Ph.D. in Educational Research

Pride and Prejudice:

The Socialisation of Nurse Educators.

Julie Williams, M.Sc

March 2010

This thesis is submitted in partial fulfilment of the requirements for the degree of Doctor of Philosophy.

Department of Educational Research

Lancaster University

Declaration:

This thesis is my original work and has not been offered previously for any other degree or diploma

Signature:

Acknowledgements

Julie Williams: PhD in Educational Research: March 2010

Abstract

This thesis explores the concept of socialisation through the experiences of nurse educators within a United Kingdom context in one higher education institution in the Northwest of England. Built upon the assumption that nurse educators' practices and dispositions are shaped and affected by the sociocultural field in which they occur, attention is paid to identifying these influences reflected through an understanding of their curriculum practices.

A micro-ethnographic philosophy is adopted where semi-structured interviews are the key data source from a volunteer group of twenty nurse educators' informant accounts, inter-woven with observations and my reflections as a nurse educator, and therefore written in the first person. As I also claim a pertinent professional cultural heritage all data are collected and analysed from an insider-researcher position. Pierre Bourdieu's relational concepts of field, capital and habitus are applied as a template through which the accounts of nurse educators are filtered and interpreted.

In this thesis I will argue that nurse educators experience difficult transitions in and between the fields in which they practise and that their dominant, but hidden, values contribute to their perceived marginalisation within the academic community and field of higher education. Nurse educators appear to adopt practices that reflect their practitioner habitus which contradicts the popular perspectives of academic roles and identity, referred to as an academic habitus. This negatively affects the development of academic identity and contributes to difficulties experienced in accruing academic capital. Specifically, curriculum practices are affected by the hegemonic values of nurse educators where practice-bred values conflict with academic world values.

Table of Contents

Tables

Figures

Appendices:

Abbreviations

HLSP   Health and Life Sciences Partnership (now Mott McDonald)

NMC   Nursing and Midwifery Council

QAA   Quality Assurance Agency

RCN   Royal College of Nursing

UK   United Kingdom

BT   Basic Themes

OT   Organising Themes

GT   Global Themes

Introduction Aim and Research Question

The aim of this study is to describe, explore and examine nurse educators' practices, values, beliefs and ideologies by constructing a description of these dispositions as they are practised in one higher education institution in the Northwest of England. I will argue that nurse education practices are more than the benevolent transfer of knowledge and the passive recipient of information, acknowledging that there are significant cognitive, behavioural and social aspects encapsulated in the practice of nursing. In this way they are consistent with Bourdieu's reflexive sociological theory of practice which suggests that there are preconscious, historical, and social influences on the practices of the individual (Bourdieu, 1977).

Recent United Kingdom (UK) government and statutory directives have highlighted the need to enhance the quality of theoretical and practice-based learning experiences in nurse education (DoH, 2002; DoH, 2006; NMC, 2004; NMC, 2007; Skills for Health, 2007). The complexity of such experiences is acknowledged not least because the discipline of nursing draws from an eclectic epistemology and multiple forms of knowledge, thus rendering it a mystery yet to be revealed and shared (Carr, 2005). The everyday practices, roles and attributes of nurses are complex in nature, diverse by speciality and often unconscious to the person experiencing them. This 'unconsciousness' stems from the view that the knowledge and skills that constitute nursing are so very much a part of 'being-in-the-world' (of nursing) that they are rendered inconspicuous. In this way it is often seen as an intricate system of ideological practices, guided by strong values and ethics, within diverse settings (Orland-Barak & Wilhelem, 2005), subjected to the influence of organisational cultures and educational and professional developments from within its own discipline, as well as from other professions such as medicine. Other conceptions of the practice of nursing suggest that it is no more than a direct application of individual theoretical understanding (Kim, 2000) where there is a tendency to describe it as the product of nursing education rather than account for the processes involved. Therefore, for the purposes of clarity within this study

project, I use terms such as 'nursing practice', 'practice-based' and 'practitioner' to encapsulate the physical and direct contact elements of nursing and nursing roles, whereas nurse educators' working practices refer to pedagogical conventions.

Contrasting pressures throughout nurse education include the practical demands of delivering the validated curriculum, with all the additional compulsory external benchmarks, and the imposed demands of the professional and service delivery agenda. The polarised nature of theoretical academic knowledge and the educational philosophies espoused in the clinical environment engenders a tension between nursing theory taught in the classroom and the practices encountered on practice placements. Attempts to close this perceived theory– practice gap are regrettably ill-fated since they are based on an inadequate understanding of why the gap exists in the first place (Cook, 1991). Thus, the prevailing paradox of nurse education versus nurse training remains and continues to challenge nurse educators with the reality of integrating theory and practice to achieve balance between professional responsibility and accountability. I hope to show that, given the priorities of nursing service delivery, it is not uncommon for experienced nurse educators to unconsciously favour the inherent practice-based cultural norms, values and familiar practices in order to preserve their professional identity as a nurse and achieve a level of personal stability. In situations such as these practice-bred values conflict with academic world values, so for these reasons my interest lies not with staff new to higher education but with those who have spent a number of career years at the university within an academic community. This study therefore examines the importance of how sociocultural influences impact on nurse educators' socialisation and transition into the field of higher education and to bring together some of the key threads that influence the content and structure of nursing curricula.

However, there is very little research undertaken that examines the experiences of nurses as educators by exploring their transition and integration into the idiosyncratic cultural field of academia, therefore there is value in this project as a descriptive enterprise alone. I contend that most individuals will make the transition from their role as a practitioner to their role as a

lecturer readily but not very easily. Preparation for these latter roles is seemingly poor and many individuals are unprepared for the differing facets of being a nurse educator. Overall there is anticipation and an expectation of participating in more teaching than research, subsequently some do not fully believe in, and therefore do not commit to, the importance of scholarly activity, research or writing for publication.

I therefore deliberate on how personal perspectives can make known the concealed epistemological and pedagogical values and beliefs that formulate nurse educators' practices and identity.   Perspectives such as these can often be invisible and thus inadvertently negatively affect academic and scholarly activity choices, and hinder personal relationships, self-esteem and thus the development of an academic identity. I also argue that, despite the rhetoric surrounding espoused goals of academically robust, culturally harmonious and structured nurse education, the largely unexamined and often unintentional consequences of hidden dominant practice-bred values and dispositions do impact on curricula practices and nurse educator identity. These embedded and taken-for-granted hegemonic dispositions and practices are demonstrated and corroborated through engagement with the nursing curriculum and are reflected through the concepts of cultural transition and academic identity. Therefore this thesis challenges nurse educators to examine their role in reproducing the dominant dispositions of the practice-based culture and urges them to move beyond a hegemonically induced marginalised state.

With over twenty seven years of professional nursing experience, the latter nine years as a nurse educator, my practices will have been influenced by my personal epistemological values, beliefs and ways of knowing. Additionally, any inclination or tendency to act in a particular way will have resulted from my professional and academic dispositions. These also include the formation of ideas based on social, economic, political and philosophical opinions that shape the way I think, act and understand the world. My personal position as a nurse educator determines that these issues are of specific interest at both a professional and academic level and my engagement with the research process and analysis itself will bring a

dimension that can add to the depth of understanding of the phenomenon under investigation. The conventions of writing in the first person are justified on the basis of this reflexive focus. My personal propositions are that nurse educators inadvertently adopt practices that reflect habitual applications which contradict popular perspectives of academic roles in the field of higher education. This suggests that they often teach what they were taught, projecting the overarching principle of 'professionalism' whilst not fully understanding, appreciating or valuing pedagogical precepts.

Research Questions

The central premise and argument formulated in this thesis is that numerous sociocultural influences impact on the practices and identity of nurse educators making the transition from their role as a practitioner to a lecturer problematic. I also argue that their socialisation is influenced by the dominant values of nurse educators which subsequently impact on identity formation and curricula practices. However, we know little of the sociocultural field in which nurse educators operate, the cultural and other capital expended, and the specific strategies used to influence and shape educational practices. The study will therefore be guided by the following research questions:-

- What factors influence the socialisation of nurse educators in this field?
- How do nurse educators' predominant dispositions and identity impact on their curriculum practices and academic careers?
- How does the transition in and between nurse educators' fields of practice influence and shape their curriculum practices?
- What discipline specific implications arise from the socialisation of nurse educators within this field?

In addition to conducting twenty individual semi-structured interviews I spent twelve months observing as a participant within the field of study focusing on the social processes, practices

and interactions of nurse educators. This study is built upon the assumption that their practices and individual dispositions are shaped and affected by the sociocultural field in which they occur, therefore Pierre Bourdieu's theory of practice seems particularly suited for informing this work. Before I discuss my empirical work it is important, and therefore necessary, to elucidate an interpretation of what Bourdieu means by a theory of practice with specific reference to his three key concepts of field, capital and habitus. From Bourdieu's own eclectic work I outline these key concepts and delineate how they can be utilised as a research methodology before moving on to describe how they can be applied to the practices of nurse educators in the discussion (Chapter Five).

Overview of the Study

In the introductory chapter I offer an overview of the project, setting out research questions and providing background for contextualising these questions. It also provides an indication of the theoretical framework and approach taken. Chapter One outlines the literature search strategy and progresses to a review of the literature beginning with a generic overview of organisational and professional socialisation. This leads to a more focused discussion of the salient contributory factors in the socialisation of nurse educators, namely the impact of organisational culture, the nature, utility and perpetuation of a discipline specific knowledge base, current curriculum practices and the conceptions of identity   as they relate to nurse educators. Chapter Two details the theoretical framework and approach adopted within the study and sets out the philosophical, ontological and epistemological assumptions that provide the methodological underpinnings for this project focusing on my location and position as the researcher within the study. It also includes the interpretive decision-making imperatives utilised and the quality and ethical issues considered. Chapter Three provides an explanation of the research design and methods applied, including the rationale for the adoption of a pre-study pilot and the analytical approach used. In Chapter Four I detail the micro-ethnographic account and an interpretive commentary and description of the themes constructed from the data. I revisit Bourdieu's theoretical framework in Chapter Five to locate

the findings within the overall discussion of the findings. I also reflect upon the major insights gained from this project and relate them to literature evidence. In Chapter Six I discuss the research questions with reference to the findings and knowledge claims I make culminating in a synopsis of conclusions drawn from the study. The project limitations are also discussed in Chapter Six. A final exploration of personal thoughts and reflections is articulated in Chapter Seven leading to an indication of how the project may have a practical application to, and implications for, its intended audience. Thus, the significance of the project is delineated and suggestions made for further research.

Chapter One

<u>Review of Relevant Literature</u>

This study explores some of the reasons why, and how, sociocultural influences impact on the socialisation of nurse educators into the field of higher education and the transition from their practice-based values and roles. The existing empirical base that describes the process by which sociocultural influences of nurse education shapes, and is shaped by, nurse educators' practices is meagre. There is also little evidence of engagement in analysing the forces acting to influence the content and structure of nursing curricula. The literature reveals that a great deal of related empirical effort tends to focus on the socialisation of nursing students with little or no emphasis on the educators themselves. Therefore in this chapter I initially detail my literature search strategy and how I addressed the issues of a dearth in the available disciplinary orientated resources.

The relative lack of nurse education discipline specific literature directed me to delve into the perspective of other disciplinary contexts to compliment and support the evidence found. This was located predominantly within the genre of teacher educators' accounts. Given the relative similarities between the two disciplines of teaching and nursing, in terms of professional regulation, external scrutiny and practice-based education mandates, I found it helpful to construct associations between them in order to illuminate the experiences of nurse educators. In the more generic higher education literature I found useful evidence related to general academic experiences within higher education and more specifically the issues of academic identity formation.

As the chapter progresses I construct a review of the prevalent issues derived from the literature evidence drawing on issues of specific interest to the socialisation, embedded dispositions and everyday practices of nurse educators. In order to explore the contextual relevance of sociocultural influences and perceived dominant values which impact on identity

formation and curricula practices, the literature review begins with a brief outline of the significance of organisational and professional socialisation. This reveals a number of significant and salient contributory factors including the impact of organisational cultures on maintaining a specific form of accrued disciplinary knowledge whilst having to acquire and develop a new specific form of occupational knowledge. The tensions realised within the formulation of a bespoke knowledge base across disciplinary boundaries and the development of discipline specific expertise therefore is pertinent to the underpinning premise of this thesis. I discuss how this disciplinary epistemology context is important to the professional disciplines in higher education and specifically to nurse educators' socialisation and transition into the field and academic community in Chapter Five. A key factor in the socialisation of nurse educators is the influence of their curriculum working practices which are outlined and discussed at the individual, process and structural level. The literature review culminates in a discussion of conceptions of identity which significantly influence nurse educators' socialisation and academic roles.

1.1   Literature Search

I searched literature published in English by accessing local library sources indexed by the subjects of health, sociology and philosophy and using the key words socialisation, academic, professional, higher education, nursing, and nursing education as my guiding search criteria. As well as searching my local university library catalogue I conducted a search of what I assumed to be the most relevant databases of CINAHL and MEDLINE, however this yielded very little useful information. It became necessary to extend my search to a total of eighteen databases (see Table 1), C.D. ROM encyclopaedia and the inter-library loans. Primary literature sources were used wherever possible. Royal College of Nursing (RCN) library index, the Department of Health Index of Nursing Research and cross-referencing of citations yielded a rich source of information. Google Scholar proved to be of limited use.

Table 1: <u>Databases Searched</u>

	Databases
1	Academic Search Complete (EBSCO)
2	Australian Education Index
3	British Education Index
4	CINAHL Plus
5	ERIC
6	Education Research Complete (EBSCO)
7	Emerald Fulltext
8	Highwire press
9	IngentaConnect
10	MEDLINE
11	MetaPress
12	PsycINFO (EBSCO)
13	PubMed
14	ScienceDirect (Elsevier)
15	Social Sciences Citation Index (ISI)
16	SwetsWise
17	Web of Knowledge Science (ISI)
18	Wiley InterScience

Because nurse education provision differs across continents I concluded that United Kingdom (UK) based studies were most likely to reflect the current education system in which nurse educators involved in the research study practise. Therefore, attempts were made, wherever possible, to include literature from studies undertaken in the UK. However, although it could be argued that studies carried out in Europe, North America, Australia and Canada are not directly comparable to the UK I was of the view that aspects of nurse educators' working practices may be similar irrespective of differences in country of origin, educational contexts and fields. Therefore, whilst remaining conscious of any disparities in actual provision and practices, I have included a number of studies which originate outside of the UK to supplement British sources. This provides a level of objectivity and an overview of the complex nature and context of the issues and factors relevant to the project. The initial search yielded very little relevant literature although sources were plentiful in relation to student nurses and nurse education (for example Greenwood, 1993; Mackintosh, 2006; Manninen, 1998). However, the majority of these studies viewed education within the context of outputs of student learning experiences and practices. For these reasons a great

deal of this literature proved to be outside of the boundaries of my project and therefore not useful, although particular relevant information has been used to provide an overview of the context of educational practices. The literature review is presented with reference to the following identified main subject matter and associated subsets:

- Organisational and Professional Socialisation
- Organisational Cultures
- Disciplinary Epistemology
    - Epistemic Fluency
    - Disciplinary Expertise Development
- Curriculum Practices
- Conceptions of Academic Identity
    - Nurse and Nurse Educator Identity

When considering the selection of literature for this study I acknowledge that in recent years policy changes within nurse education have occurred with levels of success still being discussed and debated (Bradshaw, 2003; DoH, 2002; DoH, 2006; NMC, 2004; NMC, 2007; Skills for Health, 2007). In addition, the professional regulatory body for nurses in the UK, the Nursing and Midwifery Council (NMC) has recently deliberated the context and content of nurse educational programmes following consultation with professionals and the public, with the aim of further developing and revising pre-registration nurse education in the UK (NMC, 2007). In light of this as yet unfinished business, it is important to review nursing related literature published primarily during the last ten years as this has the potential for reflecting national and professional policy changes in nurse education practices. However, there are some important exceptions. The seminal work on professional socialisation remains highly relevant and therefore included as background. There are other important issues such as gender, social class and race which may potentially affect nurse educators' practices. However, such issues demand a full and frank exposition in order to do justice to the burgeoning debate. This is beyond the scope of my project and therefore purposefully excluded from the review of the literature.

1.2   Organisational and Professional Socialisation

In order to explain why social groups engage in particular practices I argue for a theory of socialisation that foregrounds the social structures in which actions are located, the techniques used, the dispositions generated, and the practices adopted as a consequence. The process of socialisation is complex and involves group interaction through which common behaviour patterns are shaped and explained (Singh-Manoux & Marmot, 2005). The unit of analysis therefore, is not the individual but the sociocultural context within which the individual is shaped and integrated. Thus organisational socialisation can be seen as the process through which individuals acquire requisite role positions, boundaries and status.

Nursing is regarded as a multifaceted and complex system of ideological influences and practices guided by strong values, philosophical and ethical principles (Drummond & Standish, 2007; Orland-Barak & Wilhelem, 2005), where 'socialisation' into a profession refers to the "acquisition of values, attitudes, skills and knowledge pertaining to a professional subculture" (Page, 2007 p.167). The habituated practices, expectations and rituals of nurses ensures the reproduction of these professional attitudes, behaviours and interactions and in this way the transmission of professional mores and attributes is learned vicariously, and is thus closely linked to the process of socialisation (Bahn, 2001). However, working in higher education nurse educators are confronted with a set of divergent organisational norms, values and practices incongruent to, and at variance with, their dominant and pre-existing sociocultural, professional and personal ideals. In this way individuals become conflicted (Hoy & Woolfolk, 1990). It follows that there is the potential for negative consequences including advocacy for established ritualised practices and the entrenchment of traditionally held and embedded views.

Etzioni (1975) noted that newcomers to an organisation enter a transitional period which is a time "when efforts to induce consensus between newcomers and the rest of the organization are comparatively intense" (p.24). Whereas Hoy and Woolfolk (1990), in their study of the

socialisation of student teachers, found that individuals new to organisations could not avoid being influenced by the prevailing values, expectations, incentives, and sanctions of the organisation. These influences were found to be intentionally formative and designed to shape beliefs and values in an effort to establish conformity. In this way, it could be argued that nurse educators entering the unfamiliar culture of higher education would focus primarily on acquiring the predominant language, values and skills which would reflect a level of cultural conformity and consensus rather than on developing relations and interactions. People encounter extraneous variables which, in the case of nurse education, include unfamiliar prescribed conventions, high student dependency levels and out of the ordinary workload demands, which significantly impact on the available opportunities to learn, establish a 'position' and integrate into the new cultural structure. It follows that moving into the field of higher education nurses will experience a change in status and acquire new social groups into which they must gain acceptance, with a view to securing effective long-term membership. Thus the entry price is a level of conformity in terms of accepting the espoused philosophical values, attitudes and hierarchical relations.

Being immersed in the reality of higher education presents challenges for nurse educators as they are confronted with role defining experiences, as external mandate, annual scrutiny and previous practice-based working practices continue to exert a powerful influence. Theories of socialisation help explain how people become members of a given culture and deal with the formulation and acquisition of identity (NASH, 2003; Tierney, 1997), and is thus seen as an ongoing process dependent on the successful acquisition of organisation-specific knowledge and know-how. For nurse educators in this study this presents a juxtaposition as organisational socialisation portrays the illusion of facilitation yet significant elements suggest overt control. In this way individual nurse educators have little or no opportunity to develop interpretations contingent with and evident in, their professional identity and practice.

Turner's work with novices explains that crossing a threshold (read organisational boundary) from an existing familiar place into the unknown marks the beginning of a rite of passage,

casting them into a liminal world (Turner, 1974). Uncomfortable experiences follow, stripping individuals of their former identity and status, paving the way for the rituals of the rite of passage to etch out a new identity. This resonates somewhat with the social practice theory work on communities of practice and legitimate peripheral participation (Brown & Duguid, 1996; Lave & Wenger, 1991). The idea of communities of practice emphasises learning by participation within a social context, and that organisational and professional identity development is based on relationships that espouse common values, knowledge, attitudes and behaviours. The relative safety this promotes creates a space where insecurities and tensions between organisational and personal values and practices can be resolved. Concurring with these views Roan and Rooney (2006) argue that a community of practice can thus contribute to the socialisation of its inhabitants. However, I contend that prolonged periods of liminality, seen as peripheral marginalisation, do not assist in the acquisition and application of professional principles and understanding. It follows that this approach thwarts nurse educators' efforts to be accepted into the academic community social group, or 'community of practice', contributing negatively to their occupational and professional socialisation.

1.3   Organisational Cultures

Organisations can be understood as "shaping local versions of broader societal and locally developed cultural manifestations in many ways" (Alvesson, 2002 p.5), but most resist easy classification. Notions of culture have deep seated roots in anthropology literature (Geertz, 1993; Pettigrew, 1979; Rafaeli & Worline, 1999; Tierney, 1988). Theories of organisational culture suggest that it emerges from shared basic tacit assumptions about how the world is and ought to be. These ideologies determine beliefs, attitudes, values, perceptions, thoughts, feelings and behavioural norms, allowing people to see events and situations in similar and distinctive ways (Alvesson, 2002; Davies & Nutley & Mannion, 2000; Kezar & Eckel, 2002; Schein, 1992).

What this body of evidence shows is that the term 'organisational culture' has been used to refer to relations, ideologies, rules and norms, a collective consciousness or as behaviour, patterns, structures and practices. Thus, multiple and differing approaches to contextualising and studying culture advocate wide ranging philosophies and display significant variation (Becher & Trowler, 2001; Brown, 1995; Hofstede, 1994; Schein, 1992). It is powerfully argued therefore, that 'organisational culture' is an illusive concept (Knight & Saunders, 1999) as there is little definitive agreement as to what the terms 'organisation' and 'culture' actually mean, whilst for Alvesson (2002) the term organisational culture has no fixed meaning. Hence it is difficult to weave a path through these convoluted and fragmented perspectives as each different premise is complex, constantly shifting, rarely manifested in absolute forms and entirely dependent on perspective.

Structural models for identifying and situating cultural practices are provided by Schein (1992) and Geertz (1993) who state that organisational cultures can be considered in terms of levels and webs of significance. Schein (1992) offers a model that is represented at three distinct levels which provides a framework based on a macro (artefacts), meso (espoused values) and micro (basic assumptions) level of analysis. In this way each level weaves a path through the complexity of nurse educators' cultural conventions identifying points of significance along the way, whereas Geertz (1993) saw 'culture' as webs and wrote of "man being suspended in a 'web of significance' that he himself has spun" (p.5). The sociocultural fields of higher education and practice-based nursing can be seen as synonymous with Schein's levels and Geertz's webs in that they function at uniquely different levels of interaction, but are distinctly interwoven. Each field advocates their own organisational and service delivery priorities and foreground their cultural value preferences. In this way they are portrayed as competing organisational cultures within which nurse educators' endeavour to establish their position and confidently attach importance to the impact of their labours. Thus attempts to navigate across considerably different webs of significance, in addition to the extant organisational boundaries, can be problematic.

It is with this in mind, and specifically related to nurse educators, that I will show that the influence and emphasis of shared assumptions on behaviours and beliefs suggests that organisational culture is much more than "the way we do things here" (Davies et al., 2000 p.112). It follows that nurse educators' academic role experiences require equally difficult adjustments to be made as they move from an environment which encourages 'doing' to an increasingly demanding environment that encourages 'thinking'.

Lueddeke (1999) identifies a number of approaches to studying higher education organisational cultures over the years. Silver (2003) fuelled the debate when he asked 'Does a university have a culture?' concluding that multiple disciplinary factions contribute to a fragmentation of a unified culture, as previously alluded to by Becher and Trowler (2001). Following this line of discussion I would argue that in the absence of a unified culture the existence of subcultures is allowed to flourish. The internalisation of higher education organisational 'sub-cultures' carries a high degree of autonomous endeavour and impacts on the development of a specific occupational identity at the expense of earlier personal ideologies and ideals, as Melia (1987) found in her study of student nurses' occupational socialisation. However, there may also be disparate subcultures that clash, or maintain an uneasy symbiosis (Martin & Seihl, 1983) with the overall organisational culture and/or modes of knowledge production (Trowler, 2009). This signals diversity within academic life and emphasises the heterogeneous, contested and contradictory production of knowledge (Trowler & Knight, 2000). Examining the linkages between academic culture and knowledge production Becher and Trowler (2001) explore how academics pursue their disciplinary knowledge interests and conclude that, despite subcultural difference, distinct disciplinary cultures exist. They went on to examine whether these differences are epistemologically founded or influenced by other phenomenon, later revisited and re-explored by Trowler in his critique of epistemological essentialism (Trowler, 2009).

By viewing nurse educators as a socially cohesive group they can be regarded as a disciplinary subculture (Hockey, 1993) of the organisational culture of higher education.

Holland (1993) posited that a subgroup's existence is dependent on the transferability of culturally specific and preferential knowledge, thus establishing 'cultural perpetuity' (see section 1.4). In this context a nursing subculture in the field of higher education is generated through the perpetuation of characteristic practice-based cultural preferences where nurse educators seemingly acknowledge the academic culture whilst concurrently promoting disciplinary professional knowledge and values. The dominance of this discipline specific focus is thus explained by shared espoused views on knowledge transmission, a common professional ethos and demonstrated when they engage in practice-based activities (Johnson, 2008; NASH, 2003). In this way nurse educators' strong professional ethic and sense of identity attest to the importance of supra-organisational values and norms. It is in this manner the perpetuation of seemingly significant, albeit basic, symbolic representations of nursing identity can both impose and disrupt the social construction of a new cultural reality (Tierney, 1987). This resonates with Pierre Bourdieu's concept of 'habitus' (Bourdieu, 1977) (see section 2.5), which suggests that agents (read nurse educators) possess an array of often subconscious dispositions in relation to different social structures they themselves have experienced or are experiencing. The resultant interlocking relationship between social structures and the individual is deep-seated and enduring (Johnson, 2008). Thus the persistence of traditional culturally embedded practices implies that the concept of habitus (Bourdieu, 1977) may have some impact on the socialisation of nurse educators.

I hope to demonstrate relations between the two distinct disciplinary perspectives of nurse educators to show how their practices are represented within their boundary crossing behaviours as they endeavour to establish position within the field of higher education, whilst issues of identity and personal dispositions are discussed in their attempts to accrue an academic identity. Having established that socialisation is influenced by culture and that nursing exits as a subculture in the field of higher education, the following sections discuss the ways in which a discipline specific focus on knowledge formation and transmission and a common professional ethos explore relationships inherent in an academic community and nurse educators' identity positions within it.

1.4   Disciplinary Epistemology

For decades defining and clarifying the concept of knowledge has been both fiercely debated and a labour of love (Berger & Luckmann, 1966; Blackler, 1995; Bleiklie & Byrkjeflot, 2002; Eraut, 1994; Karseth & Nerland, 2007; Larsen & Adamsen & Bjerregaard & Madsen, 2002; Luckett, 2009; Maton, 2003; Nonaka & Takeuchi, 1995; Petit & Huault, 2008; Trowler & Cooper, 2002). Remaining ambiguous and vague, definitions of the concept tend to vary according to what aspect of knowledge is emphasised, either outcome or utility (Bleiklie & Byrkjeflot, 2002). Nonetheless, the research endeavour traditionally encapsulates the concept of knowledge formation, production and utilisation where differentiation is made between the pursuit of knowledge for its own sake and the utilisation of acquired knowledge. It can be seen therefore that 'knowledge' as a broad concept has an all encompassing meaning. In this way I do not confine the following discussion to knowledge produced through the research endeavour alone but foreground the acquisition of occupational propositional and process knowledge as it relates to cultural and professional perpetuity.

What counts as knowledge within the discipline of nursing is socially and historically constructed and has been described by Rafferty, Allcock and Lathlean (1996) as more of a political problem than a philosophical one. Alternatively when contemplating professions such as nursing Eraut (2006) determines that they are better understood as an applied field rather than a discipline. This is by and large due to the eclectic theoretical knowledge base, appropriated from many allied formal disciplines and then resituated in the specific professional context. Notwithstanding these points of view, knowledge is difficult to construct and subsequently share with others and therefore transference is not simply a process of exchange (Choi, 2006) or transmission. Demystifying knowledge production and processes involves making sense of the dichotomy between the disciplinary 'ideal' and the cultural 'reality', thus it becomes problematic (Brookfield, 2000; Roan & Rooney, 2006) and a chronic source of dissatisfaction to nurse educators (Allen, 2004; Boychuk-Duchscher & Cowin, 2004).

It follows that by acknowledging that there are conflicting knowledge values and assumptions socialisation into the discipline of nursing is potentially hindered and in this way rendered as a chaotic, unsupported and painful experience. I argue that this equally applies to nurse educators when attempting to reconcile the tensions inherent in transitions between maintaining workplace, practice-based knowledge and developing new academic knowledge propositions. Identified as a powerful motivator the development of disciplinary knowledge is seen as defining, and thus the raison d'étre for the academic endeavour (Middlehurst & Barnett, 1994). If we accept that socialisation is influenced by the dominant values and dispositions of nurse educators, I hope to show that there is a related tension between the formulation of a bespoke knowledge base across disciplinary boundaries, and the subsequent development of discipline specific expertise and the accumulation of an academic identity.

However, it is the distinction of knowledge as 'procedure' which is highly relevant to the discipline of nursing in the pursuit of acquiring occupational specific practical skills and manual dexterity. Significant and enduring debate has attempted to address the nature of knowledge derived from occupational practice compared with decontextualised knowledge reproduced through academic practice (Bruner & Olsen, 1978 in Saunders, 1995), suggesting the existence of a theory practice gap. Writing in the context of professional education and the formation of competence Eraut (1994) distinguishes between 'propositional', 'personal' and 'process' (read procedure) knowledge. Propositional knowledge encompasses that which has discipline-based theories collectively shared within the profession and as such potentially capable of transmission. Personal knowledge results from experiences whereas process knowledge involves "knowing how to conduct the various processes that contribute to professional action" (Eraut, 1994 p.107). This differentiates 'knowing that' from 'knowing how' but does not offer a satisfactory reconciliation of such a dichotomous relationship. Webb, Schirato and Danaher (2002) linked knowledge and learning with cultural capital and concluded that forms of knowledge derived from formalised learning is afforded more cultural capital, and therefore value, than that derived from learning associated with practical activities (p.110). By reflecting upon how propositional knowledge is refracted through the

professional discipline of nursing I will show that the type and level of acquired occupational and academic knowledge ultimately has an impact on personal capital and identity formation.

1.4.1   Epistemic Fluency

Definitions of professional socialisation often assume that a single set of values is held by members of the profession. However, the nursing literature is replete with suggestions that at least two differing knowledge value systems exist; the theory–practice dichotomy (Allen, 2004; Allen, 2007; Gallagher, 2004; Jerlock & Falk & Severinsson, 2003; Jordan, 2000; Larsen et al., 2002; Little & Milliken, 2007; Maben & Latter & Macleod-Clark, 2006; Rolfe, 1998; Wilson-Thomas, 1995). Nurse educational reforms in the UK early in the 1980s aimed to address these two disparate value sets (UKCC, 1986), yet the gap is far from closing, indeed it has been suggested that it may even have grown (Jasper, 1996; Little & Milliken, 2007). Exponents of theoretical propositional knowledge as the dominant influence highly regard professional nursing ideals and values which, they believe, are largely thwarted in practice (Maben et al., 2006). The juxtaposition of theory and practice knowledge is evidently problematic emphasising the dangers of being socialised into established and long-standing and unthinking routines (Hislop & Inglis & Cope & Stoddart & McIntosh, 1996).

Bendall (1976) drew attention to the fact that "what is taught in school is not practised on the wards", and vice versa (p.6). Corroborating this position Trowler and Knight (2000) emphasise that as "expertise is socially located it is difficult to endorse assumptions that learning (or expertise) is unproblematically transferable from one context to another (p.37). Nonetheless, professional nurse education continues to involve the transmission of propositional knowledge in higher education settings and the acquisition of process knowledge by experience of the world of 'nursing work'. It is worthy of note that in the UK both these elements are obligatory, and publicly scrutinised on an annual basis and mediated through formalised structures. It follows that there may be a substantial difference between the theories for nursing practice taught by nurse educators based on how they had

successfully practised nursing, and what Eraut (2006) refers to as the current practice-situated activities of contemporary practitioners. The inference here is that dominant norms and values contribute to the process of socialisation, whilst prevailing attitudes and behaviours influence how educators accept and internalise working practices, sub-cultural norms and espoused views. I argue therefore that by focusing predominantly on bridging the perceived gap between theory and practice, both legitimate forms of professional knowledge, for nurse educators the 'academic knowledge' field inadvertently gets lost.

The day to day disciplinary practice-based activity is geographically and academically separated from higher education institutionally regulated knowledge expectations (Crotty, 1993a; Crotty, 1993b) and both are deeply different phenomenon from individual academic endeavours, such as the navigation between the teaching research nexus (Robertson, 2008). Thus the position of nurse educators in university settings, and thus by default nurse education, is an enduring point of debate and contention (Andrew & Ferguson & Wilkie & Corcoran & Simpson, 2009; Burke, 2006b; Burke & Harris, 2000). The rise and eventual rapid fall of clinical teacher roles in the 1980s was said to be as a consequence of splitting duties and confusing the identities of nurses as clinicians and as educators (Wright, 1983).

These types of reforms perpetuate the two increasingly disparate learning environments so it is of little surprise that in this complicated and ever changing situation nurse educators have become increasingly geographically and ideologically divorced from practice-based colleagues and contemporaneous practices (Caldwell, 1997; Lee, 1996). The separation of nurse educators from practitioners perpetuates their seclusion and only serves to reinforce the 'two opposing camps' viewpoint, resulting in many languishing in 'no mans land' (Ferguson & Jinks, 1994). However, new educational programmes may "come and go but the one constant in nurse education is the clinical aspect of nursing" (Pearcey & Elliott, 2004 p.387). The challenge for nurse educators therefore is to reconcile these learning worlds to ensure they are complete, conspicuously legitimate, defensible and justifiable. Curricula will consequently need to reflect the prevailing social, political, educational and professional

doctrine of the times. Nonetheless, efforts to reconstruct and integrate theoretical knowledge into practice has taxed nurse academics, practitioners and policy makers alike for many decades with, as yet, no definitive answer.

1.4.2   Disciplinary Expertise Development

The advancement of healthcare technology and practices, as well as changes in the developing field of nursing research, have increased disciplinary and professional expectations (Spouse, 1998). These expectations are indicative of an increasing emphasis on the production of, and a necessary requirement for, idiosyncratic nursing knowledge. Until 1989 nurse education was predominantly located within the National Health Service (NHS) but the advent of the internal market and the purchaser/provider split changed the face of nurse education forever (DoH, 1990). The increasing demand for a sophisticated and bespoke nursing knowledge places greater and explicit burdens of accountability and responsibility on nurse educators. The sustained momentum, despite government resistance based on financial and market constraints, has paid dividends with the recent announcement of the strategic intent from the NMC that new standards for nurse education programmes will include a minimum qualification threshold at degree level (NMC, 2009).

Nonetheless, there is the imposition of increasingly more external quality controls over curriculum practices, open to annual external and public scrutiny, with an emphasis on performance and efficiency in what Bourdieu (1998) calls a 'heteronomic' process (cited in Pachler & Makoe & Burns & Blommaert, 2007). That is, rules and criteria from one field i.e. clinical practice, influence another i.e. academic and curriculum practices, thus "causing the loss of autonomy for that field and resulting in new paradoxes and forms of conflict" (Pachler et al., 2007 p.3). This suggests that the higher education field for nurse educators becomes fragmented and exposes them to multiple competing micro-ideologies at play, none of which predominate. Multiple ideologies inevitably portray the outward expression of deeply rooted values which, according to Bocock and Watson (1994) are given coherence by disciplinary

knowledge, practices and expertise. In this way established and prevailing nurse educators' knowledge and expertise translates into curriculum practices whereby the visions of what to do, and how to do it, remain very similar to ones held by the previous generation. This becomes reflected in the notion of the omnicompetent nurse as one who needs to know everything about everything.

1.5   Curriculum Practices

The rise and fall and rise again of a technical–rational approach to UK nurse education encapsulates the enduring debate and decades of concern related to the level of attention given to skills acquisition in nursing curriculum (Woolley & Jarvis, 2006). The debate suggests there are deficiencies in the acquisition of skills regarded as pre-requisites for achieving competence and fitness for professional nursing practice (Bradshaw, 1998; Wilkinson, 1996). However, the achievement of practice competence skills does not necessarily equate with the acquisition of theoretical knowledge and therefore not solely sufficient for professional expertise. The move of nurse training into the higher education sector aimed to resolve these issues (UKCC, 1999) by moving away from the apprenticeship 'training' approach to a more academic 'education' along the pedagogy-andragogy continuum. The different educational perspectives, both explicit and intended, between those taught in the classroom and those espoused in clinical practice inevitably conflict.

Curriculum designed to favour one element over the other is doomed to fail on a number of levels, not least the stringent approval and validation processes of the professional regulator. In designing a curriculum programme capable of balancing theoretical learning with practice-based learning the purpose of nurse education programmes is to transform (Mezirow, 2000), and not merely transfer, subject matter knowledge into specific performances whilst developing situated understandings of theoretical concepts (Woolley & Jarvis, 2006). Often hidden and rarely acknowledged, these two dichotomous learning perspectives make it difficult to clearly explicate nurse educators' curricula practices. It is without contestation that

there are powerful distractions and competing priorities at play (Hislop et al., 1996; Melia, 1987), and a cautionary note points to the unintentional negative influences brought to bear by dominant workforce cultures of, seemingly, prime importance. It is therefore important to acknowledge that learning *from* experience can be of equal import as that learned *by* experience.

Scott and Watson (1994) make the point that curriculum can be regarded as too reductionist and therefore perceived to be incompatible with autonomous academic endeavours, as a result curriculum is fundamentally restrictive. Following this perspective, and in order to better understand the ways in which nurse educators' curricula practices are shaped, I define and conceptualise curriculum as much more than mere syllabus alone. Table 2 outlines and provides a composite of my observations that there are a number of different descriptions of curricula purposes each with unique origins and objectives, but all with far reaching consequences.

Table 2: Curriculum Origins, Purposes and Objectives

Origin	Purpose	Curricula Objective
NMC; QAA	Intended	Determined by regulations, rules and conventions
Sanctioned	Legitimate	Officially permitted and authorised
HEI	Prescribed	Determined through local and institutionally derived structures and processes
Educators	Perceived	What teachers/lecturers/mentors understand as essential
Students	Experienced	What is actually received and become acquainted with
Socialisation	Hidden	Implicit teaching of norms, attitudes and values. Unstated and unvalidated teaching through the process of transferring subliminal messages.

Adapted from Apple (1979) and Friedel & Treagust (2005)

I see curriculum as the totality of student entry and exit policies, programme design, delivery and development including approaches to learning, teaching and assessment. Included in this conceptualisation is the impact of the learning environment context in terms of physical

and human resources characterised by interaction, cooperation and conflict, and influenced by personal values and interests structured within the political and regulatory priorities and drivers. The breadth of this conceptualisation is purposeful as I have taken curriculum to be one of the most important concepts in educational delivery (Bevis, 2000; Iwasiw & Goldenberg & Andrusyszyn, 2005) and thus a key feature of everyday working practices of nurse educators.

The challenge therefore is to develop curricula based on empirically generated knowledge and combining it with practice-based skills and know-how. The inevitable risk of favouring one over another will, despite encouraging new understanding and insight, grow to be accepted as the *only*, and therefore seemingly authentic, practice. In this way hidden elements within the curriculum serve to preserve the existing order and prioritise the practical demands of service delivery (Barnett, 2000). In contrast the university higher education perspective advocates education as a means of discovery (Cook, 1991) and liberation from extant, but seemingly oppressive, rules. By advocating an approach embedded within adult learning theories (Knowles, 1990; Purdy, 1997a; Purdy, 1997b) the contribution to nurse education is seen in the guise of experiential and problem-based learning and reflective practice initiatives. Therefore making connections between the simplified taught elements and the witnessed complex practices at the point of delivery may seem confusingly different, even dislocated, and at odds with the intended curriculum (Friedel & Treagust, 2005; McCaugherty, 1991). Tangible linking of the two is problematic despite being vitally important to the effective education of future nurses. Nonetheless, curriculum practices of nurse educators need to reflect these two pedagogical perspectives,

The notion of the hidden curriculum is unfortunately associated with inherently sinister connotations (Goffman, 1961; Illich, 1971) but a much more relevant and pertinent interpretation relates to the unplanned and unintended learning within educational environments. Significantly for nurse educators Giroux and Penna (1979) posit that the hidden curriculum is best reflected in the unstated teaching of norms, attitudes and values

through the process of meeting with the expectations of the profession. Similarly articulated by Becher (1988) as under-the-stage actions. In this way the professional socialisation of nursing students is influenced by the hidden curriculum working practices of nurse educators operating as 'street level bureaucrats', to borrow Lipsky's term (Hudson, 1993). This perspective is particularly relevant when articulating a differentiation between nursing knowledge, when claiming legitimacy for the professional status of nursing, and individual dispositions and predilections. Thus the hidden curriculum, as opposed to the explicit curriculum, will always be in conflict to some extent.

1.6   Conceptions of Academic Identity

There have been a number of powerful arguments focusing on the possible ways that individual academic identity is formulated, negotiated and contested. Towards the end of the last millennium this debate intensified not least for Mary Henkel who characterised academic identity, in non-professionally orientated and regulated disciplines, in degrees of fragmentation, dislocation and discontinuity, challenging the very core and basis of academic identity in contemporary society. Her analysis of the impact of the prevailing political and social priorities included examining widespread massification coupled with increased student diversity and funding regimes, together with increased external scrutiny and the requirement to address employability targets (Henkel, 2000). Against this changing backdrop higher education, and the academics gainfully employed within it, are faced with meeting increasingly complex and challenging requirements for research activity (Henkel, 2000).

Others have also noted similar sociocultural contexts and their global impact and effects (Barnett, 2003; Becher & Trowler, 2001), albeit also from the perspective of the more traditional disciplines rather than the applied disciplines such as nursing. Becher and Trowler (2001) noted the "diversification of the academic profession into even smaller and more different worlds than was previously the case" (p.17), whilst Clegg (2008) noted that "universities and academic life is becoming more complex and differentiated spaces" (p.330).

These powerful arguments suggest that the inevitable role and 'positioning' ambiguity these perspectives lead to will undoubtedly create tensions between competing demands, role expectations and professional obligations within academic disciplines. Despite these perceived threats at both the "macro and micro levels the value of academic autonomy remains strong; perhaps not surprising, in view of its centrality in the concept of academic identity….Autonomy has become synonymous with….the preservation of academic identity" (Henkel, 2005 p.173).

The formation of identity and achieving a sense of belonging to the sociocultural group is fundamental to 'ontological security' (Saunders, 1995 p.209). More recently Archer (2008b) reports the growing emphasis on the self-defined authenticity of 'becoming', 'unbecoming' and thus 'being' an academic, and the impact of a changing knowledge economy. In this way constructing professional identity amongst younger academics is seen as increasingly unstable (Archer, 2008a) and inextricably linked to the ways in which professional and personal identity are located within the broader debate as a whole (Clegg, 2008; Jawitz, 2007; Trowler & Knight, 2000). However, what is not explicitly addressed is the impact on those who experience a level of marginalisation, whether unintended or contrived, and who reside in-between what Clegg (2008) refers to as 'spaces'. Bourdieu (1975) argued that the various traditional disciplinary fields stand in competition with one another and emphasised the competitiveness inherent in intellectual communities. Following this line of enquiry both Henkel (2000) and Kogan (2000) also note that the process of academic identity formation is highly competitive and that academic identity resides in distinguishing between individual and rival relationships in order to transcend them. In this way academics experience "tensions between two major sources of identity, one local, visible and tangible, the other cosmopolitan, largely invisible and disembedded" (Henkel, 2000 p.19).

Despite the view that academic identity is not synonymous with discipline (Clegg, 2008), the discipline itself is seen as a dominant influence on identity formation (Becher & Trowler, 2001; Henkel, 2000). Relationships between higher education organisations and forms of

knowledge have been scrutinised, illuminating the 'tribal' nature of academic disciplines (Becher & Trowler, 2001). Thus, at department and individual level resistance stems from strong disciplinary influences on nurse educators' identity. Given that the source of this identity is firmly rooted within practice-based expertise, cultural specific capital and cultural positioning, it is reasonable to assume that significant differences may be expected. Utilising the concept of habitus Anderson (2001) explains the problematic nature of shedding a previous identity when being inducted into the academic community given the predominance of regulations, language barriers and unfamiliar working practices. It would be rational to conclude that nurse educators, mandated to be intimately concerned with their professional practice context, are, either by design or default, ignorant of the organisational structures and changes within higher education which ultimately impact on their academic identity.

1.6.1   Nurse and Nurse Educator Identity

The media image of the nurse has changed over time from 'battle-axe', 'ministering angel', 'girl Friday', heroine, doctors handmaiden and sex object (Kalisch & Kalisch, 1987) to the independent career professional of today. Notions of occupational distinctiveness, self-image and nursing roles are related to the concept of professional identity, thus having an understanding of the significance of socialisation for the development of a strong identity is important. An integral element to a nurse's personal identity is their professional identity, and a prerequisite for the development of professional identity is the individual's perception of him/herself in the context of their nursing practice (Bocock, 1994; Ohlen & Segesten, 1998). In a broader sense the hallmark of a professional identity (see section 1.6) is having the knowledge and power to determine, regulate and govern practices. However, successful self-governance is dependent on minimal external constraint.

"Nursing has struggled with its identity since its inception as an organised profession" (Allen, 2007 p.303). Nonetheless it has increasingly being defined in terms of the "values and beliefs that guide individual thinking, actions and interactions" (Fagermoen, 1997 p.435), thus

understanding is based on what is considered meaningful in everyday work related social practices. Identities are determined by 'ways of being' (positions) culturally derived, approved and regulated (Alvesson & Willmott, 2002; Roan & Rooney, 2006) and made available by means of a specific discourse and context. For example the importance of language development (read jargon) as a symbol of group membership is resonant with Bourdieu's description of authorised language which "distinguishes the newcomer or impostor from the authorized person or old-timer" (Bourdieu, 1991 p.109). In this way nurse educators recount stories that exemplify specific nursing discourse and practice (Spouse, 1998). Thus identities are constructed through processes of group affiliation to particular beliefs and prejudices and from the associated attributions such as 'the accepted rules of the game'. An example of this has been symbolically interpreted through the distinguishing feature of uniform wearing, which often bestows a feeling of *being* a nurse as opposed to *working* as a nurse (Ohlen & Segesten, 1998).

The migration of nurse education into university settings is seen by some nurse educators as conferring increased academic status (Miers, 2002) nonetheless this is not universally positively endorsed by more established disciplines (Watson & Thompson, 2004). Traditional working practices of academic staff exhibit numerous opportunities to engage in exercising individual agency, demonstrated by having the autonomy to develop and progress professional priorities based on personal projects of interest (Archer, 2003; Roan & Rooney, 2006). There is little evidence to suggest that nurse educators participate equally in the same academic opportunities. The requirement to focus on developing individual scholarly activity and a more traditional academic profile cultivates perceptions of lost clinical credibility (Cave, 2005; Clifford, 1999; Kenny & Pontin & Moore, 2004). Likewise, studies of teacher education have shown that they have an ambivalent attitude towards research, continue to adhere to their perceptions that professional credibility is located within their identity as ex-school teachers and have an unfailing commitment and sense of responsibility to the school sector (Murray & Male, 2005). I argue that nurse educators experience similar dispositions as they predictably struggle to come to terms with their career change (Diekelmann, 2004; McArthur-

Rouse, 2008) and thus find themselves straddling two discontinuous organisational and professionally orientated cultures. The danger here is the perpetuation of traditionally held views which will inevitably curtail attempts at academic advancement. With multiple horizons to discover in the academic community both Andrew et al. (2009) and McArthur-Rouse (2008) stress the need for the development of an overt professional identity for nurse educators.

1.7   Summary

This chapter outlined the concept and theories of socialisation to help explain how nurse educators become members of the higher education culture and deal with the formulation and acquisition of academic identity. The review suggests that nursing is seen as a discipline specific subculture foregrounding preference for their established cultural norms, values and knowledge production.

The literature tells us that nurse educators' cultural perpetuity, disciplinary knowledge development and identity can be affected by cultural conventions and personal dominant, but hidden, values which contribute to their perceived difficulty identifying with the academic community. This resonates with the concept of habitus and is reflected in their transition into the field of higher education. This liminal experience negatively affects curriculum practices and the development of academic identity, contributing to difficulties experienced in accruing academic capital.

The following chapter outlines Pierre Bourdieu's theoretical concepts of field, capital and habitus. The chapter sets out Bourdieu's conceptual framework as it is used to underpin this study project providing a lens through which nurse educators' accounts are refracted in the final discussion (see Chapter Five). As the chapter progresses I provide an overview of my ontological and epistemological perspective and discuss the particular methodological approach adopted, including the choices I made and the inherent considerations for ethical and quality assurance. There is a significant focus on my perspective as the insider researcher, which is entirely consistent with my reflexive methodological approach.

Chapter Two

Theoretical and Methodological Approach

In this chapter I set out my theoretical orientation and the principle concepts underpinning my project. I also discuss my ontological, epistemological and methodological approach. Guided by the reflexive ethnographic approach of Pierre Bourdieu and his relational theory of practice (Bourdieu, 1977; Bourdieu, 1984a; Bourdieu, 1990; Bourdieu & Wacquant, 1992a) I discuss some major conceptual assumptions that are relevant to, and underpin, this thesis. As the chapter progresses I focus on aspects of his conceptual framework that advance my understanding of nurse educators' practices through the use of three foundational concepts: field, capital and habitus. To follow in Bourdieu's exacting footsteps would have been an undertaking too far, therefore the study is in keeping with Bourdieu's principle key concepts and the reflexive ethnographic methodology used in his seminal work (Bourdieu, 1990; Bourdieu & Wacquant, 1992a).

2.1   Ontology, Epistemology and Methodology

Because individuals generally function unconsciously and thus their conscious accounts of what they think they do can be very different from what they actually do in practice the study adopts an reflexive ethnographic format to explore how individuals formulate and construct a 'feel for the game' as the habitus of everyday life within the field of nurse education. According to Bryman (2008 p.403) what evolved is a 'micro-ethnographic' study of nurse educators' conscious accounts through semi-structured interviews, and unconscious experiences through observations of everyday practices.

The construction of social phenomena, as it relates to the context of a specific group, will inevitably be "of the moment" (Bourdieu, 1990 p.66). Social constructivism proposes that interpersonal relations between individuals as opposed to intrapersonal cognitive creation, is

the most viable explanation of knowledge construction (Woods & Murphy, 2002). In this way it can be equated with Bourdieu's concept of habitus. This discernible slant to relativist ontology (a perceived view of knowledge) is congruent with a constructivist perspective (Annells, 2006) and thus locates my epistemological position within the social constructivist, interpretive paradigm (Denzin & Lincoln, 2003a).

The very nature of a social constructivist, interpretive approach means being able to place oneself in the light of (an)other. By detailing my 'insider' researcher reflexive self I foreground and locate myself within the research explicitly and clearly articulate my relatedness to the world within which the study takes place. I have catered for the capacity to do this by employing myself as the primary data collection source and by using participant observations and semi-structured interviews. My symbolic and structural position is of significant importance and is given due attention in section 2.8.

Bourdieu (see section 2.2) characterises his work as constructivist structuralism or structuralist constructivism (Bourdieu, 1986; Webb et al., 2002) but he refuses to be pinned down to a specific ontology and epistemology and rejoices in his "unpredictable eclecticism" (Reed-Danahay, 2005 p.3). Concluding that there is an adequate 'fit' between aspects of Bourdieu's theoretical framework and micro-ethnography as a methodological position for this study his reflexive and analytic perspective is used as a means for critically reviewing the experiences of nurse educators, their inherent assumptions and ideologies, and the resultant impact on curricula.

2.2 Theoretical Framework

Pierre Bourdieu's (1930-2002) oeuvre of work is famously eclectic and spans a broad spectrum from a philosophical perspective to a practical methodology (Grenfell & James, 1998), although not without criticism. Of the criticisms levelled at Bourdieu one of the most enduring has been directed at his attempt to navigate between structure and agency through

the notion of habitus (Barber, 2002; Jenkins, 2002; Kloot, 2009; Travers, 1999). In summary they argue that on the one hand there is his reductionist idea of the agent whilst purporting the constructivist notion of individual choice on the other. Critiques of his foundational concepts regard them as overly deterministic and mechanistic (Lewandowski, 2000) which implies the reflexive capacity and dispositional diversity of agents is negated (Acciaioli, 1981; Calhoun & LiPuma & Postone, 1993; Reay, 2004). Given that nurse educators belong to many groups with the same overall investment in their practices, the suggested positions they occupy in the field of higher education makes the potential for a conflict of interest apparent.

Despite criticism (Archer cited in Jenkins, 2002; Robbins, 2004) his work has demonstrated utility not only in the United States of America (USA) but also in the UK where both Rhynas (2005) and Reed-Danahay (2001) have applied his concepts to healthcare environments. Across Europe his work has guided studies as diverse as education and policy (Ashwin, 2009; Grenfell & James, 1998; Hardy & Lingard, 2008; Maton, 2005), sport (Noble & Watkins, 2003) and cultures (Lash, 1993; Nash, 1990; Robbins, 2004). However, to date very little published research in English nursing literature describes the use of Bourdieu's theory as a guide for the research. Some recent exceptions being Rhynas (2005), Dixon-Woods, Williams, Jackson, Akkad, Kenyon and Habiba (2006), Lynam, Browne, Reimer-Kirkham and Anderson (2007) and Lauzon-Clabo (2008).

Of critical importance was his critique of the utility of both objective and subjective epistemological approaches to exploring and addressing issues in the social world. Bourdieu suggests that objectivism often uses poorly delineated subjective observations, whilst conversely subjectivism often neglects to account for contributing social conditions and objective structures which impact on subjective decision-making. He argues that "Of all the oppositions that artificially divide social science, the most fundamental, and the most ruinous, is the one that is set up between subjectivism and objectivism" (Bourdieu, 1990 p.25). Resolving the tension between objectivity and subjectivity is essential for Bourdieu. Bourdieu's approach represents an attempt to bridge perceived dichotomies by blending

elements of both subjective (agent) and objective (structure) accounts of practice in order to describe it more fully. He advocates the centrality of the researcher and their location within the field of research, thus elevating the importance of reflexivity. Bourdieu described his orientation as constructivist structuralism or structuralist constructivism (Bourdieu, 1986) thus espousing an epistemic reflexivity (Maton, 2003) which Wacquant contends "if there is a single feature that makes Bourdieu stand out in the landscape of contemporary social theory, it is his signature obsession with reflexivity" (Wacquant, 1992 p.36).

I acknowledge the political, artistic and social (in)equality genre of Bourdieu's work and the influential perspectives they provide. However, the nature of this project and the inherent limitations imposed prohibits any diversion, however interesting, from following such an enterprise. My project utilises Bourdieu's relational theory of practice (Bourdieu, 1977; Bourdieu, 1984a; Bourdieu, 1990; Bourdieu & Wacquant, 1992a) and thus aims to explain and represent nurse educators' practices to understand their actions in the social world. In this way his theory supports the influences of actions that incorporate aspects of culture, tradition and structures within the group, but denies the influence of aggregated individual behaviours. These influencing factors form the key theoretical concepts of field, capital and habitus, noting the importance of how these concepts function in relation to one another. In Bourdieuian (1990) terms these concepts are important for this project, as follows: each occurrence of (nurse educator) practice is seen as mediation between structures within individual dispositions and habitus (academic and professional regulation) and structures within the context of that practice, conceptualised as field (higher education). These influences suggest a congruence with the notion of habitus as they reflect preconscious, historical, and social aspects of individual practices (Bourdieu, 1977).

The following sections explore each concept in turn as a translation of Bourdieu's theory of practice, however it is important to emphasise that these are relational concepts and as such I have drawn them together for illustration in section 2.6.

2.3 Field

In analysing a field Bourdieu concludes there are "three necessary and internally connected moments" (Bourdieu & Wacquant, 1992b p.104). These are the position of the field vis-à-vis the field of power, a depiction of the relations between the positions occupied by agents competing for legitimate forms of authority and finally, the habitus of agents and their acquired dispositions. In this way the concept of field enables nurse educators' relations to be made explicit rather than exclusively studying the individual people within it, and facilitates the identification of patterns of behaviour. In the ethnographic account (see section 4.1) the social field is described in the context of the setting, access to it and the relationships and structures within it. Referring to both the physical and social spaces within which individual nurse educators interact and practise, the field thus represents a structured system of social relations (Hardy & Lingard, 2008; Lauzon-Clabo, 2008), within which people compete for resources. Bourdieu states:

> In analytic terms, a field may be defined as a network, or a configuration, of objective relations between positions. These positions are objectively defined, in their existence and in the determinations they impose upon their occupants….the distribution of species of power (or capital) whose possession commands access to the specific profits that are at stake in the field, as well as by their objective relation to other positions (domination, subordination, homology etc).
>
> (Bourdieu & Wacquant, 1992b p.97)

Grenfell and James provide further clarification by stating that a field is:

> a structured system of social relations at a micro and macro level…..all exist in structural relation to each other in some way.
>
> (Grenfell & James, 1998 p.16)

Each field is characterised by history, the nature of agents, its own logic of action and the forms of capital espoused (Postone & LiPuma & Calhoun, 1993). For Bourdieu the field is the

locus of power struggles and contestation, in that any common features and apparent coherence is derived from conflict and competition (Bourdieu & Wacquant, 1992a), shaped and reshaped by the habitus of individuals (Kloot, 2009). Thus a field can be "simultaneously a *space of conflict and competition*" (Wacquant, 1992 p.17 emphasis in original). For nurse educators, struggles within the field of higher education are the means through which individuals try to impose their vision and understanding of the world upon others. In this way the field in which nurse educators practise is conceived as a game in which 'players' compete with and for different types of capital (Ashwin, 2009) in an attempt to alter their position and/or preserve their position through maintaining the status quo (Hardy & Lingard, 2008; Pérez, 2008). Whilst giving the freedom to 'play', the structure of the field itself depends on the "relations of force between players" (Bourdieu & Wacquant 1992, p.99). Nurse educators therefore assume particular structured positions within the field where the position is "the result of an interplay between that person's habitus and a field of positions as defined by the distribution of the appropriate form of capital" (Postone et al., 1993 p.5). Success involves adopting strategies for accruing various and multiple types of capital and achieving proficiency in navigating through the field.

The way the field is constituted can be represented as fields within fields and by the relationship between field position and influences on it (Grenfell & James, 2004; Lingard & Rawolle, 2004; Lingard & Taylor & Rawolle, 2005; Maton, 2005). Similar fields can be related to each other each having its own norms, values, and combinations of capital (Dixon-Woods et al., 2006) requiring individuals to act strategically, similar to game-playing. For Bourdieu the location of the individual within the field requires a sustained engagement, in this way within-field relations define the specific practice acts which are acceptable, valued and rewarded, they become spaces *of* influence as well as spaces *for* influence. What this intimates is that individuals can readily move through more than one field and are therefore characterised and constructed as having competence in multiple field practices. This perspective has potential importance for this project as it reflects the traditions of nurse educators who attempt to make personal and professional transitions between two distinct

fields. For new nurse educators the social reality of the higher education and academic 'game' (field) must be accepted and adopted as they figure out the rules that form the logic of practice in that field. However, in these positions they are never fully autonomous due to conflicting or confused dispositions and thus it is reasonable to accept that relations will differ from field (academia) to field (clinical practice). What positions nurse educators within field/s is dependant on their possession of particular forms of capital. Relations and interactions between field structures and the nurse educators are capable of effecting, and have the potential to alter the future direction of, that field (Bourdieu & Wacquant, 1992a). What is less clear is the position adopted by nurse educators who have accumulated a number of years experience within the field of higher education.

2.4   Capital

To make sense of how fields are characterised Bourdieu refers to the concept of 'capital'. For Bourdieu capital diverges from conventional use in that it can be defined as personal qualities and attributes, possessions, a position, services, or esteem (DiMaggio, 1979) and that it exists in four foundational forms. These being *economic*, *cultural* as in specific specialist knowledge, qualifications, standing and language, *social* being the accrued resources of a group possessing a network of mutually recognised relationships and *symbolic*, such as status, prestige, authority and charisma (Bourdieu, 1990; Bourdieu & Wacquant, 1992b). Bourdieu concerns himself with class struggle where 'class' is read not as a conflict between workers and capitalists in a Marxist sense, but with the differences between the dominant and dominated in terms of cultural capital (DiMaggio, 1979).

For nurse educators, successful entry into the field of higher education demands the requisite capital in terms of qualifications, experience and credibility. Bourdieu posited that gaining capital is a process of amassing ways of behaving, traits, properties, titles, academic qualifications and a host of other means of exerting influence (Hardy & Lingard, 2008). This process is seen as both enabling and constraining, differentiating those with distinctive

species of capital and represents power over a field and thus the actions of agents (Bourdieu, 1984a). The field of nurse education incorporates hierarchical, legislative and organisational structures of which the symbolic and cultural capital of status, uniformity and decision-making capability all exert influence. The value of all species of capital is highly dependent on the field in which it is assigned as mobility through fields can contribute to an accumulation of other forms of capital. It follows, that what constitutes the dominant capital will be determined by whatever is periodically and agentically significant or desirable, or not, and will ultimately attract an exchange value. Capital becomes the 'currency' drawn upon to gain access to the field in order to contribute to the processes that produce, shape and sustain social relations and assign value to legitimise capital.

Capital becomes relevant to this project in terms of the differentiations made between nurse educators who have not yet accrued the requisite academic qualifications, although they do bring with them significant practitioner orientated capital from their practice-based experiences. Thus they are defined and positioned by the volume, structure, variation and impact of the capital they possess despite the discrimination by type of capital and by the intrinsic value assigned to it within the differing fields. Nonetheless, it should be emphasised that capital valued, and thus normalised, in one sociocultural field may only attract limited value in another. Bourdieu likens this to a game being played where agents try to accrue species of capital that translate into forms of field-related effective power-trading within a system restricted by an exchange rate between various species of capital (Bourdieu & Wacquant, 1992b).

Of specific relevance to this project the species of capital highly valued in the higher education field is institutionalised capital, termed 'academic' capital (Bourdieu, 1984b; Bourdieu, 1998). Bourdieu further distinguishes this capital as differentiated between 'academic capital' and 'intellectual capital' (Bourdieu & Wacquant, 1992b p.76) representing power over the medium of reproduction of the institution of the university and intellectual authority and renown, respectively. However, Naidoo (2004) also notes that Bourdieu merges

these two forms which subsequently encompass 'academic capital' as an "institutionalised form of cultural capital based on properties such as prior educational achievement, a disposition to be academic (for example, in manner of speech and writing) and specially designated competencies" (p.458).

The disposition to be 'academic' is of significance to this study project as I use the concept of academic capital as it relates to all aspects of academic identity. It is worthy of note that Bourdieu's genre of academic capital is closely aligned with teaching practices rather than the intellectual endeavours of publication and research achievements, thus it bears some relevance to nurse educators in this project.

2.5   Habitus

Bourdieu, in developing the notion of habitus declared its specific function was to overcome and mediate between the binary's of structure and agency (Nash, 1990), objectivism and subjectivism as well as mind and body (Wacquant, 1992 p.20). Siisiäinen (2000) quoted Bourdieu from an interview he conducted in the same year, he stated:

> I developed the concept of 'habitus' to incorporate the objective structures of society and the subjective role of agents within it….is a set of dispositions, reflexes and forms of behaviour people acquire through acting in society….reflects the different positions people have in society….It is part of how society produces itself. But there is also change. Conflict is built into society. People can find that their expectations and ways of living are suddenly out of step with the new social position they find themselves in.

Bourdieu's well rehearsed definition of habitus is thus seen as:

> Systems of durable, transposable dispositions, structured structures predisposed to function as structuring structures, that is, as principles which generate and organize practices and representations that can be objectively adapted to their outcomes….Objectively 'regulated' and 'regular' without being in any way the product

of obedience to rules, they can be collectively orchestrated without being the product of the organizing action of a conductor.

(Bourdieu, 1990 p.53)

The conceptualisation of habitus as structured structures and structuring structures resides within the dispositions of the habitus as structuring, in that they give shape to the practices of agents, but they are also structured in that they essentially reflect the nature of the social conditions of the field in which they were developed (Bourdieu, 1990). In this way habitus shapes, and is shaped by, agents' attitudes, behaviours, relations and inter-relations. What this means is that habitus is the combination of 'ascribed' structured structures which have a tendency towards self, and system reproduction, and structuring structures which are 'achieved' by the actions of agents, some of which may disrupt and eventually replace the structured structures (Morrison, 2005; Reay, 2004).

Cultural tradition is an example of habitus where features of social life are influenced by history, traditions, customs, implied principles and an inherent nature which agents unconsciously incorporate by imitation. Therefore, in the pursuit of academic capital nurse educators observe the attitudes, behaviours and interactions of others and subsequently, suggests Bourdieu (1998), these observations shape their own and become internally regulated by their habitus and the field. Bourdieu (1992b) likens the agent to "'a fish in water': it does not feel the weight of the water, and it takes the world about itself for granted" (p.127). This perspective endorses the importance of socialisation and transmission, often unconsciously, of habitus as a significant influence on how nurse educators interpret and understand practices, or not. It is through habitus that agents have a 'feel for the game' and come to realise the social structures they occupy, the culturally dependent dispositions (Hardy & Lingard, 2008) that predisposes them to act in particular ways and the field specific regularities that are configured by those who are conditioned to play the game (Bourdieu, 1990; Bourdieu & Wacquant, 1992b). If I was to follow Bourdieu and Wacquant's argument given above it would seem that, by virtue of being exposed to the academic field, nurse

educators are believed to subsequently acquire through a process of socialisation, internalisation and inculcation, acceptable and available dispositions (as academic field practices) to form a generative principle that guides them in their present and future choices (Bourdieu & Wacquant, 1992a).

It may be possible to conceptualise nurse educators' practices as a form of habitus where individuals bring to each encounter a 'nurse educator habitus' as a product of their experiences and accrued cultural, social and symbolic capital. Experiences in the field of nurse education (and relevant other fields) may well have shaped nurse educators' dispositions, the required prevailing modes of practice and conduct, and the construction of a collective nurse educator habitus which will be deemed characteristic of practising in this field. In this way habitus formation takes cognisance of nurse educators' practices reflected through the relations within and between nested fields and is thus the accumulation of an entire social trajectory through all encountered fields, structuring and being structured. In this way it is reasonable to assume that habitus can be characterised as a 'comfort zone', a place where nurse educators instinctively and unreflexively know how to behave and participate.

According to Bourdieu (1990) we do not act in isolation and how we respond is spontaneous, intuitive, habitual and seen as an unconscious reflex, thus rendering any impact inconspicuous. It is this taken-for-grantedness that draws attention to the principles of tacit knowledge (Cunliffe, 2008; Eraut, 2000). Even so, by conceptualising practice as the product of the relations between habitus and a particular field it remains open to change and modification, and can find ways to adapt to new contexts (Kloot, 2009; Pérez, 2008). What is not accounted for in this line of thought are those nurse educators whose 'real-world spontaneity' continues to exhibit a sense of the game residing in a previously inhabited field.

The flexible utility of habitus has been both a source of frustration (Jenkins, 2002) and paradoxically, seen as a potential strength (Reay, 1995). Empirical work has utilised habitus

to explore power dynamics in unusual situations such as when an individual's "habitus is discordant with their position in the social field" (Reay, 1995 p.359), and are thus endlessly occupied in the negotiation of their own identity (Bourdieu, 1989). It is this negotiation of identity that plays an important part in this project. It is unclear what the impact of a dominant previously acquired habitus has on a newly entered field, and the potentially combative nature, both personal and professional, of acquiring and formulating academic capital, credibility and identity.

2.6   Relational Tools to Think With

Of primary concern to Bourdieu is the relational and dynamic nature of the interaction between the structures of habitus and field that give shape to the social world. In this manner Bourdieu asserts that the habitus and field are ontologically complicit with each other (Grenfell, 1996). Grenfell and James (1998) suggest that "if habitus brings into focus the subjective end of the equation, field focuses on the objective" (p.15). Bourdieu clearly emphasises the interplay between his concepts and offers a formulaic analogy to drive home the point:

$$[(Habitus) (Capital)] + Field = Practice \text{ (Bourdieu, 1984a p.101)}$$

A pertinent and project specific analogy would be - to be cognisant of, and take into account, the individual nurse educator's 'feel' for the [nurse education] game. Developed and reproduced by past nursing experiences (habitus), including physical, cognitive and material resources (capital) and the 'rules' and positioning of nurse education settings (field) alongside the privileged forms of capital within it, in order to understand and explain why nurse educators behave in the way they do (practice).

Fields can only exist if agents participate in and possess the habitus necessary to maintain them, and by incorporating into their habitus the specific conditions which allow them to constitute the field. Thus, the structures of the field form the habitus which in turn contribute

to the perpetuation of the structures of the field in a world that makes sense and is valued (Bourdieu, 1977; Bourdieu & Wacquant, 1992b). Conceived as a cycle of mutual reshaping and reproduction we can appreciate how habitus and field are locked together, congruent with one another both structure and agency, generating and regulating the practices that constitute social life. Further, the interactions of habitus with capital are crucial for describing and determining the interplay between the professional habitus of nurse educators and the structurally imposed shaping forces of that habitus. In this way the structures within my study can be considered alongside, and in correspondence with, individual responses to those same structures.

2.7   Ethnographic Methodology

It has been argued that ethnographic research methods rely chiefly on participant observation characterised by the collection of relatively unstructured empirical materials, a small number of cases and interpretative analysis involving descriptions of phenomena (Bryman, 2008).

Holloway and Wheeler (1996) reflected on the more modern reflexive ethnographic interests of researchers noting that "they turned to researching their own cultures, acting as 'cultural strangers' (p82). Thus, in this project my reflexive practitioner micro-ethnography takes me beyond these limitations so that I can look at the culture I already know, by rendering the 'familiar' strange. The objective here is to focus a judicious eye on practices and meaning-making in a familiar culture (Gordon & Holland & Lahelma, 2001).

According to Alvesson and Skoldberg (2000) a principle task of reflexivity is to facilitate awareness of the interplay between philosophical positions and research practice, which inevitably poses the challenge of 'turning back' on ourselves. This involves making my knowledge, claims to understanding, presuppositions and dispositions overtly transparent. In taking a reflexive approach I am constantly constructing meaning as I interact with others,

but by revealing the limitations and possibilities of my assumptions (see section 2.8) I am potentially less prone to ritualistic practices and a complacency that cannot be afforded.

Patterns of behaviour, symbols, discourses and everyday practices were deliberately targeted as matters of interest in order to explain, through the ethnograph, the culture within which these experiences were witnessed. Bourdieu (1990) took an analytic approach which foregrounds the practice of individuals situated in specific social fields drawing attention to the tacit (often taken-for-granted) features of culture and ways it is embodied and lived (Bourdieu, 1977; Lynam et al., 2007). I was thus reminded to look beyond individual conscious accounts and seek to validate their views, or not, by observing the unconscious practices of nurse educators. Studying the experiences and dispositions of nurse educators, their inherent assumptions and ideologies and the resultant impact on curricula is uniquely suited to this approach.

2.8   The Researcher Perspective

The methodology of this study places me in the role of both researcher and subject with the interaction between these roles being dynamically intertwined, at times converging and overlapping, necessitating a critical awareness of the multiple identities I will have in the research process (Alvesson & Skoldberg, 2000). This required commitment and level of participation are particularly compatible with the constructivist paradigm (see section 2.1), and as I am a familiar participant in the study environment the methodological approach necessitated a much more reflexive approach. This was considered an important contribution to the validity of the study and to rendering the findings more reliable. Not only would using this method potentially bolster the validity of the data collected but there were more pressing ethical considerations to be heeded (see section 2.10.2).

I consider it philosophically obtuse to deny the existence of, and thus impossible to divorce, my personal experiences as a researcher and educator from the research situation. By the

accumulation of educational, professional and life experiences I inevitably bring my own cultural perspectives to the project (Hardey & Mulhall, 1994) and my personal relations to it. Therefore it is of critical importance and entirely necessary to explicitly identify my own inner conflicts and beliefs and to use them as an essential part of the data being constructed. I recognised my situatedness and relatedness to the subjects and field of study and was acutely aware that the potential to privilege one form of knowledge i.e. my position, over another was a very real concern. I turned to Bourdieu's reflexive ethnographic approach because I agreed with his proposition that as a researcher I should recognise my own objective position within the academic field and not accept individual accounts at face value. The field of study was filtered through my theoretical and interpretive perspective, and consequently reflected my personal history and dispositions. Thus by the act of participation I will have had an effect on the study (Hammersley & Atkinson, 2007) and conversely the study will have had an effect on me (Coffey, 1999).

The potential strengths and weaknesses of insider (emic) research are well documented (Aull-Davies, 2008; Bourdieu & Wacquant, 1992a; Burgess, 1984; Coffey, 1999; Denzin, 2001; Hammersley & Atkinson, 2007; Hellawell, 2006; Hockey, 1993), nonetheless the literature would suggest that there is no overwhelming advantage to being either an insider or outsider researcher as each has is own disadvantages and advantages. Hockey (1993) notes that there is a plethora of literature on researching in familiar settings in stark contrast to the relative dearth of literature on researching peers. Critiques of insider researcher approaches focus on the context of the research as being too 'familiar' thereby inhibiting interpretations of behavioural patterns of sociocultural groups. The lack of 'reality shock' (Kramer, 1974) may result in commonplace behaviours being ignored and the development of a 'nothing happened syndrome' (Everhart in Hockey, 1993). Whereas Spradley (1979) argued that "the most productive relationship occurs between a thoroughly enculturated informant and a thoroughly unenculturated ethnographer" (p.58). Critiques of the emic approach suggest the potential for bias is based on the use if a familiar language where key signals can be overlooked, a superficial analysis due to the tacit patterns the researcher takes for granted, and finally the

informant's discomfort which can distort the informant-researcher relationship. However, as a point of balance it was noted that research undertaken for the personal development of the insider researcher may be seen as less threatening (Hockey, 1993), as in examples of studying for higher degrees by research.

Having spent a number of career years in a similar field as a nurse educator I openly acknowledge my personal beliefs, values, and prejudices, as outlined below on p.58. This enables me to make the 'familiar' strange and remain open to possible alternative meanings throughout the project and also arising from the interpretation of the data. It was considered morally indefensible and pragmatically impossible to attempt to conceal my purpose for entering the working culture of the volunteer nurse educators. It would have produced more problems than it would solve as professional relationships, based on trust, would have been confused and the quality of the data collected compromised.

I entered the world of my informants with little or no resistance and enjoyed a high degree of participation from volunteers in their known environment over a period of twelve months. It is beyond contestation that I will be considered an 'insider' due to the very nature of my professional standing. There are distinct advantages to participating as an 'insider' and being part of a common professional culture (Hardey & Mulhall, 1994), and it has been argued that such a perspective can recognise the value of the nuances embedded within the interaction (Gerrish & Lacey, 2006). It has also been argued that direct researcher-subject relationships add to the richness of understanding by being able to adjust to the varying levels of comprehension (Field & Morse, 1985), suggesting that intimate knowledge about a professional culture makes for a better discovery as cues are recognised, shared and appreciated within context.

Being the participant-observer-researcher involved being prepared to empathise with the study informants and having the capacity to penetrate and make sense of their frames of meaning. To help me document this journey I kept a personal field journal to aid in the

process of reflexivity (Cohen & Manion & Morrison, 2005 p.253) in which I recorded my personal feelings, biases and reactions. Argyris and Schon (1974) point out that we very rarely are able to provide an accurate commentary upon our activities or our espoused and/or theories in use. A view corroborated by Lincoln and Guba (1985) who also noted that we are liable to reinterpret experiences *ex post facto* when trying to make sense of our findings. In the event there were periods when I found it difficult to justify, explain or make sense of some interactions due to forgetfulness or unwanted distractions. Therefore recording my initial thoughts was considered judicious in making contemporaneous field notes and proved to be a useful method of recall.

Alvesson and Skoldberg's (2000) view of reflexivity is about "ways of seeing which act back on, and reflect, existing ways of seeing" (p.248). This moving back and forth meant that where I had personal contact with informants in the field I was able to detect ambiguities between the spoken word and any non-verbal expressions observed. I was what Bourdieu calls "a fish in water" (Bourdieu & Wacquant, 1992a p.127) and thus able to identify salient issues from within a frame of reference consistent with familiar practices and interactions. Nonetheless I came to the project with some preconceptions which I present below not as confessions about my personal biases (Cunliffe, 2003) but as post hoc reflections of my untainted observations made outside of the research endeavour. At this point these are no more than my personal values, beliefs and perceptions which need to be articulated. The intention is to reflexively consider their influence, if any, on the ethnography, without privileging my own account.

I presupposed that 'common' knowledge and practices are uncritically accepted as reality and that, by foregrounding this knowledge, it becomes taken-for-granted, implicit, ritualistic and tacit, so embedded as to render them unconscious. I am of the opinion that exposure to unplanned and invisible teaching of norms, attitudes and values serve to reinforce the traditional extant culture. Nurse educators, reflecting on the witnessed actions of others, seemingly and unreservedly, accept these insights and subsequent understanding as the *only*

perspective, leading to the adoption of these widely accepted practices irrespective of their relevancy or validity. It is at the expense of educational and personal values and beliefs that the unquestioning adoption of traditional practices are negatively experienced. Given these personally held views I realised that I needed to adopt coping mechanisms to help me foreground such indigenous, and potentially entrenched, ways of seeing the practices of nurse educators. It was critically necessary to be explicit about these inner beliefs so that I could use them in the data being constructed. Adopting this reflexive practice helped me to get 'unstuck' from my presuppositions and helped me to interrogate my observations and data so that I could see more clearly.

As I embarked on the research project I had not belonged to the established group within the study site i.e. a Higher Education Institution in the Northwest of England (known as University X) for very long, although it is without doubt that I possess *a priori* intimate knowledge of the field of nurse education and some local knowledge of the study population. I was an insider researcher in that I was known but, and this is a relevant point, not *well* known to my informants before my research began. In this time I gained the requisite ethical approvals and access permissions and deliberately chose not to discuss, in any context, anything related to my research as I did not want to unwittingly influence potential informants and suffer the consequences of social desirability responses (Hockey, 1993). I wanted my own experiences to be embedded in the project and thus I found myself risking exposing my own vulnerabilities both as a researcher and in my substantive employment role as an academic manager member of staff (Denzin & Lincoln, 2000; Denzin & Lincoln, 2003). All of which provided a means of uncovering my vulnerability due to my limitations and confusions, and my feelings about admitting my presence in the project.

At the beginning of the study it transpired that the time frame became important. Informants, even those nurse educators who were not directly involved at the time, seemed to regularly take a detour in our conversations, without any prompting, to an event that had happened in the recent past. Some two years before I joined University X modifications had

been planned for all undergraduate programmes based on a change in the strategic intent of the wider university. The planned changes were widely consulted on and staff collaborated in the decisions made. However, the end product did not accurately reflect what had been perceived to be the case for one of the programmes. Despite these misgivings no disadvantage to the student, or staff, population was evident. Some staff, however, remained baffled and disappointed which continued to exert influence on their everyday working practices.

My personal experience of induction into University X was fractured. Within the first year I had changed job roles twice, departments once and employer once (whilst undertaking a regional secondment). This did little to integrate me quickly into the group and I did experience some small measure of negativity, particularly when promotions were involved. Nonetheless I generally experienced a warm and welcoming atmosphere. My socialisation into the field of nurse education was considered a mute point as I had previous experience in another institution. This meant that initially I enjoyed a lot of personal and academic freedom whilst I was not considered a threat to the status quo. I was competent in understanding the language and jargon which peppered our day to day communication and therefore I was already conforming to the social activities and interactions that helped create and maintain the symbolic meanings peculiar to the world of the nurse educators. Nonetheless, being cognisant of my personal positioning I was preparing to engage in a great deal of impression management and creative role playing for the purposes of undertaking this study.

After a relatively short time, and whilst continuing with my research, I was seconded from University X only to return six months later as a Head of Department. I have no doubt that my interview data would have been influenced differently had I undertaken the task once embedded in this new role. The nuances of this role would have become entangled within the relationships between me and my informants. However, given that the project had commenced sometime before my new role started I saw very little evidence of the study population even remembering they were being observed in their day to day practices. As far

as I could tell their practices had not changed and this was made clearer when I asked informants about their curricula dispositions as they continued to lament the changes introduced some two years earlier. Their irritations focused on the planning processes involved at the time and not on specific individuals, therefore I did not appear to figure in their frustrations as I was still referred to as 'new' to the institution and therefore considered a woman without history *in that group*.

I was regarded as impartial in that I was perceived not to have been party to the 'trauma' experienced by the advent of the institutionally imposed changes, and openly tolerated as I was knowledgeable enough to understand staff frustrations because I was an experienced educator. This inevitably was to my advantage as my seeming 'invisibility' enabled me to blend into situations. In many ways this perceived distancing positioned me as an interested neutral as I had no recognisable 'baggage' and 'no axe to grind', thus I was able to learn about their frustrations unencumbered. Clearly, this relationship would not have been possible had I been employed at University X at the time of planning these changes. Indeed, the success of the project could have been determined on the basis of the fact that I was of little significance at the time, yet respected for my professional knowledge and thus accepted as a researcher.

This made it somewhat easier for me to critically observe day to day situations that I was now a participant in. By making these 'familiar' events and activities 'strange' (Edvardsson & Street, 2007) I was in the unique position of engaging in situations which were professionally familiar to me but located in an unfamiliar geography. Adopting this approach challenged me to look at recognisable day to day situations with fresh eyes, devoid of stereotypical connotations, make connections between unlikely fundamentals and to develop new ideas beyond my habitual mode of thinking. Making the familiar strange and the mundane exotic (Brumberger, 2007) thus became a powerful tactic that provided me with thinking tools with which to approach my data collection. Again, I stress that given the openness I witnessed in some of the day to day practices suggests that my study population had accepted that I was

collecting interview data, but had completely forgotten they were also being observed for the purposes of my research. I chose not to remind them as I felt I was seeing uninhibited interactions and an authentic representation of everyday working practices. This way I could move backward and forward, be inside whilst on the outside, and be outside whilst on the inside.

The perspectives of both empathy and alienation, as Hammersley (1993) implied, were adopted. Hellawell (2006) advocates the use of the continuum suggested by Gold (1958), from a 'complete observer' to 'complete participant'. The variability of the spectrum from insider to outsider, and the heuristic possibilities as I slide along it, capture the necessary flexibility required. The local and profession wide impact of the insider/outsider researcher role involves, according to Lilly (2002), "a subjective, emotional and moral attachment" (p.191), where personal impressions and opinions may be at the same time sympathetic, empathetic and antipathetic. I was able to use the insider/outsider situation in several ways, to my advantage.

I was still regarded as a relative newcomer to the site and could adopt the useful mechanism of appearing rather naïve and innocent of day to day working practices. I used this approach in both my observations and my interviews to gain a level of compliance and trust between myself and my informants. In this way, by appearing naïve, I gave them the unexpected opportunity to demonstrate their effectiveness as educators and take pride in their superior situated knowledge. It also proved to be particularly effective in establishing a balance in the researcher-informant relationship. Informants were particularly responsive when I was perceived to have less knowledge than them and showed a willingness to engage at a conversational level (Rose, 1994). Thus I created the impression of acceptable incompetence, transmitted via asking deliberately naïve questions (Barriball & While, 1994; Burgess, 1984). The adoption of this seemingly naïve and passive role was very successful as my informants were keen to display and share their level of current knowledge with me as

both their manager and someone who was still perceived to be very new, thus an outsider too far removed from the realities of their specific situation.

In addition, by reflecting on my position as it related to the informants and their perceptions of me and the research process itself, I was able to critically review the construal of the data. In hindsight there were times when I permitted the shared professional nursing experiences to dominate the exchanges, and at times I under estimated how much I was still considered an outsider. I over-inflated the value (in terms of power relationships) of my managerial position which at various points only seemed of a concern to me. I also spent what now seems like a disproportionate amount of time worrying about what others' perceptions of me as a researcher were, and the potential for role conflict. This was manifest in my initial decision not to interview a volunteer informant who was a Faculty Professor and a career researcher. Thankfully I reassessed my own perceptions of this situation and elicited some very illuminating data from this individual.

2.9   Justification and Rationale for Rejecting Phenomenology

Socialisation conceived as a social practice and therefore a personal experience that is lived can be explored from within different methodological approaches. In this way attempts to understand nurse educators' personal perspectives could potentially lend itself to phenomenological analysis. Phenomenological research has been described as a philosophy, approach and methodology (Holloway & Todres, 2003) and has become a popular paradigm in nursing research. Founded by Edmund Husserl (1859-1938) in the early twentieth century and later adapted by Martin Heidegger (1889-1976) phenomenological approaches predominantly focus on these two perspectives. Husserl advocated the study of structures of consciousness that enable consciousness to refer to objects outside itself. This interpretative approach requires the exclusion of all else thus self-reflection is demanded and 'bracketing' of existence made explicit. Heidegger later suggested that this phenomenological reduction of one's own experience was impossible, thus subscribing to existential phenomenology. This

school of thought emphasises the essence of personal experiences of the world, where the individual is placed at the centre of social reality and the subjective experience of that reality becomes the focus for research.

The ontological assumptions being that individual interpretations are all that exist, thus phenomenological approaches seek to discover the lived experience from the viewpoint of those experiencing the phenomena. They draw attention to meaning in everyday life and the individual social practices involved (Gherardi & Nicolini & Odella, 1998; Holstein & Gubrium, 1994), and to 'thick' (Denzin, 1989) descriptions of unexplored patterns of subjective perceptions. The strength in using this perspective would be the ability to explore meaning and its use in attempts to define and conceptualise individual nurse educators' practices. However, my interests lay in the relations within the field of nurse education and not merely the individual lived experiences of nurse educators.

Also, given the primacy of my insider perspective I could not support the process of holding my own experiences, values and beliefs in abeyance; 'bracketing' as in the tradition of Husserl's philosophy. From this point of view there are fundamental differences between phenomenology and reflexive ethnography located within my position as the researcher. These phenomenological ontological and methodological assumptions are seen as constraints and not in keeping with my project aims and are therefore inherently unsuitable.

2.10   Quality Assurance and Ethical Considerations

A critical question for any research project is what knowledge claims are being made and what test can be applied to these claims. The non-standardisation and interpretive nature of qualitative data means that the application of traditional approaches to reliability and validity are fraught with difficulty (Duffy, 1986; Guba & Lincoln, 1994; Hammersley, 2007; Sandelowski, 1993). Miles and Huberman (1994) stressed how quality, trustworthiness and authenticity of qualitative research findings must be addressed no matter what philosophical

propositions are espoused. Therefore to measure the quality and authenticity of this qualitative research I applied alternative measures of rigour (Rolfe, 2006), rooted in the clarification and attention paid to the notion of trustworthiness. The notion of trustworthiness includes addressing the issues of authenticity, credibility, dependability/confirmability and transferability (Guba & Lincoln, 1994). In this way I set out to achieve an understanding, what Van Maanen describes as "plausible insight" (Van Maanen, 1997) which he purports enables us to "suddenly 'see' something in a manner that enriches our understanding of everyday life experiences" (p.345).

2.10.1 <u>Quality Assurance</u>

Authenticity relates to the coherence, comprehensiveness and legitimacy of the claims made i.e. do they make sense? Steps to address this quality standard were achieved by providing rich descriptions throughout the study (Denzin & Lincoln, 2003; Miles & Huberman, 1994), thus establishing the findings as internally coherent and comprehensive. By having a depth of knowledge of the study phenomena enabled me to provide a richer understanding of the meanings embedded within the data, thus a degree of intersubjectivity was achieved.

Credibility is having the confidence in how well the analysis addresses the intended study aims (Patton, 2002; Polit & Beck, 2006; Sandelowski, 1993). Confidence is achieved by being clear and explicit about the study focus and context, ensuring that my informants were able to demonstrate differing experiences of the same phenomenon. Lincoln and Guba (1985) claim that "prolonged engagement, persistent observation and triangulation" (p.301) add salience and increase the credibility of findings. Consistent approaches to collecting data, identifying and selecting the most appropriate key data extract for analysis, exploring the similarities and differences in the data and by seeking participant verification and validation of findings adds to the measures used for establishing rigour (Guba & Lincoln, 1994).

Dependability is based on the assumption of repeatability and means taking account of factors that may produce instability or significant design induced changes (Lincoln & Guba, 1985; Patton, 2002). To increase dependability the same interview questions were used for all interviewees. I was vigilant in being sensitive to any judgements I made about similarities and differences of content, and that my analysis approach was consistently applied. Confirming the results by checking and rechecking the data, and by discussions with an independent 'devil's advocate' (Papp & Markkanen & von-Bonsdorff, 2003), I was able to produce an auditable decision trail throughout the project.

Transferability is the extent to which findings can be transferred to other settings or groups (Patton, 2002; Polit & Beck, 2006). Increasing the potential for the transferability of the findings is achieved by providing a clear description of the prevailing culture, the selection and characteristics of informants, data collection methods and techniques and the detailed processes of analysis. Therefore I have provided a significant level of detail in Chapter Three.

Hammersley (2007) argues that the validity of findings depend upon the ability of the researcher to articulate a comprehensive picture of the culture observed. The application of the above criteria seemed a more appropriate test of whether or not this project has been able to convey new understanding (Sandelowski, 1998). A strength of this research relates to there being fewer threats to validity because the nurse educators are studied in their own environment and encounter few personal controlling factors (Patton, 2002; Robson, 2002). In addition, the overall consistency of responses and practices observed provides further support for the validity of this data.

The constructivist approach nonetheless advocates the viability of the findings and claims to knowledge as opposed to the validity (Raskin, 2002). The rigour of the research can be judged based on the ability to follow an audit trail of how I arrived at my themes and knowledge constructions presented vividly in the micro-ethnography.

2.10.2 <u>Ethical Considerations</u>

Institution based ethical approval processes were followed with the addition of approval for access to the study site and potential informants from University X. The requirement to be vigilant and avoid any suggestion of coercion or misconduct is mandatory and morally relevant (BERA, 2004; DoH, 2005). By virtue of having established contact via a gateway manager within University X I gained entry permission and the requisite authorisation. The requirement to strike a balance between the need to protect the rights of individual informants against my desire to expand knowledge through research (DoH, 2005) was of critical importance. I made exhaustive efforts to avoid any suggestion of coercion in view of the privileged relationship between myself and the informants. The potential volunteers were informed of the educational purpose of my study and once selected, their verbal and written consent gained. Appendix A provides a copy of the briefing paper made available to potential volunteers in addition to a copy of the consent form.

The problem with researching academic peers is that 'nursing academia' is a relatively small and closed occupational group. I have endeavoured to conceal the specific location and identity of the individuals involved by the use of codes known only to me. I do not consider it an impossibility to disguise individuals from the same institution from each other, so for that reason the demographic data presented is non-specific and universal in format. To this end anonymity is assured and I am certain that I have protected anonymity in the local and wider sense as no real names have been used in the ethnography. I had pre-determined that, unless proven to be prohibitive by the informants, I would personally conduct all interviews and be the participant observer to ensure a consistent approach. Issues of informant autonomy and veracity (Darra, 2008) are addressed by the overt inclusion of the expressed views of informants, which is considered of paramount importance. However, I accept that it is sometimes difficult to assess the personal benefits or emotional labour involved for study informants (Darra, 2008; Hubbard & Backett-Milburn & Kemmer, 2001). Any unexpected and unanticipated disclosures were treated sensitively, only when they proved to add a material

difference and qualitative value to the research were they used. In this way writing up my findings needed careful management and challenged me to omit any unique identifiers whilst retaining relevant and useful material.

2.11   Summary

This chapter addressed issues related to my epistemological priorities, ontological commitments and my overall methodological approach. It embeds the thesis within a qualitative research paradigm and advocates a constructivist epistemology utilising an interpretive and reflexive micro-ethnographic methodology. Claims for epistemological and ontological coherence are supported when I underpin my constructivist approach with a design favouring the location of the researcher firmly rooted within the field under observation.

Thus far I have situated my theoretical orientation as it is reflected through the lens of Pierre Bourdieu's relational theory of practice and specifically his concepts of field, capital and habitus. Given the primacy of Bourdieu's constructivist structuralism, or structuralist constructivism, reflexive methodology brings me to conclude that a reflexive micro-ethnography provides an appropriate approach to exploring nurse educators' dispositions and curriculum practices. It also demands due diligence be paid to examples of rejected approaches and to my account as the insider researcher. To this end the thesis is now supported by a detailed account of my perspective as the participant observer. The chapter culminates in the considerations for ethical and quality assurance.

The following chapter will provide an outline of how the overall management of data was achieved by describing the methods used. As the chapter unfolds I describe the particular analytical techniques adopted in greater detail as it is important to understand how I located Bourdieu's perspective in the final discussion.

Chapter Three

Research Methods

In this chapter I set out my methodological approaches to sample selection and data collection, and my analytical approach to a thematic analysis of the data. Adopting a qualitative philosophy to data management I acknowledge and accept that the aims of my research will always be in my consciousness, the "spirit of the inductive approach is to be researched-centred rather than researcher-centred" (Cousin, 2009 p.34). Given the scope of the study I collected data from two sources, semi-structured interviews and situated observations, revealing my identity explicitly. I piloted my interview approach to establish its credibility as a consistent and trustworthy data collection tool. A detailed account of my approaches to data analysis is provided. The data analysis methods adopted were a composite format that utilised the 6-phase approach to thematic analysis advocated by Braun and Clarke (2006) and the 3-stage approach to data construction and representation employing thematic networks advocated by Attride-Stirling (2001).

3.1   Research Methods

Qualitative research methods have enjoyed a growing popularity in the recent past (Bryman & Burgess, 1994; Cousin, 2009; Denzin & Lincoln, 2003) and the management of qualitative data has been no exception. It has been noted that some researchers "are tempted to limit their organisation of the data to the descriptive, clustering it around the questions which have been asked or according to a hypothesis being pursued" (Cousin, 2009 p.33). Cousin (2009) argues that data collection based on a pre-determined hypothesis should not be allowed to determine what is looked for within the data. By keeping Bourdieu's three foundational concepts of field, capital and habitus in the background whilst undertaking the initial, but not the final, data analysis I have attempted to remain true to this approach.

3.2   Study Sample

Informants were deliberately selected according to the direction of the research therefore I used a non-probability sampling technique which enabled the purposive selection (Cohen et al., 2005) of those who were known to be situated in the field of interest, knowledgeable about the subject due to their involvement and experience, and therefore "more likely to elicit rich data" (Robson, 2002 p.84). Informants were drawn from a volunteer population of nurse educators working in one Northwest of England University. My criteria for selection included those who have been employed as a nurse educator for a minimum of three years and had encountered similar experiences at the level of practice to be explored. According to Sandelowski (1995) the decision as to how many informants to recruit for a qualitative research project can seldom be known before hand but goes on to suggest that an adequate sample size is one that yields "new and richly textured understanding of experience" (p.183). I advertised for volunteers and had an initial response of twenty potential informants. In the event I found the data collected from these provided more than sufficient material to allow for a rich description and analysis.

This relatively homogeneous group of informants were from what could be considered my professional peer group in that we all shared common professional backgrounds, characteristics and cultural interests in nursing and nurse education. In addition, we were all located within the social group of University X although I was in an academic management role and consequently of a different status. Although not all the volunteers were directly from within my sphere of influence I was concerned about any potential impact this might have had. The power differentiated relationships (Mills, 2001) between myself and my informants was ameliorated by a number of factors, not least the fact that the informant group was derived from a volunteer sample.

Also, my identity was never concealed, the purpose of my research was overtly explained and I was clear about my interest in them as individuals with their unique perspectives on a

collective issue. In addition, evidence from the interview data suggests that my informants were comfortable with the research relationship despite our different role positions. An example of this evidence relates to one informant who was so engrossed in sharing their strongly held views and personal dispositions as an educator they became very emotional and cried.

Table 3: <u>Informant Coding</u>

	Code	Gender	Site
1	FB1	F	B
2	MB2	M	B
3	FD1	F	D
4	FA1	F	A
5	MA2	F	A
6	FA3	F	A
7	FB3	F	B
8	FC1	F	C
9	FA4	F	A
10	MC2	M	C

	Code	Gender	Site
11	FA5	F	A
12	FD2	F	D
13	FC3	F	C
14	FC4	F	C
15	FA6	F	A
16	FA7	F	A
17	FA8	F	A
18	FC5	F	C
19	FA9	F	A
20	MD3	M	D

Further evidence resides in responses that suggest a less than positive critique of their experiences of working in higher education and the managerial decisions made during the time frame alluded to in the micro-ethnographic account (see section 4.1). As previously noted (see section 2.8) my informants seemed to accept my presence as a researcher although it would be naïve to believe that they were not affected by their perceptions of me.

Table 4: <u>Gender and Campus (site) Distribution of Informants</u>

Gender			Site			
Male	Female		A	B	C	D
4 (20%)	16 (80%)		9 (45%)	3 (15%)	5 (25%)	3 (15%)

3.3   Data Collection Sources

Ethnography endorses the use of less formally structured data collection techniques therefore participant observation and interviewing of twenty experienced nurse educators was undertaken. Dialogic interviewing was initially the preferred approach to data collection to help illustrate the requisite interviewer and informant collaboration needed to construct explicit accounts of experiences and tacit knowledge (Wegerif, 2008). Knight and Saunders (1999) suggested that unstructured dialogues "which occur between interviewer and interviewee do not *uncover* truths or meanings but *produce* them" (p.148).

I opted to undertake pilot interviews as this dialogic approach was unfamiliar to me. The interviews adopted a loosely applied agenda to allow freedom for informants to 'tell their own story' unencumbered by formal questioning and guidelines, offering latitude to explore all dimensions. They were seen as contextual and interactive events where the relationship between subtle gestures and non-verbal communication was noted and intended as an aid to enrich the analytical descriptions. Having personal contact with informants provided the means to detect disparities and/or ambiguities between the spoken word and non-verbal expression (Robson, 2002). Such a collaborative dialogic and conversational approach enhanced co-operation between my informants and I with the aim of being co-constructors of knowledge. The more traditional notion of interviewee as a passive respondent was not advocated, nor encouraged. Because I was 'familiar' it had the advantage of liberating the informants and myself from the constraints of having to continuously provide contextual details. As Knight and Saunders (1999) stated "their professional culture is as familiar to them as the air they breathe, it was necessary not just to listen but also to help informants bring their tacit understandings to the forefront of consciousness" (p.145). By adopting this interactive approach I was mindful that informant responses would derive greater depth if I took a relatively informal stance as "it would be naïve to discount the role played by the researcher as interviewer in eliciting and shaping the data they obtain" (Dey, 1993 p.15).

Therefore the interviews were not gratuitously interrupted as there was an element of taken-for-grantedness in our interactions that would help us arrive at a deeper level of understanding.

3.3.1   Outcomes of Pilot Interviews

I chose to rehearse using the dialogic technique by undertaking two pilot interviews conducted with a sample of informants from the same study population, but not directly involved with the study. The intention was to be in a position to construct a picture of the specific curricula related educational practices influenced and shaped by the prevailing embedded practices of nurse educators. With this in mind I anticipated the information they gave would be of greatest interest to them (given the briefing information about the research topic) and would therefore be spontaneously given (Knight & Saunders, 1999). However, the free-flowing nature of the conversation, whilst hoping to produce an account of the informants' experiences and allowing them to 'tell their own story' (Miller, 2008), resulted in an unencumbered release of their frustrations and concerns about their own personal job dimensions and predominantly focused on the socialisation of students and not the nurse educators themselves.

Despite rephrasing my responses and redirecting the conversation subject matter in the direction of the project topic, it became clear that my informants either did not understand what it was about or, more likely, they had far more pressing issues they felt the need to express. Although these pilot interviews did reveal some cultural and other capital expended by nurse educators they did not yield any useable information about which factors influenced the socialisation of nurse educators in this field. Neither was I able to glean any notion of what the predominant dispositions and practices related to nursing curricula were. In this way the direction the interviews took was so far removed from the study research questions that I had to rethink my data collection strategy. I concluded that I needed to take a more rational and contextually bounded approach to the interviewing process.

I revisited my study project aims which, to reiterate, is to provide a description of nurse educators' practices in order to comprehend and improve thinking about their values, beliefs and ideologies and how these affect curricula, or not. I was then able to construct a loosely formatted interview schedule based on the three specified topic areas that formulated the study research questions (Appendix B). Using the strategy advocated by Burgess (1984) I posed questions about the social setting and location of the nurse educators' practices in terms of their personal dispositions, professional considerations and the local geography. What resulted was a semi-structured interview approach that was loosely directed but nonetheless able to follow the path of the intended inquiry.

3.4 The Interview Agenda

Interviews are a significant method of data collection adopted in qualitative research and can take several forms. The genre includes structured, semi-structured, focused or unstructured (Mills, 2001). Questions have been raised about the over-reliance on the interview as a method of accessing behavioural attitudes or perspectives outside of the interview dynamic or as a true reflection of what happened in general (Hammersley, 2007). However, the advantages of using interviews has also been well documented (Barriball & While, 1994; Mason, 1996; Patton, 2002; Robson, 2002). The selection of the semi-structured interview was made partly because of familiarity with the method, but also because it related appropriately to methodological issues of subjectivity, intersubjectivity and constructivism. This method afforded me some latitude to explore issues, values and beliefs unencumbered by highly structured formal questioning and guidelines that would have been too restrictive. The use of probes proved useful in clarifying inconsistencies and ambiguous statements, and by bringing a deviant interview back into focus. Probing in particular was helpful in reducing the risk of socially desirable answers (Patton, 2002). Thus, by using the interview schedule in this flexible way I was able to validate the meaning of responses.

To elicit exemplars and concrete accounts the interview schedule focused on a reflection of each informant's personal career journey, their values and beliefs and how these could potentially impact on their curricula practices. This seemed a natural beginning point for me and my informants as we were already acquainted, nonetheless, I did had some minor reservations initially. I was aware that there might be some inhibited responses due to the role-power imbalance that I have alluded to and one that always pervades role relationships, no matter how benign that relationship may seem to be. Where discussions alluded to personal and professional development planning, an increasing emphasis on studying for higher degrees, the high value attached to reciprocal and collaborative work relationships and undertaking team approaches to research, the evidence suggested that each informant saw themselves as a collaborator in my personal development through their participation in my project specifically because it was part of the process of my further education. Interwoven with a natural affinity to 'help' it became clear that they were able to talk freely and frankly to me about their experiences and reflections of their journey to becoming a nurse educator.

Each interview lasted between 45 minutes and an hour following which I made notes to describe how we both behaved, how I felt about the interaction at the time and how I reflected on the interview itself. The opening question aimed to facilitate discussion relating to the individual's personal history and career background.

How did you come to be a nurse educator?

The informants were invited to elaborate further in order for me to gain a sense of their career path into nurse education and beyond:

What factors influence and contribute to:
  - Making the transition into nurse education?
  - Your development as a nurse educator?
  - Your work practices as a nurse educator?

Interview questions focused on their personal values and beliefs and the factors which may influence their views of nursing curricula:

What personal values and beliefs have an impact on content and structure of curricula?

Subsequent questions focused on common working practices, experienced or witnessed, that influence curricula:

What common ways of working do you believe have a strong influence on nursing curricula?

The overall objective was to be able to construct an account of nurse educators' position and dispositions within the field of higher education.

3.5   Participant Observation

According to Holland (1993) the primary data collection instrument in ethnography is the researcher. The researcher enters a social situation to participate as an 'insider' whilst observing the activities, people and the situated environment as an 'outsider'. By the accumulation of my educational, professional and life experiences I will inevitably bring my own cultural perspectives as an 'insider' to the field of study as well as my own theoretical points of view, both explicit and implicit (Erickson, 1984 (reprint); Hardey & Mulhall, 1994). As such finding meaning in the observable behaviours of others through participant observation demands considerable introspection on my part (see section 2.8). In response to the contingent circumstances my role and position as participant changed from "total participant, researcher participant to total researcher" (Bryman, 2008 p.142), signalling that I did not favour one singular perspective. In this way, and in order to observe whether individuals actually do function unconsciously (Bourdieu, 1990), data collected via participant

observation allowed me to observe and record the practice strategies of nurse educators as they occurred, embedded in day-to-day real-time situations.

During my observations I collected data by watching and recording what people did, the type of activities they engaged in and how they behaved and talked to one another both informally and in formal meetings. Recording what Sandelowski (1998) refers to as the 'facts of the experience'. The data collected related to the nature of the sociocultural field of nurse educators and was gathered using observations of formal meetings relevant to activities such as curriculum development, programme management committees and Boards of Studies. Observation notes were also taken of less formal gatherings such as group working, peer observation events and add hoc corridor conversations and those in communal spaces. In addition, I also used publicly available institution specific documents. Typical and atypical events were observed and the salience and importance of each was noted, this involved also being aware of my own tacit expectations and assumptions. The challenge for me was to be sensitive to potential sources of data and continuously noticing whilst also engaging in the situation. This inevitably meant that some of my observations were not formally recorded, but were still interesting and informative nevertheless.

3.5.1   Field Notes

As Patton (2002) notes specific data about the location, timing, situatedness of observations and the contemporaneous nature of field notes will enhance the trustworthiness of the findings. Given my occupational moves whilst conducting my data collection opportunities to make notes became more limited than anticipated and became restricted to unplanned events observed when I was attending the university. Nonetheless I accumulated a total of twelve field notes where I recorded who, what, when, where and how of all observed events, noting cultural artefacts such as lesson preps, emotional states and environmental anomalies. I also noted any inferences I was tentatively making.

My field notes were generated from observations made during classroom events, although these were very much in the minority, management meetings, corridors, module meetings and ad hoc casual 'social callings' to offices. I remained as unobtrusive as practically possible as these less formalised interactions provided the impetus to determine if there were any contradictions between what had been said in the interviews and what I actually observed, that is, the degree of alignment between the spoken word and actual practices (Bourdieu, 1990).

I applied Mason's (1996) six indices of adequacy to understanding research, these being time, place, social circumstances, language, intimacy and social consensus. I took note of as much activity as was possible, what Burgess (1984) called 'substantive' field notes.   These contained a record of verbatim dialogue, as far as it is practicably possible, capturing situations in terms of certainties, uncertainties, charm, fascination and the ambivalence of being in my own field.   However, I acknowledge the relative subjectivity of field notes (Montgomery & Bailey, 2007) as they were written by me for me (Hammersley & Atkinson, 2007; Miles & Huberman, 1994) and therefore of little utility to anyone else.

3.6   Data Management

Each interview was recorded using a digital tape recorder as this was relatively unobtrusive, caused little or no distraction and was a reliable method of recording the data in its original format. Once completed the digital file was converted to a sound file, locked and copied onto computer. I then used voice recognition software to help me transcribe the sound files into word processed files, making one further copy in hard and electronic formats then storing the data away from the study site and informants. All data was secured on a remote computer with duplicates made on portable drives, locked away free from interference and hard paper copies of the data stored in an equally secure place away from the original files.

3.7   Data Analysis

Despite many different approaches the common emphasis and core basis of qualitative analysis is on how to read and organise data in order to make connections between them (Boyatzis, 1998; Braun & Clarke, 2006; Grbich, 2007).   This project draws upon a constructivist interpretive paradigm (Denzin & Lincoln, 2003a) and the reflexive research methodology of Pierre Bourdieu reflected through his theory of practice (see section 2.2). Hence it explores the tensions and challenges that are manifest in nurse educators' discourses. To reiterate, Bourdieu described his orientation as constructivist structuralism or structuralist constructivism (Bourdieu, 1986) thus espousing a relativist ontology (Annells, 2006) and an epistemic reflexivity (Maton, 2003).   Because individuals generally function unconsciously and thus their conscious accounts of what they think they do can be very different from what they actually do in practice, this study adopts an reflexive ethnographic format to explore how individuals formulate and construct a 'feel for the game' as the habitus of everyday life within the field of nurse education practices.

The approach I adopted centres on becoming immersed in the data, the purpose being to retain the informant's viewpoint while allowing a depth of understanding through scrutiny (Papp et al., 2003). In order to achieve this I personally contemporaneously transcribed and interrogated all data.   In addition, my role as an insider-researcher meant that I had significant knowledge of the subject matter and was thus able to provide a rich description and gain a deep understanding of the meanings featured within the data, adding to the trustworthiness of the study (Field & Morse, 1985; Lincoln & Guba, 1985; Sandelowski, 1993).

Data analysis in this study focused on building mutual and reciprocal comprehension and understanding between all participants, myself included.   Built upon the assumption that nurse educators' practices and individual dispositions are shaped and affected by the sociocultural field in which they occur, my approach to analysis does not claim to focus solely on individual motivations but emphasises sociocultural contexts and structural relational

conditions embedded within the individual accounts given. A reflexive micro-ethnography of the nature of the sociocultural field of nurse education and nurse educators' curricula practices allowed a specific thematic analysis of the factors that shaped these practices and the meanings attributed to them.

3.8   Thematic Analysis Approach

Thematic approaches to data analysis are arguably the most common (Holstein & Gubrium, 1995) and gain credence from Holloway and Todres (2003) who advocate that a thematic approach to analysis should be considered as a basis for all qualitative analysis despite the suggestion that it is poorly demarcated and branded, and rarely acknowledged by the research community (Attride-Stirling, 2001; Boyatzis, 1998; Roulston, 2001; Ryan & Bernard, 2000). Braun and Clarke (2006) however, propose that thematic analysis, due to its latent flexibility, should be considered as a method in its own right. They note that, for some, epistemological position drives the analytic methods adopted e.g. grounded theorists (Glasser & Strauss, 1967; Strauss & Corbin, 1998), whereas for others independence from theory and epistemology facilitates a broader utility in application and thus often considered compatible with constructivist paradigms (Braun & Clarke, 2006 p.78). Holloway and Todres (2003) and later Braun and Clarke (2006) are careful to note that categorisation/classification and coding is not possible in an epistemological vacuum therefore epistemological position and assumptions must be articulated and correspond with the approach applied to data analysis. I have signposted my epistemological stance in section 2.1.

It was not possible, nor desirable, to establish categorical distinctions at the outset of my analysis therefore pre-selected categorisation was not imposed upon the data arbitrarily. Avoidance of using such a preconceived prescriptive set of categories at the inception of the analytical process was considered prudent and necessary. This not only allowed me the freedom to be sensitive to emerging issues and key themes, it also increased the trustworthiness of the data by reducing any potential bias I may unwittingly contribute to.

This included avoiding any inference to Bourdieu's three foundational concepts of field, capital and habitus at the initial stage.

Braun and Clarke's (2006) approach to thematic data analysis, albeit represented here in an artificially linear format and highly structured for purposes of clarity and explanation (Table 5), is much more iterative and reflexive in reality.

Table 5: Phases of Thematic Analysis (Braun and Clarke, 2006)

	Phase	Description of the process
1	Familiarising yourself with your data	Transcribing data, reading and re-reading the data, noting down initial ideas
2	Generating initial codes	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code
3	Searching for themes	Collating codes into potential themes, gathering all data relevant to each potential theme
4	Reviewing themes	Checking if the themes work in relation to the coded extracts (level 1) and the entire data set (level 2), generating a thematic 'map' of the analysis
5	Defining and naming themes	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme
6	Producing the report	The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis.

The search for meaning involved both myself and my informants undertaking a process of "meaning construction" (Knight & Saunders, 1999 p.147), analysed through conceptualisation and by the articulation of concepts. Achieved through description, coding and categorisation, subsequent analysis was made of any relationships through connections of, and between, concepts i.e. a thematic 'map'. Creating codes and themes was both a conceptual and empirical challenge in that my themes needed to relate to an appropriate context, that is, internally meaningful in relation to the data, and also be rooted in relevant empirical material, that is, externally meaningful in relation to other themes (Braun & Clarke, 2006). In this manner the outcome of the analysis enabled accounts to be compared, whether they are shared or dissimilar viewpoints, and the construction of new ones. As a cyclical process

analysis identified themes that moved from my naïve understanding to a "full and explicit description and subsequent reconstruction" (Allen & Jenson, 1990 p.245), where meaning was neither predetermined nor absolutely unique (Holstein & Gubrium, 1995).

I was drawn to combining with, and constructing, thematic networks (Attride-Stirling, 2001) as they enabled exploration and further understanding of relational issues, as advocated in Bourdieu's theory of practice (see section 2.2), and relationships between concepts and themes rather than merely reconciling conflicting definitions by the formulation of a secondary theme.   At different levels what thematic networks add to my analysis are the web-like depictions that encapsulate the main themes and act as a "means of exploring the connections between the explicit statements and the implicit meanings in people's discourse" (Attride-Stirling, 2001 p.387).   The development of thematic networks was therefore well suited for processing and representing my data in this way (Table 6) as I came to construct the final analysis and develop the main propositions of this thesis.

Table 6: <u>Steps in Analysis Employing Thematic Networks (Attride-Stirling, 2001)</u>

Stage A: Reduction or Breakdown of Text		
Step 1:	Code Material	a) Devise a coding framework (Braun & Clarke) b) Dissect text into text segments using the coding framework
Step 2:	Identify Themes	a) Abstract themes from coded text segments b) Refine themes
Step 3:	Construct Thematic Networks	a) Arrange themes b) Select Basic Themes c) Rearrange into Organising Themes d) Deduce Global Theme(s) e) Illustrate as thematic network(s) f) Verify and refine the network(s)
Stage B: Exploration of Text		
Step 4:	Describe and Explore Thematic Networks	a) Describe the network b) Explore the network
Step 5:	Summarise Thematic Networks	a) Summarise Thematic Networks
Stage C: Integration of Exploration		
Step 6:	Interpret Patterns	a) Interpret Patterns

The thematic network is constructed of Basic Themes (BT), these being simple characteristics of the lowest-order theme derived from the text. Organising Themes (OT) are the next level and cluster similar issues thereby grouping together Basic Themes to summarise the more abstract principles. Organising Themes demonstrate enhanced significance and therefore are the principles on which Global Themes (GT) are based. Global Themes encapsulate the principal metaphors in the text as a whole and make sense of lower-order clustered themes abstracted from, and supported by, the data.

The entire process worked inwards towards the construction of Global Themes emphasising interconnectivity and relatedness. It is not unusual therefore for the analysis to yield more than one thematic network (Attride-Stirling, 2001). I found that applying thematic networks was no more complicated than a purposive way of organising analysed thematic data (Attride-Stirling, 2001), the principles therefore, are readily identifiable in many other analytic techniques. In this way I found combining these two approaches suitable as a method for identifying, revealing and analysing features that gave meaning, as well as for processing and producing an account of the findings. It was with this in mind that I applied the framework to a final latent analysis which provided the opportunity to relate my findings and make distinct linkages to elements of the underpinning theoretical philosophy of Pierre Bourdieu (Chapter Five).

The final analytical stage considered and explored the data foregrounding the context of Bourdieu's work by applying his foundational concepts in an attempt to reconcile them. For Bourdieu, individual accounts were not the focus of his analytical intent but the endeavour was to look across all accounts to identify and 'see' the whole. The construction, employment and integration of thematic networks enabled me to consider his analytical concepts as they made it possible for me to identify and 'see' the bigger picture. In this way Bourdieu's reflexive and analytic perspective provided a means for critically reviewing the Global Themes. What was of particular interest is the way in which Bourdieu's conceptual tools set in motion an exploration beyond my initial analysis of individual representations towards an analysis of

latent patterns of influences throughout the field. The outcomes of which augment the overall premise of the thesis and are thus discussed relationally in Chapter Five.

3.9   Process of Analysis

All data referred to was selected and labelled with access to the full transcriptions therefore reference to the context from which it was derived was possible. In managing the data I adopted the terms used by Braun and Clarke (2006) and accepted the definitions proposed as follows:

- Data corpus: all data collected
- Data set: all data from the corpus used for analysis and may consist of many individual data items and/or may become all instances in the corpus where a specific topic is referred to.
- Data item: individual pieces of data collected.
- Data extract: individual coded chunk of data from a data item (text segment).

The primary analysis took more of a free association stance where I could respond to the data sensitively and critically by setting free any fixed assumptions I may have had. Achieving this depended almost entirely on inferring meaningful distinctions from data, thus the overriding analytical emphasis initially was the creation of categories based on distinct features within the whole data set. This involved a reflexive engagement with the whole data corpus to establish the data set (Alvesson & Skoldberg, 2000; Bourdieu & Wacquant, 1992a). At this point the transcripts were given codes and field notes indexed by the use of dates, place names and titles.

I repeatedly read the data set varying reading sequences to reduce any potential selection bias posed by sequential or chronological order reading (Dey, 1993). I interrogated the data asking searching questions such as who? what? when? where? why? and what? (Braun & Clarke, 2006). Reading in this way involved making notes about what the data was telling me

and what it could potentially mean. I used memos in two distinct formats, as an initial indicator of emerging metaphors and as an aide memoir for use in my later analytical observations. My initial notes, made immediately following the face to face interviews, constituted an a-theoretical (Montgomery & Bailey, 2007) memo. Such post-interview memos assisted in my recall of the interactions during the interview illuminating what happened (interruptions, noise etc) as well as any illustrative meanings from the interviews themselves. Miles and Huberman (1994) advocate the use of interview summary sheets for a similar purpose. Secondly, analytical memos (Montgomery & Bailey, 2007) were used when reading through the transcripts to collect and collate ideas, note the quality of the data, and as a further avenue for identifying context and interconnections. I found memos were a useful unencumbered way of enriching analysis as they enabled the integration of disparate elements of the data, enabling different associations and connections and, wherever possible, relationships between ideas to be explored (Patton, 2002). Of specific importance to me was the utilisation of memos as an aid to maintaining my focus, retaining spontaneity and their use as a reminder to remain receptive to the analysis, devoid of personal preconceptions. I was nonetheless, struck by my almost unmitigated propensity to begin analysis during data collection at a very early stage.

Each transcription was dealt with as a data item and analysed in the same manner resulting in a long list of key data extracts. I assigned a category code to each data extract conveying context rather than attributing numerical value, thus giving significance and making sense. These labels formed provisional headings which I was able to confirm or reject in subsequent readings. Each extract conveyed an element which embraced distinct features within the text.

3.10   Development of Themes

It has been argued that we have no independent access to reality apart from our conceptualisations of it and that experience is mediated, but not determined by, the concepts

we use (Dey, 1993). I conceived of this conceptual process as a thematic network of data (example in Figure 1, p103) and in this study my themes refer to a potentially unlimited series of similar and/or related observations.

Braun and Clarke (2006) stipulate two ways in which to identify themes, these being inductive and theoretical approaches. An inductive approach, similar to grounded theory, extracts themes which are strongly linked to the data (Patton, 2002) and may bear little relation to the questions asked of the participants. This approach is not driven by theoretical interests or analytical preconceptions and would not try to fit data into pre-existing frames. It is therefore, data-driven. Conversely, theoretical approaches tend to be researcher-driven. Data coding therefore is undertaken for either a specific research question (theoretical approach) or the research question can evolve through the coding process (inductive approach).

Thematic analysis also focuses on a specific 'level' at which themes are identified these being either a semantic (or manifest) level or at a latent level (Boyatzis, 1998). The semantic level involves identifying themes with explicit meanings in the data. This is a surface analysis of what the informant has said and rarely explores any further. Graneheim and Lundman (2004) see 'categories' as the concepts of a semantic level of analysis as this essentially, for them, portrays what the data is 'saying', where attempts are made to comprehend the significance of data patterns through progression from description to interpretation (Patton, 2002). In comparison at the latent level identification of the "underlying ideas, assumptions, conceptualizations, and ideologies", which shape the semantic content of the data, are made known and that "analysis within this latter tradition tends to come from a constructionist paradigm" (Braun & Clarke, 2006 p.84). Thus the latent approach seeks to reveal features that gave meaning. However, both levels of thematic analysis deal with interpretation, albeit at a variation in depth and level of abstraction, and have potential value in their combination to produce meaningful outcomes. In this way, and in order to achieve a thorough analysis, I chose to combine these thematic principles ensuring analytical flexibility and responsiveness

in an attempt to avoid prejudicing subsequent analysis and perhaps even precluding particular lines of development.

The unit of analysis is text based on twenty semi-structured interviews and notes from observations in the field. The essence of my analytical approach was collapsing and disaggregating data to identify data extracts and formulate categorical codes which were more readily analysed unencumbered by pre-conceived theoretical interests and without trying to fit data into pre-existing frameworks. This means that in my analysis the construction of latent themes involves the reinterpretation of accumulated outcomes identified and interpreted from a very early stage (Graneheim & Lundeman, 2004). Analysing meaning in context and also through comparison implies that both processes are necessary for an adequate elucidation and interpretation of the data. This is why themes have to be meaningful both internally homogenous (data understood in context) and externally heterogeneous (data understood through comparisons) (Patton, 2002). The fit between data and the developing themes were subject to continual adjustment as my analysis shifted in light of the data, its emphasis and direction. In this way I did not regard 'meaning' as a fixed 'thing' but a concept entirely dependent on context and related to the positions, perspectives and negotiations between different observers (Dey, 1993), the researcher and the researched.

It was essential that I considered data within context as a means of situating action and thus of grasping its wider social import. This required a detailed description of the social setting and contexts within which my study took place (see Chapter Four). The mandate to consider context may seem paradoxical since, for the purposes of comparison, it is necessary to abstract data from its immediate context. I found that using abstraction in this way was a powerful means to greater clarity and precision when making comparisons and thus I was able to consider the data from an entirely different perspective; a heuristic device. I was able to transcend context and make comparisons between heterogeneous observations. By adopting this approach in this way it was possible to elicit a more detailed inspection of the

data by extracting and ordering data through broad preliminary distinctions. This allowed me the possibility of developing the analysis in a variety of directions, as the data demanded, rather than by predetermined routes I may have ascribed, and vice versa, when foregrounding Bourdieu's foundational concepts.

Familiarity with the data initially focused my attention on informants' stated values and beliefs and where these could be directly attributed to curricula related educational practices. Categorical coding resulted from identification of commonalities in the form of conceptual themes which were subsequently refined as patterns emerged to form Basic Themes. This was achieved by returning to re-examine the data, grouping across the data set and identifying relationships between them (Graneheim & Lundeman, 2004; Hammersley & Atkinson, 2007; Tanggaarda & Elmholdt, 2008). Additionally, re-exploring the data also involved being able to differentiate and distinguish data as similar or related, as well as clearly different. Data was also scrutinised for any contradictions and divergence, thus potential dissonance between what the informants verbally expressed and events subsequently observed were revealed. Having the ability to make comparisons and any potential interrelations within each Basic Theme gave me confidence in the comprehensiveness of the analysis. These Basic Themes then formed the basis for conceptualising Organising Themes, the second stage in the construction of a thematic network (Attride-Stirling, 2001).

The third stage in the construction of the thematic network involved the relatedness and integration of the Organising Themes emphasising interconnectivity until a Global Theme is constructed. To achieve the development of the Global Theme I followed a process whereby tangible connections and interactions, and formal relations of similarity and differences were explored and a conceptual thematic label applied. Decisions were made as to the probable, improbable, possible and impossible judgements I applied to assigning and linking Organising Themes in constructing each Global Theme. Data analysis thus involved reflection and systematic sifting and comparisons between developing and competing themes to produce my Global Themes (Attride-Stirling, 2001). Finally, I applied the outcomes to Bourdieu's

theoretical framework by foregrounding the concepts of field, capital and habitus throughout the discussion to determine if there were any corroborative relationships between his perspective (Bourdieu, 1990) and the themes derived from the data.

3.11 Summary

This chapter brings together the methods used in this thesis and tells us that data collected from semi-structured interviews and situated observations facilitated the combination of two analytical approaches. As the chapter unfolds the process of data analysis and the construction of forty Basic Themes, thirteen Organising Themes and six Global Themes, is articulated. The six Global Themes provide the framework for the thematic networks. Each thematic network is identified for their utility as a representation of the reflected statements of the nurse educators and for a consideration of how they formulate relations between them. By synthesising these relations the formulation of key propositions is possible.

The following chapter provides a description of the ethnography and the findings reflected through the six thematic networks, culminating in the articulation of two clear distinctions constructing the overall premise of the thesis.

Chapter Four

The Ethnography: Findings

In this chapter I articulate the micro-ethnography including a detailed description of the field setting, access to it and how the field is constituted. As the chapter unfolds a comprehensive analysis of the six Global Themes (Table 7) 'wishing and aspiring', 'incongruous landscapes', 'cultural liminality', 'tales from the sluice', 'reconciling discontinuous worlds' and 'peripheral academic' is provided. I demonstrate how these Global Themes construct the thematic networks and provide a coherent framework for analysis focusing on informants' responses, culminating in the extraction of two clear distinctions that formulate and construct the premise of my argument, these being 'laboured transitions' and 'the accidental academic'.

Verification of findings was achieved when the informants confirmed the extent to which I was able to provide a fair representation of their views. Comments on the insights gained by respondent verification suggests that this strategy enhances credibility (Koch, 1994).

4.1 Micro-Ethnographic Account

This micro-ethnography is the story of nurse educators' culturally derived meanings, behaviours, activities and relations in their social context, and the ways in which their positions in the setting are perceived. In order to better understand the ways in which individual nurse educators' practices and dispositions are shaped, socialised and affected I set out a description of the relational working parts, rituals, rules and beliefs of the sociocultural group (Holloway & Todres, 2003). In doing so I cannot ignore the nature of my own professional experiences, beliefs, values, and prejudices (see section 2.8) and accept that this ethnography is as much about my representations of the world as it is about my informants. The co-constructing ethos of my constructivist position and the reflexive ethnographic approach of Bourdieu advocates that as the ethnographer I will both shape and be shaped by

encounters in the field (Reed-Danahay, 2002 p.421). I recognise that every account, issue and event is constructed from a unique perspective and that any complexities and differences are central to my own experiences and identity. I juxtapose my personal and professional experiences as these components overlap, mutually influence and inform, and are inextricably tied. In this way I cannot presume that my following interpretations are completely without influence.

I have conceptualised the Faculty as a field, with its own set of structured relationships and its own forms of symbolic capital. In addition, nurse educators are also nested within the broader professional academic field of nurse education and the organisational field of higher/university education. By mapping the field setting relations of nurse educators, and their position/s within them, I gained a sense of their situated personal and professional trajectory, supported by responses to the question 'How did you come to be a nurse educator?' To support the following discussion I have extracted evidence from both the interview and observation data using verbatim quotes were appropriate to illustrate context.

4.2   Field Setting

The setting for this project is a small and relatively newly appointed higher education institution, known here as University X. The institution was conferred with university status in 2005. It serves a regional area that buffers against several county borders and provides an eclectic range of educational programmes. Employing over 1,500 academic, administrative and support staff the university has approximately 15,000 students, of which 4,484 are registered to the nursing faculty. The internal structure of the university consists of six Faculties divided into Academic Departments. Faculty sizes are similar but operational management, strategic intent and business development expectations and intentions are uniquely and locally defined, albeit within the confines of the university infrastructure. Faculties have very different characteristics but all share and operate under the same mission and strategic philosophy guided by the senior management team of the university. Corporate

infrastructure, policies and procedures are devised and implemented via a representative committee structure. The correspondence between Faculties is represented by governance arrangements in that all are governed by Senate, led by a Dean and managed by a small team of senior academic personnel. The pinnacle of faculty management resides within the Dean who occupies, and operationalises, positional power, and expert power (French & Raven, 1959) for those who have achieved academic success holding Professorial positions.

The Faculty in which this study is located has been in its current setting and structure since the 2006 academic year (referred to as The Faculty) and has undergone a radical increase in commissioned educational programme work, research capability building and scholarly activity. Across the Faculty staff to student ratio of 1:25 fluctuates significantly and has been a cause of tension in recent years. I observed that this has had a significant impact on staff workload in terms of their administration, teaching contact time, being occupied in research pursuits and collaborative working with other nearby higher education institutions (HEI). The collaborative working and joint HEI ventures have earned each institution considerable local and national respect in that, until recently, they have been considered as business rivals for the commissioned nurse education programme work. Such changes to how nurse educators work together for a common purpose i.e. the practice education of students, has impacted not only on procedural and policy initiatives but also on individual working practices.

4.2.1   Access to the Field

To enter The Faculty as an academic member of staff requires the accumulation of culturally specific capital and habitus in the form of institution, role and person specification criteria. The university minimum qualification standard for employing academic staff is benchmarked at Masters Degree level. However, in The Faculty members of staff employed on academic contracts are recruited mainly from practice-based positions where the vast majority have had neither the opportunity nor encouragement to study at Masters Degree level whilst in their

clinical posts. This is borne out by one informant who believed staff are recruited because of their practice expertise and not their academic qualification.

> People are known because they are good at their jobs….It starts from there. You don't say I'll get my masters and therefore I am a teacher….have very different trajectory. The Masters degree is a rarity really. How many people out there….working on the wards, have a masters qualification and a teaching qualification? Do we want a good clinician, or do we want a good teacher, or do we want a good academic. Because you rarely get the whole package.
>
> (FC1)

Institution and Faculty specific documents stipulate that the minimum requirement for academic posts was thus set at first degree level but with a clear intention to undertake Masters level education. By foregrounding such latent academic ability as criteria for selection, the Faculty is both lenient and facilitative in its employment practices of staff that have yet to complete their Masters degree and teaching qualification. Tangible support and time for staff to achieve these qualifications is overtly provided. This leniency may stem from the fact that nurse educators are required to take cognisance of both the practice-based and theoretically orientated education of nurses, and in meeting all of the external and internal demands placed on educators of professional practitioners. Individual and personalised arrangements are made for the induction of academic staff at both Faculty and university levels. Despite this, a number of informants protested the value of this type of welcome to working in a university.

> I am never really happy about the induction of new staff into higher education, or the mentoring and the induction into the wider university….I don't think that we have got that right.
>
> (FC4)

Whilst attempting to learn new role responsibilities these demands do exert a significant level of pressure on staff, especially when they are engaged in Masters level study. On reflection,

such staff recruitment practices may have been amongst those which have inadvertently been complicit in adding to the struggle to learn and adjust to the everyday working practices of educators. I observed the employment of nurses who have yet to meet these personal educational requirements and have witnessed their anxieties. Nonetheless, in recent times there has been an increasing sense of urgency for staff to complete their studies at this higher level and a Masters degree is now stipulated as the minimum requirement for employment with the university, without exception.

4.2.2   Relationships and Structures of the Field

My observations reveal that The Faculty is multi-sited in that its core business is provided and delivered on five sites. Two of these sites are considered large enough to constitute campus status (sites A and C), two sites are based within hospital settings (sites B and D) and one is a satellite facility (combined with site A for the purposes of this project) close to the main university campus.

Academic staff are assigned a primary work base site but are required to work across all sites as their teaching workload demands. In this way I observed that the relative mobility of staff not only increases costs in terms of paying for mileage (two sites are fifty miles apart), but also perpetuates the transient nature of some working practices.

> I think sometimes having the sites don't help the development and integration of staff because some people feel quite polarised, that they are not based at XXX and they get 'oh you're not from XXX or that XXX is better'.
>
> (FA1)

also

> ….the fact that there are multiple sites makes it much more complex, and I never quite know what is expected in terms of who to link with. Working here with the multiple sites I actually felt constrained because of this need for equity on every site.
>
> (FB3)

Some informants saw the multi-sited nature of the working environment as a disjointed representation of The Faculty culture and a perpetuation of a perceived transient workforce, only 'passing through' the cultural setting of the specific site or campus.

> The culture or the environment doesn't facilitate that particularly well. The sites thing doesn't help. There is a certain identity with sites, which doesn't help……because they seem to be, in some sites, 'without portfolio'. They seem a bit lost sometimes and that's a shame really.
>
> (FC1)

and

> We've got the sites within the faculty. I think also, we've got a subculture within a culture and you never quite belong. [Field note]
>
> (FD2)

What this suggests is there is a perceived imbalance of personal positioning and opportunity within The Faculty specifically for those based in sites other than the main administrative campus. This reflects not only a geographical distance but also perpetuates a philosophical and academic one. Interestingly however, I observed that the mobility of staff was also perceived in advantageous terms in that interactions amongst and between staff increased on days when 'visitors' came to 'hot desk' at that site. Nonetheless it is worthy of note that in the majority of instances the nature of this interaction focuses only on teaching and programme delivery issues, whilst the hub for academic discussion and or debate, where it does occur, is firmly located at the administrative campus.

Overall, I noted that all staff interactions are generally relaxed and positive and demonstrate some evidence of geographical location loyalty. There existed a daily routine and structure which was designed for; its raison d'étre, the common enterprise of the student. The tendency for staff to prioritise keeping the students happy seemed to be a key determinant of staff contentment at each site, despite acknowledging the not insignificant and multiple challenges this sometimes posed.

> Being a student nurse isn't easy and I think sometimes people forget that and that they look at practice and say 'oh well practice is easy but the academic work isn't'…..So I think it is having the rapport isn't it and the students best interests at heart.
>
> (FA1)

Despite this common purpose there is a physical disparity between sites, in terms of buildings and accommodation, as there is significant variation on each of the sites. The main Faculty campus, based on the University's administration base, has been best described by staff as 'up market' and is considered to be the hub of all Faculty academic activity. The building itself is modern, tastefully decorated, understated but considered to be technologically rich, up to date and comparatively 'advanced'. Staff invariably have priority access to the numerous, varying sized classrooms and are not required to carry equipment between teaching sessions. Each classroom is equipped with internet and intranet, networked workstations, smart boards and many other tools of the trade. One informant put the availability and type of equipment in terms of the perceived competence of the teacher and the cultural value it seemingly accrued.

> The whole thing about being much more technology focused would be another thing that is culturally valued in HE. So, I think that there is definitely a sense that the good teacher is the one that does all the sort of technical stuff in the classroom, but I'm not convinced that the students think that's the good teacher.
>
> (FB3)

Importantly, this level of equipment, access and office accommodation is not consistent across the sites. At the main campus the majority of academic staff shares an office with no more than one other person. The second campus site comprises of old buildings, multiple occupancy of offices and classrooms either without any supporting technology or located a distance away with cramped, dark facilities. The sites located on hospital premises are unique in their partnership affiliations with the hospital itself but are deficient in technical equipment and have small cramped teaching accommodation, despite one of them being the

site where the largest student cohorts are located. This informant (FC3) suggested such variation between sites contributed to a cultural and philosophical bias and detracted from the intended and customary working practices of educators.

> ....being a multi-site campus can be difficult. I've worked across sites and the ethos is very different on each site. On a hospital site it is very colloquial....Whereas on the other site it is more academically biased....I suppose being put on just the one site can be a disadvantage....I think you need to realise the realities and each has its own anomalies, like resources.
>
> (FC3)

I observed that this inequity in field relations and structures is a source of tension and conflicting ideologies in the workplace and as such may have an impact on nurse educators' socialisation and subsequent working practices.

4.3   Thematic Findings

Data analysis yielded thematic networks constructed from forty Basic Themes, thirteen Organising Themes and six Global Themes identified for their representation of the reflected statements of the nurse educators (Table 7). These findings were a result of a thorough interrogation of each of the themes, culminating in comparisons across and between the data, where each transcript was used to locate quotes that demonstrated those themes. Verbatim transcript excerpts are used to illustrate the analysis findings and inform the discussion.

Each informant provided what I describe as a chaotic story, characterised by a sporadic and haphazard depiction of factors which influence the socialisation of nurse educators in this field and the specific strategies used to shape educational and curricula practices. Whilst each described in some way their experiences as a nurse educator it would be remiss of me not to foreground an important, but unplanned and seemingly unavoidable occurrence.

Table 7: <u>Basic, Organising and Global Themes</u>

Basic Themes	Organising Themes	Global Themes
Clinical Posts Teaching Posts	Accruing Credibility	Wishing and Aspiring
Personal Career Decisions & Aspirations Enduring Career	Career Aspirations	
Structures and Regulations NMC and HLSP Regulations	Mediating Prescribed Conventions	Incongruous Landscapes
Policy Changes in Nurse Education Change Barriers and Drivers Ebb, Flow and Drift	Shifting Sands	
Different Cultures Differences between Clinical & Education Thinking Differently and in New Ways	Cultural Difference	Cultural Liminality
From College to University Moving Education into HE Nature of Transition	Unsettling Mergers	
Teaching Quality Teaching Relationships	Teaching	Tales from the Sluice
Historical Anecdotes Students Academic Education Student Clinical Teaching	Learning	
Opportunities with HE Team Working	Gaining Acceptance	Reconciling Discontinuous Worlds
Emotions Personal Values and Beliefs Working Practices of Lecturers	Ideological Influences	
Curriculum, Module and Subject Work Lecturer Discontinuities	Fluctuating Influences	
Identity Educator Skills and Attributes Expectations	What am I: Emotional Lability	Peripheral Academic
Choosing the Peripheral Position Staff Capability Assumptions Relations with Wider University	Who am I: Working the Margins	

Without exception each informant attached high importance to expressing their views on all things student-related to the extent that the interactions deviated on a frequent basis. What stood out as a common theme in all their stories was their need to articulate these views and, as a consequence, there was an unintentional and erratic format to the interviews which needed careful direction. However, despite its intrinsic interest, my analysis did not pursue this line of inquiry as it was too far removed from my research questions.

The following discussion of the themes represents a construction of nurse educators' views relating to their personal dispositions and curricula practices. It transpires that nurse educators, who wish to aspire to an academic identity, encounter some personal and organisation resistance in accruing credibility. In their endeavours to mediate prescribed, and often shifting, conventions the landscapes in which they are socially located tend to appear strange and contextually out of congruence and not in accord with previous cultural experiences. These cultural differences are articulated as liminal experiences directly impacting on curricula practices, and in attempts to gain acceptance these alternating worlds directly influence the construction of nurse educator identity.

4.3.1   Wishing and Aspiring

This theme relates to the career choices of nurse educators and how, or if, they maintain credibility when accruing academic competence, recognition and kudos when compounded by unfamiliarity with the field and academic working environment.

Figure 1: Example of a Thematic Network: Wishing and Aspiring
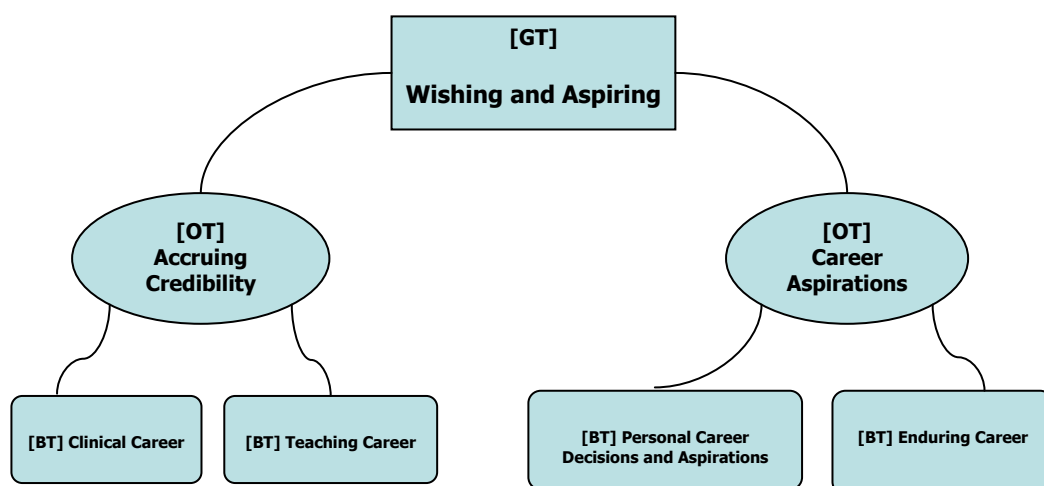
The nature of unfamiliar models of practice contributed to their frustrations, thus informants described the personal impact of the prevailing feelings of insecurity and vulnerability.

Three informants (FA3, FC3 and FA4) emphasised the emotional dimension of career choices as well as the tenacity to succeed. For example FA3 and FC3 said:-

> What unfolded was three years of absolute hell. But I always thought that if I stopped I would never go back, so I kept thinking, just keep going, just keep going. So I did. I was in many respects, one of those educating Rita's.
>
> (FA3)

and

> There were no job prospects and it just seemed like the next step in my career, to move up, but I didn't know what to expect, but I think it was the right time. It was quite a steep learning curve and I had to get my masters and teaching certificate at the same time.
>
> (FC3)

These strong emotional responses suggest that career aspirations may be influenced negatively and any subsequent development and advancement may result in stagnant working practices, where there is little progress or change in real terms. Nonetheless, equally there was evidence to suggest that making such career choices had been both personally and professionally beneficial. Example responses were expressed as:-

> That was one of the best things I did, because it just liberated my career and it was great - loved it, loved it. It was so completely different. Of course I thought it was wonderful because they were *so* nice. I thought, wow! This is lovely, I like this situation so I really, really, really enjoyed it.
>
> (FB1)

and

> If I am honest, I realised one day that I had to get out of clinical practice because I had become a 'snapper', so it was time for a big change. I created an opportunity for myself and now I am sold on the idea. The life style is so much better that I wouldn't go back to a clinical job.
>
> (MB2)

The ideas expressed in these two responses suggest that the desire to change career evolved out of a decline in job satisfaction, a desire for increased liberation from professional constraints, dissatisfaction with their lifestyle and a desire to improve working relationships. The attraction of the promise of improved working conditions in higher education was convincing enough to persuade them to move from a personally satisfying and professionally secure practice-based role into a relatively unknown academic role.

Of significance were expressions of a considerable need to be seen as credible to others in terms of maintaining accumulated levels of clinical practice credibility and to a significantly much lesser degree, the acquisition of academic credibility. Reflected and expressed in terms of perceived personal credibility, or lack of it. For example FC4 said:-

> For some nurse educators, above all else, it is *very* important to be seen as clinically credible, yet they don't talk about academic credibility in anyway nearly the same way.
>
> (FC4)

This suggests that nurse educators appear to experience competing priorities in terms of their career aspirations and encounter a degree of frustration in maintaining their accumulated levels of clinical credibility, achieved through their socialisation into the practice-based world of nursing, whilst working hard to establish their position in the academic world.

4.3.2   Incongruous Landscapes

This theme reflects the nature and substance of the embedded structures within which nurse educators must function. The prescribed internal and external mandates primarily from the HEI and the professional regulatory body, the Nursing and Midwifery Council (NMC), provide the operational boundaries which nurse educators must internalise and learn in order to understand and navigate them. The requirement to achieve significant levels of competence in both the field of higher education as well as maintaining expertise in the practice field

contributes to the perceived difficulties nurse educators experience in their socialisation into the academic world. Informants FC4 and FC1 exemplify these views as follows:-

> Well, we have got to meet NMC requirements and also meet university requirements. We have got to look at nurses being fit for practice as well as we've got to think about them having a university education....so many different things to know and think about but I think what the NMC do is create nurses in the image of the NHS. Its like being in a cocoon.
>
> (FC4)

and

> When you move from clinical to academic work you are compounded by the systems, structures, language and the expectations in HE. They are just so different, totally different cultures.
>
> (FC1)

The ability and motivation to accumulate this not insubstantial knowledge impacts on their capacity to adapt, develop and progress as an individual learning to work in a higher education environment. In this way nurse educators' socialisation into academic roles and working practices can be perceived as a form of 're-socialisation' as they leave one world and enter a related but very differently structured world.

A consequence of having to work within these structures and regulations was seen as a form of restraint within their working practices and having the potential to directly affect interactions with students and peer groups, within and outside of the Faculty, as expressed by informants FC1 and FD1:-

> To all intents and purposes, we are handcuffed a lot of the time because of the agendas and different masters we have to serve.
>
> (FC1)

also

> We've got cultures that are again poles apart, but we are handcuffed if you like, by agendas from quality assurance, QAA, HLSP all these masters including university policies and procedures themselves.
>
> (FD1)

This suggests that because nurse educators see these as two very different fields of practice they feel disempowered as they attempt to navigate between these two worlds, whilst being overtly pulled in opposing directions. However, academic colleagues working within such a system are frustrated by the inability to actively contribute to the delivery of practice-based education, whilst being accountable for all quality outcomes. Informant FB3 represented these views when they said:-

> ….we've got this tension between professional clinical agenda and, in particular from the pre-registration perspective, half of the programme still exists in an organisation that we can't police….we've got one foot in each camp and are struggling to straddle both.
>
> (FB3)

This suggests that the nature of the professional requirements most often referred to in terms of the annual requirements for quality monitoring and inspection, highlight the fractured and incongruous modes of working that, for some, defied logic and were perceived as inconsistent and odd. For example MA2 said:-

> We are not *responsible* for 50% of their education. It's a very odd situation….we are *accountable* for *all* their education even though we are not delivering all of it, and that is what we are monitored on. The responsibility for teaching in practice, rests within practice….We can't police them and they certainly can't police us. Its madness.
>
> (MA2)

This encapsulates the inevitable tensions that exist and the fashioning of power relationships which impact at the point of 'real world' service delivery. More specifically informants FB3 and FC3 noted below that a key and significant source of tension could be traced to the internal university structures and how these seem to contribute to setting nurse educators apart:-

> The curriculum has a huge impact….teaching hours that are dictated, added to the service requirements….are a constant pressure when we try to have the same rules as the rest of the university but we end up with separate rules….the two clash repeatedly….constantly making some sort of compromise in the middle. One foot trying to address the needs of our students and our health partners and the other foot trying to dance to the tune of the HEI….we can ever please these two masters at once.
>
> (FB3)

and

> ….our courses are very highly regulated and professionally driven….It's like trying to fit a square peg into a round hole.
>
> (FC3)

This suggests that structures such as assessment board scheduling and internal quality monitoring processes are seen to militate against required professional requirements. Such situations may mean that nurse educators find themselves working across organisational and ideological boundaries that pose some very inconsistent policies, procedures and working practices. Situational contexts such as these are invariably the source of differentials that are operationally and, in some instances strategically, mismatched as expressed by FC4 and FA1 below:-

> You would never go into the NHS and not look at the rules and regulations. So why don't they transfer that learning to higher education. Everything moves forward but our practices don't seem to change at all. And we almost accept that as normal, and it clearly isn't.
>
> (FC4)

and

> These are competing tensions yet they should sit as happy bed fellows.
>
> (FA1)

Two informants (FC4 and FA6) also suggested that these internal and external structural conventions were perceived as a barrier to being accepted, and therefore seen as credible, within the university:-

> Professional regulatory requirements and the curricula processes these demand only serve to marginalise us in terms of the wider University. It sets us outside.
>
> (FC4)

and

> Even though I am nearly 6 years down the line, I still feel like a newcomer because of those processes. A whole menu, layer upon layer of processes….hard to understand and get to know in any depth so you never actually get to grip with all that. You have to unlearn and relearn things deliberately in bite sized chunks because you couldn't just take it all on.
>
> (FA6)

Here there is a strong sense of procedural and professional obligation, however this tends to become blurred and compounded by the proliferation and confusion of formal publications and directives. These documents can relate to either the higher education of nurses or the provision of health and nursing services, and sometimes both. It appears that attempts to assimilate this information are hindered by what seems to be publication and policy fatigue which was perceived as a significant barrier to accepting, let alone implementing, changes to the landscape of their working practices.

The imposition of such professional and institutional barriers can be seen as impacting on nurse educators' transition into the field of higher education conceived in a number of ways for many informants. For MA2 this was most symbolically represented in the form of dress worn and how it was perceived and received by both colleagues and students:-

> I used to watch him silently frown at me because I won't wear a shirt and tie….there is enough of a barrier already without looking like this professional toss pot in front of the class. I'd sooner wear a nurse's uniform….than I would a shirt and tie, because I just think that reinforces institutional barriers. I will always try and relate to my students as a way of positioning myself within the class. Some of the students would think it was very odd if I did anything else.
>
> (MA2)

This informant's view implies that they consider it important to foreground their identity as a nurse within the field of higher education and see this as a cast iron method of identifying with their students, often to the detriment of establishing any other identity.

It can be seen therefore that the different cultural and social landscape of the university provides significant challenges for nurse educators against the backdrop of their compelling professional obligations, thus contributing to a significant level of confusion as exemplified by informant FD1:-

> I wonder whether why most people have this emotional struggle working in HE is because when they work with people in practice they are close to humanity, but when you are in a classroom I actually believe you're completely divorced from humanity. We encourage that in a university setting.
>
> (FD1)

Paradoxically, and despite these significant challenges and prejudices, there is the view that the pace of change both externally and internally has engendered a sense of pride in their accomplishments and ability to adapt and grow:-

> I've got by on other things....I wouldn't say that I've got good grasp of rules and regulations and that kind of thing, I'm not an educationalist in that kind of sense, but I've learned so much and found success working in HE. I'm so proud to call myself an academic now.
>
> (FA3)

4.3.3 Cultural Liminality

This theme is a reflection of perceived cultural differences experienced by nurse educators and the nature of that experience. Portrayed in two specific and distinct ways, the first signals the impact of merging nurse education from schools of nursing into the higher

education field, whilst the second is an account of how individuals negotiated their own transition into higher education.

Schools of nursing, often geographically situated in the lower levels of the hospital and thus physically attached, provided a level of security for informant MB2 as the familiar territory was personally and professionally comfortable:-

> I think we threw the baby out of the bath water, as our biggest strength over other places is that we have 'schools of nursing', we have education centres based within hospitals.
>
> (MB2)

However, subsequent changes to nurse education, with specific relevance to the move into universities of higher education, resulted in some unsettling mergers between colleges of education and hospital based schools of nursing. Reflected strongly were the prolific experiences of dissonance and confusion compounded by a series of organisational amalgamations, where staff experienced feelings of job insecurity as their roles and responsibilities became compromised, as reflected by these two informants:-

> I had to apply for my own job at least three times in 18 months.
>
> (FA4)

and

> It was a good thing for me moving into education but I don't think everybody felt that way. Not everyone liked the move. No they don't, absolutely don't. Some of them feel that loosing the old schools of nursing that were based in the hospital lost the integration of student nurses into clinical.
>
> (MC2)

On the other hand informant FA4 was quite resigned to the move into higher education, seeing the changes as a 'gift' to elevating their career without having to do anything to warrant it:-

> I remember saying….in the School of Nursing well we have now become a polytechnic so if I stand here long enough I will be a university lecturer. And that is exactly what happened - without me having to do anything. We just became part of the university, through a series of mergers.
>
> <div align="right">(FA4)</div>

What this intimates is that many nurse educators found themselves catapulted into the resolutely established, and powerfully influential, field of higher education and not all welcomed the change in circumstance. It is interesting to note informant MC2's comments above and their use of tense. The dialogue intended to explore past experiences specifically related to the above strategic direction of nurse education yet during the interaction the informant altered the use of tense to the present. When specifically asked to clarify this position the informant confirmed that using the present tense was the intention because, for them, the consequences of the move resonated decades after the event. Such observations were substantiated by many others (FA5, FC3, FB3, FC4, FC1, FD1), nonetheless, the majority of informants felt that the move of nurse education was "a good move for student nurses" (FD1). Although their views were somewhat mixed when referring to the educators themselves, "I don't think everybody buys into the whole higher education institution culture thing" (FB3) [field note], seemed to be a common perspective.

Ironically, as a result of the inescapable seclusion in the field of higher education nurse educators have become increasingly ideologically divorced from clinical colleagues and working practices. This only serves only to perpetuate the physical and emotional separation from practice placements. For example:-

> I don't know whether the professional practice agenda overtly influences the theoretical curriculum but they are not coterminous whatsoever, and I think the higher expectations that we have in HE means that we are in danger of loosing something of the essence of what makes a nurse and a good nurse.
>
> <div align="right">(FA5)</div>

What these accounts imply is that no matter whether the overall outcomes of the move into higher education were positive or negative it was clear that a very tangible impact was felt and strong views were offered for the perceived impact on nursing students. This suggests that nurse educators' working practices could potentially be influenced by these perceptions.

Some informants emphasised the importance of learning to adjust to a new working environment and culture, describing this in terms of emotional and physical trauma and a time for re-evaluating what is important. For example both FB1 and MC2 said:-

> I can feel *that* culture, ebbing away….and this constant thing sitting on my shoulder that I should be engaging more in the academic bit. You have these two big guilt trips constantly and I've ever really balanced them. Different working environments and cultures, *massively* different….huge difference in culture between the two, and it hurt me.
>
> (FB1)

also

> We know that clinical practice and higher education are different and poles apart in terms of their culture and their environments. You are torn I think, between two cultures and I can feel the culture of clinical nursing becoming more distant as my time out of practice extends.
>
> (MC2)

Here nurse educators refer to the cultures of higher education and clinical practice as in direct conflict and express regret in having to prioritise one above the other in making career choices between the two. The transition into the field of higher education is reflected here in perceptions guilt and a loss in fundamental skills competence. In this way, and despite the strategic and operational changes aimed at improving and elevating the education of future nurses, the perceived differences between clinical and educational roles and the importance and relevance of such, if any, persist, exemplified by FD1:-

> People struggle with the transition, some find it very smooth….there is a difference in the two cultures….it is a bit of an emotional wrench, and they struggle when they get to higher education because they can't disassociate the two and feel that they have

to. I think that I'm overly stuck in practice and have not made the transition because I still firmly believe I am a practitioner. It did feel like a wrench at the time, it was awful having to let go.

<p align="right">(FD1)</p>

For others the transition into higher education was regarded as personally significant and had far reaching and serious consequences for them and students. For example FA4 and FC4 said:-

It was a natural transition for me but they are two entirely different cultures and sometimes people struggle with this. Even at the simplest level, going from working shifts to working 9 to 5, five days a week. One thing I did notice was I lost my decision-making skills very quickly, and also you are much freer. Previous standards and philosophies somehow get lost in translation. The difference in cultures is astounding. You have to unlearn and relearn things.

<p align="right">(FA4)</p>

and

Perhaps we have thrown the baby out with the bathwater….Now we have got an end product that is probably more educated, but less well trained. We've gone from training to education wholesale, and I think we lost some of the real training…. perhaps because we have expectations of them as a nurse and as a student and those aren't really compatible.

<p align="right">(FC4)</p>

It can be seen therefore that there is a perception that the different cultures of practice and classroom-based nurse education and knowledge acquisition, not only impact on students but have profoundly affected nurse educators themselves in a number of ways. Conventional and familiar working practices are turned 'upside down' and become ambiguous, unpredictable and unsettled.

In making the transition into the field of higher education and developing their academic roles few nurse educators had planned a career in education. Nonetheless the majority believed happenstance had intervened in the trajectory of their career path, although preparation for

the role was measured by accrued clinical and not educational expertise. For example these views were captured by FC1 and FA4 respectively:-

> My transition into education was fortuitous more than anything. I did not have an intention of going into education. It just sort of happened as the natural occurrence of my career. It wasn't a plan. The teaching started because I had an expertise in a particular area.
>
> (FC1)

and

> What happens is they come in with all this valuable clinical experience, as a senior lecturer. Well, they are not at SL level, they do not have an SL toolkit and basically are set up to fail.
>
> (FA4)

A number of informants (for example FA3, FA1 and MB1) emphasised that moving out of practice-based roles to join the rank and file of academia in higher education was seen as a negative transition experience. Others (FA4 and FC1) reflected this view by lamenting the loss of structure and a reversal of fortunes, in terms of their career path. Informant FA3 for example said:-

> ….it was absolute hell and nothing helped my transition into education, other than self determination. Academia didn't help me much….Looking back, XXX taught me an enormous amount, she just didn't intend to. It was transition by accident because she was just absolutely vile.
>
> (FA3)

whilst informants FA4 and FC1 both said:-

> In practice you clock watch all the time, it was a completely different culture. You are socialised into the culture of clinical nursing and in HE you find yourself constantly giving your CV and whereabouts to anyone who will listen. For about the first six months I used to tell everybody where I was going and it was a while before I realised that nobody was really interested.
>
> (FA4)

and

Practices are quite bounded when you are in clinical practice, they would be quite well defined. The strangeness of coming to higher education was that those boundaries disappeared. We have come from mopping the floor to where we are now. We have developed our level of expertise in a clinical environment and then transferred to an academic environment where we have suddenly become novices again. It is very weird.

(FC1)

The analysis here suggests that previous structurally bounded working practices, to some extent, defined nursing practices. The subsequent loss of structure liberated nurse educators but ironically initial reservations were experienced as they became accustomed to working more autonomously. The strangeness and difficulties experienced during the transition into the field of higher education is further reflected in the inverted expert to novice analogy. Thus individual role confusion perpetuates fragmented practices and in this way adds to nurse educators' frustrations, as MB2 and FD2 say:-

You have got to handle it very carefully and tactfully. Some teachers do not wish to participate in skills teaching and make it blatantly obvious. I've seen academics show their complete distain for undergraduate level education.

(MB2)

and

You've got to have thick skin haven't you? You've got to get on with it and not take things to heart really…..you get the feeling that you just have to sit quietly in the corner and be sorry for all the trouble you're causing.

(FD2)

By virtue of trying to reconcile feelings of being caught between two different cultures it is implied that nurse educators adopt behaviours they know to be situationally inappropriate and at times, unreasonable (see MB2 above). The examples provided here by MB2 and FD2 highlight how nurse educators have to cope with emotionally difficult work-related relationships and experiences which dampen their enthusiasm and academic career aspirations.

107

More unexpectedly there seemed to be some resistance to developing conceptually new ways of thinking and this was demonstrated by those who paid attention to symbolic issues which focused on working practices learned from previous nursing cultural experiences. These views were represented by FA3 and FA1 who said:-

> In your nurses uniform what you have to do is *so* strong. That culture of hierarchy, of routine, of discipline is instilled and remains with you forever. Its hard to resist or change so you impose it on whatever you are working with.
>
> (FA3)

and

> My transition from practice into higher education was *definitely* difficult….I think when lecturing staff come directly from practice they have the baggage of practice, if you like. But I think the letting go of one culture and adopting another is particularly difficult for people. And that's why they struggle.
>
> (FA1)

Interestingly however, there were others who saw opportunities for their personal development and advancement in these contingent circumstances, in terms of the learning opportunities made available to them:-

> I think I am being developed now in a different way. I am being developed to be a researcher. My management and leadership has probably regressed or just treading water. But my research capabilities are being developed and my day-to-day working practices have changed.
>
> (FC4)

The mixed messages portrayed in this theme suggest the compelling argument that nurse educators experience feelings of being interlopers within the field of higher education, perceiving themselves as 'impostor academics'. They are straddling two distinct, and potentially conflicting, cultures with differing educational and working practice philosophies which seem to clash on a number of levels.

4.3.4 Tales from the Sluice

A striking feature within the data was the importance of historical anecdotes of practice-based nursing experiences used in the education of student nurses and the perceived ways in which disciplinary knowledge is acquired, transmitted or formed. The uniformity and regularity in which these stories were used seemed to impact not only on the quality of the teaching but also the relationships between students and their teachers.

Examples from FA6 and FD1 exemplify most informant responses:-

> These anecdotal stories are great, they are what really has an impact, Yeah, they love it. They love to hear your own experiences. Oh and problem solving, how did that work out and what happened next. That kind of situation.
>
> (FA6)

and

> I use anecdotes to make things live….I think it is about making it current, because they love the gory bits, the students love it.
>
> (FD1)

It would seem that there is a belief that, through the medium of personal storytelling, the ability to relate theory to practice is enhanced and goes some way to inducting students into the world of nursing:-

> I believe in trying to give real-life examples and they begin to see you as a nurse, not as a stuffy lecturer….it gives you some degree of credibility. Sometimes that makes you relate better to the current clinical practices of students and helps to socialise them into thinking like nurses.
>
> (MA2)

The implication from this account example is that the dissonance between the images of the nurse and of the academic is perpetuated in, and through, the prolific use of anecdote. However, use of anecdote does come with a note of caution from one informant:-

I think anecdotes can bring together everything….they can bring in humour but you need to be careful that they've not got out of date. They should have a sell by date on them. Plus, you get bored of listening to yourself saying the same thing over again, you feel as if you've told that gag before so I think they've got real potential to show you up. The students lap them up though.

(FB3)

A rationale provided for using anecdotes in teaching practices was offered by two informants (FA1 and FD1):-

It's the seduction perhaps that its easier just to stand in front of a class of 300 students….It just reflects on the academic because that's their comfort zone and people slip very quickly into their comfort zone.

(FA1)

and

It is important to realise that a lot of this is custom and practice and it is stuff that is an open secret….there are individuals who are renowned for blowing cobwebs off stuff and teaching stuff that is so old and the same thing that they've been doing for donkeys years because they are comfortable with it and they absolutely believe what they are doing is the right thing.

(FD1)

Specifically related to curriculum delivery gaining rapport and sustaining educationally valuable relationships was perceived as being uniquely difficult, where nurse educators found themselves having to deal with high numbers of students in largely unmanageable groups. Group size, it is suggested, was regarded as having a deleterious effect on the curriculum in terms of teaching content and quality of student interaction. As a consequence some individuals opted to take the path of least resistance and adopt habitual practices and succumb to the regaling of anecdotal tales. In addition, the data suggests that these practices are compounded by a curriculum that is simultaneously influenced and driven by a multitude of differing strategies, both internally and external to the Faculty.

These competing agenda inflame nurse educators' anxieties in their efforts to meet all that is required of them as provided in the examples of FA6 and FA4:-

> There are two camps. There are those who believe in foregrounding the theory as important and there is the other camp that clearly see clinical application in the foreground. And never the twain do meet.
>
> (FA6)

and

> I do think that there is a definite culture out there that if I don't teach it to you in class and you're not sitting in a classroom, then you haven't learned anything. I think we are over teaching, massively over teaching and we are not saying what is really essential here.
>
> (FA4)

This implies a translation into what is perceived as an inadvertent contest between educational priorities and the plethora of knowledge, skills and behaviours assumed to be required of nurses, suggesting there is a propensity to 'over-crowd' the curriculum. These views are articulated in the responses from MA2, FD2, FA5, FC4 and FD1. On the other hand there were those, FB1, MC2 and FC3 who, despite acknowledging this perceived over crowdedness, continued to lament the loss of also being actively involved in practice-based teaching. As exemplified below in the example contrasting accounts of FD2 and FC3:-

> The old-fashioned way was very pedagogical….and we still make them sit in class for hours, 2,300 to be precise, to be *talked at*. We are not good at letting go of anything so now we have overcrowded the curriculum.
>
> (FD2)

and

> I think sometimes we do try and give them too much information. It's almost as if we are trying to make them into mini staff nurses before they even qualify. We don't allow them to learn on the journey and by sharing our own experiences can make it more real.
>
> (FC3)

The analysis suggests that informants attempt to reconcile their approaches to teaching and learning by justifying the use of anecdote. Used in the ways suggested above however, seems to deny students and educators the opportunity to construct, develop and understand meaning through real (not merely realistic) intellectual and academically stimulating interactions and debate. It seemingly popularises and sensationalises nursing knowledge and practice thus potentially negating the complexity of everyday situated practices which have correspondence with the rich, but highly volatile health care environment.

4.3.5 Reconciling Discontinuous Worlds

This theme is a reflection of the perceived differences between two distinct worlds in which nurse educators inhabit and practise, and the challenges to gaining acceptance in both the Faculty and the wider field of academia. The range of emotions individuals experience coupled with their intrinsic pride, values and beliefs, off set by their prejudices, were conceived as a convoluted and often fractured journey. These emotions were expressed in terms of extremely positive and soberly negative feelings. Importantly the working practices of nurse educators are reflected in personal articulations of 'how' and 'why' they do things, their personal identity and issues of credibility and the impact this may have on the way that curriculum is formulated, delivered and developed (or not).

These emotions were expressed in dichotomous terms, some very positive emotional terms and others in terms of it being a struggle as the respective examples below offer:-

> I actually think and feel strongly and passionately about my job but it doesn't interest me as much as trying to develop my other skill sets about different aspects of curriculum and learning which develop me as well as an academic.
>
> (FA1)

and

> Working in higher education there's an element of freedom. Freedom is a good thing, if it's use creatively, but the freedom to hide is always there and its immensely frustrating fighting for your snippet of freedom.
>
> (FA4)

In this way personal values and beliefs are held in very high regard and very strongly upheld. It can be seen that to some extent individuals valued their personal beliefs above all else suggesting that, in some circumstances, this is to the detriment of the validated curriculum. The examples of FA5 and FA1 provided here capture these respective views:-

> You come across staff who have been taught the one way of doing things so it becomes a common way of working. They don't believe in anything else. They express only their personal beliefs, but they don't have a voice, either.
>
> (FA5)

and

> I think there are some people who want to have an impact on everything. They don't see the bigger picture. They want to explode their field and have an impact on absolutely everything to the detriment to whatever else is further along the line. They have a comfort zone.
>
> (FA1)

What is implied here is that the strongly held beliefs of some nurse educators are overtly inculcated upon their individual curricula practices and that attempts to influence the curriculum beyond their personal sphere of influence are made whenever the opportunity presented itself. In this way the significance of personal ideologies, with specific reference to students expected behaviours, is projected through the curriculum and everyday working practices of nurse educators. This was most clearly reflected by FB3 and FA4 below:-

> We teach them what we were taught, and the how, which is directly related to nurses entrenched belief system and their cultural beliefs about how we should educate nurses. We don't really take much notice of anything else until we're told we have to do some academic work.
>
> (FB3)

and

> I didn't see my role in education as improving patient care….I don't believe people actually learn in the classroom. I really think your role in a classroom is to stimulate them, to get them to feel.
>
> (FA4)

113

This suggests that there exists a belief that the purpose of participation in nurse education is distinctly different from traditionally held beliefs and that there are overt disagreements with current educational and curriculum philosophies and approaches. Following this line of analysis it seems that individuals are inclined to make unilateral decisions about how and what to alter within the curriculum, often resulting in significant deviations from agreed structures and formats. The implementation of the intended curriculum therefore incurred some potentially deleterious deficits. This is exemplified by the accounts of FB3 and MA2 below:-

> Whatever the curriculum….what you believe to be your own professional requirements to be a nurse would kick in and tell you that students of nursing need to know…..those kind of things will be done without anyone knowing and very much hidden. No matter what, you still feed in your own elements, values and beliefs under the radar. That in part is strongly influenced by how *you* were socialised as a nurse, and how you think nursing should be.
>
> (FB3)

and

> I have seen, and been exposed to, practices which have basically ignored the curriculum because they have personally decided they have a better way of doing it. And they genuinely believe it. It is part parcel of habitual practices. Some of them are entrenched to some people.
>
> (MA2)

The consequences of strongly held beliefs reveal tensions within and across The Faculty as divergent philosophical approaches and practices are uncovered. For some, these personal philosophies are directly constructed from individual motivations and incentives:-

> There are two different types, those who don't want to work in practice any more and thought of HE as a way of opting out, as a route out, and those who are passionate about education and learning and want to make a difference.
>
> (MB2)

The data analysis suggests that a polarity of feelings, from extreme satisfaction and happiness to acute anxiety and even fear is experienced by individuals. There is evidence to suggest that nurse educators could feel profoundly satisfied and conversely a sense of complete inadequacy. This perspective appears to represent a form of emotional rollercoaster where a turbulent relationship is generally experienced. Interestingly, where any attempts to reconcile dissonance were made this was perceived in a negative light by informants FD1 and FC4:-

> I think that it's not only about nursing education forgetting what nursing is, I think nurses have forgotten what nursing is. The longer that we accept that position then the harder it is for people to identify with us as peers, in any field.
>
> (FD1)

and

> I think what they do is create nurses in the image of the NHS. Nurse educators might continue to network well with the NHS but they don't necessarily all become Fellows of the HE Academy. They don't all get involved with the world of HE. It's almost as if they want to transport their nursey world into this world and make it fit.
>
> (FC4)

This indicates that nurse educators see their situation and position in the field of higher education as having multiple paths which need to be travelled and as a network of complex relations which need to be negotiated. It would suggest that nurse educators perceive a lack of real choice in the dimensions of their career in higher education and thus resistance to accruing academic credibility and formulating a specific academic identity was detected. Despite this however, there is clear evidence that working in higher education is a preferred career choice. For example FC3 said:-

> I enjoy the academic side. I have to say that it's a job I really enjoy, that I have got my teeth into, but it also suits home life as well. I have to be honest I couldn't manage without the improvement to my quality of life as well.
>
> (FC3)

It would seem that the resounding improvement in achieving a work-life balance plays a significant part in higher education career endurance and longevity, adding to the mixed messages within the accounts that construct this theme. Working, navigating and locating oneself within two distinct worlds clearly challenges nurse educators in their endeavours to gain acceptance in the field of higher education academia. The emotional effort expended and experienced by them resonates with having highly valued personal values and beliefs, expressed as pride and prejudices, which are refracted through their everyday curricula practices and the preservation and advancement of their identity.

4.3.6   Peripheral Academic

This theme relates to the developing academic role of nurse educators as an expression of how they perceived themselves in terms of 'what' and 'who' they are, and the emotional lability this engendered when related to identity issues. There were expressions of an increased awareness of the 'self' and the unintentional demands imposed on the individual by the academic role, as a university lecturer predominantly at senior lecturer level, and the competing positions occupied.

There were also examples of sensitivity to an increased risk of being marginalised within higher education and academic fields and the personal and professional conflicts this triggered. For example FB3 said:-

> How long does it take for you to feel like you're a real academic? 'Cos it still kind of scares me, somehow I just don't feel like I'm like them. I feel like I haven't the foggiest idea what I'm doing and I don't think that I'm unusual.
>
> (FB3)

This emotionally charged response suggests that despite a number of career years spent in the field of higher education nurse educators continue to express wonder at being a university

lecturer and thus a member of the academic community. What this also reveals is a reluctance to articulate exactly what they perceive to be the related skills and attributes required of nurse educators as academics, as MB2 said:-

> Most of us were once very good decision makers but most of our academic colleagues don't make a bloody decision anymore. It's almost as though they have forgotten the skills they had, regressed in some way. I don't know whether they came in with the view that this will be an easier life. HE wanted them for their clinical skills but they loose them very quickly. Maybe they're not as transferable as we think and we end up with a lot of learned helplessness.
>
> (MB2)

The implication of this perspective is that there is evidence to support the compelling argument that nurse educators experience competing emotional demands, a significant level of role ambiguity and a disabling self doubt, leading to a learned helplessness. A powerful account from FB3 sets out the everyday emotional labour nurse educators seem to be subjected to:-

> I couldn't lay any claims to clinical credibility and neither do I feel entirely academically credible either. I mean I'm not in a comfortable position now. And I figure the only thing to do is to jump. I don't think you can maintain both. I feel such antipathy and can't get to grips with what to do.
>
> (FB3)

This suggests that there may be a distinct lack of clarity and understanding of the roles undertaken as an academic and the acquisition of the much sought after credibility, which inadvertently perpetuates an emotionally labile state. In this way personal attitudes and aptitude most likely exemplify the personality traits that informants identify with, and refer to, as necessary pre-requisites to becoming an effective academic. As exemplified by the following two informants:-

I think the skills and attributes are the same, they don't change. The person that you are is the nurse on the ward, the academic is that person. If you were to come to our house you would walk into one room and there would be a reading book laid out, you'd walk into another room and something I'm writing is laid out, and then somewhere amongst them all would be a Shepherd's pie. The whole thing for me, it's just running through your veins.

(FA3)

and

I think sometimes you need to have that experience as a senior nurse or clinician. I think you need to be approachable....and all the other qualities you expect of a good nurse - a good listener and communicator and all that.

(FC3)

The analysis here suggests that my nurse educator informants continue to foreground the traits epitomised in practiced-based nurses as those essential criteria to becoming and working as an academic. The implication drawn here is that by having a very strong nursing practitioner identity almost accidentally prejudices the formulation of a new identity as an academic. This is uniquely interesting and supported throughout the study. There were very few accounts that articulated the relationship between working and practising as a nurse educator and being an academic, in terms of competencies related to publication, research or scholarly activity.

Two informants emphasised the perception of powerlessness expressed as a distinct lack of freedom both personally and professionally, as a form of disempowerment. For example FA1 said:-

They come into higher education and we take away their accrued empowerment. It has gone....I actually feel impotent. There are some people who want to stay working within their base topic, their comfort zone because they understand it. Stretching them makes them feel uncomfortable....Its down to skills and attributes and a sound grounding in practice. Bringing practice into every session you do because you must draw on it.

(FA5)

Exposure to many untried modes of practice more acutely manifest in the requirement to learn the new language of academic jargon and corporate structures, specifically alienated the nurse educator. This perspective was contextualised by two informants (FB3 and FD2) as follows:-

> Something as basic as the teaching we do, which lasts across the whole calendar year, instantly excludes us from any of the opportunities afforded by that period without students – what other academics would call '*the summer*'. It's as simple as that.

(FB3)

and

> The university structures, committee's, that side of things were a complete mystery to me and I have to confess I pretty much allowed them to be a mystery to me. But I have to say I don't think I have ever completely got my head around the very thing that I didn't understand.

(FD2)

Organisational and professional constraints seem to perpetuate a reluctance to engage with the academic community and in this way the university structures within which they work severely limit opportunities for nurse educators to develop an academic identity and an academic career.

Two informants FA1 and FC3 attributed this reluctance to a perceived inability to operate within the unfamiliar university structures or as a justification not to conform:-

> Being exposed to different aspects of education makes you think well 'I like that bit but I don't particularly like that bit' and 'I'm quite happy to do that, but I don't particularly like doing that'. I think that gives licence to some teachers to not move with the times. To keep their established comfort zones.

(FA1)

and

You hesitate a lot, you are really cautious about doing things off your own bat…you don't know what to expect or what their reactions will be….pressure to conform is really powerful but as an academic I should be thinking for myself….pressure to conform is immense. I think working in higher education allows lecturers to opt in or out of responsibility, that's a certainty.

(FC3)

This implies that once nurse educators are in an academic role they feel intimidated by the expectations required of them. Any apparent excitement of 'doing' academic work was tempered by feelings of self doubt and contributed to their conflicting emotions and generalised disharmony. Largely as a consequence of being unclear of their levels of capability and role boundaries, they therefore often choose to work on the margins of their full potential.

Where nurse educators attempted to participate in academic activities they were very cautious of the reactions of others. This supports the contention that they experience a level of marginalisation as a result of a sense of dislocation and associated isolation from the wider academic community. Only informant FA4 thought otherwise. The majority view was represented by the example provided by FC1 who stated that:-

Academia has not fully embraced the nursing profession, No. You know I don't think that they (university) think of us as lecturers in the same way. Quite marginalised in a way. I think that's become quite apparent.

(FC1)

By not fully participating in higher education, and choosing to adopt the peripheral position, nurse educators selectively engage in working practices they are familiar with, without overtly taking full responsibility for the outcome. This evidence suggests an incongruity and contradiction between, and across, informants' accounts that demonstrates profound role confusion and identity ambiguity. Almost all informants felt very strongly that focusing and

embarking on an academic career path would be at the expense of their nursing identity. For example FC4 and FD1 said:-

> I wonder whether it is because we feel devalued or disempowered. Bearing in mind they come into these positions from NHS jobs where they have been key decision-makers. It is strange, but then they have had a career previously and maybe they just are resistant to being socialised into another one.
>
> (FC4)

and

> I do think that people will see themselves as academics rather than nurses. I think to some degree that those people who see themselves as academics are no longer nurses, but that they've had an interest in nursing at some time.
>
> (FD1)

These preconceived notions of identity formation and becoming or being an academic were portrayed as idealistic and enabled me to understand how nurse educators experienced a sense of liminality; being betwixt and between:-

> Everything moves and moves forward but our practices don't seem to change at all. And we almost accept that as normal, and it clearly isn't. What we don't seem to be able to foreground is the importance of the very different roles we are now in....it also takes them a few years to decide whether it's their career or not, or whether they're going to go back into the NHS.
>
> (FC4)

In this way the authority that resides within the individual in an autonomous role can be seen as intrinsic to being able to make decisions, plan and initiate a course of action independent from outside influences. The analysis suggests that, for some, the autonomy of the academic role itself caused them to behave in ways that would be considered inconsistent and out of character in clinical practice. For example both FA4 and MC2 said:-

> There's the argument people behave differently in HE than they would if they were in clinical practice....they would not still be using egg white and oxygen....transfer that

concept into higher education there may be some people who are still pulling off very old teaching material and information, and no one would know.

<div align="right">(FA4)</div>

and

In some sense being in education almost allows people to amble along and do what they want to do….I'm not saying that's a bad thing because some have very big research agendas and a huge business portfolio….in terms of socialisation of nurse educators there is still a tension there, and its not going away anytime soon.

<div align="right">(MC2)</div>

Here it would seem that the over-riding attitude towards educating nurses seems to support the contention made by informant FC2 as one of 'we've done it this way forever, so way change it'. The evidence suggests that the utility of previously acquired knowledge and skills obscures the requirement for increasing scope and opportunity for academic engagement and personal advancement. This was keenly acknowledged by FA5 who said:-

Networking stops you getting into being a one trick pony type, a blinkered academic with no room for intelligent debate. As educators we often lack academic debate, very little academic debate. There are islands of academic debate. But I'm not sure it's conducive.

<div align="right">(FA5)</div>

However, for one informant this aspiration was seen as a futile endeavour for most nurse educators:-

I'm really shocked. If I went out of here and got your average nurse educator and asked them "Do you know what the RAE was?….Do you know the requirements of how to become a professor. Do you know about impact factors in journals"? The average one wouldn't know any of that. Now, that is just standard bread and butter for HE. They just don't go there, some of them because they are not necessarily aspiring academics.

<div align="right">(FC4)</div>

What is significant about this specific informant's view is that it was unique. This was the one and only time the 'RAE' was mentioned throughout all of my observations, despite RAE results published relatively recently to the encounter. Who, amongst others, went on to suggest that despite some difficulties the onus for increasing collaborative ventures resides within the discipline itself. Examples from FA4 and FB3 encapsulate these views:-

> We're complicated, but we make it more complicated. So we are our own worst enemies really because we are still quite separate from the university. It suits some people to say that the university doesn't understand us.
>
> (FA4)

and

> I don't think I've ever fully engaged with the wider university. I'm not entirely convinced that the whole faculty is in line with a higher education culture and philosophy anyway. I think it is because we've got this tension between professional clinical agenda and straddling academia. So there is definitely a clash of cultures on some level.
>
> (FB3)

The implication of this analysis suggests that nurse educators are often wary and hesitant in asking for help. Developing relationships within the wider university seems even more haphazard and opportunistic. Therefore it is not unreasonable to conclude that this undiscerning way of behaving further perpetuates the perception of being alienated. This inevitably leads to overtly reticent nurse educators who are circumspect in all their academic endeavours. To this end they adopt avoidance behaviours and became disenfranchised, despite feeling as though they have to 'earn their badge'.

Informant FC4 alluded to the academic community's perception of nurse educators and their attempts at integration into the field of higher education. Conceiving this as a relationship founded on professional tensions and missed opportunity:-

> We are seen differently vis-à-vis other academics because we are very new to this game, so we have no kudos. I don't think nurse education and nurse educators have

the credibility that they would like. It is a huge tension….we don't mix with the other Faculties enough...we don't develop the curriculum in joint enterprise.

<div align="right">(FC4)</div>

This went some way to recognising and explaining why the familiar and current working practices of nurse educators need to embrace the challenges of academia to affect authentic and enduring change. It also perpetuated the perceived crisis in identity formation. Affecting sustainable change will inevitably encounter numerous barriers as staff struggle to reconcile their belief that previously accrued knowledge will suffice and smooth the acquisition of academic identity. As informant FC4 succinctly states:-

> A lot of the problems that happen are because people don't know what it is that they don't know. We bring them from practice, put them into education and then expect them to be educational experts. I think there is an expectation for us as nurses that we can almost do anything. What we bring with us isn't enough. Oh no. We bring only half of the story.

<div align="right">(FC4)</div>

What this suggests is that, despite undergoing the process of being (re)socialised into the field of higher education and the academic community, nurse educators are disadvantaged by the lack of an appropriate skill set that ingratiates them with their academic peers. The premise that nurse educators can adapt to academic roles unproblematically is therefore fundamentally flawed.

Informants FC1, FD1 and FA5 are nurse educators who feel the need to distinguish between what they perceive to be competing identities. They take significant personal pride in declaring that they are 'still' nurses. For example FC1 and FD1 say:-

> Most people would say they are a nurse first and foremost. It's your identity….if someone asks me what I do I never say I am a lecturer. I always say I am a nurse, or I teach nurses because it's just too complicated and it just seems a bit odd.

<div align="right">(FC1)</div>

and

> It was and still is, nurse first teacher second, absolutely and utterly. I am a nurse and if I ever describe myself I am always a qualified nurse who now teaches nursing. Academia is very important, but only to inform and improve practice; it has no value on its own.
>
> (FD1)

What this analysis implies is that nurses arrive in the field of higher education with their own personal narrative influenced by their nursing history which may potentially prejudice academic identity formation. Informant FB3 even suggested that this perspective is shared by the nursing student body, stating that:-

> Students value, above all else, the sense that they are being taught how to be a nurse, by a nurse. They couldn't care less whether you've got 10 books on the shelf with your name on them. In fact I suspect that the more academic you are the further away you get from reality, for them. And so the newly qualified, new into post lecturer, is of immense value. Or the people from practice that you bring in to do a teaching session, always goes down a storm.
>
> (FB3)

Notwithstanding this, the majority view is that nurse educators do not purposefully avoid opportunities to learn and are creative in utilising the resources available to them, such as watching and witnessing peers at work and emulating behaviours and attitudes. On a very positive note there are those who have exploited the opportunity to carve a new career path and have wholeheartedly embraced the academic field.

The shape taken by the analysis of data described above warranted a latent level of analysis involving the identification of the "underlying ideas, assumptions, conceptualizations, and ideologies" (Braun & Clarke, 2006 p.84) seeking to reveal relations and features that gave meaning throughout all accounts. This provided the rationale to synthesise the themes to arrive at a formulation of an overall basis of the argument within this thesis. The career aspirations and professional credibility of nurse educators, represented by the theme of

'wishing and aspiring', become embedded within 'incongruous landscapes' depicted by the internal and external prescribed conventions of working within nurse education and the cultural and organisational structures to be navigated. Experienced as problematic, this is a reflection of the 'cultural liminality' experienced as nurse educators negotiate their transition across cultural and organisational boundaries and the consequences for identity perpetuity and cultural distinction.

Everyday curriculum working practices and the delivery of the intended curriculum are peppered with 'tales from the sluice' in attempts to reconcile propositional and process knowledge, tempered by compounding field relations and operational structures that adversely affect curriculum delivery. Perceived cultural and situated differences between the two distinct, but relationally connected, worlds (fields) that nurse educators inhabit are emotionally reflected through the theme of 'reconciling discontinuous worlds'. Here personal dispositions, as habitus, and professional ideologies and identity become conflicted and act as a 'force majeure' on curricula practices. As a result tensions and dissonance are experienced impacting on perceived levels of acceptance within the academic community, culminating in perceptions of emotional lability and self doubt. Questions of marginalisation are negatively reinforced in the theme of 'peripheral academic' where the notion of academic identity is wrestled with.

The outcome of this further latent analysis and synthesis of the themes establishes and augments the overall basis of this thesis and supports the proposition that two clear distinctions, 'laboured transitions' and 'the accidental academic', formulate the premise of my argument.

4.4   Summary

This chapter articulated the ethnography, delineated the setting, structures and relations within the field of enquiry and how the data was represented thematically. This culminated in

a subsequent synthesis of the Global Themes to formulate thematic networks. The close of the chapter brings the thesis to the point where I can conclude with the proposition that 'laboured transitions' and 'the accidental academic' depict a clear representation of the overall premise of my argument.

The discussion which follows in Chapter Five builds upon the findings and provides a comprehensive discussion of the salient issues and propositional outcomes arising from the analysis in Chapter Four as they relate to the literature. In addition, Bourdieu's conceptual 'tools' of field, capital and habitus are applied to the propositions 'laboured transitions' and 'the accidental academic' and brings to light the nature of specific nurse educators' practices which, thus far, have been largely unconscious. Utilising this theoretical framework provides one explanation for the sociocultural influences on nurse educators' socialisation.

Chapter Five

Discussion

This chapter articulates an examination of the outcomes of the study project. It provides a comprehensive discussion of the data as represented through the derived propositions of 'laboured transitions' and 'the accidental academic', with reference to the literature reviewed in Chapter One. Throughout the discussion broad curriculum practices are alluded to and discussed emphasising the impact on how they are perceived, understood and implemented. The data from this ethnography provide evidence that nurse educators' socialisation is affected by the organisational and disciplinary specific cultures within which they are located, which in turn impact on their curriculum practices. It is also evident that these influences both enabled and constrained nurse educators' transitions into the field of higher education and the academic community as a whole. With specific reference to this study project these transitions extend beyond initial boundary crossing activity and are also reflected through nurse educators' dispositions, values, motivations and behaviours.

Although I do not delineate each thematic outcome in this chapter, as I have already done so previously in Chapter Four, in the spirit of integration and synthesis I construct an exploration of the application and relevance of Bourdieu's conceptual 'tools' of field, capital and habitus as a theoretical lens in an attempt to reconcile my findings. As the chapter unfolds the underlying rationale is to identify the relations governing the field, the different species of capital nurse educators possess, or are working to acquire, and gain a sense of nurse educators' habitus. I have therefore integrated Bourdieusian theoretical concepts throughout the discussion as I relate specifically to the literature overviewed in Chapters One and Two.

The relative consistency or, more accurately, the lack of variation in the study data meant that at times the linkages reported here are clear, but at other times not so. My aspiration to work reflexively utilising Bourdieu's 'thinking tools' has seen the project advance a compelling

sense of nurse educators' dispositions and curriculum practices as they navigate moving into and through the field of higher education, both physically and intellectually, and the labours of this transition as they attempt to construct and accrue an academic identity. However, given the potential for controversy it is without question that my interpretations will inevitably challenge some opinions.

5.1   **Bourdieu Revisited**

Bourdieu's perspective provides the means for critically exploring data beyond my initial (semantic) analysis of individual accounts to an analysis of latent influences *throughout* the field (see section 3.10). The approach adopted at this stage centres on gaining understanding by emphasising interconnectivity and relatedness. Thus, the thematic networks act like web-like clusters that encapsulate the main constructs and outcomes of the study, making it possible to consider the ways different structures and practices shape relations, assign value and thus privilege or constrain positions and decision-making practices within the field. Pierre Bourdieu's concepts therefore help to focus on different forms of nurse educators' social relations and dispositions and the conditions of cultural reproduction that shape them (Bourdieu, 1990; Bourdieu & Wacquant, 1992a; Reay, 1998). Foregrounding the way structures shape experiences is a principal enterprise in bringing to light the relational nature of interactions between the structures of habitus and field. The premise being that, given these conditions, fields exist because nurse educators participate in, and possess, the necessary habitus to maintain specific field conditions. I revisit this contention throughout this discussion.

5.2   **Socialisation: Laboured Transitions**

A significant body of literature evidences the diverse struggles facing new academics as they embark on a career in higher education. In the last five years alone examples include Colley, James and Diment (2007), Hardy and Lingard (2008), Jawitz (2007), Murray (2005),

Robertson (2008) and Thesen (2009). Almost all of these studies are located within traditional academic disciplines, paying little attention to those groups which are professionally regulated and subject to regular external public scrutiny. In the same period of time significantly less attention has been paid to nurse educators as they begin an academic career with only a few notable exceptions, these being Kenny et al. (2004), McArthur-Rouse (2008) and McNamara (2008).

Nurse educators' socialisation into the academic community is influenced by a multitude of sociocultural factors including the intellectual, environmental, political, emotional and professional, all of which makes them what they are and contribute in a significant way to establishing and maintaining their identity. Given the assertion that nurse educators are conceptualised as a socially cohesive group, devoted to the promotion of disciplinary situated professional values, knowledge and ideologies which prioritise disciplinary cultural perpetuity, they are nonetheless delineated as a subculture of the organisational culture of higher education. They endure a laboured transition into and within the organisational and professional culture of higher education which is reflected in their curriculum working practices.

5.2.1   Cultural Influence and Perpetuity

Alvesson (2002) powerfully argued that organisational culture has no fixed meaning therefore lending credence to the view that nurse educators can be conceptualised as nested within multiple, often segmented, cultural organisational and academic fields and therefore position themselves according to their dominant dispositions. However, it is important to concede that for Bourdieu changes in one field are directly influenced, and contingent upon, changes in linked, overlapping and sometimes competing fields (Carrington & Luke, 1997). In this way every nurse educator has the potential to affect the field/s (Bourdieu & Wacquant, 1992a) in which they practise in response to the influence of organisational conventions and structures, including the position of the field within fields. It follows that for nurse educators higher

educational field structures are unique and demanding, where embedded rules and regulations affect the position of the individual within that field.

With a strong professional ethic and sense of disciplinary identity nurse educators tacitly endorse the professional culture of nursing practice as the dominant disposition, despite being located within communities of interest nested within higher education relational fields. It follows that the higher educational field becomes a space for competing ideologies and thus a number of 'micro-ideologies' (Pachler et al., 2007) came in to play. In this way nurse educators seem to retain habitual modes of thinking reflected in their working practices and a reluctance to 'let go' of practice-based habitus and thus experience difficult transitions across and within fields. This is evident in the 'tales from the sluice' findings and more specifically in the perception that the nursing curriculum is, in essence, 'over-crowded'. This resonates somewhat with Becher and Trowler's work linking academic culture and the pursuit of disciplinary knowledge (Becher & Trowler, 2001). Having experienced a stable, competence affirming and relatively secure, if heteronomous, position in the practice field nurse educators find themselves developing strategies to cope adequately with relocating, both metaphorically and literally, to another field, conceptualised as a field with a high degree of autonomy. These unsettling mergers, compounded by conflicting structural and operational requirements guarantee that the two worlds (fields) and ideologies collide (Hoy & Woolfolk, 1990; Page, 2007). The position of nurse education as a subculture within the higher education field is perceived as a highly confusing and confused environment where competition becomes important in determining what is authentic discourse (Bourdieu & Wacquant, 1992b).

Allied and competing ideologies and cultural priorities across the two distinct worlds can be explained when applying Schein (1992) levels to distinguishing organisational cultures. At the macro level of analysis nurse educators can readily differentiate and identify culturally specific artefacts such as uniform wearing for example. This seems to resonate in both fields of practice and has some cultural perpetuity and reproduction (Bourdieu & Wacquant, 1992a; Grenfell, 2008). What is less clear, and much harder to understood, is why? At the meso

level the conscious and universally espoused values such as professional behaviours are equally valued in both sociocultural worlds (Singh-Manoux & Marmot, 2005). However, at the micro and unconscious level the basic value assumptions become the unconscious essences, which are more difficult to discern (Schein, 1992) and is suggestive of Bourdieu's concept of habitus (Bourdieu, 1977).

When embarking on a career in higher education some nurse educators begin their transition by undertaking practice-based roles which directly link and situate the education of students within clinical areas. This introduces them to teaching student nurses but relatively little else as the nature of practice-based knowledge invariably is preoccupied with accruing competence and expertise in a specialist field. Meso level standards and social behaviours are reflected through the values attributed to practice-based experiences and demonstrated through established disciplinary knowledge. At the micro level values are represented by the disciplinary customs and ways of working (Brown & Duguid, 1996; Bruner & Olsen, 1978) that are assumed to transfer readily into the field of higher education. The collective belief being that this level of specific disciplinary knowledge and expertise endures as webs of significance woven into the very fabric of professional practice. In this way it is considered capable of transmission (Eraut, 1994) and survives the transition to higher education. This is not upheld in this study.

The findings suggest that despite these shared values and beliefs (Schein, 1992) the cultural mores of both practice and educational roles are deemed so remote as to constitute distinctive, but contradictory cultures. Specifically in this study a combination of the multi-sited nature and variation between The Faculty sites perpetuates a locality embedded cultural bias and potentially detracts from intended working practices. The over-riding shared and characteristic attitudes of nurse educators are thus distinguishable from clinical practitioners and constitute an uncomfortable marriage between practice mentors and university based nurse educators. Despite this, incongruously these relationships represent strongly facilitative partnerships where links with clinically based colleagues remain very strong. The utility of

these links serve to augment nurse educators' practice-based capital and uphold the historical evolution of these relationships, adding to the complexity and seemingly significant and conflicting priorities nurse educators endure within the field of nurse education. Reconciling these two dichotomous and discontinuous fields is troublesome and the potential for damage to their professional and personal networks and relations increases their hesitancy to assimilate with the academic field (Becher & Trowler, 2001). In this way transition from practitioner to nurse educator is made readily but not very easily.

Evidence from this ethnography suggests that nurse educators gain access to the field of higher education by virtue of specific capital accrued in clinical practice, this being their practice-based knowledge and expertise. In light of the required minimum academic qualification for successful recruitment this could potentially be perceived as the 'wrong' type of capital. In this way capital can be both enabling and, at the same time, constraining of the available resources with which to 'play the game'. Nurse educators strive to acquire this most valued form of capital in circumstances that are already perceived as traumatic, as evidenced in terms used such as "emotional wrench" (FD1, FD2, FA5). Competing priorities vie for attention and inevitably impact on nurse educators' personal capital and emotional stabilities.

From a Bourdieusian perspective one would challenge the authority/power of one cultural group to set the standard for all other related cultural groups (Bourdieu & Wacquant, 1992b). It follows that species of capital are valued differently by different field agents. This notion is supported in this study throughout the theme of 'cultural liminality'. The evidence also suggests that by moving nurse education into the higher education community the professional status of nurses has been elevated to a level on par with allied health professionals and, by default, equipping nurse educators with previously unattainable status and associated power. Nurse educators' practices are largely public, observable and subject to external scrutiny by peers and deeply embedded in the social context of the profession, therefore accumulation of capital is of critical importance to status and maintenance of credibility.

Against the backdrop of compelling professional obligations there is a profound dedication to teaching future nurses and thus displaying considerable ownership over public safety. Evidenced in the theme 'reconciling discontinuous worlds' nurse educators' webs of significance (Geertz, 1993) are reflected through their intrinsic pride, values and beliefs, off set by their prejudices and are highly regarded, strongly upheld and valued above all else. The evidence suggests that a distinct disciplinary subculture does exist supporting the contention of Becher and Trowler (2001) and Silver (2003) that a unified organisational culture in higher education is no more than an aspiration. In such a climate nurse educators seek to maintain disciplinary cultural reproduction and perpetuity achieved through their established dispositions, habitus and familiar working practices. Nevertheless, a degree of conformity is the entry price for membership to the academic community making it difficult to impose personal dispositions or challenge the philosophical values, attitudes and hierarchical relations within the field of higher education, without being exposed to the threat of exclusion.

Caught between two dichotomous worlds nurse educators do not readily formulate a natural link between them and one would anticipate that they seek to locate themselves within one field or the other. However, the indications are that this is a difficult position to occupy and the evidence suggests that some nurse educators find positioning themselves within the field of academia very demanding and sometimes prohibitive. This inevitability elicits an examination of personal philosophical and ideological motives, the outcome of which requires considerable introspection on their part in terms of their position in the field, or fields. Difficulties arise when nurse educators try to uphold a specific set of beliefs whilst at the same time trying to reconcile unfamiliar values. Bourdieu contends that such basic asymmetry and antagonism between fields is often very difficult to overcome (Bourdieu, 1993). Ho, Watkins and Kelly (2001) describe such circumstances as the 'myth of change' whereby individuals attempt to adapt to changes in their cultural and professional milieu but only succeed in achieving a surface change. They contend that substantial and enduring

change can only be achieved by altering approaches to personal conceptions. Yet the sustained stability of nurse educators' practices in the academic community requires a depth of knowledge and understanding of the academic field and the existing capital within that field, in order to affect cultural change.

One way to achieve this may be to construct a joint frame of reference that incorporates elements of the habitus of both cultural fields. Evidenced by some nurse educators who do successfully position themselves with 'a foot in each camp' by either working in practice on an ad hoc basis or utilising dedicated 'clinical liaison' time effectively. However, these practices were found to be in the minority therefore the argument is not well supported in this study. The link is very tenuous thus the merging of professional cultures seems an unconvincing target, and not therefore inevitable. Dealing with constant changes to working relationships, career structures and the ever influential and perpetually changing external mandates intensifies the challenges of entering the field of nurse education.

Nurse educators suggest they are poorly prepared for entering the cultural field of higher education and the consequent socialisation into academic roles, thus rendering the development of competence in negotiating within and between fields of practice (both academic and practice-based) problematic and the transition tenuous. Compounded by frequently reported poor induction nurse educators unequivocally anticipate and expect their role responsibilities to be primarily focused on teaching rather than research. Some, if not most, do not consider scholarly activity and research to take a prominent role in their working practices as a nurse educator. These perceived barriers negatively affect autonomy in, and for, academic and scholarly activity, relationships and self-esteem (Bocock, 1994).

However, a small minority of nurse educators' embraced 'academia' and exploited opportunities to carve a successful career path, gaining a sense of pride in their accomplishments and ability to adapt and grow. What this highlights is that the capacity and capability to move through more than one field is not impossible, supporting the findings of

previous studies (Grenfell & James, 2004; Lingard & Rawolle, 2004; Maton, 2005; Murray, 2005; Murray & Male, 2005). This is evidenced where talk was of careers being 'inspired' and 'liberated' in contrast to the overwhelming prevailing feelings of insecurity and vulnerability, expressed in terms of perceived personal credibility, or lack of it.

However, the predominance of unenthusiastic characteristics such as reluctance and resistance is tangible, suggesting that field relations are dominated by echoes of previously valued and embedded working practices which are acceptable and rewarded within the opposing field. Thus disciplinary and culturally perpetuated dispositions and practices, as habitus, impact on nurse educators' socialisation and transition into the field of higher education.

It can be seen therefore that nurse educators are exposed to culturally dependent dispositions (Hardy & Lingard, 2008) that predisposes them to act, consciously and unconsciously, in particular ways. For Bourdieu (1990) the relations between field, habitus and capital are crucial for describing the interplay between the habitus of nurse educators and the structurally imposed shaping forces of that habitus. If we follow this line of debate nurse educators' experiences can potentially shape dispositions and the construction of a collective nurse educator habitus characteristic of practising in the field of higher education. I revisit this contention on p.163.

Seen as both a source of frustration (Jenkins, 2002) and as a strength (Reay, 1995), habitus has been used to explore the "resulting 'misery of position' for people whose habitus is discordant with their position in the social field" (Reay, 1995 p.359). If nurse educators are 'shaped' by the dominant field structures, identified in this study by the strength and longevity of their practice-based habitus and to a lesser degree by the few who aspire to accrue academic credibility, it is rather more difficult to determine how nurse educators can then shape the field of higher education. This is substantiated by the articulation of their frustrations of working within incongruent landscapes and unhelpful prescribed conventions.

5.2.2   Curriculum Ideology and Convention

The evidence suggests that nurse educators are socialised to perform and deliver, rather than develop, pedagogically and academically robust, contemporaneous curricula. A less than clear cut endeavour however is delineating the rationale for perpetuation of sustained rituals and routines. Steeped in an ethos of nursing 'service' and a prevailing preference for competence in clinical skills (NMC, 2009) nurse educators seemingly revert to past forms of practice and seek to subvert the imposing academic philosophy of higher education, itself suggestive of a form of symbolic violence (Bourdieu, 1979). Saunders (1995) suggests this "ontological security" helps us to feel secure in our day-to-day actions (p.209), in this way such routinisation can be equated with Bourdieu's notion of habitus. In these circumstances nurse educators are likely to adopt rituals to meet 'of the moment' requirements, as well as to avoid making stress-inducing decisions (Rhynas, 2005). Thus nurse educators' habitus continues to display traditional and characteristic features, not least that 'teacher (read Nurse/Sister/Matron) knows best' (Dixon-Woods et al., 2006). The strength of belief in previously embedded individual practices, norms and attitudes tends to prevail, and what transpires is a hidden curriculum (Apple, 1979; Goffman, 1961) which preserves these conventions and creates espoused theories which differ greatly from the explicit practices of nurse educators.

Reported in some cases is the independent generation of additional work as a result of strongly held beliefs and a desire to maintain a clinically orientated aspect to individual curriculum practices. This is wholly depended on previous exposure to educational practices which, by and large, is predominantly influenced by their experiences as clinicians when sharing their professionally relevant expertise. Guided by strong personal, sometimes expressed as professional, values and ethics (Orland-Barak & Wilhelem, 2005), these influences mean that, at times, individual ideologies are overtly impressed upon the curricula. This resonates with the unrestricted autonomous academic perspective advocated by Scott

and Watson (1994). Therefore, there appears to be a 'hangover' effect from entrenched organisational and professional practices which have influenced the occupational socialisation of nurses for many years.

These high levels of influence underpin behavioural ideologies (Pachler et al., 2007) and are sustained by a default mode of thinking and doing. Developing nurse educators' dispositions and relationships, as fully paid up members of the university, pales into insignificance when faced with these powerful motivators. This suggests that nurse educators have their own predilections and methods of delivering the curriculum where they seem to be consciously or unconsciously influenced by, and therefore perpetuate, the ideologies and practices reminiscent of previous generations. The view that 'it was good enough for me' is commonly articulated and expressions of extant nursing culture in habitual, ritualistic practices are therefore seen as ideologically justified. Thus locally and idiosyncratically constructed curricula practices represent informal interpretations at the individual nurse educator level, akin to *under-the-stage* actions (Becher, 1988), largely hidden, and shaped by the growth of non-canonical practices. Thus it can be seen that localised 'street level' practices (Hudson, 1993) are capable of influencing how, and to what level, the mandated curriculum is accepted and unquestioningly adopted, or not. However, this varies greatly and in response to what 'street level bureaucrats' unilaterally interpret as necessary in order to satisfy what they perceive constitutes an adequate learning experience or exchange. Thus a level of non-canonical practice emerges despite organisational structures and universal curricula requirements, subsequently dictating the degree to which curriculum drift occurs.

Reflecting upon observations of curriculum practices I was able to witness how taken-for-granted knowledge, dispositions, language and actions construct meaning and social reality for nurse educators. Nowhere more so than in the practical skills laboratory where I observed plenary sessions and demonstrations of clinical skills knowingly excluded from the most nursing curriculum years ago! This forces a deliberate consideration of how such perspectives can make known the values, beliefs and ways of knowing that formulate individual nurse

educators' curriculum practices, and the extent of the controlling influence of a curriculum that is embedded, taken-for-granted, and therefore, hidden.

Working across organisational boundaries poses a challenge to the curriculum working practices of nurse educators where internal and external conventions, for example NMC directives, are perceived as overly restrictive in terms of how curriculum can be, or are, developed. Examples are found in the enduring debate centred around validated module content which has a significant impact on workload in terms of administration and teaching contact time. Despite this, the regulation of nurse education mandates an equitable balance between theoretical and practice learning (NMC, 2004) but bizarrely holds the HEI accountable for both aspects of educational provision. What upsets the balance is the operational nuances that impact on the provision of practice education within governance and organisational management structures divorced from the HEI (Bergen & While, 2005; Burke, 2006a; Hewison, 2003). What emerged from this study was the perception that operational and professional strategies are in a constant state of flux and that centrally driven directives and policies affecting curriculum are regularly and frequently changed. Requirements to change working practices, strategic direction and/or curricula are seen as compulsory pronouncements from both within the University and the Faculty, and externally from service providers and the NMC. However, not all are welcomed.

Throughout their professional careers being highly responsive and flexible is seen as the cornerstone to the practice of nursing, so whilst nurse educators are generally not opposed to change, they did talk in terms of being worn out by the frequency and regularity of it. In some cases these internal and external structural and regulatory requirements are contradictory and in most cases seen as very hard to keep up with. Perceived as particularly elusive are those that traverse theory and practice, as in the case of preparing practice educators to embrace additional roles that directly affect the initial registration of students (NMC, 2006). A number of these policies and processes are seen as replicating and mirroring, under a different guise, previously discarded structures, rendering the mediation and

application of these prescribed conventions problematic and confusing. In this way nurse educators' knowledge of mandated internal and external directives tended to wax and wane, drifting towards a cumulative loss of interest and therefore regarded as restrictive in terms of how curriculum can be, or are, developed within these incongruous landscapes.

Conceptualising curriculum practice as the product of relations between nurse educator habitus and the field of higher education the evidence from this ethnography suggests that nurse educators do not readily adapt and make the transition to these contexts in a relatively unfamiliar field. Their dispositional adjustments to the field appear to be less smooth than anticipated where they seem to struggle to adopt the everyday working practices of academic educators. The relative mobility of nurse educators in this study perpetuates the transient nature of some working practices rendering adaptation and transition once more, problematic. Further, the evidence that some nurse educators continue to impose stagnant, almost ritualistic, curriculum working practices also suggests that previous nursing practitioner durable dispositions, as habitus, are very hard to affect.

5.3   Socialisation: The Accidental Academic

A plethora of research literature signifies the diverse struggles experienced by individuals when attempting to formulate an academic identity. Evidence published in the last five years include examples provided by Archer (2008a and 2008b), Clegg (2008), and Henkel (2005), but almost all of the related literature evidence is again located within traditional academic disciplines with significantly less evidence related to nurse educators, a notable recent exception being Andrew et al. (2009).

Nursing suffers from the problem of how to go about defining its professional knowledge characteristics, boundaries and expertise (Allen, 2007), indicating that removing educators from the practice field has almost inevitably resulted in a dislocation of pedagogical structures and professional attitudes towards the education of future nurses. The nuances of competing

organisational cultures and structures, reconciliation of internal and external educational mandates and policy directives, reflecting on personal positioning in terms of status and the value of accrued capital all impacted on nurse educators' personal and professional identity. The prevailing dissonance between disciplinary, cultural and organisational values, norms and practices created incongruent structures and thus were seen as a catalyst in perpetuating a crisis of identity. In this way, I argue that the 'universal' is reflected in the structural values and norms that underpin nurse educators' disciplinary knowledge base and curriculum practices, whilst the 'particular' is reflected in the marginalised positioning of nurse educators within the context of the academic community and higher education field. By mapping the fields in which nurse educators are located I show the relations between individuals' positions, the way these relations are expressed and the lack of correspondence between fields. The data suggests that nurse educators work, to varying degrees, in both autonomous and heteronomous fields and thus suffer the awkwardness of a deeply embedded identity crisis.

5.3.1   Impact of Disciplinary Knowledge Characteristics

To reiterate, concepts of knowledge tend to vary according to what aspect of knowledge is emphasized (Bleiklie & Byrkjeflot, 2002; Ho et al., 2001). The traditional and dominant perspective relates to the research endeavour encapsulating knowledge formation, production and utilisation. However, by taking 'knowledge' as a much broader concept I foreground the acquisition of occupational propositional and process knowledge as it relates to cultural and professional perpetuity, and reproduction (Bourdieu & Wacquant, 1992a).

There is no question that nursing practitioners achieve significant levels of expertise in practice settings (Kenny et al., 2004). Nonetheless, nurse educators report that practitioners' lack understanding of curriculum practices, in the form of teaching and learning knowledge, organisational regulations, policies and procedures, and the 'business' of higher education, as constraining. Although these aspects are not readily understood by practitioners neither do they necessarily have the opportunity to acquire the knowledge, let alone discuss higher

education in those terms. Coupled with a lack of opportunity to acquire and/or increase their requisite knowledge capital, such as higher qualifications and expertise, the expectations imposed on individuals is perceived as unreasonable. This is a chronic source of dissatisfaction for aspiring and established nurse educators (Allen, 2004; Boychuk-Duchscher & Cowin, 2004).

Propositional and discipline specific process knowledge is said to be capable of transmission (Eraut, 1994). What complicate knowledge transference are the prescribed external conventions and policy directives which assume the unproblematic integration of theory and practice in nurse education programmes. However, a note of caution is wise as this is far from inevitable and requires a deliberately designed and well thought out curriculum. In trying to mediate these prescribed conventions nurse educators expressed the view that they believed they were still seen, to a large extent, as 'teachers' or 'tutors' rather than as 'academics'. They perceived this in terms of being academically 'tokenistic' by the university, other academic disciplines and themselves. This may be due to residual ways of thinking about nurse education based on traditional notions of knowledge acquisition and the apprenticeship model of nurse training. This model saw students spend a significant amount of their education as training 'on the job', as low paid employees, a position not conducive to developing professional and disciplinary kudos. In response, two decades ago, nurse education was moved from locally situated schools of nursing to institutions of higher education offering what was predominantly diploma level programmes of study (UKCC, 1986).

Despite this move to higher education findings from this ethnography suggest that nurse educators are known to still rely on long-standing precepts and outdated rationale for achieving and maintaining credibility. Their personal beliefs, values, ideas and opinions form and shape the way they think, act, and understand the world. In this way their embedded ideologies become the default way of behaving and thinking involving shared assumptions, images and forms of logic which Bourdieu identifies as 'practical sense' (Bourdieu, 1990). They invariably find security in the comfort of an established knowledge base which is

commonly considered more than adequate at a basic, and unchanging, level. Emanating from a foundation base of existing knowledge (Bocock & Watson, 1994), it follows that interpretation of experiential practices and knowledge illustrate personal predilections and approaches reflected in individual educational and curricula practices.

Deeply rooted in this history is the rift between theory and practice knowledge which continues to be a significant cause for concern today (Maben et al., 2006). This inadvertently creates two distinct areas of learning with differing cultural values, norms and practices; the educational institution and the clinical practice areas, within which resides differing educational philosophies so the potential for conflict exists (Bahn, 2001; Gallagher, 2004; Jerlock et al., 2003; Larsen et al., 2002). In this way lecturers and clinicians are engaged in two fundamentally different knowledge based activities giving rise to divergent orientations, priorities and dispositions (Hislop et al., 1996; Melia, 1987). It follows that whilst attempting to reconcile and find balance within the nursing curriculum, nurse educators are tasked with transforming (Brookfield, 2000; Mezirow, 2000), not merely transferring, subject knowledge into discipline specific performances, with variable levels of success (Trowler & Knight, 2000; Woolley & Jarvis, 2006).

The underpinning ethos of published disciplinary strategy documents (DoH, 2002) promotes an intellectual shift towards increasing graduateness as a central concept for nurse education. Some informants however, feel this policy directive detracts somewhat from the reality of practice education requirements because the criteria for determining successful knowledge and skill acquisition, in terms of 'good practice' standards and competency measures, are all uncritically and exclusively derived from a practice world-view. This perpetuates the dominance of the practice-related values and dispositions, that is, the practice habitus of nurse educators. This inequity becomes a source of tension adding to an unintentional curriculum drift. In conditions where the very nature of knowledge maintains an uneven balance of power between nurse educators and their academic peer group feelings of insecurity are perpetuated and polarised into powerful-powerless distinctions. Of significance

is the reported perpetuation of habitual practices where little value was given to the advancement of nurse education into the more academic framework of degree level studies.

Despite there being a generalised agreement that studying at degree level is seen as 'a good thing' there is a powerful counter-argument in this ethnography where this level of study is seen as unnecessary for those wishing to 'train' as a nurse. The notion of the omnicompetent nurse is alluded to. Specifically at undergraduate level, the emphasis of the nursing curriculum is seen as increasingly directed toward 'trainability' (Andrew et al., 2009), casting suspicion on the legitimacy of knowledge taught in the classroom by 'out of touch with reality' lecturers. As FA3 said:-

> I think that the notion of training, we can't say that word training any more, it has become a dirty word. I can't understand why. And we have lost some really good stuff….and this isn't meant to sound like something from the Empire, but it did make the great British nurse what she was. But there were some bad practices as well. But I do think we've thrown out of an awful lot of the baby with the bath water.
>
> (FA3)

The reported increased time spent in the classroom results in disparity between the ideology taught in class and the reality experienced in the practice environment. In this way nurse educators feel they are not able to move against the prescribed conventions of the practice setting when espousing higher education values and culture in general. This highlights the dissonance between the perceived value in cultural capital gained from formal modes of knowledge acquisition and modes derived from practical activity (Webb et al., 2002). The overriding theme that comes through from nurse educators' accounts is their sense of vulnerability as they move into higher education roles.

Also suggested, and clearly reflected through the theme of 'tales from the sluice', is that the urge for cultural and professional perpetuity is so strong that a 'Dunkirk spirit' (Kogan, 2000) among nurse educators necessitates that in the "absence of more reliable knowledge, myths

(read tales) are often invoked to fill the gap" (Hempel, 1965 p.333). It is argued that the ability to identify appropriate occasions for telling a repertoire of stories is an important requirement in initiating members of a particular occupational group (Moon & Fowler, 2008). In this way the employment of tales depicting personal practice experiences are highly valued by nurse educators as a means of promoting and endorsing reconciliation between theoretical propositional and practice-based knowledge, thus attempting to mediate between the two very different worlds they occupy. No matter how carefully planned such stories are designed to emulate 'reality' but what cannot be replicated are the emotive experiences that inevitably accompany learning to respond to human need. The findings suggest the benefit of making use of tales is undeniable but also unclear, as the accrued cultural capital attributed to practice experiences does not readily transfer into, or attract the same level of value, within the field of higher education. Despite this, these highly regarded and valued personal practice experiences, told as tales, directly influenced how, and to what extent, the mandated curriculum is adopted.

5.3.2 Accruing Academic Identity

In a well rehearsed argument the conflicting expectations of nurse educators to be both teachers and expert practitioners (Andrew et al., 2009; Ferguson & Jinks, 1994; McCaugherty, 1991) does little to promote academic identity formation. Conversely, years of teaching in institutions of higher education casts serious doubts about nurse educators' clinical credibility where there is a sense of their practice expertise being eroded (Cave, 2005). Both perspectives are equally as unlikely to help close the metaphorical knowledge 'gap'. Such contrasting but influential pressures are on the one hand influenced by a hidden curriculum which preserves the existing order and which centres around socialisation and the practical demands of the ward, on the other hand is the university programme which acts as a source of enlightenment and liberation from extant rules. By trying to uphold one set of dispositions whilst reconciling unfamiliar values and beliefs nurse educators are conflicted in their identity (Andrew et al., 2009; Chan & Schwind, 2006). Nurses are traditionalists *par excellence* and

any loss of traditional cultural preferences, or even the relaxation of extant rules, is seen to fragment, and thus weaken, nurses' professional identity (Hall & Martin & Nolan & Taylor, 1984; Holland, 1993). Conversely, blind adherence to 'back stage' realities (Goffman 1959) and covert rules (Maben et al., 2006) does little to establish a coherent and cohesive depiction of the cultural worlds of nurse educators and their place within them.

Characterised by job insecurity and marginal relationships within higher education the enduring perception of nurse educators is that they struggle to acquire academic credibility, thus reducing the power to influence their situation (Clegg, 2008; Jawitz, 2007). The data from this ethnography signals weariness with trying to establish an identity that reconciles the disparate cultural environments and the balance of power polarised again into powerful-powerless. It can be seen therefore that gaining acceptance as a viable and contributing asset in the field of academia, with subsequent credibility, rests upon the type and nature of dissonance between what nurse educators ought to be doing and what is actually done. Discontinuous dispositions such as these impact upon, and shape, everyday curricula working practices, propagate inconsistency and give rise to a polarity of emotions; a cocktail of powerful emotions. Given this emotional vulnerability nurse educators construe their positions in the field of higher education as always in a process of 'becoming' (Archer, 2008b; Colley et al., 2007; Murray & Male, 2005; Thesen, 2009). They are aware that they no longer 'belong' to the culture of practice-based nursing nor do they yet fully 'belong' to the ranks of academia. Having left one professional status and not yet completely assimilated and integrated into the role of an academic, nurse educators invariably suffer from a fractured and incomplete status passage (van Gennep, 1975) where the 'rites of passage' remain a mystery to them. Seen as a personal crossroads this sense of liminality captures their feelings of being 'betwixt and between' (Turner, 1974 p.81). The essence of this argument being that by perpetuating ritualistic practices nurse educators continue to inhabit liminal zones (Turner, 1974; van Gennep, 1975) of conscious awareness, or legitimately participate on the periphery of a community of practice (Lave & Wenger, 1991), which has significant implications for curriculum related practices. Identities affected in this way are not easily

inhabited, nor are they readily accepted by significant others. The tangible impact being a disparity between the ideology and reality where they feel neither accepted, nor that they yet 'belong', and continue to lament the 'lost' art of being a practitioner. Bocock (1994) described similar experiences of identity changes as a form of bereavement.

As previously stated the unconscious inculcation and transmission of habitus influences how nurse educators interpret and understand everyday working practices. In this way nurse educators' dispositions reflect field conditions and relations and subsequently give rise to behaviours which reproduce those same structural elements. Thus it is a discipline specific response, as both Becher and Trowler (2001) and Henkel (2000) have previously noted. In Bourdieu's words, they are "a fish in water" (Bourdieu & Wacquant, 1992b p.127) reflecting habitus as the product of their historical experience embedded in the field/s, and as such are a system of dispositions acquired from their life context, both structured by one's past and present and structuring one's present and future practice. However, in making the transition between practice and higher education nurse educators are exposed to what they perceive to be very disparate fields, capitals and habitus'. So whilst nurse educators' dispositions should be both 'durable' and 'transposable', according to Bourdieu (Bourdieu, 1977), the evidence here suggests that nurse educator habitus has yet to clearly be defined in terms of structuring and being structured by its conditions of existence in the field of higher education. Importantly for this project is the notion that without habitus a field will exclude a new player. In essence, according to Bourdieu's theory, one would expect to encounter a predominant 'nurse educator habitus' in the higher education field reflected through similar curricula practices.   However, the strength of influence exerted from previous clinical practice experiences evidenced in this study suggests that nurse educators' habitus and their associated identity, are very differently formulated and shaped. Changes to affect a collective habitus will only alter very slowly and over long periods of time, therefore no 'quick fix' intervention is likely to succeed.   In this way interventions designed to change nurse educators' practices will need to consider both the context and discipline specific impact, as the fit between nurse educators' curriculum habitus and a collective academic habitus is

poorly delineated. I would therefore challenge the notion of the possibility of nurse educators' practices shaping the higher education field in which they are located.

Additionally, there is little evidence to support the notion of a collective academic nurse educator habitus in this study. This strong sense of practice-based identity seems to endure and is often held in the foreground by many seasoned nurse educators when they continue to claim "I am a nurse first and foremost". The reluctance of nurse educators to fully embrace the academic role may be a defence against the culture of higher education which traditionally values theoretical and propositional knowledge over vocational practice-based skills (Miers, 2002; Webb et al., 2002). What emerges from this ethnography is three discrete knowledge distinctions (Pachler et al., 2007) these being theory, practice and research, each conflicting and with competing demands for attention from nurse educators. Bourdieu (1992b) fuses 'academic' and 'intellectual' species of capital as "institutionalised forms of cultural capital….based on prior educational achievement, a 'disposition' to be academic….and specially designated competencies" (Naidoo, 2004 p.458). In aligning teaching more to academic than intellectual capital (Bourdieu, 1984b) it is through this genre of capital that I am able to distinguish the curricula practices of nurse educators as 'academic' capital. The visible implementation of validated curriculum, measurable student outcomes and engagement with curriculum planning are regarded as expressions of 'what counts' within the educational enterprise and therefore, capitals of value. In contrast, manifestations of 'intellectual' capital are measured through the prestige accorded by the field through publications, citations and other similar achievements.

For Bourdieu these two species of capital are closely linked to position within the cultural hierarchy and thus individual intellectual autonomy and kudos (Bourdieu & Wacquant, 1992b). For nurse educators acquiring culturally specific academic capital is dependent upon prior habitus and capital/s and its intrinsic value in relation to the field of higher education and/or practice. Mobility through, and across, these fields contribute to the accumulation of different species of capital (Carrington & Luke, 1997). It follows that nurse educators accrue

species of capital that translate into varied forms of field-related authority determined by the field in which they are employed. The structure and impact of the capital nurse educators possess defines them and it is this sense of one's place that delineates their interactions and relations. However, it is worthy of note that capital deemed of significant value in one sociocultural field may only attract limited value in another (Bourdieu, 1990).

Evidence from this study suggests that there is considerable reticence amongst nurse educators to engage in Bourdieu's (1984b) 'intellectual' capital as they encounter both personal and institutional barriers to accruing any. Where there is an assumption that priority is afforded to participating predominantly in teaching and maintaining the cultural perpetuity of professional nursing practice, rather than research, nurse educators find difficulty in accruing intellectual capital, and thus the development of an academic habitus and disposition. It would seem that socialisation into the world of academic nurse education perpetuates these norms and practices thus the diverse interests, intellectual freedom and autonomy of the individual educator are rendered inconspicuous. This ultimately affects the development of their academic identity. It follows that given the current emphasis on accruing research excellence, demonstrated through the academic endeavours of nurse educators, it would be wise to caution "if you always do what you've always done, you'll always get what you've already got" (Hendricks-Thomas & Patterson, 1995 p.596) and to be vigilant against demonstrations of complacency. Thus, 'doing' academic work is tempered by a crisis in what nurse educators consider to be harmonious and legitimate knowledge, in this way rendering academic authority, regrettably, disingenuous. Evidenced in the themes of 'incongruous landscapes' and 'peripheral academic' is the contribution made by university structures to setting nurse educators apart, thus effectively marginalising them. Patterns of behaviour observed as 'choosing the peripheral position' and 'working the margins' situate nurse educators as marginal and thus rendering them as having only a minimal impact in, and on, the field of higher education. Positioning within a field in which academic habitus is dominantly located is therefore problematic for nurse educators.

Given that success or failure is measured in no small way relative to others' and one's own perspective (Trowler & Cooper, 2002), disaffection through marginalisation from the wider university can be seen as a form of displacement and come to represent ways in which nurse educators position themselves vis-à-vis one another. Having to mediate juxtaposed conventions in this way renders nurse educators structurally located between fields and thus inefficient in establishing their position in the higher education field. Consequently they have yet to identify, without reservation, with the academic community. Neither cultural field inhabited by nurse educators offers the security of a permanent unifying bond and it is through identification with the perception of being 'betwixt and between' (Anderson, 2001), or 'nowhere', to borrow Grenfell's term (Grenfell, 1996), that I constructed the premise of liminality. These perspectives are further reflected in the theme of 'peripheral academic' resonating with having the 'impostor syndrome' (Brookfield, 1995), or feeling like an interloper. The 'time served' and sustained engagement in the field of higher education does not seem to reconcile these views. Throughout the project I found this to be the majority view.

It would seem that when nurse educators feel like they have not been accepted into the academic fold they unobtrusively persevere by working along the margins of academic practices. The impact of 'lying low' establishes a discontinuity between the visible and invisible 'I', the cumulative effect of what Quinn (1996) refers to as a slow death of confidence, esteem and place. In this way the 'personal' informs the 'professional' in no small measure. Nurse educators find themselves operating on the periphery of an academic community of practice (Lave & Wenger, 1991), where they are legitimately able to participate or draw back, either by design or default. What follows is an erosion of confidence and notions of previously well established competence and seniority are perceived to be invalidated. Personal expectations and aspirations are negatively reinforced and sensitivities expressed in terms of fear, anxiety, apprehension, dissatisfaction, frustration and ineptitude. Feeling a loss of credibility and esteem drives nurse educators to selectively engage with practices they are familiar with, where they can choose to opt in or out of the level of

engagement they are most comfortable with. Bocock (1994) contends that such circumstances reflect a rose-tinted perspective on the past. In this way interest in having an academic career is delineated from having and doing a good job, and perceptions of accidentally falling into the world of education are reinforced. The evidence presented in the theme 'peripheral academic' suggests that at times these competing emotional demands lead to role confusion and ambiguity. This resonated somewhat with my own perspective as a novice researcher.

These competing demands trigger a crisis in academic identity formation whereby the overwhelming perspective is one of needing to earn their Ph.D. badge of honour. It is not unreasonable to conclude that the prevailing sense of self doubt, disempowerment and learned helplessness are not sought after pre-requisite traits to becoming an effective academic. Indeed, when asked to articulate the requisite skills and attributes for academic roles and practices nurse educators framed their views around the transferable skills and attributes of being a 'good nurse'. This suggests that their identity is encapsulated within a nursing curriculum that reflects, and mostly replicates, knowledge and skills with which they personally identify. In this way they follow the path of least resistance by adopting either an overwhelming disposition to favour previous nursing practice experiences above all else, or proclaim a distinct lack of conceptual understanding of what an academic role entails. However, identity is not always constructed by the self but can involve the influence of a number of different persuasions (Goffman, 1959). Internal and external operational and structural requirements such as monitoring and counting student contact hours, annual external monitoring of educational provision, annual auditing of practice placements and summatively taking account of year one achievement grades, all reflect curricula specific restrictions for nurse educators. These conflicting operational requirements seem to contribute to nurse educators' frustrations culminating in intra-role conflicts and the associated ambiguity in their identity. Without exception all of these examples are seen as processes that marginalise nurse educators as academics within the university. Nurse educators reported that their experiences of marginalisation, and having their professional

identity questioned, reduced their authenticity and visibility. This became a self-fulfilling prophecy as they often then chose to avoid induction and integration into the wider academic field (Grenfell, 1996).

It is not uncommon, and much less surprising therefore, that nurse educators unconsciously adopt the cultural norms, values and practices of the contingent circumstances. The portent for choosing to work along the margins of the academic community and positioning oneself along the periphery, evidenced within this ethnography, is symbolic perhaps of paying more attention to the performance (Barnett, 2000) rather than the educational and academic aspects of nurse educators' practices. The parallel curriculum practices of storytelling, reflecting personal values and beliefs, and attempts to exert influence through a hidden curriculum in many ways preserves the existing order of things but, as alluded to above, also leads to considerable curriculum drift. This may contribute to what is construed as an 'over-crowded' and 'handcuffed' curriculum held to ransom by the restraints of prescribed regulations. For some this reflects the perpetuation of time-honoured curricula practices with little or no intention to update, change or develop them. In this way it would seem that nurse educators impose on the curriculum their personal ideologies, perceptions and dispositions of an 'ideal' nursing identity and associated practice, again contributing to unilateral discontinuous decision-making and the preservation of a contrived and hidden curriculum.

The identity of nurse educators seems to be further reflected in a crisis in legitimate knowledge rising from their own discontinuities and those of others. It would seem that there is juxtaposition between what they believe, by virtue of previous experiences and habitus, and what their practice-based colleagues and students believe to be legitimate and 'real' knowledge claims. Nurse educators reported the observation that nursing students perceive practice-based practitioners as possessing more relevant and thus more constructive knowledge than their academic counterparts. Students, they say, consider 'university' knowledge is not manifestly grounded in the 'real' world, therefore it is deemed less authentic. By default this could mean that nurse educators may tend to consider their

identity and authority as spurious and their academic knowledge having little or no impact on the graduate education of future nurses (previously reported in Module ELW, 2008). Nonetheless, it is highly likely that nurse educators holding both traditional and non-traditional views are, at the very least, liable to be sceptical about this argument and contest the claim to knowledge legitimacy, despite the evidence offered in this study.

Developing relationships within the field of higher education is opportunistic and remarkably haphazard (Henkel, 2000; Kogan, 2000). Seen as a marker of positioning and identity nurse educators are cautious of the reactions of others and have a deep concern with becoming disenfranchised from their clinically focused liaisons. Each arriving with their own personal narrative, influenced by their nursing history, they continue to identify strongly with their status as the 'nurse first, educator second' principle. Identity is thus influenced by the multiple and dichotomous relations that exist between theory and practice, and the personal and professional impact on curriculum.

> I think students value above all else, the sense that they are being taught how to be a nurse by a nurse. They couldn't care less whether you've got 10 books on the shelf with your name on them. In fact I suspect that the more academic you are the further away you get from reality, for them. So the people from practice that you bring in to do a teaching session, always goes down a storm.
>
> (FB3)

Those who do free themselves from pre-defined 'rules of the game' embrace the challenges of intellectual curiosity in academia by thinking differently about themselves, and their conceptions of their working practices, to achieve authentic and enduring change (Bocock, 1994; Ho et al., 2001). For those nurse educators whose expertise is formulated differently and therefore survives the transition, moving nurse education into the field of higher education is deemed personally significant and liberating. Bitten by the 'academic bug' (Kloot, 2009) they have come to believe 'in the game' (Bourdieu & Wacquant, 1992b) and what it takes to 'get ahead' and accumulate academic and intellectual capital (Bourdieu, 1984b).

However both positions have a sense of enduring, but competing, identity and most, despite the inherent prejudices, pride themselves on their nursing practitioner identity. As Raskin (2002) reminds us "enduring senses of self, the I-me-mine aspects of individual identity, are the hardest to modify" (p.4). However academic capital, and therefore credibility, is not deemed to be of prime importance to most nurse educators as they considered their renown derived from the knowledge that is nursing, rather than from recognition within the university. Specifically, occupational socialisation in higher education and the formulation of an academic identity is regarded as an 'either/or' option appraisal, at the expense of earlier personal ideologies and ideals (Melia, 1987). This was upheld in this study.

It is interesting to note that very little attention is paid by nurse educators in this study to the development and advancement of scholarship, research capability and prestige. This well rehearsed debate (Akerlind, 2008; Andrew & Wilkie, 2007; Clegg, 2008; Kloot, 2009) highlights the importance of intellectual capital, nonetheless it seemed to have little impact on most nurse educators. Those that did acknowledge there is a tension between 'doing' research and teaching also accepted that teaching will always take priority. This may be due in some part to the ethos of the institution being a 'teaching university, informed by research', and the portrayal of its own institutional capital. However, this does not negate university policy directing all lecturers to 'do' research and complying with the rules governing the accumulation of intellectual capital. Indeed, in recent years the university emphasis on research output has increased exponentially and is reflected in promotion criteria and the emphasis on the Research Assessment Exercise (RAE) results and the forthcoming Research Excellence Framework (REF). In fact some would say that this 'new' type of capital challenges traditional knowledge expertise, and thus it has become "increasingly difficult to define the academic field by the specific practices and habitus of its agents" (Deer, 2003 p.204).

As an embryonic and emerging academic discipline nursing is not renowned for national and international levels of success of its knowledge-creating objective, it therefore attracts low

levels of cultural and intellectual capital (Bourdieu, 1984b; Bourdieu, 1998; Naidoo, 2004). However, advancements in the field of nursing research have increased expectations and elevated the requirement for idiosyncratic disciplinary based knowledge (Spouse, 1998). Strategies for strengthening the development of nurse educators' identity in the higher education academic community in the UK reside in increasing levels of success by investing in staff, scholarship and research activity (Andrew et al., 2009; Middlehurst & Barnett, 1994). However, doubts about the legitimacy of nursing as an academic discipline prevail by and large due to the skills based agenda underpinning most pre-registration undergraduate, and some post-registration and postgraduate, level nurse education. In this way attempts to elevate the nursing academy is somewhat thwarted by the increasingly restrictive and persistent proliferation of external drivers and professional mandates (NMC, 2009). These are seen as overly directive and an invasion of "technical and bureaucratic procedures" (McNamara, 2008, p. 471), reflected in nurse educators' accounts as the commonly used 'handcuff' metaphor. A minority of nurse educators anticipated opportunities to develop and adopt strategies to think differently and in new ways, particularly in relation to research. They expected to have the opportunity to pursue academic and scholarly activities previously perceived to be ambitions beyond the capability and competence, and therefore the grasp, of most clinically active nurses. Nonetheless, available development opportunities were often disregarded by the majority of nurse educators who prioritised teaching workload demands as the primary cause of non-uptake.

Pressures to maintain the status quo lead to the normalising of deficient practices, which inevitably resulted in a less than ideal work ethic and an unconscious tolerance for unhealthy attitudes. In this way the significant resistance and prejudices encountered seemed to be a source of frustration for nurse educators not least being powerless to react to the demands of academic life (Henkel, 2005; Robertson, 2008). This inability to respond is almost an inevitability given the demands of disparate service providers and of delivering the validated curriculum with all the additional compulsory external benchmarks. Nurse education has for some considerable time been dealing with similar issues to those identified by Henkel (2000)

including large student cohorts, increased student diversity and overt external scrutiny. Therefore it is not unreasonable to conclude that these priorities challenge the requirement for increased individual research activity and a more scholarly focused workload commitment.

In the course of forming and embracing academic identity nurse educators unconsciously find themselves in a disciplinary predicament. Very few have constructed a career trajectory that follows a traditional academic path. The majority accept that they, in some way, 'accidentally' fell into the role as it most certainly was not contrived. In almost all cases they are employed in higher education by virtue of their previous existing practice-based achievements, teaching and research accomplishments merely playing a subsidiary and subordinate role. Speculating that nurse educators' acceptance of their fate is borne out of an overload of structural and procedural changes, signals fatigue with trying to create an identity that reconciles the disparate cultural environments within which individuals are required to adapt and operate. It is profoundly significant, and of no surprise, that relationships and engagement with the wider university were highlighted on a number of levels not least as a marker of positioning and identity within the social world of higher education. It would seem therefore that not only do nurse educators continue to navigate the theory-practice gap in the education of future nurses, but it would seem a distinctly familiar set of circumstances have evolved in their endeavours to acclimatise and assimilate their practices as academics.

Contemporary theories of academic identity, the displaced organisation of knowledge in higher education institutions by disciplinary structures (Becher & Trowler, 2001; Bleiklie & Byrkjeflot, 2002; Trowler, 2009) and the relative weak position of nurse education within the academic community (McNamara, 2008) indicates, I would argue, that the academic profession as a source of identity for nurse educators has little or no impact and remains an illusive mystery. The "hired to teach, but paid to publish" paradox paints a fairly accurate picture facing most academics (in Lueddeke, 1999 p.241), but added to the requisite professional obligations and personal ideologies of nurse educators the 'webs of significance' and fields to be navigated become increasingly tortuous. As these contexts change so does

the professional identity positioning of nurse educators. In this way the concept of academic identity formation is linked to new ways of thinking and behaving on the one hand and to changes in professional practices on the other. This positioning appears to have a level of correspondence with what Trowler and Cooper (2002) highlight as "the sage on the stage" rather than the "guide on the side" curriculum practices (p.226), as the observed predominant practices of nurse educators in this study reflect significantly more pedagogical, rather than andragogical, principles. In this way there is relatively little evidence to suggest that nurse educators' curriculum practices adapt to the higher education academic field.

Though socialisation is an important process in the orientation and induction of new members to an organisation, in higher education institutions these mechanisms often overlook the voice and full participation of academic staff (Tierney, 1997). Notwithstanding this however, my interest lies not with staff new to higher education but with those who have spent a number of career years at the university. Strikingly, the outcomes of this study project emulate previous studies undertaken with new academics (Archer, 2008a; Archer, 2008b; Clegg, 2008; Colley et al., 2007; Jawitz, 2007; Murray, 2005). Nurse educators experience a significant gap in all aspects of organisational and professional socialisation, induction and orientation into higher education. They typically felt like tolerated guests who had accidentally befallen upon a change in career that was unplanned and much less contrived.

The findings suggest that despite the very real ambitions of nurse educators to design and deliver professionally relevant, culturally harmonious and academically sound curriculum, the unintentional consequences of hidden hegemonic values potentially contribute as an important source, and agency of, marginalisation and thus a fractured identity. In this way nurse educators perpetuate practices in contradiction to the traditional perspectives of academic roles and identity in the field of higher education. In taking this position nurse educators unintentionally work against possessing the necessary habitus to maintain specific field related conditions. I have previously noted Bourdieu's perspective that fields exist

because nurse educators participate in maintaining the field related habitus. I now refute this as I have found little evidence to support it within this study.

The data also provide evidence that nurse educators' socialisation is affected by their motivation for cultural and disciplinary knowledge perpetuity. The evidence suggests that nurse educators felt they were moving too far away from what they considered to be their intrinsic professional field (nursing practice) and that they had too much to lose in terms of personal and professional identity, status and respectability. What transpired was a lack of compatibility between the cultural mores of both practice and education, resulting in a perceived deficit in capital distinguishable as academic habitus and associated identity.

5.4   Summary

This discussion centred on the outcomes of the study project whereby the underpinning thematic conceptualisations of 'laboured transitions' and 'the accidental academic' were synthesised with Bourdieu's foundational concepts, to facilitate understanding and explanation. The findings suggest the unexamined and often unintentional consequences of hidden hegemonic values of nurse educators potentially contribute to their marginalisation and confused identity in higher education fields. Perpetuating practices counter to traditional perspectives of academic roles creates an unintentional barrier to developing and possessing the necessary habitus to make the transition between fields and maintaining specific field related conditions. Nurse educators are therefore encouraged to move beyond a marginalised state to realise their full potential and frame a unique academic identity.

The following chapter concludes the study framed around the research questions and outlines some delimits of the project, progressing to a final chapter where I personally reflect on the experience concluding with a consideration of potential disciplinary implications.

Chapter Six

<u>Conclusion and Limitations</u>

This chapter articulates the conclusions drawn from the study project and highlights delimits on the project. This thesis is important as it explores the concept of nurse educators' socialisation paying attention to how they navigate cultural differences between the sociocultural fields of practitioners and the world of nursing academia. The study is built upon the assumption that nurse educators' identity, individual dispositions and curriculum practices are shaped and affected by the sociocultural field in which they occur. I have used Bourdieu's relational concepts of field, capital and habitus as a template through which the study findings are filtered and interpreted, offering an analysis of nurse educators' dispositions in relation to curriculum practices. The everyday, embedded, often unconscious, dispositions of nurse educators in the field of higher education are determined by an exploration of the concepts of cultural transition, identity and everyday working practices. The value of the study findings suggest that nurse educators inadvertently adopt hegemonically induced practices that challenge the traditional perspective of academic work, responsibilities and identity.

6.1   Research Questions Answered

I construct this conclusion around my research questions to delineate my knowledge claims. In this study there is *no evidence* to support the claim that:

- Nurse educators have a collective academic habitus.
- Nurse educators' practices shape the higher education field.

Also in this study there *is evidence* to support the claim that:

- Nurse educators experience difficulties accruing academic capital and formulating an academic identity.

- Nurse educators experience difficult transitions in and between fields.
- Practice-bred values conflict with academic world values.
- Dominant, but hidden, values contribute to the marginalisation of nurse educators within higher education fields.
- Academic career aspirations reside in liminal zones.
- Practice-based habitus negatively affects the development of academic identity.
- Curriculum practices are affected by the hidden hegemonic values of nurse educators.

To reiterate, my first research question is:

- What factors influence the socialisation of nurse educators in this field?

The literature supports the contention that the socialisation of nurse educators in this project involves a consideration of organisational and professional cultures and the knowledge base that forms and sustains discipline specific epistemology and development of expertise. Influenced by complex shifting priorities in and across the educational fields of practice and higher education nurse educators are required to be competent interpreters and advocates for the 'leading edge' of the profession. Their individual dispositions and personal perspectives make known concealed epistemological values, beliefs and ways of knowing that formulate nurse educators' practices, which are corroborated through their engagement with the nursing curriculum. Additionally, any inclination to act in a particular way have been influenced by issues of a personal nature that are of specific interest at both a professional and academic level, the advocacy for an all graduate profession being a relevant example. Therefore in this study there is no evidence to support the notion of a collective academic nurse educator habitus.

Of significant relevance to the socialisation of nurse educators are the conceptions of their identity both in terms of their nursing heritage and their dispositions as an educator. Preparation for roles in higher education is poor and many nurse educators reported that they are unprepared for coming to terms with the differing facets of being a nurse educator which extend well beyond initial induction and orientation. In this way they experience difficulties

accruing academic capital and formulating an academic identity. Intimated in section 2.2.1 was the notion that individuals can move between and through more than one field, accruing competence in multiple field practices. This claim is not upheld in this study as nurse educators experience difficult transitions in and between fields.

A further factor influencing the socialisation of nurse educators resides within an intricate system of ideological practices where nursing is seen as being complex and often subject to cultural influences, inter and intra-disciplinary developments as well as those unconsciously reproduced through the medium of education and personal dispositions. This challenges the notion of nurse educator practices shaping the higher education field.

My second research question is:

- How do nurse educators' predominant dispositions and identity impact on their curriculum practices and academic careers?

When designing and delivering a curriculum programme capable of balancing theoretical learning with practice-based learning nurse educators encounter significant personal and professional impediments which ultimately affect how and why curriculum practices are upheld and sustained. Nurse educators adopt practices that reflect habitual applications suggesting that they often teach what they were taught, reproducing dominant dispositions of the practice-based culture. These dispositions are naturally acquired through the process of socialisation and thus maintained as learned habits. In this way practice-bred values conflict with academic world values.

The influences of such dominant, but hidden, values contribute to the marginalisation of nurse educators within higher education fields and negatively affect opportunities for realising their full potential and formulating an academic identity. Hindrances such as these negatively affect autonomous activity, relationship building and scholarly choices and as such nurse educators' academic career aspirations reside in liminal zones.

My third research question is:

- How does the transition in and between nurse educators' fields of practice influence and shape their curriculum practices?

Nurse educators' practices are more than the benevolent transfer of knowledge acknowledging that there are a constellation of cognitive, behavioural and social aspects encapsulated in the practice of nursing. Significantly important for nurse educators is the socialisation of future nurses into their practice-based profession, which may suggest a rationale for the dominance of their practice-based cultural dispositions and practitioner habitus. Therefore nurse education, as an 'applied' knowledge base, seems to contain hidden elements within the curriculum which serve to preserve the existing order and consequently reflect the educational and professional doctrine advocated at the time. Evidenced in this study in the perpetual production of out of date teaching resources and the choice of practical skills taught in skills laboratories, such practices are regarded as core principles within the nursing curriculum and therefore transmitted from generation to generation.

What also seems to be prevalent is the impact of the controlling influence of a hidden curriculum on attempts by nurse educators to distinguish and legitimise the claim that nursing confers a professional occupational status. In this way a practice-based habitus negatively affects the development of academic identity and contributes to nurse educators' frustrations in developing higher education andragogical practices. In addition, curriculum practices are affected by the hidden hegemonic values of nurse educators as well as the plethora of prescribed external conventions and policy directives which assume the unproblematic integration of theory and practice in curriculum practices. Such an unproblematic integration is far from inevitable.

My fourth research question is addressed in section 7.2

6.2   Synopsis

Grounded in the belief that nursing is deeply shaped by the specific field in which it is actised, this study leaves us in little doubt that the transition from a practice-based role to a nurse educator role is fraught with emotion. This is despite an overwhelming desire to make sense of, and excel at, curriculum practices intended for the cultural perpetuity of the practice of nursing. In contradiction however, University X Faculty strategic purpose supports the contention that 'education should lead practice', whereas nurse educators in this study demonstrated a belief that 'practice leads education'. In this way, and despite the goals of a robust and relevant nurse education programme, the consequences of the embedded, taken-for-granted and therefore hidden, dominant values of nurse educators do impact on curricula practices. It follows that the curriculum becomes contrived as a result of personal ideologies and socialisation. Additionally, the imposition of change from 'outside' has an effect upon curriculum practice which is seen in the inconsistently applied andragogical and pedagogical approaches to nurse education. Limiting creativity in this way imposes restrictions for nurse educators and the ensuing propensity to mistrust traditional andragogical principles of adult learning culminates in only a reluctant tolerance of the self-directed learning of students.

I argue that to maintain the status quo often necessitates the normalising of potentially inadequate practices which inevitably mean that, at times, educators accept and tolerate attitudes, habits and behaviours they know to be unacceptable. These habitual practices are seen as expressions of the domineering culture where ritualistic practices are fixed and rigid attitudes deny opportunities to compare and contrast differing experiences for the benefit of the learning endeavour. The prevailing culture of habitual and ritualistic practices, even though regarded as the antithesis of nurse education, profoundly affect individuals in adopting coping strategies for practising as a nurse educator and establishing their academic identity.

One of the most remarkable ironies about the findings of this study is that whilst many very positive aspects to being a nurse educator are described there are equally as many areas identified that are causes for concern. The respect, acceptance and confidence already achieved in previous positions is effectively eradicated and nurse educators find themselves having to earn it all over again in an unfamiliar field of practice. Operating beneath a veneer of good manners and civility there are circumstances where nurse educators feel excluded from the social and cultural field of higher education, despite immense pride in the job that they do. By continuing to define their professional habitus on the basis of their specialist practice-based nursing knowledge and a propensity for cultural perpetuity, rather than the ethos of the university or higher education, this may have contributed to their perceptions of being marginalised.

These circumstances are ameliorated somewhat by a developing understanding of the contradictory, controversial and disharmonious perspectives that exist in higher education fields. By identifying the nature of such distortions, analytically orientated to discovering coherence/incoherence and consistency/inconsistency, the dispositions of nurse educators in this study are strikingly similar to one another. Thus transition between fields is expressed in terms of liminality and in the anticipation of having to navigate through a status passage, yet to be identified with. Nonetheless, the evidence found in this study does identify the desire of some nurse educators to transcend these barriers.

The project itself became the catalyst for an increased interest in understanding how these circumstances and experiences contribute to, and have an impact upon, developing a personal sense of identity. For most informants their identity featured significantly in their perceptions of becoming a nurse educator. Of prime importance is to be seen by others as clinically credible, professionally equal and highly valued as a professional. The same level of academic recognition and identity took a much less foregrounded position. As status is a socially bestowed identity, and is also socially sustained, this self image can only be maintained in a social context where others are willing to recognise this new identity.

Nevertheless, identities hang in the balance as nurse educators are unsure of whether they can respond to the demands made on them by others, and themselves, in academic situations. This may explain the feelings of self doubt and perceptions of role conflict expressed in terms of marginality, despite a very clear sense that formal and informal support networks exist. Thus the required personal affirmation cultivated through gaining acceptance is much more than just securing employment in a higher education institution, it is equally important to their personal sense of identity.

This study supports the notion that a significant level of resistance is evident in the conceptualisation of academic identity formation in higher education (Henkel, 2000). There exists a functional antagonism where, for some, identity is "less about who I am, than who I can afford to be" (de Carteret, 2008 p.241), seen in terms of a relinquishment and erosion of their practice-based identity and credibility. Paradoxically, and more controversially, some had neither the will nor the desire to do anything too different, too difficult or too far removed that may threaten their individual sense of safety. I am not suggesting that all nurse educators are by definition powerless victims. Nor am I arguing that they deliberately set out to favour practice-based nursing over the academic education agenda. To a large extent, I believe that nurse educators lapse into instinctive habituation and taken-for-granted assumptions that unintentionally lead to less than positive consequences. Predominantly the nurse educators' accounts offered here share a sense of discontinuity from their nursing practice cultural world and the world they encountered on entering higher education. The inevitable clash in cultural values results in nurse educators distancing themselves in order to maintain their own cultural integrity (read credibility). In this way nurse educators seem to have limited understanding of what it takes to succeed in higher education, despite the very high standards of teaching and education witnessed in this study.

In the postmodern world it could be argued that individuals increasingly mix and match identities as contingent circumstances demand. In this way possibilities are endless but are somewhat restricted when judging one's own knowledge context to be of greater value than

another. In this thesis nurse educators' propensity for favouring practice-bred values can be seen as attracting greater value. Alternatively, for those who have embraced the spirit of intellectual curiosity in academia the combination of previous socialisation, ongoing academic peer group consensus and successful re-socialisation seems to suggest a position of relative authority in respect to those deemed less privileged by virtue of their limited involvement. This is demonstrated for example by those who favour academic values over practice-bred values. In this way the study draws out some of the challenges faced by nurse educators operating within the higher education field and their attempts to construct an academic identity. It enables me to show how nurse educators are socially located between the normative boundaries of nursing practice and the world of academia. What emerged is a depiction of nurse educators as not yet 'belonging' to the world of academia and thus undertaking an embryonic and poorly differentiated relational position within higher education. Their dispositional positions appear to advocate the imposition of practice-based cultural values and beliefs which are highly regarded and valued above all else. This is demonstrated through their significant pride in their professional heritage, off set by their prejudices.

Some nurse educators find being within a nursing faculty a fairly isolating experience where their induction into the academic culture is far from comprehensive, linear or adequate. Compounding this problem is the acknowledgement that different fields require very different cultural capital/s. This is most clearly demonstrated when the capital valued most highly in the field of higher education is primarily in the form of reward and recognition from peers, whilst practice-based capital comes from rewards and recognition from patients. Thus, the field of nurse education seems to be beset with contradiction and an unresolved tension between curriculum, teaching and research. Nonetheless the socialisation of nurse educators is epitomised by a sense of pride in juxtaposition to a number of surprising prejudices. Bourdieu's theory of practice has allowed me to unpick how this conflict influences nurse educators' constructions of the field, their dispositions and the forms of capital and power utilised in their everyday social interactions and curricula working practices.

6.3   Limitations

Limitations to this study are those common to all research using qualitative approaches and sources.   By utilising a constructivist approach the inherent relativist ontology means the findings and knowledge derived from the study are "viewed as relative to time and place and therefore never absolute. Thus they cannot be generalised" (Patton, 2002 p.100). However, a small degree of generalisation was achieved by describing how nurse educators conform to, or develop, social patterns of behaviour. In this way the overall lack of generalisability of my findings is off set to some extent by a faithful description of the project which adds insight and acts as a catalyst for further analysis and critique.   Nonetheless a general lack of replicability is acknowledged although efforts have been made to provide an auditable account of the project.   Conclusions drawn therefore can only ever aspire to a tentative inference.

In using a purposive sample of volunteer nurse educators I make no claims that the sample is representative of the entire study population. One of my initial concerns about undertaking this project was the potential for a very small and limited number of informants to volunteer. This was partially due to my preconceptions about the potential impact of role differentials between some informants and myself, in that I had anticipated that some would find it difficult to talk about their experiences and be sufficiently frank about their values and beliefs. There was also the potential for informants to dilute aspects of their working practices, particularly if it could reflect negatively on themselves or colleagues. Conversely, presenting an idealistic and positive impression by 'talking up' their input was a potential threat to the validity of the study. However, given the number and willingness of the volunteers recruited I tentatively conclude that these problems were not evident in the data collected. The level of openness and honesty evident in my data was reassuring and suggests that some informants found the experience rather cathartic.

I have argued for supporting the insider researcher approach to this project and clearly articulated my position within the field of study and to the informants themselves. Any perceived limitations to this approach have been partially countered, to some extent, by my efforts to remain aware of the potential to privilege one form of knowledge over another. In this way I have continued to be mindful and aware of my limited competence as an active objective participant in the field and by the delimiting study effects and affects. By revealing the limitations in my presuppositions and assumptions (see p.58) the potential for bias has hopefully been reduced. While strategies were employed to reduce the impact of myself as the insider researcher on the project it would be naïve not to acknowledge that there may have been some influences, such as socially desirable and acquiescence biased responses within interview data. Researching a familiar culture in which I have a depth of knowledge about the sociocultural 'rules' and in which I am enculturated and embedded, meant that I was particularly vulnerable to role confusion.

However, on a positive note, I experienced no locality disorientation, no time delays, no culture or reality shock (Darra, 2008; Kramer, 1974; Spradley, 1979) and enjoyed a rapport with informants to a level that projected honesty and accuracy in their responses. This may have been in no small measure due to my familiarity with the field of higher education whilst also being a relative newcomer to The Faculty. However, I do acknowledge the potential limitations triggered by both my professional and occupational moves whilst conducting my data collection for this project, as these had an unsettling effect. Additionally, as Hockey (1993) contends, I was acutely aware of the potential to miss significant behaviours, actions or interactions by the very fact of their closeness and familiarity rendering them difficult to see.

Time and other resource constraints posed pragmatic challenges. Of significance was the direction the pilot interviews took. My intention was to use a loose interview agenda unencumbered by formal questioning and guidelines, utilising a collaborative dialogic approach. However, it transpired that the data collected focussed predominantly on the

socialisation of students and not the nurse educators themselves. Thus the approach adopted in the pilot interviews was too limiting and so far removed from the study research questions that I had to rethink my data collection strategy.

Using an established theoretical framework such as that of Pierre Bourdieu in a previously unexamined field raises issues of comparability. In addition, I could have inadvertently introduced a personal bias to succeed. However, identifying unsuccessful applications of aspects of Bourdieu's key concepts enhances credibility of the findings.

Finally, potential limitations could be attributed to two related factors: my multiple occupational moves and the acquisition of academic manager status during the project.

Chapter Seven

<u>Reflection and Discipline Implications</u>

This chapter presents a personal reflection of the project experience culminating in the articulation of discipline specific implications.

7.1   Personal Reflection

In the beginning I considered adopting two elements to my research question, these being 'socialisation' and 'ideology'. However, very early in the process of conducting the study I realised that they are in fact nested within one another and that ideological influences contribute significantly to the socialisation of nurse educators. This was evidenced in my reading and substantiated by my informants' understanding of the concepts of 'ideology', 'socialisation' and 'curriculum' during data collection.

I committed to embracing the insider researcher perspective as I believe that it enables a comprehensive comprehension of the field of study and the informants involved. Advocating a reflexive micro-ethnographic approach I located myself within the study, and by the judicious use of reflexivity I anticipated a level of success. Embedding myself in the project exposed my vulnerabilities both as a researcher and in my academic manager role, and I found that undertaking a major research project whilst still turning up for work every day was a challenge.

As informants' accounts unfolded I reflected on how I also mediated the worlds of practitioner and nurse educator, gaining a sense of how I was also caught between these two worlds. I was struck by how informants' accounts resonated with my own experiences of becoming a nurse educator and was able to recognise the feelings associated with rites of passage. Nonetheless, at times I experienced a sense of regret at how impotent I was in not being

sensitive to, or being able to acknowledge, the reality of nurse educators' experiences. I was confronted with having to come to terms with this in my capacity as researcher throughout the duration of the project, and how I would reconcile this position thereafter. At the same time it was difficult not to reflect on the less than positive aspects, however gently worded.

Having been involved for many years in nurse education this project has had me confront some of my own unsubstantiated presuppositions, assumptions and practices. Only through the course of this project have I been able to develop a deeper appreciation of what these different perceptions are and the impact these differences have on the way I perceive nurse educators' interpretations of their experiences. There is no doubt I have been personally transformed by the experience and will continue to reflect on some resonant moments. At times I have been both acutely self-aware and painfully self-conscious. The fact that I was a 'Doctoral Candidate' had me cast in the role of 'expert academic' by my nurse educator peers, a position that was both shocking and inaccurate!

Inevitably I reflect on what I might have done differently in this project knowing what I now know. Two things stand out for me. First, my pre-understanding of nurse educators' practices provided me with a false sense of security, these presuppositions were challenged throughout. Not only at an intellectual level, but in fundamental ways I found my own sense of identity being challenged as I reflected upon my own experiences and that of the informants. Secondly, how is it that one can claim to know something and then be surprised by how much more there is still to learn. These complexities I have tussled with are entirely of my own making and primarily relate to the philosophical underpinnings of this project.

7.2   Discipline Implications

This thesis is a beginning point in addressing questions of nurse educator socialisation as represented through laboured transitions and the formulation and accumulation of academic identity. The knowledge that is uniquely nursing develops through a mixture of beliefs and

practice, and is produced and legitimised within a cultural and professional context. Thus, the implications of these findings can be far reaching and quite significant. Nurse educators perhaps should reflect on clarifying their academic role boundaries, in terms of limitations in knowledge, skill and competence. Considered in light of the changing employability status of new graduates (DoH, 2006) nurse educators have potentially very broad spheres of influence, therefore being empowered to act within the boundaries they set is crucial.

Informed by the voices of the nurse educators and my own understandings I have explored the experiences of becoming a nurse educator within UK higher education fields. The outcome of which provides a specific recommendation relating to succession planning for nurse educators. Opportunities already exist for the development of teachers in practice-based roles (NMC, 2006) but there is perhaps a suggestion that we can do more as this study suggests that preparation for nurse educator roles in higher education is poor. There seems to be a distinct lack of attention paid to workforce development strategies with a notable absence of formalised periods of preceptorship and mentorship to mirror those advocated for newly qualified practice-based staff. Coupled with clear strategic succession planning the requisite 're-skilling' of nurse educators needs to start with a well planned induction and orientation, but this can only ever be regarded as a beginning point.

The conclusions drawn from this study may be of potential interest and value to nurse educators in both academic and practice settings and academic managers as they formulate future workforce planning strategies. The findings will provide academic leaders and managers with a framework in which to understand, and then guide, the induction period and develop role specific orientation and training packages to support those undergoing the transition, and beyond. Against this background it is not difficult to ascertain that nurse educator practice is not a field to be entered lightly. If we accept this stance then succession planning for academic careers needs to be given credence and considered well in advance of entering the field of higher education.

A critical issue for nurse educators to address is the way hegemonic and taken-for-granted values and beliefs are embedded in their everyday curricula working practices. To this end the forthcoming final consultation and review of nurse education preparation may go some way to finding common ground (NMC, 2007), hopefully a veritable win-win outcome. In addition, the construction, development and management of the curriculum may benefit from the findings of this study in that habitual practices may be exposed, explained and comprehended. Notwithstanding the anticipated publication of this strategic direction the findings of this study recommend that specific training in curriculum planning, delivery and development needs to extend beyond initial nurse educator teacher training programmes, and continue to be addressed throughout their academic careers.

A further recommendation relates to supporting the development of nurse educators in their specific academic endeavours. Nurse educators, by unconditionally accepting their disempowered positions within higher education, relegate their career aspirations to liminal zones where they reside unchallenged and unmet. It is hoped that by publishing and disseminating the findings from this thesis it will help others in achieving professionally rewarding academic standards, and raise awareness in those aspiring to practice in nurse educator roles. Dissemination will demonstrate to informants the value of their contribution, evaluate the wider relevance of the thesis and also smooth the path for future research. Developing research capability should not necessarily be seen as a site of loss and alienation, but the place from which new and exciting possibilities can emerge, particularly in light of the impending Research Excellence Framework and the prospects and opportunities it may bring. Opportunities for cross faculty collaborations would further encourage and promote staff development in addition to elevating the academic positioning of nurse educators. There is a need therefore for strong Faculty and departmental leadership which will support individual personal development and the acquisition of an academic 'toolkit'.

Nurse educators need to embrace unexpected but opportune possibilities for collaborative working on projects such as region-wide curriculum planning for commissioned education

programme provision. In addition, the development of publication initiatives such as the new journal venture entitled 'ACORNS' (Academic Origins for New Scholars) and the proposal for a Hints and Tips textbook, all raise the academic profile of nurse educators and enhance their academic skills and credibility. Furthermore, there is a need to develop research within the field of higher education and specifically within the subject discipline of nurse education. Further research undertaken with a wider sample of nurse educators is necessary to demonstrate to what degree the conclusions drawn here are able to be more generally applied.

This thesis uses Bourdieu's conceptual framework as a lens through which to explore the influencing factors in nurse educator socialisation and how their predominant dispositions are shaped by prevailing embedded practices. It would be interesting to adopt alternative theoretical perspectives and models such as those that advocate the primacy of communities of practice as learning to participate in new and unfamiliar disciplinary fields. In addition, Activity Theory may have utility in exploring boundary crossing work related behaviours and may illuminate the perspectives of other relevant key stakeholders in the socialisation of nurse educators, for example students and mentors in practice. It would also be interesting to reflect upon nurse educator socialisation using a different methodological approach, for example a phenomenological approach involving interviews designed to extract lived experiences.

Finally:

It can be seen therefore that there are a number of discipline specific implications arising from the findings of this study. Of specific relevance is the lack of attention to reflexivity in the working practices of nurse educators. The inference suggests a requirement to increase the emphasis on the nurse educators' learning culture in higher education environments where there is a requirement to practice reflexively and not just reflectively. The contribution this thesis makes is to bring to the surface issues that previously lacked scrutiny, bringing

them to light so that more inclusive solutions and possibilities can be explored, making visible opportunities that invite effective engagement.   The thesis therefore challenges nurse educators to examine their role in reproducing the dominant dispositions of the practice-based culture and urges them to move beyond a hegemonically induced marginalised state, in order to realise their full potential and frame a unique academic identity.   Learning how to walk tall between these discontinuous worlds, with confidence, is both desirable and achievable.

References

ACCIAIOLI, G. L. (1981) Knowing What You're Doing: A Review of Pierre Bourdieu's Outline of a Theory of Practice. *Canberra Anthropology,* IV, (1), pp 23-51.

AKERLIND, G. S. (2008) An academic perspective on research and being a researcher: an integration of the literature. *Studies in Higher Education,* 33, (1), pp 17-31.

ALLEN, D. (2004) Re-reading nursing and re-writing practice: towards an empirically based reformulation of the nursing mandate. *Nursing Inquiry,* 11, (4), pp 271-283.

ALLEN, D. (2007) What do you do at work? Profession building and doing nursing. *International Nursing Review,* 54, pp 41-48.

ALLEN, M. N. and JENSON, L. (1990) Hermeneutical inquiry, meaning and scope. *Western Journal of Nursing Research,* 12, (2), pp 241-253.

ALVESSON, M. (2002) *Understanding Organizational Culture.* London: Sage.

ALVESSON, M. and SKOLDBERG, K. (2000) *Reflexive Methodology: New vistas for qualitative research.* London: Sage.

ALVESSON, M. and WILLMOTT, H. (2002) Identity Regulation as Organisational Control: Producing the appropriate individual. *Journal of Management Studies,* 39, (5), pp 619-644.

ANDERSON, P. (2001) Betwixt and Between: Classifying Identities in Higher Education. IN P. Anderson and J. Williams (Ed/s) *Identity and Difference in Higher Education: 'Outsiders Within'.* Aldershot: Ashgate.

ANDREW, N., FERGUSON, D., WILKIE, G., CORCORAN, T. and SIMPSON, L. (2009) Developing professional identity in nursing academics: The role of communities of practice. *Nurse Education Today,* doi:10.1016/j.nedt.2009.01.012,

ANDREW, N. and WILKIE, G. (2007) Integrated scholarship in nursing: and individual responsibility or collective undertaking. *Nurse Education Today,* 27, pp 1–4.

ANNELLS, M. (2006) Triangulation of qualitative approaches: hermeneutical phenomenology and grounded theory. *Journal of Advanced Nursing,* 56, (1), pp 55-61.

APPLE, M. W. (1979) *Ideology and Curriculum.* London: Routledge & Kegan Paul.

ARCHER, L. (2008a) The new neoliberal subjects? Young/er academics' constructions of professional identity. *Journal of Education Policy,* 23, (3), pp 265-285.

ARCHER, L. (2008b) Younger academics' constructions of 'authenticity', 'success' and professional identity. *Studies in Higher Education,* 33, (4), pp 385-403.

ARCHER, M. (2003) *Structure, agency and the internal conversation.* Cambridge: Cambridge University Press.

ARGYRIS, C. and SCHON, D. (1974) *Theory in Practice: Increasing Professional Effectiveness.* San Francisco: Jossey Bass.

ASHWIN, P. (2009) *Analysing Teaching-learning Interactions in Higher Education: Accounting for Structure and Agency.* London: Continuum.

ATTRIDE-STIRLING, J. (2001) Thematic networks: an analytic tool for qualitative research. *Qualitative Research,* 1, (13), pp 385-405.

AULL-DAVIES, C. (2008) *Reflexive Ethnography: A guide to researching selves and others.* 2nd ed. London: Routledge, Taylor & Francis Group.

BAHN, D. (2001) Social Learning Theory: its application in the context of nurse education. *Nurse Education Today,* 21, pp 110-117.

BARBER, T. (2002) 'A Special Duty of Care': exploring the narration and experience of teacher caring. *British Journal of Sociology of Education,* 23, (3), pp 383-395.

BARNETT, R. (2000) Supercomplexity and the curriculum. *Studies in Higher Education,* 25, (3), pp 255-265.

BARNETT, R. (2003) *Beyond All Reason: Living with Ideology in the University.* Buckingham: Open University Press.

BARRIBALL, K. L. and WHILE, A. (1994) Collecting data using a semi-structured interview: a discussion paper. *Journal of Advanced Nursing,* 19, pp 328 - 335.

BECHER, A. and TROWLER, P. R. (2001) *Academic Tribes and Territories: Intellectual Enquiry and The Culture of Disciplines.* 2nd ed. Philadelphia: OU Press.

BECHER, T. (1988) Principles and Politics: an Interpretative Framework for University Management. IN A. Westoby (Ed/s) *Culture and Power in Educational Organizations.* Buckingham: Society for Research into Higher Education and Open University Press. pp 317-328.

BENDALL, E. (1976) Learning for Reality. *Journal of Advanced Nursing,* 1, pp 3-9.

BERA (2004) *Revised Ethical Guidelines for Educational Research.* London: BERA.

BERGEN, A. and WHILE, A. (2005) 'Implementation deficit' and 'street-level bureaucracy': policy, practice and change in the development of community nursing issues. *Health and Social Care in the Community,* 13, (1), pp 1-10.

BERGER, P. and LUCKMANN, T. (1966) *The Social Construction of Reality: A Treatise in the Sociology of Knowledge.* New York: Doubleday.

BEVIS, E. O. (2000) Nursing curriculum as professional education. IN E. O. Bevis and J. Watson (Ed/s) *Toward a caring curriculum. A new pedagogy for nursing.* Boston: Jones and Bartlett publishers. pp 67-106.

BLACKLER, F. (1995) Knowledge, knowledge work and organisations: An overview and analysis. *Organisational Studies,* 16, (6), pp 1021-1046.

BLEIKLIE, I. and BYRKJEFLOT, H. (2002) Changing knowledge regimes: Universities in a new research environment. *Higher Education,* 44, pp 519–532.

BOCOCK, J. (1994) Curriculum Change and Professional Identity: The Role of the University Lecturer. IN J. Bocock and D. Watson (Ed/s) *Managing the University Curriculum.* Buckingham: OU Press.

BOCOCK, J. and WATSON, D. (1994) (ed/s) *Managing the University Curriculum.* Buckingham: OU Press.

BOURDIEU, P. (1975) The specificity of the scientific field and the social conditions of the progress of reason. *Social Science Information,* 14, (6), pp 19-47.

BOURDIEU, P. (1977) *Outline of a Theory of Practice.* Cambridge: Cambridge University.

BOURDIEU, P. (1979) Symbolic Power. *Critique of Anthropology,* 4, pp 77-85.

BOURDIEU, P. (1984a) *Distinction: a Social Critique of the Judgement of Taste.* London: Routledge.

BOURDIEU, P. (1984b) *Homo Academicus.* Translated by P. Collier. California: Stanford University Press.

BOURDIEU, P. (1986) *Social Space and Symbolic Power.* March Lecture, University of San Diego. March.

BOURDIEU, P. (1989) IN L. Wacquant. Towards a reflexive sociology: a workshop with Pierre Bourdieu. *Sociological Theory, 7*,

BOURDIEU, P. (1990) *The logic of practice.* Cambridge: Polity.

BOURDIEU, P. (1991) *Language and Symbolic Power.* Cambridge: Polity Press.

BOURDIEU, P. (1993) *The field of cultural production: Essays on art and literature.* Cambridge: Polity Press.

BOURDIEU, P. (1998) *Practical Reason: On the Theory of Action.* Cambridge: Polity.

BOURDIEU, P. and WACQUANT, L. (1992a) *An invitation to reflexive sociology.* Chicago: University of Chicago Press.

BOURDIEU, P. and WACQUANT, L. J. D. (1992b) The Purpose of Reflexive Sociology (The Chicago Workshop). IN P. Bourdieu and L. J. D. Wacquant (Ed/s) *An Invitation to Reflexive Sociology.* Cambridge: Polity Press. pp 61-215.

BOYATZIS, R. E. (1998) *Transforming qualitative information: thematic analysis and code development.* London: Sage.

BOYCHUK-DUCHSCHER, J. E. and COWIN, L. S. (2004) The experience of marginalization in new nursing graduates. *Nursing Outlook,* 52, (6), pp 289–296.

BRADSHAW, A. (1998) Defining 'competency' in nursing (part 2): an analytical review. *Journal of Clinical Nursing,* 7, pp 103-111.

BRADSHAW, P. (2003) Modernizing the British National Health Service (NHS) – some ideological and policy considerations. *Journal of Nursing Management,* 11, pp 85–90.

BRAUN, V. and CLARKE, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology,* 3, (3), pp 77-101.

BROOKFIELD, S. D. (1995) *Becoming a Critically Reflective Teacher.* San Francisco: Jossey-Bass.

BROOKFIELD, S. D. (2000) Transformative learning as ideology critique. IN J. Mezirow and Associates (Ed/s) *Learning as transformation: critical perspectives on a theory in progress.* San Francisco: Jossey-Bass. pp 125-147.

BROWN, A. (1995) *Organizational Culture.* London: Pitman.

BROWN, J. S. and DUGUID, P. (1996) Organizational Learning and Communities-of-Practice: Toward a Unified View of Working, Learning and Innovation. IN M. D. Cohen and L. S. Sproull (Ed/s) *Organisational Learning.* London: Sage Publications. pp 58-82.

BRUMBERGER, E. R. (2007) Making the Strange Familiar: A Pedagogical Exploration of Visual Thinking. *Journal of Business and Technical Communication,* 21, pp 376-401.

BRUNER, J. S. and OLSEN, D. R. (1978) Symbols and Texts as Tools of Intellect. *Interchange,* 8, (4), pp

BRYMAN, A. (2008) *Social Research methods.* 3rd ed. Oxford: Oxford University Press.

BRYMAN, A. and BURGESS, R. (1994) *Analyzing Qualitative Data.* London: Routledge.

BURGESS, R. G. (1984) *In The Field.* London: Unwin Hyman Ltd.

BURKE, L. M. (2006a) Competition or collaboration - tensions within the purchaser provider relationship in nurse education. *Journal of Nursing Management,* 14, pp 160-169.

BURKE, L. M. (2006b) The process of integration of schools of nursing into higher education. *Nurse Education Today,* 26, pp 63-70.

BURKE, L. M. and HARRIS, D. (2000) Education purchasers' views of nursing as an all graduate profession. *Nurse Education Today,* 20, pp 620-628.

CALDWELL, K. (1997) Ideological influences on curriculum development in nurses education. *Nurse Education Today,* 17, pp 140-144.

CALHOUN, C., LIPUMA, E. and POSTONE, M. (1993) *Bourdieu: Critical Perspectives.* Cambridge: Polity Press.

CARR, S. M. (2005) Knowing nursing - The challenge of articulating knowing in practice. *Nurse Education in Practice,* 5, pp 333-339.

CARRINGTON, V. and LUKE, A. (1997) Literacy and Bourdieu's Sociological Theory; A Reframing. *Language and Education,* 11, (2), pp 96-112.

CAVE, I. (2005) Nurse teachers in higher education: without clinical competence do they have a future? *Nurse Education Today,* 25, (8), pp 646-651.

CHAN, E. A. and SCHWIND, J. K. (2006) Two nurse teachers reflect on acquiring their nursing identity. *Reflective Practice,* 7, (3), pp 303–314.

CHOI, M. (2006) Communities of practice: an alternative learning model for knowledge creation. *British Journal of Educational Technology,* 37, (1), pp 143-146. http://www.blackwell-synergy.com/doi/abs/10.1111/j.1467-8535.2005.00486.x

CLEGG, S. (2008) Academic identities under threat. *British Educational Research Journal,* 34, (3), pp 329-345.

CLIFFORD, C. (1999) The clinical role of the nurse teacher: a conceptual framework. *Journal of Advanced Nursing,* 30, (1), pp 179-185.

COFFEY, A. (1999) *The Ethnographic Self: Fieldwork and the Representation of Identity.* London: Sage.

COHEN, L., MANION, L. and MORRISON, K. (2005) *Research Methods in Education.* 5th ed. London: Routledge Falmer.

COLLEY, H., JAMES, D. and DIMENT, K. (2007) Unbecoming teachers: towards a more dynamic notion of professional participation. *Journal of Education Policy,* 22, (2), pp 173-193.

COOK, S. H. (1991) Mind the theory/practice gap in nursing. *Journal of Advanced Nursing,* 16, pp 1462-1469.

COUSIN, G. (2009) *Researching Learning in Higher Education. An Introduction to Contemporary Methods and Approaches.* Oxon: Routledge.

CROTTY, M. (1993a) Clinical role activities of nurse teachers in Project 2000 programmes. *Journal of Advanced Nursing,* 18, pp 460-464.

CROTTY, M. (1993b) The emerging role of the British nurse teacher in Project 2000 programmes: a Delphi survey. *Journal of Advanced Nursing,* 18, pp 150-157.

CUNLIFFE, A. L. (2003) Reflexive inquiry in organizational research: Questions and possibilities. *Human Relations,* 56, (8), pp 983-1003.

CUNLIFFE, A. L. (2008) Orientations to Social Constructionism: Relationally Responsive Social Constructionism and its Implications for Knowledge and Learning. *Management Learning,* 39, (2), pp 123-139.

DARRA, S. (2008) Emotion work and the ethics of novice insider research. *Journal of Research in Nursing,* 13, (3), pp 251-261.

DAVIES, H. T. O., NUTLEY, S. M. and MANNION, R. (2000) Organisational culture and quality of health care. *Quality in Health Care,* 9, pp 111-119.

DE CARTERET, P. (2008) Storytelling as research praxis, and conversations that enabled it to emerge. *International Journal of Qualitative Studies in Education,* 21, (3), pp 235-249.

DEER, C. (2003) Bourdieu on Higher Education: the meaning of the growing integration of educational systems and self-reflective practice. *British Journal of Sociology of Education,* 24, (2), pp 195-207.

DENZIN, N. K. (1989) *The Research Act: A Theoretical Introduction to Sociological Methods.* 3rd ed. Englewood Cliffs, New Jersey: Prentice Hall.

DENZIN, N. K. (2001) The reflexive interview and a performative social science. *Qualitative Research,* 1, (1), pp 23-46.

DENZIN, N. K. and LINCOLN, Y. S. (2000) (ed/s) *The handbook of qualitative research.* 2nd ed. Thousand Oaks, CA: Sage Publications.

DENZIN, N. K. and LINCOLN, Y. S. (2003) (ed/s) *Collecting and Interpreting Qualitative Materials.* 2nd ed. London: Sage Publications.

DENZIN, N. K. and LINCOLN, Y. S. (2003a) (ed/s) *The Landscape of Qualitative Research. Theories and Issues.* 2nd ed. London: Sage.

DEY, I. (1993) *Qualitative Data Analysis: A User-Friendly Guide for Social Scientists.* London: Routledge.

DIEKELMANN, N. (2004) Experienced practitioners as new faculty: new pedagogies and new possibilities. *Journal of Nursing Education,* 43, (3), pp 101–103.

DIMAGGIO, P. (1979) Review: On Pierre Bourdieu. *The American Journal of Sociology,* 84, (6), pp 1460-1474.

DIXON-WOODS, M., WILLIAMS, S. J., JACKSON, C. J., AKKAD, A., KENYON, S. and HABIBA, M. (2006) Why do women consent to surgery, even when they do not want to? An interactionist and Bourdieusian analysis. *Social Science & Medicine,* 62, pp 2742–2753.

DOH (1990) *National Health Service and Community Care Act* London: DoH.

DOH (2002) *Liberating the Talents: Helping Primary Care Trusts and Nurses to Deliver the NHS Plan.* London: TSO.

DOH (2005) *Research Governance Framework for Health and Social Care.* 2nd ed. London: TSO.

DOH (2006) *Modernising Nursing careers: setting the direction.* London: TOS, CNO Directorate.

DRUMMOND, J. S. and STANDISH, P. (2007) (ed/s) *The Philosophy of Nurse Education.* London: Palgrave Macmillan.

DUFFY, M. E. (1986) Quantitative and Qualitative Research: antagonist or complimentary? *Nursing and Health Care,* 8, (6), pp 356 - 357.

EDVARDSSON, D. and STREET, A. (2007) Sense or no-sense: The nurse as embodied ethnographer. *International Journal of Nursing Practice,* 13, pp 24-32.

ERAUT, M. (1994) *Developing Professional Knowledge and Competence.* 4th ed. London: The Falmer Press.

ERAUT, M. (2000) Non-formal learning and tacit knowledge in professional work. *British Journal of Educational Psychology,* 70, (1), pp 113-136.

ERAUT, M. (2006) Editorial: Learning Contexts. *Learning in Health and Social Care,* 5, (1), pp 1-8.

ERICKSON, F. (1984 (reprint)) What Makes School Ethnography 'Ethnographic'. *Council on Anthropological and Education Newsletter,* IV, (2), pp 10-19.

ETZIONI, A. (1975) *A comparative analysis of complex organizations.* New York: Free Press.

FAGERMOEN, M. S. (1997) Professional identity: values embedded in meaningful nursing practice. *Journal of Advanced Nursing,* 25, pp 434-441.

FERGUSON, K. and JINKS, A. M. (1994) Integrating what is taught with what is practised in the nursing curriculum: a multi-dimensional model. *Journal of Advanced Nursing,* 20, pp 687-695.

FIELD, P. A. and MORSE, J. M. (1985) *Nursing Research: The Application of Qualitative Approaches.* London: Chapman and Hall.

FRENCH, J. R. P. and RAVEN, B. H. (1959) The bases of social power. <u>IN</u> D. Cartwright (Ed/s) *Studies in Social Power.* Ann Arbor, MI: Institute for Social Research. pp 150-167.

FRIEDEL, J. M. and TREAGUST, D. F. (2005) Learning bioscience in nursing education: perceptions of the intended and the prescribed curriculum. *Learning in Health and Social Care,* 4, (4), pp 203-216.

GALLAGHER, P. (2004) How the metaphor of a gap between theory and practice has influenced nursing education. *Nurse Education Today,* 24, pp 263-268.

GEERTZ, C. (1993) *The Interpretation of Cultures.* London: Fontana.

GERRISH, K. and LACEY, A. (2006) (ed/s) *The Research Process in Nursing.* 5th ed. London: Blackwell Publishing.

GHERARDI, S., NICOLINI, D. and ODELLA, F. (1998) Toward a Social Understanding of How People Learn in Organisations. *Management Learning,* 29, (3), pp 273-297.

GIROUX, H. and PENNA, A. N. (1979) Social education in the classroom: the dynamics of the hidden curriculum. *Theory Research in Social Education,* 7, pp 21-42.

GLASSER, B. G. and STRAUSS, A. L. (1967) *The Discovery of Grounded Theory.* Chicago: Aldine.

GOFFMAN, E. (1959) *The Presentation of Self in Everyday Life.* London: Penguin Books.

GOFFMAN, E. (1961) *Asylums.* Harmondsworth: Penguin.

GORDON, T., HOLLAND, J. and LAHELMA, E. (2001) Ethnographic Research in Educational Settings. IN P. Atkinson, A. Coffey, S. Delamont, J. Lofland and L. Lofland (Ed/s) *Handbook of Ethnography.* London: Sage.

GRANEHEIM, U. H. and LUNDEMAN, B. (2004) Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today,* 24, pp 105-112.

GRBICH, C. (2007) *Qualitative Data Analysis. An Introduction.* London: Sage Publications.

GREENWOOD, J. (1993) The apparent desensitisation of student nurses during their professional socialisation: a cognitive perspective. *Journal of Advanced Nursing,* 18, pp 1471-1479.

GRENFELL, M. (1996) Bourdieu and Initial Teacher Education: A Post-Structuralist Approach. *British Educational Research Journal,* 22, (3), pp 287-303.

GRENFELL, M. (2008) *Pierre Bourdieu: Key Concepts*. Stocksfield: Acumen.

GRENFELL, M. and JAMES, D. (1998) (ed/s) *Bourdieu and Education: Acts of Practical Theory.* London: Falmer Press.

GRENFELL, M. and JAMES, D. (2004) Change in the field-changing the field: Bourdieu and the methodological practice of educational research. *British Journal of Sociology of Education,* 25, (4), pp 507-523.

GUBA, E. G. and LINCOLN, Y. S. (1994) Competing Paradigms in Qualitative Research. IN N. K. Denzin and Y. S. Lincoln (Ed/s) *Handbook of Qualitative Research.* Newbury Park, CA: Sage Publications.

HALL, F., MARTIN, H., NOLAN, M. and TAYLOR, V. (1984) A question of uniform. *Nursing Times,* 80, (24), pp 53-56.

HAMMERSLEY, M. (1993) On the teacher as researcher. IN M. Hammersley (Ed/s) *Educational Research: current issues.* London: Paul Chapman Publishing.

HAMMERSLEY, M. (2007) The issue of quality in qualitative research. *International Journal of Research & Method in Education,* 30, (3), pp 287-305.

HAMMERSLEY, M. and ATKINSON, P. (2007) *Ethnography: principles in practice.* 3rd ed. Oxon: Routledge.

HARDEY, M. and MULHALL, A. (1994) (ed/s) *Nursing Research Theory and Practice.* London: Chapman and Hall.

HARDY, I. and LINGARD, B. (2008) Teacher professional development as an effect of policy and practice: a Bourdieuian analysis. *Journal of Education Policy,* 23, (1), pp 63–80.

HELLAWELL, D. (2006) Inside-out: analysis of the insider-outsider concept as a heuristic device to develop reflexivity in students doing qualitative research. *Teaching in Higher Education,* 11, (4), pp 483-494.

HEMPEL, C. (1965) Aspects of Scientific Explanation. IN C. Hempel (Ed/s) *Aspects of Scientific Explanation and other Essays in the Philosophy of Science.* New York: Free Press.

HENDRICKS-THOMAS, J. and PATTERSON, E. (1995) A sharing in critical thought by nursing faculty. *Journal of Advanced Nursing,* 22, pp 594-599.

HENKEL, M. (2000) *Academic Identities and Policy Change in Higher Education.* London: Jessica Kingsley.

HENKEL, M. (2005) Academic identity and autonomy in a changing policy environment. *Higher Education,* 49, pp 155-176.

HEWISON, A. (2003) Modernizing the British National Health Service (NHS) - some ideological and policy considerations: a commentary and application. *Journal of Nursing Management,* 11, pp 91-97.

HISLOP, S., INGLIS, B., COPE, P., STODDART, B. and MCINTOSH, C. (1996) Situating theory in practice: student views of theory-practice in Project 2000 nursing programmes. *Journal of Advanced Nursing,* 23, pp 171-177.

HO, A., WATKINS, D. and KELLY, M. (2001) The conceptual change approach to improving teaching and learning: An evaluation of a Hong Kong staff development programme. *Higher Education,* 42, pp 143–169.

HOCKEY, J. (1993) Research methods -- researching peers and familiar settings. *Research Papers in Education,* 8, (2), pp 199-225.

HOFSTEDE, G. (1994) *Cultures and organisations: software of the mind.* London: Harper Collins.

HOLLAND, C. K. (1993) An ethnographic study of nursing culture as an exploration for determining the existence of a system of ritual. *Journal of Advanced Nursing,* 18, pp 1461-1470.

HOLLOWAY, I. and TODRES, L. (2003) The status of method: flexibility, consistency and coherence. *Qualitative Research,* 3, pp 345-357.

HOLLOWAY, I. and WHEELER, S. (1996) *Qualitative Research for Nurses.* Oxford: Blackwell Science.

HOLSTEIN, J. A. and GUBRIUM, J. F. (1994) Phenomenology, Ethnomethodology and Interpretive Practice. IN N. K. Denzin and Y. S. Lincoln (Ed/s) *Handbook of Qualitative Research.* London: Sage Publications. pp 262-271.

HOLSTEIN, J. A. and GUBRIUM, J. F. (1995) *The Active Interview.* Thousand Oaks, CA: Sage Publications.

HOY, W. K. and WOOLFOLK, A. E. (1990) Socialization of Student Teachers. *American Educational Research Journal,* 27, (2), pp 279-300.

HUBBARD, G., BACKETT-MILBURN, K. and KEMMER, D. (2001) Working with Emotion: Issues for the Researcher in Fieldwork and Teamwork. *International Journal of Social Research Methodology,* 4, (2), pp 119-137.

HUDSON, B. (1993) Michael Lipsky and street level bureaucracy: a neglected perspective. IN M. Hill (Ed/s) *The policy process: a reader.* Hemel Hempstead: Harvester Wheatsheaf.

ILLICH, I. (1971) *Deschooling Society.* Harmondsworth: Penguin.

IWASIW, C., GOLDENBERG, D. and ANDRUSYSZYN, M. J. (2005) *Curriculum Development in Nursing Education.* London: Jones & Bartlett.

JASPER, M. (1996) The first year as a staff nurse: the experiences of a first cohort of Project 2000 nurses in a demonstration district. *Journal of Advanced Nursing,* 24, pp 779–790.

JAWITZ, J. (2007) New academics negotiating communities of practice: learning to swim with the big fish. *Teaching in Higher Education,* 12, pp 185-197.

JENKINS, R. (2002) Pierre Bourdieu (revised edition). IN P. Hamilton (Ed/s) *Key Sociologists.* London: Routledge Taylor & Francis group.

JERLOCK, M., FALK, K. and SEVERINSSON, E. (2003) Academic nursing education guidelines: Tool for bridging the gap between theory, research and practice. *Nursing and Health Sciences,* 5, pp 219-228.

JOHNSON, M. (2008) Exploring assessor consistency in a Health and Social Care qualification using a sociocultural perspective. *Journal of Vocational Education and Training,* 60, (2), pp 173-187.

JORDAN, S. (2000) Educational input and patient outcomes: exploring the gap. *Journal of Advanced Nursing,* 31, (2), pp 461-471.

KALISCH, P. A. and KALISCH, B. J. (1987) *The Changing Image of the Nurse.* Menlo Park, CA: Addison-Wesley.

KARSETH, B. and NERLAND, M. (2007) Building professionalism in a knowledge society: examining discourses of knowledge in four professional associations. *Journal of education and Work,* 20, (4), pp

KENNY, G., PONTIN, D. and MOORE, L. (2004) Negotiating socialisation: the journey of novice nurse academics into higher education. *Nurse Education Today,* 24, (8), pp 629–637.

KEZAR, A. and ECKEL, P. D. (2002) The Effect of Institutional Culture on Change Strategies in Higher Education. *The Journal of Higher Education,* 73, (4), pp 435-460.

KIM, H. S. (2000) *The Nature of Theoretical Thinking in Nursing.* New York: Springer Publishing Company.

KLOOT, B. (2009) Exploring the value of Bourdieu's framework in the context of institutional change. *Studies in Higher Education,* 34, (4), pp 469–481.

KNIGHT, P. and SAUNDERS, M. (1999) Understanding Teachers' Professional Cultures Through Interview: A Constructivist Approach. *Evaluation and Research in Education,* 13, (3), pp 144-156.

KNOWLES, M. (1990) *The adult learner: a neglected species.* 4th ed. Houston: Gulf Publishing Co.

KOCH, T. (1994) Establishing rigour in qualitative research: the decision trail. *Journal of Advanced Nursing,* 19, pp 976-986.

KOGAN, M. (2000) Higher education communities and academic identity. *Higher Education Quarterly,* 54, (3), pp 207-216.

KRAMER, M. (1974) *Reality Shock: Why Nurses Leave Nursing.* St Louis: The C.V. Mosby Company.

LARSEN, K., ADAMSEN, L., BJERREGAARD, L. and MADSEN, J. K. (2002) There is no gap 'per se' between theory and practice. Research knowledge and clinical knowledge are developed in different contexts and follow their own logic. *Nursing Outlook,* 50, pp 204-212.

LASH, S. (1993) Pierre Bourdieu: cultural economy and social change. <u>IN</u> C. Calhoun, M. Postone and E. LiPuma (Ed/s) *Bourdieu: Critical Perspectives.* Cambridge: Polity Press. pp 193–211.

LAUZON-CLABO, L. M. (2008) An ethnography of pain assessment and the role of social context on two postoperative units. *Journal of Advanced Nursing,* 61, (5), pp 531–539.

LAVE, J. and WENGER, E. (1991) *Situated learning. Legitimate peripheral participation.* Cambridge: Cambridge University Press.

LEE, D. T. F. (1996) The clinical role of the nurse teacher: a review of the dispute. *Journal of Advanced Nursing,* 23, pp 1127-1134.

LEWANDOWSKI, J. D. (2000) Thematizing Embeddedness: Reflexive Sociology as Interpretation. *Philosophy of the Social Sciences,* 30,

LILLY, J. (2002) Researching the Ineffable - that which cannot be expressed in words. <u>IN</u> G. Walford (Ed/s) *Doing A Doctorate in Educational Ethnography.* Amsterdam: JAI, Elsevier.

LINCOLN, Y. S. and GUBA, E. G. (1985) *Naturalistic Inquiry.* London: Sage Publications.

LINGARD, B. and RAWOLLE, S. (2004) Mediatizing educational policy: the journalistic field, science policy and cross field effects. *Journal of Education Policy,* 10, (3), pp 361-380.

LINGARD, B., TAYLOR, S. and RAWOLLE, S. (2005) Globalizing policy sociology in education: Working with Bourdieu. *Journal of Education Policy,* 20, (6), pp 759–777.

LITTLE, M. A. and MILLIKEN, P. J. (2007) Practicing What We Preach: Balancing Teaching and Clinical Practice Competencies. *International Journal of Nursing Education Scholarship,* 4, (1), pp 1-14.

LUCKETT, K. (2009) The relationship between knowledge structure and curriculum: a case study in sociology. *Studies in Higher Education,* 34, (4), pp 441-453.

LUEDDEKE, G. R. (1999) Toward a Constructivist Framework for Guiding Change and Innovation in Higher Education. *The Journal of Higher Education,* 70, (3), pp 235-260.

LYNAM, M. J., BROWNE, A. J., REIMER-KIRKHAM, S. and ANDERSON, J. M. (2007) Re-thinking the complexities of 'culture': what might we learn from Bourdieu. *Nursing Inquiry,* 14, (1), pp 23-34.

MABEN, J., LATTER, S. and MACLEOD-CLARK, J. (2006) The theory-practice gap: impact of professional-bureaucratic work conflict on newly-qualified nurses. *Journal of Advanced Nursing,* 55, (4), pp 465-477.

MACKINTOSH, C. (2006) Caring: the socialisation of pre-registration student nurses: a longitudinal qualitative descriptive study. *International Journal of Nursing Studies,* 43, pp 953-962.

MANNINEN, E. (1998) Changes in nursing students' perceptions of nursing as they progress through their education. *Journal of Advanced Nursing,* 27, pp 390-398.

MARTIN, J. and SEIHL, C. (1983) Organisational Culture and Counter Culture. *Organisational Dynamics,* Autumn, pp 52-64.

MASON, J. (1996) *Qualitative Researching.* London: SAGE.

MATON, K. (2003) Reflexivity, Relationism and Research: Pierre Bourdieu and the Epistemic Conditions of Social Scientific Knowledge. *Space and Culture,* 6, (1), pp 52-65.

MATON, K. (2005) A question of autonomy: Bourdieu's field approach and higher education policy. *Journal of Educational Policy,* 20, (6), pp 687–704.

MCARTHUR-ROUSE, F. (2008) From expert to novice: an exploration of the experiences of new academic staff to a department of adult nursing studies. *Nurse Education Today,* 28, pp 401–408.

MCCAUGHERTY, D. (1991) The theory—practice gap in nurse education: its causes and possible solutions. Findings from an action research study. *Journal of Advanced Nursing,* 16, pp 1055-1061.

MCNAMARA, M. S. (2008) Of bedpans and ivory towers. Nurse academics identities and the sacred and profane: a Bernsteinian analysis and discussion paper. *International Journal of Nursing Studies,* 45, (3), pp 458–470.

MELIA, K. M. (1987) *Learning and Working: The Occupational Socialisation of Nurses.* London: Tavistock.

MEZIROW, J. (2000) Learning to think like an adult: core concepts of transformation theory. IN J. Mezirow and Associates (Ed/s) *Learning as transformation: critical perspectives on a theory in progress.* San Francisco: Jossey-Bass. pp 3-32.

MIDDLEHURST, R. and BARNETT, R. (1994) Changing the Subject: The Organisation of Knowledge and Academic Culture. IN J. Bocock and D. Watson (Ed/s) *Managing the University Curriculum.* Buckingham: OU Press.

MIERS, M. (2002) Nurse education in higher education; understanding cultural barriers to progress. *Nurse Education Today,* 22, pp 212–219.

MILES, M. B. and HUBERMAN, A. M. (1994) *Qualitative Data Analysis: An Expanded Sourcebook.* 2nd ed. London: Sage Publications.

MILLER, D. M. (2008) Shades of gray: an autoethnographic study of race in the academy. *International Journal of Qualitative Studies in Education,* 21, (4), pp 347-373.

MILLS, J. (2001) Self-construction Through Conversation and Narrative in Interviews. *Educational Review,* 53, (3), pp 285-301.

MONTGOMERY, P. and BAILEY, P. H. (2007) Field Notes and Theoretical Memos in Grounded Theory. *Western Journal of Nursing Research,* 29, (1), pp 65-79.

MOON, J. and FOWLER, J. (2008) 'There is a story to be told. . .'; A framework for the conception of story in higher education and professional development. *Nurse Education Today,* 28, pp 232-239.

MORRISON, K. (2005) Structuration theory, habitus and complexity theory: elective affinities or old wine in new bottles? *British Journal of Sociology of Education,* 26, (3), pp 311-326.

MURRAY, J. (2005) Re-addressing the priorities: new teacher educators and induction into higher education. *European Journal of Teacher Education,* 28, (1), pp 67–85.

MURRAY, J. and MALE, T. (2005) Becoming a teacher educator: evidence from the field. *Teaching and Teacher Education,* 21, (2), pp 125-142.

NAIDOO, R. (2004) Fields and institutional strategy: Bourdieu on the relationship between higher education, inequality and society. *British Journal of Sociology of Education,* 25, (4), pp 457-471.

NASH, R. (1990) Bourdieu on Education and Social and Cultural Reproduction. *British Journal of Sociology of Education,* 11, (4), pp 431-447.

NASH, R. (2003) Social explanation and socialization: on Bourdieu and the structure, disposition, practice scheme. *The Sociological Review,*

NMC (2004) *Standards of proficiency for pre-registration nursing education.* London: NMC.

NMC (2006) *Standards to support learning and assessment in practice: NMC standards for mentors, practice teachers and teachers.* London: NMC.

NMC (2007) *Pre-registration nurse education consultation: stage 1.* London: NMC.

NMC (2009) *Confirmed principles to support a new framework for pre-registration nursing education* London: NMC.

NOBLE, G. and WATKINS, M. (2003) So, How Did Bourdieu Learn to Play Tennis? Habitus, Consciousness and Habituation. *Cultural Studies,* 17, (3), pp 520-538.

NONAKA, I. and TAKEUCHI, H. (1995) *The Knowledge-Creating Company.* Oxford: OUP.

OHLEN, J. and SEGESTEN, K. (1998) The professional identity of the nurse: concept analysis and development. *Journal of Advanced Nursing,* 28, (4), pp 720-727.

ORLAND-BARAK, L. and WILHELEM, D. (2005) Novices in clinical practice settings: Student nurses stories of learning the practice of nursing. *Nurse Education Today,* 25, pp 455-464.

PACHLER, N., MAKOE, P., BURNS, M. and BLOMMAERT, J. (2007) The things (we think) we (ought to) do: Ideological processes and practices in teaching. *Teaching and Teacher Education,* doi: 10.1016/j.tate.2006.11.014, pp 1-14.

PAGE, G. (2007) Professional socialisation of valuers: Program directors perspective. *International Education Journal,* 8, (2), pp 167-175.

PAPP, I., MARKKANEN, M. and VON-BONSDORFF, M. (2003) Clinical environment as a learning environment: student nurses' perceptions concerning clinical learning experiences. *Nurse Education Today,* 23, pp 262-268.

PATTON, M. Q. (2002) *Qualitative Research and Evaluation Methods.* 3rd ed. London: Sage.

PEARCEY, P. A. and ELLIOTT, B. E. (2004) Student impressions of clinical nursing. *Nurse Education Today,* 24, pp 382–387.

PÉREZ, F. P. (2008). Voluntarism and Determinism in Giddens's and Bourdieu's Theories of Human Agency'. *[Online],* Available: http://www.sx.ac.uk/sociology/student_journals/grad_journal/2008_2009/paco%206.pdf [Accessed January 2009].

PETIT, S. C. and HUAULT, I. (2008) From Practice-based Knowledge to the Practice of Research: Revisiting Constructivist Research Works on Knowledge. *Management Learning,* 39, (1), pp 73-91.

PETTIGREW, A. M. (1979) On Studying Organizational Cultures. *Administrative Science Quarterly,* 24, (4), pp 570–581.

POLIT, D. F. and BECK, C. T. (2006) *Essentials of Nursing Research: Methods, Appraisal, and Utilisation.* 6th ed. London: Lippincott Williams and Wilkins.

POSTONE, M., LIPUMA, E. and CALHOUN, C. (1993) Introduction: Bourdieu and Social Theory. IN C. Calhoun, E. LiPuma and M. Postone (Ed/s) *Bourdieu: Critical Perspectives.* Cambridge: Polity Press. pp 1-13.

PURDY, M. (1997a) Humanist ideology and nurse education. 1. Humanist educational theory. *Nurse Education Today,* 17, pp 192-195.

PURDY, M. (1997b) Humanist ideology and nurse education. 2. Limitations of humanist educational theory in nurse education. *Nurse Education Today,* 17, pp 196-202.

QUINN, R. E. (1996) *Deep change: Discovering the leader within.* San Francisco, CA: Jossey-Bass.

RAFAELI, A. and WORLINE, M. (1999) Symbols in Organizational Culture. IN A. Rafaeli (Ed/s) *Handbook of Organizational Culture and Climate.* Israel.

RAFFERTY, A. M., ALLCOCK, N. and LATHLEAN, J. (1996) The theory/practice 'gap': taking issue with the issue. *Journal of Advanced Nursing,* 23, pp 685-691.

RASKIN, J. D. (2002) Constructivism in Psychology: Personal Construct Psychology, Radical Constructivism, and Social Constructionism. *American Communication Journal,* 5, (3), pp

REAY, D. (1995) 'They Employ Cleaners to Do That': Habitus in the Primary Classroom. *British Journal of Sociology of Education,* 16, (3), pp 353-371.

REAY, D. (1998) Cultural reproduction: Mothers' involvement in their children's primary schooling. IN M. Grenfell and D. James (Ed/s) *Bourdieu and Education: Acts of practical theory* London: Routledge Falmer. pp 55-71.

REAY, D. (2004) 'It's all becoming a habitus': beyond the habitual use of habitus in educational research. *British Journal of Sociology of Education,* 25, (4), pp 431-444.

REED-DANAHAY, D. (2001) 'This is your home now!': conceptualizing location and dislocation in a dementia unit. *Qualitative Research,* 1, (1), pp 47-63.

REED-DANAHAY, D. (2002) Turning points and textual strategies in ethnographic writing. *Qualitative Studies in Education,* 15, (4), pp 421-425.

REED-DANAHAY, D. (2005) *Locating Bourdieu.* Bloomington: Indiana University Press.

RHYNAS, S. J. (2005) Bourdieu's theory of practice and its potential in nursing research. *Journal of Advanced Nursing,* 50, (2), pp 179-186.

ROAN, A. and ROONEY, D. (2006) Shadowing Experiences and the Extension of Communities of Practice: A Case Study of Women Education Managers. *Management Learning,* 37, (4), pp 433-454.

ROBBINS, D. (2004) The transcultural transferability of Bourdieu's sociology of education. *British Journal of Sociology of Education,* 25, (4), pp 415-430.

ROBERTSON, J. (2008) Beyond the 'research/teaching nexus': exploring the complexity of academic experience. *Studies in Higher Education,* 32, (5), pp 541–556.

ROBSON, C. (2002) *Real World Research.* 2nd ed. Oxford: Blackwell Publishing.

ROLFE, G. (1998) The theory-practice gap in nursing: from research-based practice to practitioner-based research. *Journal of Advanced Nursing,* 28, (3), pp 672-679.

ROLFE, G. (2006) Validity, trustworthiness and rigour: quality and the idea of qualitative research. *Journal of Advanced Nursing,* 53, (3), pp 304-310.

ROSE, K. (1994) Unstructured and semi-structured interviewing. *Nurse Researcher,* 1, (13), pp 207-216.

ROULSTON, K. (2001) Data analysis and 'theorizing as ideology'. *Qualitative Research,* 1, pp 279-302.

RYAN, G. W. and BERNARD, H. R. (2000) Data management and analysis methods. <u>IN</u> N. K. Denzin and Y. S. Lincoln (Ed/s) *Handbook of Qualitative Research.* 2nd ed. London: Sage. pp 769-802.

SANDELOWSKI, M. (1993) Rigor or rigor mortis: The problem of rigour in qualitative research revisited. *Advances in Nursing Science,* 16, (20), pp 1-8.

SANDELOWSKI, M. (1995) *Focus on qualitative methods.* Chapel Hill: John Wiley & Sons.

SANDELOWSKI, M. (1998) Writing a good read: Strategies for re-presenting qualitative data. *Research in Nursing and Health,* 21, pp 375-382.

SAUNDERS, M. (1995) The integrative principle: higher education and work based learning in the UK. *European Journal of Education,* 30, (2), pp 203–216.

SCHEIN, E. H. (1992) *Organisational culture and leadership.* 2nd ed. San Francisco: Jossey-Bass.

SCOTT, P. and WATSON, D. (1994) Managing the Curriculum: Roles and Responsibilities. <u>IN</u> J. Bocock and D. Watson (Ed/s) *Managing the University Curriculum.* Buckingham: OU Press.

SIISIÄINEN, M. (2000) *Two Concepts of Social Capital: Bourdieu vs. Putnam.* ISTR Fourth International Conference: "The Third Sector: For What and for Whom?" Trinity College, Dublin, Ireland. July 5-8.

SILVER, H. (2003) Does a university have a culture? *Studies in Higher Education,* 28, pp 157–169.

SINGH-MANOUX, A. and MARMOT, M. (2005) Role of socialization in explaining social inequalities in health. *Social Science & Medicine,* 60, pp 2129–2133.

SKILLS FOR HEALTH (2007) *EQuiP Consultation.* London: DoH; TSO.

SPOUSE, J. (1998) Learning to nurse through legitimate peripheral participation. *Nurse Education Today,* 18, pp 345-351.

SPRADLEY, J. P. (1979) *The Ethnographic Interview.* New York: Holt, Rinehart and Wilson.

STRAUSS, A. and CORBIN, J. (1998) *Basics of qualitative research: techniques and procedures for developing grounded theory.* London: Sage.

TANGGAARDA, L. and ELMHOLDT, C. (2008) Assessment In Practice: An inspiration from apprenticeship. *Scandinavian Journal of Educational Research,* 52, (1), pp 97–116.

THESEN, L. (2009) Researching 'ideological becoming' in lectures: challenges for knowing differently. *Studies in Higher Education,* 34, (4), pp 391-402.

TIERNEY, W. (1987) The Semiotic Aspects of Leadership: an ethnographic perspective. *American Journal of Semiotics,* 5, pp 233-250.

TIERNEY, W. G. (1988) Organizational Culture in Higher Education: Defining the Essentials. *Journal of Higher Education,* 59, (1), pp 2–21.

TIERNEY, W. G. (1997) Organizational Socialization in Higher Education. *Journal of Higher Education,* 68, (1), pp 1-16.

TRAVERS, M. (1999) Qualitative Sociology and Social Class. *Sociological Research Online,* 4, (1), pp

TROWLER, P. (2009) Beyond Epistemological Essentialism: Academic Tribes in the Twenty-First Century. IN C. Kreber (Ed/s) *The University and its Disciplines. Teaching and Learning Within and Beyond Disciplinary Boundaries.* London: Routledge Taylor Francis Group. pp 181-195.

TROWLER, P. and COOPER, A. (2002) Teaching and Learning Regimes: Implicit theories and recurrent practices in the enhancement of teaching and learning through educational development programmes. *Higher Education Research & Development,* 21, (3), pp 221-240.

TROWLER, P. and KNIGHT, P. T. (2000) Coming to Know in Higher Education: theorising faculty entry to new work contexts. *Higher Education Research & Development,* 19, (1), pp 27-42.

TURNER, V. (1974) *The Ritual Process.* Middlesex: Pelican.

UKCC (1986) *Project 2000: A New Preparation for Practice.* London: United Kingdom Central Council for Nursing, Midwifery and Health Visiting.

UKCC (1999) *Fitness for Practice: The Peach Report.* London: UKCC.

VAN GENNEP, A. (1975) *The Rites of Passage [translated by M.B. Vizedom and G.L. Caffee].* Chicago: University of Chicago Press.

VAN MAANEN, M. (1997) From meaning to method. *Qualitative Health Research,* 7, (3), pp 345-369.

WACQUANT, L. J. D. (1992) Toward a Social Praxeology: The Structure and Logic of Bourdieu's Sociology. IN P. Bourdieu and L. J. D. Wacquant (Ed/s) *An Invitation to Reflexive Sociology.* Oxford: Polity. pp 2-59.

WATSON, R. and THOMPSON, D. R. (2004) The Trojan horse of nurse education. *Nurse Education Today,* 24, pp 73–75.

WEBB, J., SCHIRATO, T. and DANAHER, G. (2002) *Understanding Bourdieu.* London: Sage.

WEGERIF, R. (2008) Dialogic or dialectic? The significance of ontological assumptions in research on educational dialogue. *British Educational Research Journal,* 34, (3), pp 347-361.

WILKINSON, R. (1996) Nurses concerns about IV therapy and devices. *Nursing Standard,* 10, pp 35-37.

WILSON-THOMAS, L. (1995) Applying critical social theory in nursing education to bridge the gap between theory, research and practice. *Journal of Advanced Nursing,* 21, pp 568-575.

WOODS, B. S. and MURPHY, P. K. (2002) Thickening the Discussion: Inspecting Constructivist Theories of Knowledge Through a Jamesian Lens. *Educational Theory,* 52, (1), pp 43-59.

WOOLLEY, N. N. and JARVIS, Y. (2006) Situated cognition and cognitive apprenticeship: A model for teaching and learning clinical skills in a technologically rich and authentic learning environment. *Nurse Education Today,* April

WRIGHT, S. (1983) Joint appointments: the best of both worlds. *Nursing Times,* 79, (42), pp 25-29.

Information Sheet for Participants in the Research

Name of Project:
Pride and Prejudice: The socialisation of nurse educators and the ideological influences which shape nursing curricula.

Researcher: **Julie Williams**

Supervisor: **Paul Ashwin**

Date: **October 2008**

Dear potential participant

You are invited to take part in a research study which is part of my PhD studies in the Department of Educational Research at Lancaster University. Before you decide whether to participate you need to understand why the research is being done and what it would involve for you. Please take time to read the following information carefully. Talk to others about your participation in the study if you wish. Please ask me if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to voluntarily take part.

What is the purpose of the study?
The existing evidence that describes sociocultural and ideological influences on nurse educators' practices, and how these act to influence the content and structure of the nursing curriculum, is meagre. It is proposed that this study will follow a line of inquiry aimed at describing, constructing and comprehending these factors.

It will be guided by the following research questions:-

▪ What factors influence the socialisation of nurse educators in this field?

▪ What are the predominant dispositions and practices related to nursing curricula?

▪ How is the curricula influenced and shaped by the prevailing embedded practices of nurse educators?

Why have I been invited?
I intend to select a sample of participants drawn from a volunteer population of nurse educators working in a University in the North West of England. The criteria for initial selection will include those who have been employed as a nurse educator for a minimum of three years and have encountered similar experiences at the level of practice to be explored.

Do I have to take part?
Participation in this study is entirely voluntary and anyone may withdraw their participation from the study at any stage.

What will taking part involve for me?
The study does not pose any possible risks to participants' physical well-being and there are no aspects of the study that may be embarrassing or be emotionally upsetting. The study does not involve any covert methods and will not use any form of deception either in the form of withholding essential information about the study or intentionally misinforming participants about aspects of the study.

All participation in the study will be anonymous and general procedures will ensure that individuals cannot be readily identified either directly or indirectly. In the case of using quotes from transcribed qualitative interview data code/pseudonyms will be used thus confidentiality

of all participant related data will be assured. I do not intend to raise any culturally sensitive issues and will not require access to personal confidential sources of information.

Potential participants will have an opportunity to ask questions about the study prior to agreeing to participate by contacting me directly. The planned procedures for the study include opportunities for participants to ask questions and any other study related information throughout the timeline of the study. In addition, participants will be able to discuss their participation and/or obtain general feedback about the study after they have concluded their part in it or their withdrawal from the study.

Method of Data Collection:
Unstructured conversational interviewing will be used as the primary mode of data collection. Interview data will be collected in private accommodation away from work distractions wherever the volunteer participant feels most relaxed and comfortable. It is intended that the interviews will take no longer than 1 hour each.

I will also be observing and recording the practices and interactions of nurse educators as they occur embedded in day-to-day real-time situations. Field notes and observations will be conducted by observing day to day curricula related educational practices. It is anticipated that these observations will take place over a 12 month period.

I will personally conduct all interviews and be the observer, to ensure a consistent approach.

Data Management:
I will personally manage all forms of data. All participant related data will be identified by code/pseudonym; field related observations will be coded. Copies will be made of all forms of data and then stored safely in two separate locations in private accommodation. Only I will have access to the data as it will be stored in a secure place which is inaccessible to people other than myself.

What will I have to do?
Your participation will involve consenting (signature required) to take part in the study. Your agreement will also be required for the release of the data generated from your interview and to its use for research purposes. You will be required to agree to be interviewed at a location suited to you and to arriving at the planned interview session.

What are the possible benefits of taking part?
This study proposes a line of inquiry aimed at comprehending nurse educators practices, their values, beliefs and ideologies and how these affect curricula, or not. The conclusions drawn from your participation therefore may be of potential interest and value in both academic and practice settings and to academic managers as they formulate future workforce planning strategies. The construction, development and management of the curriculum may benefit from the findings of this study in that embedded habitual practices may be exposed, explained and comprehended.

Thank you for reading this information sheet. Please contact me at the address below should you require any further information.

Date: 1st October 2007

Contact: Julie Williams
Address: University X, Address ......
Phone: 01234 567890
Email: julie@university X.ac.uk

Volunteer Participants in Research

Consent Form

Title of Project:
Pride and Prejudice: The socialisation of nurse educators and the ideological influences which shape nursing curricula.

Name of Researcher: Julie Williams

Please initial box

1. I confirm that I have read and understand the information sheet dated October 2008 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without prejudice.

3. I consent to the interview/session being audio-recorded.

4. I agree to take part in the above study.

5. I agree to release the data generated from my interview and to its use for research purposes.

Name of Participant:...

Signature:...

Date:.............................

Interview Schedule

Purpose: To explore the factors which contribute to the socialisation of nurse educators and the ideological influences which shape nursing curricula.

Structure: Free flowing dialogue related to broad topics

Themes:

- Discuss personal history and career background. How did you come to be a nurse educator? ……………..Gain a sense of their path into it

- What factors influence and contribute to:
    - Making the transition into nurse education
    - Your development as a nurse educator
    - Your work practices as a nurse educator

- What are your views about the move of nurse education into higher education?

- What personal values and beliefs have and impact on the content and structure of the curriculum?

- What common ways of working do you believe have a strong influence on the nursing curriculum?

- What skills and attributes are important for nurse educators?