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Reconciling professional identity: A grounded theory of nurse academics' role modelling for undergraduate students

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A R T I C L E   I N F O

A B S T R A C T

Role modelling by experienced nurses, including nurse academics, is a key factor in the process of preparing undergraduate nursing students for practice, and may contribute to longevity in the workforce. A grounded theory study was undertaken to investigate the phenomenon of nurse academics' role modelling for undergraduate students. The study sought to answer the research question: how do nurse academics role model positive professional behaviours for undergraduate students? The aims of this study were to: theorise a process of nurse academic role modelling for undergraduate students; describe the elements that support positive role modelling by nurse academics; and explain the factors that influence the implementation of academic role modelling. The study sample included five second year nursing students and sixteen nurse academics from Australia and the United Kingdom. Data was collected from observation, focus groups and individual interviews. This study found that in order for nurse academics to role model professional behaviours for nursing students, they must reconcile their own professional identity. This paper introduces the theory of reconciling professional identity and discusses the three categories that comprise the theory, creating a context for learning, creating a context for authentic rehearsal and mirroring identity.

1. Introduction

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

Current and projected nursing workforce shortages also mean that from the beginning, newly registered nurses must possess the professional characteristics for practice that enable them to function as productive team members in the provision of care. These characteristics include emotional intelligence and a positive professional identity which are developed during their undergraduate studies, and role modelling by experienced nurses contributes to this (Horsfall et al., 2012). Experienced nurses role model for nursing students in both clinical and non-clinical settings (Robinson and Hill, 1995). However,

nurse academics are those with whom undergraduate students have the most consistent contact during their studies and may influence the student's professional development. Thus, it is important to understand more about the process of nurse academics' role modelling for nursing students, and the components and conditions necessary for role modelling to occur.

Unlike many disciplines outside the health care professions, nurse academics normally have extensive clinical experience prior to entering academia. In academia, this clinical knowledge is demonstrated for students in a curriculum that meets the standards of the registering authority and education provider. Further, in Australia, the accredited program of study links to the Registered nurse standards for practice (NMBA, 2016). It is these standards that define the professional behaviours investigated in this study. That is, the professional behaviours address Standard 1: thinks critically and analyses nursing practice; Standard 2: engages in therapeutic and professional relationships; Standard 3: maintains capability for practice; Standard 4: comprehensively conducts assessments; Standard 5: develops a plan for nursing practice; Standard 6: provides safe, appropriate and responsive quality nursing practice; and Standard 7: evaluates outcomes to inform nursing

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practice (NMBA, 2016). Nurse academics' role modelling is not limited to the classroom—it is evident in every interaction they have with students. Therefore, it is important to understand how nurse academics demonstrate positive professional behaviours for students.

2. Background

In Australia, students are eligible for registration as a nurse on completion of a professionally accredited program of study in a tertiary institution. Critical thinking is a core nursing skill (Nursing and Midwifery Board of Australia, 2006), but nurses need to able to do more than just think critically. Nurses need to demonstrate clinical reasoning skills in practice in order to function effectively, provide safe nursing care and navigate complex health services (Benner et al., 2009).

Critical thinking is 'about taking a step back and thinking logically and carefully' (Aveyard et al., 2011, p. 6) about what one is seeing, hearing or reading.

Clinical reasoning includes critical thinking as part of multiple ways of thinking to 'reason as a clinical situation changes, taking into account the context and concerns of the patient and family' (Benner et al., 2009, p. 85). Critical thinking and clinical reasoning are often learnt outside the formal curriculum of nursing education—in the hidden curriculum, where the content of the taught curriculum is actualised. The hidden curriculum includes those aspects of learning that are not explicit in the subject/course learning outcomes (Fassetta, 2011; Thiedke et al., 2004), where theory is demonstrated in practice (Robinson and Hill, 1995). Role modelling is one of the most effective ways that nursing students learn about professional behaviours that are outside the formal curriculum (Donaldson and Carter, 2005; Karimi et al., 2014; Perry, 2009; Spouse, 2008; Thistlethwaite and McKimm, 2016).

The clinical reasoning process is underpinned by emotional intelligence, and strategies to enhance this quality are included in the curricula, including activities related to reflective practice and role modelling (Beauvais et al., 2011; Benson et al., 2010; Foster et al., 2015; Freshwater and Stickley, 2004). Therefore, the hidden curriculum is not really hidden, it is apparent. Recommendations for inclusion of emotional intelligence coaching into existing curricula are not new, and are increasingly visible in learning and teaching strategies (Beauvais et al., 2011; Benson et al., 2010, Freshwater and Stickley, 2004). That is, features of emotional intelligence in a curriculum such as reflective learning experiences, supportive supervision and mentorship and industry inclusion in course development (Benson et al., 2010; Freshwater and Stickley, 2004) are already apparent in many current nursing curricula as a requirement of accrediting bodies to meet professional standards. Role modelling may contribute to strategies to promote emotional intelligence in curricula. For example, nurse academics role model ways to act, think and behave in simulated complex clinical situations in order to develop nursing students' ability to manage these situations in practice. Therefore, theorising a better understanding of role modelling by nurse academics contributes to understanding the significance of this process in developing nursing students' professional identity.

3. Study Design

This grounded theory study, viewed from a symbolic interactionist perspective, used multiple sources of data and essential grounded theory methods to answer the following research question: how do nurse academics role model positive professional behaviours for undergraduate students? Symbolic interactionism is founded on the belief that people's understanding of the world is developed through interactions—that people are actors responding to their environment (Charon, 2010). Learning about nursing requires interaction between teacher and student, student and student, and teacher and teacher as well as the student-patient interactions. Therefore, symbolic interactionism is an appropriate philosophical underpinning for this grounded theory study.

Institutional ethics approval was received and a purposive sample of nurse academics and second year undergraduate nursing students in a regional Australian university were invited to participate initially. Concurrent data collection and analysis and theoretical sampling, key elements of grounded theory, resulted in two further ethics amendments to include nurse academics from around Australia and the United Kingdom. Seven hours of classroom observation were then undertaken with consenting academics and students, followed by three individual interviews with students, thirteen with nurse academics employed at Australian universities, and three with nurse academics from the UK.

Data were collected and generated in the form of: memos, field notes of observations, and the transcripts of individual interviews and focus groups. Table 2 shows the data sources, excluding memos that were used in this study.

All data were analysed using methods of initial, intermediate and advanced coding in a process of constant comparison until theoretical saturation was reached. The codes were reviewed and changed to reflect the groupings that became evident as more data were collected which led to the identification of categories, as may be usual in the coding process (Saldana, 2013). It was at this point that all of the data fitted together, and key concepts became apparent.

4. Findings

Reconciling professional identity is the core category of this grounded theory and as such is central to the process by which nurse academics role model for undergraduate students. That is, in order to role model positive professional behaviours for students, nurse academics must reconcile their own professional identity. When practising nurses enter academia they need modify their existing professional identity as an experienced clinician to incorporate a new professional identity as a nurse academic. At this time, they begin to build their professional identity as an academic, while attempting to retain their professional identity as a clinician. This process requires them finding a balance between the two—reconciling their professional identity.

The process of reconciling professional identity incorporates the three categories of *creating a context for learning*, *creating a context for authentic rehearsal* and *mirroring identity*.

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

Creating a context for learning involves academics using strategies for effective communication, learning and teaching, which includes creating a suitable psychosocial and physical space for learning to occur. Once the learning space is established, the academic begins to create a *context for authentic rehearsal*. Thus, there is movement between *creating a context for learning* and *creating a context for authentic rehearsal*, as shown by the arrows in Fig. 1. The path between these two categories includes *mirroring identity*, thereby demonstrating that there are elements of *mirroring identity* that are core to both *creating a context for learning* and *creating a context for authentic rehearsal*.

Creating a context for authentic rehearsal differs from *creating a context for learning* because nurse academics draw much more strongly on their clinical 'self' in how they prepare for and implement their teaching strategies. *Creating a context for authentic rehearsal* includes the elements of clinical currency and safe zoning.

Fundamental to creating a context for authentic rehearsal is demonstrating clinical currency. The nurse academics achieved this through sharing the narratives (storytelling) of their personal and professional experience to illustrate and explain the theoretical