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Reconciling professional identity: A grounded theory study of nurse academics' role modelling

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Declaration of originality

I certify that this thesis does not incorporate without acknowledgement any material previously submitted for a degree or diploma in any university; and that to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due reference is made in the text.

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Nature of Assistance	Contributions	Name and affiliation
Intellectual support	Proposal writing Research design Research process Data Analysis Thesis writing Preparation of papers for publication	Professor Jane Mills (primary advisor) Professor Melanie Birks (co-advisor) Dr Lea Budden (co-advisor)
Thesis presentation	Drawing of theory model Editing of final thesis	Jane Tarlinton (Design by Jane) Elite Editing
Data analysis	Transcription of audio recorded focus groups and individual interviews	Pacific Transcription
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Abstract

Predicted nursing workforce shortfalls in Australia and internationally emphasise the need for nursing graduates who possess characteristics that enable successful transition to practice and promote longevity in the profession. In the context of the significant change that nurse education has undergone in recent decades, it is necessary to better understand how nursing students learn about nursing in order to ensure their preparedness for their professional role. While role modelling is recognised as a key factor in this process, this largely relates to the education of students in the practice environment, with little known about the significance of nurse academics as role models for nursing students.

The study described in this thesis sought to answer the research question: how do nurse academics role model positive professional behaviours for undergraduate students? The aims of this study were to theorise a process of nurse academic role modelling for undergraduate students, describe elements that support positive role modelling by nurse academics, and explain factors that influence the implementation of academic role modelling.

Grounded theory methods were applied to address these aims. Observation, focus groups and individual interviews enabled the generation and analysis of data within a framework of symbolic interactionism. The result was a grounded theory of *reconciling professional identity*. This theory describes the processes that nurse academics use to *create a context for learning*, *create a context for authentic rehearsal* and *mirror identity* in their role modelling of professional behaviours for undergraduate nursing students.

The key findings from this study suggest that:

- nurse academics create a context for authentic rehearsal in the process of role modelling for nursing students

- clinical presence and clinical confidence are key factors that comprise nurse academics' clinical currency

- nurse academics undergo a process of reconciling their clinical identity with their academic identity

- nurse academics shape nursing students' professional identity by role modelling behaviours that students mirror in their own lives.

The findings of this study contribute to the existing literature through highlighting the significance of nurse academics as role models. The theories of professional identity and the four essential shifts for integration extend the explanatory power of the theory of reconciling professional identity. As a result of this study, it is recommended that employers of nurse academics review and implement institutional policy to promote relationship building between education providers and the clinical setting, as enablers of nurse academics' reconciliation of their professional identity. Future research projects could investigate whether the concepts and final theory from this study apply to countries with different education and professional regulatory frameworks.

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List of abbreviations

AHPRA   Australian Health Practitioner Regulation Agency

ANMAC   Australian Nursing and Midwifery Accreditation Council

AQF   Australian Qualifications Framework

ES-FAMI   Eastern Shore Faculty Academy and Mentorship Initiative

HWA   Health Workforce Australia

JCU   James Cook University

NSW   New South Wales

TEQSA   Tertiary Education Quality Standards Agency

UK   United Kingdom

US   United States

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The nurse academics and nursing students who participated in this study gave generously of their time and openly shared their experiences. Your stories are the substance of this thesis. I am forever grateful for your collegiality and support, and hope that you see that I have portrayed your stories accurately.

I have thoroughly enjoyed nearly every moment of this PhD. I have loved learning about research, the topic area and myself. None of it would have been possible without all of these wonderful people.

Chapter 1: Introduction

Contemporary global healthcare policies demand nurses who can provide safe nursing care, work effectively as members of interdisciplinary teams and work autonomously to meet healthcare goals. Current nursing workforce shortages also mean that, upon entering the workplace, new registered nurses must possess the professional characteristics for practice that enable them to function as productive team members in the provision of care, at the level of new registered nurse. These professional characteristics must be developed during students' undergraduate studies, in both clinical and non-clinical settings. Nursing students need to develop high levels of emotional intelligence and a positive professional identity, and they rely on role modelling by experienced nurses to accomplish this. Nurse academics are the experienced nurses and role models with whom nursing students work most closely during their studies. Thus, it is important to understand more about the process of nurse academics' role modelling for nursing students, and the components and conditions necessary for role modelling to occur. This thesis presents a grounded theory study into role modelling by nurse academics for undergraduate nursing students.

This chapter introduces the concept of role modelling by discussing how it relates to professional identity development, the importance of emotional intelligence as a fundamental professional characteristic, the role of the hidden curriculum to facilitate students' learning of professional behaviours, and what conditions must be present for role modelling to occur. The significance of the study is justified in the context of workforce concerns and registered nurse

preparation for practice, which includes recognition of the hidden curriculum and strategies to enhance the emotional intelligence and development of a professional identity for nursing students.

Context of the study

In Australia, nursing students are eligible for registration as a nurse on completion of a professionally accredited program of study in a tertiary institution. Critical thinking is a core nursing skill (Nursing and Midwifery Board of Australia, 2006). However, nurses need to able to do more than just critically think—they need to clinically reason in practice to function effectively, provide safe nursing care and navigate complex health services (Benner, Sutphen, Leonard & Day, 2009). Critical thinking is 'about taking a step back and thinking logically and carefully' (Aveyard, Sharp & Wooliams, 2011, p. 6) about what one is seeing, hearing or reading. Clinical reasoning includes critical thinking as part of multiple ways of thinking to 'reason as a clinical situation changes, taking into account the context and concerns of the patient and family' (Benner et al., 2009, p. 85). The professional characteristics of critical thinking and clinical reasoning are skills often learnt outside the formal curriculum of nursing education—in the hidden curriculum, where the content of the taught curriculum is actualised.

Research question

This research investigated the following question: how do nurse academics role model positive professional behaviours for undergraduate students?

Aims of this study

The aims of this study were to:

1. theorise a process of nurse academic role modelling for undergraduate students

2. describe the elements that support positive role modelling by nurse academics

3. explain the factors that influence the implementation of academic role modelling.

Significance

This study contributes to the body of knowledge on how nurse academics role model professional behaviours, the role of the hidden curriculum, and nursing students' development of professional identity and professional behaviours by building emotional intelligence. Ultimately, it contributes to strategies to address current and future nursing workforce concerns.

Role modelling

Experienced nurses role model for nursing students in both clinical and non-clinical settings (Robinson & Hill, 1995). However, nurse academics are those nurses with whom undergraduate students have the most consistent contact during their studies. The ways nurse academics role model professional behaviours will influence whether and how well students develop emotional intelligence and adopt professional behaviours. Unlike in many other disciplines, nurse academics have extensive clinical experience prior to entering academia, so they have experiential knowledge of the professional behavioural expectations of clinical practice. In academia, this clinical knowledge is

demonstrated for students in a context that meets the standards of the registering authority and education provider. Nurse academics' role modelling is not limited to the classroom—it is evident in any interaction they have with students, following an 'educational rather than a training ethos' (Robinson & Hill, 1995, p. 577). Therefore, it is important to understand how nurse academics demonstrate positive professional behaviours for students that fit within and alongside these frameworks.

The hidden curriculum

Contemporary curriculum development demands that consideration be given to all aspects of how students develop professional identity. Role modelling is one of the most effective ways that nursing students learn about professional behaviours that are outside the formal curriculum. Understanding the process of nurse academics' role modelling for undergraduate nursing students is fundamental to operationalising the hidden curriculum in nurse education.

The hidden curriculum in nurse education refers to the professional behaviours that nursing students learn, and thereby adopt, over the duration of their studies. There could be a number of reasons that the development of professional behaviours is part of the hidden curriculum—the main reason being that these characteristics, while desirable and possibly essential for nurses to remain in nursing, are not easily measurable or assessable.

The hidden curriculum includes those aspects of learning that are not explicit in the subject/course learning outcomes (Fassetta, 2011; Thiedke, Blue, Chessman, Keller & Mallin, 2004), where theory is demonstrated in practice

(Robinson & Hill, 1995). Critical thinking and analysis, and reflecting on practice form part of the Australian National Competency Standards for the Registered Nurse (Nursing and Midwifery Board of Australia, 2006), and are incorporated as part of the learning outcomes of nationally accredited programs leading to registration, as part of the taught curriculum. The competency standards are deliberately broad so that individual registered nurses can apply them in any practice setting to guide their scope of practice. As there is a limit to how much content can fit into a three-year undergraduate degree in Australia, the role of the hidden curriculum is meaningful to nursing students' development of professional behaviours.

The literature has acknowledged the content of the hidden curriculum— particularly the learning of professional behaviours within it. Robinson and Hill (1995) proposed that the formal or taught curriculum relies on the support of the hidden curriculum to prepare nursing students for practice. Professional behaviours are underpinned by emotional intelligence, and most curricula include recognised strategies to enhance emotional intelligence, such as activities related to reflective practice and role modelling (Beauvais, Brady, O'Shea & Quinn Griffin, 2011; Benson, Ploeg & Brown, 2010; Foster, McCloughen, Delgado, Kefalas & Harkness, 2015; Freshwater & Stickley, 2004). Therefore, the hidden curriculum is not really hidden; rather, it is apparent, although not formally recognised in the written curriculum document, and provides valuable learning for students. The content of the hidden curriculum needs to be capitalised on and brought to the forefront of nurse education, acknowledging and integrating the concepts and strategies that promote development of professional behaviours in the written curriculum.

Robinson and Hill's (1995, p. 570) model presented in Figure 1 indicates the relationship between the taught curriculum and hidden curriculum, and positions these in the social context of nursing practice.
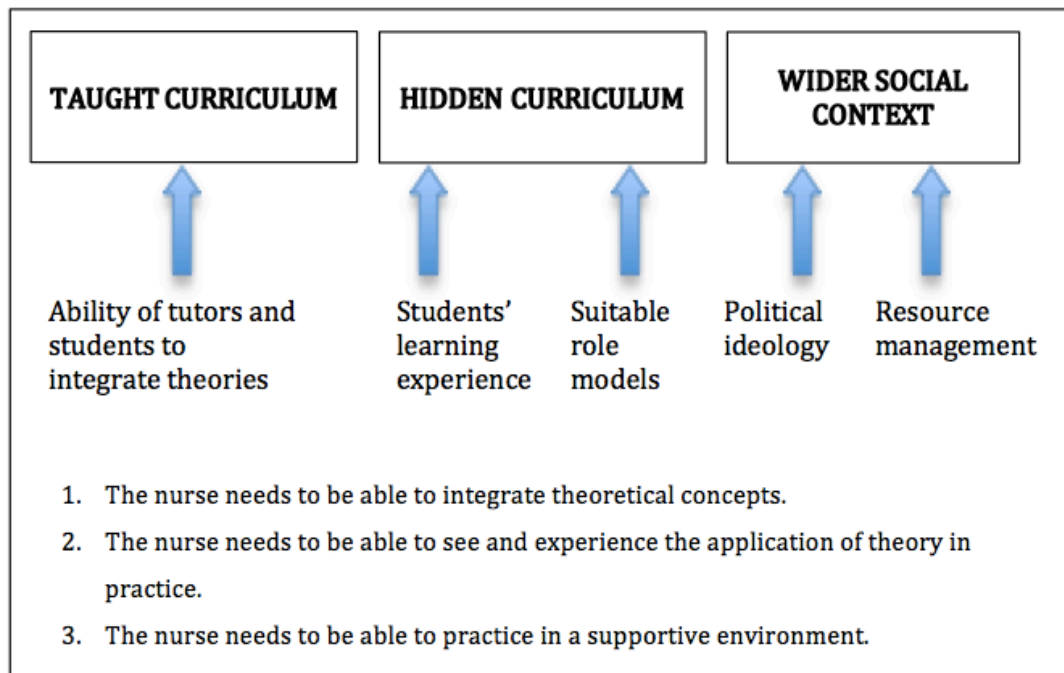
Figure 1: The relationship between the taught curriculum, hidden curriculum and wider social context (Robinson & Hill, 1995, p.570)

It is important to better understand all the ways that nursing students learn their profession, particularly through exposure to role models in the education setting (Robinson & Hill, 1995). Therefore, it is necessary to unveil the hidden curriculum with the aim of formalising the educational value of high-level academic role modelling across university settings (Fassetta, 2011).

To capitalise on the power of the hidden curriculum in nursing education, universities must provide support for nurse academics to role model effectively. The ways nurse academics communicate and build relationships with students involve high levels of emotional intelligence. Nurse academics role model ways

to act, think and behave in simulated complex clinical situations in order to facilitate nursing students' development of the emotional intelligence required to manage these situations in practice. The inclusion of emotional intelligence coaching into existing curricula is a process already underway, and a better understanding of role modelling by nurse academics will contribute to this.

Emotional intelligence

Nurses do not learn critical thinking and clinical reasoning only when they enter the clinical setting; these skills must also be developed over the course of their studies prior to registration. In addition to the minimum knowledge requirements, the professional characteristics of new graduates will determine how they practice nursing, their contribution to the profession, and whether they will stay in nursing for the duration of their working life. For example, these characteristics include the need to be highly resilient and able to manage and navigate health systems, in addition to the ability to critically think and clinically reason (Williams, Richard & Al Sayah, 2015). That is, they need to possess the skills to manage their working lives; thus, they need to have a high level of emotional intelligence.

The relationship between emotional intelligence and nursing practice has been discussed in the literature since the late 1990s, predominantly in the context of practising registered nurses and new graduate registered nurses (Shanta & Gargiulo, 2014). Previous authors have outlined how emotional intelligence is required for decision making and problem solving as part of the clinical reasoning process in clinical practice (Shanta & Gargiulo, 2014). These skills are assumed to be present in all registered nurses; however, it is less well

understood how emotional intelligence is nurtured during preparation for practice as a registered nurse (Benson et al., 2010). The study by Beauvais et al. (2011) examined the development of emotional intelligence in undergraduate nursing students, and found that there was sufficient evidence of a positive influence of emotional intelligence on students' professional identity. These findings supported the findings of earlier research by Landa, Lopez-Zafra, Aguilar-Luzon and de Ugarte (2009).

Emotional intelligence consists of four main capabilities: self-awareness, self-management, social awareness and social skills. These capabilities reflect the individual's emotional responses to stimuli, and can be applied to how nurses respond to clinical situations, and how they function within the organisational framework (Goleman, 2000). An integrative literature review into the inclusion of emotional intelligence in undergraduate nursing curriculum, conducted by Foster et al. (2015), found that emotional intelligence permeates nearly all areas of nursing practice, and showed that teaching emotional intelligence to nursing students was an essential part of their professional development. They found that emotional intelligence teaching was evident in nursing curricula in the form of self-assessment, reflection activities, modelling of emotionally intelligent behaviours and development of empathy (Foster et al., 2015, p. 514). Further, this review highlighted the link between emotional intelligence, the nursing workforce and nurse retention, thereby reinforcing the importance of role modelling by nurse academics to address current concerns about the future nursing workforce.

Emotional intelligence underpins how nurses practice, as well as how they manage their work life. Registered nurses—particularly new registered

nurses—require high levels of resilience in order to survive the demands of the complex work environment (Madsen, McAllister, Godden, Greenhill & Reed, 2009). For example, the current trend in healthcare to extend the continuum of care so that many patients are discharged earlier means that patients are generally sicker, and require more intense and complex nursing care than was previously the case. If new nurses do not have resilience and a strong sense of professional self, they are more likely to be stressed, thereby leading to burnout and job dissatisfaction, and potentially leading to them exiting the profession. Thus, learning positive professional behaviours in the undergraduate years is essential to future practice.

In some cases, adverse health outcomes—particularly those reflective of systemic failures in health systems—trigger investigation into current practice. For example, the Francis Report (Francis, 2013) was the outcome of a review in response to major failings in the health system in the United Kingdom (UK), and provided the platform for new nursing guidelines in that region. Francis (2013) defined the essential qualities required by nurses as care, compassion, competence, communication, courage and commitment (the 'six Cs'), with a resulting pledge from the National Health Service to embed these in all nursing education and training programs.

Nursing is a profession that involves considerable emotional labour (Beauvais et al., 2011; Foster et al., 2015) because nurses must be able to manage their physical and emotional safety, while providing safe nursing care in a fast-paced, complex healthcare environment. However, to meet the 'six Cs' of the Francis Report (2013), nurses must also be resilient and flexible—qualities that require a strong professional identity, which in turn requires nurses to

possess high levels of emotional intelligence. Providing the context for nursing students to develop high levels of emotional intelligence will better prepare them for future practice, and will produce registered nurses who are best placed to be part of the solution to current nursing workforce concerns.

Workforce

Globally, contemporary healthcare is straining under increasing demand for services, with costs of healthcare recognised as one of the leading expenditures for governments worldwide (Ono, Lafortune & Schoenstein, 2013). Nurses comprise the greatest number of health professionals in any health service (World Health Assembly, 2011). As such, the nursing workforce plays a pivotal role in healthcare provision. This workforce needs to be practically sustainable as part of a fiscally and socially responsible response to changing healthcare needs.

Nursing workload, patient outcomes and nurse wellbeing are inextricably linked. Reports from 2002 (Aiken, Clarke, Sloane, Sochalski & Silber, 2002) and 2014 (Aiken et al., 2014) showed that, for one patient to be added to a registered nurses' patient load, there were associated increased risks, as follows:

- 7% increase of a patient dying within 30 days of admission
- 23% increase of nurse burnout
- 15% increase of job dissatisfaction (Aiken et al., 2002).

This is obvious cause for concern, as evidence of direct correlation between the nursing work environment, conditions and patient mortality. Any intervention that has the potential to improve mortality and morbidity statistics for care recipients is worthy of due consideration. Further, the increases in the

rates of nurse burnout and job dissatisfaction are significant, and contribute to the difficulties associated with retention in the nursing workforce.

Healthcare is a major economic determinant for countries worldwide, and thus has become a national and international priority. In the past decade, several key projects across a number of countries have sought to address issues with recruitment and retention of quality health professionals, including nurses (Cleary, Horsfall, Jackson, Muthulakshmi & Hunt, 2013). The reports generated from these investigations included:

- a number of reports by Health Workforce Australia (HWA), whose final report was published in 2013 (HWA, 2012a, 2012b, 2012c, 2013a, 2013b)

- the 'Educating Nurses: A Call for Radical Transformation' report by Benner et al. (2009) from the United States (US)

- the Francis Report from the UK (Francis, 2013).

According to the data from the HWA reports, it is anticipated that there will be a nursing workforce shortfall of over 100,000 nurses in Australia by 2025 if changes are not made now. Similarly, the nursing workforce shortfall in the US is predicted to be around 340,000 by 2020 (MacIntyre, Murray, Teel & Karshmer, 2009), or around 193,000 as reported by the Organisation for Economic Co-operation and Development (Ono et al., 2013).

Table 1 presents a comparison of predicted shortfalls in the nursing workforce across countries with English as a first language, similar health services and similar nurse education.

Country	Shortfall (Source)	By Year
Australia	> 100,000 (HWA, 2013b)	2025
US	340,000 (MacIntyre et al., 2009)	2020
	193,000 (Ono et al., 2013)	2020
UK	Demand will increase proportionately with supply (Ono et al., 2013)	2020
	160,000 (Buchan & Seccombe, 2012)	2020
Canada	> 60 000 (Centre for Workforce Intelligence, 2013)	2020
New Zealand	Require an increase of 107 graduates per year between 2010 and 2035 to meet demand	2035
	Require an additional 493 registered nurses to enter the workforce each year between 2010 and 2035	
	(Nana, Stokes, Molano & Dixon, 2013)	

Table 1: A comparison of predicted nursing workforce shortfalls

The predicted shortfalls in the nursing workforce are linked to numerous issues, both internal and external to nursing. Some of the nursing-specific factors contributing to the nursing workforce shortfall include:

- an ageing workforce

- recruitment challenges

- difficulty retaining nurses

- poor staffing levels

- shortage of nursing faculty

- limited clinical capacity (Mason, 2011; Mason, Isaacs & Colby, 2011)

The call to action by the HWA (2013b) in the Health Workforce 2025 Report (Summary) included the recommendation to develop 'national training plans or strategies to improve alignment between changing health system workforce requirements, the higher education and training sectors activities, and broader workforce distribution programs' (p. 3) and to respond 'to the projected nursing crisis, specifically retention and productivity' (p. 3).

Mason (2011) highlighted that nursing workforce shortages have always followed a cyclical pattern. However, it is expected that variables—such as an ageing population with changing healthcare needs—will skew the cycles. The ageing population has placed strain on the workforce's ability to meet the long-term care needs of this demographic. For example, Mason reported that, in the US, registered nurses working in long-term care have an annual turnover that exceeds 100%. One of Mason's (2011) recommendations to address the nursing workforce issues was to 'build an educated workforce to meet contemporary and future needs' (p. 33).

The modelling presented by the HWA (2012a) in Australia included a scenario that accounted for the recruitment of internationally qualified registered nurses. While recruiting internationally qualified registered nurses may provide some redress to the imbalance in the supply to meet the system demands, it cannot be relied on as the solution, especially because there are similar workforce concerns globally (Centre for Workforce Intelligence, 2013; Nana et al., 2013). Therefore, it is imperative that all countries work on a 'grow your own' foundation. To achieve this, it is essential to follow the recommendations from documents such as the HWA reports from Australia. All graduate nurses possess the same qualifications for registration; however, their longevity in nursing is defined by something other than requisite knowledge. Other factors influence whether nurses stay in the profession, and some of these (such as family commitments and physical health) are beyond the scope of education providers. However, if nurses have a strong sense of self in their work life, they may be more likely to remain in nursing by finding a balance that suits their individual needs.

Current evidence supports the idea that nurses' emotional intelligence influences how well they cope with work life stressors in the healthcare setting. That is, if they do not have appropriate levels of emotional intelligence, they may be more likely to be stressed at work, and be at risk of burnout. Thus, acknowledging that emotional intelligence influences nursing practice, and understanding how nursing students gain emotional intelligence, gives new insight to strategies to address retention issues in the nursing workforce.

Nursing students' emotional intelligence development is dependent on the type and quality of their experiences and socialisation over the course of their studies (Beauvais et al., 2011; Cerit & Beser, 2014; Freshwater & Stickley, 2004). For students to develop emotional intelligence and thereby a positive professional identity, they need to be exposed to positive role models throughout their studies. Nurse academics have the most contact with nursing students; thus, how they role model these professional behaviours may provide the key.

Nurses no longer rely on anecdotal rationales for practice. Rather, they are required to support their practice with evidence, and contribute to building this evidence base through research. Basing practice on evidence applies to nurse education as well.

Impetus for the study

As a registered nurse since 1986 and registered midwife since 1990, I have worked clinically in both nursing and midwifery for many years. Over this time, I have witnessed significant changes in both the provision of care and the preparation of nurses and midwives for practice. My decision to contribute more effectively to the development of the future workforce for nursing and midwifery

led to me commencing a career as a nurse academic in 2006. Retrospectively, my own journey from experienced clinician to novice nurse academic is reflected in the findings of this study. My own experiences, while supporting what other academics have reported, were not considered as part of the findings; rather, they provided the insight with which I embarked on this study.

During my time as a nurse academic, I became aware of the challenges faced by new graduates as they prepared to embark on their new careers, and began to consider the challenges of transition to practice in relation to graduate outcomes. I also became familiar with the terms 'work ready' and 'graduate attributes', which are often discussed in this context. However, there is very little literature about what they actually mean, and, specifically, how nursing students acquire attributes in addition to psychomotor skills and theoretical knowledge. Tertiary institutions and registering bodies both provide the attributes that nursing students are required to possess on graduation. However, the question remains: what are these attributes in reality, and exactly how do nursing students learn these practical attributes?

This line of questioning led to the proposition posed in a short presentation at the Pan-Pacific Nursing Conference in Hong Kong in 2012, and a subsequent paper published in *Nurse Education Today* (Appendix A). The graduate attributes espoused by me and my co-authors in this paper—about what the inherent qualities of a new graduate should be—led to the current research for this PhD. Preparation for practice as a new graduate is more than a set of skills—it includes professionalism, presentation, understanding and the ability to implement nursing knowledge in practice. However, aside from the

formal curriculum, there is a gap in the current knowledge, based on evidence, about how and from whom nursing students learn this.

As is discussed in Chapter 2, the background of this thesis—the literature on role modelling in nursing—leans heavily towards nursing students' learning in the clinical environment, and the influence of clinicians on the development of nursing students' professional identity. The existing literature about professional identity in nursing appears to be divided into two distinct periods defined by chronology. The first body of literature is around the late 1980s and 1990s, when many countries transitioned the training of nurses from the hospital setting to tertiary setting. The second body of literature is more recent, in the late 2000s, which coincides with the final phase of the transition of nursing in the UK to a tertiary setting, and at a time of review for both the UK and other countries. There are correlations between both sets of literature that unsurprisingly reflect similar challenges and issues.

It appears that nursing as a profession struggles to adequately articulate how nursing students learn about the profession and practice of nursing in a more covert manner than that encountered during the formal learning they undertake as part of their pre-registration studies. Interestingly, the same questions and concerns in the original body of work from the 1980s are repeated in the body of work from the 2000s. Thus, it appears that questions about who is role modelling nursing for nursing students, and how nursing students learn about being a nurse have not been adequately addressed in the interim.

Selection of methodology

Grounded theory as a methodology has been used frequently in nursing research. This could be partly due to the lack of existing research in nursing-related areas, as grounded theory is particularly suited to investigating and developing theories where this is the case.

In qualitative research methodologies, from the outset, the researcher acknowledges his or her personal philosophies and values that will undoubtedly influence how the research is undertaken and findings are interpreted. It is also imperative that the research methods and methodology are congruent with the philosophy of the researcher (Mills & Birks, 2014). Thus, prior to embarking on the design of the research project and subsequent data collection and analysis, it is imperative to position oneself philosophically. At this stage, identifying the ontological and epistemological stance of the researcher is a complex, yet essential, task (Birks, 2015). After a sometimes-challenging self-analysis, symbolic interactionism with its foundations in pragmatism resonated with me (Blumer, 1969; Charon, 2010). Symbolic interactionism was consistent with my personal philosophy and worldview. Historically, symbolic interactionism has strong ties to grounded theory research—particularly early grounded theory, where Strauss's symbolic interactionist background was evident (Strauss & Corbin, 1990). Thus, symbolic interactionism was compatible with the researcher, research methodology and topic to be researched.

As outlined above, symbolic interactionism as a philosophy underpinning grounded theory is not a new approach, but was not taken for granted as the philosophy for this research. The decision to view this research through a symbolic interactionist lens was taken after considerable reading, reflecting and

research. Nursing is a profession that, at its core, is about people—people interacting to achieve a level of wellness and independence for the recipient of care. Learning about nursing requires interaction between teacher and student, student and student, and teacher and teacher. Symbolic interactionism is founded on the belief that people's understanding of the world is developed through interactions—that people are actors responding to their environment (Charon, 2010).

When grounded theory was selected as the methodology for this research, the decision was made to work within the well-established framework for grounded theory research, logically working through the essential grounded theory methods to ensure a credible, robust theory was generated on completion (Glaser & Strauss, 1967). There are different variants of grounded theory, which can both inspire and divide potential grounded theorists. At its inception, it was unclear which of the grounded theory approaches would be adopted—it was left to the research itself to foreground a particular approach, if any. Areas of this study could reasonably fit within a Glaserian or a Straussian approach to grounded theory; however, overall, it became apparent that this grounded theory aligns well on many levels with a Straussian approach. Interestingly, the early development of grounded theory as a research methodology had strong links to Strauss's symbolic interactionist background, and this similar worldview or mindset may have underpinned the appropriateness of adopting a Straussian grounded theory approach (Strauss & Corbin, 1990).

Initial ethics approval was gained for the regional Australian university (Appendix C). As is common in grounded theory research, concurrent data collection, data analysis and theoretical sampling resulted in a change in

direction as leads in the data were followed. Subsequent ethics amendments were submitted to include participants identified as potentially having answers to questions raised by the data, or to confirm or refute the current findings in other contexts. As a result, the participant sample was expanded to include nurse academics from other Australian universities and overseas universities to situate the study in national and global contexts.

This study sought to better understand the process of nurse academics' role modelling for undergraduate nursing students. Thus, the key participants in this study were both nurse academics and nursing students. The initial participant selection included nurse academics and second-year nursing students at a regional Australian university, who provided the initial dataset. Concurrent data analysis led to questions that could best be answered by a larger sample of nurse academics at other institutions. Hence, participants were then included from other Australian universities and from a UK university. Consistent with grounded theory research, the path that the research would take was not evident at the outset, and data were relied on to guide the researcher to the most appropriate sources for the next stage of data collection and analysis (Birks & Mills, 2015).

Outline of thesis

Chapter 1—Introduction

Chapter 1 has provided an introduction to the context of the study. It has discussed the professional expectations of registered nurses, and how nursing students develop the professional characteristics of critical thinking and clinical reasoning in their undergraduate education. It has introduced the importance of

the hidden curriculum to actualise the content of the taught curriculum as the area of interest to be investigated in this study. It has also identified role modelling as part of operationalising the hidden curriculum in nurse education.

Chapter 2—Background

Chapter 2 situates the concept of nurse academics' role modelling in undergraduate nurse education. A comparison of the current models of nurse education using a sample of countries highlights the similarities in learning outcomes and graduate expectations. It discusses these models in the context of professional accreditation standards and education authority standards, demonstrating the complexity of meeting the requirements of two regulatory bodies.

Chapter 3—Methodology

Chapter 3 presents the methodological design of the study, and provides the rationale for the selected methodology of grounded theory. It discusses the importance of the philosophical position of the researcher in the context of ensuring that the philosophy and chosen methodology are congruent. This chapter includes a reflective piece on how philosophy underpins research design, particularly for higher degree research projects, such as a PhD.

Chapter 4—Methods

Chapter 4 presents the methods used throughout this study. This study applied the essential grounded theory methods, which are discussed as they were applied. This chapter discusses the data collection methods of observation, focus groups and individual interviews, as well as the inclusion of field notes and memos, and justifies these methods as appropriate for this study to enable a rich dataset to ensure a robust final theory grounded in these data.

Chapter 5—Findings

Chapter 5 presents the four key findings identified through the initial, intermediate and advanced coding of the data in this study. The key findings of this study were as follows:

- nurse academics create a context for authentic rehearsal in the process of role modelling for nursing students

- nurse academics are considered clinically current when they have a moderate to high level of clinical presence and are clinically confident

- nurse academics shape nursing students' professional identity by role modelling behaviours that students mirror in their own lives

- nurse academics undergo a process of reconciling their clinical identity with their academic identity.

These four findings highlight the elements of role modelling by nurse academics. There is new knowledge gained from each of these elements. Further, the way they weave together adds value to the findings, illustrating the links between the nurse academics and nursing students who comprise role modelling in this context.

Chapter 6—Discussion

Chapter 6 discusses the theory of nurse academics' reconciling their professional identity. Nurse academics must reconcile their professional identity and find a balance between experienced clinician and educator to be able to role model professional behaviours for undergraduate nursing students. This chapter discusses the key findings of Chapter 5 as central aspects of reconciling professional identity and role modelling by nurse academics.

Chapter 7—Conclusion

The conclusion of this thesis brings together all the elements of this study. It provides a reflective view of the research design and process, the findings, the implications of the findings, and how the final theory answers the research question. Further, it identifies that the aims of the study, as outlined in Chapter 1, were achieved. This chapter also presents recommendations for further research, and applications for the study findings in nurse education.

Chapter summary

This chapter has presented a case for the contribution of nurse academics' role modelling to the actualisation of the hidden curriculum in nurse education. The hidden curriculum operationalises the content of the taught curriculum, where nursing students learn the professional behaviours required for practice. It provides the context for building emotional intelligence, which is central to critical thinking and clinical reasoning—skills that are pivotal to nursing.

The current nursing workforce shortfalls and future predictions of further shortfalls demand the development of competent, resilient nurses who have the professional characteristics to manage complex patient care, manage their work life and navigate the health system. It is incumbent on education providers to recognise and incorporate strategies to support the development of these characteristics.

Chapter 2: Background

Introduction

Using literature in a grounded theory study can be a contentious point of debate among scholars. This background chapter is introduced by discussing the different standpoints on the place of the literature in a grounded theory study. Following this, this chapter discusses the history of nursing and its development as a profession to provide a background of the current state of nurse education. It presents the Australian experience, showing the fractured state-centred approaches that—after following recommendations from high-level review—resolved in the development of national standards and a national registration scheme.

This chapter then discusses the governance and frameworks for undergraduate nursing education, in both the global and Australian contexts. New graduates' successful transition to practice affects workforce retention, and is a measure of success of the undergraduate program. This chapter discusses the importance of undergraduate education as preparation for practice in the context of the overarching frameworks.

The place of the literature review in a grounded theory study

A grounded theory research design does not require the researcher to conduct an extensive review of the existing literature because it is argued that reading too much of the work of others may unduly influence data analysis (Glaser & Strauss, 1967). However, another view on the role of literature reviews in grounded theory (Strauss & Corbin, 1990) supports conducting a broad literature review prior to commencing a study in the belief that it stimulates

questions and sensitivity to the substantive area of enquiry, can provide a possible secondary data source and supplementary validity, and is useful in directing theoretical sampling.

There are many differences or nuances that differentiate between traditional and evolved grounded theory, not the least of which is the timing of the literature review (Birks & Mills, 2015). Consistent with evolved grounded theory style, this study undertook an integrative review of the literature reporting role modelling in undergraduate nursing education, prior to data generation and analysis, in order to raise the researcher's level of theoretical sensitivity and meet the requirements of a higher degree research study.

The understanding gained by conducting a literature review in the early part of a study need not impose itself on data analysis or the developing theory. To identify an area of interest for research, researchers must have some experiential knowledge (Ramalho, Adams, Huggard & Hoare, 2015); therefore, they do not enter the field of enquiry with no background at all. Further, awareness of the current literature in the area of interest can increase researchers' capacity for theoretical sensitivity. The potential for having pre-existing knowledge that could influence the research process can be mitigated by researcher reflexivity, which includes efforts by researchers to acknowledge their existing knowledge of the area of interest throughout the research process. Reflexivity is promoted in grounded theory methodology by philosophically positioning oneself at the beginning of the study, using memos (Birks & Mills, 2015), and employing peer support and mentoring—particularly in the case of higher degree research (Ramalho et al., 2015).

History of nurse education

The Nightingale model

The nineteenth century saw great changes in nursing. It was the turning point at which nursing began moving away from being an ad hoc service provided by well-meaning women, some of dubious character, with little or no training (Mason, 2011). In 1840, Elizabeth Fry established the Institution of Nursing Sisters in Britain, which provided nurses with three months of training. Despite Fry's achievements, Florence Nightingale is considered responsible for causing the necessary changes to build modern nursing. Nightingale's vision for safe nursing practice to improve health outcomes has shaped the nursing profession since the mid-1800s. On her return from nursing soldiers in the Crimean War (1853 to 1856), Nightingale became a political lobbyer and advocate for improving health outcomes, based on the statistical evidence she had gathered in her nursing experiences to this time (Egenes, 2009; Mason, 2011). In this manner, she also became the first to apply an evidence-based approach to nursing practice.

Nightingale's approach to building a better health system was twofold. First, she believed that mortality rates for the population would improve if the physical conditions were improved. In *Notes on Nursing: What is it, and What it is Not*, she outlines for both nurses and laypeople the importance of fresh air, clean environment, good nutrition, rest, comfort and support (Nightingale, 1992). Second, she proposed that nurses receive education in a structured manner to enable them to provide the consistent quality of care necessary to improve mortality rates.

As a result, the Nightingale School of Nursing in London was opened in 1860. The Nightingale model for nurse education was based on teaching a set curriculum, remunerating educators to teach the set curriculum, providing equipment for students to practice skills in the non-clinical setting, providing opportunities for students to gain clinical experience in clinical areas, and establishing a nurses' library (Egenes, 2009). The nurse training in the Nightingale model was one year of classroom and clinical instruction, followed by two years on staff at a hospital. Despite the close links with hospitals in this model, Nightingale prioritised the education of nurses, rather than the needs of the hospital (Egenes, 2009). The subsequent deviation from this focus has been blamed for the challenges faced by nurse education from the early 1900s to present times.

Nightingale's model of nurse education was recognised as the gold standard for nurse education in the early twentieth century beyond Britain and the colonies. The Goldmark Report (1923) into nurse education in the US advised that the US model for nurse education should follow the Nightingale model. This report recommended educational standards with a primary focus on educating nurses be developed for nurse education, consistent with Nightingale's focus of nurses' needs over hospital needs. Further, in this 1923 report, Goldmark recommended that nurse education be moved to universities, and that nurse educators receive advanced education (Egenes, 2009).

Nursing in Australia

In the early days of colonisation, untrained convicts provided nursing care in Australia. In 1868, Lucy Osburn and four Nightingale-trained nurses arrived in Sydney from Britain and established the first nursing school in

Australia (NSW Government, 2015), which signalled the beginning of a structured system for educating nurses in Australia. The Nightingale system of nursing began in Sydney in 1884, followed by the other states. For example, in Queensland, the Nightingale model of nurse education began in Brisbane in 1886 (Cook, 2013).

All Australian states established schools of nursing in the Nightingale model at similar times; however, each state had separate registration governed by different legislative acts. For example, the Queensland Nurses Registration Board was established in 1912, under the *Health Act 1911* (Cook, 2013). From this time, registered nurses were required to complete three years of hospital training. Similarly, the *Nurses Registration Act* led to the establishment of the Nurses Registration Board in New South Wales (NSW) with three-year hospital training a requirement for registration implemented in 1903 (NSW Government, 2015). Despite individual state registering boards having responsibility for nurse education in their jurisdiction, the federal government introduced statutory regulation for registration throughout Australia by 1930 (Grehan, 2014). This ensured that, although nurses were required to register in each state in which they worked, their level of education was equitable.

Despite the vision and leadership throughout the late 1800s and early 1900s, nurse education was subsumed into hospitals' needs, and hospital-based training met two criteria. It provided both the training for nurses and the workforce to provide patient care. Even the terminology surrounding the two models of nurse education is significant—hospital-based learning for nurses was referred to as 'training', indicating that nurses were being trained to complete tasks and follow instructions. This was not the intent of people such as

Nightingale, who, even at the turn of the twentieth century, envisioned nurses as educated, informed health professionals.

The transition of nurse education to the tertiary sector

Lobbying for consistency across nurse education began in 1900, with a more concerted push for tertiary nurse education in Australia in the 1920s. In the 1930s, Stella Pines actively campaigned for the establishment of university pathways for nursing (Grehan, 2014). Following World War II, nurse leaders in Australia formed the National Florence Nightingale Committee to further the movement for tertiary nurse education. Although this movement was not successful at that time in achieving tertiary nurse education, it did result in the establishment of two colleges—the NSW College of Nursing and the Victorian College of Nursing Australia—reflective of the ongoing divide between states (Grehan, 2014).

The 1960s saw planning begin for nurse education to move to tertiary education via the colleges of advanced education at diploma level. At the same time, the states continued to develop their own pathways for nurse education. For example, during this period, the Western Australian government undertook a review of nurse training in 1960, and the first hospital-based diploma in Western Australia was introduced in 1966. In 1974, the first undergraduate college-based nursing course was offered in Australia in Sydney. Queensland offered its first undergraduate nursing course in 1982 (Cook, 2013).

The evolution of nursing from an occupation to a career occurred with the transfer of nurse education from the hospital to university sector (Finkelman & Kenner, 2012). The transition from hospital-based training to university education happened over a period of years, until all nurse education was at the

tertiary level by the mid-1990s. Queensland was the last state to change to tertiary education for nurses, with the first undergraduate course offered in 1982. By 1993, all nurses commencing nursing programs in Queensland did so at universities (Cook, 2013).

Nurse education under review

The transition to tertiary nurse education required an integrated, consultative approach from both the nursing profession and tertiary education sector, coming under review in relation to both healthcare and higher education. In Australia, the *National Review of Nursing Education 2002: Our Duty of Care Report* (Heath, 2002) resulted in 36 major recommendations for building a sustainable nursing workforce, in which nurse education was highlighted. One of the major outcomes from the *Duty of Care Report* was national registration for nurses in Australia (Heath, 2002)—a recommendation that was not supported by the country's health ministers of the time. National registration for nurses in Australia was finally implemented in 2010. Ensuring minimum qualifications for registered nurses was another recommendation from the *Duty of Care Report* (Heath, 2002). However, as nurse education transitioned to the tertiary sector over the 1980s, and the profession moved towards national registration, the minimum requirement for registration as a nurse eventually became a bachelor degree.

From Florence Nightingale to the present, the ultimate goal of nurse education has been to positively contribute to improving health outcomes and life expectancy in communities through providing a well-educated professional nursing workforce. The transition to tertiary education was a significant step to providing the nursing workforce necessary for modern healthcare provision.

Regulation of nurse education

Higher education reform

The most significant higher education reform to affect the regulation of nurse education is the Bologna Process (Davies, 2008). Originating from the European Union, the Bologna Process aimed to establish equivalent higher education degrees through applying consistent guidelines and processes (Collins & Hewer, 2014). Equivalence of graduate outcomes increases the transferability of qualifications and promotes a more mobile workforce. This 'level playing field' allows the market forces of supply and demand to be applied to the nursing workforce in the northern hemisphere and beyond (Palese et al., 2014). Since its inception, the Bologna Process has extended beyond European borders and subsequently provided the underpinning principles for a standard global higher education. Australia is now a signatory to the Bologna Process and an active participant in the associated decision-making and implementation processes (Zmas, 2015).

Recent higher education reviews in Australia (Barrie, Hughes & Smith, 2009; Bradley, Noonan, Nugent & Scales, 2008) have affected nurse education. Recommendations from the Bradley Review included promotion of interprofessional education opportunities for students, and graduate programs to enhance new graduates' fit into their professional role. The National Graduate Attributes Project was an Australian Learning and Teaching Council initiative to investigate universities' claims of graduate attributes, and evaluate the level of achievement in producing graduates with those qualities (Barrie et al., 2009). For example, one of many recommendations from this project was to promote the establishment of alumni networks and mentoring programs to enhance

students' professional development. The aims of the recommendations included promoting professional role modelling, facilitating professional network building, valuing the knowledge and experience of past graduates who are current practitioners, and enhancing student understanding and confidence. These reviews of the Australian higher education sector followed the instigation of the Bologna Process for higher education in Europe (Davies, 2008; Zmas, 2015).

Subsequent reform of the Australian higher education sector was based on the recommendations from these reviews, particularly the Bradley Review, which made many recommendations to improve consistency across the higher education sector in Australia (Bradley et al., 2008). Following the release of the Bradley Review, the Australian government established the Tertiary Education Quality Standards Agency (TEQSA). The programs offered by higher education providers must meet the education standards set by TEQSA, including aligning with the Australian Qualifications Framework (AQF), which describes the skills and attributes of a graduate who has completed study at a defined level. The AQF (2013) states that the skills that can be expected of a graduate from a Level 7 (bachelor) degree include the 'cognitive skills to review critically, analyse, consolidate and synthesise knowledge' and 'cognitive and creative skills to exercise critical thinking and judgement in identifying and solving problems with intellectual independence'.

Regulation of nurse education

Similar to other tertiary programs that lead to professional qualifications, nursing education is governed by two authorities. Schools of nursing offering undergraduate nursing programs are accountable to the professional accrediting

body and the higher education regulatory body. Nursing programs that lead to registration are accredited courses of study that meet the requirements of two regulatory authorities. The program must be accredited by the professional nursing body, and meet the requirements of the relevant level of the qualifications framework in place in that country, as shown in a sample of countries in Table 2.

Country	Professional Accrediting Body	Qualifications Framework	Qualification Achieved on Completion	Program Duration Full-time Equivalent (Years)
Australia	Australian Nursing and Midwifery Accreditation Council	AQF Level 7	Bachelor degree	3
Canada	Provincial legislation in line with the *Health Professions Act*	Provincial legislation in line with the *Health Professions Act*	Bachelor degree	4
US	State Board of Nursing (member of the National Council of State Boards of Nursing)	Accredited agency (usually state based) approved by the Council for Higher Education Accreditation	Bachelor degree	4
UK *excluding Scotland	Nursing and Midwifery Council for the United Kingdom	Qualification and Credit Framework Level 5 Level 6 Level 6	England: diploma Bachelor degree Wales and Northern Ireland: bachelor degree	3 3 or 4 3 or 4
New Zealand	Nursing Council of New Zealand	New Zealand Qualifications Framework, Level 7	Bachelor degree	3

Table 2: Regulatory authorities for nurse education - comparison by country

Many countries have multiple levels of nursing qualifications that are reflective of the tiered nursing workforces in those countries. The data in Table 2

relate to the minimum qualifications for registration as a nurse. The education

qualifications for the qualifications not at the minimum level of a bachelor

degree are considered outside the remit of this chapter, and have not been

included in this comparison. For example, in Australia, the health workforce

includes enrolled nurses whose diploma qualification was gained in the

vocational sector. However, in the UK, registered nurses may have either a

diploma or bachelor degree, although the UK is also moving towards the

bachelor degree as the minimum requirement for registration (Collins & Hewer,

2014).

Diplomas and degrees fulfil the criteria of different levels on the

qualifications framework, and graduate expectations differ for each. Further, the

UK frameworks presented in this table do not include Scotland, as there are

slight differences between the Scottish Credit and Qualifications Framework and

the Qualification and Credit Framework used in England, Wales and Northern

Ireland. In addition, individual national frameworks for higher education

developed by European countries must align with the overarching framework of

the European Higher Education Area (Collins & Hewer, 2014).

Some of the information included in Table 2 was gathered from the report

by the UK National Nursing Research Unit (Robinson & Griffiths, 2007).

However, the Australian information contained in that report was erroneous.

Robinson and Griffiths (2007) stated that Australian nurses are required to sit a

national examination to be eligible for registration, in addition to completing the

required years of an accredited program of study. This is not the case, as

Australian nurses are eligible for registration with the Australian Health

Practitioner Regulation Agency (AHPRA) on completion of an accredited program of study.

Standards for nurse education in Australia

The education component of undergraduate nursing programs must meet the higher education standards of TEQSA and AQF, and the education requirements of the Australian Nursing and Midwifery Accreditation Council (ANMAC). The professional component is governed by ANMAC, which—as part of its delegated authority from the Nursing and Midwifery Board of Australia—accredits programs to meet the minimum requirements for registration. The relationships between the TEQSA, AQF and ANMAC are explicitly outlined in Standard 1 of the Accreditation Standards. An undergraduate nursing program will not be considered for accreditation by ANMAC unless there is evidence of it having met TEQSA and AQF requirements. The primary focus for ensuring the robustness of the accreditation process for ANMAC is to ensure public safety, which contrasts with the responsibilities of TEQSA, whose primary responsibility is quality assurance and risk management (ANMAC, 2012).

The ANMAC (2012) Accreditation Standards require that providers of nursing education programs ensure that graduates meet the National Competency Standards for the Registered Nurse. The Australian competencies are consistent with the nursing competencies from consultation as part of the Bologna Process, which encompass professional values and the nursing role; nursing practice and clinical decision making; nursing skills, interventions and activities; knowledge and cognitive competencies; communication and interpersonal relationships; and leadership, management and team abilities (Collins & Hewer, 2014).

There are nine standards in the ANMAC Accreditation Standards, two of which are particularly relevant to this study, as presented in Table 3:

- Standard 2—Conceptual Curriculum Framework, Element 2.4

- Standard 4—Program Content, Element 4.4a.

Standard	Descriptor
Standard 2 The program provider makes explicit and uses a contemporary conceptual framework for the nursing program of study that encompasses the educational philosophy underpinning design and delivery, and the philosophical approach to professional nursing practice	2.4 Teaching and learning approaches that: • enable achievement of stated learning outcomes • facilitate the integration of theory and practice • scaffold learning appropriately throughout the program • encourage the application of critical thinking frameworks and problem-solving skills • engender deep, rather than surface, learning • encourage students to become self-directed learners • embed recognition that graduates take professional responsibility for continuing competence and lifelong learning • instil students with the desire and capacity to continue to use and learn from emerging research throughout their careers • promote the emotional intelligence, communication, collaboration, cultural safety, ethical practice and leadership skills expected of registered nurses • incorporate an understanding of and engagement with intraprofessional and interprofessional learning for collaborative practice
Standard 4 The program content delivered by the program provider comprehensively addresses the National Competency Standards for the registered nurse, and incorporates Australian and international best-practice perspectives on nursing, as well as existing and emerging national and regional health priorities	4.4 Program content supports the development and application of knowledge and skills in: • critical thinking, analysis and problem solving

Table 3: ANMAC Accreditation Standards 2.4 and 4.4

ANMAC states that, if a student successfully completes an accredited program of study, they are considered to have met the competency standards for a registered nurse, as if the accrediting body has individually assessed them (ANMAC, 2012). Completion of an accredited program of study leads to the ability to practice as a registered nurse in Australia.

Nurse registration in Australia has itself undergone significant changes over the past decade. At the same time that the higher education sector was undergoing major review, registration for nurses in Australia moved from a state-based system to national registration, which came into effect in 2010 with the establishment of the Australian Health Practitioner Regulation Authority. While the Nursing and Midwifery Board of Australia is specifically responsible for the nursing and midwifery workforce, and ANMAC is responsible for the quality of the education of this workforce, nurses are registered with AHPRA, as part of the mandate for one regulatory body for registration of all health workers. Thus, the regulatory bodies work within specific terms of reference to comprise the framework for nurse education in Australia.

Modernising nurse education

MacIntyre et al. (2009) presented five recommendations to guide the modernisation of undergraduate nursing curricula. Although there is a strong clinical experience slant to these recommendations, the theme remains consistent with recommendations from other sources (Benner et al., 2009). One of the recommendations from MacIntyre et al. (2009) was to 'strengthen the evidence for best practices in clinical nursing education' (p. 448). Underpinning all recommendations from all reports is a concept of being creative and

innovative with nursing curriculum development, and being unafraid to implement change. That is not to say that, while seeking to be imaginative in ways to teach nursing, pedagogy and structure should be disregarded. Rather, it challenges decision makers and academics developing programs to use their clinical expertise and nursing knowledge in combination with contemporary learning and teaching principles to ensure a quality, authentic learning experience for undergraduate students.

Following the recommendations of authors such as Benner et al. (2009) and Francis (2013), which encourage creativity and innovation in undergraduate nursing programs, the regulatory bodies in many countries have expressed support for well-planned and -structured degree programs. Therein lies another potential challenge. One of the many barriers identified by Benner et al. (2009) was that tertiary institutions are also responsible for ensuring that curriculum development aligns with the education standards. Recommendations from research by Ralph, Birks, Chapman and Francis (2015) included a call for greater consistency in nurse education to ensure that curriculum content is forward thinking and responsive to change, providing more than rhetoric in the written curriculum document. To achieve the outcomes that all report authors seek, nurse education must remain a priority on the research agenda to provide the evidence on which to build new and innovative curricula to develop the future nursing workforce.

Role modelling in undergraduate nursing education

In line with Strauss and Corbin's (1990) position that the literature can be used to increase the researcher's theoretical sensitivity to the broad area of

enquiry, this study undertook an integrative review of the literature reporting

role modelling in undergraduate nursing education. This literature review was

published in *Nurse Education Today*.

All authors agreed to be accountable for all aspects of the published work.

The authors agreed that they contributed as in Table 4.

Chapter	Publication	Author Contribution	Signature
2	Baldwin, A., Mills, J., Birks, M. & Budden, L. (2014). Role modelling in undergraduate nursing education: An integrative literature review. *Nurse Education Today, 34*(6), e18–26. doi:10.1016.j.nedt.2013.12.007	- conception and design of the paper; - acquisition, analysis and interpretation of the data; - primary responsibility for writing the paper from the draft to the final version; - corresponding author responsible for preparing the final paper for submission.	Baldwin, A.
		- supervision of and contribution to the conception and design of the paper; - supervision of acquisition, analysis and interpretation of the data; - critical review and revision of the paper; - approval of the final version.	Mills, J.
		- contribution to the conception and design of the paper; - critical review and revision of the paper; - approval of the final version.	Birks, M.
		- contribution to the conception and design of the paper; - critical review and revision of the paper; - approval of the final version.	Budden, L.

Table 4: Contributor table - Integrated literature review
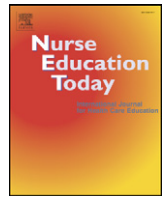
Review

Role modeling in undergraduate nursing education: An integrative literature review

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Since publication in late 2013, the article has attracted two citations and been the subject of an active discussion on the LinkedIn nurse education group. This paper identified a gap in the evidence base with regard to nurse academics as role models, which justified the need for the current study undertaken.

New graduates' transition to practice

The challenges faced by new graduate registered nurses on entering the workforce have been well represented in the literature. Kramer (1974) used the term 'reality shock', while Duchscher (2008) used the term 'transition shock' to describe this process. The literature surrounding transition to practice for new graduate registered nurses discusses the effect of the differences between the ideal (the image that the student develops about nursing during the undergraduate program) and the reality (nursing practice in the clinical setting) (Cleary, Horsfall, Muthulakshmi & Jackson, 2013; Duchscher, 2008; Hinton & Chirgwin, 2010; Kramer, Brewer & Maguire, 2011; Mellor & Greenhill, 2014). Moreover, the transition experiences of new graduates are discussed in the context of retention and the effects on the nursing workforce (Cleary et al., 2013; Cubit & Ryan, 2011; Hillman & Foster, 2011; Hinton & Chirgwin, 2010; Lee, Hsu, Li & Sloan, 2012; Parker, Giles, Lantry & McMillan, 2014; Phillips, Esterman & Kenny, 2015; Phillips, Kenny, Esterman & Smith, 2014; Romyn et al., 2009; Rush, Adamack, Gordon, Lilly & Janke, 2013; Spiva et al., 2013; Wolff, Pesut & Regan, 2010).

There appear to be contradictions in the existing data about new graduates in the nursing workforce, and whether they stay in the profession or not. Despite a general assumption that a large number of new registered nurses

leave the profession within the first five years (Dotson, Dave, Cazier & Spaulding, 2014; Gambino, 2010; Halfer, 2011), the 2012 report by HWA does not provide definitive evidence that the numbers of new registered nurses that leave nursing permanently are of concern. HWA's (2012c) Final Report stated:

> There is no evidence in these data of increased permanent exits for nurses in the years following graduation, or for younger ages. Permanent exit rates are fairly constant from 4% to 6% for nurses under 60 years of age and are significantly higher for nurses 60 years and over. (p. 5)

However, some authors have reported that the lowest retention rates for nurses are seen in junior nursing staff (Gaynor et al., 2008; Healy & Howe, 2012)—particularly young adult new graduates (Drury, Francis & Chapman, 2008). This may be partly due to job satisfaction and a sense of autonomy affecting decisions of whether to stay in nursing—factors that may be lacking, or perceived to be lacking, in early career years. Further, data from the early 2000s indicate that one of the factors that student nurses report as generating an intention to leave nursing is a difficult transition from student to registered nurse. Overall, in Australia, the attrition rate for nursing remains constant, at around 12% (HWA, 2012c). Although it appears that the data do not reflect the general assumption about new nurses leaving nursing, there is sufficient anecdotal support that this requires consideration as part of the bigger picture to train and retain nurses to keep up with consumer demand for health services.

It has been reported that only 35% of new registered nurses meet entry expectations for clinical judgement, despite meeting the requirements for registration (Del Bueno, 2005). This is somewhat concerning because the mandatory requirements for registration are developed by a number of experts

in the profession, and subjected to intense scrutiny at a range of levels. It could be postulated that those colleagues raising concerns about new graduates' preparedness to make clinical judgements do not have realistic expectations of the scope of practice for a new graduate registered nurse. That is, the clinicians' expectations may be more reflective of what they think needs to be done to meet the workload expectations of the clinical area, rather than what a new graduate can reasonably contribute to the healthcare team. Further, it could be argued that the case presented by Del Bueno (2005) for engaging students in learning activities to promote critical thinking, and thereby enhancing clinical judgement, was published in the years just prior to a number of reviews of the nursing workforce crisis, thereby preceding the current approaches to preparing students for registration.

New graduates' transitions and workforce implications

The status of the nursing workforce is commensurate with global economic conditions. In times of recession, such as the recent Global Financial Crisis, older nurses who may have been preparing for impending retirement remained in the workforce due to the financial pressures of the global economy. During these periods, the demographics of the nursing workforce tended to skew towards older nurses, whereas, during periods of economic strength, younger nurses represented the greater numbers. Dire shortages have been predicted for 2025 based on the economic situation at the time of the predictions. However, consideration must be given to the limits of modelling future workforce projections, such as not having the capacity to consider all the potential variables; thus, these projections are an estimate at best (Buerhaus, Auerbach & Staiger, 2009).

Changes in the demographics of the nursing workforce are linked to the global economic situation, and, although there have been surges in numbers entering nursing, it is unclear whether these students will remain in the workforce in the long term. Despite Buerhaus et al.'s (2009) prediction of a shortfall in the US nursing numbers to begin around 2018, peaking to a shortfall of around 260,000 by 2025, subsequent modelling by these same authors presented in 2011 showed that, by 2030, nursing numbers will increase at the same rate as population growth, and, although there will probably still be a shortfall, it may not be as bad as first thought. The US projections relate to the country's economic and social influences, but can be transferrable and used to illustrate the complexities of nursing workforce predictions.

Considering current and future nursing workforce concerns, reducing the attrition rate at any stage of the nursing career requires attention. Further, if establishing a strong foundation for professional practice in the early years after graduation is achieved, the potential for nurses to leave nursing in subsequent years may well be addressed, thereby reducing the attrition rate across the lifespan. The transition process for new graduates has been covered extensively in the literature, from both the perspective of pre-exit from undergraduate studies, and entry to employment as a registered nurse (El Haddad, Moxham & Broadbent, 2013; Kelly & Ahern, 2009; Kelly & McAllister, 2013; Lee et al., 2012; Malouf & West, 2011; Rush et al., 2013). Graduate programs that seek to ease the transition phase and nurture new nurses are commonplace in most health services (Mellor & Greenhill, 2014). However, the foundation for new graduate nursing practice begins in the tertiary setting. That is, preparation of graduate nurses for long-term nursing careers is the primary responsibility of the

education providers. To more adequately prepare graduates for practice, it is essential to more fully understand the processes by which nursing students develop professional behaviours, and the elements that must exist for this to occur.

Chapter summary

The professionalisation of nursing has been an ongoing process since the mid-1800s. The transition of nurse education to the tertiary sector was the final step in situating nursing as a professional healthcare discipline. To meet the established professional and education standards, undergraduate programs are required to embed learning and teaching principles to ensure that graduates meet the minimum requirements for registration as a nurse.

This study into role modelling by nurse academics uses grounded theory methodology. Understanding the context of nurse education is essential to the background of this study, although the place of literature in a grounded theory study is a contentious point. This chapter has discussed and justified the use of existing literature to provide a foundation for this study, with reference to grounded theory methodological frameworks. This chapter also undertook an integrative literature review into role modelling for undergraduate nursing students.

The literature review showed that undergraduate students learn from role modelling by experienced clinicians. The current literature is divided into two distinct themes in relation to role modelling for nursing students:

1. nurse clinicians as role models in the professional development of nursing students during clinical placement

2. nurse academics as role models in the professional development of nursing students.

The integrative literature review into role modelling for undergraduate students indicated that the main focus of current evidence is the domain of clinicians in the clinical setting. There is a comparative lack of evidence about nurse academics' role modelling for nursing students.

The global trend to employ bachelor degrees as the minimum standard for registration as a nurse, combined with higher education reforms and development of professional standards for registered nurses, requires that the way nursing curricula are structured and taught is constantly reviewed. It is imperative that nurse academics facilitate students' actualisation of the curriculum content, rather than adding more content to the existing curricula. New registered nurses' transition to practice and retention in the nursing workforce relies on solid foundations built during undergraduate nursing programs.

Chapter 3: Methodology

Introduction

Study design centres on the researcher's research question and choice of methodology. Methodological selection must be congruent with the philosophical stance of the researcher. This chapter discusses the methodology in the broader context, and then specifically in the context of methodological selection for this study into role modelling by nurse academics for nursing students. This discussion provides the background and justification for using grounded theory to gain further understanding of this phenomenon. This chapter explains philosophy, epistemology, ontology and axiology, and the importance of self-assessment and self-awareness at this point in designing the study.

Qualitative research requires researchers to declare their underlying assumptions and potential biases. Thus, the philosophical journey of the current researcher is presented in the published paper, 'Putting the Philosophy into PhD'. Symbolic interactionism is the lens through which this study is viewed. Therefore, this chapter also defines and discusses symbolic interactionism and how it fits with grounded theory as methodology.

Research methodology—a definition

Research methodology is the framework within which a study is conducted. The choice of methodology is the responsibility of the researcher; however, this will be directed by the researcher's skills and expertise, the phenomenon under investigation, and the research question the study is seeking to answer. The methodology, as a formalised framework within which

researchers position themselves, is itself based on assumptions and beliefs

(Birks & Mills, 2015; Cutcliffe & Harder, 2012). However, it is important to

consider research methodology in context, rather than in isolation. Any

discussion about methodology is incomplete without first discussing the broader

research traditions (qualitative, quantitative or mixed methods); the

researcher's position in relation to epistemology, ontology, axiology and

philosophy; and how the methodology dictates the methods (Jeon, 2004).

Philosophy + methodology + method = study design

In very simple terms, when designing a research project, the researcher

must first identify within which of the major paradigms they intend to conduct

the study to most efficiently and accurately answer the research question

(Denzin & Lincoln, 2011a; Silverman, 2011a). Studies seeking to understand

phenomena that manifest in numerical or statistical ways are considered to be

within the positivist paradigm, while studies seeking to understand human or

social phenomena are in the interpretive paradigm. Within these paradigms,

research methodologies are generally considered to fall under the realms of

quantitative, qualitative and (more recently) mixed-methods approaches.

Quantitative research is commonly related to scientific enquiry that seeks

to explain phenomena through numerical data, while qualitative methodologies

seek to explain issues related to social enquiry through narrative data, and

mixed-methods research (as the name implies) is a combination of both (Yilmaz,

2013). As Scotland (2012) stated, 'the scientific paradigm seeks to generalise, the

interpretive paradigm seeks to understand, the critical paradigm seeks to

emancipate' (p. 14), which highlights the importance of underlying

epistemological and philosophical assumptions to the study design, findings and new knowledge generated. Limiting the description of methodology to any one of these three approaches does not take into consideration the complexities of methodological selection and the essential underpinning elements.

Research terminology can be complex at times, sometimes verging on contradictory, and a veritable minefield for the uninitiated. Even the wording of the definitions that the researcher uses throughout the study reflects the individual stance and worldview of the researcher. Terms associated with the underpinnings of research—paradigm, epistemology and ontology—are clear examples of the variances of definition and how individual researchers adopt a definition that they themselves find appropriate. For example, Scotland (2012) and Houghton, Hunter and Meskell (2012) defined a 'paradigm' as that which consists of ontology, epistemology, methodology and methods, and Norton (1999) agreed with this. Wahyuni's (2012) definition of a 'research paradigm' was 'a set of fundamental assumptions and beliefs as to how the world is perceived which then serves as a thinking framework that guides the behaviour of the researcher' (p. 69), while Houghton et al. (2012) referred to a paradigm as a 'set of basic beliefs or a frame of reference' (p. 34). To summarise the diverse opinions about research methodologies and their underlying assumptions, it can be assumed that to refer to a research paradigm is to refer to the parameters or framework within which the research is to be conducted.

Undertaking a significant piece of individual research that is a doctoral study requires researchers to write comprehensively and meaningfully about their underlying assumptions about the world in general, and their study in particular. The necessary inclusion of discussion about underlying assumptions

in doctoral studies, and the increasing number of previously published, completed and in-progress doctoral works, has resulted in a multitude of descriptions and variations on themes that, despite the different perspectives of interpretation, are essentially the same at their core. To begin with, researchers must be specific about the phenomenon they want to investigate and what new knowledge they intend to generate. Being clear about these elements of a study results in the researcher then asking: Can the research topic be best covered using statistical analysis? Is the topic better covered by using qualitative methods? Or is it best covered by a combination of both? Through a process of self-reflection and awareness, researchers decide on a methodology within the chosen research approach that best aligns with their worldview and will achieve the desired research outcomes. Finally, researchers select research methods that will provide the necessary data to answer the research question (Cutcliffe & Harder, 2012), completing a process of gradually narrowing down concepts and frameworks to a level that is the 'doing' part of the study (methods), ensuring that all the individual pieces fit together throughout.

Qualitative research, which is the overall framework of this study, refers to a diverse range of research approaches (Silverman, 2011a), although seeking a firm and clear definition of qualitative research is a challenge (Cheu-jey, 2012; Rolfe, 2006). Definitions of qualitative research vary across disciplines, and all have been critiqued in the literature—particularly in relation to limitations and applications. Put simply, qualitative methodologies enable a researcher to study social events and human interactions in order to make sense of a social world (Denzin & Lincoln, 2011a). The evolution of qualitative research is linked to eight historical moments, which reflect a focus on an increasing understanding of

human behaviours and social issues. These moments, as defined by Denzin and

Lincoln (2011a, p. 3), are the traditional, modernist, blurred genres, crisis of

representation, postmodern, post-experimental enquiry, methodologically

contested present and the future. Further, it is proposed that, because it is now

generally accepted that there is no 'single conventional paradigm', researchers

may well be embarking on the next moment—the era of emancipation (Lincoln,

Lynham & Guba, 2011).

   According to Denzin and Lincoln (2011a, p. 13), a paradigm is the

interpretive framework surrounding the researcher's epistemological,

ontological and methodological position—a set of inherent beliefs that guide the

researcher's practice and interpretation of the world. Although there are

numerous research paradigms, in qualitative research, there are generally

considered to be four major interpretive paradigms: positivist and post-

positivist, constructivist/interpretive, critical and participatory (postmodern)

(Denzin and Lincoln, 2011a). Positivism assumes that there is one single reality,

and is generally linked to scientific enquiry. Post-positivism, while consistent

with positivism in assuming that there is a single reality, proposes that this

single reality cannot be fully understood due to hidden variables, and that there

are 'no absolutes in nature' (Lincoln et al., 2011, p. 97).

   Constructivism/interpretivism and participatory paradigms assume

multiple realities (Lincoln et al., 2011). Further, a constructivist perspective

acknowledges that individuals construct their own realities, thereby aligning

with a relativist epistemology and subjective stance. A participatory or

postmodern paradigm is based on the participation between the researcher and

researched. Both the constructivist and participatory paradigms formally

acknowledge the role of the researcher and their relationship with the participants in the research (Lauridsen & Higginbottom, 2014), understanding that knowledge created through the research is co-constructed between the researcher and participants.

The paradigmatic stance of the researcher may also be reflected in the language they use in their research. For example, positivists and post-positivists refer to research 'subjects', thereby implying that the objects or people being studied have no participatory function in the research. Conversely, researchers in the interpretive/constructivist paradigm refer to research 'participants', thereby implying a shared responsibility and control over the research process.

At all stages of the research process, the overarching consideration must be to ensure consistency between the researcher's previously acknowledged worldviews, methodology and methods used (Crossan, 2003; DeForge & Shaw, 2012; Holloway & Todres, 2003). As new generations of researchers develop and qualitative research continues to evolve, there is some softening of the lines between methodologies, with the aim of improving the overall quality of research. However, this softening is only possible when there remains consistency and congruency between each element of the research design, and when no aspect of the research is compromised, either theoretically or practically (Holloway & Todres, 2003). There is ongoing debate about integrating aspects of different methodologies in a single research design, with words such as 'blurring', 'slurring' and 'slippage' recurring in the literature. Despite these concerns, more researchers now consider mixing compatible philosophies and methodologies without apparent loss of integrity in the

research design (Bryant & Lasky, 2007; Burbank & Martins, 2009; Cutcliffe & Harder, 2012; Holloway & Todres, 2003).

What are epistemology, ontology and axiology?

Epistemology refers to forms of knowledge and knowledge acquisition, and asks the question: what is the relationship between the would-be knower and what can be known? Ontology is the study of 'being' that considers what reality is (Scotland, 2012). Lincoln et al. (2011) provided practical definitions of these terms, guiding the researcher to the specific questions that each of the terms seeks to answer in the context of the entire study design, which is particularly useful to help the researcher make clear links between the theory of research and its application. It is important to recognise that the researcher's underlying assumptions will undoubtedly have influenced which area of enquiry he or she seeks to investigate. That is, a researcher cannot begin to understand the area of enquiry—and subsequently identify current knowledge gaps— without having a pre-existing awareness of current knowledge in that area.

Axiology also has a place in any discussion about epistemological and ontological underpinnings in research. Axiology refers to researchers' values and ethics, which again influence their worldview (Wahyuni, 2012). While ontology, epistemology and axiology underpin discussions about research methodology and methods and are inevitably complex, all are necessary considerations before clearly articulating the researcher's stance on the research design. This open acknowledgment adds to the value of the research through open acknowledgement of how the study has been approached; how data have been collected and analysed; and how the ontological, epistemological and axiological

positions of the researcher have eventually influenced the research outcomes. However, researchers should proceed with caution when engaging in ontological discussions, according to Morowitz (2012), who somewhat cynically warned that 'the plural of ontology is confusion' (p.5).

Historically, qualitative research was regarded by 'pure' researchers as a poor cousin to quantitative research, and criticised for a lack of rigour, credibility and validity (Hall, Griffiths & McKenna, 2013). These criticisms were based on a belief that studies reporting participants' experiences, observations and narratives were less reliable than those using statistical evidence. Such beliefs were compounded by the way in which the term 'qualitative research' was and sometimes still is applied to a diverse range of methodologies and methods. To address these criticisms and acknowledge the diversity in qualitative study design, it is essential to maintain specific frameworks (such as those initially proposed by Denzin and Lincoln [2011b]) to ensure increased rigour, reliability, validity, transferability and credibility of the research findings, while still remaining true to the intent of the qualitative paradigm in the investigation of human/social phenomena.

Methodological selection

Once the ontological and epistemological positions of the researcher have been established, study design relies on three further essential components that are inextricably interdependent, even though they are discussed as separate elements in the literature. These key components are research methodology, methods and philosophy. To present credible qualitative research findings, in addition to identifying the philosophical underpinnings, the researcher must

demonstrate methodological awareness and consistency throughout the entirety of the study. Additionally, Corbin and Strauss (2008) stated that the rigour of any qualitative research is dependent on clarity; self-awareness; a declaration of biases and assumptions; and a holistic, creative, open approach to the research process, data and participants.

The choice of research methodology and study design must address the epistemological and ontological claims of the researcher, clearly demonstrating how the conduct of the research and eventual findings will contribute to the existing knowledge base and fill a previously identified knowledge gap (DeForge & Shaw, 2012). Quantitative researchers refer to those being studied as 'subjects', thereby reflecting an objectivist epistemology. Qualitative research is considered to align with a relativist ontology, subjectivist epistemology and naturalistic set of procedures. Qualitative researchers work with study 'participants'—a name that highlights the central role of those studied in the research design (Birks & Mills, 2015; Yilmaz, 2013).

Epistemology in qualitative research includes defining the relationship between researcher and participants, lessening the distance between researcher and participants, and collaboration between the researcher and participants. The ontological assumptions of qualitative research are that reality is subjective, individual and unique to participants. The words and perspectives of participants will form the basis for the research findings (Yilmaz, 2013). That is, qualitative research methods seek to understand and explain phenomena such as the interactions, experiences and behaviours of participants within their social world in relation to a specific area of enquiry.

Methodological congruence is achieved when there is consistency between the chosen methodology, ontological and epistemological claims of the researcher, and methods used in the study. Carter and Little (2007) highlighted the importance of epistemological positioning to the methodology and methods in qualitative research. They explained that 'methodologies justify methods, and methods produce knowledge, so [as] methodologies have epistemological content; method makes epistemology visible' (Carter & Little, 2007, p. 1320). Therefore, philosophical positioning is an integral part of research and, in qualitative research studies, there is room for a range of philosophical positions that need not detract from the quality of the research. Ensuring alignment between the chosen methodology and researcher's philosophy acknowledged at the outset offsets the possibility for bias in interpreting the findings (DeForge & Shaw, 2012). Further, depending on the methodology, the reflexivity of the researcher (demonstrated throughout the study in the form of journals or memos) not only addresses issues of potential bias, but also has the potential to increase the theoretical sensitivity of the researcher (Birks, 2015).

There is an imperative for qualitative researchers to identify a philosophical position at the outset of their study, given that this will influence the final product because the data are viewed through this particular lens. Further, the philosophical positioning and epistemological stance of the researcher are inextricably linked, forming the foundation of the study (Mantzoukas, 2004). If this is a strong foundation, it could be reasonably assumed that the epistemological contribution of the final product will be enhanced. If philosophy, methodology and methods are considered the foundation of qualitative research, epistemology and ontology may be viewed as

the bedrock. Generally, the choice of methodology will also influence—either positively or negatively—the theoretical level of the final research product. In grounded theory studies, this may also dictate the level of abstractedness and range of the final theory.

The previously discussed research elements were considered at length when designing this study about role modelling by nurse academics. These will be discussed in depth in Chapter 4 (Methods). However, it is appropriate at this point to demonstrate how the qualitative research elements and role of the researcher were integrated into this study design. Table 5 shows the qualitative research assumptions that were acknowledged when selecting an appropriate methodology to investigate the phenomenon.

Qualitative research elements	The researcher's role	Design elements of this study
Qualitative research: • assumes knowledge is not independent, but is socially constructed with multiple realities • is holistic, flexible and emergent • seeks answers to 'what', 'how' and 'why' questions • acknowledges that activities/events are unique and contextual • acknowledges that people actively construct their social world • looks at relationships	Qualitative research requires the researcher to: • stay in the setting over a period of time • become the research instrument • spend time in analysis and time in the field • declare bias and ideology • describe his or her role in depth	This study addressed qualitative research elements and the researcher's role through: • data collection methods of observation, focus groups and individual interviews • a hybrid non-participant observer approach • concurrent data analysis, theoretical sampling and coding • philosophical positioning identified at the outset of the study • a transparent account of researcher activity throughout, with the use of field notes and memo writing, which formed part of the final theory

Table 5: Qualitative research assumption and methodological selection (adapted from Yilmaz, 2013)

In any qualitative research study, the philosophy will inform the research question, choice of research methodology, and methods to conduct the research and generate data in order to answer the research question (Figure 2). The interdependency model proposes that, particularly for the novice researcher, the relationship between philosophy, methodology and methods is fluid and constant, not a defined linear process, although decisions made in each step will inform the next. That is, even though the researcher moves through the research process in a systematic manner, he or she will constantly revise, review and refocus throughout the entire process—challenging, questioning and answering to enhance the quality of the work. The level of transparency and congruency in the relationships between the philosophy, methodology and methods will not only provide clarity, consistency and stability for the researcher, but will also provide credibility and validation for the entire research process, thereby enhancing the quality of the outcomes.

Therefore, identifying the underlying philosophy indicates where the researcher is positioned in the research design, why the researcher structured the study design the way he or she did, and the lens through which the data were viewed. Selecting an appropriate methodology demonstrates that the researcher has considered a number of ways to undertake the research to best answer the research question, and adopted a methodology that is best suited to the overall study design and aligns with the previously stated philosophy. Research methods are the practical application (or the 'how to') of the research methodology, demonstrating how the researcher applied the methodological framework to the conduct (or 'doing') of the study.

RESEARCHER'S PERSONAL PHILOSOPHY

What is the world-view of the researcher?

What is the ontological, epistemological and axiological stance of the researcher?

What are the philosophical underpinnings of the research?

CHOSEN METHODOLOGY

What are the principles and frameworks that will guide the research design?

Is the choice of methodology congruent with the research questions and aims?

Is this consistent with the researcher's personal philosophy?

RESEARCH METHODS

How will the researcher conduct the research within the chosen methodological framework?

What are the practical applications?

Are the methods consistent with the researcher's personal philosophy and chosen methodology?

Figure 2: The interdependency model - illustrating the links between philosophy, methodology and methods in qualitative study design

The following discussion addresses the study reported in this thesis, including discussing symbolic interactionism as the lens through which the research was viewed, the history of grounded theory, and grounded theory as methodology. It overviews the essential methods of a grounded theory study design, although these will be discussed in depth in Chapter 4, with a focus on their application in this study. This discussion is in the context of the researcher's connection with symbolic interactionism as a possible philosophical positioning in the research, rather than a dictate as a predetermined requirement of grounded theory research.

The underpinning philosophy

As discussed previously and outlined in Figure 2, the philosophical positioning of the researcher is an important fundamental step in the research process. Arguably, it is one of the most challenging and confronting aspects of the

research, especially for novice researchers, because it can often be the first time that they have been required to step back and deconstruct their worldview (Evans, 2013). Beginning research is daunting in itself, and identifying an individual philosophy requires the researcher to consider how their personal values and beliefs may influence their professional views (Jennings, Kensbock, Junek, Radel & Kachel, 2010). In qualitative research, it is considered that all parts of the person comprise the whole, and it is naïve to think that one's individual values and beliefs will not permeate professional behaviours and interpretations. Despite this, reflecting on one's individual worldview may not be prioritised until it has to be undertaken as part of a formal process, such as one within the doctoral process. This conundrum is described using a reflective process in the paper, 'Putting the Philosophy into PhD'.

All authors agreed to be accountable for all aspects of the published work. The authors agreed that they contributed as shown in Table 6.

Chapter	Publication	Author Contribution	Signature
3	Baldwin, A., Birks, M., Mills, J. & Budden, L. (2014). Putting the philosophy in PhD. *Working Papers in Health Sciences*. Retrieved from http://www.southampton.ac.uk/wphs/previous_issues/2014/winter.page	- conception and design of the paper; - primary responsibility for writing the paper from the draft to the final version; - corresponding author responsible for preparing the final paper for submission.	Baldwin, A.
		- supervision of and contribution to the conception and design of the paper; - critical review and revision of the paper; - approval of the final version.	Birks, M.
		- contribution to the conception and design of the paper; - critical review and revision of the paper; - approval of the final version.	Mills, J.
		- contribution to the conception and design of the paper; - critical review and revision of the paper; - approval of the final version.	Budden, L.

Table 6: Contributor table: Putting the philosophy in PhD

Putting the philosophy into PhD

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Symbolic interactionism as the lens

Symbolic interactionism is the lens through which the data generated in a grounded theory study may be analysed. Just as it is important for researchers to identify and disclose their philosophical stance, it is important that this stance is explained adequately to allow the reader a deeper understanding of the final theory. Symbolic interactionism is a perspective, rather than a philosophy—a perspective with its roots in pragmatism (Charon, 2010). Thus, it is well suited to grounded theory research, as discussed below.

What is symbolic interactionism?

Symbolic interactionism is a perspective or way of viewing the world that has its roots in pragmatism (Charon, 2010)—an interpretive approach to understanding the human social world (Prus, 1996). The history of symbolic interactionism is usually linked to the work of George Herbert Mead, who was heavily influenced by pragmatism, behaviourism and the works of Charles Darwin (Blumer, 1969; Charon, 2010). Darwin's theory of evolution explained the evolution of humans primarily based on physical changes, while Mead expanded on this to include behavioural and social evolution (Charon, 2010). However, while Mead is considered the father of symbolic interactionism, Herbert Blumer (1969) is generally acknowledged as the first to coin the term 'symbolic interactionism' (Charon, 2010; Hall et al., 2013; Prus, 1996).

Mead, behaviourism and pragmatism

Mead's pragmatic approach premised that humans are not rigid and unchanging; rather, they are constantly changing as a result of acting and interacting with their environment. Pragmatists believe that humans do not

merely respond to their environment—they interpret and interact with it (Charon, 2010). Behaviourists, as the name implies, believe that humans can be understood by observing behaviours (Charon, 2010)—although, at this point, Mead differed, believing that there is more to human behaviour than that which can be observed. The combination of pragmatic and behaviourist approaches form the foundation for symbolic interactionism.

Generally, there are three basic premises or 'root ideas' of symbolic interactionism (Blumer, 1969). Although some claim that these do not adequately represent the perspective, they do provide a portal through which to enter the realm of symbolic interactionism (Snow, 2001; Stryker, 1988). Blumer's (1969) root ideas are that:

1. humans act towards objects on the basis of the meanings that the objects have for them

2. this meaning arises from the interactions that occur between humans

3. meanings are handled in and modified through interpretive processes.

Thus, meanings are social products, formed in and through the defining activities of people as they interact. However, Snow (2001) claimed that limiting symbolic interactionism to these three root ideas has provided a valid basis for some criticism of the perspective. Snow proposed an alternative four ideas that claim to be more expansive and inclusive—more fully acknowledging the depth of symbolic interactionism. These are the principle of interactive determination, the principle of symbolisation, the principle of emergence, and the principle of human agency (Snow, 2001). Table 7 illustrates the links between Blumer's core principles and Snow's orienting principles.

Blumer's Core Principles	Snow's Orienting Principles
1. People act towards things, including each other, on the basis of the meanings they have for these things.	*1. Principle of interactive determination* Involves an understanding that focal objects or analysis cannot be fully achieved by attending only to qualities presumed to be intrinsic to them. An individual or society exist only in relation to each other; one can fully understand them only through their interaction.
2. Meanings are derived through social interaction with others.	*2. Principle of symbolisation* Highlights the processes through which events and conditions, artefacts and edifices, people and aggregations and other features of the ambient environment take on particular meanings, becoming objects of orientation that elicit specifiable feelings and actions.
3. Meanings are managed and transformed through an interpretive process that people use to make sense of, and handle, the objects that constitute their social worlds.	*3. Principle of emergence* Focuses attention on the non-habituated side of social life and its dynamic character, and thus the potential for change, including in associated meanings and feelings. Encompasses processes out of which new, novel or revitalised social entities, or cognitive and emotional states, arise that constitute departures from ... transformations of everyday routines, priorities and perspectives.
	4. Principle of human agency Highlights the active, wilful character of human actors. Social actors take into account the structural and cultural constraints that impinge on situations in which they find themselves in the course of developing their respective lines of action.

Table 7: The links between Blumer's core principles and Snow's orienting principles (adapted from Snow, 2001).

While Blumer's (1969) three core principles of symbolic interactionism describe the acquisition of knowledge and identity through social interactions, the orienting principles proposed by Snow (2001) give more detailed application. Symbolic interactionism underpinned this research study, being the lens through which the research process and data analysis were undertaken. In retrospect, the journey through this grounded theory process closely aligned with Snow's (2001) principles.

The principle of interaction was evident in the research process, whereby the data were collected and analysed with a focus on the interactions between the participants. The interactions between participants were observed during

focus groups and observation. The interactions between researcher and participants were evident in the focus groups and individual interviews.

The principle of symbolisation was evident in the ways in which the nursing students learnt from the nurse academics. The students learnt about concepts and skills inherent in nursing practice—learning about things that were of value for nurses that may not be apparent to non-nurses.

The principle of emergence was evident on two different levels. First, it was demonstrated in the emergence of the professional identity of nursing students as a result of their interactions with nurse academics and the nursing culture, as well as nurse academics' reconciliation of their professional identity through interactions in the academic setting. Second, the principle of emergence was demonstrated in the development of the researcher as she progressed through the study, developing a new set of values, norms and knowledge as she developed her own professional identity as a researcher.

The social and cultural considerations of the principle of human agency were apparent throughout this study, again on two levels. These considerations were woven throughout the experiences of the nursing students, and as the nurse academics reconciled multiple selves and professional identity.

Symbolic interactionism is concerned with the centralities of symbols, self, mind, taking the role of other, action, social interaction, society and science (Blumer, 1969; Charon, 2010). Additionally, symbolic interactionism considers human beings as social, thinking beings that interpret, define and actively participate in their environment (Charon, 2010). Further, symbolic interactionism acknowledges that people learn and understand through interaction, and is linked in the literature to effective teaching (Charon, 2010).

The interactions between people allow an understanding of the perspectives of others to develop as group values are shared and individuals learn their role. Thus, this perspective is well suited to studies investigating learning and teaching.

Charon (2010) referred to socialisation as a result of individuals using symbols to share group values. As learning occurs, a person develops the ability to take more control and make intelligent decisions to achieve set goals—all of which is relevant to the development of nursing practice. The centralities of symbolic interactionism discussed by Charon (2010) are observable and relate to the teaching and learning environment in nursing education. The centralities of symbols, self, mind, taking the role of other, action, social interaction and society are all pertinent to the interactions in nursing education. Developing shared meaning is fundamental to knowledge transfer, and is reliant on a common understanding of terms and procedures. This shared meaning ensures that the content being taught is relevant and understood by students.

Grounded theory

Grounded theory is a research methodology developed by Glaser and Strauss (1967) that has been the subject of many iterations and interpretations in the literature (Birks & Mills, 2015; Cooke, 2014; Heath & Cowley, 2004). It was described by Cutcliffe and Harder (2012) as a general method, rather than a qualitative method, and by Bryant (2009) as a 'manifesto' that provides researchers—particularly novice researchers—with a 'genuine alternative to the dominant quantitative agenda of the time' (p. 2). The introduction of grounded theory provided a set of principles and frameworks within which to conduct

research to generate theory that is 'grounded' in the data, particularly in relation to social issues.

Grounded theory design relies on the development of a theory from the data, whereby the end product is not predictable at project inception. Thus, grounded theory research design is appropriate in areas where there is a lack of existing knowledge, and where the aim is to develop a theory that describes a specific phenomenon. The process of grounded theory research relies on the researcher's constant comparative analysis of data to produce the theory; thus, the theory is grounded in the data.

History of grounded theory

Glaser and Strauss (1967) introduced grounded theory in the mid-1960s, drawing on their extensive research experience to develop a research methodology that sought to provide 'a clear basis for systematic qualitative research' (Bryant & Charmaz, 2008). Their aim was to provide a set of methods and framework to generate theory that had 'fit' and 'work' and was relevant, understandable and useful to a range of disciplines (Glaser & Strauss, 1967). That is, the theory fit the substantive area of enquiry and worked by having generalisability. However, despite the perception that grounded theory relates specifically to qualitative research, Glaser and Strauss (1967) did not separate the role of grounded theory to qualitative and quantitative; rather, they promoted its application for both, proposing that it was suitable for both types of data (Hall et al., 2013).

One of the most frequently discussed issues related to grounded theory is the divide that emerged between Glaser and Strauss following the introduction

of grounded theory (Birks & Mills, 2015; Bryant, 2009; Lauridsen &

Higginbottom, 2014). At the core of this divide was the new direction taken by

Strauss and Corbin that Glaser publicly denounced as inconsistent with the basic

tenets of grounded theory (Bryant, 2009; Melia, 1996).

From this, two different approaches to grounded theory were identified:

'traditional' and 'evolved' (Birks & Mills, 2015). It is accepted that traditional

grounded theory methods follow the frameworks of Glaser, while evolved

grounded theory methods align with Corbin and Strauss. The methodological

pathways of contemporary grounded theory research, while still broadly being

traditional or evolved, may deviate from the more frequently followed paths.

That is, researchers may opt to use a hybrid approach to situate their research in

reality, rather than becoming entangled in a theoretical methodological debate.

Hall et al. (2013) argued that grounded theory itself is a way of thinking and

conceptualising data, rather than a set of strict rules and procedures to be

followed. That is, grounded theory design should not be considered a cookbook

with a prescriptive recipe, but a concept adopted by the researcher to suit a

particular context (Jeon, 2004). In their seminal text about grounded theory, this

is exactly what Glaser and Strauss (1967) promoted, permitting the researcher

the flexibility to allow the data to guide the developing theory.

The evolution of grounded theory is generally considered to include

Charmaz's (2014) introduction of a constructivist approach to grounded theory

in the 1990s and Clarke's use of situational analysis (Clarke & Friese, 2008).

However, Evans (2013) referred to four main types of grounded theory: classic

grounded theory (Glaser), qualitative data analysis (Straussian), constructivist

(Charmaz) and feminist (Wuest). The different versions of grounded theory

methodology can be confusing. That is, the flexibility of grounded theory may either be perceived as a strength or a weakness. The dilemma in selecting a grounded theory approach was perhaps best summarised by Evans (2013): 'it is not about which method is superior, it is more which one fits both the data and the researcher' (p. 48).

Another point of contention in debates about grounded theory is whether the methods used by the researcher allow the findings to emerge from the data analysis, or whether they force the data into preconceived categories (McCreaddie & Payne, 2010). There are also differences between traditional grounded theory and evolved grounded theory (Hall et al., 2013), related to the essential elements of theoretical sensitivity, theoretical sampling and constant comparative analysis. For example, in respect of theoretical sensitivity, one of the basic tenets of early grounded theory research (Glaser & Strauss, 1967) was that the researcher would allow the data to guide the developing theory. To do this, the literature review was to be delayed until after the data generation and analysis phase in order to avoid contamination and the possibility of 'forcing the data' into preconceived categories. The debate about forcing versus emerging is also relative to the differences between Glaser and Strauss related to abductive reasoning. The different approaches to this phase in grounded theory research are evident in the degrees to which the researcher follows a formalised structure (Bryant, 2009).

In later years, following the different paths outlined previously, Glaser and Strauss took different views on whether delaying the literature review was crucial to the final theory (Heath & Cowley, 2004; McCreaddie & Payne, 2010). Glaser maintained that undertaking the literature review early in the research

alters the view of the researcher and clouds the final theory with existing knowledge (Covan, 2008). It is generally accepted that, in a traditional approach to grounded theory, the literature review is delayed until the theory has been generated, before comparing the theory to existing knowledge. However, Glaser advocated reading around the topic of interest at the early stage. While this is not exactly a literature review, it is background reading that enhances the researcher's knowledge surrounding the study (Glaser, 1992). Corbin and Strauss (2008) argued that undertaking the literature review at an early stage in the research does not necessarily influence the theory generation. Charmaz (2014) pointed out that some background reading early in the study may be necessary to meet the more stringent requirements of research protocols, thesis guidelines and funding frameworks.

Regardless, contemporary grounded theory allows for engagement with the literature throughout the research process in order to increase the researcher's theoretical sensitivity to the substantive area of enquiry, provide additional data if appropriate, and eventually place the findings in the context of the contemporary literature (Heath & Cowley, 2004; Hunter, Murphy, Grealish, Casey & Keady, 2010). It could also be argued that the researcher must have prior knowledge of the topic to recognise a gap in the current knowledge and identify an area of research to begin with (Cutcliffe, 2005). If this is the case, it should be reasonable that open disclosure of prior knowledge at the outset, and adopting a reflexive approach during the research process, will address concerns of potentially 'forcing the data'.

Critics and supporters of grounded theory alike attribute the divide in grounded theory approaches to a number of differences, not limited to the

differing views on the timing of the literature review. Hall et al. (2013) described the differences between grounded theory approaches as 'differences in ontological, epistemological and methodological perspectives' (p. 19). For example, philosophical standpoints inevitably influence which grounded theory approach the researcher adopts.

Undertaking grounded theory research

Grounded theory has been used in sociological research since its inception and, during recent decades, has been employed more commonly in nursing research. However, when referring to the place of grounded theory in qualitative research, the discussion can be clouded by research papers that claim to be using grounded theory when they may not be. In some cases, researchers claim to have undertaken grounded theory research, when they have actually undertaken selected grounded theory methods and used them in isolation in a broader study—that is, an 'inductive qualitative' study (Charmaz, 2011, 2014; Cutcliffe, 2005; Holloway & Todres, 2003). Some of these researchers may have used some concepts of grounded theory in isolation, or outside the intended application (Holloway & Todres, 2003; Timmermans & Tavory, 2012).

To validly claim use of grounded theory methodology, the researcher must adhere to the full set of grounded theory methods to ensure rigour in the research process. Using grounded theory as research methodology does not permit the researcher an 'anything goes' licence with which to conduct the research (Charmaz, 2014; Holloway & Todres, 2003). The essential methods that must be followed in grounded theory research are as follows:

- initial coding and categorisation of data

- concurrent data generation and analysis

- writing memos

- theoretical sampling

- constant comparative analysis

- theoretical sensitivity

- intermediate coding

- selecting a core category

- theoretical saturation

- theoretical integration (Birks & Mills, 2015; Charmaz, 2014; Licqurish & Seibold, 2011).

Despite different approaches to grounded theory research, legitimately undertaking grounded theory research requires incorporation of the essential methods, and the researcher should not get caught up in the dilemma over which grounded theory approach to follow (Bryant & Lasky, 2007). Doing so is potentially distracting and disheartening, and may limit the quality and quantity of future work. Melia (1996) stated eloquently: 'It would be a pity if the child of the sixties that grew up to be grounded theory suffered a midlife crisis of identity' (p. 378).

The links between grounded theory and symbolic interactionism

Identifying the researcher's philosophy underpinning the research design is fundamental to the conduct of qualitative research (Denzin & Lincoln, 2011b). The researcher's worldview, existing knowledge and understanding of how knowledge is gained undoubtedly permeate all aspects of the study. That is, epistemology and ontology inform the choice of methodology and the pursuit of

knowledge through research. Understanding oneself is fundamental to gaining understanding of research philosophy. The philosophy underpinning the research design must not only be compatible with the methodology, but must also resonate with the researcher.

The literature has well documented the link between symbolic interactionism and grounded theory research, assuming the existence of symbols that have shared meaning for the participants (Jeon, 2004; Timmermans & Tavory, 2007). This has been discussed from a number of viewpoints and interpretations (Aldabiat & Le Navenec, 2011). However, contemporary grounded theory researchers do not assume that the only underpinning philosophy for this methodology is symbolic interactionism. Traditionally, symbolic interactionism has been linked with grounded theory to the extent that many have (incorrectly) assumed that the two are inextricably linked. One of the originators of grounded theory, Anselm Strauss, was from a sociology background steeped in symbolic interactionism (Charmaz, 2001; Hall et al., 2013). This directed the early work in grounded theory; however, the use of symbolic interactionism as a lens through which to undertake grounded theory is not mandated by the methodology.

Aldabiat and Le Navenec (2011) stated their support of a symbolic interactionist approach to grounded theory research, particularly in the context of researching how participants' behaviours 'have been shaped through social interaction in a particular context' (p. 1063). The role of symbolic interactionism in grounded theory research has also caused some traditional grounded theorists to warn that its use may limit the data, and subsequently limit the scope of the theory and its generalised applicability to the phenomenon by

limiting the way in which the data are analysed (Holton, 2007). Arguably, the way research is conducted is a defining factor in the rigour of the final theory generated.

One of the attractions of using symbolic interactionism as the perspective influencing the study design is the consideration that theorising is an 'active process produced by interacting individuals' (Charmaz, 2008, p. 57). Symbolic interactionism assumes that individuals develop their understanding of objects and symbols through interactions with other people in a particular culture, thereby building shared meaning (Charon, 2010). Thus, symbolic interactionism is well suited to grounded theory research. However, grounded theorists may adopt a range of philosophical standpoints for their research. For example, Charmaz's (2014) approach to grounded theory is aligned with a constructivist approach. Charmaz (2001) stated that both traditional and evolved grounded theory methodologies are inherently subjective, and the constructivist approach adopts a relativist approach, which is more suited to research about social sciences.

From a symbolic interactionist perspective, the researcher's goal is to understand the behaviour and meanings that people give to their experience, through the use of symbols (Jeon, 2004). People use symbols (words, objects and actions) intentionally in all interactions with others, thereby creating a social reality and identity for the users (Charon, 2010). These symbols are mutually recognised by all participants in the interaction.

A number of authors have also highlighted and discussed how the goals of symbolic interactionism and grounded theory are compatible, often referring to the symbolic interactionist background of Strauss and the influence of symbolic

interactionism on the initial development of grounded theory as a research methodology (Hall et al., 2013; Newman, 2008). As an example, the goal of grounded theory is to develop a theory of a particular aspect of human behaviour (Glaser & Strauss, 1967), and the goal of symbolic interactionism provides a lens through which to view human interactions in a social process (Charon, 2010).

Symbolic interactionism adopts the view that humans are active in their environment—participants in a dynamic, constantly changing interaction where shared meaning evolves between participants in the interaction. The dynamic human perspective changes depending on the situation the person is in at that time. Humans move between symbolic worlds, learning new symbols each time they enter a new world. Thus, nursing students, upon commencing study, enter a new symbolic world where they learn a new language and symbols specific to that world. This understanding infers an active, rather than passive, role of the participants in an interaction—consistent with a symbolic interactionist perspective. Again, this aligns with contemporary teaching and learning approaches in education, including nursing education.

Chapter summary

Conducting a study requires considerable pre-planning to adequately address issues of rigour in terms of demonstrating how the research elements' design of paradigms, methodologies and methods are appropriate for the phenomena under investigation, and to ensure that the relationships between each are harmonious. In the initial stages of study design, long before entering the field and actually 'doing' the research, the researcher must decide what

approaches they will use to investigate the substantive area of enquiry. To do so, they must undertake self-analysis, identifying their worldview in terms of ontology, epistemology, axiology and philosophy to ensure that their choice of methodology not only provides the framework to meet the study's aims and objectives, but also provides credibility via consistency and congruency throughout. This chapter has discussed the overarching research principles and considerations, particularly in the context of qualitative research design.

With respect to the ontological and epistemological considerations, this chapter has also discussed the choice of grounded theory as methodology, with symbolic interactionism as the perspective through which to view the data for this research design. This chapter discussed, explained and justified using a grounded theory methodology to generate theory about role modelling by nurse academics. Given that methodology provides the research framework, the methods are the 'nuts and bolts' of the study, and will be discussed in the following chapter.

Chapter 4: Methods

Introduction

Chapter 3 discussed the use of grounded theory as a research methodology, with symbolic interactionism as the underpinning philosophy. This discussion included the ontological, epistemological and philosophical position of the researcher as the fundamentals of research design. Research methods are the practical application of the research methodology—the 'doing' phase of the research. As outlined in the interdependency model in Chapter 3, the researcher must revisit the underlying premises of philosophy and methodology to ensure congruency and consistency during the process of research. If the research methods do not align with the research methodology, doubt may be cast on the methodological veracity of the research process and findings (Cutcliffe, 2005).

This chapter discusses the research methods, or actions, with consideration of the essential grounded theory methods, as per the research process of this study. These essential grounded theory methods include initial coding and categorisation of data; concurrent data generation or collection and analysis; writing memos; theoretical sampling; constant comparative analysis using inductive, deductive and abductive logic; theoretical sensitivity; intermediate coding; selecting a core category; theoretical saturation and theoretical integration (Birks & Mills, 2015).

This chapter defines and discusses the data collection methods used in this study in both a historical/theoretical context and in the context of this research design. That is, this chapter discusses and justifies the use of observation, focus groups and individual interviews as data collection methods

in this study. This chapter also outlines data management in the context of ethical conduct of research, and presents the data analysis phase and the development of codes, categories and the final theory. Finally, this chapter discusses reflexivity in qualitative research, including the reflexive activities of the researcher while undertaking this study.

The position of the researcher

Chapter 3 discussed the philosophical position of the researcher in relation to methodology. Consideration of the researcher's position in research is not limited to his or her philosophical position. The implementation phase—or methods of the study—requires identification of the position of the researcher in data collection. That is, a grounded theory approach requires the researcher to become immersed in the research process and the data it generates. According to Bryant (2009), the role of the researcher is integral to the research process: 'a key factor in the research landscape, a link in the chain that reaches iteratively around data, codes, concepts and tentative theories' (p. 29).

There are also broader ongoing debates over where the researcher sits within the study. Reed, Proctor and Murray (1996) suggested that the researcher could occupy one of three positions: outsider, hybrid or insider. Hoare, Buetow, Mills and Francis (2013) described the researcher moving across these roles during the course of the study, arguing that this increases theoretical sensitivity. The current study adopted a hybrid approach, with the researcher assuming both the role of 'insider' (the practitioner-as-researcher looking into their own and known colleagues' practice) and the role of 'outsider' (looking in to the world of the nursing students). This has been previously described by Hockey

(1993) as 'the native going stranger' (p. 199), whereby the researcher steps away from being an insider to an outsider perspective.

It is a delicate balance to ensure that, in an effort to minimise familiarity, researchers do not become so removed that they cannot see what is happening. Alternatively, researching familiar environments or peers may be influenced by researcher subjectivity, where they are too close to the area of interest to see it from a more objective stance (Hockey, 1993). Irrespective of the position researchers adopt in observation, recognition of pre-existing knowledge of the area of interest does inform how they see what they see, and must be incorporated into the study design and outcomes.

Reflexivity in qualitative research

Reflexivity in qualitative research is recognised as an important factor to ensure the rigour and credibility of the final product by clearly demonstrating the position of the researcher in the research project (Birks, 2015). According to Kumsa, Chambon, Chung Yan and Maiter (2015), using a reflexive mirror can allow researchers to 'catch the shimmers' (p. 424). Reflexivity allows researchers to recognise concepts that may not be initially familiar to them, and to acknowledge them without necessarily accepting them as the norm. Knowledge production can be enhanced by reflexivity (May & Perry, 2011). Reflexivity is an important tool to enhance the rigour of qualitative research; however, the existence of reflexive evidence is insufficient if there is no outcome.

Reflexivity has strong links to symbolic interactionism. The symbolic interactionist perspective of interaction creating the social world of people underpins the concept of reflexivity (Doyle, 2013). According to Doyle (2013),

reflexivity and the capacity to think are interwoven and cannot be untangled. Reflexivity in qualitative research is woven through the research process (Birks, 2015). It is fundamental to the epistemological and ontological stance of the researcher, as well as being an important part of the data collection process, whereby the researcher engages in reflexivity during interactions with participants. However, Doyle (2013) cautioned that, for reflexivity to be relevant in research, it must be contextualised to the research project in process. May and Perry (2011) also warned of the negative effect on research outcomes if the reflexivity of the researcher is not integrated in the research process. The inclusion of all research-generated observations is consistent with a grounded theory approach, whereby the final results will capture a range of contexts, perspectives and timeframes, providing rich and purposeful data and ensuring rigour in the research design (Birks & Mills, 2015). The relationship of the researcher to the data is critical throughout the process of a grounded theory study.

Le Gallais (2008) discussed the relationship between reflexivity in research and the insider–outsider position of the researcher, as occurred in the current study. The initial dataset for this study resulted from interviews with staff and students at the same university at which the researcher was employed. As such, consideration had to be given to the duality of these roles, and how they could affect the research process and resultant findings, which can be addressed by researcher reflexivity.

To enable identification of the phenomenon of interest in the discipline of nursing—specifically in the field of pre-registration education—it is reasonable to assume that the researcher has prior exposure to or experience with the

phenomenon. Previous experience with the area of interest is accepted in grounded theory methods. Thus, to ensure rigour in the research, it is important that the researcher reveals his or her pre-existing understanding through journaling and memo writing, which continues throughout the research process. This documentation provides an audit trail about the researcher's decision-making processes, the researcher's relationship with the participants, and ultimately the researcher's relationship with the data. In the current study, a reflexive journal and frequent memo writing by the researcher traced the insights gained during the research process, and guided further investigation as the study unfolded.

Memos were written throughout this study and included in the dataset for analysis. Further, handwritten journals were kept that included the musings, thoughts, feelings and questions of the researcher as the study progressed. These journals show researcher reflexivity during the research process and will be kept in accordance with ethical requirements. These journals also include notes of meetings with supervisors as a peer review/guide during the study. To date, there are eight A4 notebooks of handwritten notes and sketchpads with outlines and diagrammatic representations kept by the researcher. These journals document the development of the researcher's insight and provide a trail of how, when and why findings were interpreted as they were, as well as documenting the external influences on the development of the novice researcher (Birks, 2015).

Traditionally, individual or group interviews were considered the data collection method of choice for grounded theory studies. The study presented in this thesis used observation, focus groups and individual interviews as data

collection methods. Observation and focus groups are commonly assumed to be the domain of ethnographic research design; however, as will be discussed, these data collection methods are congruent with grounded theory studies to provide rich data with which to generate theory.

Grounded theory studies include a process of constant comparison of the data that guides further enquiry, until categorical saturation is reached and a theory related to the substantive area of enquiry can be constructed from the data. Thus, the theory is grounded in the data. Grounded theory does not report the facts as research findings—it presents statements about the relationships between concepts in order to explain a process (Bryant & Charmaz, 2008). In all of its iterations, grounded theory has comprised essential elements that differentiate it from other research methods or a generic qualitative research approach (Birks & Mills, 2015). Each of the essential elements relates to data: data collection/generation, data analysis, and the relationship of the researcher with the data.

Recruitment

Students enrolled in a clinical nursing subject in study period two of Level 2 were invited to participate. The study was advertised by flyers around the School of Nursing, Midwifery and Nutrition, focusing on locations in which students enrolled in this subject would naturally congregate. That is, in and around the main reception area, the clinical placement office, and the simulation laboratories. Further, a senior nursing academic not involved in the study addressed the students in the first lecture of the subject, explaining the study

and disseminating the information sheets and consent forms. The same senior nursing academic addressed all academic staff teaching in the subject.

The invitation to participate was extended to other nurse academics teaching in the undergraduate nursing program at other campuses and teaching sites of James Cook University (JCU). Prior to extending these invitations, an ethics amendment was submitted, and approval gained to extend the study in this way. The senior nurse academic not involved in the study who had previously invited participation extended the invitation to the larger sample of nurse academics via email. The approved ethics amendment also included inviting third-year nursing students undertaking a capstone subject to participate in observation, focus groups and individual interviews. Again, the response rate for this was poor and no students volunteered to participate. For this reason, despite the nurse academic teaching the students consenting to participate, no observation of the third-year students was undertaken. However, the nurse academic teaching this cohort took part in an individual interview.

Extending the invitation to participate to all academic staff teaching in the undergraduate program in the school did result in more academics agreeing to participate in focus groups and interviews. Individual interviews were conducted with these staff across two campuses to see if there was any noticeable difference between the experiences of staff at different locations in the same school of nursing at the same university. At this stage, directed by theoretical sampling, it was decided that the next sample of participants should be nurse academics at other tertiary institutions in Australia. The invitation to participate was disseminated to all members of the Australian College of Nursing via its monthly e-newsletter. This invitation resulted in two more interviews

with experienced nurse academics. These interviews were conducted via Skype, audio-recorded and transcribed verbatim. Data analysis provided further insights, and, as a result of theoretical sampling, an ethics amendment was sought and approved to extend the invitation to nurse academics outside Australia. Invitations were sent via email to heads of schools in England, the US and New Zealand. This resulted in three interviews conducted with nurse academics in England.

Sampling

The essential grounded theory method of purposive sampling was the first step in this grounded theory study. Grounded theorists begin with a purposive sample of participants who have been identified as having the knowledge and/or experience to provide initial data for the area of enquiry (Morse, 2007). That is, in a grounded theory study, purposive sampling provides the researcher initial data to analyse. The researcher then undertakes theoretical sampling as codes and categories develop, and moves the enquiry to areas in which he or she believes further information is needed.

As outlined in the preceding discussion about recruitment in this study, the purposive sample (of pre-registration nursing students and the nurse academics who teach them) was invited to participate in the study in the first instance. Prior to recruiting the purposive sample, the exact composition of the sample was unpredicted. However, for the purposes of ethics approval, the anticipated purposive sample of students included a mix of male and female students, and some Aboriginal and Torres Strait Islander students. Staff teaching those classes were also invited to participate, and included permanent academic

staff and teaching staff employed on a sessional basis. As the researcher was to observe classroom interactions as a whole, non-participants could not be visually excluded. However, information pertaining to students and/or staff who did not consent to participate was not recorded in field notes or any other form of data for the purposes of this study. That is, non-participants were not included in this study.

Purposive sample

The anticipated size of the initial sample proved to be optimistic at best. Five students and one academic staff member teaching in the clinical nursing subject consented to participate initially. Unfortunately, the consenting students were not in the class of the consenting academic staff member, which prohibited observation of these students in class for that subject. The consenting students were invited to participate in an initial focus group. Of the five students, four attended the student focus group and actively participated in a fruitful and informative discussion. The other student attended for a second focus group discussion, but was the only participant. This student consented to continuing with the planned discussion as an individual interview. Two more students submitted consent forms following the initial focus group.

The final cohort of students recruited to this study constituted six female students and one male student, of which none identified as Aboriginal or Torres Strait Islander. All except one of the students was a mature age student—that is, they did not commence tertiary study directly after completing high school. Further, two students were already enrolled nurses who had studied at a vocational institution, were currently registered with the national regulatory authority, and were working in this role in healthcare settings. All of the original

study participants were then invited to individual interviews with the researcher. Of these, two students and the one consenting staff member participated.

Following discussions with the supervisory team and ethics monitor, this initial purposive sample was extended to include two other study period two, Level 2 subjects that required all students to attend a one-week compulsory residential school. The academic staff member teaching this subject was also invited to participate. The previously consenting students who were also undertaking one of these subjects were subsequently observed in the teaching sessions for this subject, with their consent. That is, of the consenting students, three students were timetabled classes with three consenting academics in different classrooms; and were observed in these classes in three consecutive classes on consecutive days.

At the end of this phase of observation, the academic staff (four in total) were invited to participate in a focus group, of which all attended and actively participated in the discussion. Following the focus group, all four academic staff were invited to individual interviews.

Theoretical sampling

Theoretical sampling is an essential grounded theory method. It is a flexible approach to data collection that follows the initial data analysis as outlined above—responding to the data, rather than following a predetermined path (Hood, 2007). Undertaking theoretical sampling in a grounded theory study allows themes and codes to emerge from the data, guiding the areas for further enquiry. That is, it is concept driven and cumulative (Corbin & Strauss, 2008). Thus, this method is essential to grounded theory research because it is

inherently reliant on the information that emerges from the data, thereby supporting the grounding of the theory in the data and allowing the theory to emerge from the data (Corbin & Strauss, 2008).

In the current study, theoretical sampling was undertaken as data collection and analysis occurred simultaneously, the results of which guided the researcher to areas of further enquiry. Analysis of this data then guided further investigation, whereby the researcher recruited new participants to gather information about more specific areas of enquiry. To gain greater insight and develop variation in the data, it was initially proposed that the researcher may seek access to at least one other tertiary and one vocational nursing education provider currently teaching nursing students. However, once data collection and initial analysis commenced, it was deemed more appropriate to invite other academic staff in the school to participate. The triggers for theoretical sampling included the recognition that the themes of clinical currency and nurse academics' professional identity were areas that required further investigation. Thus, an extended sample of nurse academics was identified as the group who would be most appropriate to provide further insights to these areas.

Data collection

Using ethnographic data collection methods in a grounded theory study

The literal definition of ethnography is 'writing people' (Holloway, 2008). Ethnography as a research methodology has its roots in anthropology (Angrosino, 2007), and historically involves researcher observation of identified cultural groups (Holloway, 2008). More recently, ethnographic data collection may also include focus groups and interviews—methods that are frequently

adopted in other research methodologies, such as grounded theory. The use of ethnographic data collection methods that explore a social group's values and behaviours allows the researcher to discern the similarities and differences in the group, seeing different viewpoints that may not be evident in other data collection methods (Holloway, 2008).

Altruistic ethnographers and grounded theorists alike may not support the joining of two apparently diverse research methodologies. However, several authors highlighted that, although differences exist, if acknowledged adequately, they are not incompatible (Holloway & Todres, 2003). Using ethnographic data collection methods in grounded theory research is not a new concept (Hoare et al., 2013). The early works of Glaser and Strauss that introduced grounded theory included research conducted 'in the field' to explain behaviours through theory generation—a concept that has been repeated many times since. Ethnography is suited to fieldwork because it seeks to understand cultures and what the researcher observes, with the aim of describing the living world of the participants (Holloway & Todres, 2003). In this manner, ethnographic data collection is compatible with grounded theory research.

The commonalities between ethnography and grounded theory

Commonalities between ethnography and grounded theory as research methodology support the adoption of observation; a data collection method most commonly associated with ethnographic research, as part of the data collection methods used in a grounded theory study. Table 8 compares the aims, coherence and consistency, and flexibility of grounded theory and ethnography, highlighting the commonalities between the two research methods (Holloway & Todres, 2003).

	Grounded theory	Ethnography
Aim	To develop a theory about human behaviour and interactions.	To expose societal structure and culture.
Coherence and consistency	Research involves following and seeking to understand the participants' behaviours and social processes. The researcher views participants as active players in the process being investigated. The researcher follows a predetermined process of data collection, analysis and theoretical sampling for the emerging theory. Grounded theory researchers write memos throughout the research that become embedded in the final theory. 'initially the focus is on the phenomenon; then the theoretical ideas are further developed so that the theory can emerge' (Holloway & Todres, 2003).	Cultural context demonstrates internal coherence. The findings acknowledge the participants, their place in the culture and their values. Requires the researcher to observe the naturally occurring behaviours of the participants in the natural environment of the phenomenon being investigated. Ethnographers write field notes during the research that contribute to but are not necessarily included as part of the final outcome.
Flexibility	Theoretical sampling gives direction to qualitative research. It can include elements/approaches of other research methodologies, but must include the essential elements of grounded theory. To allow the theory to emerge, the researcher must remain flexible to allow the data to direct the outcome and generate the final theory.	No strong prior assumptions. The researcher does not impose his or her values/opinions on the participants. Can produce testable theories.
Rigour and reliability	Develops/describes cultural interactions and patterns through observing participant actions and interactions. Highlights social and cultural processes (Mattarelli, Bertolotti & Diego, 2013).	Generates theory from data gathered in the field that explains social phenomena.
Data collection /generation	Includes naturally occurring data and manufactured data.	Data generation may include naturally occurring data and manufactured data.

Table 8: Comparing key elements of grounded theory and ethnography (adapted from Holloway & Todres, 2003).

A key element of ethnography is the documenting of observations as field notes. However, it is necessary to mitigate the tendency to accumulate vast amounts of field notes that never become part of the finished research (Emerson, Fretz & Shaw, 2011). Conversely, memo writing in grounded theory is an

essential element in which the memos—through the processes of concurrent data analysis and theoretical integration—form a vital part of the final theory (Bex Lempert, 2007). Thus, it seems a reasonable assumption that including field notes alongside memos as data enhances the final theory grounded in the data.

Potential disadvantages

It is becoming increasingly acceptable in qualitative research to use research methods traditionally regarded as the domain of a specific methodology to enhance the rigour of another methodology. It is not necessarily a blending of methods or 'method slurring' (Holloway & Todres, 2003), but a pragmatic approach to incorporating methods that allows the researcher to more thoroughly investigate the phenomenon without compromising the integrity of the research design. Acknowledging the potential for blurring methodologies is important at the outset. This acknowledgment allows the researcher to clearly articulate the methodology and what methods will be employed to best achieve the research aim within the methodological framework.

Both ethnographers and grounded theorists seek patterns in the data, although how they interpret and use the data may differ. Initial data analysis and theoretical sampling undertaken in grounded theory can ensure that the data gathered are integrated into the research early in the project, rather than being left to the end of the study, as can be usual in ethnographic studies. Snow, Morrill and Anderson (2003) warned that ethnographers may 'neglect' the analytical phase of research. This potential deficit in ethnographic research can be somewhat mitigated by alignment with grounded theory and concurrent data analysis.

The advantages of using ethnography to increase the rigour of the final theory

Charmaz and Mitchell (2011) discussed the significant contribution of ethnographic methods to enhancing the rigour of the final theory in grounded theory research, pointing out that the researcher's skills of observation facilitate greater understanding of the phenomena being investigated. Further, the close observation required in ethnographic methods may reduce the potential for producing a final theory that is too removed from the research phenomena. This allows the grounded theorist to more accurately reflect what was really happening during the period of observation in the final theory.

The ethnographic lens may also address some of the potential weaknesses of grounded theory (Charmaz & Mitchell, 2011). For example, observation may yield different results than relying on participant reporting. Ethnographers traditionally become immersed in the culture they are researching, believing that only total immersion in the setting can elicit the knowledge and understanding to accurately report and interpret the data. Contemporary ethnographers have evolved this to the point where it is now accepted for ethnographic researchers to adopt one of three positions: insider, outsider or outsider 'with insider privileges' (Hoare et al., 2013). Using data collection methods of non-participant observation, interviews and focus groups can provide a much richer dataset from which the final theory is generated.

The blending of ethnographic methods with grounded theory research allows for the collection of rich data with early concurrent data analysis. Incorporating ethnographic methods in grounded theory allows the researcher to develop deeper knowledge, increased sensitivity and greater understanding of the new knowledge in context, which contributes to a more rigorous final theory.

Ethnography and symbolic interactionism

Symbolic interactionism, as the lens through which this study was viewed, has previously been linked with ethnographic research. Observing participants in a natural setting allows the researcher to view the interactions between participants, which are fundamental to the symbolic interactionist perspective (Angrosino, 2007). Given that symbolic interactionism was identified as the researcher's perspective for this study, using ethnographic data collection methods was consistent with the research design. Table 9 presents a detailed overview of the data sources used in this study.

Data Source	Type of Data	Pages
Nursing student	Focus group x 1	40
	Individual interview x 3	79
Nurse academic—Australia	Focus group x 1	28
	Individual interview x 13	266
Nurse academic—country other than Australia	Individual interview x 3	63
Classroom observation—seven hours Consenting student and staff participants only	Field notes	16

Table 9: Data sources used in this study.

Data generation and collection

Seeking to understand interactions between participants requires a multidimensional approach to data collection. The researcher's observations of naturally occurring interactions (non-participant observation) between participants identify areas for further investigation that may inform the topics for the focus group discussion, which may then inform the area of enquiry for individual interviews. Collecting data through observation, interviews and focus groups allows the researcher to better understand the behaviour and context (Aldabiat & Le Navenec, 2011; Silverman, 2011b). Observation, individual

interviews and focus groups are all conducive to grounded theory generation (Olshansky, 2015).

Observation is considered to generate naturally occurring data. Comparatively, interviews and focus groups, as staged or organised events, may be considered to generate manufactured data (Silverman, 2011a). According to Silverman (2011a), using naturally occurring data is a strength of qualitative research because it allows the researcher to explore the 'how' and 'what' of the research phenomenon. Despite the location and circumstances for interviews and focus groups, if the interview or focus group is set up to facilitate open conversation between participants and researcher, the conversation is naturally occurring, thereby providing realistic accounts of the participants' perspectives.

While it can be argued that participants may not report factually, embellishing events or stories to enhance their own image, it can equally be argued that, during observation, the researcher's visible presence, even as a non-participant observer, may encourage some participants to behave unnaturally. Thus, there are limits to the authenticity of any encounter, whether a usual or natural encounter under observation, or in a manufactured setting. In qualitative research, it is important to accept participants' views as their reality, and seek similarities or differences between them to gain a better understanding. Further, interviews and focus groups are valuable data collection methods to investigate interactions (Silverman, 2011a).

Observation and field notes as data sources

The behaviours observed during the observation phase of data collection may be 'more stable over time than attitudes and opinions' (Silverman, 2011a, p. 28), and, if the behaviours are stable, generalisations from the research become

possible. This approach to data collection involves the researcher collecting data by being physically present—watching and talking to people to better understand their world. Non-participant observation was appropriate in this research study, where the researcher observed the research participants—specifically, the nursing students and the nurse academic teaching them—without interacting with them during the period of observation. In this study, observation was undertaken to witness the behaviours of the nursing students and how these may be influenced by the nurse academics. Given that both the staff and students knew the researcher, a hybrid position of outsider–insider was adopted. The later data collection with nurse academics from other tertiary institutions in Australia and England was framed differently because the researcher had no previous relationship with any of the participants. Although acknowledged as an insider in a non-researcher capacity, the researcher adopted a non-participant outsider role for the purpose of data gathering in this study.

Acknowledging the position of the researcher is imperative for the rigour of the study, particularly when the researcher has insider knowledge of the phenomenon under investigation. The advantage of insider knowledge is that the researcher understands the language and context to which the participants refer. Understanding the terminology and general structure discussed by the students and staff aided in understanding their view. This understanding varied when interviewing the academics from other institutions, particularly the English participants. In all of the interviews conducted with these academics, they provided a general overview of their university program and their role within it. The overseas participants also outlined the educational and professional

frameworks they worked within. Despite the differences, the insider knowledge of the researcher enabled understanding of the context of the discussion.

Field notes are the main form of data taken from the period of observation. Field notes are notes made in the moment by the researcher, and can take many forms (Mills, 2014). They provide a way for the researcher to record the fine interactional details of the phenomena being investigated, and promote increased sensitivity to the interactions and behaviours of the participants (Emerson et al., 2011). Field notes are the researchers' written record of the observed social world, to which they can return time and time again to review and reinterpret in the context of new data and knowledge. Field notes are representative, descriptive and selective, allowing the researcher to preserve events in a manner that permits review at the researcher's discretion over time (Emerson et al., 2011). Although the researcher may choose not to record a particular aspect of an event, recording in a field note allows the researcher to frame the event with respect to a particular context. That is, writing contemporaneous field notes during observation provides real time reactions and interpretations for the researcher that he or she can return to at a later time, as part of data analysis and coding.

Notes taken in the field may initially be a collection of jottings by researchers in response to actions and interactions they observe. Turning jottings into full field notes requires researchers to undertake initial data analysis as they work through the data. This results in researchers gaining a deeper understanding of what they have observed (Emerson et al., 2011). By doing this, researchers are able to identify key points that highlight areas for

further investigation—a form of concurrent data analysis and theoretical sampling.

For many qualitative researchers, field notes may not always be included in the findings, while memos written during a grounded theory study are almost always woven into the final theory (Birks & Mills, 2015). That is, the grounded theorist does not usually discard memos. Writing memos from field notes embeds the raw thinking, insights and understandings of the researcher into the final theory (Birks & Mills, 2015). Field notes as a dataset promote deeper understanding of the phenomena in two ways (Emerson et al., 2011; Saldana, 2013). Analysing the data line by line in initial coding promotes understanding of the fine detail of the observed interactions. Reading and re-reading the notes as a whole allows the researcher to see the emerging and repeating patterns and to compare and contrast the data, which enables deeper analysis of the data, and heightened theoretical sensitivity (Emerson et al., 2011).

During the initial phase of analysis, raw field notes may seem to be confusing and multi-directional; however, according to Emerson et al. (2011), this contributes positively to establishing a rich dataset. The use of field notes provides the researcher with detailed descriptions of the observed events, which is also evidence of the researcher's presence, contributing to the audit trail in the research process (Mantzoukas, 2012). The multi-directional foci of the field notes encourage the researcher to consider a greater variety of ideas and insights, thereby contributing to a more rigorous research outcome. Schatzman and Strauss (1973) described a good set of field notes as a 'constant companion; an alter ego composed of factual and reliable data' (p. 98).

According to Schatzman and Strauss (1973), there are three types of field notes: observational notes, theoretical notes and methodological notes:

1. Observational notes are taken in the moment to describe an observed event with little interpretation, and usually encompass the 'who, what, when, where and how' of the interaction.

2. Theoretical notes contain deliberate actions by the researcher to elicit meaning from the observational notes in an attempt to interpret what they have observed.

3. Methodological notes are made by the researcher in relation to the research activities, rather than the specific actions/activities of participants observed in the field.

Focus groups as data sources

Focus groups were defined by Hennink (2014) as a data collection method that 'involves a focus on specific issues, with a predetermined group of people, participating in an interactive discussion—thereby a focus group discussion' (p. 1). Focus groups have been described as 'fruitful', 'multifunctional', 'collective conversations' and 'magnifying glasses' that move the researcher from the authoritative figure in the research, and instead place the participants in the centre in order to generate rich data (Kamberelis & Dimitriadis, 2011). Conversely, focus groups have been described as group interviews—a view that does not fully acknowledge the depth and value of focus groups as a data source (Hennink, 2014; Kamberelis & Dimitriadis, 2013). Focus groups generate a different type of data to interviews, resulting from the group interaction and collective narratives (Holloway, 2008).

Hennink (2014, p. 16) linked focus groups to the following research applications:

- to explore topics about which little is known or where the issues are unclear

- to explain specific behaviours or beliefs and the circumstances in which they occur

- to evaluate a service, program or intervention and understand the reasons for its success or failure

- to design a survey or experimental study by identifying the issues, terminology or components to include

- to gain diversity of experiences and perspectives on the study topic

- to understand context, culture or social norms surrounding the research issues because social moderation can distinguish typical from uncommon behaviour

- to understand group processes by observing how participants discuss an issue, influence each other or decide on a strategy for action.

Most of the above applications for focus groups in research relate to this study of role modelling by nurse academics. Hennink's (2014) list provides supporting evidence for the use of focus groups in grounded theory research because they contribute to better understanding of behaviours and processes.

Kamberelis and Dimitriadis (2011, p. 545) identified the three primary functions of focus groups as pedagogy, politics and enquiry—lenses through which researchers view the work of focus groups. Pedagogy refers to the dialogue of focus groups that raises the level of the discussion and increases the understanding of the group through collective engagement. The political function

involves transforming the 'conditions of existence' for the stakeholders, and builds on the pedagogical function of focus groups. Enquiry seeks to explain a dynamic social process that is the participants' reality. The intertwining and co-dependency of each of the three primary functions contributes to higher levels of understanding of the research on the phenomena being studied (Kamberelis & Dimitriadis, 2011).

Focus groups have also been described as producing 'voice' for the participants through sharing, validation and presenting opinions in either collective or individual contributions, which subsequently adds to the degree of objectivity in the data (Kamberelis & Dimitriadis, 2013). This can result in higher levels of understanding, produce more meaningful data that will increase the rigour of the research, increase the depth of knowledge gained, and thereby increase the relevance and robustness of the final theory.

Further, focus groups are often used as a data collection method in conjunction with other methods. This multidimensional approach affords the researcher access to richer data generated through clarification, confirmation or contradiction. As data are gathered through observing the participants, it appears logical that the researcher may then invite participants to participate in focus groups as part of theoretical sampling, which then may lead to individual interviews to generate a rich dataset.

Focus groups produce manufactured data, as opposed to the naturally occurring data that are generated through the processes of participant observation (Hennink, 2014). Arguably, the combination of naturally occurring data and manufactured data provides the researcher with different views of the phenomena under investigation (Silverman, 2011a). Even if a structured topic

guide is provided for participants, focus groups are usually driven by the

participants' conversations, which delegate the researcher to the role of

facilitator (Kamberelis & Dimitriadis, 2013). This places the participants at the

centre of the research, thereby adding value to the quality of the data generated

in this manner.

As a qualitative research tool, focus groups can add value to data by

clarifying, extending or qualifying data previously gathered from observation

and interviewing (Silverman, 2011a). Group participation also allows the

researcher the opportunity to feedback earlier findings to the group, thereby

further empowering the participants. Participation in focus groups also exposes

participants to different perspectives, which may encourage further contribution

to the discussion, thereby enhancing the quality of the data and category

development, which is particularly relevant in grounded theory (Birks & Mills,

2015; Hennink, 2014).

Individual interviews as data source

Interviews as a research method can add depth to the data and, when

combined with field notes, interview transcripts provide a rich dataset (Birks &

Mills, 2015). The opportunity to be heard in individual interviews can be

validating and empowering for participants (Streubert & Carpenter, 2011).

Establishing a relationship with the participants that facilitates trust and

openness encourages participants to share their experiences and, when

combined with active listening, increases the researcher's immersion in the

study, thereby leading to information that is wider and more complex in scope

(Perakyla & Ruusuvuori, 2011).

Interview guides are useful for conducting individual interviews; however, the interview should be allowed to flow, without hindrance by conformity to a prescribed format. The interviewer enters the interview with a plan of what questions are to be covered, but questions should be asked in a way that promotes free flowing discussion with the interviewee (de Chesnay, 2015). As the study progresses and the researcher becomes more aware of the themes recurring in the data, the interview questions may change to elicit responses to more specific questions, which also demonstrates the increasing theoretical sensitivity of the researcher (de Chesnay, 2015). The researcher/interviewee relationship can be enhanced by conducting the interviews at a place and time of the interviewee's choosing, which increases the interviewee's level of comfort. Adopting this strategy also allows the researcher to address the potential for power imbalance, thereby increasing the credibility of the research process.

Observation, focus groups and interviews in this study

In this study, data were gathered from sources of information that included, but were not limited to, memos, field notes of observations, and interview and focus group recordings and transcripts. Collecting data through observation, interviews and focus groups was planned to allow the researcher the opportunity to better understand the behaviour and the context (Aldabiat & Le Navenec, 2011; Silverman, 2011b). Observation, individual interviews and focus groups are all data collection methods that specifically addressed the research question stated in Chapter 1:

How do nurse academics role model positive professional behaviours for undergraduate students?

Observation as a data collection method linked to the research question by addressing the specific question of:

What are the main modes of interaction between academics and student nurses that indicate role modelling?

Interviews and focus groups as data collection methods linked to the research question by addressing the specific question of:

What factors influence academics' role modelling for student nurses?

Observation, interviews and focus groups as data collection methods all linked to the research question by addressing the specific question of:

What characterises academics' role modelling of professional behaviours?

The original study plan was to undertake observation first as a broader dataset, and then undertake focus groups, followed by individual interviews, as the questions became more specific. The difficulties encountered by poor response rates and participation necessitated review of the sequence of data collection strategies. To facilitate the progress of the research, a focus group of nursing students provided the initial data. Individual interviews with students followed this, which was followed by observation, and then focus groups and individual interviews with nurse academics.

While this changed the anticipated flow of the data collection strategies, some advantages were found in the modified sequence of events. For example, the initial focus group with nursing students gave some interesting insights to how the students perceived the interactions and influence of the nurse academics. This gave the researcher some insight and enabled the development of more specific questions to guide the individual interviews. Then, when the researcher entered the field for observation, areas for particular attention were

highlighted, which allowed her to focus on particular areas of the interaction in order to confirm, clarify or refute what the students had previously reported. The field notes in this study included notes of what was observed in the field, as well as additional thoughts and insights of the researcher during and following the period of observation.

The focus group discussions in this study were audio-recorded and transcribed verbatim by an external professional transcribing service. During data analysis, the recordings and transcripts were listened to and read over and over as theoretical sensitivity developed. The recordings were listened to for nuances in the conversations in order to add further depth to the written transcriptions.

In this study, all participants were invited for individual interviews at a time and place of their choosing. The interviews were recorded and transcribed verbatim by an external transcription service. A broad interview guide was written for each interview, the focus of which changed over the course of the study as areas for further investigation were identified through concurrent data analysis. That is, the initial interviews were unstructured, with participants asked about role modelling by nurse academics from their perspective. As more specific areas of enquiry were identified, questions raised as a result of increasing theoretical sensitivity were asked during the individual interviews. The broad interview guide for the latter interviews contained prompts and questions that were more consistent with a semi-structured interview format.

The interviews were conversational, and the direction of the conversation was at the discretion of the interviewee, with some prompts and probes by the researcher when more information was required to clarify an area of interest.

During the data analysis of the interviews, the audio recordings were listened to over and over again, and the written transcripts read and re-read. This allowed the researcher to listen to and note the intonations and pauses in the interviews as part of the researcher–participant interactions (Silverman, 2011a), as well as reading the text of the conversations, thereby contributing to the generation of more reliable data.

Memos are written records of the researcher's thinking at a point in time during the research process, and are another of the essential grounded theory methods. They are variable in content, subject and intensity, and allow the researcher to construct reality during the research process (Birks & Mills, 2015). Writing memos can take numerous forms, from formal to free-form, all of which are vital to the developing theory. Memos become part of the grounded theory findings as the researcher transforms data into theory, and guide the researcher to seek more information through theoretical sampling (Bex Lempert, 2007; Birks & Mills, 2015). Coding and memo writing are considered essential processes to allow the researcher to gain new insights through repetition, and preserve the interactions as the research progresses (Silverman, 2011a; Timmermans & Tavory, 2012). Memo writing is at the core of grounded theory research, providing the basis for coding during the research process (Saldana, 2013).

The grounded theorist writes memos from the very inception of the research study. In other types of qualitative study design, researchers may keep journals and collect data that may not necessarily form part of the final research outcome. However, in grounded theory research, memos are always integrated into the final theory. Memos can take many different forms and there is really no

firm framework within which they must sit. As long as researchers write throughout their study, memos play a vital role in the final theory. Memos reflect the growing insight and developing theoretical sensitivity of the researcher. The memos written throughout this study were included in the dataset and guided the researcher's insight and theoretical sensitivity. The memos moved from descriptive writing that literally described what was seen or read in data collection and analysis, to more analytical memos that reflected the researcher asking the question 'what is happening here?'.

Concurrent data collection and analysis

Concurrent data generation and analysis is undertaken in conjunction with theoretical sampling, and continues throughout the grounded theory process until there are no new data to collect that would elicit new insights (Birks & Mills, 2015)—essential elements of a grounded theory study. To be able to theoretically sample, analysis of the previous dataset is necessary because, as previously described, theoretical sampling requires the researcher to continually gather and analyse new data, which guides the path the research is taking.

Concurrent data collection is fundamental to grounded theory research design and considered a key aspect of grounded theory (Bryant & Charmaz, 2008). Concurrent data collection begins with data collected from a purposive sample of participants; the initial data is then coded which guides further data collection to delve further into a more specific area of enquiry (Birks & Mills, 2015)—that is, it guides theoretical sampling.

Data analysis

Data storage and confidentiality

After downloading to the electronic repository, all audio recordings were deleted from the recording device. All paper copies of participant consent forms and data sources were stored in a locked cupboard, access to which was limited to the researcher and one supervisor. Electronic copies of the data were stored in the secure online research data repository at JCU, access to which was limited to the researcher, one supervisor and the Graduate Research School. Electronic recordings of each focus group and interview were sent to an external professional transcription service via a secure link. This ensured that information gathered from the research participants remained true, participants remained anonymous and data remained confidential.

All the transcriptions, memos and field notes were uploaded into the NVivo computer program for analysis. The NVivo program was used for line-by-line analysis, where common themes were identified to provide the initial codes in the study. Following the initial observation, focus groups and interviews, initial coding was undertaken, whereby the researcher identified key words or groups of words that labelled or represented certain actions or interactions (Birks & Mills, 2015).

Data collected during the course of the study was subject to analysis throughout the study, from its inception. Analysis was undertaken through coding of interview transcripts and notes, participant observation, field notes and memos. Key concepts were identified and coded, and codes were linked together to build categories that resulted in theory development in relation to the research question.

Constant comparative analysis

The next essential grounded theory method demonstrated in this study of nurse academics' role modelling was constant comparative analysis using inductive, deductive and abductive logic. Constant comparison refers to a continual process of analysis that occurs throughout a grounded theory study. It involves comparing the data from all sources—including field notes and memos—comparing code to code, code to category, and category to category to allow full development of each (Silverman, 2011a). This constant movement over, around and through the data allows the researcher to focus on 'actions and processes rather than themes and topics' (Silverman, 2011a, p. 71). Grounded theory is often referred to as an inductive process. In reality, grounded theory is an inductive, deductive and abductive process. Induction, deduction and abduction are all types of reasoning that the researcher uses to explain what the data are saying.

Induction is more about reframing existing knowledge, while abduction relates to new knowledge gained through new insights (Bryant, 2009). Deduction refers to the application of existing knowledge to newly discovered concepts; it does not refer to new knowledge (Reichertz, 2010). Abductive reasoning refers to the ability of the researcher to propose logical explanations for what the data are saying (Bryant, 2009). In the literature, abduction refers to thought processes following the surprise elements (or 'lightbulb' moments) of research in which the researcher has a 'Eureka' moment (Reichertz, 2010). It is the application of logic and reasoning to absorb new knowledge into the existing knowledge, adding order to the way in which qualitative researchers understand and integrate new knowledge.

As the research progresses, the researcher uses all three processes to look both within and outside the data. This occurs through comparing code to code, code to category, and category to category as the theory develops. The grounded theory is not complete until the theory is immersed in the broader area of knowledge about the phenomena under investigation.

Constant comparison analysis in this study

During this study, the data were subjected to constant comparison throughout. Themes evident in the data were compared and grouped together in codes. The codes were compared to codes, and early categories were identified. As more data were collected, the data were recoded and categories renamed as clearer themes in the data became apparent. Recoding of the data clarified the themes and provided the triggers for the next phase of theoretical sampling.

Coding

Initial coding

Initial coding and categorisation of data were essential grounded theory methods used in this study. Saldana (2013, p. 101) described initial coding as the 'starting point' of data analysis. Analysis and coding of this initial dataset allows the researcher to identify early codes and themes that warrant further enquiry (Birks & Mills, 2015). Investigating these areas for further enquiry then enables theoretical sampling, whereby the researcher identifies participants or potential participants for further study. Initial coding may include line-by-line coding, which has been said to fracture the data (Saldana, 2013). By breaking down the data in this manner, themes may become apparent in the data, leading to identification of early categories in the data (Birks & Mills, 2015).

In this study, the coding moved from initial to focused and back again, as the researcher moved back and forth through the process of constant comparison and data analysis until theoretical saturation was reached. This was not a straightforward process. The codes were reviewed and changed to reflect the groupings that became evident as more data were collected. At one point, after gathering new data, all the existing data were reviewed and recoded into new codes, which in turn led to the identification of categories. This is not an unusual occurrence in the coding process (Saldana, 2013). It was at this point that all of the data fitted together, and key concepts became apparent.

Intermediate coding and selection of a core category

Intermediate coding

Intermediate coding is another of the essential grounded theory methods, building on the initial coding phase. Initial or line-by-line coding is thought to fracture the data, while intermediate coding puts it back together. It is the beginning of transforming basic data into more abstract concepts, thereby allowing theory to emerge (Birks & Mills, 2015). Without intermediate and advanced coding, the final product would be merely the reporting of observations with no demonstration of higher order thinking or explanation of relativity in broader contexts. According to Birks and Mills (2015, p. 97), two questions should guide the researcher during this analytic phase:

1. Which categories may be subsumed beneath other categories?

2. Can you discern the properties and dimensions of developed categories?

Working with the existing data, theoretically sampling for more data, and subsequently analysing new data provides the researcher with the scope to identify more clearly the properties and dimensions of each category. This leads to the identification of a core category—another essential grounded theory method.

Selection of a core category

Selecting a core category is an essential grounded theory method that provides the basis for the final theory. A core category spans all the categories, demonstrating the connections or links between categories. It should make visible the key elements of each of the categories, and explain how it all fits together (Birks & Mills, 2015). Holloway (2008) listed the characteristics of a core category as follows:

- it is a central phenomenon in the research that should be linked to all other categories so that a pattern is established

- it should occur frequently in the data

- it emerges naturally without being forced by the researcher

- it should explain variations in the data

- it is discovered towards the end of the analysis.

Once the researcher identifies the core category, it becomes visible in every aspect of the emerging grounded theory. In essence, a core category should, in one or two sentences, explain the theory and encapsulate the key elements of all the categories in a concise manner.

In this study of nurse academics' role modelling, codes were continually compared to codes, codes compared to categories, and categories compared to categories. As well as this constant comparison, each category was scrutinised in

relation to the conditions that the category required to exist, and what the consequences of the category were. This allowed for a more critical analysis of the categories and a deeper understanding of what was happening in each category. The key concepts led to identification of the core category of *reconciling professional identity.* Reconciling professional identity was apparent as a key concept across all the categories and thus was an appropriate choice for the core category.

Theoretical sensitivity, saturation and integration

Theoretical sensitivity

Theoretical sensitivity is the ability of the grounded theorist to see, think and know about the phenomena of interest (Mills, Birks & Hoare, 2014), which, according to Bryant (2009), is difficult to explain. Put simply, theoretical sensitivity in grounded theory occurs when the researcher begins to understand the phenomena more abstractly, discerning between the intimate influences on and within properties, seeing the links and commonalities between codes and categories, and becoming sensitive to the emerging theory (Charmaz, 2014; Glaser, 1992). Theoretical sensitivity is one of the essential grounded theory methods that takes grounded theory 'into the abductive realm' (Bryant, 2009). Having an existing understanding of a topic area can enhance theoretical sensitivity because the new information from the data merges with the researcher's existing knowledge to build a new theory grounded in the data. Thus, there is a distinct difference between relying on the existing literature and using pre-existing knowledge to create a situational awareness that becomes theoretical sensitivity (Kelle, 2007). In grounded theory, there are different

interpretations of exactly what theoretical sensitivity is or is not, as applied to traditional or evolved grounded theory methods. However, what is consistent is that theoretical sensitivity refers to the relationship between the researcher and the data, codes and categories as they move to higher abstract levels.

Theoretical sensitivity developed over the course of this grounded theory study, as demonstrated by the increasing insight shown by the researcher in relation to the data and the developing theory. This growing sensitivity was also recorded in memos and journals kept during this time.

Theoretical saturation and integration

Theoretical saturation is reached when there is no further development of the dimensions and properties of categories, bearing in mind that theory development is not limited to the identification of categories—it is reliant on a rich description of each category (Corbin & Strauss, 2008). Put simply, theoretical saturation is when no new information or insights can be extrapolated from the data—the properties of the categories are seen over and over again, with no new information emerging. Care must be taken when claiming theoretical saturation. The researcher must ensure that external influences (including the time required to complete the research) are not a catalyst for declaring theoretical saturation. Rather, the data analysis and coding should be the ultimate deciders (Charmaz, 2014).

'A theory is not so much a story as it is a proverb. It is a condensed form of wisdom we formulate from our own experiences that we pass along to other generations' (Saldana, 2013, p. 250). The transformation from a series of categories to a theory, as described by Saldana (2013), occurs through the process of theoretical integration. Theoretical integration is one of the final or

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advanced stages of grounded theory research, where the data become more than just a series of statements. Through theoretical integration, the concepts and categories are elevated to an abstract or conceptual level through conceptual analysis to become the final theory. According to Birks and Mills (2015), three factors are inherent in theoretical integration: the identification of a core category, the theoretical saturation of major categories, and an accumulated bank of analytical memos. The use of this bank of memos facilitated the relationship of the researcher to the data and the theory.

In the current study, theoretical saturation was reached on completion of the individual interviews with the international nurse academics. At this point in the data analysis, it was evident that the information from all nurse academics was revealing no new insights—a sign of theoretical saturation. Theoretical integration was achieved through a culmination of the essential grounded theory methods.

Birks and Mills (2015) highlighted the importance of the storyline as part of theoretical integration. As part of the process of advanced coding and theoretical integration, the researcher looks for ways the research fits together, thereby creating a narrative of the research process and outcomes that informs the reader of the end product and how it came to be. This storyline guides the development of the final theory, offering the researcher the opportunity to strengthen the theory and facilitate theoretical integration.

In this study, the storyline was written and revised through a constant iterative process, built on the findings from the data, and forming the basis for the findings chapter of this thesis. The process of writing the storyline allowed in-depth descriptions of the categories, and discussion of how the categories of

(i) *creating a context for learning*, (ii) *creating a context for authentic rehearsal* and (iii) *mirroring identity* fit together to form the final theory: *reconciling professional identity*.

Chapter summary

This chapter has reported how the study was conducted, with reference to grounded theory frameworks—it explained how the methodology presented in Chapter 3 was applied in practice. It presented and discussed the essential grounded theory methods, linked to how they were implemented during this study. It discussed and justified the use of ethnographic data collection methods to enhance the richness of the data and rigour of the study. In addition, it discussed the commonalities, advantages and potential disadvantages of using ethnographic data collection methods in grounded theory in the context of this study. The highlighted links between ethnography and symbolic interactionism support the use of ethnographic methods in this study.

This chapter described the research process that was followed, demonstrating how the recruitment and sampling were conducted. It discussed the conduct of the study, data management and data storage in the context of the ethical conduct of research, with the primary consideration of ensuring the wellbeing of the participants in relation to the study. It also described data analysis—the key to constructing grounded theory—and demonstrated how the codes, categories and final theory came from the data. Finally, this chapter described the reflexive activities of the researcher, thereby providing transparency to how the conclusions were reached.

Chapter 5: Findings

The initial findings of this study were presented at the International Congress of Nurses in Seoul, June 2015, the abstract for which is Appendix B. To maintain confidentiality of study participants, pseudonyms have been used when reporting the findings.

The findings of this grounded theory study, of role modelling by nurse academics highlight the duality of academics' role. Reconciling professional identity is central to the process by which nurse academics role model for undergraduate students. The process of reconciling professional identity incorporates the three categories of *creating a context for learning*, *creating a context for authentic rehearsal* and *mirroring identity*.

Nurse academics' multiple selves

Nurse academics are experienced clinicians who have changed roles to work in the university setting. In many cases, when nurses enter academia, they are challenged by the role transition from experienced clinician to novice academic. As such, nurse academics have multiple selves that they need to reconcile: experienced clinician and academic:

Lucy: *I see myself very much as a district nurse—who happens to be an academic, despite the fact that this year I'll have been there for 21 years.*

Amy: *You can take the lecturer out of the nurse, but you can't take the nurse out of a lecturer.*

Phoebe: *I'm a lecturer and a registered nurse, so it depends on what application you're putting in.*

Jack: *I see myself as a nurse who specialises in teaching. So I think I've just identified it as a nurse first.*

Undergraduate nursing programs prepare students to practice as registered nurses on graduation, following completion of a professionally

accredited course. Similarly, university programs must meet the requirements of the tertiary education regulatory authority. Thus, nursing courses are conducted within the two regulatory frameworks of education and professional standards. To meet both the professional and education standards, nurse academics must work within both regulatory frameworks to ensure the attainment of graduate attributes, as defined by their employer, and demonstrate the professional standards of the registering authority.

Meeting each of these briefs means that nurse academics must use a suite of teaching methods that are additional to standard university norms. To be able to develop the students' professional identity, nurse academics reconcile their own professional identity as a clinician and an educator through using both standard and specific teaching methods. Standard best-practice teaching methods are captured in the first category: *creating a context for learning*. Specific teaching methods that draw on the nurse academic's clinical experience and history are captured in the second category: *creating a context for authentic rehearsal*. Standard and specific teaching methods combine to lead to the third category: *mirroring identity*. *Mirroring identity* is a combination of the nurse academic projecting a professional image through teaching both general and specific content and actions, and nursing students developing a professional identity that reflects back to both the nurse academic and world at large. Figure 3 illustrates the process of reconciling professional identity.
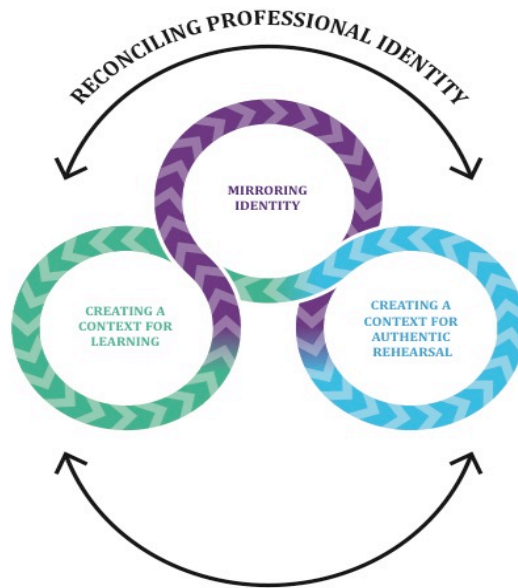
Figure 3: Reconciling professional identity

For the three moments of *creating a context for learning*, *creating a context for authentic rehearsal* and *mirroring identity* to exist, nurse academics are in a constant process of reconciling their professional identity. This reconciliation both contributes to and results from the academic moving through the three moments. The arrows that flow around and between these moments demonstrate the interdependence and coexistence between all three, where movement between any two is not exclusive of the third category.

The process of reconciling professional identity is dynamic and fluid, with the academic moving through all three moments over the course of their relationship with the students. There is constant movement in the model, where academics move forward and backward as the circumstances change. This may include, but is not limited to, the location of the student in their program of study. Students change the way they *create a context for learning*, *create a*

context for authentic rehearsal and *mirror identity* to meet their changing needs in the first, second and third years of the degree. As this process continues across their career, nurse academics continue to reconcile the duality between nursing and educating to find a balance that suits them, their employer and the profession.

Creating a context for learning involves the academic using strategies for effective communication, learning and teaching, which includes creating a suitable psychosocial and physical space for learning to occur. Once the learning space is established, the academic begins to create a *context for authentic rehearsal*. Thus, there is movement between *creating a context for learning* and *creating a context for authentic rehearsal*, as shown by the arrows in Figure 3. The path between these two categories includes *mirroring identity*, thereby demonstrating that there are elements of *mirroring identity* that are core to both *creating a context for learning* and *creating a context for authentic rehearsal*.

Creating a context for authentic rehearsal includes the elements of clinical currency and safe zoning. Academics draw on their past and current clinical knowledge to provide depth and context for nursing students to learn about nursing. As well as demonstrating their clinical skills, academics share narratives and tell students stories about their own experiences in clinical practice to highlight key points or give examples of how things did or did not work for them. In cases where things did not work for academics, they hope that the students will learn from their mistakes. The opportunity to learn from mistakes without compromising patient safety is fundamental to the concept of 'safe zoning'. 'Safe zoning' refers to the academic providing a suitable environment for students to practice nursing and hone their skills in a realistic or authentic environment that

closely resembles the clinical setting, without placing patients, colleagues or the community at risk.

Mirroring identity begins when the academic and student first interact—although, as demonstrated by the model in Figure 3, there are no obvious beginnings and ends to this process. Although students may graduate with the minimum requirement for practice as a registered nurse, there may be ongoing interactions between the academics as role models and the now registered nurses. In *mirroring identity*, the academics project what they believe is the image of a professional nurse, with the intent that students will learn how to conduct themselves in a professional manner. At the same time, nursing students learn through examples of the professional behaviours of a nurse, and incorporate these into their beginning and future practices.

Creating a context for learning
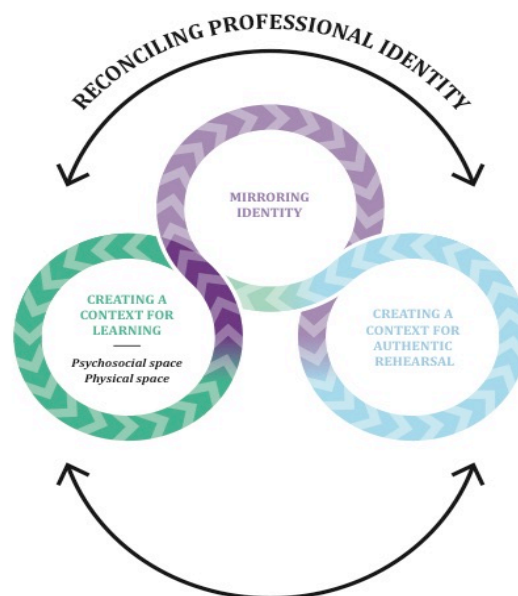
Figure 4: Creating a context for learning

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In *creating a context for learning*, nurse academics set parameters for student learning in psychosocial and physical learning spaces. The psychosocial space refers to the climate that the academic creates for students to promote feelings of being valued as an individual, and confidence that they are in a structured, safe learning environment. Academics do this by articulating their commitment to student success, giving clear instructions and outlining expectations at the beginning of their student–teacher relationship, providing timely and constructive feedback, learning students' names and recognising them as individuals, and using humour.

Academics reported paying particular attention to ensuring that students felt that their learning was important to them, outlining strategies they used to support students in groups or as individuals:

Lucy: *I'd like to think that I am working in partnership with the students.*

One of the ways academics reported doing this was to declare upfront that they were committed to the students' learning to be a nurse:

Ted: *I tell them quite plainly that I'm invested in their success. I'm very clear to them that their understanding of [any particular issue] is important to me.*

While uncompromising in their expectations, these participants reported feeling that maintaining high standards was justified to ensure students' confidence and competence resulted in safe patient care. Giving clear instructions, defining their expectations, and providing timely and appropriate feedback were also ways by which academics created a safe environment:

Amy: *We don't apologise for that and I don't apologise for expecting a high standard. I'm one of those that do expect that high standard. But the students ... Well, I think the students actually have more*

respect because, in the end, when they do an assessment and it's been by what is perceived by the student body as, 'oh my gosh, she's a tough marker', and they pass, they know they're great because they've got through what they perceive as a tough hurdle. It's actually no real difference, but they have that perception that we expect something more.

The academics reported that they made a point to clearly outline their expectations of students at the beginning of semester, including acceptable behaviours and standards, and the normal subject/course assessment expectations. The academics worked with the students to clearly define their expectations of classroom behaviours:

Margaret: *You have to have expectations as a point of reference.*

This includes being quiet while someone else is talking in order to create an atmosphere of mutual respect. In this manner, students were encouraged to demonstrate respect for themselves, other students and the academic staff member, thereby going some way to building mutual respect among colleagues:

Penny: *I always respect the students. I respect the fact that every time I walk into a classroom one of them—or all of them, or whatever—is going to teach me something. I appreciate the fact that students teach me and I respect that and I listen to them.*

Elizabeth: *It does take more time, but I think—I like listening to other people's perspectives because sometimes they have a way of thinking that you would never have reached. The teacher may not have either because everyone has a set way of thinking. I think doing it like that, you learn to think about other ways, but also you learn to work with other people because you're realising that just because you see this point to this point, someone else may see it this point to this point. So I think you do learn and you learn different thought patterns, so I think that's good. That's what I like.*

Academics linking theory to practice was identified by students as a valuable way to learn, whereby they developed a greater understanding of why they were doing something, and subsequently learnt more than just skills:

Veronica: *They are very confident in what they're showing us and the way they're talking and they know their stuff. They're able to answer*

questions, like why we are doing this, why should we do it—they're there. They're on the ball all the time and they can relate it back to why we're doing it. That gives us confidence as well.

For these same students, settings that resembled more of a secondary school setting were not considered conducive to learning:

Veronica: *Just the way it was all set out, it was just the lecture and then the tute [tutorial]. There was no hands-on stuff, it was very schoolroom … I don't know, people have different views, but I don't like the schoolroom setting. Never have and I hated it when I was at school.*

The provision of timely and constructive feedback to students was also identified by academics as important in promoting a supportive environment. The students discussed how timely constructive feedback from academics positively influenced their learning. They also reported that they endeavoured to offer feedback to the academic that they were paying attention and to indicate whether they were understanding the content, especially during class time. Thus, feedback is constructed as a two-way part of the process of creating a safe environment in which to learn and teach:

Monica: *So if, for example, a student sends me an email and they want feedback on something and I know that some of it's good they've done or some of it's bad, I would convey that in a way that says, 'your ideas are really interesting'—giving the feedback that says, 'great, you're thinking along the right lines, you're asking the right questions; however, you might want to think of'—so valuing what they've got to say, but also adding to it and guiding them.*

Elizabeth: *It's probably also a two-way thing because, if you show you are interested in what they're teaching, it gives them a feedback to encourage them, so maybe it's a two-way thing. If I would be really disinterested, not doing what I was expected to do, then obviously it would be discouraging for the teachers.*

Both the academics and students reported that feedback is not only related to formal feedback for assessment. Informal feedback was frequently reported in the way that the academics asked students about how they were generally progressing. This helped the academics identify potential gaps in

learning, and the students felt that the academic staff were demonstrating genuine interest in their learning and wellbeing:

Margaret: *I actually really make an effort when I see them anywhere else, to say hello as well, and ask them how they're going—how is the year, how is their semester—and getting feedback from them that way, to know where they're at.*

Elizabeth: *They take the time to listen to what you're actually saying instead of just giving a general response. They give you good feedback on how to improve what you're doing.*

Thus, feedback occurs more frequently than merely comments on an assessment piece, during a classroom exercise or in a subject result. Establishing a feedback loop is a fundamental interaction between academics and students that contributes to a mutual understanding of the student's knowledge level.

The students spoke frequently about how important their feelings were to their levels of self-confidence to successfully progress through the course. They identified how feeling included, safe, secure and supported contributed positively to their learning experiences and outcomes:

Betty: *No matter what subject I've taken, it's a very safe environment—I feel safe.*

Creating a learning space where students felt safe was recognised by the academics as an important part of their role. The academics also understood that nurturing the students' confidence to speak up by providing a safe environment for learning could affect their future practice as a registered nurse, particularly as an advocate for someone in their care:

Angela: *They feel like they can be open in what they say, so they feel confident to share. In fact, no question is a silly question, if you like, so that you respond to all questions appropriately without making any of them feel ... that that was no good.*

Meg: *You don't want to push a quiet person into a dreadful place of feeling terribly exposed, but you do want to encourage people to take responsibility for having voice because that would lead into how they might feel around assertiveness.*

The students reported that feeling part of a group was important to their learning experiences—a point acknowledged by the nurse academics. Promoting feelings of inclusion, support and safety while learning about nursing is an essential part of assisting the development of a professional identity. The students reported that learning in such an environment made them feel that the academics were committed to helping them pass the subject or course:

Sandra: *I think it has an enormous impact because, if you feel you are part of this group, you feel included, you feel that's where I am now, that's where I belong now for this four hours. I'm known. I think it has an enormous effect on our learning ability because some channels can close down if we feel—it's those emotional ears, they close down. If I'm now very emotional, I can't hear everything you say because it's like a shopfront, they close it down. So I think if you feel included and recognised, then you can open up because you feel also safe in that area and you can soak it up and enjoy it.*

The academics spoke about strategies they used to promote these feelings in the classroom, especially in relation to how they used these feelings to encourage participation by students who were reluctant or reticent to actively contribute in front of their peers. In short, positive feelings are generally associated with positive learning outcomes, and creating a safe environment takes this into account. The academics described paying particular attention to ensuring the class as a whole focused on whoever was talking, thus promoting a respectful environment:

Lucy: *I think for me it's very much about engaging with the students, asking them what they think, giving everybody an opportunity to express a view and being able to value that view and get others involved in the discussion.*

The students reported that being recognised by academics was important to them, so that they were not just a number. In response to this need, the academics used numerous strategies to remember students' names, explaining

that they understood how important this recognition was to creating a supportive learning environment:

Veronica: *always telling—calling out names—and the thing that impresses me is they know most of our names. So it's like a constant—it's an instant recognition of that person, whoever saw it may be and then, oh you're doing this oh you're doing and that as a person myself it gives me, oh she knows me and it's like a different—I think it's a good interaction.*

The academics were observed to make efforts in class to link names to faces. For example, they reported asking students something about themselves and repeating it back to them after saying their name, such as 'Amber from Ayr' or 'Chloe with two cats'.

The students recognised that knowing someone's name was very important to their future practice, making the link between how they felt as students to how a patient may feel in hospital. The academics also related that they hoped that the students would implement similar strategies in clinical practice, promoting feelings of being valued in the person requiring care. In this way, academics role model behaviours that promote a supportive environment:

Sandra: *It is because I know when you're sick in hospital and just having that personal connection with people that are caring for you, is so much better. I know from personal experience being in—having had children and that sort of thing, it's nice to know that the nurse remembers you and she comes in the next shift, the next day and still remembers who you are, it's good. It's nice.*

For academics and students, humour can be an engaging, relevant and valuable teaching tool, if used appropriately. The academics discussed using humour to increase student engagement and contribute to a more supportive environment that appears less threatening to students than a more formal, restrained environment. Both the students and staff referred to the difference

between humour that had positive effects on the learning environment, and

sarcasm, which had more negative connotations:

Angela: *I try and use humour in a couple of ways. One is to build rapport, and I think humour, used in the right context, builds rapport. I think it also helps students remember things that you've said. If you can put something in a funny context, but make it a correct funny context, then students will remember: 'Oh, remember that funny thing she said about blah blah blah?' So providing it's the right answer. I just think also telling funny stories about your experiences in the workplace just helps give students a bit more of an insight into what goes on in the real workforce.*

Betty: *Maybe it was just a bad coincidence that my feared topic was held by a really—I mean, academically, I'm sure he's on top of everything— it was just very sarcastic, dark humour, and I felt intimidated badly.*

Margaret: *There is actually a difference between sarcasm and humour, yeah. I try and create humour in an effort to foster a more open environment.*

Using humour extended beyond the physical classroom to the virtual classroom,

as is the case in teaching online subjects:

Rachael: *I think humour is really important—again, much harder in the online setting—but in the classroom setting, I really think learning should be fun.*

The use of humour to teach undergraduate nurses was also present when the

academics taught students in other countries. However, how humour was used

and interpreted had different outcomes when academics used humour with

students from a different cultural background to their own.

Phoebe: *sometimes I think they don't realise they've got permission to laugh.*

The students were discerning about the difference between academics

being poor role models and academics being 'stern but fair'. The students

respected the academics who had high expectations, yet clearly outlined what

students needed to do to meet these expectations. They also respected stern but

fair teachers who provided ongoing feedback that gave them the opportunity to

improve and meet the required standard:

Elizabeth: *But I was so frightened of her because she failed me for one of my OSCE* [Observed Structured Clinical Examination] *s, but then there was a time when she was watching me do wound care in preparation for an OSCE. I kept fumbling and mixing up because I was just so goddamn nervous because I do when people watch me. She said, 'oh no, just slow it down. Just think about what you're doing'. I think some teachers like that, they can be stern when it's needed, but, at the same time they can be, 'hey, let's think about this. Let's just walk it through'. That's nice.*

In the individual interviews, the academics identified by students as stern but fair also self-identified this characteristic in their approach to students:

Monica :   *I respond to the students' cues, but also because sometimes I tend to be a little bit—sometimes I'll come in and be a little bit professional or … maybe appear a bit firm. And I get that feedback from students, but, as they get to know me or I warm up to them and they warm up to me, I get feedback that I'm approachable and friendly and so forth.*

The second element of *creating a context for learning*—creating a physical space—includes preparing the physical classroom, ensuring that the appropriate resources are available, adapting lesson plans and teaching styles to suit individual classes, allocating time for student consultation and clearly communicating this to students, and demonstrating good time management that is consistent with good interpersonal communication strategies. Creating a suitable physical environment for learning includes—where it is possible to do so—academics moving equipment, such as chairs, to create an environment where open communication is promoted. Where it is not possible to change the teaching space, academics should modify their teaching style and lesson plan to suit.

The academics spoke about following prescribed lesson plans, but adapting them to individual group needs and dynamics in order to promote students' learning. The students spoke about the negative experience of a

teacher who rigidly adhered to the lesson plan with little or no regard for the degree to which the students understood the content. The students' perceptions of this type of teaching were that it is more task oriented and superficial, not student or nursing focused:

Sandra: *I think it's more task. It's more—get what they've got set for that tute [tutorial] to do, and then go … It was basically, 'I've got this stuff to do, this stuff to show you, to teach you and we've got to do these activities', and that's it.*

Adapting teaching styles and settings to suit the group, without compromising the content being taught, is another way of valuing students and their needs. For academics, preparing the environment in this manner promotes student learning and demonstrates to students the importance of individualising their approach without compromising the overall outcome. If teaching plans are modified to suit needs, students gain essential knowledge and learn that there are many ways to impart knowledge, which is particularly important in clinical practice:

Phoebe: *I guess it's one of those opportunistic learning things, so, rather than 'teaching' about [something], say we're 'talking' about something. I'll take it to another level if the class can cope with that. But even if they can't, I will take it to another level and explain, 'okay, I want you guys to look this up and understand what this is', or 'what's the antidote to this drug?'—where it might not actually be in the lesson plan, because you're giving this drug and this interacts with this, what's going on with that.*

If teachers adhere to a prescribed formula without flexibility, student learning is compromised, rather than enhanced. Likewise, in nursing practice, provision of care can be adapted to meet individual patient needs without compromising the care or overall health outcomes.

The academic staff also clearly outlined their contact details and allocated student consultation times to increase their accessibility and availability to students. Access was also discussed in the context of communicating with

students via electronic means, such as answering emails within a 24-hour period and not being dismissive of what the students felt to be important. That is, acknowledging that whatever is concerning the student is important to them at that point, and addressing their concerns, regardless of what else may be going on for the academic at that time. This prioritisation of students' needs and providing necessary advice and support is similar to nursing practice, whereby nurses acknowledge individual patient concerns and respond to them as they occur:

Veronica: *'I have a few questions' or 'Can I come and ask you something later?' or 'Can I have some of your time?' And I found academics really cordial and really accepting of that: 'Yes, I can help you, come and see me. Send me an email, I will also email you back, and I will answer you and your questions', and that sort of thing—positivity, that kind of sends me positive feedback.*

Monica: *Okay, it's just an email address, but I think if we're going to have them be professional nurses or professionals in any capacity, we've got to show ... some of that as well. An announcement every week, and for every email—particularly if a student says, 'I'm really struggling' or 'I don't understand this', or they've got life experiences going on, is reflecting back—'sounds like you're having a challenging time'.*

So you actually acknowledge that you've heard that it's difficult or something's happening, and then give them their feedback, and immediate feedback. I know that makes a difference through my own experience, and when I get a student—when I email the student and it's with—maybe it is an hour or two, or within the day, they email back and say, 'thank you so much for the prompt reply', which encourages me. So it's like a double interaction.

One academic reported that when she asked students about their recent clinical placement experiences, including writing down their most significant learning experiences, five of eight students said communication, and four of eight students said time management. While a less tangible concept to include in the curriculum, good time management is essential in clinical nursing practice, and is required in the non-clinical setting to prepare and submit assignments, prepare

for examinations, and perform clinical skills for assessment. The academics reported demonstrating good time management as part of how they organised themselves, such as being on time for class and hoping that students would integrate time management skills into their own professional behaviours. This respect for good time management in nursing practice was not lost on the students, who reported understanding that good time management in clinical areas is fundamental for good practice:

Betty: *Also time makes a difference, like, in the wards, you're always time constrained—you have to do certain things in certain times.*

Further, the academics discussed how they related the importance of time management in nursing practice by using examples from their own experiences or clinical practice to illustrate a point:

Penny: *You will need to abide by this—this is the way you get on in the nursing world. Time management—crucial.*
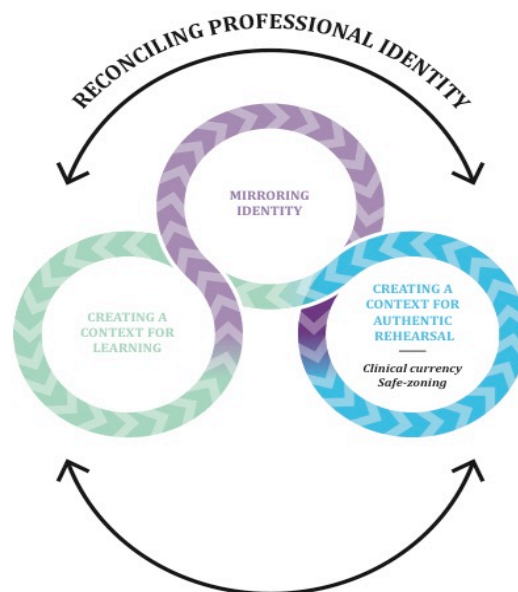
Creating a context for authentic rehearsal

Figure 5: Creating a context for authentic rehearsal

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Creating a context for authentic rehearsal differs from creating a context for learning because nurse academics draw much more strongly on their clinical 'self' in how they prepare for and implement their teaching strategies. Fundamental to creating a context for authentic rehearsal is demonstrating clinical currency. The nurse academics achieved this through sharing the narratives (storytelling) of their personal and professional experience to illustrate and explain the theoretical underpinning of various scenarios and alternative plans of action that students could implement in their work as a nurse, thus creating a link between the place of simulation and clinical practice.

Maintaining clinical currency is an essential element of creating a context for authentic rehearsal and is an important part of the process of nurse academics reconciling their professional identity. Clinical currency differs from clinical legitimacy, clinical credibility and currency of nursing knowledge. Clinical legitimacy and clinical credibility refer to the perceptions that others have of individual nurse academics. That is, looking from the outside in. Currency of knowledge refers to nurse academics' current awareness of best evidence and best practice, but not necessarily their ability—whether perceived or real—to implement such knowledge in a clinical setting. The concept of clinical currency is from the nurse academics' perspective, looking from the inside. Clinical currency is multifaceted and complex, with two key components: confidence and clinical presence. Confidence refers to nurse academics' self-assessment of their ability to provide clinical nursing care. Clinical presence refers to the time nurse academics spend in clinical settings in addition and complementary to their time in non-clinical settings. Clinical presence includes

all clinical settings, ranging from fundamental, low-intensity nursing care for low-dependency patients to highly specialised, high-intensity nursing care for high-dependency patients.

Nurse academics who are clinically present achieve this in a number of ways. They conduct research with clinical partners, provide support or guidance to students during clinical placement, liaise with clinical partners to develop policy, and contribute directly to the provision of patient care. In this study, the academics who allocated time to working with clinical partners reported higher levels of clinical confidence than did the academics who allocated little or no time to this aspect of their role. The nurse academics who sustained a presence in the clinical setting had a greater current awareness of clinical practice, procedures, policy, technology and equipment, and higher levels of clinical confidence and resultant currency. It is this clinical currency that these nurse academics drew on to create a context for authentic rehearsal. Figure 6 demonstrates the relationship between nurse academics' clinical presence and clinical confidence.
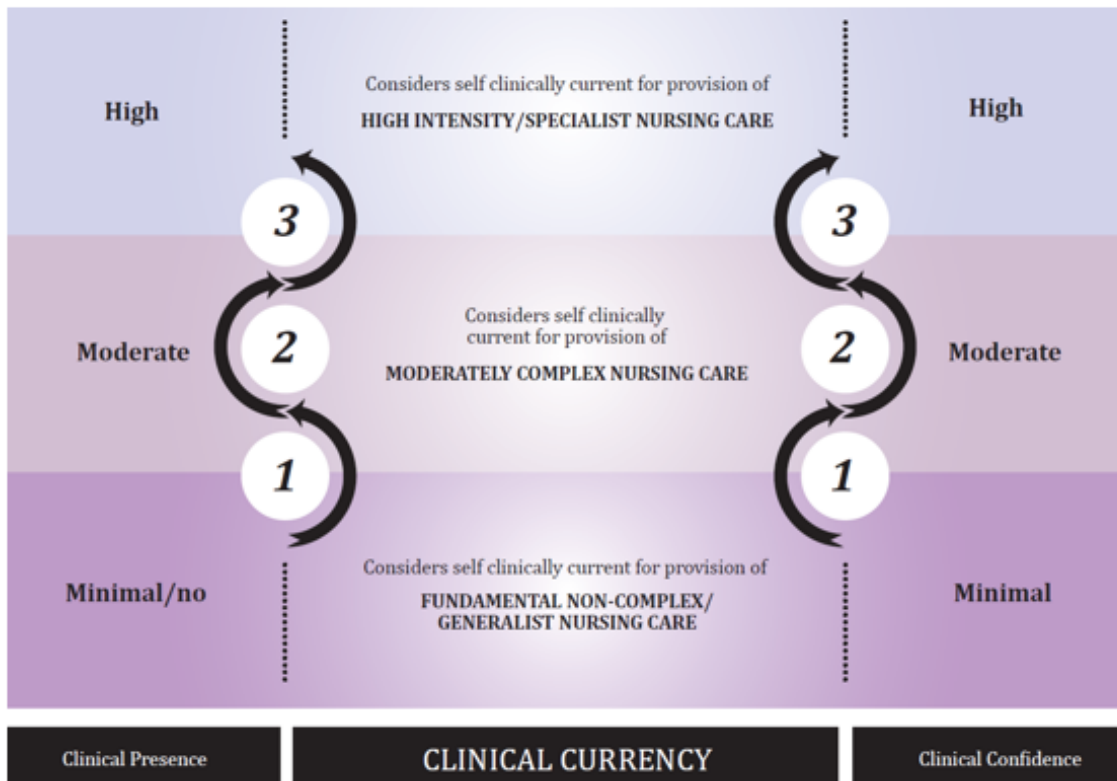
Figure 6: Clinical currency - the nexus between clinical presence and clinical confidence

The nurse academics who considered themselves specialist nurses in a particular clinical field reported higher levels of clinical confidence than did the nurses who had clinical expertise in generalist nursing fields. Those who had worked previously in non-clinical specialist nursing roles were also more confident than those who had worked in clinical or non-clinical generalist nursing roles. If nurse academics can sustain their presence in the clinical setting through working alongside industry partners, they sustain higher levels of clinical confidence. As nurse academics spend more time working in a non-clinical setting, their reported levels of confidence to practice clinically decrease. This balance appears to be achieved when nurse academics spend some of their work hours in the clinical setting. The level of confidence to provide moderately complex care is evident at this point.

The acuity of the clinical environment in which the nurse academic works can also affect their level of clinical confidence in relation to the number of hours worked. The complexity of care required in specialist nursing roles requires more than just theoretical knowledge of what is currently considered best practice. It requires competence in highly technical skills, including using state-of-the-art equipment. Conversely, generalist nursing care is the application of core nursing knowledge using fundamental observation and assessment skills, with less reliance on complex, highly technical equipment. In this way, the nurse academics who worked in high acuity areas reported higher levels of clinical confidence, compared to the nurse academics who spent the same time in low acuity areas. In summary, the nurse academics who worked predominantly in non-clinical settings, but dedicated some of their work hours to the clinical setting, showed a greater level of confidence to provide more complex care than did their counterparts who did not have a clinical presence:

Angela: *Well, I perceive that I am clinically current because I each year do a couple of weeks of clinical facilitation where I'm actually involved in the clinical areas directly with clinical—or getting familiar with what's current ... I just find that it increases my confidence around being absolutely sure that what I might be teaching is current.*

However, perception of core, or fundamental skills remains constant for nurses, regardless of the setting in which they work. That is, although all the nurse academics' reported levels of confidence to practice clinically decreased as their clinical presence decreased, it never disappeared completely. All nurse academics in this study were confident that they could provide fundamental nursing care in a generalist clinical setting:

Phoebe: *My clinical currency is rubbish. I would say I'm not particularly clinically up to date. I teach, like I said, all the professional development stuff. I haven't worked in the clinical area for over 12*

> *years. So I would say, clinically, I'm not up to date. I certainly have been in the clinical area and I've certainly done plenty of reviews of practice and those sorts of things, so I don't feel that I would be dangerous, but I would not be up to date with the latest medications or any of those sorts of things ... if you said, 'I need you to go out on the ward and these people need their obs [observations] and everybody needs to be showered'—I can do all that.*

Bonnie: *For me, it's networking with people who are working. I think currency is more than just working a shift; it's making sure that you keep up to date with evidence-based practice.*

The academics who spent minimal or no time working as clinicians continued to value their relationships with clinical partners and considered that contributing to the provision of quality nursing care through research and policy development maintained at least a base level of competency to provide fundamental or general nursing care. These academics clearly identified the role that their clinical networks played in their understanding of current best practice, and highlighted the value of the collaborative ventures between academia and clinical agencies:

Meg: *So the academic team have links with a particular trust, so a particular unit, and we work very much in partnership to develop the educational strategy across both academia and clinical practice.*

Rachael: *Maybe they [nurse academics] can have it [clinical contact] by doing research projects within a clinical setting and working with clinical partners.*

Clinical currency is used to link the past or current clinical work of nurse academics to the content in which they are teaching. They draw on their clinical experience and current awareness of clinical practice to *create a context for authentic rehearsal*. An environment that provides a *context for authentic rehearsal* allows the academic to physically demonstrate the performance of skills, showing students the practical application of the theoretical knowledge they learn through other learning and teaching strategies:

Penny: *If I have a student that doesn't want to perform a skill or task, I can role play. I've got a bed, I've got a patient or manikin, I can play the person and I can ask them to educate me or talk to me or communicate or come and tell me how you're going to take these stitches out … In tutorials, the theoretical knowledge is a bit harder to get that personal link and it's not a conversation, it's a teaching episode. I think that presents a barrier. It's not the two of us learning, it's teaching.*

As part of creating a context for authentic rehearsal, academics use storytelling as a teaching tool. Academics make specific and clear links to practice when they are explaining concepts, skills and procedures to students. Storytelling was the most common way that these academics reported making these links. The academics' narratives of their own professional experiences and observations were reported by the students to be valuable to their learning, offering the opportunity to learn from someone else's mistakes if possible:

Betty: *For me, specifically, it's their experience because they're coming from the real world and their life experience, they're experienced at nursing and still following—I mean now back at uni[versity], with the strict guidelines, and they often tell us it will be done a little bit different where you are, but we still—we go this way because you have to teach one way. But not to be like this but as long as it remains safe for everybody and it is evidence based, it does make sense what you do then it's right to follow that. But for me, especially, it's their experience where they're coming from.*

Penny: *Well, it's both good news and bad news, so, in terms of patient safety, talking about things that I have seen and done or adverse events that have happened because of health professional neglect or ignorance perhaps or just system errors that should never have happened, and these are the outcomes. So I guess putting it from that context that the patient should be maintained safely. So you get a look at the big picture and look at, I guess, systems error, and why do incidents occur and how can you mitigate that and minimise the risk.*

While the academics used their own clinical experiences, they were also mindful of the constraints of confidentiality:

Sharon: *Well, how I taught myself was through coroners' cases … Sometimes I used somebody else's stories. I used—I stopped—I didn't want to use my own because I was in a small town that could identify those*

people. But now I'm in a different town, I can use those stories. So I would use a coronial enquiry that was on the public record and it happened in the state, but it was on the public record.

Sometimes narratives are used to explain or provide a more light-hearted approach to a complex concept or scenario. The students reported that they enjoyed hearing about the real-world experiences from the academics, although only if it was not at the expense of valuable class time:

Veronica: *They are very confident in what they're showing us and the way they're talking and they know their stuff. They're able to answer questions, like why we are doing this, why should we do it—they're there. They're on the ball all the time and they can relate it back to why we're doing it. That gives us confidence as well.*

The academics were also mindful of only using storytelling if it was appropriate and served a particular teaching purpose. The use of storytelling also contributes to the creation of a safe zone for students, thereby demonstrating that the use of narratives and the provision of a safe zone work together. The use of narratives may be limited if not done in a safe zone where conversation can flow without fear or favour:

Phoebe: *The other things we talk about are near misses: 'oh, that was lucky that didn't happen'—but it was only just luck, but because nothing happened, we don't then go on with it. I just feel—I talk about the horror stories and how easily they could have been averted, but they were established practice and that's just what we did until something went horribly wrong. So I say, 'people didn't do them because they wanted to hurt somebody, but they did them because nobody ever really thought, "hang on—maybe this isn't such a great idea, and we could do something different, too"'. I do think sharing the stories of things that don't work, and personal stories—and I'm comfortable doing that. I don't ask my students to do that, but some choose to do so and I do say 'have they heard about stories?', rather than 'have you experienced them?'.*

Through the use of narratives, students not only learn about practice from academics' clinical experiences, but also learn that not even the experts are perfect and that, within reason, it is okay to make mistakes. This realisation is

important to students because it gives them permission to not be perfect the first time. This takes the harsh judgement out of a performance that might not be what they had hoped it would be, given that the person they are trying emulate has also faltered in the past. When this happens in the simulated setting, there is usually no danger or negative effect on anyone:

Elizabeth: *I love the stories—epic. Yeah, like I said, when Julia shares her stories about the slip-ups she's made—it makes me feel like, okay, it's okay to share that sort of information. For me, it's a comforting thing to know that I'm not the only mess up in the world. Like, I'm not saying she's a mess up—it's just that it's okay to be human, even though you're meant to be professional.*

Rachael: *I think sometimes the feeling that they have is the feeling of 'I've just hit the wall'—that's what the wall feels like and I'm not going to go to the wall again.*

In this manner, students are given a safe zone within which they can make mistakes on the road to mastering skills. The 'real' nursing world of clinical practice is patient focused, with the patient at the centre of all activity and their wellbeing paramount. In the simulation environment, the learning needs of students are the priority at the forefront of activity, made possible without compromising or risking the wellbeing of those in need of nursing care.

Authentic rehearsal spaces allow nurse academics to create a safe zone in which students can practice nursing without the risk of patient harm:

Angela: *I think it's providing a safe area so that they can learn their skills without causing harm to patients.*

Thus, students have the opportunity to practice their psychomotor skills and provide care in simulated settings, which differs from practising nursing skills in clinical areas. In the clinical setting, patients are the primary focus, whereas students are the primary focus in the simulated setting. Further, safe zoning students means academics draw on their professional expertise and current

clinical knowledge to provide clear guidance and feedback, thereby allowing

students to fail without resulting in harm.

Creating a context for authentic rehearsal includes providing

opportunities for students to learn from mistakes and practice skills in a

supportive environment that allows human error during the learning process,

which is imperative to developing nursing practice. An environment that

supports this type of learning also promotes the concept of taking responsibility

for one's errors and learning from them:

Sharon: *They need that level of privacy to be—so that otherwise they won't be candid with you … if a woman tells you she's using amphetamines and you report her to Child Services, is she ever going to tell you that again? So you have to have the same approach with the student. If they own up to something, even if it's a really—it's a really big mistake, I might have to take advice on it, but if you punish them for telling you the truth, they'll never tell you the truth again. Then they'll never tell anyone the truth. They'll never say, 'oh, I gave a double dose of that'.*

Death and dying are possibly the most clinically and emotionally

challenging aspects of nursing, and this is subsequently an area in which nursing

students should be well versed. Having the opportunity to practice scenarios

related to death and dying in the safe zone may be beneficial. Despite the

compulsory inclusion of resuscitation and life-threatening scenarios in the

simulated setting, when asked about outcomes, the academics reported that, in

all simulated cases, the patient survived. They justified this by saying that it was

essential for students to know what to do next for patients. When asked about

the negative outcomes of resuscitation measures, they said they had discussed

this as a class, with students often telling their own stories about what they had

seen or been part of during clinical placement.

The simulated setting would appear to be the ideal setting for students to learn about patient death in a supportive and safe environment. Feelings and emotions influence how people learn. Having the opportunity to confront emotionally challenging scenarios in a simulated setting allows this to be undertaken in a controlled, supportive environment without any loss of face with clinical colleagues. Academics were divided in their opinion about whether only discussing negative outcomes of care, such as death and dying, was adequate in simulated settings. Most felt that death and dying was addressed appropriately in other specific theoretical subjects in the curriculum. However, the students reported that, although they had learnt about death and dying in class, they were not prepared when they encountered it in clinical settings. Thus, this may require further attention in the safe zone of simulated professional practice.

Joy: *one second he's snoring and the next second he's not—that's a bit confronting and I didn't think I was prepared. We'd just studied grief and crisis … and that didn't prepare me, I thought.*

The long-term effect of having the opportunity to practice without the possibility of harming patients is that future nurses may be more likely to admit to mistakes, rather than attempting to hide them for fear of retribution. In clinical practice, recognising mistakes allows for the situation to be addressed appropriately, while not admitting to a mistake can have far-reaching consequences. The opportunity for authentic rehearsal in a safe zone promotes deeper understanding of nursing, thereby making the learning of nursing skills more than just the performance of skills.

The academics all reported saying to their students that they would 'be the registered nurse one day, so tell me what should happen in this scenario'. In this manner, they appeared to be consciously attempting to link theory to

practice by encouraging clinical reasoning. The academics also reported that, in some ways, it was easier to actively involve students in their learning in the laboratory or simulated clinical setting. This may be influenced by the visibility of clinical practice and 'real nursing' for those students who learn best in this way:

Amy: *I use the term 'one day, you might be looking after me or the people I love, so therefore I expect that I would'—I say two things. I say to them, 'look, one day, you're planning to be a registered nurse and this is what it's all about, so obviously you need to be able to function as a registered nurse. We don't want to put you out there if you can't meet the requirements of a registered nurse, and yes, you may be looking after me or my family member or your family member so you need to be able to do this'.*
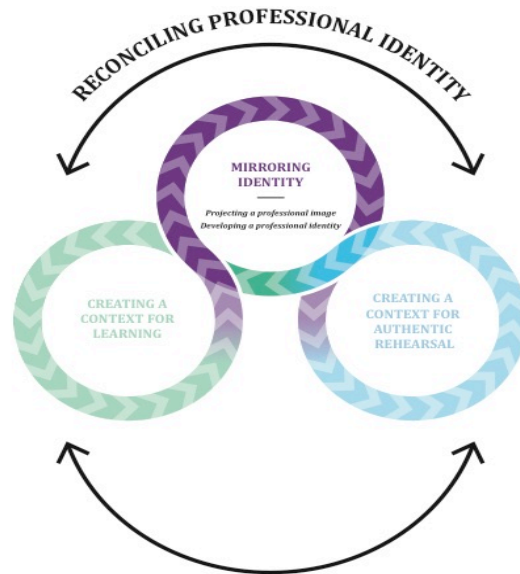
Mirroring identity

Figure 7: Mirroring identity

Mirroring identity has two elements: nurse academics projecting a professional image, and students developing a professional identity that is mirrored back to the academics and world at large. Throughout the students'

course of study, academics project what they consider the image of a professional nurse to be. This professional image of a nurse is a complex mix of physical presentation, interpersonal communication styles, and behaviours that fit within the professional standards and codes of conduct. The image of a registered nurse is non-specific and open to interpretation, allowing the individual nurse to present some of him or herself. Despite this individualisation, there are requisite attributes and standards articulated for registered nurses by the registering body. All the academics reported making both a conscious and unconscious effort to role model these attributes to the nursing students. These included, but were not limited to, personal grooming and presentation; punctuality; comportment; and communication with students, colleagues and people requiring their care.

During the course of their study, as part of developing their professional identity, students assume these characteristics of a professional nurse, as demonstrated by academics. In addition to demonstrating the professional characteristics of a clinical nurse, academics also demonstrate the professional characteristics of a nurse as a scholar and lifelong learner. In this manner, academics link the generic attributes of a university graduate with the more specific professional attributes of a registered nurse. Thus, they are reconciling their own professional identity as they balance their responsibilities to the education provider and professional regulatory body.

As students develop their professional identity, changes are visible. The academics reflected on observing the students' transformation to registered nurses who use their knowledge to inform critical thinking and clinical reasoning in clinical practice. However, students' professional identity development is

more than just physical transformation—it also reflects changes in attitudes, approaches, values and beliefs:

Penny: *The progression from a student with knowledge into a thinking person who can put that knowledge into practice is incredible.*

The academics recognised the bigger picture of the students' professional identity development. That is, they understand that students learn more from them than facts and theoretical understanding:

Rachael: *I think that who you are in the world teaches people a lesson, whether they are listening or not.*

The academics recognised that they play a pivotal role in facilitating students' understanding of the theory and principles that underpin nursing practice. They hoped that by demonstrating how to integrate theoretical knowledge into skills and clinical practice, they were demonstrating a professional approach:

Phoebe: *What I hope I do is actually instil that, to be a professional, you need to know the reasons why you do something.*

Students learn what a nurse is, what a nurse does, and, importantly, how a nurse conducts herself or himself—a point not lost on the academics, who all reported being constantly aware that they themselves were representing the profession:

Margaret: *I'm the registered nurse. Ultimately, I'm the registered nurse before I'm a lecturer or a tutor or a whatever. So my goal for them is to see ultimately what a registered nurse is, what a registered nurse does, and how they hold themselves. They are beholden to the profession and the profession is beholden to them.*

The academics were very aware of their role as an exemplar of being a nurse. They were mindful of demonstrating a professional attitude even when

students were not displaying appropriate attitudes or behaviours in class, in the

hope that the students would adopt similar approaches and attitudes:

Monica: *They don't have to be a nurse like me, but I think I have traits that might be useful for them.*

Audrey: *I think, as academics and as nursing academics, we're covering that whole expanse of nursing, not just role modelling clinical competence. We're modelling courage, which I think is something you do need to have, you need to develop as a student and that's courage, whether that's something you could apply in that context, commitment to … organisations, to patients, to the profession.*

Being seen as a professional and behaving in a professional manner,

including having a professional appearance and using professional language, was

identified by the academics as equally important to their role as the content they

taught:

Monica: *I think it's how you conduct yourself—how you speak to them … that you're polite, you're respectful, you acknowledge them, and how you facilitate the groups. You don't breach their personal space. You walk around … how you carry yourself, how you present yourself, the image that you have, the tone of your voice, the language that you use. So all the time you have to think that they're watching you and they pick things up.*

This requirement does not diminish among academics who teach or

interact with students in modes other than face-to-face learning; rather, this

requirement is enhanced. Academics who teach in the online mode have a

heightened awareness of not responding to poor student attitudes in a like

manner, but instead demonstrating what they hope will be perceived by students

as a professional attitude:

Rachael: *It would sometimes be the second, third or even fourth version [of an email] that actually goes out … trying to put enough warmth and informality into it, but at the same time also being professional. Because you're trying so hard to connect through an online environment that a lot of what would just happen naturally you wouldn't even think about the way you're connecting with students face-to-face in a classroom. They don't feel that connection and sometimes I frankly don't find it as satisfying on my end either*

because I don't feel that connection. So every word kind of counts more in the online environment.

Academics are particular about how they dress to portray a professional image, even when they are not in uniform. Even when dressed in their non-uniform work attire, they adopt a professional persona. The intention is for the students to have a clear and consistent example of an acceptable professional image for nurses, regardless of whether they are employed in a clinical setting, which requires the wearing of a uniform, or in the community, where it may not be required. In this manner, academics put on their professional self, thereby hoping to encourage the students to 'try on' their own professional selves:

Monica: *I think when they're in uniform, they put on the profession, so they become the profession. Your own personal outfit says something about you as a person and it gives another side to the student … So I believe, yes, that their uniform sends a message about how they perform as well.*

Jack: *like I said, it's almost like role play. It becomes real to them when they're in their uniform, like it does with me. It becomes real when I put on my professional look.*

Sandra: *Because when I get my uniform on, on a Tuesday morning to go to my PEW* [Professional Experience Workshop] *s, I feel like I'm a nurse. Whereas if I go to the others, I think I'm a student.*

The academics and students both recognised that nursing is about lifelong learning and that all nurses have responsibilities to teach. They recognised that nurses teach each other, students, other health professionals, patients and community.

Using the correct terminology was important to these academics, and they payed particular attention to the language they used when working with students—conscious that students mirror their professional behaviours. They also actively encouraged students to use the correct terminology at all times,

encouraging them to employ professional terminology in their regular vocabulary to make it part of their normal language:

Amy: *We can say 'tummy' if we're talking to a young child who would understand the terminology of tummy, but if you're going to tell the doctor that you listened to a person's tummy, that's not appropriate.*

Over the course of their study, nursing students develop a professional sense of self. This sense of self is a complex creation of knowledge and experience that is partly a result of the work of the academics in *creating a context for learning* and *creating a context for authentic rehearsal*. Knowledge about nursing, health and healthcare, as well as an understanding of who they are within the culture of nursing, are key components of a professional identity.

The students reported 'feeling like a nurse' in the simulated setting. This may be a mix of personal and environmental factors. That is, if the student is dressed in full uniform, they may see themselves as a nurse, as well as being seen by others as a nurse. When students are dressed the part and practice in an environment that appears to be a clinical area, they feel that they are practising nursing, albeit in a simulated environment.

During observation, the students who appeared engaged with the academic arrived at class on time, had the required resources with them and demonstrated that they had done the preparatory work. In a way, they were mirroring the level of preparedness that the academic had demonstrated to them. Preparedness is an essential element of professional practice, with nurses expected to be punctual for work, and mentally, physically and psychologically ready to work as part of the multidisciplinary team to provide quality healthcare. By absorbing the concept of preparedness into usual behaviours, it is reasonable to anticipate that this will extend to the professional nursing role.

The academics and students alike recognised how students' perceptions of themselves as nurses develop throughout each teaching period, as well as over the course of their studies. They all recognised how much students develop across subjects and across year levels. The academics reported observing that students grow and represent nursing throughout their studies, which includes observing students displaying increasing levels of 'professional' behaviour, such as being punctual, being focused, using correct terminology and communicating professionally:

Meg: *You build up to it. There's a huge difference between the year levels. First year are all—they're more pensive and skill focused and want to get their skill right. They're not so worried about the incidental stuff that happens around them. As they progress—even the second semester first year, you still find that is quite heavy, whereas when they go into second year, the whole atmosphere changes. It's like, 'right, I can do this'. They get more confident and that comes across in their skills in that they start to then more link the theory to the practice and it becomes more real for them. They would have done two placements by then as well, so they pretty much know, 'right, this is really happening, I can do this'. By third year, they're terrified again. The second year seems to be the more confident and third year, they become more terrified again because they realise, 'oh my god, I'm going to be out on my own soon'.*

As they progressed through their studies, the students reported developing an increasing awareness and respect for nursing as a profession, becoming increasingly aware of the depth and scope of what nurses do in practice:

Sandra: *I think you have to have some level of respect for the person that's teaching you because they know and you don't. You have to come to the realisation that, yes, they're there to show you so that you can be out and be a great nurse. They've been there, done that. Because I've seen some really, really bad nurses and I thought to myself, if I ever get that bad, I'll just stop doing what I'm doing. But most of them are great and I look up and think, yeah, that's what I want to be like.*

As students gain clinical experience, the academics reported that they become keen to do their own storytelling. The students reported using their clinical experience stories in mentoring roles with more junior students. In this manner, the students appeared to be developing some reflexivity about their nursing practice and 'trying on' their professional self:

Elizabeth: *I think we do the whole experiences thing. You share your stories. Because I remember back to my first mentor days that one of my mentors rocked up and was like, 'yeah, I just caught a baby in the back of an ambulance'. I was like, 'whoa, one day we could be doing that'.*

The academics who experienced students' mirroring their strong professional identity considered this a measure of their success as a role model. The academics also reported that, particularly at the completion of their studies, the students told them how they had influenced them in their transition from new student to graduate nurse. In this manner, the students were feeding back to the academics about how their projected professional image affected their professional identity development:

Amy: *That's really lovely feedback, and those students have gone on and now I'm hoping that students that they teach will say the same thing: 'oh, I just want to be like her'.*

Both the academics and students acknowledged that graduation marks only the beginning of learning to be a registered nurse in practice—that their completion of an undergraduate qualification is the start of their career. One of the nurse academics likened the challenges of transition to registered nurse to driving a car:

Lucy: *It's a bit like learning to drive a car. You think when you've passed your test you've got it, but actually there's so much more to do afterwards.*

Chapter summary

Nursing students are exposed to nurse academics as role models throughout their undergraduate program. Nurse academics are both teachers and nurses, and, to be effective in their role, they need to have reconciled their professional identity to incorporate core traits of both professions. This process of reconciling professional identity permeates creating a context for learning, creating a context for authentic rehearsal and mirroring identity. While reconciling professional identity provides the foundation for the process of role modelling, it is also an ongoing process for the nurse academic.

Chapter 6: Discussion

Introduction

This chapter extends the theory of reconciling professional identity by linking it to existing theories and situating it in the existing literature. The chapter begins with a definition and discussion of theoretical coding in grounded theory research. The existing professional identity theory (Ibarra, 1999) is introduced as a theoretical code and applied to the theory of reconciling professional identity. Following this, the four key findings of this study—nurse academics' clinical currency, creating a context for authentic rehearsal, nursing students' mirroring identity, and nurse academics' reconciling professional identity—are discussed in relation to the theoretical code and existing literature.

Theoretical codes in grounded theory

Theoretical coding in grounded theory research is part of the process of advanced coding, whereby the new theory is situated in the context of existing theories. This extends the explanatory power of the theory, making it applicable to settings outside the substantive area of enquiry (Birks & Mills, 2015; Glaser, 1978; Ng & Hase, 2008). Initial coding fractures the data as the researcher looks for recurring themes. Theoretical coding brings the data back together into an organised theory. If theoretical coding is not complete, the applicability of the theory is limited (Birks & Mills, 2015).

Theoretical coding occurs throughout the processes of analysis, coding and memo writing. It does not necessarily appear once the core category is identified; rather, it becomes apparent to the researcher as he or she puts together the theory from the codes and categories throughout the research

process (Ng & Hase, 2008). Theoretical coding has also been referred to as conceptual sorting, as the researcher sorts codes, categories and concepts to integrate the final theory in the existing literature (Holton, 2007). The place of the literature review in grounded theory research is a consideration in theoretical coding. The researcher must take care to allow the theoretical code to come from the data, not impose or force an existing theory on the data (Holton, 2007). This aligns with the belief of some grounded theorists that a literature review should be delayed until this phase in a grounded theory study. Pre-existing knowledge must be used to guide theoretical sensitivity, not mould the research to a predetermined outcome. The theoretical code for this study is professional identity theory (Ibarra, 1999).

Glaser (1978) proposed 18 coding families to assist researchers in the phase of theoretical coding. Coding families assist the researcher to identify commonalities between concepts, and group them together to facilitate theoretical integration. The intent in using coding families is to prevent forcing of codes on the data. The coding family that links to reconciling professional identity is the 'identity-self family', which Glaser later modified to a 'unit identity family' binary code in 2005 (Hernandez, 2009). The features of the identity-self family that resonate with professional identity theory include self-image, self-concept, identity, transformations of self and conversions of identity (Hernandez, 2009). Using these features of the identity-self coding family gives direction to the search for theoretical codes by guiding the researcher to the relevant topic area in the existing literature. That is, professional identity theory relates to each of the features.

Alignment with one of the coding families, as this theory has done, is not necessarily exclusive. There are similarities with other coding families, as outlined by Glaser (1978); however, the connection with the coding family of identity-self is most appropriate. Selection of this coding family did not preclude examining other areas in the existing literature. Other areas were explored; however, the chosen coding family provided greater explanation to extend the theory of reconciling professional identity. The theory of reconciling professional identity can be further explained and elaborated through using professional identity theory as theoretical code (Maranon & Pera, 2015). Further, professional identity theory relates to the codes of nurse academics' clinical currency, nursing students' development of professional identity, and nurse academics reconciling their professional identity. Professional identity refers to how an individual sees themselves in the context of their chosen profession (Goltz & Smith, 2014; Maranon & Pera, 2015; Vaismoradi, Salsali & Ahmadi, 2011)—a complex interplay between factors including professional ethics, values, culture and theoretical and experiential knowledge (Shahidi, Vahidi, Mahram, Areshtanab & Zarghi, 2014). 'Professional identity theory' describes an individual's professional sense of self as being a constant, evolving process that changes throughout one's career (Crigger & Godfrey, 2014).

Development of professional identity is shaped by exposure to role models and lived experiences in the professional sphere, particularly in the early stages of professional transformation, as is the case for both nursing students and nurses transitioning to academia (Gibson, Dollarhide & Moss, 2010; Maranon & Pera, 2015). Professional identity in nursing is well represented in the literature, particularly in relation to nursing students' and registered nurses'

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resilience and workforce retention (Cowin, Johnson, Craven & Marsh, 2008; Hensel & Laux, 2014; McDermid, Peters, Daly & Jackson, 2013; Worthington, Salamonson, Weaver & Cleary, 2013). Further, professional identity is linked to retention of nurse academics (McDermid et al., 2013).

Professional identity theory has its origins in sociology (Bucher & Stelling, 1977), with links to Erik Erikson's theory of cognitive development (Gibson, 2003; Gibson et al., 2010; Pratt, Rockmann & Kaufmann, 2006) and symbolic interactionism (Clarke, Hyde & Drennan, 2013). Some references in the literature recognise the work of scholars in the early 1900s (Ibarra, 1999), with many of the sources referenced in the current literature from the 1960s, including references to the works of Glaser and Strauss—particularly Strauss's background in sociology and symbolic interactionism (Ibarra, 1999). This study of role modelling by nurse academics used grounded theory as the research methodology and symbolic interactionism as the lens through which it was viewed, which is consistent with the roots of professional identity theory. The way in which this study was conducted aligns with the apparent roots of professional identity theory, which, although not apparent at the beginning of or during the study, best extended the new theory upon the study's conclusion.

Professional identity is more than an individual's professional role. Personal attributes and professional behaviours interweave to form professional identity. Two categories comprise an individual's professional identity: social and psychological (Crigger & Godfrey, 2014). The social aspect of professional identity manifests in the 'doing', while the psychological aspect is demonstrated in the 'being' (Crigger & Godfrey, 2014). In the findings of this study, the social aspect was demonstrated in all categories that described how nurse academics

role model for nursing students. The psychological aspect was also demonstrated throughout each of the categories, particularly in the core category of *reconciling professional identity.* In this manner, professional identity theory linked at all levels and was an appropriate theoretical code for this grounded theory. Table 10, developed by Crigger and Godfrey (2014, p. 381) demonstrates how nursing students develop the social and psychological aspects of professional identity. In addition to explaining how nursing students build professional identity, this table is useful to illustrate how nurse academics undergo the process of reconciling professional identity to role model for nursing students.

Content	Social	Psychological
Nursing standards, institutional rules, codes and policy	Meet social expectations	Develop qualities/values towards integrity, honesty and loyalty
Practice effective, positive social behaviours	Develop social skills, communication, and political and social awareness	Develop qualities of compassion, gratitude, humility, forgiveness, and a sense of justice that lead to positive social behaviours
Competency in skills and knowledge	Demonstrate levels of knowledge and skills in academic setting	Growth in attitudes that promote continuing education, development of wisdom (*phronesis*), intellectual curiosity, and reflection on practice
Knowledge of ethical theory and practice decision making	Demonstrate knowledge of ethical decision making, raise awareness of ethical issues, develop an understanding of justice, and use cases to illustrate ethical dilemmas Apply ethical principles and outcomes for decision making	Own ethics and frame ethics as the basis for personal everyday practice See oneself as an ethical being and explore how to apply ethics to situations in current practice Use ethical principles and outcomes and situated critical thinking for decision making
Teaching methods	Knowledge mastery, observation of ideal role models based on social expectations, and reflection on rules and what is right or wrong	Narrate with attention to internal response; reflect on attitudes and values; use role model, but focus on psychological aspects, rather than doing; use exemplars from history or everyday practice; develop virtues or qualities with no assumption that one already has integrity or compassion

Table 10: Developing social and psychological aspects of professional identity (Crigger & Godfrey, 2014, p.381)

The core category in this grounded theory study of role modelling by nurse academics was *reconciling professional identity*. Nurse academics have a positive professional identity as clinicians that is modified when they enter academia, as they work to incorporate an academic professional identity. At this time, they begin to build a professional identity as an academic, while attempting to retain a clinical professional identity, and work towards finding a balance between the two—reconciling their professional identity. The duality of the nurse academics' professional identity was described by one of the participants in the study by Findlow (2012): 'my students want me to be a nurse, the university wants me to be an academic' (p. 127).

In nursing, professional identity changes over a nurse's career, as the nurse changes clinical roles and settings; however, this is perhaps more apparent when clinicians move to academia, as the focus shifts to incorporate both clinical and academic responsibilities. Nurses are educated to be autonomous providers of care within an organisational framework, and professional identity is linked with levels of autonomy in the literature (Findlow, 2012). Nurse academics move from the clinical area, where recognition of their professional ability is reflected by the level of autonomy afforded them, to academia, where they return to being a novice and usually require mentoring by a more experienced academic.

Organisational frameworks in tertiary nurse education have been identified as one factor with the potential to hinder nurse academics' reconciliation of professional identity (Findlow, 2012). Nurse academics also report that they draw on their clinical expertise to frame the way in which they

adopt their academic role (Findlow, 2012). By drawing on their clinical expertise, nurse academics *create a context for learning*, *create a context for authentic rehearsal* and facilitate nursing students' *mirroring identity*, using their strong professional identity as a clinician to support the development of their academic professional identity. In this manner, nurse academics use professional attributes, or their psychological professional identity gained in their clinical experiences, to inform their academic role. This highlights the importance of reconciling their professional identity to include both the clinical and academic identities.

Key findings and the contemporary literature

Key finding 1.   *Nurse academics create a context for authentic rehearsal in the process of role modelling for nursing students*

Rehearsal is an essential part of nursing students' learning (Ewertsson, Allvin, Holmstrom & Blomberg, 2015). However, rehearsal of nursing knowledge and skills in the non-clinical setting is of little value if it is not authentic. Nurse academics creating a context for authentic rehearsal is more than facilitating learning sessions involving simulation of the clinical environment. Authenticity in rehearsal is an essential part of nursing students' development of professional skills and behaviours (Benner et al., 2009; Berragan, 2011), and recognising the importance of authenticity is fundamental to nurse academics' providing a context for authentic rehearsal.

The strategies adopted by the nurse academics who participated in this study evidenced their endeavours to provide an authentic learning experience for nursing students. That is, the findings of this study into role modelling by

nurse academics further explore how nurse academics seek to authenticate learning experiences for nursing students. This considered approach to adding value through creating authenticity via role modelling addresses the 'four essential shifts for integration' identified by Benner et al. (2009). The recommendations from Benner et al.'s (2009) comprehensive work into nurse education led to what they referred to as 'integrative teaching' (p. 158), whereby the learning opportunities for students facilitate their integration of knowledge, skilled know-how and ethical comportment. The four essential shifts are:

1. shift from a focus on covering decontextualised knowledge to an emphasis on teaching for a sense of salience, situated cognition and action in particular situations

2. shift from a sharp separation of clinical and classroom teaching to integration of classroom and clinical teaching

3. shift from an emphasis on critical thinking to an emphasis on clinical reasoning and multiple ways of thinking that include critical thinking

4. shift from an emphasis on socialisation and role taking to an emphasis on formation (Benner et al., 2009).

It is not always possible for teaching to occur in the real-world clinical environment, and, to address this, education providers seek to provide a simulated experience within which students can learn how to convert their knowledge into action. Creating a context for authentic rehearsal is important to ensure that the student experience is more than high-fidelity simulation; it needs to include all the elements that make each clinical situation unique. Failure to do so may result in students learning skills in isolation, which may only engage them in 'engineering fidelity' to the exclusion of 'psychological fidelity'

(Berragan, 2011). In a simulated clinical setting, Berragan (2011) cautioned against providing learning experiences that 'promote the simulation of learning rather than learning through simulation' (p. 661). Nurse academics who draw on their clinical knowledge to add depth and value to these teaching sessions are, perhaps unknowingly, implementing the four shifts outlined above.

Benner (2015) proposes three apprenticeships that underpin nurse education, expanding on the initial recommendations to clearly articulate the links between the pre-existing Carnegie Foundation edict and the education programs in the practice professions, such as nursing. The guidelines for three apprenticeships proposed by Benner (2015) are shown in Table 11.

Apprenticeship	Definition and Essential Considerations
Cognitive apprenticeship	Intellectual training that provides the academic and theoretical knowledge base required for practice in the profession, and the capacity to think in ways important to the profession
Practice apprenticeship	Clinical reasoning and clinical practice, and skilled know-how that teaches students to think and solve problems in clinical situations; learning how to reason across time through changes in the patient and/or changes in the clinician's understanding of the patient's condition or concerns
Formation and ethical comportment apprenticeship	An apprenticeship to the ethical standards, social roles and responsibilities of the profession, through which the novice is introduced to the meaning of an integrated practice of all dimensions of the profession, grounded in the profession's fundamental purposes
*an apprenticeship is the embodied skilled know-how … usually modelled by a practitioner-teacher (Benner, 2015).	

Table 11: The three apprenticeships in nurse education (Benner, 2015)

The concept of creating a context for authentic rehearsal resonates with the recommendations from Benner et al.'s (2009) research into the need for transformation of nursing education. Benner et al. (2009) introduced the term

'teaching for a sense of salience' (p. 94). Students who have a sense of salience have learnt how to prioritise care based on prioritising clinical presentation through a process of clinical reasoning. To engender these attributes in nursing students, Benner et al. listed a series of recommendations, of which several have direct correlation to *creating a context for authentic rehearsal*, as follows.

Recommendation 17: 'Foster opportunities for educators to learn how to teach students to reflect on their practice: create a safe climate for students to reflect on their learning experiences, both successes and mistakes' (Benner et al., 2009, p. 224). The nurse academics interviewed as part of this study referred to students having the opportunity to make mistakes in a safe environment, and to learn from the academics via 'safe zoning'. This approach to learning about nursing addresses Recommendation 17 and is consistent with the recommendations from other research into the topic (Berragan, 2011).

Recommendation 19: 'Support educators in learning how to use narrative pedagogies' (Benner et al., 2009, p. 225). The nurse academics in this study reported sharing narratives or storytelling as part of their teaching. They also reported encouraging students to share their own narratives about their experiences, where the events could be discussed in a secure and supportive environment. In this manner, the nurse academics were encouraging and enabling students to develop as reflective practitioners, which is a consistent theme in the literature as a graduate quality or attribute for students.

Recommendation 20: 'Provide faculty with resources to stay clinically current; including building partnerships with clinical facilities' (Benner et al., 2009, p. 226). The element of clinical currency is discussed throughout this chapter as a key finding, with new understanding of what constitutes clinical

currency. It is also proposed that nurse academics can maintain a level of clinical currency by embarking on collaborative ventures with clinical agencies.

Further, Benner et al. (2009) highlighted the need for educators to provide a setting to enable students to not only gain knowledge, but also make it useful. That is, knowledge use, as opposed to knowledge acquisition. Creating a context for authentic rehearsal provides the setting for such learning to occur. This context also provides a suitable environment for nursing students to embed principles of nursing, ways of thinking, ways of knowing, and providing care that aligns with professional standards, including ethical conduct, which is referred to by Benner et al. (2009) as 'moral imagination' (p. 166).

An essential element of creating a context for authentic rehearsal is clinical currency, and nurse academics' use of clinical experiences to highlight or explain key concepts. Gerzina and Foster (2013) highlighted that nurse academics' clinical experience can add to nursing students' learning experiences by illustrating how nursing knowledge is applied in clinical practice. In this manner, nurse academics are using their clinical experiences to provide a framework for students to build their professional identity with insider knowledge, without having necessarily experienced it themselves.

Clinical currency is an essential part of creating a context for authentic rehearsal. Nurse academics' perceptions of clinical currency also affects their process of reconciliation of professional identity, and is thus a commonality across all the key findings of this study, as outlined in the following discussions.

Key finding 2.   *Nurse academics are considered clinically current when they*

                        have a moderate to high level of clinical presence and are

                        clinically confident.

The debate about clinical currency for nurse educators may be perpetuated by well-intentioned, yet potentially restrictive, overarching registration requirements, particularly in the UK, where it is expected that nurse educators must commit a minimum of 20% of their work hours to clinical practice. This was reported by the UK academics interviewed in this study and in the literature (Borneuf & Haigh, 2010). As previously discussed, terms such as 'clinical credibility', 'clinical legitimacy' and 'clinical currency' are not clearly defined, and some authors have highlighted that providing a concrete definition would not necessarily be a positive strategy (Borneuf & Haigh, 2010; Fisher, 2005; Humphreys, Gidman & Andrews, 2000). Further, the assertion outlined in the previous chapter that clinical credibility is an outsider's perspective of a nurse academic's clinical currency is consistent with Ousey and Gallagher's (2010) observation that students and clinicians assess nurse academics' clinical credibility. These authors highlighted that clinicians assessing the clinical currency of nurse academics is akin to nurse academics assessing clinicians' academic ability. Thus, clinical currency, as found in this study, is different because it is a self-assessment of clinical competence in relation to clinical presence.

New nurse academics place greater emphasis on clinical currency (Boyd, 2010; Clegg, 2008), and, as highlighted by Ousey and Gallagher (2010), 'soul searching for clinical credibility' (p. 662) should not be a priority of nurse academics, whose primary responsibility is to teach nursing students. New nurse

academics' concerns may be due to the challenges associated with professional

identity transition and feelings of uncertainty about their nursing knowledge. All

participants in this study, regardless of time in the academy, reflected their

desire to maintain some clinical identity. As per the clinical currency explanation

in the previous chapter, although the nurse academics' self-assessment of their

clinical currency changed over time, all participants felt that they would still be

of value in the clinical setting. This demonstrated that, although there was a shift

in the nurse academics' professional identity, they never fully relinquish their

clinical practitioner identity. In this manner, they indicated that they had

reconciled their identity to be somewhere between clinician and academic.

There are large variances in the clinical expectations of employers and

registering bodies, of which neither provides firm definitions or prescriptive

instructions, leaving it up to individual nurse academics to find the right fit. This

is a strength of the current Australian system, in which nurse academics have the

opportunity to self-identify clinical currency, as defined by their clinical

relationships, not by their clinical workload.

Marshall, West and Aitken (2013) reported their study findings to show

that the term 'clinical credibility' was applied to all nurses working in clinical

settings, which raises concerns. In some ways, clinical credibility, or the

expertise of the nurse, is linked to clinical currency, yet it should not be used

interchangeably. For example, Marshall et al. (2013) proposed that the

perception of clinical credibility based on the length of time a nurse spends at the

bedside in the clinical setting is not a reliable indicator of their level of

knowledge—particularly their current evidence-based knowledge. If advice is

sought from a colleague who is recognised for their clinical presence, without

consideration for their clinical knowledge, the advice may not be the most current best practice. Although it is reasonable to assume that not all clinical nurses adopt best practice, it is a timely caution that clinical presence alone does not equate to clinical currency. Based on this, Marshall et al. warned that narrowing the view of clinical credibility to only those nurses who work in the clinical setting daily disregards the depth of knowledge and experience that can be found in nurses working in management, research or even academia.

The participants in a small study by Fisher (2005) agreed with the assertion that clinical credibility differs from clinical currency. Fisher reported that there was general agreement among her study participants that clinical credibility required more than the demonstration of competence in psychomotor skills in clinical practice. That is, there is more to clinical currency than the face-to-face provision of nursing care. To define clinical currency in that manner is to define nursing practice as a series of skills to be performed—an injustice. Fisher also cautioned that perhaps one of the reasons that nurse academics were concerned about maintaining clinical currency was to ensure that clinical practice remained an alternative employment opportunity, should they choose to leave academia. Despite the concerns raised, Fisher argued that nurse academics should engage in some professional activity that maintains a clinical presence.

Maintaining a clinical presence remains an important part of a nurse academics' professional identity and an indicator of the academic–clinical relationship. Again, clinical presence is not limited to working a shift in a ward area. As outlined in Chapter 5, it is more about being present in the clinical area in any number of roles. Demonstrating working relationships between academia

and clinical areas is central to maintaining clinical currency. It is also a powerful role modelling opportunity for academics to demonstrate to nursing students that every nurse has a role to play in the provision of nursing care, and that the ultimate beneficiaries of good nursing practice are the recipients of care.

Defining how many hours a nurse academic must spend in the clinical setting is problematic. Being overly prescriptive runs the risk of limiting clinical currency to merely the hours spent in the hospital, rather than the quality of nursing care, nursing knowledge or contribution to the betterment of the profession. Further, time limitations associated with nurse academics dedicating work hours to direct clinical care risk compromising both their teaching role and clinical role (Elliott & Wall, 2008). Young, Evans and Bowring-Lossock (2012) also highlighted that the presence of a nurse academic in the clinical setting has the potential to disrupt the operational teamwork of the unit. If this is the case, there appears to be limited advantage to any stakeholders by nurse academics working in the clinical area for minimum shifts to meet the rhetoric about clinical currency. Elliott and Wall (2008) concluded that there is limited evidence to support the premise that nurse academics should engage in clinical work on a regular basis. Thus, their conclusion supports that of Young et al. (2012) that, unless there is a foreseeable benefit to the individual academic, education institution and clinical facility, nurse academics working clinically should not be equated with clinical ability.

The participants in this study had varying views on what working clinically contributed to their professional skillset. However, all agreed that maintaining a clinical presence in other ways (such as research, collaborative ventures and policy development) did contribute to their perception of clinical

currency. Previous research with nurse academics has also highlighted that the clinical role of nurse academics lacks clarity (Williams & Taylor, 2008). Limiting the interpretation of clinical currency to time spent providing face-to-face nursing care is counterproductive to the betterment of the profession, and risks devaluing the role that nurse educators play in nursing. Thus, the debate about clinical roles for nurse academics needs to be extended to develop clear guidelines on what constitutes nurse academics' clinical role, and identify the benefits of this.

Young et al. (2012) proposed using a framework, such as the 'practice engagement framework' (Table 12), to demonstrate how nurse academics can contribute to both clinical and academic endeavours. Using this framework, nurse academics can clearly situate their professional activity across clinical areas. In doing so, nurse academics provide evidence of clinical currency to employers, clinicians, and, most importantly, themselves.

Interface	Researcher	Role Descriptor	
		Developer	Provider
Service user	Engaging service users in research and evaluation	Working with service users to develop practices	Direct clinical care to service users or families
Practitioner	Evaluation studies, engaging practitioners in research projects	Enhancing learning experiences in placement	Facilitating clinical supervision
Organisational	Clinical research into practice across an organisation	Developing service improvements and initiatives in health, independent of third sector	Clinical audit or education in health, independent of third sector
National/regional	Clinical research of potential national or international significance	Contribution to national policy and clinical guideline development	Consultancy in an area of expertise

Table 12: The practice engagement framework (Young et al., 2012, p.44)

Key finding 3.   *Nurse academics shape nursing students' professional*

                         identity by role modelling behaviours that students mirror in

                         their own lives.

Professional identity relates to one's self-perception in the context of

one's occupation/work. Professional identity is an ongoing process (Hensel &

Laux, 2014)—a constant evolution throughout a nursing career that was

described by Clegg (2008) as the 'lived complexity of a person's project' (p. 329).

It reflects core values, attitudes and perceptions, and recognises competence,

confidence and commitment (Goltz & Smith, 2014). It is a process, not a static

way of being, that is constantly being developed and redefined in response to the

relationships and interactions to which people are exposed in the course of their

duties.

Conversely, the theoretical content and clinical skills that students learn

in the education setting are concrete and somewhat static concepts. Using

academics as role models or guides, students develop the ability to implement

this knowledge and apply appropriate skills in appropriate clinical situations.

Berragan (2011) referred to how a students' professional identity may be

enhanced by role modelling in clinical practice, while also promoting the role of

the academic in students' development of professional identity. It could be

assumed that Berragan was acknowledging the role of the academic in providing

a foundation for students' identity development. Nursing students do not limit

their search for professional role models to the clinical setting—they look to

educators, who are also experienced nurses (Robinson & Hill, 1995; Shahidi et

al., 2014).

Further, other authors have linked nursing students' development of professional identity to professional socialisation and Cohen's 1981 'theory of cognitive development' (Clark, 2001; Maranon & Pera, 2015; Masters, 2012). Stages 3 and 4 of Cohen's four-stage model referred to by Maranon and Pera (2015) relate to role modelling by nurse academics for nursing students, and the stage at which nursing students begin to see themselves as professionals. That is, Stage 3 involves students selecting a model to facilitate their professional development, which includes choosing a role model for professional behaviours. Stage 4 links to students feeling comfortable in their professional role, and trying on their professional selves (Maranon & Pera, 2015). The findings of the current study, which illustrate how nursing students' professional identity is developed through role modelling by nurse academics, are consistent with Stages 3 and 4. In this manner, Cohen's framework links with nursing students' development of professional identity, situating the theory of reconciling professional identity in the existing literature.

The findings from Benner et al.'s (2009) research referred to students learning new ways of thinking and creating new values as a process of formation or reformation. The concept of formation, rather than learning, for developing professional identity in nursing is appropriate to adequately describe the complexities of the processes involved that comprise the professional nurse who enters clinical practice. Nurse academics role modelling professional behaviours and students' adoption of those behaviours are part of a process of reformation and formation of nursing students to registered nurses. The professional relationship between nurse academics and nursing students facilitates the students' professional identity development—an important characteristic that

influences how well the graduating student transitions to practice as a new registered nurse (Deppoliti, 2008).

While professional identity in nursing is discussed in the literature predominantly in relation to the influence of clinical practice experiences on the professional identity development of nursing students, the topic of professional identity has other implications in nurse education. For example, Andrew, McGuiness, Reid and Corcoran (2009) and Andrew and Robb (2011) discussed the issue of professional identity for nurse academics working in education institutions, which is discussed later in this chapter. There is also discussion of how curriculum structure and content may influence nursing students' developing a professional identity (Morris & Faulks, 2012). Education providers have the primary responsibility of initiating the process of professional identity development for nursing students (Maranon & Pera, 2015). The existing literature highlights the link between a positive professional identity and retention in new registered nurses beginning their clinical practice career (Cowin et al., 2008; Shahidi et al., 2014). Thus, to have a positive professional identity on graduation, the foundation must be set in the undergraduate years leading to graduation. The development of the graduate practitioner was one of the findings of research into nursing students' professional socialisation by Howkins and Ewens (1999), which further demonstrates that nursing students' professional identity develops over their program of study.

However, while there is frequent reference to the clinical expertise of academics, there is little attention given to the effect of academics' role modelling of professional behaviours on students' professional identity. Awareness of the hidden curriculum has increased, and strategies to enhance learning professional

behaviours are now more commonly embedded into curricula. Loftus and Gerzina (2013) examined the teaching of professionalism to undergraduate nursing students by nurse academics by asking the question: how do we teach aspects of being professional, reflective, critical and ethical in a way that facilitates students taking on those characteristics? Their answer was consistent with the findings of this study: 'we must provide the role models, and we, the teachers, must be those role models' (Loftus & Gerzina, 2013, p. 7). To do this, they encouraged teaching strategies that embed a sense of authenticity in the learning experiences for students. This also aligns with the findings of this study, relating back to the category of *creating a context for authentic rehearsal*, and showing how professional identity development is intertwined with both the context for learning and the context for authentic rehearsal.

Nurse academics' clinical currency has been discussed in relation to *creating a context for authentic rehearsal*. Clinical currency has been shown in this study to be different to clinical credibility. However, the outsiders' perception of clinical credibility also influences the process of nursing students' professional identity development. Nursing students' perceptions of the clinical expertise or credibility of the nurse academics teaching them are vital to the effectiveness of role modelling professional behaviours. De Guzman, Ormita, Palad, Paganiban, Pestano and Pristin (2007) described credibility as an image-building activity between nurse academics and nursing students. Further, from the nursing students' perspective, credibility is dependent on the professional performance and behaviours demonstrated by the academic, and demonstrating high standards of professional behaviours is important for nursing students' professional identity development. Thus, credibility results from nurse

academics' role modelling for nursing students, is reliant on trust, and resonates with students at the behavioural level. Credibility described in this manner is not related to clinical currency—it is about how nurse academics' professional behaviours are perceived by students. Nursing students' interpretation of the credibility of nurse academics in this manner supports the findings of this study that clinical credibility and clinical currency are two different concepts.

Students observe professional behaviours and reflect them back to the staff from whom they have learnt them, as well as to colleagues, patients and the community. The curricula and the academics who teach it are crucial to nursing students' development of a positive professional identity (Shahidi et al., 2014). Contemporary nursing curricula are scrutinised by the two frameworks of higher education and the professional accrediting body, as outlined previously. These curricula state clearly what the learning objectives are and how they will be achieved. This has also been previously discussed in the context of the taught and hidden curricula. Shahidi et al.'s (2014) findings support the findings of this study in stating that the teaching of the professional behaviours written into the curriculum document is more than rhetoric.

Vaismoradi et al. (2011) reported that compassion, competence, confidence, conscience, commitment, courage and assertiveness are personal attributes of a nurse's professional identity. The background paper to this study by Baldwin, Bentley, Langtree and Mills (2013) proposed that the requisite graduate attributes for nurses are courageous, compassionate, competent, confident, contemporary, communicative, robust, resilient, resolute, reliable, resourceful and reflective. Thus, there is some consistency between the two, which may indicate that these are indeed characteristics of nurses' professional

identity more than they are graduate attributes, as previously thought.

It appears that all academics are aware of their responsibility as professional role models, and incorporate this into all aspects of their job. This is not limited to their direct interactions with students—it is a professional self that is adopted when undertaking any task related to the academic role, acknowledging that all aspects of their job affect students at some stage and level. This appears to be more than the role description associated with employment; it is an unspoken or informal presentation of a professional nurse—how nurses behave, speak, organise, plan and implement as part of their daily routine. If academics put on their professional self, then students' development of a professional identity in the image of the academic could be referred to as 'trying on' their professional self.

Key finding 4.　　　*Nurse academics undergo a process of reconciling their clinical identity with their academic identity.*

The journey of nurses to academia is unique in the way that nurses who choose a career in teaching nursing students are usually experienced clinicians. As outlined in the previous chapter, nurse academics must reconcile their multiple selves when they are employed in the non-clinical education sector for nursing. Nurse academics must find the balance between their professional identity as nurses and educators, allowing them to fulfil the brief of nurse educator—previously described by MacNeil (1997) as 'troublesome duality' (p. 634). The transition from experienced clinical nurse to nurse academic is not a new phenomenon. This involves moving from a clinical area where one's expertise is beyond doubt and professional reputation is established, to an area

where one is yet again a novice and a new professional reputation must be built. It must also be considered that becoming a nurse academic is not merely about establishing a new nursing leadership position, but is also about establishing an academic identity to work alongside the nursing identity (Anderson, 2009).

The current study offered new understanding of how nurse academics reconcile their professional identity to facilitate the professional identity development of nursing students—an important finding. The academics who participated in this study had between five and 15 years' experience teaching in the tertiary setting, either as a sessional or permanent staff member. Thus, it may be reasonable to assume that these academics had developed a professional identity in academia, as well as the positive professional identity that they developed as experienced clinicians.

The transition of experienced clinicians to nurse academics was described by Smith and Higgs (2013) as consisting of three phases. In Phase 1, nurses retain a strong clinical identity and draw on that to reassure themselves during their early days in academia. Phase 2 can be a turbulent time, where nurses must adapt their professional identity to see themselves more as teachers than as clinicians. Trowler and Knight (2000) described this phase as one in which the teachers 'work' and 'make and re-make' their professional identities. Phase 3 is the final phase, where there is some reconciliation of identity for the nurse academic. This may be evidenced in the way they describe their role—for example, as a nurse lecturer. The process of reconciling professional identity identified in this study fits well within Phase 2.

Boyd (2010) described the transition of nurse academics from experienced clinicians to teachers as a 'becoming' (p. 156), acknowledging that,

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for these academics, there remains a strong connection between identity and

practice. Boyd expanded on this to present four categories of the reconciliation

of professional identity, as demonstrated in Table 13.

Category	Description
1. Feeling new	A perceived loss of status Feeling of disappearing
2. Reconstructing pedagogy	Reconstructing prior experience of nurse and patient education gained in clinical settings
3. Seeking credibility	Seeking credibility through knowing Focusing on student audience to establish credibility Knowledge of nursing is a strength Workplace context encourages them to hold onto existing identities, rather than embrace new identities as an academic and researcher
4. Experiences of support	Formal and informal mentoring is highly valued by the novice academic

Table 13: The categories of reconciling identity (Boyd, 2010, pp.158-160)

Several authors have reported that novice nurse academics lament their

loss of clinical currency and express a desire to remain up-to-date clinically,

which highlights the ongoing tension for nurse academics to retain a clinical

identity, while developing a new professional identity as a nurse academic

(Smith & Boyd, 2012; Williams & Taylor, 2008). Further, Clegg (2008) reported

that novice nurse academics feel that their clinical understanding is considered

to be that of 'outsider' and not afforded appropriate respect in the education

sector. Clegg elaborated on this statement by highlighting, that, conversely, in

nursing culture, the term 'academic' is not always used with appropriate respect

for the skillset of the individual academic. However, it is useful to consider that a

perceived lack of recognition for clinical experience and expertise affects the

ability of nurse academics' reconciliation of professional identity (Reid, Hinderer,

Jarosinski, Mister & Seldomridge, 2013). Novice academics' limited teaching

experience is without question; however, the experiential knowledge they bring to academia should be acknowledged and provided due deference. However, Neese (2003) also warned that clinical expertise itself is not a qualification for being an educator, which is an important consideration in this discussion. Clinical expertise is essential to enable the nurse academic to contextualise the content being taught; however, appropriate teaching and learning knowledge must be present to ensure that the knowledge is imparted to students in a manner that makes sense and is consistent with current best practice. Knowing how to use one's clinical knowledge requires nurse academics to reflect on their experiences, and critically examine their own practice. For this to occur, they must understand how their experiential knowledge has influenced their practice.

Findlow (2012) argued that the challenges for new academics to nurse education may be indicative of larger issues associated with the transition of nursing, among other health professions, to the tertiary setting. Further, the use of the term 'discipline' for nursing may be a significant contributor to the unclear identity of nurses working in academia. It is worth considering that nurses work in the profession on a theory–practice continuum, recognising that all roles are important to providing safe nursing care and preparing the future nursing workforce (Carnwell, Baker, Bellis & Murray, 2007). Perhaps this approach, as supported by the findings of this study, should inform where nurse academics position themselves on a clinical currency continuum.

As outlined in Chapter 2, considerable changes to nursing practice and nurse education have occurred over the past decade. Throughout this process, the profession of nursing as a whole has undertaken significant reflection, giving serious consideration to what will be required for future nursing practice, and

what role nursing will play in future healthcare provision. Thus, the nursing profession is itself seeking to re-imagine its identity (Scholes, 2008). Therefore, it is perhaps unsurprising that experienced clinicians struggle to reconcile their professional identity within a profession that is itself unclear of its professional identity during an evolutionary process.

Some authors have highlighted that the transition from nurse clinician to nurse academic is a transient process as well. A permanent academic position is usually conditional on completing a professional doctorate or PhD (Jackson, Peters, Andrew, Salamonson & Halcomb, 2011). Nurse academics who reconcile their professional identity to find the balance between clinical practice and teaching also need to develop a research career. This poses another dilemma— the transition from nurse educator to nurse researcher, which is another reconciliation of identity process.

As outlined in the previous chapters, higher education authorities and a professional accrediting body govern nurse education, and nurse academics perceive themselves as meeting the demands of two masters. The duality of the role has also been highlighted throughout this thesis—a perception described by Findlow (2012) as 'doing two jobs' (p. 127). Shriner (2007) referred to the duality in the context of two different cultures—the culture of the nursing profession and the culture of the academic discipline of nursing. She also highlighted that different priorities of the clinical facility and education institution contribute to role confusion for new nurse academics. While clinical facilities reward clinical competence and expertise, education institutions reward academic endeavours—particularly funded research (Shriner, 2007). Further, the participants in Findlow's (2012) study reported low levels of

academic identity, in which they did not consider themselves part of the greater university academic community, and felt that nursing—despite making proportionate contributions to the university functions—was regarded less highly than other academic streams. This indicates that the two frameworks in which nurse academics work add complexity to the already complex task of reconciling professional identity (Findlow, 2012).

It may be that nurse academics continue to consider themselves more as nurses because this is a community in which they have already become acculturated and are comfortable working. The concept of authority and autonomy also affects nurse academics' ability to reconcile their professional identity. Experienced clinicians have established themselves as nurses who can be relied on to deliver nursing care with minimal supervision. When embarking on an academic career, the level of autonomy can vary greatly. In some universities, the academic is given significant freedom to achieve work outcomes. In others, the novice academic is supervised closely. It appears that the ideal situation is one in which the nurse academic is provided with both formal and informal support from experienced colleagues and the organisation as a whole. This is a mentoring program that is not dissimilar to the transition programs for new graduate registered nurses in clinical practice.

The process of nurse academics reconciling their professional identity should not be overshadowed by the demands of teaching programs. Uncertainty about what being a nurse academic involves also contributes to challenges to professional identity for new nurse academics. In previous studies, experienced clinicians who moved to a career in academia reported that they were unprepared for the role (McArthur-Rouse, 2008; McDermid et al., 2013; Smith &

Boyd, 2012). Findlow (2012) found that the retention rate for nurse academics was heavily influenced by how well nurse academics established themselves in academia. This is consistent with the broader literature, which has identified a predicted workforce shortfall in suitably qualified nurse educators, which will compound existing concerns about increasing graduate nurses to meet future clinical nursing workforce needs (Proto & Dzurec, 2009; Reid et al., 2013).

Difficulties in recruiting suitably qualified full-time academic staff also contribute to the increased casualisation of teaching staff in nurse education programs (Jackson et al., 2011). Working as a casual or sessional staff member at a university does not adequately prepare clinicians who are considering moving to academia as a permanent change. Further, the teaching qualifications of casual or sessional staff are not usually equivalent to those of permanent academic staff, despite their apparent clinical expertise and currency (Jackson et al., 2011; McDermid et al., 2013). In this manner, the importance of clinical currency has the potential to override the quality of the educational experience. Casual academic staff self-identify that their level of confidence in the content they teach exceeds their confidence in their teaching ability. As previously stated, nursing students require trust in their teachers to build the relationship necessary to facilitate professional identity development through role modelling by nurse academics. Thus, lesser levels of teacher confidence have the potential to impede nursing students' development of professional identity.

There are programs aimed at addressing the preparedness of clinicians for an academic career. Reid et al. (2103) reported on the outcomes from a US-based program called the Eastern Shore Faculty Academy and Mentorship Initiative (ES-FAMI). This program was established to provide formal training to

experienced clinicians who expressed an interest in adopting a teaching role, whether as a full-time academic or on a short-term or sessional basis. The aim was to minimise the transition challenges for clinicians becoming novice academics, with the ultimate aim of providing a suitable nurse academic workforce for the future. The program structure included topics such as legal issues, student learning, creating a positive learning environment, evaluating student performance and managing multiple roles (Reid et al., 2013). Of particular relevance to this study were the topic areas of 'creating a positive learning environment' and 'managing multiple roles'.

The learning activities for creating a positive learning environment included discussions of the characteristics of favourite teachers. Understanding how nursing students learn through role modelling by nurse academics will provide further insight upon which programs such as this can build to best prepare future nurse academics. The learning activities in the ES-FAMI program that enhance the ability to manage multiple roles include group reflection and sharing. These strategies are similar to those that nurse academics use for nursing students' development of critical thinking and clinical reasoning skills. They are used in this case to promote nurse academics' emotional intelligence about nurse education, and thereby their professional identity development (Reid et al., 2013). Programs that support the transition to academia for experienced clinicians also allow new academics to gain a better understanding of the role (Jackson et al., 2011), which aligns with the recommendations from the research by McDermid et al. (2013).

Based on the finding of this study that nurse academics need to reconcile their professional identity to role model positive professional behaviours for

nursing students, programs such as that reported by Reid et al. (2013) are worthy of consideration for modification and implementation in other educational/clinical relationships. This type of program requires an effective working relationship between education and clinical organisations, which is further enhanced by running such a program. Further, the ES-FAMI program has similarities to the graduate transition programs that facilitate transitions from university to clinical settings. In the case of the ES-FAMI, the transition is in reverse—preparing clinicians to transition to academia. Thus, similar principles underpin both transition processes. Establishing strong links between clinical and education sectors in nursing are common in discussions about nurse education. However, the current evidence supported by the findings of this study highlights that the importance of these relationships is greater than smoothing the transition process for new graduates or verifying the clinical currency of nurse academics. Strong relationships with clinical areas contribute to nurse academics' professional identity, ability to provide a context for authentic rehearsal, and level of clinical currency. Thus, the significance of clinical–academic partnerships cannot be understated.

Chapter summary

The key findings of this study of role modelling by nurse academics are supported by findings in the existing literature. However, they contribute new insight by clearly articulating aspects that underpin role modelling by nurse academics.

The definition of 'clinical currency' proposed from the findings of this study is a new concept. The recognition that clinical currency is a self-assessed

value that consists of clinical confidence and clinical presence provides new insight to inform guidelines about what constitutes making a nurse academic clinically current. The existing literature provides both sides of the argument about clinical currency; however, the existing evidence is inconclusive (Elliott & Wall, 2008). One side argues for a requirement for nurse academics to commit to clinical hours as part of their workload, while the other side argues that, in reality, such requirements may hinder the professional development of the nurse academic and disrupt the team approach to care in the clinical setting. As defined by this study, clinical currency sits in the middle of this spectrum.

Nurse academics must reconcile their own professional identity before and during their interactions with nursing students, who learn from and emulate the professional behaviours of nurse academics. Retaining nurse academics in the tertiary sector relies on their successful reconciliation of identity, just as nursing students' development of professional identity influences their transition to practice and intention to stay in the nursing workforce. Negotiating the frameworks of nurse education is also a challenge for nurse academics that affects the reconciliation of their professional identity.

There are numerous strategies in place or under development to address the predicted nursing workforce shortfall, many of which rely on the quality of undergraduate education for the future workforce. To ensure this quality, recruiting, retaining and nurturing the current and future nurse academic workforce is a fundamental concern. Thus, by further understanding what comprises nurse academics' role modelling for undergraduate nursing students, a more comprehensive understanding of the complexity of workforce challenges

is gained. These new insights can inform current and future nurse education practices.

This chapter has discussed the core category and key findings of this study of role modelling by nurse academics in the context of the existing literature, and linked with existing theories to extend the new theory. The theory of nurse academics reconciling their professional identity sits within the existing theory of professional identity. This chapter has presented the links between nurse academics reconciling their professional identity and professional identity theory, and justified these in relation to the salient points of the existing theory. Professional identity theory relates to each of the categories of *creating a context for learning*, *creating a context for authentic rehearsal* and *mirroring identity.* Additionally, Benner et al.'s (2009) 'four shifts for integration' relate specifically to *creating a context for authentic rehearsal.* This demonstrates that the theory of reconciling professional identity is well positioned in the existing literature.

Chapter 7: Conclusion

Introduction

This thesis has presented a theory of reconciling professional identity that incorporates three parts: creating a context for learning, creating a context for authentic rehearsal, and mirroring identity. The findings from this study do more than validate nurse academics' understanding of their professional identity on an individual or collective level. This study provides evidence about how the process of nurse academic role modelling influences the development of undergraduate students' professional identity as future registered nurses.

Role modelling in nursing education

Nursing students' professional identity on graduation is clearly linked in the literature to preparedness for practice and retention of new graduates (Cowin et al., 2008; Fassetta, 2011; Hensel & Laux, 2014). For these reasons, understanding how nursing students develop a positive professional identity will be significant for those planning to mitigate poor nursing workforce retention rates. Previous research has provided evidence that the levels of emotional intelligence required for future nursing practice are closely linked with students' professional identity (Foster et al., 2015). High levels of emotional intelligence enable new graduates to think critically, reason clinically and negotiate health systems and organisational structure. Nursing students' emotional intelligence development is dependent on the type and quality of their experiences and socialisation over the course of their studies. In the grounded theory presented in the preceding chapters, emotional intelligence is fostered in the first two categories of *creating a context for learning* and *creating a context for authentic*

rehearsal. The resulting effects of students' development of professional identity as a result of role modelling by nurse academics are apparent in the third category of *mirroring identity.*

Further, as outlined in Chapter 1, preparing a nursing workforce that can think critically and reason clinically also contributes to improved patient outcomes. Nurse academics role model critical thinking and clinical reasoning skills in all learning and teaching interactions with students, but more so when they develop a *context for authentic rehearsal*, where they use examples from their own clinical experience and demonstrate the performance of skills in the context of simulated clinical scenarios in a safe zone.

The findings of this study show that nurse academics' reconciliation of professional identity underpins the process of role modelling for nursing students. It provides evidence to support policy development and implementation to enable nurse academics' reconciliation of professional identity.

Evaluating the theory

In concluding this thesis, an objective evaluation of both the research product and the research process is presented. There are numerous ways to evaluate the quality of a grounded theory study (Birks & Mills, 2015), each providing a slightly different framework for the task. In this thesis, the theory is evaluated from the perspective of both process and product.

Evaluating the process

Birks and Mills (2015) proposed that selecting criteria to evaluate the quality of processes in grounded theory research requires consideration of the

domains of *researcher expertise*, *methodological congruence* and *procedural precision*. Table 14 provides a structure for evaluating the research process of this study, and provides a framework for the discussion that follows.

Domain	Criteria
Researcher expertise	Does the researcher demonstrate skills in scholarly writing?
	Is there evidence that the researcher is familiar with grounded theory methods?
	Has the researcher accessed and presented citations of relevant methodological resources?
	Are limitations in the study design and research process acknowledge and addressed where possible?
Methodological congruence	Has the researcher articulated their philosophical position?
	Is grounded theory an appropriate research strategy for the stated aims of the study?
	Do the outcomes of the research achieve the stated aims of the study?
	Is a grounded theory presented as the end product of this research?
	Are philosophical and methodological inconsistencies identified and addressed?
Procedural precision	Is there evidence that the researcher has employed memo writing in support of the study?
	Has the researcher indicated the mechanisms by which an audit trail was maintained?
	Are procedures described for managing data and resources?
	Is there evidence that the researcher has applied the essential grounded theory methods appropriately in the context of the study described?
	Does the researcher make logical connections between the data and abstractions?
	Is there evidence that the theory is grounded in the data?
	Is the final theory credible?
	Are potential applications examined and explored?

Table 14: Criteria for evaluating grounded theory research (Birks & Mills, 2015, p.147)

Researcher expertise

The level of researcher expertise in this study is commensurate with a novice researcher undertaking higher degree research. The developing expertise of the researcher is evidenced in Table 15, which presents the publications and presentations that arose during the research process.

Publication	Topic	Demonstrated Researcher Expertise
Peer-reviewed journal article	Integrative literature review: role modelling by nurse academics for undergraduate students	Ability to conduct a systematic appraisal of the existing literature in the broad area of research
Peer-reviewed journal article	The place of philosophy in a PhD	Understanding the importance of congruence between philosophy and methodology
Conference presentation (award winning)	Symbolic interactionism as a lens in grounded theory research	Understanding the chosen philosophy and methodology
Conference presentation (international)	Beyond the interview: observation and focus groups in grounded theory research	Understanding the methodology and methods
Conference presentation (international)	Overall findings of the study	Understanding the research process and dissemination of the findings
Conference presentation (international, to be completed)	Findings: nurse academics' clinical currency	Understanding the research process and dissemination of the findings

Table 15: Publications and presentations related to this study

The first year of this PhD was a reading year that involved becoming immersed in the literature related to the broad area of study, and the literature related to the methodology and methods. Accessing, evaluating and applying understanding gained from a depth and breadth of methodological literature were evident in the range of citations of contemporary and seminal literature in the thesis writing. The researcher's understanding of the research design and process, and growing insights throughout data collection, generation and analysis were evidenced in the memos written over the course of the PhD. This growing understanding enabled identification of the limitations of this study

identified on completion of the study, and underpinned some of the recommendations for future research endeavours. Some of the potential limitations related to the participant sample were addressed by theoretical sampling during the research process.

Methodological congruence

The methodology, philosophical position, research design and methods used were aligned and appropriately applied to achieve the aims of this research. Grounded theory methodology is suited to research about behaviours and processes, and thus suitable for addressing the research question: how do nurse academics role model positive professional behaviours for undergraduate students?

The researcher's philosophical position was stated at the beginning of the study, and the symbolic interactionist stance justified in relation to grounded theory. The justification of symbolic interactionism as a lens through which to conduct grounded theory research included aligning the principles of symbolic interactionism to a grounded theory framework, supported by a discussion of the historical links between symbolic interactionism and grounded theory.

The aims of this study were to describe and explain both the processes and behaviours that underpin nurse academics' role modelling for undergraduate students. The use of observation, focus groups and individual interviews as data collection methods was also consistent with grounded theory methodology, and appropriate for addressing the aims of the study. The research process appropriately employed all the essential grounded theory methods, thereby ensuring consistency in methodology and methods. The final theory and key findings represented the achievement of these aims. Consistent with

grounded theory research, the theory of *reconciling professional identity* was the outcome of this study.

Procedural precision

Figure 8 illustrates the research process that was employed in this study, and describes the structured approach taken for practical application of the essential grounded theory methods.
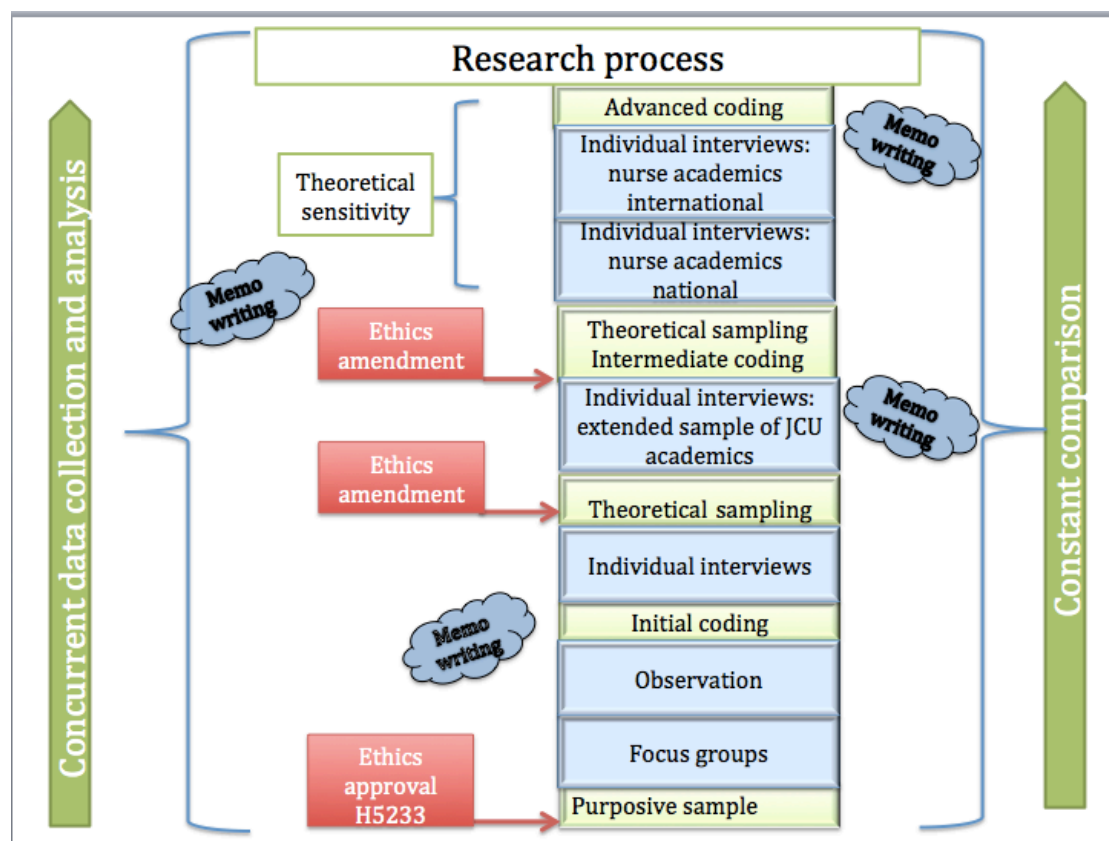

Figure 8: The research process in this study

Throughout this study, memos were written and included as part of the dataset. Journals were also written over this time, and provided evidence of the researcher's insights and development as a researcher throughout the duration of the study. NVivo software was used for data management and supported initial, intermediate and advanced coding. All data were stored in the JCU

Tropical Data Hub in line with ethics and institutional requirements. Previous assumptions and biases were declared at the outset of the study.

The application of the essential grounded theory methods ensured that logical connections were made from the data. The connections between the codes, categories, core category and final theory were visible in the memo writing process. Evidence of the final theory being grounded in the data was provided in the use of participant quotations to illustrate key points in the theory. Appropriate use of the essential grounded theory methods resulted in a final theory that was grounded in the data.

Evaluating the product

The previous section of this chapter presented an evaluation of the research process used in this study. The following framework (Table 16) was used to evaluate the research product—the theory of *reconciling professional identity.* This table presents the criteria that Charmaz (2014, p. 337) recommended for evaluating grounded theory research, including the questions she recommended as prompts for the researcher during this self-evaluation phase. The section that follows presents a discussion of each criterion as it relates to this study.

Criteria	Questions
Credibility	Has your research achieved intimate familiarity with the setting or topic?
	Are the data sufficient to merit your claims? (Consider the range, number and depth of observations contained in the data.)
	Have you made systematic comparisons between observations and between categories?
	Do the categories cover a wide range of empirical observations?
	Are there strong logical links between the gathered data and your argument and analysis?
	Has your research provided enough evidence for your claims to allow the reader to form an independent assessment, and agree with your claims?
Originality	Are your categories fresh? Do they offer new insights?
	Does your analysis provide a new conceptual rendering of the data?
	What is the social and theoretical significance of this work?
	How does your grounded theory challenge, extend or refine current ideas, concepts and practices?
Resonance	Do the categories portray the fullness of the studied experience?
	Have you revealed both liminal and unstable taken-for-granted meanings?
	Have you drawn links between larger collectives or institutions and individual lives, when the data so indicate?
	Does your grounded theory make sense to your participants or people who share their circumstances? Does your analysis offer them deeper insights about their lives and worlds?
Usefulness	Does your analysis offer interpretations that people can use in their everyday worlds?
	Do your analytic categories suggest any generic processes?
	If so, have you examined these generic processes for tacit implications?
	Can the analysis spark further research in other substantive areas?
	How does your work contribute to knowledge? How does it contribute to making a better world?

Table 16: Criteria for evaluating the product of grounded theory research (Charmaz, 2014, p.337)

Credibility

Using a range of data sources ensures credibility in the data. In this study, the theoretical sample of nurse academics from different universities in Australia and overseas ensured diversity in the participant sample. The interdependency of the categories on both each other and the core category was a product of the comparative analysis that was undertaken throughout the research process until theoretical saturation was reached. The use of storyline as part of the finalisation of the theory from the data ensured that the final theory was grounded in the data.

Originality

The results of this study provide evidence of how nurse academics role model for nursing students. Further, nurse academics' clinical currency is defined and recognised as an integral element of *creating a context for authentic rehearsal*, which in turn is an essential part of nurse academics' role modelling. The process of nurse academics reconciling their professional identity, and how this underpins nurse academics' role modelling, is explained by this theory.

Role modelling in undergraduate nurse education has previously focused primarily on the clinical setting. This study contributes to the limited existing knowledge about how nursing students learn the professional behaviours necessary for future practice in the non-clinical or education setting. Nurse academics' role modelling as operationalising the hidden curriculum in nurse education is foregrounded as an outcome of this study.

Resonance

Even prior to transfer to the tertiary setting, nursing education has relied on demonstration and simulation as a teaching strategy. However, the concept of nurse academics reconciling their professional identity has not been previously identified as the thread that ties together role modelling by nurse academics for undergraduate nursing students. Professional identity informs how nurse academics *create a context for authentic rehearsal*, as demonstrated by the use of storytelling to explain concepts or drawing on clinical currency. The participant sample of nurse academics from throughout Australia and England showed that such experiences were not specific to an individual. Rather, the experiences were common across the universities and countries where these participants were located.

The use of participant quotations to illustrate key concepts in this grounded theory supported the conclusions drawn from the data. Feedback attained from nurse academics following presentation of the findings of this study has reinforced the resonance of these finding. The outcomes of this study have been presented in several professional forums—local and international—after which audience members reported that the theory reflected their individual stories. After one such presentation, one study participant self-declared to those present, and thanked the researcher for accurately reporting what she or he had disclosed during data collection.

Usefulness

The final theory and key findings of this study have the potential to contribute to knowledge about nurse education, nursing students' development of professional identity, new graduate recruitment and retention, nurse academics' professional identity, and recruitment and retention of experienced nurses in academia. In this manner, the outcomes of this study have the potential to change the professional lives of nurse academics and nursing students, with a potential follow-on effect to the broader nursing workforce and quality of patient care. The final theory and key findings may also be transferable to other professions that prepare graduates for practice (with or without professional registration) on completion of a formal program of study. Thus, the outcomes of this study have the potential to inform learning and teaching practices in other professions or disciplines beyond nursing and health.

Limitations

In this study, the insider–outsider position of the researcher may have affected what the students and academics reported during the focus groups and individual interviews, as well as during the observation phase. The position of the researcher in observation is important to recognise. Recognition of the potential effect in this research saw it incorporated in the study design, whereby the stance of the researcher was declared as an insider–outsider hybrid position. There are potential disadvantages to the researcher being known to the participants, particularly in relation to power in research. That is, there is potential for participants to tell the researcher what they think the researcher wants to hear. The participants were reassured, verbally and in writing, that what they said or did in this study would not influence their studies or employment. The recruitment phase included a senior nurse academic who was not associated with the study. A neutral party issued the invitation to participate, and answered questions and concerns without the presence or knowledge of the researcher or advisory team.

Although recognised as a limitation, there are advantages to being an insider–outsider in a non-participant, observer position in a study. Nursing and nurse education are, from a symbolic interactionist perspective, distinct symbolic worlds that include symbols specific to each world. As an insider, the researcher had a pre-existing understanding of the concepts and language used by nurses, and thus understood the context of the academic–student interactions observed and reported. Extending the study sample to include nurse academics outside JCU allowed the collection of data where this was not a consideration. The data collected from these nurse academics who were unknown to the

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researcher supported the data collected from the earlier participants. This outcome demonstrated that the potential for bias from the existence of a researcher–participant relationship was negligible.

One of the key findings of this study was the reports by academics and students of creating a context for authentic rehearsal. One of the limitations of this study was that the authentic rehearsal environment was not included in the observation phase as a result of the consenting academics and consenting students not being in the same class for these teaching sessions. Consideration was given to moving either the teachers or students to be in the same class. However, it was decided that this would potentially disadvantage the participants and could have influenced the data collected by changing the existing dynamics in the group.

Finally, the lack of consideration of researcher identity as part of the broader academic identity may be a limitation of this study. However, although it was not discussed specifically during the data collection phase, it may have been an assumption as part of the academic role. Further research into nurse academics' academic identity may provide clarity regarding what nurse academics perceive to be the elements that comprise this aspect of their professional identity.

Recommendations for policy and practice

The findings of this study about nurse academics' clinical currency may inform institutional policy to promote relationship building between education providers and the clinical setting. The elements of clinical currency include clinical confidence and clinical presence, where nurse academics' self-

assessment of clinical currency is based on their clinical confidence, which is linked to their presence in clinical settings. As employers of nurse academics, education providers can implement policies and practices that facilitate these employees maintaining a clinical presence. Collaborative engagement with clinical partners at an organisational level through formal arrangements can enhance the education provider–clinical agency relationship and provide a framework for nurse academics' clinical engagement. In this manner, nurse academics' employers can support maintenance of their clinical currency. Benefits would include the academic increasing clinical currency, which would enhance the student learning experience in the authentic rehearsal setting, thereby achieving better student outcomes and benefitting the education provider. The ultimate beneficiaries of strengthening workplace opportunities for nurse academics are those for whom the graduate registered nurses would be providing care, and whose care would be provided within policies and practices informed by the nurse academics' increased engagement with clinical partners.

Recommendations for further research

As outlined above, the limitations of this research were linked to the small number of student participants. Further research with undergraduate nursing students should be undertaken to expand the concepts identified in the outcomes of this study. The nurse academics who were part of this study were employed in similar educational and professional regulatory frameworks across sites and countries. Future research projects could investigate whether the concepts and final theory from this study apply to countries with different

education and professional regulatory frameworks. Future research may also more broadly clarify what constitutes an academic identity.

Conclusion

The outcomes of this study include a final theory that describes the process of nurse academic role modelling for undergraduate students. This theory includes a description of the elements that support positive role modelling by nurse academics, and an explanation of the factors that influence the implementation of academic role modelling. As a result, this study provides evidence of how nurse academics contribute to nursing students' development of their professional identity.

The theory of *reconciling professional identity* describes the continuous process that nurse academics move through over their career. It also describes the researcher's personal experience of transitioning from experienced clinician to nurse academic, and the realisation that the academic identity must include that of teacher and researcher.

The theory of *reconciling professional identity* describes how nurse academics use their previous experiences (looking in the rear-view mirror) to inform current and future professional identities. Doing so provides evidence upon which nurse academics and their employers can build to provide support for nurse academics to reconcile their identity. This, in turn, will facilitate the role modelling of professional behaviours to nursing students.

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Epilogue

'Always focus on the front windshield and not the rear-view mirror.'

(General Colin Powell, ret.)

Throughout this thesis, I took care to declare my position as a researcher in order to ensure that I did not compromise the quality of the final product. I understood what the participants were telling me, but did not consider myself a nurse academic at this stage—I was a PhD student investigating an area of interest. However, at the conclusion of this study, when the theory was finalised and the findings articulated, I had what could be termed 'epiphanic turning points' (Denzin, 2011, p. 215). The first turning point occurred when, challenging General Powell's advice and daring to look in the rear-view mirror, I realised that the findings of this study reflected my own professional story. Up to this point, I was so focused on the study and ensuring that the final theory was grounded in the data and not my own experience that I had not made the connection. I had not viewed the data on a personal level, and, when I realised the data were describing my own experience, it was both reassuring and disconcerting. It was reassuring that the participants had described similar strategies and experiences to my own. It was disconcerting to realise that I had followed the data along a path that led back to me.

As an expert clinician who had made the transition to academia and teaching undergraduate students, I had experienced the challenges of the duality of the nurse academic role and had reconciled my own professional identity (or so I thought). I too went from an area where my professional expertise was recognised to one where I had to work from the 'bottom' to establish a professional identity as an academic. Further, I realised at the conclusion of this

study that my process of reconciling my professional identity was incomplete, although I was yet to understand how incomplete. Before starting a PhD, a well-trodden path for academics, I thought I had reconciled my professional identity to find a balance between my clinical identity and academic identity. During this new experience, I began the process of reconciling my professional identity to include an identity as a novice researcher, and started to include this new identity into my professional repertoire. Hold on! It was glaringly obvious now, so how had I (or we, if you include the advisory team) missed it previously? This was my second epiphanic turning point.

Research is an integral part of the professional identity for nurses as clinicians and academics; however, up to this point, research had not been at the forefront of the conversations about the study findings. Excluding the topic of research from the focus group and individual interview conversations was not deliberate; it had not been acknowledged as part of nurse academics' role modelling for undergraduate nursing students. Of the nurse academics who participated in this study, five had PhDs and four were current PhD students—academics for whom research was a priority and part of their everyday lives. Nurse academics role model as researchers for undergraduate nursing students in both teaching research and in including nursing students in research projects, especially among academics who supervise honours students. It could be a limitation of the theoretical sampling in this study that I did not ask participants—either nurse academics or students—about the role modelling of being a researcher.

The nurse academics spoke about preparing students for lifelong learning, scholarly activities and participating in research throughout their

careers, but not in the context of role modelling specifically. I had inadvertently limited nurse academics' professional identity to that of clinician and teacher, rather than that of clinician and academic. In this manner, I may have inadvertently limited the area of enquiry. An academic identity is itself a combination of a teaching identity and research identity. Thus, the theory of reconciling professional identity to include that of clinical identity and academic identity can only be complete if researcher identity is clearly articulated as part of academic identity.

The lack of recognition of the researcher presence in the academic identity could also be a reflection on me, as the researcher, being a novice researcher myself. Maybe because I had yet to reconcile the researcher identity into my own professional identity, it was not part of my conscious thought. Thus, I did not think about how researcher identity fits with teaching identity to form the academic identity. I had undertaken research in clinical settings prior to entering academia, so the concept of integrating research into everyday practice was not new. The nurse academics in this study also referred to undertaking collaborative research with clinical partners in relation to clinical currency. Why this eluded me until the very end of this study remains a mystery. Using General Powell's rear-view mirror analogy, researcher identity was in my blind spot. Perhaps looking in the rear-view mirror earlier would have highlighted this lack of consideration and prompted me to incorporate it before I reached the end.
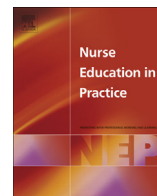
Appendix A

Appendix A

Issues for debate

Achieving graduate outcomes in undergraduate nursing education: following the Yellow Brick Road

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Appendix B

ABSTRACT FOR ICN, SEOUL, 2015
Baldwin, A. (presenting author), Mills, J., Birks, M., Budden, L.

ROLE MODELLING BY NURSE ACADEMICS:

Contemporary healthcare services across the globe require that novice

registered nurses are work ready upon graduation. Readiness for practice

requires the nurse to be more than skills competent; it requires them to have a

professional identity and demonstrate professional behaviours necessary to

provide quality nursing care.

To meet this workplace demand, tertiary institutions have developed curricula

that facilitate students' development of professional identity through

contemporary learning and teaching practices and relevant clinical experiences.

Nursing students are exposed to experienced nurses in both clinical and non-

clinical, or academic, settings, with comparatively more interactions with the

nurse academics throughout the duration of their studies. However, the current

body of literature focuses heavily on the influence of nurses in clinical settings on

the professional behaviours and socialization of students. A literature review

conducted in 2013 showed that out of 33 articles discussing role modelling for

undergraduate nursing students, 26 related to nurses in clinical settings and 7

related to nurses in academic settings. It is therefore necessary to further

understand what nursing students learn, and how they learn it, from interactions

with nurses outside the clinical setting. This increased understanding of nursing

students' learning can facilitate the embedding of previously covert and informal

learning into nursing curricula. This paper will discuss a grounded theory study

investigating role modelling by nurse academics for undergraduate nursing

students. This study used data collection methods of observation, focus groups

and individual interviews to create a rich data set from both nursing students

and academics.

Appendix C

Human Research Ethics Committee *APPROVAL FOR RESEARCH OR TEACHING INVOLVING HUMAN SUBJECTS*	Application ID

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