Developing professional identity in nursing academics: The role of communities of practice

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SUMMARY

This paper analyses the current standing of nursing within the wider United Kingdom (UK) higher education (HE) environment and considers the development of academic identity within the sector, introducing a technology mediated approach to professional learning and development. A community of practice (CoP) is a way of learning based on collaboration among peers. Individuals come together virtually or physically, with a common purpose, defined by knowledge rather than task [Wenger, E., 1998. Communities of Practice: Learning, Meaning and Identity, sixth ed. Cambridge University Press, Cambridge]. In 2008, a small team of academics at Glasgow Caledonian University, School of Nursing, Midwifery and Community Health created and implemented *iCoP*, a project undertaken to pilot an international CoP, where novices and expert academics collaborated to debate and discuss the complex transition from clinician to academic. Although not intended as a conventional research project, the developmental journey and emerging online discussion provide an insight into the collective thoughts and opinions of a multinational group of novice academics. The article also highlights the key challenges, problems and limitations of working in an international online arena with professionals who traditionally work and thrive in a face to face, real time environment.

Introduction

Nursing in the UK has, within the past decade, moved into the HE sector; an arena that traditionally values theoretical and propositional knowledge rather than vocational and interpersonal skills (Miers, 2002). There is a continuing reluctance within nursing to embrace an academic agenda. This may be a defensive reaction against a culture that by its vocational nature and defined practical activity is regarded as 'inferior to abstract thinking skills' (Miers, 2002, p. 217). Communities of practice (CoP) may have a contribution to make in the development of professional identity in education.

Lave and Wenger (1991) are credited with the original description of a CoP as an approach to learning that encompasses elements of identity, situation and active participation. Wenger's (1998) concept of a CoP is based on a social participative way of learning, developed within a situated learning environment. A CoP forms or is formed, around groups of people who share a common concern or interest and who wish to 'deepen their knowledge and expertise' in a particular subject or discipline. The 'community acts as a vehicle for collaboration, allowing members to enter dynamic and engaged relationships with colleagues and others' (Wenger et al., 2002, p. 4). Wenger (1998) suggest that individuals are motivated to join a CoP primarily to develop a sense of professional identity and belonging. McArthur-Rouse (2008) stresses the need for the development of professional identity, and Booth et al. (2007) believe that to enable the development of practice, individuals need to explore of knowledge that is both tacit as well as explicit. Booth et al. (2007) believe that a CoP provides a vehicle for the translation and transmission of tacit knowledge, thus aiding the development and understanding of professional behaviours in teaching. This model also has wider application. CoPs pose a significant way forward for practising teachers to generate knowledge that will benefit the wider academic (national and international) community as a whole (Luby, 2006/7).

Is nursing an academic discipline?

The question of whether or not nursing should be considered an academic discipline and the preparedness of nurses to enter higher education (HE) is fundamental to the question of how nurses manage their transition from practice to education and subsequently how they perceive their own professional standing within both. Miers (2002) states that within the UK, the migration from vocational training institutions (colleges of nursing) into HE was overwhelmingly viewed by former nurse tutors as conferring increased

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academic status. The assimilation of nursing into the sector was however viewed somewhat differently and at times negatively by the more established academic disciplines (Watson and Thompson, 2004).

A tension exists between the institutional goal of research and the reality of the perceived priories of nurse academics (Andrew and Wilkie, 2007). In nursing, in the UK, an increased emphasis on a skill based approach means that increasingly, knowledge development is seen 'more as the product of a technical process rather than of intellectual work' (Thompson, 2006, p. 124). McNamara (2008) highlights the fact that in the UK, the entry of nursing into HE has provoked comment in both the literature and the media, much of which remains hostile to an aspirational academic nursing agenda. The enduring message appears to be that a university educated nurse cannot care for patients as well as one who has been 'trained' exclusively within the UK National Health Service and that somehow this omission 'lies at the heart of the present malaise' (Watson and Thompson, 2004, p. 73). Part of the discourse of opposition expressed by McNamara (2008) describes nursing work as 'sacred but its essence is being corroded by the drive to academicise the non-academic' (p. 465). Doubts about the legitimacy of nursing as an academic discipline continue to prevail and consequently detract from the creation of a strong blueprint for the development of academia and academics. Butler et al. (2006) suggest that nursing does not always appear on the academic radar because of its lack of specialist discourse, uniqueness and constant borrowing from other disciplines such as medicine. Standish (2002) maintains that nursing should maintain disciplinary borders, cross them of course, but ultimately seek to preserve a discreet body of work that both underpins and expands the discipline.

Nursing has grown as an academic discipline over the past decade and UK nurses are now increasingly likely to be qualified at graduate level and many undertake higher degrees and doctorates. At the point where nursing as an academic discipline is beginning to thrive, Watson and Thompson (2004) suggest that it is in danger of going backwards, returning to the task orientated approach of the 1960's and 70's. Task orientated training enabled students to understand individual mechanical processes but many missed the, 'big picture'. They learned a 'bunch of techniques, but to them they were just that; a bunch of techniques' (Kennedy, 1998, p. 142). At undergraduate level, the emphasis of the nursing curriculum is increasingly directed toward 'trainability'. Academics in a still emerging discipline, such as UK nursing, are firmly directed, at undergraduate level, towards a skills based agenda, which, it can be argued, subjugates the 'substantive content of academic disciplines to technical and bureaucratic procedures' (McNamara, 2008, p. 471). Yet Universities are concerned not only with teaching and research but with the advancement of teaching within a scholarship framework. Through the work of scholars such as Boyer (1990) teaching has advanced as a wider scholarly discipline, a discipline that moves forward as the result of the integration of research, synthesis and application to practice (Thompson, 2006).

In the past, nurses who wished to become academics made a 'linear transition' from the UK National Health Service into education (Kenny et al., 2004, p. 630). Traditionally, a close relationship between the Health Service and education ensured a supply of potential teachers who were rooted firmly within the practice arena. A decade ago, the role of nurse educator was more clearly defined, with the main task centred on the production of a trained workforce for the clinical area. Movement out of the clinical sector and into education in the 1990's has had a profound effect on nurse educators, now they are required to focus more on their academic profile, many perceiving this as leading to an inevitable loss of clinical credibility (Kenny et al., 2004).

Developing academic identity

Clark et al. (2002) suggest that Universities should help novice academics develop 'a breadth of vision that will allow them to embrace new and innovative ways of teaching and learning, in a dynamic and evolving HE environment' (p. 129). Starting an academic career can be complex and challenging. Snyder et al. (1997) suggest that professional competence implies not just a level of attainment linked to professional qualification but a career long approach to knowledge building. Making the transition from clinician to educator or in fact, increasingly, maintaining and managing a dual role with a foot in each camp, presents novice nurse academics with an added complication (Andrew and Wilkie, 2007). Entering academia from a background that may be rich in practice experience but limited in teaching and research means that new academics experience culture shock. Practitioners who join the academic community sometimes struggle to come to terms with what is effectively a career change (Diekelmann, 2004). There are reports in the literature of qualitative studies where findings reveal feelings of loss, inadequacy and lack of fluency in a new and sometimes alien culture (Diekelmann, 2004; McArthur-Rouse, 2008).

In professions such as nursing and teaching, much of the learning is centred on a way of being or tacit knowledge, which, although not explicit, is often the way that individuals develop professional ways of knowing (Booth et al., 2007). Becoming an academic involves a socialisation process that leads the individual on a journey, either moving from one organisation to another, or often requiring them to span two organisational cultures, one, clinical and known territory, the other educational and unknown (Andrew et al., 2008). The need to create a learning culture within HE for academics as well as students is a pre-requisite for professional/personal growth and development of novice nurse educators (Kenny et al., 2004). Becoming an academic involves a socialisation process that leads the individual on a journey, either moving from one organisation to another, and often requiring them to span two organisational cultures, one, clinical and known territory, the other educational and unknown (Andrew and Wilkie, 2007).

Communities of practice

Wenger et al. (2002) believe that professional learning and development are about communities, their identities and their practice. Wenger (1998) blends a constructivist view of learning, where meaningful experience is set in the context of personal development with the practitioner's 'relationship with a wider but identifiable group of people' (Fowler and Mayes, 1999, p. 7). The result is an integrated approach to learning, achieved through a combination of social engagement and collaborative working in an authentic practice environment.

CoPs can provide a potentially useful framework for constructing collaborative learning. Lai et al. (2006) highlight the fact that CoPs are situational and rooted in practice. They argue that they are not just managed knowledge networks; although there are similarities and that they are more than information exchanges, although they do share information. CoPs are more purposeful. They are grounded in the deep interest of their members, encouraging them to share personal histories and journeys, weaving a narrative, to contextualise professional and practice development. Novices can mix with experts, academics with practitioners and mentors with the mentored (Lave and Wenger, 1991; Booth et al., 2007). Wenger (1998) maintains that CoPs learn through the act of social participation. He strongly identifies with the concept of active group learning and collaboration in an authentic