b>Subject specific</b></p> <p>Developed a multi-faceted conceptual framework for nurse lecturers working in practice based on engagement in patient care and education.</p>
<p><b>Critique:</b> the design of the framework is based on the authors experience and is supported by the literature. The paper is limited in terms of not having formal evaluation took place to explicate its effectiveness with stakeholders. The framework is a good starting point for further research.</p>					

Author(s) Year and country of origin	Design	Sampling strategy and population environment	Response rate	Characteristics of respondents	Subject specific
Booth T, Emerson C, Hackney M and Souter S (2016) US	Discussion paper	N/A	N/A	N/A	The US perspective noted that nurse academics were recognised as advanced practice roles in the US. It highlighted that nursing and education are two distinct disciplines and more preparation is required for the teaching of nursing.
<b>Critique:</b> Useful opinion piece about the preparedness of nurse academics for their role. Espouses the work of Boyer (1996) in the need for a broader approach to scholarship based on scholarship of integration, scholarship of discovery, scholarship of application and the scholarship of teaching; which is cited elsewhere in the literature. The process of data extraction of the literature was not cited and therefore is a weakness in the article.					
Bochatay N ( 2018) Switzerland	Ethnography (interviews and observation)	Not specified clearly but data was gathered January-March 2017 in teaching hospital in Switzerland	Two teams of approximately 20 nurses in each	1 nurse supervisor 15 nurses, 3 nursing students, 3-4 nursing assistants	Professional identity was affirmed by highlighting meaning in their work, individually and from peer recognition and collective recognition, showing their unique contribution to healthcare. The lean management programme of instigating bed side reports seemed poorly received as it required better communication from the

					management team and failed to recognise how nurse may share ideas about how to manage patient care, in relation to traditional handover
<p><b>Critique:</b> Professional identity in nurses appeared to be reinforced through the meaning it had to self, others and collectively which set them aside from other professional groups. It is noteworthy that the resistance to change in the structure and tasks of the day was attributed to poor implementation by management. However, it also resonates with earlier work of Menzies (1993) where the traditional tasks keep nurses in a place of structure that they are reluctant to move from or perhaps think differently.</p>					
<p><b>Author(s) Year and country of origin</b></p> <p>Callan V, Gallois C, Mayhew M, Grice T, Tluchowska M and Boyce R (2007)</p> <p>Australia</p>	<p><b>Design</b></p> <p>Survey</p>	<p><b>Sampling strategy and population environment</b></p> <p>Random sampling to 1558 employees at large public hospital (Doctors, Nurses, allied health workers and administration staff)</p>	<p><b>Response rate</b></p> <p>779 employees responded (50% response rate)</p>	<p><b>Characteristics of respondents</b></p> <p>67% female  45% respondents were nurses  20% administration  8% medical  Other HCP 13%  Average time in employment at the hospital was 6 years 7 months and average time in current post was 4 years 3 months.</p>	<p><b>Subject specific</b></p> <p>All employees preferred to identify with smaller groups such as a division, clinical team or professional department, rather than larger groups at the macro-level category of organisation. During times of organisation change, professional groups are more likely to identify themselves with that group. Changes that seek to break down professional boundaries are likely to be resisted and it is important that during change both old and new identities were emphasised. High status participants were</p>

					more satisfied during change than low status group members
<p><b>Critique:</b> This article was selected as it used a positivist approach to research identity. Since most of the other research papers are of a qualitative design, it was thought to be of value to the discussion. The article was limited as it did not seek to define professional identity but focused on the perceived change process to interdisciplinary teams. There were assumptions about what professional identity meant and if it was the same concept to all those who completed the questionnaire. The research contributes to my understanding, as it looks a perspective of different professional groups E.g.AHP's.</p>					
<p><b>Author(s) Year and country of origin</b></p> <p>Cardoso I, Batista P and Graca A (2014)</p> <p>Portugal</p>	<p><b>Design</b></p> <p>Systematic Review</p>	<p><b>Sampling strategy and population environment</b></p> <p>Literature review conducted 2002-2011</p>	<p><b>Response rate</b></p> <p>N/A</p>	<p><b>Characteristics of respondents</b></p> <p>N/A</p>	<p><b>Subject specific</b></p> <p>The study found an increased numbers of research articles published in relation to professional identity in 2011 among nurses and teachers. Concepts of professional identity fitted with personal and social aspects of identity. The constructs of identity were associated with self, discourse, narrative, structure, agency and reflection. Two dimension of identity were related to the individual perspectives and collective dimensions. The collective dimensions related to shared purposes among the same group. The construction of individual identity was based on individual decision-making</p>

					(Giddens, 1997) which was why it was so prized. Nurses professional identity was limited by needing to redefine the professional limits of nursing, a lack of autonomy, more understanding about nurses collective professional identity and lack of literature in which nurses as professionals were redefined to emerge as reflective professionals
<p><b>Critique</b> There is a clear explanation of the selection to analysis procedures in relation to the systematic review. The systematic review revealed that a strong positioning with symbolic interactionism (linguistic and its subjective understanding in relation to language) and post modernism (where cultural references influence –speech, experiences and power relations, shape identity). However, none of the studies had used appreciative inquiry as a methodology for researching professional identity in nurses and so this was helpful in identifying a gap in the literature.</p>					
<p><b>Author(s) Year and country of origin</b></p> <p>Clegg S (2008)</p> <p>UK</p>	<p><b>Design</b></p> <p>Interviews</p>	<p><b>Sampling strategy and population environment</b></p> <p>purposeful</p>	<p><b>Response rate</b></p> <p>13 academics from a variety of backgrounds in Leeds Metropolitan University</p>	<p><b>Characteristics of respondents</b></p> <p>7 women and 6 men Experienced ranged from 1-30 years</p>	<p><b>Subject specific</b></p> <p>Post 1992 HEIs were seen as important sites to investigate academic identity. Hybrid identities emerged, as the boundaries of the HEI were porous in terms of how academics saw themselves. Gender had a resonance for some female academics in the context of the male dominance of the academy. Findings also cited that</p>

					academics found their own personal autonomy and agency within the changing landscapes of HEI, and that identities were proliferating.
<b>Critique:</b> The layout of the research was difficult to follow but this may be a reflection of the journal specifications. The approach to the methodology unclear. There are not clear recommendations for practice from this article however the findings concur with other authors such as Duffy (2012)					
<b>Author(s) Year and country of origin</b>  Conway J and Elwin C (2007)  Australia	<b>Design</b>  Qualitative action based research	<b>Sampling strategy and population environment</b>  Purposeful. 27 Clinical nurse educators in New South Wales health area	<b>Response rate</b>  18	<b>Characteristics of respondents</b>  Participants in a professional development workshop.	<b>Subject specific</b> The study found clinical nurse educators were poorly understood by 'other staff'. Participants expressed they lacked direction and had unrealistic expectations. Role models were perceived to being out of date with the contemporary nurse educator role. The inter-professional boundary between various education roles led to a blurring of identity.
<b>Critique:</b> No ethical considerations were explicit within the study, which compromised the validity and reliability of the research. Authors emanated from the clinical practice nurse educator domain, and the writing style suggests bias in the study. The paper read as a discussion about challenges in identity for clinical nurse educators rather than primary research. The paper described itself as using an action research approach to the methodology; however, this was not discussed. Nevertheless, it does enlighten the discussion around the challenges of delivering education in practice. Despite being placed firmly in the practice domain, there were still issues with acceptance and boundaries for this group of educationalists, which was of interest in the context of the background of the roles of nurses in education.					
<b>Author(s) Year and country of origin</b>	<b>Design</b>	<b>Sampling strategy and population</b>	<b>Response rate</b>	<b>Characteristics of respondents</b>	<b>Subject specific</b>

<p>Cook T.H, Gilmer M.J, Bess C.J (2003)</p> <p>US</p>	<p>Qualitative, descriptive design</p>	<p><b>Environment</b></p> <p>Purposeful sample (though not explicitly stated) Students who were enrolled on a nursing programme in south-eastern US</p>	<p>96% response rate</p>	<p>All participants were on the 1<sup>st</sup> day of their course as a nursing student. Age range 19-45. 87% women 89% Caucasian 4% African American 3% Hispanic 1% Asian 75% held a Baccalaureate or higher degree in a non-nursing discipline</p>	<p>Student nurses had a concept of professional identity, even at the beginning of the course. Academics used the knowledge of student's definitions of nursing to enrich student learning. The themes of nursing showed 45% of student nurses identified nursing as a verb E.g. Caring, establishing therapeutic relationship, and professional expertise. 33% of respondents associated nursing identity as a noun category e.g. Nursing is a profession, the blend of art and science. 22% felt nursing identity was associated with transactional statements e.g. helping the patient to reach their healthcare goal. Caring takes precedence over implementing and managing in students definitions of nursing. The nursing students appeared to have insight into the professional characteristics that enhance</p>
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					nursing identity e.g. independence, leadership, critical thinking. Nurses who had developed a firm professional identity were more flexible when faced with role changes.
<p><b>Critique:</b> Findings emphasised the need to provide opportunities for professional development. The study was carried out by the researchers themselves on students who had only just started the course and therefore may have responded in a somewhat naïve way. The 96% response rate raises questions about how the data was collected ethically. Longitudinal studies may have provided more insight into how identity was formed in the long term. The sample was predominantly white females and no comment was made of gender in the context of the research. Interesting that the strongest category was that of 'verbs', indicating the practical nature of how students perceived themselves as nurses, as part of their identity.</p>					
<p><b>Author(s) year and country of origin</b></p> <p>Degeling P, Hill M Kennedy J, Coyle B and Maxwell S 2000</p> <p>Australia/England</p>	<p><b>Design</b></p> <p>Survey- self completed questionnaire.</p>	<p><b>Sampling strategy and population environment</b></p> <p>Random sample of medical clinicians, medical managers, lay managers, nurse managers and nurse clinicians of Australian and English hospital based professionals. 4 hospitals were English and 2 were Australian</p>	<p><b>Response rate</b></p> <p>856</p> <p>281-medical clinicians 100-medical managers 120-lay managers 171-nurse managers 184-nurse clinicians</p>	<p><b>Characteristics of respondents</b></p>	<p><b>Subject specific</b></p> <p>Survey indicated nurse clinicians had a perception of collective approaches to clinical work performance. Medical clinicians had an individualistic self-confidence. Findings showed issues of power identified, in that nurses preferred employment security over personal autonomy and patient centred concepts of clinical service provision. Participants expressed a purist stance on the intersection between clinical and resource</p>

					influences on care. Cultural identities between Australian and English nurses could be attributed to the differences in education (22% of English Nurses had a degree, whereas 62% of the Australian sample had a degree). Self-confidence in the Australian nurses was higher in terms of career choice, less predisposed to be risk averse, less likely to wish for rule-orientated decisions.
<p><b>Critique:</b> Overall survey numbers sent out were not identified as compared to the response rate. The terms used to differentiate between the occupational classes were not clear. It would be unlikely that each of the occupational classes has exactly the same functioning role within the hospitals. Since the results indicated differences between the Australian and the English experience, I am unsure if each role would be operationalised in the same comparative way that this study suggests. A variety of data was collected for this large-scale study. It was difficult to make comparisons as variables existed between occupational groups as well as perceived differences between Australian and English sub-groups. The philosophy of social constructionism was hinted at the start of the research paper but this seems incongruent with the approach of a survey. The research was perhaps too ambitious in its intentions.</p>					
<b>Author(s) year and country of origin</b>	<b>Design</b>	<b>Sampling strategy and population environment</b>	<b>Response rate</b>	<b>Characteristics of respondents</b>	<b>Subject specific</b>
Duffy R (2012) UK	In-depth interviews	Purposeful  Nurse academics in University settings	14	Clearly identified- 6 adult lecturers (2 male, 4 female) 5 mental health lecturers (2 male, 3 female) 1 learning disabilities lecturer (female) 2 dual	Used grounded theory. Identified a model of transformation from nurse to nurse academic in education from pre-entry (clinical teaching, lecturer practitioner) through to specialist knowledge (design of

				trained (adult and Child) 8 participants were from pre-1992 institutions, 6 were post 1992 institutions.	curricula, changing public perceptions. 3 core identities of nurse academics-nurse, academic and hybrid (associated with a strong sense of self- worth). Participants who adopt a hybrid or academic identity reported greater assimilation with academic identity than those who hold onto a purely nursing identity.
<p><b>Critique:</b> The framework provided a structure in which to categorise identity transformation. The study utilised all fields of nursing and male and female nurse academics. The study also uses academics from pre and post 1992 institutions. There is no comment in the paper if any of these variables are influential on academic identity or indeed other variables. There are no suggestions of how academic identity could be realised.</p>					
<p><b>Author(s)</b> Year and country of origin Findlow, S (2012) UK</p>	<p><b>Design</b> Ethnographic study Grounded theory</p>	<p><b>Sampling strategy and population and environment</b> Not stated explicitly? purposeful</p>	<p><b>Response rate</b> 12-18 people for the discussions 5-6 for the reflective diaries</p>	<p><b>Characteristics of respondents</b> Interdisciplinary lecturers from a HEI 5-6 which were nurse academics</p>	<p><b>Subject specific:</b> Professional and academic identity- focus on 'new academics'</p>
<p><b>Critique:</b> The data did not address the gender of the students or staff in their perception of identity. The view of established nurse academics is not sought here but could have been an interesting comparator. The research is illuminating in that it identifies that the jurisdictional space in which nurse academics practice within the institution, leads to enhanced feelings of a lack of acceptance within the academy.</p>					
<p><b>Author(s) Year and Country of origin</b> Fisher M (2011)  Australia</p>	<p><b>Design</b>  Comparative cross-sectional survey</p>	<p><b>Sampling strategy and population environment</b> Systematic sample from 1000 male</p>	<p><b>Response rate</b> 25.4% of engineers 31% male nurses</p>	<p><b>Characteristics of respondents</b> Extensive descriptive statistics obtained Average age 40</p>	<p><b>Subject Specific:</b> Male nurses perceived themselves as having feminine characteristics essentially required for nursing or</p>

		engineers, 1000 male nurse and 1000 female nurses	34% female nurses	40.5 had children 67.9% married Degrees 49.6 Engineers 44.2 female nurses 28.2 male nurses	alternatively male engineers subscribe traditional view of masculinity.
<p><b>Critique:</b> Showed that gender stereotyping should be addressed, in relationship to male nurses and not reinforce the culturally constructed gender ideology. Would have been illuminating to look at the gender characteristics of female engineers to see if they adopt identities that are more masculine. Qualitative design may have elucidated deeper explanations of identity in each of the groups.</p>					
<p><b>Author (s) Year and country of origin</b></p> <p>Fisher M (2005)</p> <p>Presumed UK due to policy documentation referred to</p>	<p><b>Design</b></p> <p>Exploratory focus group and individual interviews</p>	<p><b>Sampling strategy and population environment</b></p> <p>purposeful</p>	<p><b>Response rate</b></p> <p>Not stated - 6 participants were used</p>	<p><b>Characteristics</b></p> <p>Recently appointed nurse lecturers in pre-registration nurse education 1 male 5 female Does not identify which field of nursing the participants emanate from</p>	<p><b>Subject specific:</b></p> <p>Look at the notion of nurse lecturers maintaining clinical credibility. These were associated with the following themes: Clinical currency and awareness Hands on care Being visible in the clinical area Transferability of skills Role development. The research identified different ways in which nurse academics remained current and credible from delivering 'hands on' care to engagement with research. Fisher argues that each academic needs to decide for</p>

					himself or herself how best to operationalise the notion.
<p><b>Critique:</b> This article related to notions of identity through the eyes of relatively new nurse lecturers. The literature supporting the article is dated in places. There is an interchange between terms in the article (clinical credibility, which is the article title, and clinical currency, which appears to be the term that the author Fisher is more comfortable with). The themes generated lack clarity and focus in terms of articulating clinical credibility/currency.</p>					
<p><b>Author(s) year and Country of origin</b></p> <p>Gillespie M and McFetridge B (2006)</p> <p>UK</p>	<p><b>Design</b></p> <p>Discussion paper</p>	<p><b>Sampling strategy and population environment</b></p> <p>N/A</p>	<p><b>Response Rate</b></p> <p>N/A</p>	<p><b>Characteristics</b></p> <p>N/A</p>	<p><b>Subject Specific</b></p> <p>The role of the nurse teacher needs to focus on the support of student nurses. Explores the complexity of the role</p>
<p><b>Critique:</b> Useful analysis of the literature which highlights themes such as clinical credibility, theory-practice debates, nurse lecturer roles in practice and concepts of caring. Limited study in that the data extraction tool is not explicated, which is a deficit of the paper.</p>					
<p><b>Author(s) year and Country of origin</b></p> <p>Gillett K (2014)</p>	<p><b>Design</b></p> <p>Discussion paper Critical discourse analysis</p>	<p><b>Sampling strategy and population environment</b></p> <p>Purposeful sample of 11 British national Newspapers (1999-2012)</p>	<p><b>Response Rate</b></p> <p>N/A</p>	<p><b>Characteristics</b></p> <p>N/A</p>	<p><b>Subject Specific</b></p> <p>Related to the increase in academic level of nurse education to all graduate from 1999-2012. Found nostalgic discourses in newspapers potentially impinged on the progress of the nurse education system and legitimised government policy, which may otherwise have be construed as negative.</p>

					Found the newspaper view of nursing identity is divisive in the sense that a bygone age of nurses who were 'caring' have been replaced by academic nurses who are presented as being less caring.
<b>Critique:</b> Contextual evidence of the mutual exclusivity of 'nursing' and being 'educated' using critical discourse analysis provided insight into the broader societal identities of nurses. More recent newspaper analysis may have provided a differing perspective.					
<b>Author(s) year and Country of origin</b>  Gillett K (2012)	<b>Design</b>  Discussion paper Critical discourse analysis	<b>Sampling strategy and population environment</b>  Purposeful sample of British national Newspapers (1999-2009)			Found that British newspapers regularly attribute problems with recruitment to nursing to the graduate entry requirements of the profession. Found nurse have little influence on newspaper discourses, which limits the influence on public opinion, government policy and morale within nursing.
<b>Critique:</b> Offered a unique contextual view of the mutual exclusivity of 'nursing' and being 'educated' using critical discourse analysis provided insight into the broader societal identities of nurses. More recent newspaper analysis may have provided a differing perspective. Suggests that all nurses should take a stronger stance regarding the profession in working with the media and policy makers and indicates the socially constructed nature of influence on nursing identity.					
<b>Author(s) year and Country of origin</b>  Glass N (2005)	<b>Design</b>  Postmodern feminist ethnographic approach	<b>Sampling strategy and population environment</b>  Purposeful sample from nurse	<b>Response Rate</b>  53 participants	<b>Characteristics</b> 47% Australian 47% lecturers 17% full professors	<b>Subject Specific</b> Glass highlighted the research vs. education dichotomy and the lack of value placed on nursing

Australia	Participant observation, reflective journals and interviews	academics at various levels 9 universities in 4 countries (Australia, New Zealand, UK and the US)		13% associate professors	<p>research through Research Excellence Exercises. She argued for more recognition of the discipline to validate nursing as a discipline in the academy. Workplace pressures and health issues between self-integration and wellbeing. The more complete one is personally the more complete one is professionally.</p> <p>Glass speaks of a counterculture created where nurses were treated as foreign bodies in both their disciplinary approaches and research activities. This identified that passivity (learnt behaviours) was transferred from the NHS into University. Lack of support for professional development was a problem identified; leaving nurse academics more isolated as well as repeated restructures.</p>
<p><b>Critique:</b> The sampling strategy was not well defined, as it did not give the overall makeup of the country of origin of the participants. Found nurse academics needed intrapersonal strength and professional resilience in order to maintain workplace fulfilment which in the context of academic identity. The research lacks</p>					

is in its suggestion of how a positive professional workplace culture can be adopted. Ideologically, the research sowed seeds for further questions about academic identity of nurse academics.					
<b>Author(s) Year and Country of origin</b>	<b>Design</b>	<b>Sampling strategy and population environment</b>	<b>Response rate</b>	<b>Characteristics of respondents</b>	<b>Subject Specific:</b>
Griscti O, Jacono B and Jacono J ( 2004)  Australia Malta	Quantitative (Clinical log) and Qualitative Interviews	Purposeful/  Convenience	17 responses for clinical log	Interviews- 5 educators, 5 clinicians, 5 students	Maltese nurse educators allocated little time to their role in the CPE, identified a lack of control over the clinical environment and a lack of clinical expertise. Found that there were perceptions that links were not forged with clinical staff.
<b>Critique:</b> Uses a range of stakeholders in commenting on the role of nurse educators. It suggests that barriers to liaising with clinical practice should be removed but does not comment as to how this could be achieved, except through government lobbying.					
<b>Author(s) Year and Country of origin</b>	<b>Design</b>	<b>Sampling strategy and population environment</b>	<b>Response rate</b>	<b>Characteristics of respondents</b>	<b>Subject Specific:</b>
Hartigan I, Cummins, O'Connell E, Hughes M, Hayes C, Noonan B, and Fehin P (2009)  Ireland	Descriptive design using quantitative and qualitative approaches.	Purposeful sample of RNs, Student Nurses and Clinical Nurse Managers based in hospitals in Cork	36.6% response from student nurses to questionnaires. 66% response rate from RNs/CNMs to questionnaires	Age and gender response rates identified for both groups. 6% of the responses were from CNMs and 87% from RNs. Gender response rates were predominantly female for both groups.	Evaluated 7 lecturer practitioners from 3 key perspectives (Student nurses, RNs CNMs). Findings indicate that the LP role complements and enhances the student nurse and RN experience and helped to link theory to practice.
<b>Critique:</b> Study unique as it looks at the views of student nurses. Generalisability is compromised as only 1 HEI in Ireland that employs LPs. Note- Contractual arrangements in Ireland mean that LPs are employed separately by Cork University and the Hospitals and deliver 'hands on' care when in clinical practice (3					

hospitals were used where LPs worked with student nurses. The time allocated in practice was not specified. Although the role was stated to enhance the student nurse experience, it did not comment on how knowledge is enhanced. Further work was needed to look at these types of role in academic and clinical contexts.

<b>Author(s) year and Country of origin</b>	<b>Design</b>	<b>Sampling strategy and population environment</b>	<b>Response rate</b>	<b>Characteristics</b>	<b>Subject Specific;</b>
<p>Kumar K, Roberts C and Thistlethwaite J (2011)</p> <p>Australia</p>	<p>Semi- Structured Interviews and focus groups</p>	<p>Purposeful. Clinical-educators in a medical school</p>	<p>23 respondents (not stated how many participants were invited)</p>	<p>16- Clinical educators 4-clinican educators 10- academic clinician researchers 74% male 26% female</p>	<p>Contextual factors were important, in how academic medicine is organised as a discipline. The participants identify reduced opportunity for career progression and job insecurity compared to clinically based colleagues. Identifies that reputation can be elusive as women who maybe out of the workforce for a few years are less able to 'catch up'.</p> <p>Experiential factors: legitimate participation in academic medicine. Teaching was perceived as low-status and an 'add on' to research and clinical practice. Teaching credentials alone were perceived as not being enough as opposed to research productivity and they were disadvantaged when looking for promotion. It</p>

					<p>appeared research into medical education is perceived of less value than conventional medical research.</p> <p>Developing professional identity was crafted from the sense of wanting to give something back to the medical profession. Participants valued the enrichment that teaching added to their professional practice.</p> <p>Contextual supports socialisation and support practice were important to the medical academics commenting that it was necessary to develop a culture where people do not perceive academics as being some different but as part of the whole. Role models were a way of motivating clinicians into academia and in the principles of giving something back.</p> <p>Developing professional identity was commensurate</p>
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					with an expanded notion of academic scholarship.
<p><b>Critique:</b> The population derived predominantly from men. The study suggests teaching only posts put clinical educators on an unequal footing in applying for academic clinician posts. The article was helpful on a number of levels, firstly that medical colleagues also struggled with embedding the role of the clinical academic within their profession and the need to construct an argument for the scholarly nature of practice. This is the first of this type of study to look at the experience of clinical academic educators, however it has not drawn from the wider evidence base that nursing offers in this arena to contextualise the findings.</p>					
<p><b>Author (s) Year and Country of Origin</b></p> <p>Leiff S, Baker L, Mori B, Egan-Lee E, Chin K and Reeves S (2012)</p> <p>Canada and USA</p>	<p><b>Design</b></p> <p>Qualitative case study-longitudinal study</p>	<p><b>Sampling strategy and population environment</b></p> <p>Purposeful Health Science Faculty</p>	<p><b>Response rate</b></p> <p>43 out of 49 respondents (novice teachers in the faculty)</p>	<p><b>Characteristics</b></p> <p>Health professionals in a health science faculty (physician's , speech and language therapists, pharmacists, physiotherapists, occupational therapists and speech therapists undertaking an educational Scholars Programme 25 Females and 22 male respondents.</p>	<p><b>Subject specific:</b> Data collection was obtained from reflective papers at 3 points in the programme. 127 reflective papers were analysed and a focus group (7-8 participants) was conducted at the end of each year with each group. 3 main themes emerged in the formation of identity- personal (perception of capability impact of prior experience, management of competing identities), relational (sense of belonging, comparison to others, perception of others) and contextual (programme discourse, curriculum methods and content work environment) Many participants struggled to balance their academic</p>

					<p>identity with their clinical identity.</p> <p>Identities were constructed in comparison to others (either positively or negatively) and how others (colleagues and programme heads) perceived the participants.</p> <p>Discourse played an important role in identity E.g. the labels of 'educator' or 'scholar' The CoP of the actual programme they were on also shaped the participants identity.</p> <p>Work environments were an essential component to identity.</p>
<p><b>Critique:</b> The study was useful in categorising the components of academic identity (personal, relational and contextual). It is useful to find a study focusing on other health care professional groups that identifies similar characteristics in identity formation to other evidence. Although the study was longitudinal, identity formation was not recorded as being necessarily an evolving entity. Identity appeared fluid and situational. 127 reflective transcripts were viewed and one wondered about the depth of the analysis for qualitative research paradigms by the volume that was collected.</p>					
<p><b>Author (s) Year and Country of origin</b></p> <p>Menzies I (1971) UK</p>	<p><b>Design</b></p> <p>Observation , individual and group interviews</p>	<p><b>Sampling strategy and population environment</b></p> <p>Not specified</p>	<p><b>Response rate</b></p> <p>N/A</p>	<p><b>Characteristics of respondents</b></p> <p>Student nurses, RNs and ward sisters</p>	<p><b>Subject Specific</b></p> <p>A historical piece commenting on the technical and educational skills needed for nursing. Identified the culture, structure and mode of functioning within the NHS</p>

					were dictated by the needs of the organisation rather than those it served.
<b>Critique:</b> Highlighted how the strict hierarchy of title, uniforms and roles constrains the individual abilities of the nurses themselves.					
<b>Author (s) Year and Country of origin</b>  Meskell P, Murphy K and Shaw D (2009)  Ireland	<b>Design</b>  Mixed methods  Focus group and interviews  Questionnaire	<b>Sampling strategy and population environment</b>  Purposeful sample of 12 HEI's	<b>Response rate</b>  Unclear	<b>Characteristics of respondents</b>  Educationalists, Clinicians, Policy formulators and students All fields of Nursing are represented	<b>Subject Specific:</b> The research focused on stakeholder perspectives by considering the views of policy makers, students and clinicians. It is interesting that despite nurse education in Ireland being positioned firmly as a graduate only programme since 2002, the tensions around what it means to be a nurse academic still existed. 5 themes emerged from the data concerning the clinical role of the nurse academic: Lack of role definition Engagement with practice Concerns about clinical credibility. Teaching effectiveness- students and clinicians feel that nurse academics should have a strong connection in practice

					<p>Research-identified as important to academics. Clinicians saw the value of research if it was collaborative, however, it was a low priority in the context of cutbacks and the pace of the clinical environment. Policy formulators were concerned that academics were not more involved in clinical practice and collaborative research. The research mirrors other studies that highlight the need for academics to value the practice component of their role.</p>
<p><b>Critique</b> Contextually, the article focused only on the clinical element of the role nurse academics. Looking at how nurse academics in different fields of nursing perceive their credibility was interesting, since mental health and learning disability did not appear to find it such, a challenge (because it was deemed less technically orientated). This is the first article that highlights how the clinical element of identity of nurse academics may vary from field to field. The study indicated educationalists perceived a clinical role as that of an advisory capacity on educational matters to clinical staff. Conversely, student's clinicians and policy makers believed that nurse academics should have a clinical role and were concerned how the role was being operated. The bias of this study was that the majority of respondents were nurse academics; however, other groups interviewed made similar remarks. The gap was the lack of exploration of how nurse academics could offer something other than a 'clinical' component.</p>					
<p><b>Authors(s) Year and country of origin</b></p> <p>Mulready-Shick J and Flanagan K (2014)</p>	<p><b>Design</b></p> <p>Mixed Methods - RCT and interviews</p>	<p><b>Sampling strategy and population environment</b></p> <p>Randomised but this was not stated</p>	<p><b>Response rate</b></p> <p>The number of participants in the RCT was not stated.</p>	<p><b>Characteristics of respondents</b></p>	<p><b>Subject specific:</b></p> <p>Focus on the work of a Dedicated Education Unit (DEU). The DEU nurses provide the clinical instruction with faculty support. DEU</p>

US		to how this was achieved. The RCT was undertaken by an external evaluation team	The numbers of interviewee participants n=34		<p>was sustained by building strong relationships with practice by cultivating professional relationships and partnership achievement to place more emphasis of the educational role of the RN. The sustainability of this may be achieved through actively recruiting those RNs who are motivated in their teaching role. Students who work on DEU's could potentially become the educators of the future. This concept was useful to consider in my recommendations for practice linked to the role definitions for supervision of practice within the Future nurse curriculum (NMC, 2018) but it is less clear about the role of the faculty academic support as in the UK this is provided from within the clinical areas. It appears that the raised profile of education within these units, may offer something more distinctive for</p>
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					the nurse academic to be involved in.
<p><b>Critique:</b> The RCT aspect was perceived to minimise bias as an external group undertook this element of the research. It was not clear if the RCT participants and interview participants are from the same cohort as the methodology is not clear in places. Preliminary qualitative analysis was conducted using Atlas software to generate the thematic analysis, which appears appropriate to the design of the research, which is aligned with supportive narrative. The data from the RCT was not discussed which is a limitation of this study. The longer-term outcomes of this model were not known but it aligns itself with current UK models of supervision in practice.</p>					
<p><b>Authors(s) Year and country of origin</b></p> <p>Munro G, O'Meara P, Mathisen B (2018)</p> <p>Australia and New Zealand</p>	<p><b>Design</b></p> <p>Literature review</p>	<p><b>Sampling strategy and population environment</b></p> <p>N/A</p>	<p><b>Response rate</b></p> <p>N/A</p>	<p><b>Characteristics of respondents</b></p> <p>N/A</p>	<p><b>Subject specific</b></p> <p>Literature review regarding paramedic transitions to HEI. Similar findings to other studies in relation to nursing in that the clinical component of treating patients is lost and yet the academic profile of academia was not established. Concerns noted regarding more experienced paramedic academics with research profiles compared to novice paramedic teachers with less credentialed qualifications who may have a teaching focus, suggesting this may lead to a two-tiered system.</p>
<p><b>Critique</b> Indicated new findings that para medicine, as a new discipline in the HEI struggles with professional identity. The commentary is limited in that it does not comment on how the literature review was conducted.</p>					

<b>Authors(s) Year and country of origin</b>	<b>Design</b>	<b>Sampling strategy and population environment</b>	<b>Response rate</b>	<b>Characteristics of respondent</b>	<b>Subject specific</b>
Murray C, Stanley M and Wright S (2014)  Australia	Meta-synthesis	N/A	N/A	N/A	Focused on literature regarding the transition from clinician to nurse or AHP academic. Found that over 1-3 year, academics went through four different phases (feeling new and vulnerable, encountering the unexpected, doing things differently and evolving into an academic). Challenges relate to tacit knowledge needed to fit into a new culture. Identified the need for ongoing support and development from the HEI
<b>Critique:</b> The methodology employed in the meta-synthesis is clearly explained. It was helpful to know that other professional groups experience similar regarding their academic identity in the early part of their careers. Recommendations for how nurses and AHPs were supported to make the transition to HEI was not stated.					
<b>Author (s) year an country of origin</b>	<b>Design</b>	<b>Sampling strategy</b>	<b>Response rate</b>	<b>Characteristics of respondents</b>	<b>Subject specific</b>
McArthur-Rouse F (2008) UK	Semi-structured interviews	purposeful	6 out of 7 approached	All were new nurse academics in post for 2< years	Researched the experience of new nurse academics and how support mechanisms such as mentorship assisted them in adjusting to the academy. The culture of the academy was bewildering. A small number found that established nurse academics

					were not supportive. They felt this could be due to new staff being threatening with their new clinical knowledge or that established nurse academics were unable to articulate tacit knowledge and practices to the newcomers.
<p><b>Critique:</b> Many of the participants had been senior nurses in practice found their ability to adapt to the academy was difficult. This is suggestive that the culture of clinical nursing strong and was second nature to the participants. Academic culture was different but this point was not fully explored. The author herself suggests that an auto ethnographic approach may illuminate. The culture of academia was not fully explored. Mentoring strategies to include established nurse academics was proposed as a solution.</p>					
<p><b>Author(s) year and country of origin</b></p> <p>McDermid F, Peters K, Daly J and Jackson D (2016)</p> <p>Australia and UK</p>	<p><b>Design</b></p> <p>Semi-structured interviews</p>	<p><b>Sampling strategy and population environment</b></p> <p>Snowball sampling in two Universities</p>	<p><b>Response rate</b></p> <p>14 (13 female, 1 male)</p>	<p><b>Characteristics of respondents</b></p> <p>Worked as academics between 6 weeks and 5 years. Aged 33-55 years. None had PhDs or Doctorates</p>	<p><b>Subject specific</b></p> <p>Participants were unaware that they were building resilience through developing supportive relationships, embracing positivity and reflection.</p>
<p><b>Critique:</b> Ethical processes were obvious within the research and justified. Strategies for identifying resilience were positive but it appeared that it is the process of the storytelling element to the research described as cathartic, was slightly overlooked as a strategy in itself for building resilience.</p>					
<p><b>Author(s) year and country of origin</b></p> <p>McKenna L and Wellard S (2009)</p> <p>Australia</p>	<p><b>Design</b></p> <p>Semi-structured interviews</p>	<p><b>Sampling strategy and population environment</b></p> <p>Purposeful sampling</p>	<p><b>Response rate</b></p> <p>9 respondents</p>	<p><b>Characteristics of respondents</b></p> <p>3 -sessional clinical teachers 3 -clinical teaching associates 3-preceptors</p>	<p><b>Subject specific</b></p> <p>Participants described their relationship with students as deep and personal. They also described it as different to university academics 'on campuses'. Participants</p>

					described opportunities for nurturing, protecting, supporting and disciplining. The findings suggested there may be opportunities for different types of relationships with students in the clinical practice environment but acknowledges students appeared to gain a supportive learning experience in practice but acknowledged that it did not necessarily foster independence in learning and may lead to difficulties in clinical assessment.
<p><b>Critique:</b> The participants were not identified as male or female within the sampling strategy, which could be seen as a limitation as the subject area relates to motherhood in nurse academics. One assumes the sample are all female. The methodology was unclear although it appeared to be discourse analysis, it was not explicit. Although the discussion is interesting about how nurses (clinical teachers) in practice feel about their roles, it did not make recommendations for practice.</p>					
<p><b>Author(s) year and country of origin</b></p> <p>McKinley E, Gallagher P, Jones B, Macdonald L and Barthow C ( 2017)</p>	<p><b>Design</b></p> <p>Interviews- Qualitative descriptive, informed by auto ethnography</p>	<p><b>Sampling strategy and population environment</b></p> <p>Purposeful</p>	<p><b>Response rate</b></p> <p>14</p>	<p><b>Characteristics of respondents</b></p> <p>Nurses who worked in a New Zealand medical school</p>	<p><b>Subject specific</b></p> <p>Nurses working in the medical school sought to maintain their nursing identity but felt the nursing professional often did not recognise them as nurses. Participants described</p>

New Zealand				Nurses were qualified between 9-32 years. All held PG qualifications. 2 male 12 female 11 European, 1 Maori an	the challenges of making the transition. They found more opportunities to pursue their own research interests. Participants stated the nursing profession did not value those nurses who maintain their registration but worked in what were perceived as non-nursing roles. The opportunities for research were seen to be enhanced from being part of a medical school environment.
<b>Critique:</b> Findings were similar to other research papers regarding the transition from working in clinical practice to working in HEI. Some nurses felt intimidated by the hierarchy of medical school. The study is unique and limited as the number of nurses working in medical schools is small. The auto ethnographic approach allowed the researchers to be part of the study whilst the reflexivity approach facilitated alternative perspectives.					
<b>Author(s) year and country of origin</b>  McNamara M (2009) Ireland	<b>Design</b>  Critical discourse analysis of interview data	<b>Sampling strategy and population environment</b>  Purposeful	<b>Response rate</b>  10 respondents (does not identify how many he asked)	<b>Characteristics of respondents</b>  Senior nurse academics and national leaders in nurse education	<b>Subject specific</b>  The framework of Maton (2005) concept of languages of legitimisation for investigation the performance of academic identity.  Respondents identified that nursing is in HE not because of intellectual or cognitive arguments but because of external considerations associated with finance.

					<p>Respondents identified the need to 'stake out' the intellectual territory of nursing, and harness the potential of being in a university environment.</p> <p>Respondents identified that there is a disconnect from the clinical area.</p> <p>Respondents highlighted the need for nurse academics to integrate into University and be forced out of their comfort zones</p> <p>Respondents are critical of nurse academics that are not linked in some way to clinical practice and lack a specialist focus.</p> <p>The newness of the nursing discipline into academia was highlighted.</p>
<p><b>Critique:</b> This research integrated perspectives of nurse educational leaders rather than that of senior lecturers (although the sample group states senior lecturers are part of the sample). There was a suggestion that academic leadership should be focused towards a community of practice. The future of nurse academics for McNamara was having mixed autonomy, lower density, stronger specialisation and neo-prospective (newer and forward looking) and neo-retrospective temporality (newer and backward looking).</p>					

<b>Author(s) year and country of origin</b>	<b>Design</b>	<b>Sampling strategy and population environment</b>	<b>Response rate</b>	<b>Characteristics of respondents</b>	<b>Subject specific</b>
<p>McNamara M (2010)</p> <p>Ireland</p>	<p>Critical Discourse Analysis</p>	<p>Purposeful sampling</p>	<p>21 out of 22 potential respondents</p>	<p>senior lecturers and national leaders in nurse education</p>	<p>Respondents identify that clinical practice was in danger of becoming displaced as the mission of academic nursing.</p> <p>McNamara highlighted the following themes as contributing to a lack of nursing identity</p> <ul style="list-style-type: none"> <li>-low autonomy (weak boundaries research influenced by the agenda of others</li> <li>-high density/ integration or fragmentation dispersal of disciplinary expertise, unrelated opportunistic research, lack of keeping focus on clinical nursing</li> <li>-specialisation (lack of) critical mass of experts of a distinct disciplinary discourse. The need to grow theory from clinical practice.</li> <li>-Temporality- orientation in time. The extent to which past practices attach themselves. Lack of maturity within the academy.</li> </ul>

					Key message: If clinical practice was not central to education and research activities of nurse academics, the relevance of academic nursing to its professional base is in jeopardy.
<p><b>Critique:</b> In depth discussions of identity. The sample group did not distinguish between those who were actual academics and those who were leaders in Irish nurse education. The results reflected the Irish experiences of nurse academics who appear to be a smaller number, as opposed to UK institutions who have large numbers of nurse academics. Although McNamara highlights the importance of key principles of identity, the cultural elements and gender elements were not explored here. Recommendations for practice were not explicit.</p>					
<p><b>Authors(s) Year and country of origin</b></p> <p>Nishioka V, Coe M, Makota H and Moscato S (2014)</p> <p>US</p>	<p><b>Design</b></p> <p>Mixed methods- Surveys and focus groups.</p>	<p><b>Sampling strategy and population environment</b></p> <p>Not stated</p>	<p><b>Response rate</b></p> <p>Focus groups-124 (12 nursing administrators, 35 nurse managers, 35 traditional nurse teachers, 42 DEU clinical instructors, 51 university faculty members, 32 students)</p> <p>Surveys- 69 respondents from 17 units (9 DEUs and 8 traditional units)</p>	<p><b>Characteristics of respondents</b></p> <p>59% had nursing degrees</p> <p>Most were females from white ethnic backgrounds</p> <p>Average experience 10.5-13.4 years</p>	<p><b>Subject specific</b></p> <p>The DEU model appears to provide students with superior clinical education experiences as it makes maximum use of the expert nurse and the teaching expertise of faculty. It may increase RN job satisfaction. The Faculty staff coach, mentor and provide clinical supervision to the RNs in practice as they provided clinical instruction to students. Possible evidence of a more structure approach to the role of nurse academic in practice.</p>
<p><b>Critique:</b> The paper was explicit about how data was collected in quantitative and qualitative methods. DEU models were not consistent in their implementation in the US due to the variation of state requirements and curricula design, which may make findings difficult to generalise.</p>					

<b>Authors(s) Year and country of origin</b>	<b>Design</b>	<b>Sampling strategy and population environment</b>	<b>Response rate</b>	<b>Characteristics of respondents</b>	<b>Subject specific</b>
Owen S, Ferguson K and Baguley I (2005)  UK	Group and individual semi-structured interviews	Purposeful sample of mental health senior lecturers (group interviews) and 3 heads of mental health (individual interviews)	10- On South Coast 7-London 12- North-west	Not stated	<p>Roles in practice were seen as being diverse and not all were deemed clinical activity. Some worked as link tutors, supporting students whereas others worked more directly in clinical roles. However, some expressed that fleeting opportunities in practice would be detrimental to care. Participants expressed frustration in balancing roles and the perception that Universities do not value clinical work that academics might involve themselves. The Research Assessment Exercise added pressure, since academics are seen to need to generate research outputs.</p> <p>Recommendations were made for approaches to increase the involvement in clinical practice E.g. Joint appointment of Nurse consultants, lecturer-practitioners, providing practice development</p>

					opportunities, lecturers being involved in local Trust nursing and research strategies.
<p><b>Critique:</b> The points raised concur with other researcher who discussed the role of nurse academics, in a functional sense. The anxiety that some mental health nurse academics felt about their roles was articulated. Ethical permissions were not discussed. Although there were two-sub group, the perspectives between the senior lecturers and managers was not captured, so one has to assume that they have similar views. The variety in which academics can or should engage with clinical practice and the need for flexible approaches was highlighted. The performance of roles seems central to the notion of identity but the research does not explore the idea of that notion.</p>					
<p><b>Author(s) Year and Country of origin</b></p> <p>Padilha M and Nelson S ( 2011)</p> <p>Brazil</p>	<p><b>Design</b></p> <p>Histographical elements of professional identity in nursing</p>	<p><b>Sampling strategy and population and environment</b></p> <p>Discussion paper</p>	<p><b>Response rate</b></p>	<p><b>Characteristics of respondents</b></p>	<p><b>Subject specific</b></p> <p>Professional identity interacts and is constructed with elements of power, gender, politics, philosophy and history</p> <p>Suggests that biographies help student nurse and professionals to understand the professional identities of nurses.</p>
<p><b>Critique</b> useful in setting the context of identity through a histographical viewpoint, which is useful in social constructionism. Focuses on how nursing history helps nurses to reflect on their contradictory nature of the past, present and future. Whilst a useful discussion paper the research does not really set out how this could be achieved.</p>					
<p><b>Author(s) Year and Country of origin</b></p> <p>Phoenix Bittner N and O'Connor M (2010)</p>	<p><b>Design</b></p> <p>Quantitative survey</p>	<p><b>Sampling strategy and population and environment</b></p> <p>Email distribution to NLN member</p>	<p><b>Response rate</b></p> <p>226 nurse educators responded (but it is</p>	<p><b>Characteristics of respondents</b></p> <p>97% were women 92% not a member of a minority group</p>	<p><b>Subject specific</b></p> <p>87% reported overall job satisfaction with their primary job.</p> <p>Work environments and workload were consistent</p>

US		schools in New England region for full and part-time faculty staff. It does not state explicitly if the sample was purposeful	not indicated if the sample size is representative)	82% were full time faculty members 72% had masters degrees 20% had a Doctorate in Nursing Rank was evenly distributed. Time in teaching was a mean of 14 years	factors affecting job satisfaction. Suggested a need for leaders to focus on workload issues, organisational commitment and fostering personal growth. Ensuring that faculty staff are used to their strengths, the use of mentoring programmes and teambuilding activities
<p><b>Critique:</b> Focus on retention in Nursing faculties. Staff were often recruited on short-term contracts but this was not identified as a workload issue per se. Does not really explore the culture of the workplace for nurse academics. Satisfaction was noted for those on 12-month contracts, those institutions that have Doctoral level academics. Quantitative design precludes deeper understanding of the issues for nurse academics. Response rates do not specify if the sample size is representative. Little in the way to suggest how things may be improved for faculty staff.</p>					
<p><b>Authors(s) Year and country of origin</b> Ross F, Marks-Maran D and Tye C (2013) UK</p>	<p><b>Design</b>  Qualitative design</p>	<p><b>Sampling strategy and population environment</b>  67 Deans  Convenience sample- Telephone interviews</p>	<p><b>Response rate</b>  10</p>	<p><b>Characteristics of respondents</b>  Deans of health portfolio's in HEIs</p>	<p><b>Subject specific</b> Although much of the paper focuses on nursing leadership within the HEI, academic and professional identities were discussed. Participants expressed that they had dual identities related to the influence of practice and the HEI. Participants suggested that the position of nursing in HEIs was contested and threatened academic identity.</p>
<p><b>Critique:</b> Ethical assurances are clear. Recommendations for practice were hinted at in terms of creating new types of leaders to support research into practice, which enhance health care, as this plays to the strengths of the HEI.</p>					

<b>Authors(s) Year and country of origin</b>	<b>Design</b>	<b>Sampling strategy and population environment</b>	<b>Response rate</b>	<b>Characteristics of respondents</b>	<b>Subject specific</b>
Sabus C (2010) US	Position paper	Academic roles in physical therapists	N/A	N/A	Academic structures can help facilitate academic development. However paternalistic metrics determine career development with administration, management and specialised research dominating the academic hierarchy.
<b>Critique:</b> Sabus suggested that a wider perspective of academic roles in terms of a feminised metric of scholarly roles would facilitate more equity with the HEI setting. Helpful in terms of gaining insight from other health related professional groups. Possibly some of the recommendations here in terms of teaching focus, are answered within the contentious Teaching Excellence Framework (2017).					
<b>Authors(s) Year and country of origin</b>	<b>Design</b>	<b>Sampling strategy and population environment</b>	<b>Response rate</b>	<b>Characteristics of respondents</b>	<b>Subject specific</b>
Shuttleworth C, Rudd C, Smith P Combs S and Wain T (2008) Australia	Questionnaire and interviews	Not stated presumed to be convenience	57%	17 academics 3 technical staff	The primary barrier to faculty practice was time and general work pressures within faculty. A flexible model to contribute to practice was well received.
<b>Critique:</b> Found a flexible design of how academics could contribute to practice and built confidence. Giving academics a choice of area to support students was seen as favourable. Time was found to be a challenge to engage with the CPE activities.					
<b>Authors(s) Year and country of origin</b>	<b>Design</b>	<b>Sampling strategy and population environment</b>	<b>Response rate</b>	<b>Characteristics of respondents</b>	<b>Subject specific</b>
Vahasantanen K, Hokka P, Paloniemi S Herranen	Identity coaching programme with post programme semi		49	42 female 7 male	Analysis of an identity-coaching programme among academics, administrators

<p>S and Etelapelto A (2016)</p> <p>Finland</p>	<p>structured interviews with each of the professional groups.</p>			<p>40 had a Bachelor's degree</p> <p>Age range 27-61</p>	<p>and physicians and nurses. Findings were Professional learning should be based on professional identity and agency within social relationships that exist in work settings. Identity coaching programme used socio-drama and drawing, to help the participants process their professional identities. Most participants found their professional identity crafted by engaging with the programme. Crafting professional identity was seen as being optimistic and enthusiastic and being more forgiving to themselves. It related to learning from self or others in approaches to work, building professional relationships and becoming active within the work community. Those professionals working in academia perceived to gain more value from the identity-coaching programme than the nurses and physicians.</p>
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					Physicians were found to be less reflective on their professional selves than other groups. Some evidence that learning oriented programmes can help cement professional identity, in groups where a co-dependence between professionals exists and that this should be fostered by employers. Professional agency involves consideration of professional relationships not just identity in itself so individuals and employers need to be cognisant of the social processes involved.
<p><b>Critique:</b> interesting study in terms of the findings that relate to identity are not just about the self but also about the interactions within other professionals within their group to create agency. This concept may be helpful in relation to my own recommendations for practice. There is quite a variance in range of experience between the different professional groups with academics averaging 20 years and physicians averaging 6 years, this may impact on concepts of identity. The authors acknowledge that the data was collected retrospectively and that they could have forgotten about the learning processes that had resulted from the intervention. Although mediums of working together within the groups were mentioned (socio-drama, pair and group discussions and drawing and writing) it was not clear how the programme was implemented or if preferences arose for different techniques.</p>					
<p><b>Authors(s) Year and country of origin</b></p> <p>Van Oostveen C, Goedhart N, Francke A and Vermeulen H (2017)</p>	<p><b>Design</b></p> <p>Qualitative interviews Focus groups</p>	<p><b>Sampling strategy and population environment</b></p> <p>2 Dutch university hospitals Purposeful sample</p>	<p><b>Response rate</b></p> <p>25% hospital 1 35% hospital 2</p>	<p><b>Characteristics of respondents</b></p> <p>Researchers, policy makers, medics, managers and nurses. 10 male, 16 female</p>	<p><b>Subject specific</b></p> <p>Looked a barriers and facilitators of nurse undertaking academic and clinical work in Dutch university hospitals. Current</p>

The Netherlands		47 X2 nurse academics from the UK who had pursued clinical academic careers were also included		Interviews  Age range 20-30 n=3 31-40 n=3 41-50 n=6 >50 n=14  Focus groups Male 5, female 9  Age range 20-30 n=3 31-40 n=4 41-50 n=2 >50 n=5	nursing culture emphasises direct patient care, which was seen as a misfit with academia. Leadership was lacking to develop clinical academic careers and there was a lack of support for nurses who combine clinical and academic work. Clinical academic careers were seen as being beneficial. Perceptions of being beneficial for the recruitment of nurses. Some negativity towards the combination of clinical, education and academic research from managers not seen as culturally acceptable in the same way as it would be for medics. The perception of nursing as a predominantly practical job meant that nursing research was not appreciated.
<p><b>Critique:</b> Clear and detailed account of how the research was conducted. Concurs with some of my own research findings in the need to be visible in the CPE and the challenges of balancing a research, clinical and educational career. Most nurse in the Netherlands are trained at a vocational level which does not include research as part of the curriculum and these findings may be contextual as the Netherlands not be as progressive as other countries where nursing is taught within a HEI setting. The study suggested that emphasis should be placed on clinical academic careers but how this was to be achieved was not clarified and could be seen as a limitation of the research.</p>					

<b>Authors(s) Year and country of origin</b>	<b>Design</b>	<b>Sampling strategy and population environment</b>	<b>Response rate</b>	<b>Characteristics of respondents</b>	<b>Subject specific</b>
<p>Velde B, Wittman P, Carawan L, Knight S and Pokorny M (2009)</p> <p>United States</p>	<p>Photography, field notes and verbal narratives through phenomenological approaches</p>	<p>Purposeful sample of academics researching themselves.</p>	<p>5 allied health professional academics employed in HEIs</p>	<p>2 x Occupational therapists  1x social worker  1 x Professor of health promotion  1x Professor of Nursing</p>	<p>Themes emerged of being a judge of students, being a life-long learner, being abridge to learning (though concepts of role modelling. They viewed their identities as researchers but also comment that they do not give up their identities as health professionals but integrate it with their identities as teachers. The study was felt to facilitate a deeper understanding of personal/professional identities and helped the participants to become better teachers</p>
<p><b>Critique:</b> The researchers were researching themselves using phenomenological approaches to reveal their narrative accounts. The researchers took on different aspects of the research analysis including a group dialogue about the photographs and then worked in two teams to analyse the photographs, accompanying text and transcribed field notes to agree the research themes. This aided the capture of rich data but also offered a level of introspection that makes the findings less generalizable. The visual aspects of data collection seemed to provide a catalyst for the discussion and facilitated a 'deeply thoughtful process of reflexivity' (Velde et al, 2009). There are commonalities between the participants, as they are all senior academics, which may mean their identity as teachers and researchers is more established.</p>					

<p><b>Authors(s) Year and country of origin</b></p> <p>Weaver R, Peters K, Koch J and Wilson I (2011)</p> <p>Australia</p>	<p><b>Design</b></p> <p>Telephone interviews</p>	<p><b>Sampling strategy and population environment</b></p> <p>Purposeful sample of 42 medical students in year 1 and 3 of a medical training programme</p>	<p><b>Response rate</b></p> <p>13 respondents</p>	<p><b>Characteristics of respondents</b></p> <p>8 female 5 male</p> <p>9 participants were from overseas and 4 were Australian</p>	<p><b>Subject specific</b></p> <p>Influences on professional identity for medical students came from professional inclusivity 'one of us' generated from being on clinical placements and being embraced by medical colleagues. The 2<sup>nd</sup> strong factor is the social exclusivity that they feel, as they do not mix with other students at University for logistical reasons. Participants felt peer support from other medical students meant that this added to the idea of peer inclusivity.</p>
<p><b>Critique:</b> the research was only conducted one University. The numbers in medical cohorts would be anticipated as being quite small which may well impact on notions of identity. There was a brief discussion about the 'hidden curriculum' and unspoken messages about 'being special' and 'set apart' needed further exploration. It was interesting to look at how other related professions identify themselves. The sense of connection with practice for professional identity is a strong theme.</p>					
<p><b>Author(s) Year and country of origin</b></p> <p>Willetts G and Clarke D (2014)</p> <p>Australia</p>	<p><b>Design</b></p> <p>Literature review</p>	<p><b>Sampling strategy and population environment</b></p> <p>N/A</p>	<p><b>Response rate:</b></p> <p>N/A</p>	<p><b>Characteristics of respondents</b></p> <p>N/A</p>	<p><b>Subject Specific</b></p> <p>Review of available literature on nursing identity. Focused on Social Identity theory-identity salience was based on the group context and performed based on the perception of the social</p>

					setting. 'Nested identities' were those attached to formal social categories. Findings-professional identity was complicated. Understanding of nurse professional identity incorporated diverse contexts in which nurses undertook their practice.
<b>Critique:</b> Authorship and journal were credible. Some articles for this literature review were dated; however, seminal work was also referred to (Giddens and Greenwood). Identified a gap in the literature that broader concepts of nurse's roles needed to be considered when recognising the professional identity for nurses. Limitations were that it is a theoretical paper rather than primary research, or how research questions may arise.					
<b>Author(s) Year and country of origin</b>	<b>Design</b>	<b>Sampling strategy and population and environment</b>	<b>Response rate:</b>	<b>Characteristics of respondents</b>	<b>Subject Specific</b>
Williams A and Taylor C (2008)  UK	Focus groups	Purposeful	11	Nurse lecturers and tutors 7 female 4 male Had been in university for 2-5 years	A lack of value on the clinical role for nurse educators, heavy workloads make these conflicting demands problematic for nurse educators identity.
<b>Critique:</b> the design of the study is clear Suggests that flexible and eclectic roles are needed but does not suggest how this could be achieved.					
<b>Author(s) Year and country of origin</b>	<b>Design</b>	<b>Sampling strategy and population and environment</b>	<b>Response rate:</b>	<b>Characteristics of respondents</b>	<b>Subject Specific</b>
Wyllie A, DiGiacomo M, Jackson D, Davidson P and Phillips J ( 2016)  Australia and US	Qualitative systematic review	N/A	N/A	N/A	To identify the attributes needed to a successful early career academic- willingness to adapt to change, an intention to pursue support and embodying resilience. A

					<p>lack of self-confidence was felt to be a hindrance in taking up an academic identity. The review found that there was a need to be a career resilient academic (dedicated to the idea of continuous learning, is ready to reinvent themselves, keeps pace with change, flexible, takes responsibility for their own career management and is committed to the organisations success.</p>
<p><b>Critique:</b> Clear search strategy defined. Applied the standards for Reporting qualitative Research (O'Brien et al 2014) which was appropriate since all articles included adopted qualitative methods. It did not include any quantitative or grey literature, which may have limited the findings. The focus on early career nurse academics may limit the findings to generalising to nurse academics</p>					

Appendix 3 – Chart linking research questions and methods (Mason, 2002)

Research Questions	Data sources and method	Justification for phase 1
It would be helpful if you could talk to me about your own nursing career, from being in clinical practice and then moving to University (cues- what does your current role involve? Was this a goal? How do you feel about this?)	Individual semi-structured interviews with nurse academics	Will provide consistencies or differing accounts of the context of experience of being a nurse, the relationship with career development, illuminate understanding of current role and perception of achievements.
What are your views on how nurse academics are perceived within academia and clinical practice? (cues, media, gender and political views expressed)		Will provide accounts of the current culture of nursing within academia in this HEI and its relationship to nursing from a clinical perspective, from their own experience. It may elucidate views relating to gender. It may also shed light in this in the context of political discourses.
Can you describe yourself using key words or phrases that you identify with being a nurse academic? (Cues personal/concepts of self, professional identities, nursing identities, academic identities. Is gender an aspect of your identity?)		Asking for words or phrases might enable the participant to express themselves more explicitly in the sense of being a nurse academic and what those influences might be- Possibly; a number of interviews may illuminate patterns within the data as a response to this question.
What are your views on the identity of nurse academics with the HEI sector (cue- do you think this is changing?)		Will provide accounts as to whether the experience within own HEI is the same as they have experienced elsewhere, or perceive as elsewhere. It may also reveal if the current culture of HEIs is changing.
Thinking back to September 2014 when you joined the re- formed academic practice team, what were your thoughts about it? (Cue- were you looking forward to it?)		Will provide an account of the nurse academics view on the perception of interface with CPE and the role of the academic within the practice team. May identify any perceived anxieties or expectations.
What sort of activities are you involved in when engaging with your clinical practice team role?		This will provide an account of the practical aspects of the role of the nurse academic in practice and will be useful comparatively across participants to see if there are consistencies.
Now you have had an opportunity to be involved in your clinical practice team role, what do you		This question may elicit data on consistencies or differences of how the nurse academic fee ls the role is supporting the clinical practice environment. It may

believe that your contribution has been towards the clinical practice environment?	Data source and method	also show similarities or differences between the nurse academics prior perceptions and how the role as developed.
Are there additional activities that you would see as being beneficial to undertake as part of your clinical practice team role, for the future (cue academic or professional roles or activities) Research Questions		Questions regarding role development may provide data of how the nurse academic may perceive either their academic or clinical contribution.  Justification for phase 1
What do you think might be the blocking factors that are likely to impact on nurse academics contributions to the clinical practice environment?	Individual semi-structured interviews with nurse academics	This interview question may help participants identify the issues that hinder the role to then be discussed and explored further in the workshop to make recommendations for future practice guidance.
What do you think might be the enabling factors that are likely to impact on nurse academics contributions to the clinical practice environment		This interview question may help participants identify the issues that enable the role to then be discussed and explored further in the workshop to make recommendations for future practice guidance.
Is there anything further you would like to add to our discussion that you believe is important?		Offers the potential for the participant to reveal anything further that the researcher may not have considered that could contribute to the data findings
Research Questions	Data source and method	Justification for phase 2
As a nurse academic, how do you feel about your clinical contribution? (Cues- what sort of activities do you undertake. Do you think your roles are clear? Is this about being in practice? What are the good things about your contribution to the clinical practice environment, at the moment? Is your physical connection to the clinical practice environment important	Focus groups and theme board activity with nurse academics	Discussion may help to identify the breadth of how nurse academics currently contribute to the CPE. It may help me to understand if nurse academics are clear about how they contribute when they go to the CPE. I intended to explore how nurse academics described what being in practice constitutes, as this had been an area of contention during the phase 1 interviews. I sought to explore the positive aspects of nurse academics contributions to the CPE as this was an area that had been under researched. I aimed to understand if nurse felt that physical connection to the CPE was an important aspect.
What are the things that nurse academics could do to enhance their contribution to the clinical practice environment? (Cues- Links to specialisms, draw on pedagogical or research expertise, what are the opportunities for mutual learning in the clinical practice environment?)		I hoped this would prompt the focus group to explore nurse academics aspirations towards the CPE and where developments could be made for future practice guidance.
In what ways do you think the clinical practice environment could further understand nurse academic contributions? (Cues- what is your interface with the practice team? Do you think		This aimed to prompt the focus group to consider how linked to nurse academics interact with nurses in practice when they visit the CPE, if they were responded to by nurses in practice and what those relationships were like. I sought to understand if there were additional pursuits that would enable nurses in practice

nurses in practice are clear about your contribution? What other sorts of activities do you think might improve understanding of the nurse academic role?		to have an understanding of nurse academic contributions to the CPE.
How could the HEI facilitate the contribution of nurse academics to the clinical practice environment? (Cues- What is your experience of being a nurse academic between the HEI and the CPE, What effect, if any does the passage of time have once a nurse moves into the HEI environment, What part can your own CPD play in your contribution to the CPE?)		I sought to understand how nurse academics navigate between the HEI and the CPE. I was interested to explore how nurse academics felt about being situated in the HEI and how this affected in their connections to the CPE, over time. I was interested to explore if nurse academics felt that visiting the CPE helped in their own CPD.
From a gender perspective, how is nurse academic identity shaped? (Cues-what are the influences from clinical practice on your nurse academic identities? Are their gender differences for nurse academics in the HEI setting, which influence their identities		During the interview phase, participants had struggled to respond to discussions regarding gender influences on identity. I wanted to explore this further with the focus group. The planned focus group contained male and female nurse academics and so I felt this question might elicit some varying responses to further understand identity
Is there anything further you would like to add to our discussion that you believe is important?		Offers the potential for the participant to reveal anything further that I may not have considered that could contribute to the data findings.
<b>What are your identities as nurse academics?</b>	Theme board activity	This had proved to be a difficult for respondents to answer during the interview phase and therefore I hoped that the activity would generate some meaningful discussions, using the theme board medium
<b>Research Questions</b>	<b>Data source and method</b>	<b>Justification for phase 3</b>
It would be helpful if you could talk to me about your own nursing careers from being a student nurse, to being in clinical practice now as an RN supporting student nurses. (Cue – what sort of nursing course did you undertake? what has it been like for you? What does your current role involve?)	Focus group with nurses in practice	This discussion I hoped would help to relax the participants and what nurses in practice perceived about their own nursing education. May indicate how long the RN has been in practice, what sort of areas they have worked in. May provide some account of how their role in supporting students fits with being an RN
Since September 2014, all the nurse academics at the University have joined the academic clinical practice team. What sort of activities are you aware of, those nurse academics are involved in? (Cue- what are their roles and responsibilities?)		To provide perspectives on the perception of RNs in practice as to the role of the nurse academic roles and responsibilities, in relation to the CPE
What do you believe are the benefits of having		To provide accounts of how nurses in practice may view the role of the nurse

nurse academics contribute to the CPE?		academic as beneficial to the CPE. Data may provide some common themes
What could nurse academics could do if needed, to enhance their contribution to the clinical practice environment? (Cues- link to specialism, draw on pedagogic or research expertise, what are the mutual learning opportunities?)		To reveal if RNs perceive that nurse academics could further contribute to support the CPE
What is your perspective on how nurses in the clinical practice environment view the identity of nurse academics? (Cues- from your experience in practice? Are views different now we have an all-graduate profession? Media, gender or political views expressed)		To understand how RN's in practice currently identify nurse academics. To contextualise what the literature review has brought to light.
Research Questions	Data source and method	Justification for phase 3
In what ways do you think the CPE could further understand nurse academic contributions? (Cues- what is your experience of the interface with the academic practice team? Do you feel clear about the way in which nurse academics can contribute? Can you identify any of your own CPD needs that nurse academics could support?)	Focus group with nurses in practice	To provide perspectives on how nurses in practice may think that they may benefit from nurse academic presence in the CPE and what those relationships are like
In what ways do you think the University could facilitate the contributions that nurse academics make to the CPE? (Cues-what about the physicality of where the students learning occurs? What effect, if any would there be by having more flexibility between practice and University? Could there be differing contributions depending on expertise?)		This discussion point may enable participants to identify if visits to the CPE are purposeful issues that enable recommendations for practice guidance.
Is there anything further that you would like to add to our discussion that you believe is important?		Provides the participants to discuss further any issues that I may not have considered that could contribute to the data findings.

Appendix 4: Participant background information forms (Nurse academics and nurses in practice)

Version 3 21.5.15

IRAS Number: 195339

Clare Corness-Parr  
Head of Adult Nursing  
MC206  
University of Wolverhampton  
Wolverhampton  
WV1 1LY

01902-518657

Email: [clarecorness-parr@wlv.ac.uk](mailto:clarecorness-parr@wlv.ac.uk)

Doctoral Research Project: Nurse academics' identities and contribution to the clinical practice environment: An Appreciative Inquiry

Participants background information form (Nurse Academics)

Thank you for volunteering to take part in an interview or focus group at the University of Wolverhampton. Please would you complete the questions below to help me to report on my findings? The information will be kept confidential.

Current role in Organisation \_\_\_\_\_

Your highest qualification Diploma, Degree, Masters, Doctorate/PhD (please circle)

Your age group

<20

21-30

31-40

41-50

51-60

61 or over

Gender: Male  Female

Do you have any special or enabling needs?

Yes  No  if so please specify \_\_\_\_\_

Ethnic group:

Asian or Asian British: Indian  Pakistani  Bangladeshi  Other

Black or Black British: African  Caribbean  Other

Chinese

Mixed: White and Black African  White and black Caribbean  White and Asian

Other ethnic background:

White: British  Irish  Other

Would you like to receive a summary of the research findings?

Yes, via email  Yes, via post  No

If yes, please provide further contact details:

\_\_\_\_\_

IRAS Number: 195339

Clare Corness-Parr  
Head of Adult Nursing  
MC206  
University of Wolverhampton  
Wolverhampton  
WV1 1LY

01902-518657

Email: [clarecorness-parr@wlv.ac.uk](mailto:clarecorness-parr@wlv.ac.uk)

Participants background information form (nurses in practice)

Study Title: Nurse academics' identities and contribution to the clinical practice environment: An Appreciative Inquiry

I am willing to discuss my experiences in a focus group at the University of Wolverhampton

Your name: Please print \_\_\_\_\_

Signature \_\_\_\_\_

Your telephone contact number \_\_\_\_\_

Your email address \_\_\_\_\_

Your Postal Address \_\_\_\_\_

\_\_\_\_\_

Do you have any special or enabling needs?

Yes  No  if so please specify \_\_\_\_\_

I am aiming to get a balance of participants with differing experience; therefore, it would be helpful if you can identify the following:

Gender: Female  Male

Area of practice: Acute  Community  Practice Education team at local NHS Trust

Band: 5  6  7

Years' experience as an RN: 12months -2 years  3-5 years  6-10 years

11 years +

Best time to contact you and preferred method of contact (e.g. email or telephone):

---

Please return this form via email to [clarecorness-parr@wlv.ac.uk](mailto:clarecorness-parr@wlv.ac.uk)

## Appendix 5- Demographics of participants in study

### Nurse academics

<b>Gender</b>	Male = 2	Female = 8				
<b>Age</b>	<20 = 0	21-30= 0	31-40=1	41-50= 3	51-60= 5	61+= 1
<b>Ethnicity</b>	White British= 9	Black or Black British= 1		Asian or Asian British= 0	Mixed Race= 0	Chinese= 0
<b>Highest Qualification</b>	Diploma=0	Degree = 2		Masters= 7	Doctorate/PhD = 1	

### Nurses in Practice

<b>Gender</b>	Male=1	Female= 5		
<b>Area of practice</b>	Acute= 4	Community= 0	Practice Education Team=2	
<b>Grade Band</b>	Five=	Six= 5	Seven= 1	
<b>Years' experience as an RN</b>	1-2 years = 0	3-5 years= 0	6-10 years= 3	11 years+ = 3

Appendix 6- Wolverhampton University Ethics approval-3.7.15 (see hard copy overleaf)

# 1. ETHICS APPLICATION FORM: PSYCHOLOGY, HEALTH, SOCIAL WORK & SOCIAL CARE

1. Please enter your surname and first name below. (SURNAME, FIRST NAME)

CORNESS-PARR, CLARE

2. Please enter your University e mail address (e.g. M.Name@wlv.ac.uk)

ClareCormess-Parr@wlv.ac.uk

3. Please enter the name of your Project Supervisor, Director of Studies, or Principal Investigator.

Professor Magi Sque

4. Please enter date by which a decision is required below. (Note that decisions can take up to 4 working weeks from date of submission)

31.5.15

5. Which subject area is your research / project located?

1. Science (including Pharmacy)
2. Engineering & the Built Environment
3. Computing
4. Health and Wellbeing (including Psychology) ✓
5. Education
6. Business
7. Social Sciences & Humanities
8. Art
9. Sport

6. Please select your Faculty, Department or Research Centre

1. Faculty of Social Science
2. Faculty of the Arts
3. Faculty of Science and Engineering
4. Faculty of Education Health and Wellbeing ✓
5. CADRE
6. CEDARE
7. Centre for Discourse and Cultural Studies
8. Engineering and Computer Science Research Centre
9. CHSCI
10. RIHS
11. Centre for Historical Research
12. RILLP
13. Centre for Research in Law
14. Centre for Transnational and Transcultural Research
15. Management Research Centre
16. RCSEP
17. Centre for Academic Practice
18. IT Services
19. Human Resources
20. Learning Information Services
21. Registry
22. Don't know
23. Other (please specify below)

7. Does your research fit into any of the following security-sensitive categories? (For definition of security sensitive categories see RPU webpages ([www.wlv.ac.uk/rpu](http://www.wlv.ac.uk/rpu)) follow links to Ethical Guidance).

1. commissioned by the military
2. commissioned under an EU security call
3. involve the acquisition of security clearances
4. concerns terrorist or extreme groups
5. not applicable ✓

8. Does your research involve the storage on a computer of any records, statements or other documents that can be interpreted as promoting or endorsing terrorist acts?

1. YES
2. NO ✓

9. Might your research involve the electronic transmission (eg as an email attachment) of any records or statements that can be interpreted as promoting or endorsing terrorist acts?

1. YES
2. NO ✓

10. Do you agree to store electronically on a secure University file store any records or statements that can be interpreted as promoting or endorsing terrorist acts. Do you also agree to scan and upload any paper documents with the same sort of content. Access to this file store will be protected by a password unique to you. Please confirm you understand and agree to these conditions?

1. YES I understand and agree to the conditions
2. NO (please explain below) ✓
3. I do not understand the conditions

I do not think this question relates to my area of research

11. You agree NOT to transmit electronically to any third party documents in the University secure document store?

1. YES I agree ✓
2. NO I don't agree

12. Will your research involve visits to websites that might be associated with extreme, or terrorist, organisations? (for definition of extreme or terrorist organisations see RPU webpages ([www.wlv.ac.uk/rpu](http://www.wlv.ac.uk/rpu)) and follow links to Ethical Guidance.

1. YES (Please outline which websites and why you consider this necessary)
2. NO ✓

13. You are advised that visits to websites that might be associated with extreme or terrorist organisations may be subject to surveillance by the police. Accessing those sites from university IP addresses might lead to police enquiries. Do you understand this risk?

1. YES I understand ✓ but this I not relevant to my research
2. NO I don't understand

14. What is the title of your project?

Nurse academics' identities and contributions to the clinical practice environment: An Appreciative Inquiry

15. Briefly outline your project, stating the rationale, aims, research question / hypothesis, and expected outcomes.

Aim: To develop practice guidance through exploring the identities of nurse academics and their contributions to the clinical practice environment through a process of appreciative inquiry with nurse academics and nurses in practice.

Objectives:

1. To explore the nursing identities of a group of nurse academics who are engaged in a re-formed academic clinical practice team, from the perspectives of nurse academics and nurses in practice.
2. To explore how nurse academics perceive their contributions to the clinical practice environment, from an emancipatory perspective.
3. To understand how nurses in practice perceive the contributions of nurse academics- to the clinical practice environment.
4. To elicit any blocking or enabling factors that are likely to impact on nurse academics contributions to the clinical practice environment.

Appreciative inquiry methodology will be employed to draw out implications for future practice on the basis of the aim and

objectives. The intention is to co-create a draft manifesto of recommendations, in order to help develop practice in relation to the contributions that nurse academics can make to the clinical practice environment.

**Context:** In September 2014, the academic practice team within the HEI was expanded and re-formed, so all adult nurse academics could engage more directly in the practice environment and share the role. Previously within the HEI, only specific members of the adult nursing team had been responsible for engaging directly with clinical practice, mainly in the support of students, mentors and monitoring quality processes. From an auto-ethnographic perspective I am interested in this research area for a number of reasons. Firstly, having developed my own ontological position I feel I empathize with the challenges that nurse academics may face from an emic perspective. Secondly, the motivation, as Head of pre-registration adult nursing, is a desire to explore the identities of nurse academics, as I believe they appear to have represented a marginalised group. Academic nursing identities are complex, fluid and situational (Duffy 2013, Johnson et al 2012, Leiff et al 2012). Their formations are influenced by a culture of subservience learnt from practice (Menzies 1993, Padilha 2011) and reinforced by the paternalism of the academy (Findlow 2011, Meerabeau 2005, McNamara 2008, 2009, 2010) and wider society (Gillett 2012). As the literature review will reveal, nurse academics have appeared ostracised and lacking confidence in their own identity due to factors which relate to complexities of identity and nursing (Leiff 2012, Monrouxe 2010 McNamara 2008), paternalism within the academy (Glass, 2005, Meerabeau 2005) and the lens of clinical practice (Barratt 2007, Bentley and Pegram 2003, Cave 2005, Fisher 2005, Gillespie and McFetridge 2006 Paskiwicz 2003, Shuttleworth et al 2008). Thus, researching how nurse academics view their professional identity and perceive their contribution to the clinical practice environment, is timely.

Understanding the political culture in which nurse academics work helps to contextualise the proposed research. The education of nurses has been a hotbed of political controversy (Gillett, 2011). The Francis Report (2013) offered a damning criticism of a nursing workforce who failed to care and lacked many of the attributes associated with the 6 'C's of good nursing practice (Department of Health, 2012). Although Francis (2013) meters out criticism and recommendations for clinical managers and doctors (Francis 2013, p101-103) it appears, that nursing has been the most debated political discourse. The attributes towards patient centred care, which Willis (2012) describes as 'the golden thread that runs through all pre-registration nursing education' has brought into question the whole nature of academic nursing's professional identity, as a by-product of this political discourse. Therefore this research aims to understand this further and make meaningful recommendations to empower nurse academics in their professional role.

**16. How will your research be conducted?**

Describe the methods so that it can be easily understood by the ethics committee. Please ensure you clearly explain any acronyms and subject specific terminology. Max 300 words

The need to understand nurse academic identities and contribution to the clinical practice environment may be explored through the application of Appreciative Inquiry (AI) methodology. 'AI is a philosophy that incorporates an approach, a process (4-D cycle of discovery, dream, design and destiny) for engaging people at all levels to create new stories or fresh thinking, by identifying what is positive and connecting it in ways that heighten action for change (Cooperider 2008, p. XV).

It is proposed that interviews, focus groups (to include theme boards techniques) and a workshop will be used in data production. The data production techniques will need to carefully navigate both academic and clinical nurse colleagues' views. From a feminist ethical perspective, principles of respect for personal experience, context and a nurturing relationship with participants as suggested by Porter (1999) will be integral to data gathering.

It is proposed initially, that approximately 5 individual interviews are conducted with nurse academics and 5 with individual nurses in clinical practice based at a local NHS Trust (these nurses in practice will have exposure to the role of nurse academics). Following on from the interviews, I will conduct two separate focus groups with nurse academics and nurses in practice, on the basis of the preliminary interview data production (recruitment to the focus groups is detailed in section 19, below). The focus group will utilize two data collection techniques. Individual theme boards will be created by the participants as a way of generating reflection and intend to evoke a richer understanding of social, cultural and contextual factors (Keller 2008, Sandars et al 2008). It is also intended that a semi-structured focus group schedule will be used, as generated from the individual interviews and the literature review. Semi structured focus group schedules permit greater freedom in exacting phrasing of questions, their sequence and the amount of time spent on each question (Robson, 2011). The focus group will be audio-recorded, to capture the exact words gathered (Holloway and Wheeler, 2009).

Subsequent to the focus group, a workshop with parties (self-nominated from participants in the two initial phases of the study) is proposed to co-create recommendations for practice. This notion focuses on the aspects that unite and create the opportunities for reciprocity in shared knowledge and understanding in nursing. Emphasis on care and responsibility will be paramount in conducting the research as espoused by Edwards and Mauthner (2002).

**17. Is ethical approval required by an external agency? (E.g. NHS, company, other university, etc.)**

1. NO
2. YES - but ethical approval has not yet been obtained ✓
3. YES - see contact details below of person who can verify that ethical approval has been obtained

**18. What in your view are the ethical considerations involved in this project? (E.g. confidentiality, consent, risk, physical or psychological harm, etc.) Please explain in full sentences. Do not simply list the issues. (Maximum 100) words)**

I do not believe that this research poses any physical or psychological harm to participants and fulfils the requirements of category 'A' research as defined by the University of Wolverhampton ethics webpages. However, one of the potential issues is that I may be a line manager for some of the nurse academic prospective participants. I will emphasise on the participant information sheet that there will be no detriments to declining to be involved in the research. It will be extremely important to consider my own position within the data production. From a feminist perspective the intention is that the data will be gathered in a reciprocal, collaborative and trusting way (Denzin, 1997 p 265) to elicit shared understandings (Birch and Miller, 2002). Even so, there are aspects of other people's positions that we do not understand (Young, 1997), but as a researcher I am open to listening and asking about their view and I would argue that my reflexive and epistemological perspective will assist me in this process (Ramazanoglu and Holland, 2002). I will provide detailed information for prospective participants emphasizing that participation is entirely voluntary; and that participants may withdraw at any time, without giving an explanation. Confidentiality of participants will be protected by ensuring the data production is stored securely on a password protected computer. The data collected will also be anonymized in order to protect the identity of the participants. It is important to recognize that all persons mentioned in the text should be treated as vulnerable, including the researcher (Tolich, 2010).

**19. Have participants been/will participants be, fully informed of the risks and benefits of participating and of their right to refuse participation or withdraw from the research at any time?**

1. YES (Outline your procedures for informing participants in the space below). ✓
2. NO (Use the space below to explain why)
3. Not applicable - There are no participants in this study

Participants will be invited to join the study via an invitation letter, introducing the research aims and objectives (see Appendix I). A full Information Sheet about the research will be provided (Appendix IIa, IIb). For nurse academics this will be sent out to potential participants via email. For nurses in clinical practice, I will ask practice placement managers to email potential participants through the live mentor database, held within the local Trust. Potential participants will be offered the opportunity in the Information Sheet, to discuss the study with the researcher and have their questions answered and any concerns addressed prior to making up their minds to join the study. Participants will be asked to sign a Consent form (see Appendix III). The right to withdraw will be repeated at the start of the interviews, focus groups and workshop.

**20. Are participants in your study going to be recruited from a potentially vulnerable group? (See RPU**

website ([www.wlv.ac.uk/rpu](http://www.wlv.ac.uk/rpu)) and follow link to Ethical Guidance pages for definition of vulnerable groups )

1. YES (Describe below which groups and what measures you will take to respect their rights and safeguard them)
2. NO ✓

**21. How will you ensure that the identity of your participants is protected (See RPU website ([www.wlv.ac.uk/rpu](http://www.wlv.ac.uk/rpu)) and follow link to Ethical Guidance pages for guidance on anonymity)**

The identity of participants will be protected by keeping all personal data (e.g. consent forms) raw data and artifacts (Theme boards) stored securely on University premises, in a locked cabinet. The research data transcripts will be anonymized and any identifying information removed and I will ensure that any identifying details are not used in reporting. The data will be stored on an encrypted memory stick, in a locked cabinet.

**22. How will you ensure that data remains confidential ((See RPU website ([www.wlv.ac.uk/rpu](http://www.wlv.ac.uk/rpu)) and follow link to Ethical Guidance pages for definition of confidentiality)**

All names and will be anonymised in the research and data kept confidentially on an encrypted memory stick, in a locked cabinet. As previously explained any raw data or artifacts will be stored securely on University premises, in a locked cabinet for the duration of the research and will be destroyed once the research is completed.

**23. How will you store your data during and after the project? (See RPU website ([www.wlv.ac.uk/rpu](http://www.wlv.ac.uk/rpu)) and follow link to Ethical Guidance pages for definition of and guidance on data protection and storage).**

Data will be kept confidentially on an encrypted memory stick, in a locked cabinet. As previously explained any raw data or artifacts will be stored securely on University premises, in a locked cabinet for the duration of the research. It is not intended that the primary data is shared for the purposes of further research. The consent form will explain that the doctoral thesis will be openly accessible on Wolverhampton Intellectual Repository E-thesis (WIRE) and that participants will need to consent to this in order to take part in the study.

**24. Append study documentation to this form (Please append below the materials you will use to carry out your study. These should typically include letters of contact, consent forms, information sheets, data collection materials (e.g. interview schedules, surveys, experimental materials, training and intervention materials etc.), debrief and, if appropriate, a risk assessment document/lone worker policy.)**

## Appendix 7: Review and actions from University of Wolverhampton ethics approval 3.7.15

Required changes to be approved by Professor Magi Sque at supervision:

1. Aim- To develop practice 'guidance' rather than to develop practice.

Revised aim suggestion 'To develop practice guidance through exploring the identities of nurse academics and their contributions to the clinical practice environment through a process of appreciative inquiry.

We discussed that this seems reasonable. It did not change the focus of the research and gives a more robust suggestion of the intention of the findings from an AI perspective.

2. Clarify the recruitment process that will be used. Will there be gatekeepers?

A senior member of the FEHW administration team was identified to be the gatekeeper in relation to the nurse academics recruitment to the research study. The adult nurse academic practice team had approximately 11 potential nurse academic participants that supported students at the Local NHS Trust. The intention was that these staff would be asked to participate. The gatekeeper for practice was identified as the Practice Placement Manager (PPM) at Local NHS Trust who is responsible for practice placements within the Trust that are provided to student nurses. The local NHS Trust included a range of acute and community settings as well as being responsible for hospice placements and specialist units. The PPM holds a database of 'live' practice mentors. Practice mentors are RNs who work with student nurses in practice and are responsible for the assessment of pre-registration nursing practice (NMC, 2010). Practice mentors have regular contact with the nurse academics that also support students and mentors in the process of practice assessment. Ethics approval from Health Research Authority would need to be sought prior to this part of the data collection at the local NHS Trust. Initially, potential

participants will be invited to join the study via the invitation letter and sent the information sheet relating to an invitation to an interview, focus group or theme board activity.

3. The researcher may be a participant's line manager. Clarify how the ethical aspects of this are addressed in a focus group, interview or post research? For instance how will the authenticity of the response are gauged and how will coercion into the study be avoided?

From an AI perspective the research should be a collaborative and empowering experience for the participants, as well as the researcher. Methodologically, AI works from the premise of what is positive about the organisation and therefore the research should be an enabling process for the participants, as they will be contributing towards suggested recommendations for practice. To mitigate against the fact that I may line manage some of the nurse academic participants, a gatekeeper will be used, as previously mentioned. The gatekeeper will be a senior member of Faculty administration support who is not directly associated with the researcher. She will be able to send the invitations to the nurse academics and collate responses, without any potential pressure of me directly managing the selection process or knowing who has replied. The faculty gatekeeper will be able to randomly (pick out of a hat) select five nurse academics from the responses, to be part of the interview phase of the research. Participants who were not selected at this stage could potentially be invited to the focus group/theme board phase of the research for the future, once ethical information and consent had been obtained for that part of the study, using the same gatekeeper process.

The information sheet will advise potential participants that there will be no detrimental effects to not participating and have any questions answered before making their decision about participating. In addition, the information sheet also advises that participants are able to withdraw at any time without giving a reason. This will be reinforced with ground rules at the start of any interview, focus group or workshop.

## **Remaining Issues**

Ethics suggest I that I put out a 'general call' rather than send the invitation letters. These suggestions were appreciated. However, following discussion it was felt that letters would be more time efficient and informative through stage one of the research.

The Ethics panel asked me to consider responses to blocking factors (in the light of using an AI approach) and how I would respond to this. I reflected that it was important to acknowledge any concerns and looking about how these could be overcome for the future. I reflected that if the answers were not what I might expect, I would still be interested in their views, as it would be important to get their authentic experience from an AI perspective. We discussed this in supervision and felt that I did not need to make any further changes.

Appendix 8 –Health Research Authority approval from local NHS Trust (Anonymised)

15 November 2016

Dear Clare

Confirmation of Capacity and Capability at Local NHS Trust RE: IRAS 195339

R&D Number: 15NURS07

Study Title: Nurse Academics Identities and Contribution to Clinical Practice

This letter confirms that the Local NHS Trust has the capacity and capability to deliver the above referenced study.

**Obligations:**

<b>Information Governance</b>	<b>The Trust will not provide any personal identifiable data to the researcher</b>
-------------------------------	--

As Principal Investigator for this study, it is your responsibility to ensure you keep up to date with the relevant Local NHS Trust policies and procedures and specific R&D Directorate Standard Operating Procedures. Please note any changes to the study documents can only be initiated following further approval from the HRA via an amendment. The Research & Development Directorate must also be notified of any changes to the study or the documents.

I would like to wish you every success with the study.

Kind Regards

R&D Directorate Manager

Appendix 9 - Invitation letters to nurse academics and reply slips (anonymised)

Date:

Dear (name of person)

**Re study: Nurse academics' identities and contribution to the clinical practice environment: An Appreciative Inquiry**

I am writing to invite you to participate in a Doctoral research project, which I am conducting, at the University of Wolverhampton. The University's Ethics Committee has granted approval.

I attach an information sheet, which further explains the project. It is anticipated that the data will be collected over a 6-9 month period. If you would like to contribute to this research, please indicate on the attached Reply Slip and return by email to XXXXX@wlv.ac.uk

If you would like to ask me any questions pertaining to this research, please do not hesitate to contact me.

Kind Regards

Clare Corness-Parr (Head of Adult Nursing)

Faculty of Education, Health and Wellbeing MH021

Mary Seacole Building

University of Wolverhampton WV1 1SB

ClareCorness-Parr@wlv.ac.uk

01902-518657

Version 2 invitation letter (Nurse academics) 4.10.15

Version 3 7.11.16 (reply slips)

IRAS Number: 195339

Clare Corness-Parr

Head of Adult Nursing

MC206

University of Wolverhampton

Wolverhampton

WV1 1LY

01902-518657

Email: [clarecorness-parr@wlv.ac.uk](mailto:clarecorness-parr@wlv.ac.uk)

Reply Slip (Nurse academics)

**Study Title: Nurse academics' identities and contribution to the clinical practice environment: An Appreciative Inquiry**

I am willing to discuss my experiences in a face to face interview or focus group and theme board activity at the University of Wolverhampton

Your name: Please print \_\_\_\_\_

Signature \_\_\_\_\_

Your telephone contact number \_\_\_\_\_

Your email address \_\_\_\_\_

Your Postal Address \_\_\_\_\_

\_\_\_\_\_

Do you have any special or enabling needs?

Yes  No  If so please specify \_\_\_\_\_

Best time to contact you and preferred method of contact (e.g. email or telephone):

\_\_\_\_\_

Please return this form via email to [XXXX@wlv.ac.uk](mailto:XXXX@wlv.ac.uk)

Appendix 10: Invitation letter to nurses in practice and reply slips (anonymised)

Name of Researcher: Clare Corness-Parr

IRAS number 195339

Dear (name of person)

**RE Study: Nurse academics identities' and contribution to the clinical practice environment: An Appreciative Inquiry**

I am writing to invite you participate in a Doctoral research project which I am carrying out at the University of Wolverhampton. The University's Ethics Committee and the Local NHS Trust Research and Development Committee have granted approval.

I attach an information sheet with further explains the project.

It is anticipated that the data will be collected over a four-month period. If you feel that you would like to contribute to this research, please indicate on the attached reply slip and return me by email to [ClareCorness-Parr@wlv.ac.uk](mailto:ClareCorness-Parr@wlv.ac.uk).

If you would like to ask me any questions pertaining to this research, please do not hesitate to contact me.

Kind regards

Clare Corness-Parr (Head of Adult Nursing)

Faculty of Education, Health and Wellbeing

MH021

Mary Seacole Building

University of Wolverhampton

WV1 1SB

[ClareCorness-Parr@wlv.ac.uk](mailto:ClareCorness-Parr@wlv.ac.uk)

01902-518657

Reply slip (Nurses in practice) Version 2 4.10.15 (anonymised)

IRAS Number: 195339

Clare Corness-Parr  
Head of Adult Nursing  
MC206  
University of Wolverhampton  
Wolverhampton  
WV1 1LY

01902-518657

Email: [clarecorness-parr@wlv.ac.uk](mailto:clarecorness-parr@wlv.ac.uk)

Reply Slip (nurses in practice)

Study Title: Nurse academics' identities and contribution to the clinical practice environment: An Appreciative Inquiry

I am willing to discuss my experiences in a focus group in a seminar room session at Local NHS Trust

Your name: Please print \_\_\_\_\_

Signature \_\_\_\_\_

Your telephone contact number \_\_\_\_\_

Your email address \_\_\_\_\_

Your Postal Address \_\_\_\_\_

\_\_\_\_\_

Do you have any special or enabling needs?

Yes  No  if so please specify \_\_\_\_\_

I am aiming to get a balance of participants with differing experience; therefore, it would be helpful if you can identify the following:

Gender: Female  Male

Area of practice: Acute  Community  Practice Education team

Band: 5  6  7

Years' experience as an RN: 12months -2 years  3-5 years  6-10 years

11 years +

Best time to contact you and preferred method of contact (e.g. email or telephone):

---

Please return this form via email to [clarecorness-parr@wlv.ac.uk](mailto:clarecorness-parr@wlv.ac.uk)

**IRAS number 195339**

### **Participant Information Sheet for Interviews**

**Study Title:** Nurse academics' identities and contributions to the clinical practice environment:  
An Appreciative Inquiry

#### **Introduction**

You are being invited to take part in a doctoral research study. Before you decide it is important for you to understand, why the research is being done and what it will involve. Please take time to read the following information carefully and please do not hesitate to ask me if you require further information. Take time to decide whether you wish to take part.

#### **What is the aim of the study?**

##### **Aim**

To develop practice guidance, through exploring the identities of nurse academics and their contributions to the clinical practice environment, through a process of appreciative inquiry with nurse academics and nurses in practice.

##### **Objectives:**

- 1 To explore the nursing identities of a group of nurse academics who are engaged in a re-formed academic clinical practice team, from the perspectives of nurse academics and nurses in practice.
- 2 To explore how nurse academics perceive their contributions to the clinical practice environment, from an emancipatory perspective.
- 3 To understand how nurses in practice perceive the contribution of nurse academics- to the clinical practice environment.
- 4 To elicit any blocking or enabling factors that are likely to impact on nurse academics contributions to the clinical practice environment.

#### **Why have I been asked to participate?**

You have been asked to contribute as you are a nurse academic within the Faculty of Education, Health and Wellbeing, who joined the University of Wolverhampton practice team in September 2014.

#### **What would be involved?**

A semi-structured interview with the researcher.

#### **Do I have to take part?**

It is up to you to decide whether to take part in this research. There are no disadvantages or penalties for not taking part in the study. If you decide to take part, you will be asked to sign a

consent form but will still be free to withdraw at any time and without giving a reason. There will be no disadvantage to you if you decide to withdraw.

**What will happen to me, if I take Part?**

A semi structured will be carried out in an appropriate quiet venue at the University of Wolverhampton, using audio recording equipment. It is anticipated that the interviews will last no more than one hour. The researcher will lead the discussion using semi-structured questions. Field notes will be taken.

Light refreshments will be provided.

**What do I have to do?**

You will only be asked to contribute to the research discussions.

**What will happen to the data I provide?**

The research data (audio recording) will be transcribed. Transcripts will be anonymised and any identifying information removed. I will ensure that any identifying details are not used in reporting. The data will be stored on an encrypted memory stick, in a locked cabinet and kept confidentially. The data will only be accessed by myself and my supervisors .

**What are the possible benefits of taking part?**

There are no individual direct benefits from taking part in this study although you may enjoy taking part in the discussion. It is anticipated that the research will generate recommendations for practice that will hopefully be useful for further understanding of the identities of nurse academics and developing practice guidance recommendations for nurse academics contribution to the clinical practice environment.

**What will happen to the findings of the research study?**

The findings of the study will be written up for my thesis. It is intended that the research will be disseminated within the Institute of Health Professions and Trust partners with the intention of influencing future strategy to improve practice. It is anticipated that the research will be published in a reputable nursing journal and will provide a catalyst for further post-doctoral research. In addition, as this is a doctoral thesis, it will be openly available on the Wolverhampton Intellectual Repository E-Thesis (WIRE). All participants will be given a summary of the findings of the study to which they have contributed, if they wish to receive it.

**Who has reviewed the study?**

The study was reviewed and approved by the Faculty of Education, Health and Wellbeing, Research Ethics Committee and Health Research Authority via Local NHS Trust, Research and Development.

## **What is Appreciative Inquiry?**

Appreciative Inquiry (AI) can be defined as 'a philosophy that incorporates an approach, a process (4-D cycle of discovery, dream, design and destiny) for engaging people at all levels to produce effective positive change. It is based on the assumption every organisation has something that works right, and begins by identifying what is positive and connecting it in ways that heighten energy, vision and action for change' (Cooperider 2008).

### **Contact for further information**

If you require any further information please contact

Clare Corness-Parr  
Head of Adult Nursing  
Room MC 206  
Faculty of Education Health and Wellbeing  
University of Wolverhampton  
WV1 1LY

01902-518657

Email: [clarecorness-parr@wlv.ac.uk](mailto:clarecorness-parr@wlv.ac.uk)

If you have any complaints about any aspect of this research please do contact my research supervisors:

Professor Magi Sque [M.sque@wlv.ac.uk](mailto:M.sque@wlv.ac.uk)

Dr Megan Thomas [M.Thomas@wlv.ac.uk](mailto:M.Thomas@wlv.ac.uk)

Thank you for considering taking part in this research.

If you take part, you will be given a copy of this information sheet and a copy of the signed consent form to keep.

Appendix 12 Participant information sheets for nurse academics focus groups and theme boards

Phase 2 (anonymised)

4.10.15 version 2

**Study Title: Nurse academics' identities and contributions to the clinical practice environment: An Appreciative Inquiry**

**Introduction**

You are being invited to take part in a doctoral research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and please do not hesitate to ask me if you require further information. Take time to decide whether you wish to take part.

**What is the aim of the study?**

Aim: To develop practice guidance, through exploring the identities of nurse academics and their contributions to the clinical practice environment, through a process of appreciative inquiry with nurse academics and nurses in practice.

**Objectives:**

1 To explore the nursing identities of a group of nurse academics who are engaged in a re-formed academic clinical practice team, from the perspectives of nurse academics and nurses in practice.

- 2 To explore how nurse academics perceive their contributions to the clinical practice environment, from an emancipatory perspective.
  
- 3 To understand how nurses in practice perceive the contribution of nurse academics- to the clinical practice environment.
  
- 4 To elicit any blocking or enabling factors that are likely to impact on nurse academics contributions to the clinical practice environment.

**Why have I been asked to participate?**

You have been asked to contribute as you are a nurse academic within the Faculty of Education Health and Wellbeing, who joined the University of Wolverhampton academic clinical practice team in September 2014.

**What would be involved?**

A focus group comprising a group discussion and the creation of theme boards with two-seven other pre-registration nurse academics that joined the University of Wolverhampton practice team in September 2014.

The purpose of the theme boards is to use a complimentary medium as a way of generating reflection regarding the identities of nurse academics. The group discussion will explore your

experiences of nurse academics contributions to the clinical practice environment and blocking or enabling factors to the role.

### **Do I have to take part?**

It is up to you to decide whether or not to take part in all, or elements of this research. There are no disadvantages or penalties for not taking part in the study. If you decide to take part you will be asked to sign a consent form but will still be free to withdraw at any time and without giving a reason. There will be no disadvantage to you if you decide to withdraw.

### **What will happen to me, if I take Part?**

A focus group will be carried out at an appropriate quiet venue at the University of Wolverhampton, using audio recording equipment. The focus group will last for two hours (with a break). Introductions will be made and ground rules will be set (in respect of listening, allowing each participant to speak, valuing contributions etc). I will lead the discussion and semi-structured questions will be asked on the basis of the questions generated from previous individual interviews. Materials will be provided (paper, magazines etc) for you to create a theme board based on your perspectives, as part of the focus group activities.

**Light refreshments will be provided.**

### **What do I have to do?**

You will only be asked to contribute to the research discussions and theme boards

**What will happen to the data I provide?**

The research data transcripts will be transcribed. Transcripts will be anonymised and any identifying information removed. I will ensure that any identifying details are not used in reporting. The data will be stored on an encrypted memory stick, in a locked cabinet and kept confidentially. The data will only be accessed by myself and my supervisors.

**What are the possible benefits of taking part?**

There are no individual direct benefits from taking part in this study although you may enjoy taking part in the discussion. It is anticipated that the research will generate recommendations for practice, that will hopefully be useful for further understanding of the identity of nurse academics and developing guidance for the role of the nurse academics contribution to the clinical practice environment.

**What will happen to the findings of the research study?**

The findings of the study will be written up for my thesis. It is intended that the research will be disseminated within the Institute of Health professions and Trust partners with the intention of influencing future strategy to improve practice. It is anticipated that the research will be published in a reputable nursing journal and will provide a catalyst for further post-doctoral research. In addition, as this is a doctoral thesis, it will be openly available on the Wolverhampton Intellectual Repository Thesis (WIRE). All participants will be given a summary of the findings of the study to which they have contributed, if they wish to receive it.

**Who has reviewed the study?**

The study was reviewed and approved by the Faculty of Education, Health and Wellbeing, Research Ethics Committee and Local NHS Trust R&D.

**Contact for further information**

If you require any further information please contact

Clare Corness-Parr Head of Adult Nursing Room MH021  
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Mary Seacole Building University of Wolverhampton WV11SB  
01902-518657  
Email: [ClareCorness-Parr@wlv.ac.uk](mailto:ClareCorness-Parr@wlv.ac.uk)

**If you have any complaints about any aspect of this research please do contact my research supervisors:**

Professor Magi Sque [M.sque@wlv.ac.uk](mailto:M.sque@wlv.ac.uk) Dr Megan Thomas [M.Thomas@wlv.ac.uk](mailto:M.Thomas@wlv.ac.uk)

Thank you for considering taking part in this research.

If you take part, you will be given a copy of this information sheet and a copy of the signed consent form to keep.

Version 2- 4.10.15

Appendix 13- Participant information sheets for focus group nurses in practice (anonymised)

6.11.16 version 3

IRAS number 195339

Participant Information Sheet for Focus Groups (Nurses involved with academic clinical practice team at local NHS Trust)

**Study Title: Nurse academics' identities and contributions to the clinical practice environment: An Appreciative Inquiry**

### **Introduction**

You are being invited to take part in a doctoral research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and please do not hesitate to ask me if you require further information. Take time to decide whether you wish to take part.

### **What is the aim of the study?**

Aim: To develop practice guidance, through exploring the identities of nurse academics and their contributions to the clinical practice environment, through a process of appreciative inquiry with nurse academics and nurses in practice.

**Objectives:**

1. To explore the nursing identities of a group of nurse academics who are engaged in a re-formed academic clinical practice team, from the perspectives of nurse academics and nurses in practice.
2. To explore how nurse academics perceive their contributions to the clinical practice environment, from an emancipatory perspective.
3. To understand how nurses in practice perceive the contribution of nurse academics- to the clinical practice environment.
4. To elicit any blocking or enabling factors that are likely to impact on nurse academics contributions to the clinical practice environment.

**Why have I been asked to participate?**

You have been asked to contribute as you are a Registered Nurse working at the Local NHS Trust, who is involved with the University of Wolverhampton academic clinical practice team.

**What would be involved?**

A focus group discussion lasting 1- 1.5 hours with 2-7 other nurses working in clinical practice, who are also involved with the University of Wolverhampton academic practice team.

The group discussion will explore your experiences of nurse academics contributions to the clinical practice environment and blocking or enabling factors to the role.

### **Do I have to take part?**

It is up to you to decide whether to take part in this research. There are no disadvantages or penalties for not taking part in the study. If you decide to take part you will be asked to sign a consent form but will still be free to withdraw at any time and without giving a reason. There will be no disadvantage to you if you decide to withdraw.

### **What will happen to me, if I take Part?**

A focus group will be carried out in an appropriate quiet venue at the NHS Trust, using audio recording equipment. Introductions will be made and ground rules will be set (in respect of listening, allowing each participant to speak, valuing contributions etc). I will lead the discussion and semi-structured questions will be asked on the basis of the questions generated from previous interviews and focus groups with other participants.

Refreshments will be provided throughout the focus group

### **What do I have to do?**

You will only be asked to contribute to the research discussions.

**What will happen to the data I provide?**

The research data (audio-recording) will be transcribed. Transcripts will be anonymised and any identifying information removed. I will ensure that any identifying details are not used in reporting. The data will be stored on an encrypted memory stick, in a locked cabinet and kept confidentially. The data will only be accessed by myself and my supervisors .

**What are the possible benefits of taking part?**

There are no individual direct benefits from taking part in this study although you may enjoy taking part in the discussion. It is anticipated that the research will generate recommendations for practice, that will hopefully be useful for further understanding of the identity of nurse academics and developing recommendations for the role of the nurse academics contribution to the clinical practice environment.

**What will happen to the findings of the research study?**

The findings of the study will be written up for my thesis. It is intended that the research will be disseminated within the Institute of Health Professions and Trust partners with the intention of influencing future strategy to improve practice. It is anticipated that the research will be published in a reputable nursing journal and will provide a catalyst for further post-doctoral research. In addition, as this is a doctoral thesis, it will be openly available on the Wolverhampton Intellectual Repository E- Thesis (WIRE). All participants will be given a summary of the findings of the study to which they have contributed, if they wish to receive it.

**Who has reviewed the study?**

The study was reviewed and approved by the Faculty of Education, Health and Wellbeing, Research Ethics Committee and Local NHS Trust R&D.

**What is Appreciative Inquiry?**

Appreciative Inquiry (AI) can be defined as 'a philosophy that incorporates an approach, a process (4- D cycle of discovery, dream, design and destiny) for engaging people at all levels to produce effective positive change. It is based on the assumption every organisation has something that works right, and begins by identifying what is positive and connecting it in ways that heighten energy, vision and action for change' (Cooperider 2008).

**If you require any further information, please contact**

Clare Corness-Parr Head of Adult Nursing Room MC 206  
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If you have any complaints about any aspect of this research please do contact my research supervisors:

Professor Magi Sque M.sque@wlv.ac.uk

Dr Megan Thomas M.Thomas@wlv.ac.uk

Thank you for considering taking part in this research.

If you take part you will be given a copy of this information sheet and a copy of the signed consent form to keep.

Appendix 14: Consent form (anonymised)

Version 3 6.11.16

CONSENT FORM

Title of Research

Nurse academics identities' and contribution to the clinical practice environment: An Appreciative Inquiry

Name of Researcher: Clare Corness-Parr

IRAS number 195339

Please initial box

1. I confirm that I have read and understand the information sheet dated (version 3 6.11.16) for the above research study and have had an opportunity to ask questions.
2. I understand that my participation is voluntary and I am free to withdraw at any time, without giving any reason.
3. I agree to take part in the above study and understand that all data collected about me will be kept confidential and anonymous.
4. I understand that the findings will be used for a doctoral thesis and that the researcher may wish to publish the findings for journal publication or presentation, for which I give my permission.

-----  
Name

-----  
Date

-----  
Signature

-----  
Researcher

-----  
Date

-----  
Signature

## Appendix 15: Interview schedule nurse academics (phase 1) (V2 4.10.15)

Preamble: Conduct introductions; outline the purpose of the research so they are able to make an informed decision about whether they would like to participate. I will ask permission to record the interview, discuss how the interview will progress and ensure the participant is comfortable. I will set ground rules regarding confidentiality, so that the participant is able to make an informed choice about whether they wish to participate. I will explain that they are able to withdraw from the interview at any time without giving a reason. I will give I will ask the participants to sign the consent forms.

Individual semi-structured interview schedule with nurse academics:

About you and your current role and identities

1. It would be helpful if you could talk to me about your own nursing careers from being in clinical practice now and then moving into University (cue – what does your current role involve? Was this a goal? How did you feel about this?)
2. What are your views on how nurse academics are perceived within academia and clinical practice? (Cues, media influences, gender influences and political views expressed)
3. Can you describe yourself using key words or phrases that you identify with being a nurse academic? (Cues: personal/concepts of self, professional identities, nursing identities, academic identities/Is gender a aspect of your identity?)
4. What are your views on the identities of nurse academics within the HEI sector? (Cue do you think this is changing?)

### About your contributions

5. Thinking back to September 2014 when you joined the academic clinical practice team, what were your thoughts about it? (Cue, were you looking forward to it?)
6. What sort of activities are you involved in when you engage in your clinical practice team role?
7. Now you have had an opportunity to be involved in the clinical practice team role, what do you believe your contribution has been towards the clinical practice environment?
8. Are there additional activities that you would see as being beneficial to undertaken as part of your clinical practice team role, for the future? (Cue- academic or professional roles or additional activities?)

### Blocking and enabling factors

9. What do you think might be the blocking factors that are likely to impact on nurse academic contributions to the clinical practice environment?
10. What do you think might be the enabling factors that are likely to impact on nurse academic contributions to the clinical practice environment?
11. Is there anything further that you would like to add to our discussion that you believe is important?

Appendix 16: Focus group schedule and theme board activities (nurse academics) 17<sup>th</sup> and 19<sup>th</sup>  
October 2016 (Phase 2)

**As a nurse academic, how do you feel about your clinical contributions?**

Cues:

What sort of activities do you undertake?

Do you think your roles are clear? Is it about being in practice?

How do you define what you see as practice?

What are the good things about your contribution to the clinical practice environment, at the moment?

Is your physical connection to the clinical practice environment important?

**What are the things that nurse academics could do to enhance their contribution to the clinical practice environment?**

Cues:

Links to specialism?

Draw on pedagogical or research expertise?

What are the opportunities for mutual learning in the clinical practice environment?

**In what ways do you think the clinical practice environment could further understand nurse academic contributions?**

Cue

What is your experience in the interface within the practice team?

Do you think nurses in practice are clear about your contribution?

What other sorts of activities would you like to undertake in the clinical practice environment?

What sort of activities do you think might improve understanding of the nurse academic role?

**How could the HEI facilitate the contribution of nurse academics to the clinical practice environment?**

What is your experience of being a nurse academic between the HEI and clinical practice environment?

What effect if any, does the passage of time have once a nurse moves into the HEI environment?

What part can your own CPD play in your contribution to the CPE?

**From a gender perspective, how is your nurse academic identity shaped?**

Cue

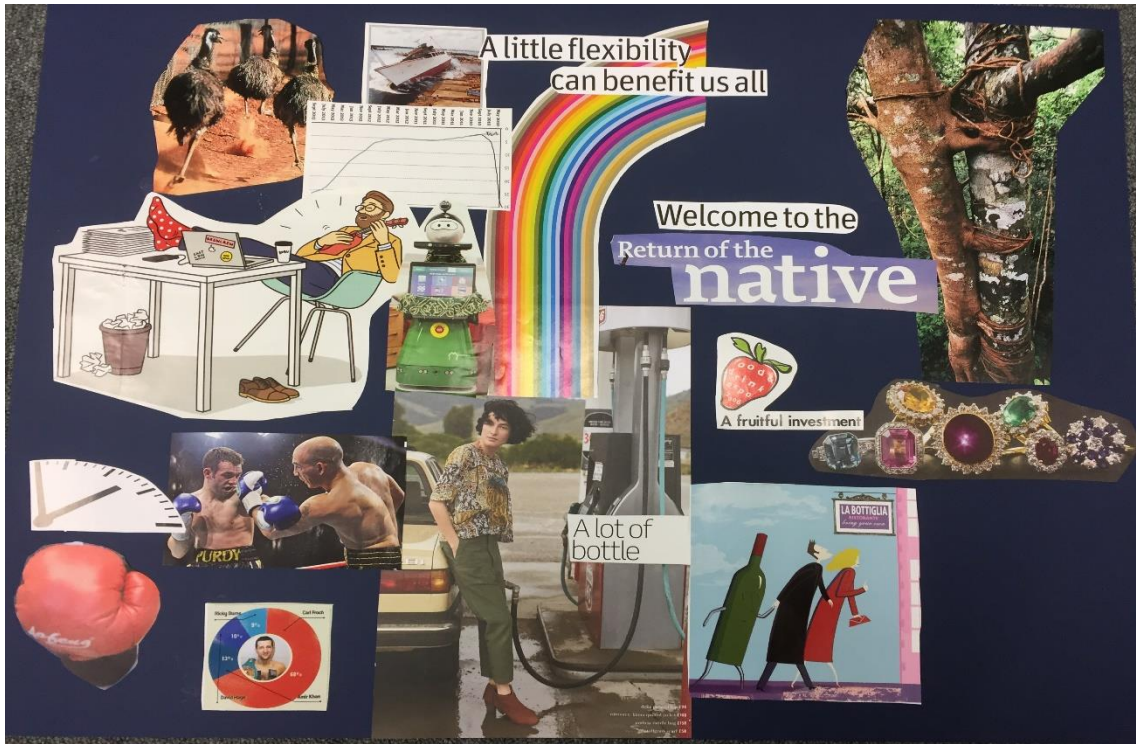
What influences are there from clinical practice on your nurse academic identities?

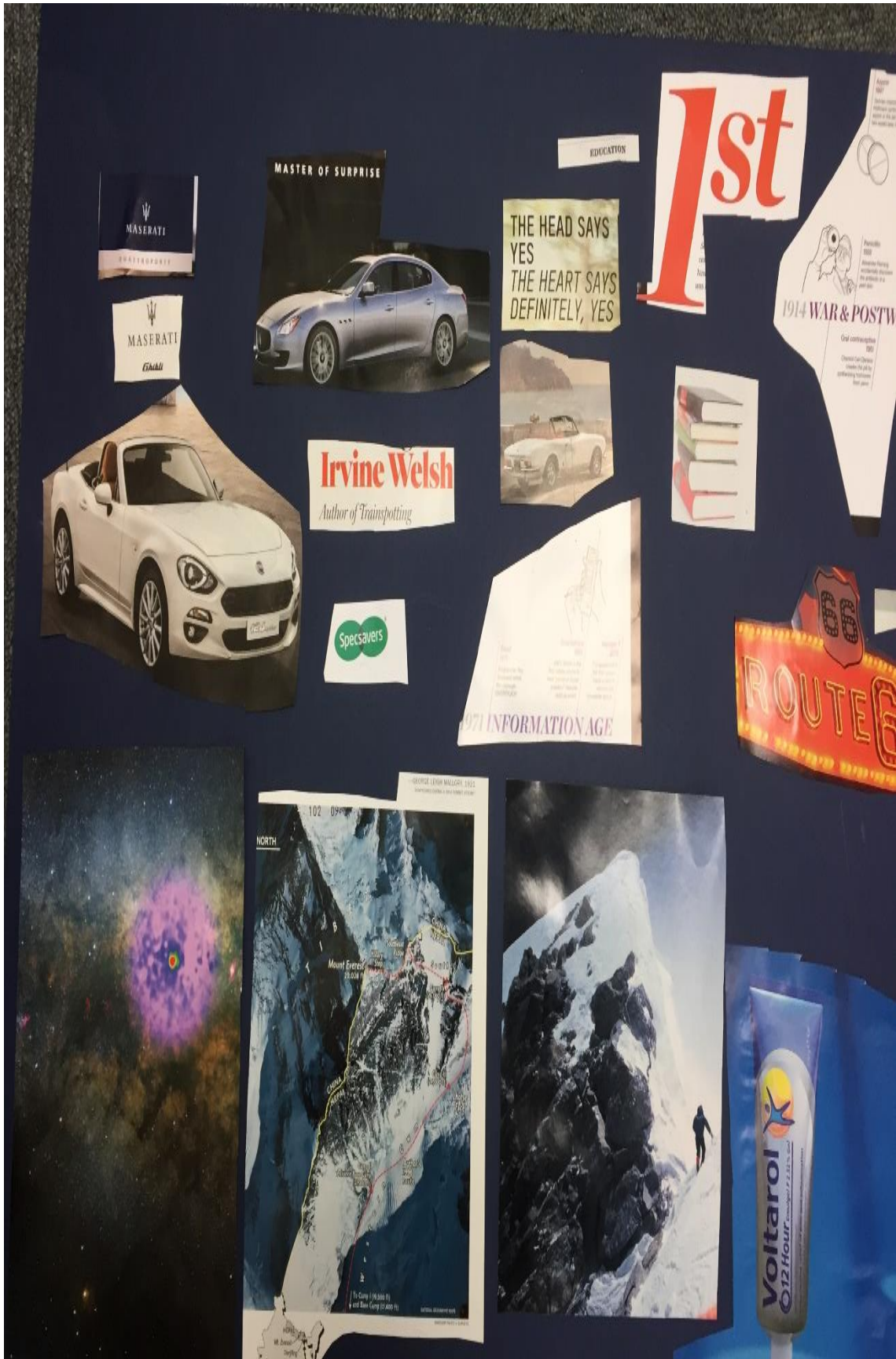
Are there gender differences for nurse academics in the HEI setting, which influence their identities?

**Theme board activity question: 'What are your identities as a nurse academic?'**









## Appendix 18: Focus group schedule nurses in practice (Phase 3) Version 2 7.11.16

Focus group schedule (Nurses in practice engaging with the academic clinical practice team)

Preamble: Conduct introductions; outline the purpose of the research so they are able to make an informed decision about whether they would like to participate. I will ask permission to record the focus group, discuss how the focus group will progress and ensure the participants are comfortable. I will set ground rules regarding confidentiality and I will explain that they are able to withdraw from the focus group at any time without giving a reason. I will ask the participants to sign the consent forms.

Focus group schedule

About you and your current role

1. It would be helpful if you could talk to me about your own nursing careers from being a student nurse, to being in clinical practice now as an RN supporting student nurses. (Cue – what sort of nursing course did you undertake? what has it been like for you? What does your current role involve?)

About the contribution of the nurse academic in practice -blocking and enabling factors

2. Since September 2014, all the nurse academics at the University of Wolverhampton have joined the academic clinical practice team. What sort of activities are you aware of, those nurse academics are involved in? (Cue- what are their roles and responsibilities?)

3. What do you believe are the benefits of having nurse academics contribute to the clinical practice environment?

4. What could nurse academics do if needed, to enhance their contribution to the clinical practice environment? (Cues- link to specialism, draw on pedagogic or research expertise, what are the mutual learning opportunities?)

About the identities of nurse academics

5. What is your perspective on how nurses in the clinical practice environment view the identity of nurse academics? (Cues- from your experience in practice? Are views different now we have an all-graduate profession? Media, gender or political views expressed)

Cultural perspectives between practice and university

6. In what ways do you think the clinical practice environment could further understand nurse academic contributions? (Cues what is your experience of the interface with the academic practice team? Do you feel clear about the way in which nurse academics can contribute? Can you identify any of your own clinical practice development needs that nurse academics could support?)

7. In what ways do you think the University could facilitate the contribution that nurse academics make to the clinical practice environment? (Cues- what about the physicality of where students learning occurs? What effect if any would there be, by having more flexibility between practice and university? Could there be differing contributions depending on expertise?)

8. Is there anything further, that any of you would like to add to our discussions, that you feel is important?

Appendix 19: Photograph example of preliminary basic coding technique



Appendix 20: Coding tables of Basic, Organising and Global themes

**TNA 1 (Blue) - Codes and themes (stage 6)**

Code	Issues discussed	Basic theme	Organising theme	Global Theme
Contribution	<p>'I wish to work with students in practice but not in the delivery of hands on care. That is the role of the mentor'.</p> <p>'Direct involvement in teaching in the Trust- There is quite a lot of teaching that goes on the Trust the PPMs put on sessions for students. I think we could have an input into that'.</p> <p>'One of the proposals I put forward was to have an honorary contract at a local walk-in centre and students could come and work with me'.</p> <p>'I was 100% certain that an honorary contract would be the way to go, but on reflection I am not sure about that'.</p> <p>'I would like to participate in some areas of patient care, such as helping Trusts with risk areas such as drug administration and safety, so my knowledge and expertise can improve practice'.</p> <p>'I have 18 areas to cover (areas where students are in practice), it so vast so I just think we need to focus on areas that are struggling'.</p> <p>'It's not about the patient contact but understanding the student's perspective'</p>	Diverse views on how nurse academics can best contribute to CPE	Past experiences influence nurse academics contributions to CPE	<b>Nurse academic identity derived from CPE engagement</b>
Nurse	<p>'I identify as a nurse first and foremost, rather than a teacher. It is the person that interests me'</p> <p>'I value the expertise we have in our nursing tradition'</p> <p>'I am a nurse first and always will be a nurse first- ultimately, it about the patients.</p> <p>'I teach nurses and think of myself as a nurse. I am passionate about that'.</p>	Centrality of being a nurse anchors nurse academics	Past experiences influence nurse academics contributions to CPE	<b>Nurse academic identity derived from CPE engagement</b>
Code	Issue discussed	Basic theme	Organising theme	Global Theme

Specialism	<p>'I probably could link with different areas but it would not be my area of expertise. It would restrict you'.</p> <p>'I have no links to my specialist area. My first degree and Masters were in that area and that saddens me. I feel deskilled and have lost touch with my speciality'.</p> <p>'I have a specialism but I don't think it really matters'.</p> <p>'It's that inner knowledge so you can support students better'.</p> <p>'If I were taken out of the hospital (to link with other placements), that is my background. My skills are hospital based, that is what I know'.</p> <p>'I don't feel I would be very useful on a ward because my knowledge and skills are from working as an ANP in primary care'.</p> <p>'I feel I have plenty of credibility to support students in a critical care setting'.</p> <p>'That is my background, my skills are hospital based. That is what I know'</p> <p>'Your professional journey as a nurse, having those clinical contacts in areas where you have developed yourself, you feel as if you are able to offer more?'</p> <p>'It makes sense to link with those areas of clinical experience, as nurse academics have the knowledge and skills-it seems immediately obvious'.</p> <p>'It (particular clinical areas) may be important to some nurse academics that have a passion towards a specialism'.</p>	Nurse academic identity strengthened through professional expertise	Past experiences influence nurse academics contributions to CPE	<b>Nurse academic identity derived from CPE engagement</b>
Skills				
links				
code				
Staff contact	<p>'I do think those ties need to happen and I do think we need to go (to the CPE)'</p> <p>'it was important to me to get those connections and I have done this through sharing my research findings with practice'.</p> <p>'It's the difference you make to students and (clinical) staff-you are there, you are available'.</p> <p>'Not being in the placement area would be detrimental'</p> <p>'There are massive strengths in practice and there is a way forward'.</p> <p>'Clinical practice visits- I see those as a must'</p> <p>'Partnership working is important as we are not two separate entities'</p> <p>'Nurse academics being visible out in practice reinforces that'</p>	Visible relationships with nurses in practice	Being physically present in CPE	<b>Nurse academic identity derived from CPE engagement</b>

<p>Visibility</p>	<p>'if you are working hand in hand and seeing the academic and the mentor , everyone is communicating'</p> <p>It's important we link with the CPE as care can be done in slightly different ways</p> <p>'If you are in the CPE you become a familiar face with the staff. You see what is going on and those incidents observing the constant changes in practice'</p> <p>Having contact with CPE does maintain relevancy, having contact with those clinicians and having those conversations'</p> <p>'I would like to help clinical areas develop their learning resources to support student engagement with their specialities'.</p> <p>It's also the educational experience for other staff on the ward, if you are teaching students its bound to have a knock on effect on them'.</p> <p>'I do feel that if we hand more of a presence in the CPE we would be seen as part of the team and people would ask our advice'.</p> <p>'It's absolutely lovely to see the mentor, as most of the time I know them as former students. To see how they have progressed in their careers, it's very pleasant'.</p> <p>'Having an honorary contract is interesting as you would be part of the clinical team and support the students'.</p> <p>'Seeing them out here, in the trust helps students to see that nurse academics are connect to practice'</p> <p>'I see nurse academics come into practice when they are completing their NMC revalidation'.</p> <p>'I did a locum shift with one of my tutors and it was good to see her in her uniform in the bed space next to me. It was good to think she was working next to me and marking my work'</p> <p>'If nurses see nurse academics in practice it's good, but if they don't, they question if nurse academics understand the realities of practice'.</p> <p>'You think the nurse academics are more up to date when you see them in practice'</p> <p>'There is definitely a link between the university and practice and if you have someone who teaches and comes to clinical practice it make it more joined and visible'.</p>			
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	<p>'I think the links to their uniform and background would put them (nurse academics) in that light'.  'Sometimes you can question yourself when you are action planning and you may think 'am I being too harsh?' and so I think the nurses academics should see the students'.</p>			
<b>Code</b>	<b>Issue discussed</b>	<b>Basic Theme</b>	<b>Organising Theme</b>	<b>Global Theme</b>
Supporting students  Understanding CPE	<p>'It's really important that we understand what is going on out there' (CPE).  We should be able to chat to the students when they are with their patients, who are teaching them things. We should not have to take them away from their patients'.  'When I am in practice I feel more 'clinical' because I am listening to what the students are sharing, and its shared learning'.  'We teach the students theoretically but we don't see how they practise. It might be we could work with them and introduce or suggest things'.  'We can use the knowledge of how it is in the CPE, to properly prepare students'  'I would find it difficult not to have a link (the CPE) as I need to understand what the students are faced with'  'They may not be directly with patients but it shows 'I am here and I am interested'.  'It promotes the relationship with students because they will think my tutor is here for me at Uni (versity) and also in practice'  'I do think there are opportunities for nurse academics to work with students in practice'.  'They would come and assess students on skills in preparation for assessments. I know the nurse education team can do that too but it's the nurse academics who are actually marking the work and helping the students with their exams'.</p>	Enacting how nurse academics connect with practice	Being physically present in CPE	<b>Nurse academic identity derived from CPE engagement</b>

## TNA 2 (Green) - Codes and themes (stage 6)

Code	Issue discussed	Basic theme	Organising theme	Global theme
Independent voice	<p>'We can be almost an ethical voice to the students and beyond, because it stays with them'.            'Nurse academics in practice can challenge rituals. Newly qualified nurses say 'I heard your voice and I have stopped and not done what the others have done, I have stood back and thought I am not going to do it that way'.            I have had mentors say 'what would you do in this situation?' and I can be a critical friend, as there is trust because you are not part of the organisation, so you give them a few tools and they can guide themselves'.            I can think of three students who would have had a far tougher time if it had not been for the balance and reason of a nurse academic to support them.            I sense our independence is an advantage in this context'.</p>	Nurse academic's perceive themselves as advocate for student nurses in CPE	Constructive contributions to CPE	<b>Nurse academics and nurses in practice identify positively where academic role and practice contribution are harmonised</b>
Support	<p>'You have to try to get underneath the surface because sometimes the students will say " it's (practice) is fine"' when it's not fine'            'Sometimes when they get to sign off they flounder. A strong student got to sign-off and was struggling. She did not recognise this herself but with our support she succeeded'            'If I see a student nurse, even if it's not my ward, I will see them'.            'I try to remember what it is like be on the other side (as a student nurse)'            You can advocate for a student who is having difficulty because of the power relation between the mentor and the student.            The days I feel most fulfilled are when I have supported a student nurse with a problem. I use my nursing skills and empathy.            'The nurse academics support students who are on action plans. A lot of it now is about pastoral support for students'.</p>			

<p>Code</p> <p>Clarity in current contribution to CPE</p>	<p>Issue discussed</p> <p>'I am easily able to define functions of the practice team, in terms of seeing students, practice mentor updates and escalating concerns'.</p> <p>I support students and mentors, improve the student experience to add value'.</p> <p>'Managing the quality aspects, so if the NMC do a visit, its business as usual'.</p> <p>'I know what is expected of me with my practice role at the moment'.</p> <p>'Tripartite assessment has facilitated and encouraged the nurse academics contribution to practice'</p> <p>'It's good to see them back (nurse academics) supporting students and staff'</p> <p>The nurse academics help with the mentorship update and it seeing how the PAD documents work in practice. The nurse academics come and talk to us and explain how it's going to work'.</p> <p>'The books (PAD) can be quite daunting and when you have not done an action plan before we have a brief with them ( nurse academic) and its quite supportive'</p> <p>'They assist us with mentor updates and student evaluations and some visit the clinical areas to see students. They tend to run and facilitate the biology club and have a partial role in educational audits'.</p> <p>'Students certainly know who to contact (Nurse academic), they are well aware).</p>	<p>Basic theme</p> <p>Function of current practice role is clear</p>	<p>Organising theme</p> <p>Constructive contributions to CPE</p>	<p><b>Global Theme</b></p> <p><b>Nurse academics and nurses in practice identify positively where academic role and practice contribution are harmonised</b></p>
<p>Code</p> <p>Culture</p>	<p>Issue discussed</p> <p>'Sign-off mentor workshops are invaluable, as you see change and the evolving culture through the mentors'.</p> <p>'There is mutual learning from engaging with practice'.</p> <p>'I asked the practice staff how I can support them and they have been receptive and pleased to see me'.</p> <p>I have helped nurses and managers in practice identify their own CPD needs, it been effective'.</p> <p>'We can see how the nurses are applying broad theory challenging and changing practice. What the innovations are in the clinical area'</p> <p>'I need to be immersed in the culture of nursing' (in clinical practice)</p> <p>'My engagement would be if they (nurse academics) want me to teach clinical skills or be involved with interviewing'.</p> <p>'I see nurse academics as a positive thing'</p>	<p>Basic theme</p> <p>Mutual learning helps the evolving culture of nursing</p>	<p>Organising theme</p> <p>Constructive contributions to CPE</p>	<p><b>Global Theme</b></p> <p><b>Nurse academics and nurses in practice identify positively where academic role and practice contribution are harmonised</b></p>

Code	Issue discussed	Basic theme	Organising theme	Global Theme
Aspirations for development	<p>'Do you think you could reimagine the nurse academic role in practice, if you were drawing on your expertise and making those connections?'</p> <p>'Direct involvement in teaching in the Trusts would be really useful'</p> <p>'Develop a monthly journal club with students and mentors'</p> <p>'We could do joint conferences, joint publishing'.</p> <p>'External speakers at student support sessions, planning support sessions and mentor updates with practice'</p> <p>'Participating in band 7 and 8 meetings'</p> <p>'I would like to develop my pedagogical approaches in the CPE- that's an aspiration'.</p> <p>Joint contracts and honorary contracts in Trusts'.</p> <p>'We could ask the nurse academics to teach skills in our Trust SIM labs'</p> <p>'Some nurse academics sit on strategic level boards and also moving and handling, potentially we could have more of that and I think they would like that too'.</p> <p>'Writing policies and procedures, it would be good to have that expertise to draw on (from nurse academics)'.</p> <p>'We have just appointed two more Professors in Nursing and they are pulling together research clusters. Along with our Professor for clinical practice, they will be looking to develop areas such as organ donation, critical care and end of life care- yes, that sounds good (nurse in practice).'</p>	Nurse academics and nurses in practice recognise potential for further CPE contributions	Harnessing Nurse academic expertise	<b>Nurse academics and nurses in practice identify positively where academic role and practice contribution are harmonised</b>
Pedagogy	<p>'The PGCE helped me to think differently'</p> <p>'We are always thinking about how sessions can be new and current'</p> <p>'Policy development -we have that combination of clinical experience with the knowledge, so you could have a more coherent evidenced based practice policy'.</p> <p>'I am a member of an international forum for critical care nurses and we use nurse academics to contribute to study evenings and events'.</p> <p>'That's what makes me keen to work in a clinical academic role, because I can do both components well and bring something'.</p> <p>'I think there is scope for nurse academics to come into the Trust and teach skills'</p>	Recognition of nurse academic pedagogy strengthens their identity	Harnessing Nurse academic expertise	<b>Nurse academics and nurses in practice identify positively where academic role and practice contribution are harmonised</b>

### TNA 3 (Purple) - Codes and themes (stage 6)

Code	Issue discussed	Basic Theme	Organising Theme	Global theme
CPD	<p>I've continued my journey in education, all the way through my nursing career, I've gone to University and I keep going back '</p> <p>'My PGCE links to my practice and I enjoy it and can see the links (between HEI and practice)</p> <p>'We have all come on, got a degree and gone on to better things'</p> <p>'if you want a career as a nurse, you have to be educated'</p> <p>My lecturer has come out to see me and observe my teaching in practice</p>	Nurses in practice value their own CPD	Nurses in practice reinforce the identity of nurse academics	<b>Nurse academics have a positive identity</b>
University	<p>'They (nurse academics) are readily accepted. Nurses have always had to study to progress'</p> <p>'We've talked a lot about nurse academics in the pre-reg sense, but there may be potential in post reg as well'</p> <p>'Students do feel more connected to University and university life'.</p>	Graduate nurses in practice connect with the HEI	Nurses in practice reinforce the identity of nurse academics	<b>Nurse academics have a positive identity</b>
Gender	<p>Issues discussed :</p> <p>'I do not see any differences between male and female nurse academics'.</p> <p>'I don't think it matters'. 'we are all the same' 'I think it's our organisational culture (HEI positive on gender equality)</p> <p>'I've noticed that male and female nurse academics have very similar traits-it about being a nurse'.</p> <p>'It's such a positive thing to say, that we do not think there is a difference'.</p> <p>'Other academic disciplines have problems with gender, but we are quite lucky I think'.</p> <p>'It feels quite normal (being female dominated) but in other departments it may not be the same'.</p> <p>My brother is a nurse and we are very much the same'</p> <p>'My wife is a nurse and our experiences come from being a nurse rather than as a man or a woman'</p>	Nurse academics do not recognise gender differences	Rewards of being a nurse academic	<b>Nurse academics have a positive identity</b>

	'You cannot ignore that nursing is a gendered profession but women are not the only people who are nurses'			
Code	Issue discussed	Basic Theme	Organising Theme	Global Theme
Learning HEI Environment	<p>'there is so much still to be discovered which we can help with as researchers and nurse academics'</p> <p>'we originate in practice but have evolved as nurses to become educators'</p> <p>' I am an educationalist who happens to be a nurse'</p> <p>'For me learning is an adventure. And that's what I aim to achieve with what I do'.</p> <p>'To help students with their 'learning for life skills', in practice, their critical thinking and new ways of learning'</p> <p>'Although being a nurse is an important part of my identity the educationist part is about preparing those students for practice, to have those skills'.</p> <p>'My main role is at University'.</p> <p>'I think people (students) appreciate what we are doing which is rewarding'.</p> <p>'You add meaning to the student experience that they have grown and developed and that someone has an interest in their future'</p> <p>We are in a privileged position, what a lovely job to be able to influence the future</p>	Habitus of the HEI	Rewards of being a nurse academic	Nurse academics have a positive identity
Complex	<p>'We are complex hybrids'</p> <p>'it takes a lot of bottle to go out and be an academic in practice and have a presence'</p> <p>'I see our role as quite complex, as a picture of complexity'</p> <p>'It can be challenging because it is a role that never stands still and therefore you identity moves with the different things that you try' 'We have the ability to adapt change and grow'</p> <p>'I see myself as a nurse, a former nurse who is now an educator. You cannot have the one without the other'.</p> <p>'I see myself not just as a nurse, but as a nurse academic you are helping social mobility to solve some of the chaos.</p> <p>'It's fascinating because you have your research element, your educational element but also a very strong link to your personal experience and connections with practice' (Researcher)</p>	Nurse academic identity-Complex Hybrids	Rewards of being a nurse academic	Nurse academics have a positive identity

Code	Issue discussed	Basic Theme	Organising Theme	Global Theme
Pastoral role	<p>'I see it in a holistic way. If there is something that is affecting their studies that I can help them with, I will'.</p> <p>'When students are at that low ebb, they just need that small act of kindness'.</p> <p>'We don't know what students lives are like'.</p> <p>'Sometimes you can be that pebble on the pond that ripples out. We have our professional requirements from the NMC but as one human being to another, we are investing'.</p>	Pastoral significance for nurse academics	Rewards of being a nurse academic	Nurse academics have a positive identity

**TNA 4 (Orange) - Codes and themes (stage 6)**

Code	Issue discussed	Basic Theme	Organising Theme	Global Theme
Hit and miss resources	<p>'when I go to practice, I want to make the most of my time there, I haven't got that at the moment'</p> <p>'It needs to be less of the 'Queen Mother' visits and have more of a purpose, perhaps in a zone'</p> <p>'It's' hit and miss', covering the practice area because there are so many. I tend to try and target the sign off mentor areas'.</p> <p>'I go because I have to but often I find there are no students about and I have so many other things that I need to be doing'</p> <p>'I went to practice areas to speak to students but quickly realised this was a waste of time, as you don't see them'</p> <p>'It does raise a question about the purpose of the visits; it seems to be very peripheral and superficial. If I don't see students it's quite disheartening'.</p> <p>'If nurses in practice do not see the academics they do not necessarily understand what they do'</p> <p>'It can be difficult because of the long shifts, you do not always see the nurse academics'</p> <p>'As I am a CNS, we only really get students on a spoke placement, so I would tend to call the hub placement if there were any issues'.</p> <p>Students do not sometimes see the other things that academics are doing that are practice related ,because they have not seen them in a clinical area'</p> <p>'visibility (of Nurse academics) is a big thing'.</p> <p>'The nurse academics just turn up (on the ward) if we knew when they are visiting that might be better'</p>	Nurse academics do not always feel productive in the CPE	Nurse academic potential not harnessed in CPE	<b>Contested areas of nurse academic contribution by HEI and practice</b>

Code	Issue discussed	Basic Theme	Organising Theme	Global Theme
Under use of teaching skills	<p>Issues discussed:</p> <p>'CPE does not draw on our skill and if that were me, I'd be drawing on that expertise'.</p> <p>'I want to do more with student support and mentor updates and it frustrates me immensely'</p> <p>'There are areas of duplication (with PPM's) and I struggle with that. Who is doing what?'</p> <p>'It's about them (nurses in practice) making use of us'.</p> <p>Clinical practice facilitators are part of the organisation and there is an awful lot of affinity there. I am grateful for the service they offer, but where is my role?'</p> <p>'There is replication with what a PPM is employed to do'.</p> <p>'I see the students and mentors need support in practice and I can see the benefits of what I do in practice but I don't think this makes full use of my clinical knowledge and skills'.</p> <p>"When they are recruiting new member of the practice education team, which they have done twice in the last couple of years, they have not asked for our involvement'.</p> <p>'We could help them with revalidation (NMC) and act as confirmers, but it seems a closed shop'.</p> <p>'I help with the mentor and sign-off mentor preparation but that could be developed significantly and be far more dynamic and meaningful'.</p> <p>(in relation to mentor workshops) ' if I jump in with anything else I am flattened down, particularly if it starts into a controversial debate, which can be so useful'</p> <p>'I feel that the practice team have nervousness about going off piste, as they worry about not being able to tick a box. We teach a lot we know going off piste is invaluable and they (students) get more out of it'.</p> <p>'I do not know who the link teacher is'</p> <p>I think our link is the clinical practice education team in the Trust'.</p>	Nurse academic expertise underutilised in the CPE	Nurse academic potential not harnessed in CPE	<b>Contested areas of nurse academic contribution by HEI and practice</b>

Code	Issue discussed	Basic Theme	Organising Theme	Global Theme
Outsiders	<p>'I try to do my job well but I am not always sure that clinical colleagues are happy with what we do'.</p> <p>'There needs to be a greater understanding of the nurse academic from practice'</p> <p>'There needs to be more understanding from PPM's about our role, I have tried to help with this but sometimes there are misconceptions and a lack of trust'.</p> <p>'There are some uncertainties about the roles of practice placement managers and nurse academics- how does your role affect my role?'</p> <p>'I don't think practice staff value us very much or see the potential'.</p> <p>'Sometimes the mentors say, "we cannot see you today because we are too busy". I appreciate they are busy, but sometimes it's an easy excuse with the implication, that you (nurse academic) are not.'</p> <p>'There needs to be more understanding from clinical managers and nurses in practice about our role'.</p> <p>'Practice partners may see us as theoretical, rather than practice based'</p> <p>'When I visit I have to wait 5 minutes to gain access to a ward. I feel like an imposter'</p> <p>'When I was working in the CPE I felt my knowledge was respected but when I came to the HEI, I felt all of a sudden that it was zilch in terms of my clinical colleagues'.</p> <p>It's not just that easy for them (nurse academics) to come and do a shift because of patient safety and they would need to be up to date with this'</p> <p>'if they were coming to work in an ITU setting it might be pretty overwhelming for the patient if they had a member of staff, student and someone from the university'</p> <p>'I know the Trust 'own' mentorship but it meant to be a partnership and I feel stifled'</p> <p>'The nurse academics want to see the students, I am sure I could ask them something but their main focus is the students'.</p>	Nurse academics can be seen as 'outsiders' by CPE	Nurse academic potential not harnessed in CPE	<b>Contested areas of nurse academic contribution by HEI and practice</b>

Code	Issue discussed	Basic Theme	Organising Theme	Global Theme
NMC definitions of practice	<p>'What constitutes practice is not clear, for me the NMC have not nailed it down. If I see a student in the hospital coffee bar is that practice?'</p> <p>'What is practice? This is an edict from the NMC and I don't know who it matters to?'</p> <p>'You could be supporting practice by doing a mentor update, but being in clinical practice is about the environment in which care is given. Supporting practice is part of your requirements with the NMC and they (NMC) say that is an important part of being a nurse teacher. It's part of it but you are just visiting and observing, you are not participating in practice'.</p> <p>'If the NMC state that 300 hours of simulation can be used as practice, the what is 'practice' where does it fit in when nurse academics do simulation?'</p> <p>'Practice is anything that is outside the HEI, involving service users , students or staff '</p> <p>'I see the biology club or drop in sessions as being part of practice'</p>	Nurse academics concepts of practice are fluid	Cultural differences between HEI and CPE	<b>Contested areas of nurse academic contribution by HEI and practice</b>

Code	Issue discussed	Basic Theme	Organising Theme	Global Theme
<p>Culture differences</p> <p>Lack of autonomy</p>	<p>'Along time ago I drew a curriculum model with practice over there and HEI over here, and that aspect should have core and we should be at the centre of the core!'</p> <p>'I think that we probably do not challenge practice enough, its meant to be 50-50'</p> <p>We don't always get answers from practice and it can feel like a bit of a one way street'</p> <p>I feel there is too much autocracy with the practice role and that culture of hierarchy and tradition in practice. We cannot work like that as nurse academics'.          'We need freedom to do our job well'.          'The practice element is you just have to do as you are told and I really struggle with that'.          'We are different organisations with different cultures and processes and ways of working'.          My role (as a nurse academic) is trying to take the role forward and bring new ideas that would make a real difference, but that is quite difficult if I am honest (in the CPE)'.          'Practice colleagues are so tied up in the 'what we must do' that they don't get the opportunity to think creatively'.          In terms of students, I would contact the Trust development team if I had problems with students'.          'I only really have interactions with nurse academics when I am action planning students'          I would worry about nurse academics teaching skills because they may not know our policies and procedures, which may not be the same as best practice'          'Students are linked to the University so they feel comfortable with that but we are linked to the Trust so feel more comfortable with that as it's our area of expertise'.          'I don't think practice realise they have 2-3 WTE with band 8 expertise that they can tap into. I don't know if the nurse directors would want to use that expertise?'</p>	<p>Cultural expectations of nurse academics and practice</p>	<p>Cultural differences between HEI and CPE</p>	<p><b>Contested areas of nurse academic contribution by HEI and practice</b></p>

Code	Issue discussed	Basic Theme	Organising Theme	Global Theme
Time constraints	<p>'It can be difficult to get to practice every week'.</p> <p>'We are part of the University environment and Trusts see you that way'</p> <p>'Practice is now the secondary rather than the primary role'.</p> <p>Time is a blocker- we have competing demands but I do try to visit practice once a week'.</p> <p>'Time constraints lead to a lack of fulfilment, I have to prioritise what I do and that for me is about being a module leader'</p>	Uniqueness of nurse academic role is not acknowledged by HEI	Cultural differences between HEI and CPE	<b>Contested areas of nurse academic contribution by HEI and practice</b>
Balancing roles	<p>'It's difficult to identify time to go out sometimes when I have so many other aspects of my role that occupy me</p> <p>'Working in the Trust, I've done that before and had a honorary contract but things happen at University and you can't go and then you are off the pace'.</p> <p>'There are constraints around their (nurse academics) time in practice due to their teaching commitments'</p> <p>Issues discussed:</p> <p>'The role of the nurse academic is full on with the added pressure of Doctoral study'.</p> <p>'There needs to more understanding of the challenges (of the nurse academic role) the faculty pays lip service to this. There needs to be more support to enhance and develop the role.</p> <p>Perhaps I expect too much of the role in a way, so I am left with a sense of disappointment'.</p> <p>'juggling the an academic role and a practice role is onerous and I feel stressed and conflicted'</p> <p>'I don't think they (HEI) realise the balancing we have to do'</p> <p>'For a long time I tried to develop that clinical academic role myself. It did work well but it's tough having two jobs going on, it's difficult to fit it in'.</p>			



