Review

Communities of practice and the construction of the professional identities of nurse educators: A review of the literature

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ABSTRACT

Objectives: To comprehensively review the Community of Practice literature from nursing contexts to explore whether and how these communities contribute to the social construction of nurse educator professional identity.
Design: Due to the wide scope of predominately qualitative literature on the topic, papers were analysed and themed inductively.
Data sources: CINAHL, MEDLINE, COCHRANE, EBSCO databases, Emerald, Proquest & Google Scholar.
Review methods: These online databases were searched for relevant peer-reviewed journal papers in the English language with no date range specified. The search terms 'nurs* educator' and 'nurs* teacher' were combined with each of the terms 'communit* of practice', 'identity' and 'role' resulting in 293 peer-reviewed journal papers. Where abstracts were missing, introductory and background sections were skimmed for related content. Papers that made incidental reference to either professional identity or a Community of Practice were excluded.
Results: In total, 63 primary study or discussion papers were found to have a focus on nurse educator identity and/or communities of practice in healthcare contexts. Papers specifically focused on communities of practice in nursing (n = 33) could only be found from the last 10 years (2005–2015). Only five of these focused on nurse educators.
Conclusions: Community of Practice theory and the professional teaching literature offers collaborative and active ways for nurse educators to further develop their professional identities. Despite the emergence of communities of practice in the nursing literature, further studies are required to explore how such a construct can facilitate the social construction of nurse educator professional identity.

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Introduction

The purpose of this literature review is to explore the relationship between communities of practice and the construction of the professional identities of nurse educators. The process of professional socialisation is discussed before introducing communities of practice as an opportunity for nurse educators to create their own professional identity.

A brief review of nurse educator professional identity literature is followed by an in-depth analysis of the available literature exploring how communities of practice have been used in healthcare. The review is then extended to the convergence of these phenomena. It was found that the concept of a Community of Practice has been used broadly in healthcare settings. In nursing, communities of practice are mostly constructed around developing networks for specialty areas of practice. Whilst purposeful communities of practice are starting to emerge, there

is very little research focused on how such a construct facilitates the formation of professional identity for nurse educators.

For this paper, the term 'nurse educator' refers to a nurse employed in a public or private health care system with the main function of delivering education, inclusive of clinical educational support and professional development.

Background

Despite attention drawn to the development of educator roles, the issue of professional identity for nurse educators has rarely been explored. An absence of role identity, where nurse educators are unable to authenticate their professional status or clearly establish their roles as teachers, has been proposed by Adams (2011). Nurse educator roles vary internationally, within countries and across states or health districts. The consensus from the Australian, New Zealand and Canadian nursing literature is that nurse educator roles are poorly described, undervalued and complex with wide variance in actual practice (MacPhee et al., 2009; Manning and Neville, 2009; Sayers et al., 2011). Nurses transitioning to educator roles have been found to experience a loss of identity and subsequent role ambiguity (MacNeil, 1997). Before

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exploring nurse educator identity in more depth, it is important to acknowledge historical factors related to nursing's struggle for professional identity.

Professional identity for nurses

It has been argued that nursing has failed to develop a unique body of knowledge within a culture that has prohibited autonomy for practitioners (Cohen, 1981). In *The Nurse's Quest for a Professional Identity*, Cohen turned to the role of the education system in the socialisation of nursing students, highlighting several influential factors linked to nursing's origins. The irony of Nightingale's legacy, Cohen pointed out, is that the personal attributes of Nightingale's character were lost (discarding of female stereotypes and rejection of the conventional traditions of healthcare) whilst apparent subordination to physicians (to prescribe nursing care) was uncritically accepted. Cohen argued that this submissiveness restricted the ability of nursing to meet social expectations of what constitutes a professional occupation. Cohen turned to the professional socialisation of students as a means to learn (internalise) the professional culture including the values, norms, motivational attributes and ethical standards held in common by other members of the nursing profession. Subsequent nursing research that explored professional identity has focused on the values attached to nursing (Fagermoen, 1997), ethics (Ramos et al., 2013) and the organisational demands/standards (Kirpal, 2004). An issue recognised, but not explored by Cohen, relates to the role of the educator. It was also the case that Nightingale advocated for competent nurse-teachers and well-selected learning opportunities (Baly, 1997; Nightingale, 1882).

Rather than identity arising from a simple socialisation process for nurses entering the workplace, workplace cultures may impede the assertion of nursing professional identity. For nurse educators, being part of a historically oppressed group can lead to low self-concept and negative self-representation (Dong & Temple, 2011; Freire, 1970; Pijl-Zieber, 2013). Hoeve, Jansen, and Roodbol (2014) conducted a literature review canvassing three related issues of public image, self-concept and professional identity, revealing a public oblivious to education and professionalism in nursing. It was found that nursing was seen as a low-status profession subordinate to physicians, not requiring academic qualifications and lacking professional autonomy (Hoeve et al., 2014). The complex relationship between self-esteem, self-image and professional image (Ohlen & Segesten, 1998) contributes to the unique situation for nurse educators that becomes apparent when contrasted with teachers from traditional teaching contexts such as schools.

Teacher identity

The professional teaching literature offers a perspective of professional teacher identity development in the absence of a colonising discipline such as medicine. Rather than students learning to internalise the values and beliefs of the professional culture, a tension described involves reconciling personal values and beliefs with those experienced in workplace cultures (Pillen et al., 2013; Ruohotie-Lyhty, 2013). Professional identity development is thus seen as a process of integrating the personal with institutional demands, an active process linked to self-efficacy. Of note, standards for practice are grouped with institutional demands and expectations (Pillen et al., 2013). This suggests that teachers have a level of autonomy regarding self-expression. It also assumes that teachers practise standards aligned with workplace expectations to begin with. For nurse educators experiencing oppression, a lack of sign posts or tailored standards means they are at a disadvantage when negotiating workplace demands.

Standards for nurse educator practice and professional expectations

A disconnect between available competencies and actual practice appears to be an issue for nurse educators internationally. Canadian

research highlights a paucity of literature that describes competencies for clinical nurse educators who, in their practice, are responsible for professional development of nurses in health care facilities (Young et al., 2010). The United Sates has the National League of Nursing's core competencies and the Council of Collegiate Education for Nursing competency standards, though these are designed for academy based roles (Davis et al., 2005).

In Australia, the Australian Nurse Teacher Society's Australian Nurse Teacher Professional Practice Standards (2010) include core domains aligned with facilitating learning inclusive of designing effective teaching strategies as well as a commitment to research and scholarship activities. These standards were adopted from the European Federation of Nurse Educators domains and there is no available literature outlining how these were modified or developed for the Australian context. Standards for teaching such as the Australian Professional Standards for Teachers (Australian Institute for Teaching and School Leadership, 2015) are not recognised in the nursing literature. Nurse educators working in sector-based (clinical) contexts are left to draw from a non-descript collage of health educator standards along with generic nursing standards for their professional values. An absence of national standards for nurse educator practice can adversely impact role enactment (Sayers et al., 2011).

Supporting the social construction of nurse educator identity

It is evident that nurse educators face multiple challenges when engaging with their development of professional identity. This suggests that these educators need to look to their local community and place/domain of practice to learn and construct identity from interaction with their colleagues and by sharing work experiences in a narrative and reflective way (Hoeve et al., 2014). Identity that is constituted, rather than inherited, suggests an active social process that aligns with social constructionist theory (Gergen and Gergen, 2008). With support, nurse educators can explore and advance their professional identity by socially constructing a framework for practice based on the model of a 'Community of Practice'.

A Community of Practice

The concept of a Community of Practice has been linked to a social constructivist view of professional identity shaped by (workplace) communities (Andrew, 2012). Originally proposed in the context of social and workplace learning, the evolution of the concept is widely attributed to Etienne Wenger and colleagues (Lave and Wenger, 1991; Wenger, 1998; Wenger et al., 2002). Emerging over the past 25 years and initially popular in the education and business sectors, the Community of Practice concept has only recently been applied to health and nursing contexts following reports of successful outcomes in the business and enterprise world (Probst and Borzillo, 2008; Risling and Ferguson, 2013). A Community of Practice involves members mutually engaging with each other to clarify, define and change practice in domains of common purpose using a shared repertoire of methods, language, behaviours and technologies (Wenger, 1998).

Method

Online databases (CINAHL, MEDLINE, COCHRANE, EBSCO databases, Emerald, Proquest & Google Scholar) were searched for relevant peer-reviewed journal papers in the English language with no date range specified. The search terms 'nurs* educator' and 'nurs* teacher' were combined with each of the terms 'communit* of practice', 'identity' and 'role' resulting in 293 peer-reviewed journal papers. Where abstracts were missing, introductory and background sections were skimmed for related content. Papers that made incidental reference to either professional identity or a Community of Practice were excluded. For example, (Mockett et al., 2006) included a Community of Practice