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**BEING-IN-BECOMING: A GROUNDED THEORY  
OF TEACHERS' EXPERIENCES IN  
NURSING EDUCATION**

**A thesis presented in partial fulfilment of the  
requirements for the degree of Master of Arts in  
Nursing at Massey University.**

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## ABSTRACT

The aim of this grounded theory study was to identify, describe, and generate a theoretical explanation of what it means to be a nurse educator in New Zealand in the 1990's and to be free to explore individual experiences within a broader social context. Sixteen participants from three Schools of Nursing in New Zealand were interviewed over a period of four months and a total of 36 hours of tape recorded data were collected. Constant comparative analysis of data eventuated in the identification of four conceptual categories named as *being a teacher*, *settling down*, *finding a place*, and *coping with change*. These conceptual categories were drawn together in the core category which was termed *being-in-becoming*.

*Being-in-becoming* in the context of this study means that the person is the nurse teacher simply because that person has taken on the work of a teacher. But in being a teacher the person is adapting, changing, and learning how to become a teacher. *Being-in-becoming* is a process which is on-going, never ending, and constantly changing. The essence of this study is that the teacher's experience of *being-in-becoming* is particularly influenced by personal development and the way the person comes to "know" about the world of nursing education which is also intimately connected to the way nursing curriculum is defined, and experienced by individual teachers.

These findings have implications for nursing education where there is a need for recognition of the teacher's concerns, background meanings, and problems which influence a person's experience of being a nurse educator. The expectation that feelings should be "managed" so therefore can be ignored is inconsistent in a group which claims caring to be the essence of nursing practice. Also, educational organisations need to reconsider their demands when excessive workloads are constantly cited as a major problem for workers. The organisation has the responsibility to acknowledge the human experience of those who work within the organisation, and undertake to respond in ways which can improve the situation for all concerned.

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## CHAPTER ONE

### INTRODUCTION AND OVERVIEW

This study explores what it means to be a nurse educator in New Zealand in the constantly changing environment of the 1990s. It is generally recognised that the role of the nurse teacher is complex and often, poorly defined. Lack of understanding of the full meaning of the educational practice which has the potential to influence future generations of nurses, has implications for the quality of health care delivery in this country.

All nurse educators have, first and foremost, been educated to work in clinical practice. Entry into nursing education thus involves making an alteration in the career pathway. There is a pervasive belief in the culture of nursing that "a nurse is a nurse is a nurse" and there is an automatic transfer of knowledge and skills regardless of the place of work. This mode of thinking links nursing to traditional patterns of female socialisation in society and nursing remains predominantly a female occupation. These beliefs continue to affect nurses who, in the process of taking on a new career in nursing education, face complex issues as they work in organisations in what still tends to be a patriarchal society.

A symbolic interactionist perspective and more specifically, the grounded theory approach was used to interpret teachers' experiences of *being-in-becoming* a nurse educator. Symbolic interactionism is founded on the premise that people act towards things on the basis of the meaning those things have for them, that the meaning of life is developed from the interactions a person has with others, and that people make sense of experiences through an interpretive process which can only be understood in its social context (Blumer, 1969).

### HISTORICAL BACKGROUND

To place the current situation into context, a brief historical overview of the work of nurse educators in New Zealand is presented. This is followed with an outline of those events and factors which are considered to be significant

influences on nursing education today because of the way they have impacted on the role of the nurse teacher.

In the late nineteenth century, New Zealand nursing was considered to be women's work and was closely aligned to women's roles in society. At this time women were generally regarded as caregivers and were thought to be capable of nursing others solely by virtue of being women (Rodgers, 1985). As settler numbers increased and the first hospitals were established in colonial New Zealand, there was a call for some organisation of nurse training. The nurse teachers who established the first schools of nursing in New Zealand were themselves products of the Nightingale School of Nursing which passed on the art of nursing through practice and discipline (Baly, 1986). Learning how to nurse was more than the gathering of practical skills as the training of nurses integrated moral issues and produced expectations of continuing learning. Palmer (1983: 14) summarises this when she says:

Nightingale clearly and frequently voiced her belief that nursing was a special vocational call to be followed in a religious spirit; that nurses must be learning all their lives; that nurses, willingly or not, exerted a moral influence; and that nurses were expected continually to raise standards.

These beliefs were conveyed by the nurse educators - the trained nurses - who were expected to not only practice nursing but to assume the teaching role as well. Trained nurses taught students the art of nursing, hygiene and health and instructed novices in the Nightingale ethos which emphasised the womanly virtues of obedience, quietness, gentleness, patience, forbearance, and endurance (Rodgers, 1985).

In the early 1900s being a nurse teacher meant that the focus of training in an apprenticeship system was to help students meet the needs of the institution. The teachers of nursing, the trained staff, were responsible for teaching practical skills and duties at the bedside as they prepared probationers for their role to assist physicians (Rodgers, 1985). Because Nightingale rejected the germ theory of disease and saw applied science for nursing in terms of sanitation, scientific knowledge was taught not by trained nurses, but by physicians (Christman, 1991). While the "lady superintendent" presented a

few formal lectures on general nursing, physicians taught the pathophysiology of disease and the application of medical knowledge.

Eventually, the teaching of probationers was extended when "home sisters" were appointed to assist the "matron" in the education of students. However, the majority of these "sister-tutors" still had no formal education to assist them in the teaching of nurses until the New Zealand School of Advanced Nursing Studies was set up in Wellington in 1928. For almost fifty years the one year diploma from this school was the only formal programme in New Zealand which prepared nurses for leadership in nursing administration and education.

However, despite this access to post-basic education in New Zealand for some nurses, a lack of education and leadership in the higher echelons of the profession eventually emerged (Robinson, 1971). Although repeated calls for the upgrading of nursing education were made by both doctors and nurses, the profession was slow to accept responsibility and recognise that knowledge and standards had fallen far behind medical advances (Orbell, 1971). Reasons for this were various but Salmon (1971) has suggested that nursing education remained unchanged because nursing was insulated by myths. These myths, which originated in society, supported the traditional patterns of socialisation and resulted in proposals to alter the status quo being ignored.

There are no research studies that have examined what it meant to be a nurse teacher in New Zealand during this period of time. The traditional way of teaching nurses in the apprenticeship system continued for more than half a century before nursing education was formally scrutinised. Questions from the past recurred in the Reid Report as further recommendations for university education were ignored (Reid, 1965). Finally, in 1971 the preparation of nurses was reviewed. The existing system was causing grave concern as 45% of students did not complete the basic nursing programme and only 30% of all tutors held a minimum recommended qualification for teaching (Carpenter, 1971). This qualification was the one year Diploma from the School of Advanced Nursing Studies mentioned earlier.

The Carpenter Review advocated nursing reform and recommended the transfer of nurse training from hospital run schools to the general education sector. This occurred at a time when Technical Institutes were seeking greater

growth in the tertiary sector (Kerse, 1971). It is interesting to note that the changes proposed by Dr Helen Carpenter were similar to those of the Reid Report (1965) and the Department of Health Report (1969) which reviewed hospital and related services because of the continued concern with the quality of New Zealand's health services. Calls for change by New Zealand nurses were ignored, but finally, very similar advice from an overseas consultant was accepted and action taken.

Regardless of the political influences which were undoubtedly affecting decisions being made about nursing education, the Carpenter Report triggered a limited public discussion. Several significant issues were revealed. Nurses tended to argue that the apprenticeship style of training could no longer provide the necessary knowledge and skills for practice at a time when the demand was for a broad base of knowledge that could be applied across many nursing situations. Under the apprenticeship system, students were trained largely to meet the service needs of particular institutions. This meant that trainee nurses were given responsibilities which far exceeded their stage of training, as the needs of the institution took priority over the educational needs of the student. Within the new Comprehensive Nursing education teachers were to move the focus from content and tasks to patient-centred nursing. Conceptual skills such as problem solving, analysis, and evaluation were to be taught alongside the practical nursing skills.

Although the "new education" had the potential to change the professional standing of nurses, its base was fragile. To succeed, it needed better educated teachers and a more informed public. Even though more nurses were employed as tutors, many were inadequately qualified for their positions (Wills, 1974). The hope that nurse teachers would be the key to educational and practice reforms was unrealistic when the pool of qualified people was small and the transfer of nursing education into the tertiary sector had been delayed for so long (Fieldhouse, 1973). At the same time, nurses and the public were slow to recognise nursing as a discipline requiring a comprehensive educational preparation. Many registered nurses and the public did not understand, or did not agree with, the reasons given for the move of nursing education into the tertiary sector begun in 1973.

The transfer of nursing education has not been smooth and continues to be discussed and debated almost twenty years later (Horsburgh, 1989). Even

though the vehemence has gone out of the debate, comprehensively trained nurses continue to be criticised by some of their hospital-trained colleagues and members of the public for a perceived lack of practical skills and inability to fit in quickly into existing institutions (Midalia, 1992; Stodart, 1992). Practical knowledge prevails at the centre of nursing care in systems which remain focused on the organisation and completion of tasks in a limited time frame (Perry, 1986). Although research evidence is not available, nurse educators are often perceived as the ones responsible for these difficulties. All these aspects of our history are important as they influence the present social context.

## **SOCIAL CONTEXT**

Further understanding of the meaning of being a teacher in New Zealand in the 1990s needs to connect history with actions and interactions in the current context. Within qualitative research some explanation of the context of a study is important as it captures the social world of the people participating in the research (Strauss & Corbin, 1990). As Chenitz and Swanson (1986:42) state:

The context accounts for the setting as well as the events impinging on a particular setting. These events may be real occurrences or actual events, or they may be more global and symbolic such as the meaning of an event to the individuals involved.

In the 1990s climate characterised by deregulation, competition, and market forces, being a nurse educator is demanding and stressful. Nursing education has been challenged to advance nursing knowledge and develop educational thought and practice which is consistent with nursing educational development both internationally and nationally (Williams, 1991). This has stimulated nurse educators to explore values, beliefs, knowledge, and philosophies of education and practice, as well as to try and respond to the call from some American quarters for re-definition of the nursing curriculum (Watson & Bevis, 1990). These events are occurring at a time of considerable political and economic upheaval. Being a nurse educator also means dealing with the continuing restructuring of the health care services under a

government set on achieving greater financial efficiency and accountability in all areas of the health care system (Upton, 1991).

At the same time, nursing education in New Zealand has been confronted with legislative changes which have led to restructuring within educational institutions and to re-organisation of curricula. For example, the Nurses' Amendment Act of 1990 freed tertiary institutions to offer experimental programmes for enrolled nurses and direct entry programmes in midwifery. In addition to the reforms of the health and educational systems, the passing of the Education Amendment Act (1990) granted all tertiary educational institutions the possibility of awarding degrees and prompted the restructuring of many nursing courses. These moves have provoked limited debate as nurse educators consider their allegiance to the polytechnic system and/or their responsibility to the nursing profession (Cottingham, 1991). Nevertheless, questions have been raised in a country where there has been a general acceptance that polytechnic-based nursing programmes provide the basis for beginning practice in any setting while university programmes educate students in advanced nursing knowledge within the discipline of nursing (Williams, 1991).

The decision by some polytechnics to provide degrees in nursing has still not been debated in an open forum by the profession. Some have questioned whether those teaching in the new degree programmes have been sufficiently prepared in the knowledge of the discipline of nursing, at a time when many teachers' qualifications still do not reach the standard recommended by the Nursing Council of New Zealand (Walton, 1990). The pressure for nurse educators to gain a university qualification has led to many teachers studying in other disciplines. While the academic skills developed through university study are not in dispute, the discipline of choice is. Bevis (1992:3) suggests that "the point is not that research on nursing education, anthropology, and other subjects is not useful or necessary, but that it is not sufficient".

The lack of dialogue related to such critical issues is not unique to New Zealand. Nevertheless, Clare (1991) has argued that nurses in New Zealand have a strong history of professional disunity as they have been slow to share their ideas for progress both with other nurses and with the society at large. Nurse educators in particular have a reputation for imposing new ideas and not taking sufficient time to consult with colleagues. The important point to

be made here is that when public debate over issues is limited, it is not unusual for people to become motivated by self interest, institutional loyalties, and ideological orientations. Because there is a lack of adequate research, and because they lack a clearly articulated common basis for concerted and united action, nurse educators (like many other professional groups) may be influenced by other agendas.

Another aspect of the current social world which impacts on nurse educators in New Zealand relates to the numbers of students being accepted into nursing programmes. This poses a dilemma for many teachers when many new graduates cannot find work in this country and are forced to go overseas if they want to nurse. Teachers find themselves examining the moral and practical implications of educating students who make personal and economic sacrifices only to find that once registered to practice they cannot find employment. In the current environment, the Education Amendment Act (1990) provides opportunity for tertiary institutions to set their own intake numbers for students rather than being guided by central Government policies as in the past. This means that in 1993, some polytechnics have reduced student numbers in response to the job shortages and in order to decrease pressure on clinical placements for students. However, some heads of schools of nursing prefer to emphasise that nursing education concerns personal growth and young people should not be denied opportunity to be part of that (NZNA News, 1992). Such reactions suggest that the needs of the education providers are dominating policy decisions within nursing education. For all of these reasons, the role of a nurse educator in New Zealand in the early 1990s is a complex one, fraught with tensions and uncertainties.

The teachers in the study were drawn from three schools that are large by New Zealand standards, each employing between forty and sixty teachers. The schools are situated in large metropolitan areas and use a variety of hospitals and community settings for clinical placements of students. At the time of the study clinical work-places were characterised by re-structuring and economic reform. Economic cutbacks were causing staffing shortages and a noticeable reduction in the numbers of experienced registered nurses. These factors, combined with a limited number of clinical placements for the students, often led to less than satisfactory experiences for the students, particularly in acute hospital settings. Lack of access to high-technology areas, and the policy of early discharge of patients have further limited the

variety and richness of students' clinical experience. In some places this has led to student complaints about the quality of their clinical training (Midalia, 1992; Stodart, 1992).

These events have consequences for teachers working within rapidly changing social systems and struggling to find meaning in their experiences. Inevitably, the contextual climate impacts on the educational experience of teachers and students alike and shapes socialisation and nursing's progress towards professionalization. It is my contention that teachers are exposed to a constantly changing environment and are expected to cope constructively, often without formal recognition that they need resources and support. This may be due to the fact that within many organisations there is an assumption that change can be brought about by a series of well planned and orderly stages. It is also assumed that change is beneficial and will develop potential and efficiency by increasing creativity and understanding (Owen, 1983). This rational approach to change is over-simplified and mechanistic as it does not acknowledge the professional-bureaucratic conflict of values. The view of change as a complex process supported by a benevolent consensus ignores the subjective experience of individuals as it denies the political, cultural, and personal realities of those involved (Gibbs, 1991).

## **SIGNIFICANCE OF THE STUDY**

It has been argued so far that nursing education occurs in a changing environment and is subject to many influences which are located within the broader social, cultural, historical, political, and economic aspects of society. Issues in nursing did not suddenly appear. Very often, the problems of today reflect the unresolved difficulties of the past. Knowledge of our past is part of socialisation into a group as it conveys attitudes, values, expectations, inherited belief systems, and the skills considered necessary to be a member of that group. Therefore, how nurse teachers view their role is shaped by their own socialisation as nurses which is a continuing, interactive, ongoing process (Hinshaw, 1977; Kozier & Erb, 1988). The experiences of nurse educators influence not only their own development and professional growth but in turn affect the socialisation of students.

Most international research to date related to being a nurse teacher has been quantitative and focused on hypothesis testing. Within New Zealand there have been several qualitative studies which have looked at student's experiences in the context of nursing education (Perry, 1985; Horsburgh, 1989; Rummel, in progress). Clare (1991) has studied both teacher and student experiences of nursing education and her findings will be discussed in Chapter Two, in the review of the literature. There is little research which would identify the nature and essence of the experience of being a nurse teacher in a constantly changing environment. The assumption underlying the present study is that there are multiple realities and experiences and these can only be understood when interpreted contextually. In order to provide a more complete understanding of a nurse educator's influence on the preparation and socialisation of students, and for their own development as professional nurse educators, it is important to understand the meaning of nursing education for the teachers themselves.

### **AIM OF THE STUDY**

The aim of this study was to identify, describe, and generate a theoretical explanation of patterns of interaction between nurse educators and the social systems within which they work and to interpret the possible influences of these patterns of behaviour on nursing education. The purpose of using the grounded theory approach for this research was to achieve a deeper understanding of what it is to be a nurse educator in New Zealand today and to be free to explore individual experiences within a broader social context.

### **STRUCTURE OF THE THESIS**

Chapter One of the thesis opened with a brief overview of the history of nursing education in New Zealand. A discussion of the current social context was introduced to set the scene for the present study. Chapter Two reviews and critiques New Zealand and international research and other literature relevant to the topic of this study. Grounded theory methodology and its application to the research process is discussed in Chapter Three.

The findings of the study are presented in Chapters Four through to Seven. More specifically, Chapter Four explores what is involved in *being a teacher* while Chapter Five looks at processes associated with *settling down* into a team in nursing education. Chapter Six provides the account of teachers' involvement in *finding a place* in the organisation. Chapter Seven illustrates what is happening when a teacher is *coping with change* in nursing education.

Chapter Eight discusses integration of the previous processes which are drawn together in the central process of *being-in-becoming*. The implications for education and practice are considered and limitations of the present study, together with directions for further research, are noted.

## **CHAPTER TWO**

### **REVIEW OF THE LITERATURE**

In this chapter New Zealand and international research and other literature related to being a nurse educator is examined and critiqued. Most previous studies in nursing education have been empirico-analytical. It is argued that such research presents one view of various aspects of nursing education which, when seen in isolation, are very different to the way they would be recognised as part of the whole.

In order to understand more fully the meaning of being a teacher in the context of the 1990s in New Zealand, it is necessary to understand the meaning attributed to being a teacher from other perspectives. In the main, the role theory approach has been used to study the work of teachers in nursing education. It is also important to acknowledge that research undertaken in the United Kingdom, North America, and elsewhere reflects not only different cultural and socioeconomic contexts but also different systems of nursing education which may vary in duration, educational setting, and philosophical and clinical orientations. In particular, there are important differences between university programmes and those based in other settings, and between basic programmes which prepare nurses for entry into practice and the higher degree programmes. The extent to which findings from different studies may be generalised to the New Zealand situation, therefore, is limited by factors that make for different contexts, not always fully acknowledged in research reports. The discussion will begin by reviewing literature which focuses on the role theory approach and then move to review research which uses other theoretical frameworks.

#### **RESEARCH FROM THE PERSPECTIVE OF ROLE THEORY**

"Role" is a sociological term which usually refers to the way in which a person is expected to behave in a certain situation, in a particular social system. Role theory has been used in nursing research to explain why things are as they are and what causes people to behave in the ways they do. As a nurse becomes involved with a new career in nursing education he or she has certain expectations of the role of a nurse teacher. There is a certain

anticipation of likely attitudes and behaviours that may be expected in taking on the new role.

Existing research suggests that novice nurse educators are seldom adequately prepared for their faculty role (Davis, Dearman, Schwab, & Kitchens, 1992). In a survey of 427 nursing faculty with less than two years experience in nursing education in the United States, Davis et al (1992) found that many new teachers were not educationally prepared for their roles in nursing education even though the majority held a masters in nursing and one fourth were qualified with a bachelor's degree in nursing. Although it may be assumed that nurse educators have deliberately chosen to change their career and are prepared to be involved in learning the new role, the focus on competencies of the teachers in this study does not address what being a novice educator means to the person involved in the experience.

Similarly, Choudhry (1992) conducted a study to define the essential competencies of beginning nurse educators with a view to prescribing faculty socialisation or educational programmes which would assist new teachers in their transfer into nursing education. This study surveyed 626 nurse educators in Canada and revealed common expectations that new faculty members "will play all accepted subroles: theoretical and clinical teacher, curriculum developer, measurement expert, student adviser, clinical practitioner, professional mentor and leader, critical and informed research user, creative and meticulous research producer and publisher, self-aware and self-developing educator and nurse" (Choudhry, 1992:272). Despite the low return rate within this survey, the findings show how ambiguous definitions of roles combine with unclear, vague, and unrealistic expectations to contribute to role strain among nurse teachers.

Baker (1992) has contributed to the understanding of role transition for new teachers in her ethnographic study of 12 novice health professionals in one Health Studies Faculty in New Zealand. The sample included new teachers who were nurses, occupational therapists, and physiotherapists. This interpretive approach to the experiences of the new teachers revealed that as beginning teachers work towards credibility in classroom and clinical settings marginalisation and role conflict are encountered. In the study the occupational therapists, who were solely classroom teachers, did not go through the same role diffusion as the nurse educators who had to adapt to

both classroom and clinical roles. The results of this research would suggest that when there is no planned socialisation into the values and specific behaviours needed for adaptation into the new role as an educator, conflict may occur.

There is little doubt that there is a need to identify role specific behaviours for nurse teachers as the literature shows that the teaching role is highly complex. Once a teacher is settled, he or she is expected to work for organisational goals and take on service roles for the institution. Pressures to publish and be an active committee member may add to stress and cause role conflict (Mensah, 1982; Sleightholm, 1985). Although it is well recognised that nursing faculty are employed first and foremost to teach, an American study of faculty workloads (Solomons, Jordison, & Powell, 1980) noted that while teaching was the main activity of staff, activities related to professional growth, service, and research were also an expected part of faculty practice. How clear these expectations are is open to question as research has shown that while nurse educators had similar teaching and service roles when compared with other academics in colleges and universities, they still fell short of other faculty in areas of research and publication (Williams, 1989). The examination of various facets of the faculty role does not explain the processes involved in being a nurse educator. In particular, it does not make clear how teachers become familiar with a department's educational philosophy, or develop understanding of the processes of teaching and learning and applying them both in the classroom and the clinical setting (Perry, 1983; Davis & Williams, 1985; Williams, 1989; Davis et al, 1992).

On entering the world of nursing education, energies tend to be expended in the mastery of skills and routines required for being a teacher. In the literature, many teachers have shared their personal experiences of being a nurse educator. The complexity of the role of the new teacher adjusting to what for many amounts to a second profession is well documented (O'Connor, 1978; Ray, 1984; Charron, 1985; Fong, 1990; Brown, 1991). Indeed, Brown (1991) argues that the socialisation of nurse educators, who are predominantly female, may cause role conflict as women juggle roles of being a nurse, teacher, partner, and mother. As a result, experienced teachers recommend that new teachers need the guidance of a mentor to assist them in coping with role issues that occur in the transition into becoming a nurse teacher. Fong (1990) goes further and proposes specific strategies to

counteract the pressures experienced in nursing education. Mentoring, the giving of support and encouragement to peers, and personal development plans in the form of "classes on assertiveness training, priority setting, time management, and task management" (ibid, 107) are suggested to ensure the well-being of teachers.

Although we lack research on the topic, it is generally recognised that in New Zealand new teachers are oriented into teaching practice via training courses run by technical institutes and provided during a period of anything up to four years. My own experience would suggest that this means many new teachers are unprepared for the multidimensional nature of teaching practice which, in the absence of alternatives, they must learn by experience. The traditional approach of employing nurses for their clinical skills and expertise means a new teacher will face considerable stress in a new job as he or she adjusts to working in an institution where the focus is on the acquisition, transmission, and application of knowledge. Even though nurses have been prepared as clinical specialists they are expected to assume the work of a nurse educator for which they have received no formal preparation.

This situation illustrates how the nurse educator is expected to simply "fit in" with peers and demonstrate skills and behaviours expected in the new role. During this phase, the teacher interacts with others and forms relationships with colleagues in groups, becoming aware of the expectations that others have of her. If there has been an inadequate definition of responsibilities, discrepancies between perceptions and expectations become apparent. Conflict can only be resolved through interaction with role models and significant others (Hinshaw, 1977).

A discrepancy between personal and professional values is not uncommon once a teacher has become more involved with the basics of teaching practice. The literature provides anecdotal evidence of some common problems (O'Connor, 1978; Charron, 1985). Personality clashes, communication problems, and competition for status and rewards among peers may be due to differences in values and philosophies. Claims on subject areas, students, offices, and classrooms are all possible and may decrease the chances of social integration into the network of new colleagues and work environment.

Being a teacher also involves being able to demonstrate teaching effectiveness. As competence affects students, faculty, clients, and the profession, the teacher may be assessed according to performance in teaching, scholarship, and service roles (Zimmerman & Waltman, 1986). Although there is agreement among faculty, students, and administrators on what constitutes teaching effectiveness, the best way of assessment remains controversial (Morton, 1987). Despite the fact that the validity of student evaluations has been questioned, their significance as a measure of a teacher's ability is recognised, particularly when an evaluation tool is used (Bell, Miller, & Bell, 1984; Coleman & Thompson, 1987; Zimmerman & Westfall, 1988). Students may not be the best judges of content, depth, and scope of a teacher's knowledge and abilities (Gien, 1991) but, as the only consistent observers of teachers over a period of time, they are more likely to be familiar with the strengths and weaknesses of their teachers (Morton, 1987). The literature shows that there is a general agreement that teaching effectiveness should be evaluated in both the classroom and the clinical setting and should include self, student, and peer evaluations (Jacobson, 1966; Kiker, 1973; Rauen, 1974; O'Shea & Parsons, 1979; Stuebbe, 1981; Zimmerman & Waltman, 1986).

There have been various descriptive studies on faculty and student perceptions of effective and ineffective behaviours of teachers in the classroom and clinical settings (Kiker, 1973; Rauen, 1974; Wong, 1978; O'Shea & Parsons, 1979; Brown, 1981; Knox & Mogan, 1985, 1987; Nehring, 1990). While it has been difficult to reduce effective instruction to particular characteristics, professional competence, interpersonal relationships, teaching practices, personal characteristics, evaluation practices, and availability to students have emerged consistently and appear to be valued by teachers and students alike (Kanitsaki & Sellick, 1989). It is suggested that recognition of these factors should assist those nurse educators seeking clarification of expectations of their teaching role.

Karuhije (1986) draws attention to the "surprising absence in the literature of either concern for or interest in the clinical instructor's perception about the probable origin of the difficulties encountered during clinical teaching" (ibid, 138). She reminds nurse educators that even though role modelling is influential it is also important to be concerned with whether teachers have acquired the basic information and skills that are part of the instructional

responsibility. In other words, are nurse teachers behaving and acting as other nurse teachers do? In response to this question, Karuhije (1986) surveyed 211 nurse educators in order to explore the adequacy of educational preparation for clinical teaching. The results revealed "startling findings" (ibid, 142) as more than 75 percent of the respondents reported that their graduate education had not adequately prepared them for their clinical teaching responsibilities. At the same time, these teachers were able to identify the learning strategies needed to enhance their role performance. These findings are similar to those reported by Davis et al (1992) and discussed earlier.

It is evident that there are different views on what constitutes effective and ineffective teaching practice and in particular, questions are raised as to the place of role modelling in clinical teaching. For example, Kanitsaki and Sellick (1989) surveyed 402 students from three undergraduate nursing programmes in Melbourne as they sought to clarify student perceptions of clinical nurse teacher behaviours. The major finding of the study was that "students considered all behaviours important in meeting their learning needs. These behaviours included the role of the clinical instructor as a teacher, demonstrating nursing, applying theory into practice, preparing students to function in the clinical setting and evaluating student performance" (ibid, 22). Students' expectations of the clinical teacher centred primarily on the nurse as a teacher and only secondarily as a clinical practitioner.

In another descriptive mail survey of 121 students and 63 teachers at 11 collegiate schools of nursing in Ohio, Nehring (1990:934) noted that "the most critical distinguishing characteristics between the 'best' and 'worst' clinical teachers are being a good role model and encouraging mutual respect". Being a "good role model" in this study was identified as "enjoying nursing", "enjoying teaching", and "demonstrating clinical skills and judgement". The findings of this replication research are consistent with data presented by Knox and Mogan (1987) and go some way to identify specific behaviours which may assist a teacher with integration into a nursing education setting.

Morgan (1991) has moved further to redress the need for research in the area of clinical teaching, taking an interpretive approach to explore the teaching activities of nine clinical instructors from one Midwestern (USA) school of nursing. In contrast to previous quantitative studies, Morgan notes that

although teachers believe role modelling is an important part of their work they implement it less frequently, preferring verbalizations as the primary teaching activity. While clinical instructors seldom have opportunity to watch other teachers in the clinical area, responses show that nurse educators have problems separating teaching and evaluating activities, and are eclectic in their choice of learning theories. The other consistent theme to emerge from the dialogue concerned the "paperwork that is generated by the students and the use of conferences, both pre-teaching and post-teaching in the clinical area. The quality of the paperwork along with the conference data was given a high priority as an indication of learning in the clinical area" (Morgan, 1991:1244). These findings highlight the critical need for research-based knowledge on clinical teaching if teachers are to be able to identify common values and behaviours of their work group and the impact these have on students.

There are some similarities in the outcomes of Morgan's work and a study carried out by McHale (cited in Crotty & Butterworth, 1992) who investigated job satisfaction of 55 nurse teachers at 11 schools of nursing throughout the United Kingdom. Results showed that overall, teachers were satisfied with their job but that many experienced dissatisfaction due to excessive paperwork, long and frequent meetings, lack of autonomy, and poor relationships with staff in the clinical areas. Even though these findings highlight areas of satisfaction and dissatisfaction experienced by nurse teachers, Crotty and Butterworth have been unable to link job mobility to job satisfaction.

The work-related stress of nurse educators has been well documented in the literature (Ray, 1984; Langemo, 1988; Fong, 1990; Dick, 1992; Mobily, 1992). For example, Langemo (1988) used an exploratory study to survey work stressors contributing to burnout in 208 baccalaureate nurse educators in the Midwest of the United States, reporting overload or inequality of workload followed by a lack of positive reinforcement as the leading causes of burnout. Nurse educators are not unique here. Many people in today's society face demanding workloads in a constantly changing environment in which there is a lack of time to meet expectations. Nurse educators, though, like other members of the helping professions, are reported to be particularly susceptible to burnout in their work (Jeglin-Mendez, 1982).

These findings were supported by Fong (1990) who examined the relationship between role overload, social support, and burnout in a study of 140 full-time nurse teachers in California. The results indicated a positive correlation between a demanding job and burnout and found that when workloads are experienced as overly demanding, the support systems available in the workplace cannot compensate for the stresses of overwork. In these situations nurse educators experienced feelings of emotional exhaustion, depersonalisation of students, and a decreased sense of accomplishment. These feelings were potentiated by lack of rapport, support, and respect from both administrators and peers (O'Connor, 1978; Kennerly, 1989).

Ray (1984) has drawn on personal observations of burnout to suggest that the nurses generally most at risk for overload and burnout are those nurse educators who have responsibilities for teaching in the clinical setting rather than classroom situations. Accountability to students, faculty, and the service areas requires clinical teachers to negotiate several systems simultaneously in order to provide effective clinical learning experiences. Furthermore, Ray (1984) proposes that teachers who are involved in higher-level education and university teaching are particularly vulnerable because of their obligation to prepare students for leadership positions which will upgrade both the profession and nursing services. These findings may be open to question as Fong (1990) reports that faculty working in graduate programmes are less likely to experience role strain than teachers in the under-graduate courses who inevitably spend more time in clinical settings.

Another study by Dick (1992) examined burnout in doctorally prepared nursing faculty by exploring associations between burnout, management style, collegial support, and workload. The results of this survey of 236 (59 percent return) doctorally prepared nurse educators in the United States showed that "management style was the strongest predictor of burnout, with collegial support the second predictor" (ibid, 341). The identification of these two potential predictors is useful for addressing the problem of overload which seems to affect nurses moving into a new career in nursing education.

A possible explanation for the above results may be offered by O'Shea (1986) who investigated what she defined as the myths and realities of faculty workloads. The findings in this particular survey of 333 schools of nursing throughout the United States (72 percent response rate) indicated "that

quantifiable factors which relate directly to teaching are of considerable importance to Deans in determining faculty workload while less quantifiable factors such as student advisement, research, publication and involvement in direct client care are of little importance in determining workload" (ibid, 20). These results go some way to providing a potential explanation for the well-documented "role strain" that tends to be prevalent in nursing education suggesting many problems related to the stress of being a teacher may be associated with vague definitions of roles and unclear expectations.

"Role overload" as a source of role strain has been studied in relation to the socialisation experiences of 102 (69.4 percent return) nursing faculty across the United States. The findings "reveal that the majority of university nursing faculty are experiencing some degree of role strain, and a substantial number are experiencing moderate to high degrees of role strain" (Mobily, 1991:78). Mobily points out that while some degree of role strain is inevitable and can be positive, administrators need to consider the potentially dysfunctional individual and organisational consequences of high degrees of role strain.

Other authors have suggested that as a nurse makes the change to become a teacher he or she must internalise the values and standards of the new role. "At this point the individual accepts the norms and standards of the new role because he or she believes in them and they have become part of their own value system" (Hinshaw, 1977: 20). Leadership style is an important influence at this time.

The role of the head of department and the potential effect on nurse educators appears to be significant. For example, in a survey of the relationship between leadership behaviour and faculty satisfaction, Kennerly (1989) analysed responses from 189 full-time faculty members and 26 Deans. Results indicated that when Deans of nursing programmes showed they were considerate towards staff and prepared to initiate significant interaction, teachers' job satisfaction, individual productivity, and development improved.

These results are supported by Christian (1986) who examined the relationship between the satisfaction of the faculty and the role of the department chairperson within the areas of curriculum and instruction. The sample consisted of 163 (67.9 percent return) faculty members teaching in eight programmes in four Southeastern states of the United States. Results

emphasised how an understanding of the relationship between expectation-perception discrepancy and job satisfaction is important if both teachers and administrators are to accept their responsibilities to work together and create a positive environment in times of uncertainty and change.

Similarly, but more specifically, the inter-relationship of organisational structure and climate have been shown to improve job satisfaction (Grigsby, 1991). In a study of two organisations in the United States, administrative support and autonomy were higher in a school structurally resembling a professional model, while work pressure and control were more likely in a bureaucratic organisation. The main difference between the two organisations chosen for this particular study was that each was different in terms of the structural components of centralisation and formalisation.

Furthermore, the degree of job satisfaction becomes important if a teacher is to identify with the system he or she works in. Barrett, Goldenberg, and Faux (1992) used a survey design to describe career patterns and job satisfaction of 44 Canadian nurse educators from three universities and three colleges. In the study the authors defined job satisfaction as "a respondent's positive, subjective evaluation of selected aspects in the working environment" (ibid, 1004). Although the sample size was small, the results of the study showed that college faculty were generally less satisfied with their jobs than their university colleagues. It was not possible though to demonstrate a relationship between educational level and the development of career patterns. While it was acknowledged in the study that job satisfaction was difficult to measure with reasonable accuracy because it is not a unidimensional concept and people usually give favourable comments when asked if they like or dislike their job, the authors point out that satisfied faculty are more likely to achieve their full potential and benefit the organisation.

Being a teacher is also influenced by a conflict in perceptions of what is required in the role. This is illustrated by Fain (1987) who studied 285 nurse educators and their perceptions of "role conflict" and "role ambiguity", comparing these to reported job satisfaction. As predicted, data from the study showed "role conflict and role ambiguity were both associated with low levels of job satisfaction" (ibid, 238). Perhaps the most important point of these findings is that nurse teachers are more generally satisfied with their jobs when expectations for performance are clear and do not conflict. This is

significant for new teachers who can be expected to have a limited view of the academic role and are therefore more likely to experience role ambiguity.

Another role issue documented in the literature involves faculty clinical practice as teachers and practitioners attempt to merge maintenance of clinical competence with academic expectations (Joachim, 1988). Much of the writing on faculty practice documents personal observations and experiences in an environment where there is already much evidence of role strain (Wakefield-Fisher, 1983; Algase, 1986; Brown, 1981). Faculty clinical practice has been promoted as a way to enhance clinical instruction and develop clinical credibility and confidence (Mauksch, 1980; Free & Mills, 1985; Polifroni & Schmalenberg, 1985; Parsons & Felton, 1987).

A study by Dickens (1983) recognised the reluctance of nurse educators to add clinical practice commitments to other work expectations. In an effort to identify ways of providing social support to nurse teachers involved in faculty practice a survey of nurse administrators in schools of nursing in the Southeastern United States was carried out. Responses from 65.48 percent of the administrators indicated that "faculty cannot add practice activity to an already heavy set of requirements (67 percent have not) unless they receive support to do so from their administration" (ibid, 127).

Somewhat different findings are reported by Steele (1991) who examined the opinions and beliefs of 292 faculty and 53 Deans in the United States regarding clinical practice and their perceptions of role strain. The results of this research showed that clinical practice reduced role strain and improved confidence but that increased teaching effectiveness and scholarly productivity did not lead to prioritizing research as an important part of the role. Steele emphasises that socialisation as a nurse into the practice environment does not prepare a nurse educator for the different demands of an academic role.

It has been shown so far that nursing education is a demanding job in which the teacher's role is ambiguous, complex, and not always clearly defined. Overall, role expectations tend to be less than clear with the result that conflict related to discrepancies between perception and expectations is common and leads to role ambiguity and, in some settings, to low levels of job satisfaction. While there are certainly many studies which have

researched different aspects of the teacher's lot in nursing education, findings are often difficult to translate into meaningful strategies that could influence nurse teachers' individual job satisfaction. Although the empirico-analytical philosophy of science promotes understanding of certain aspects of nursing education it has failed to make explicit interpretation of the socio-cultural context and can therefore provide only a limited understanding of what being a teacher means to nurses who choose to work in the field of nursing education.

To date, research studies of nursing education which search for an alternative explanation of the meaning of being a nurse educator, have been few. To complete this literature review, selected studies which use other perspectives will be presented.

## **RESEARCH USING OTHER THEORETICAL FRAMEWORKS**

The study of other possible influences which may impact on being a nurse teacher begins with an examination of the historical context. As mentioned previously, Rodgers (1985) historical study of nursing education in New Zealand offers evidence of factors which may impact on the meaning of being a teacher. That research reveals that the Nightingale ethos has influenced nursing training in New Zealand. In that context, nursing, modelled on women's work, valued caring, cleanliness, forbearance, endurance, and obedience. Although these findings emerge from the period of 1883-1930 they extend insight into the history of nursing in New Zealand which has shaped present-day events and may well impact on the future.

Later work by Clare (previously Perry) in 1991 has taken a critical approach to teaching and learning in nursing education in a critical reflexive analysis of 9 tutors and 38 students in New Zealand. Through her study she exposed the ways in which historical and sociopolitical forces constrain individual and professional behaviour. Her research highlights how nurses as women have been socialised within society and the education system and are restrained by structural forces as the "dominant ideologies embedded in the social practices of nursing education and health care shape the consciousness of tutors and students towards conformity, compliance, and passivity" (ibid, 1). These

findings are helpful as they extend the understanding of influences which impact on teachers and students in nursing education.

Research that explains the everyday world of the nurse teacher is sparse in the literature although grounded theory has been used in educational research. For example, Blase (1982) has presented a social-psychological grounded theory of stress and burnout which relates specifically to high school teachers. He found that when work-related rewards were limited and teacher coping resources were inadequate, high school teachers experienced prolonged job strain and burnout.

Similarly, another educational research study of high school teachers, Pajak and Blase (1982) used grounded theory to discover the essential meaning of being a teacher. In that research "most teachers reported that the intrinsic reward of working with students was their most important source of satisfaction" (ibid, 71). Furthermore, teaching was described as a "loss of innocence and the psychological development of a professional self" (ibid, 65). These grounded theory studies of high school teachers are helpful to identify teachers' patterns of social interaction in educational organisations. Unfortunately, although there are many similarities, we do not know whether the findings can be transferred into nursing education.

The research evidence introduced indicates that the world of nursing education can be a highly stressful one fraught with conflict and frustration but also able to provide professional challenges and, in many cases, high levels of job satisfaction. The studies presented so far view specific areas that fragment the whole which is never completely articulated or appreciated. One may well ask, why then do nurses want to become nurse educators and why do teachers remain in nursing education? These questions have not been adequately answered in the literature. Knowledge of the multifaceted meaning of what it really means to be a teacher can only be uncovered by searching for answers which help explain the individual's experience of being a teacher. Because the meaning of a situation is created by people and leads to action and the consequences of action (Chenitz & Swanson, 1986) a more complete understanding of nursing education may be revealed by asking teachers how they define their world and how they act in relation to these beliefs. That is what the present study aims to do.

## SUMMARY

The literature review presented in this second chapter of the thesis has shown that being a nurse educator is not a straightforward process. It demands that the nurse be a clinician, a researcher, a scholar, a writer, and an educator. The role approach to nursing education has examined outcomes of the teacher's socialisation into the educational environment, but is limited as it fails to acknowledge the processes associated with the experience and the subjective experiences of what it means to be a nurse teacher. Because most of the research to date has used quantitative methodology the approach used in the present study is to ask the broad question "what is happening to this group of teachers?" The generality of the area of concern for investigation is typical of grounded theory methodology in which it is expected that the more specific research questions will emerge from the data once the investigator asks what are the basic social and psychological processes that explain interaction in a particular setting under certain conditions (Wilson, 1985: 417). In the next chapter the research method used in the present study will be described, and details about the study participants, the setting for the study, and the ethical issues arising from the research will be discussed.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

The purpose of the present study was to identify, describe, and generate a theoretical explanation of patterns of interaction between nurse educators and the social systems within which they work and to interpret the possible influences of these patterns of behaviour on nursing education. In this section the research methodology will be presented. The chapter opens with a brief outline of knowledge development in nursing and moves to a general discussion of grounded theory as a qualitative method of data analysis. In the second part, application of the method in the research will be presented. The chapter concludes with specific points related to the issues of rigour in qualitative approaches to knowledge generation.

#### **METHODS OF INQUIRY IN NURSING**

Within nursing, research was traditionally quantitative as nurses sought solutions to problems by drawing on the objective methodologies of logical positivism which were recognised as the only legitimate methods of "scientific" nursing research (Leininger, 1985). Along with other disciplines, however, nursing has been quick to appreciate the value and appropriateness of rapidly developing qualitative approaches to the study of human experience and action.

Philosophical differences in world views direct how a researcher will approach scientific inquiry. Leininger summarises the essential differences between the two major paradigms for research as follows:

In the qualitative method, emphasis is placed on the importance of accurately knowing, understanding, and interpreting the nature and meanings of past and current events or situations, whereas the quantitative method stresses mechanistic and logical inference to attain objective knowledge and deterministic or causal explanations (Leininger, 1985:8-9).

As already discussed in Chapter Two, most research in nursing education has been quantitative, concentrating on hypotheses-testing. While rapidly growing in number, there are still only a few studies which provide qualitative description and interpretation of the way in which teachers understand and create meaning through interaction with others in the endlessly changing environment of nursing education. Because social phenomena are complicated they require the complexity of a conceptually dense grounded theory to account for the wide variations in the phenomena being studied (Strauss, 1990). As grounded theory assumes that not everything has been discovered yet (Stern, 1985) it is hoped that this qualitative methodology will assist the researcher to generate knowledge about teachers' lives, stories, behaviour, organisational functioning, social movements and interactional relationships (Strauss & Corbin, 1990) so that a more complete understanding of nursing education is possible.

## **GROUNDED THEORY AS A RESEARCH METHOD**

Grounded theory is derived from symbolic interactionism (Blumer, 1969) which is based on the belief that to know about a person is not enough. Because every situation represents a different reality to every individual, reality is socially constructed, as it is through the process of social interaction that the person learns to understand the self. As people define events from their own perspective common patterns of behaviour are uncovered.

As a qualitative research method, grounded theory is a strategy which systematically examines the reality under investigation to develop an inductively derived theory which is grounded in the phenomena under study (Strauss & Corbin, 1990). The strategy, and the theory it generates, will identify concepts which are connected by statements of relationships which describe and interpret events and behaviour in a particular group of people. Without grounding the emerging theory in the data, knowledge remains speculative and ineffective (Strauss, 1990).

Strauss identifies ways in which grounded theory differs from other research methodologies:

So, it is not really a specific method or technique.  
Rather, it is a style of doing qualitative analysis that

includes a number of distinct features, such as theoretical sampling, and certain methodological guidelines, such as the making of constant comparisons and the use of a coding paradigm, to ensure conceptual development and density (Strauss, 1990:5).

The aim in grounded theory analysis is to discover the social processes which are the fundamental basis of human interaction. The main elements of grounded theory analysis are as follows.

Once some data are collected through interviews and observation, transcripts are examined line by line for similarities, differences, and consistencies in behaviours or phenomena. This examination leads to initial codes which are termed **concept indicators** which can be behavioural actions and events, or observations and descriptions of the participants and their discussions.

Data are grouped according to significant content which is part of the process of **concept formation**. Through a process of **constant comparative analysis**, data collection and coding occur systematically and simultaneously as the researcher organises and interprets many ideas which emerge from concurrent analysis of the data (Strauss, 1990). For example, **substantive codes** develop and are often labelled using the actual words of participants. Eventually, these codes are grouped together systematically into **selective codes** which will eventually have a direct relationship to the **core category**. These processes were followed in the present study. Further detail of application of the processes will be given in the section on data analysis later in this chapter.

In grounded theory analysis **emerging categories** are compared with each other to ensure all behavioural variations have been identified separately (Hutchinson, 1986). The researcher questions whether data assigned to a particular category could be part of another category in the research. Is there any overlap? Should some categories be merged together under a new concept? During this stage of theory development **selective sampling of the literature** helps the researcher identify possible categories.

At the same time, **theoretical sampling** is used as the researcher decides on analytic grounds what data to collect next and where to find it. Theoretical sampling is an essential part of the grounded theory mode of analysis as it

facilitates the process of controlled data collection which allows the theory to emerge (Strauss, 1990).

As the emerging theory expands and becomes more dense **theoretical codes** are formed. These form the basis for conceptual relationships in the grounded theory. According to Hutchinson (1986) these theoretical codes may or may not be basic social processes, (a type of core variable) depending on the number of behavioural variations which are noted.

Concepts are modified and integrated by the use of **memo writing** which becomes a vital part of the process of theory generation. Memos can be methodological, observational, or theoretical and serve as reminders of the researcher's thinking processes as they trace hunches, impressions, ideas, thoughts, and feelings that occur during the research process (See Appendix D). Memos are an important part of theory generation as they represent abstract thinking and allow the researcher to assume some analytical distance from the data (Strauss & Corbin, 1990). Memos and diagrams evolve during data collection and analysis and help the researcher clarify the accuracy, complexity, and density of the theory being generated.

Generation of the grounded theory occurs around the development of the **core category** which is central to every other category as it reduces the more general categories by linking data together and accounting for maximum variations in the theory. One of the special features of grounded theory analysis is its capacity to deal with a wide variation in patterns of behaviour (Strauss, 1990).

The final step of this research process is the **writing up of a substantive theory** which is grounded in the data collected.

## **THE DESIGN AND METHOD OF THE PRESENT STUDY**

In this section application of the research method will be presented. The study design, setting, access to the field, participant selection, the sample group, ethical considerations, researcher involvement, data collection methods, data analysis, and the rigorousness of the research will be discussed.

The study design is qualitative and adheres to the grounded theory methods of data collection and analysis as already described. Such an approach "studies the phenomena from the perspective of the subjects and within the context in which they occur" (Roberts & Burke, 1989:166). Grounded theory was chosen in order to answer the general question "what is happening here?" or more specifically, to try to understand "what is the meaning of being a nurse educator?" Even though the literature showed considerable research on role issues in relation to the nurse educator there seems to be a preponderance of studies utilising the empiricist perspective. The strength of the inductive methods of research lies in the fact that data emerge to generate the theory and not the reverse (Morse, 1989).

### **The Study Setting**

The setting for this study was provided by the nursing departments in three Technical Institutes in New Zealand. In order not to narrow the sample to one particular context and to provide an opportunity for theoretical sampling of the New Zealand scene, the schools of nursing were selected for their location both in the North and South Islands. The three schools were chosen deliberately as categorical development is much slower on a single terrain and different groups help generate categories by highlighting similarities and differences (Glaser & Strauss, 1967).

### **Access To The Field**

A formal letter outlining the proposed study and requesting permission to approach staff was sent to the Heads of Nursing Studies of four Technical Institutes (See Appendix A). Approval was granted and three schools became the focus of participant selection. Four Schools of Nursing were approached in the first instance as the researcher was keen to talk to as many teachers as possible. Because of problems involved in accessing participants in other parts of the country, and time constraints, the researcher eventually decided to limit the study sample to three of the schools.

## Participant Selection

Potential participants in any research have the right to feel free from coercion, constraint, or undue influence of any kind (Wilson, 1985:67). The researcher was conscious that coercive or seductive language should not be used when inviting teachers to become part of the study, so no attempt was made to "persuade" teachers to join the research.

In the first school nurse educators were approached at a meeting where the research was outlined and staff were asked to indicate their willingness to participate by contacting the researcher after the meeting. Nine teachers made contact over a period of two to three weeks and another teacher joined the study, at the researcher's request, eight weeks later. This participant was invited into the study to clarify data and check out emerging categories.

For the remaining two schools the decision was made to use network sampling to access teachers. This method of sampling was particularly effective to gain entry to nurse educators in different parts of the country. Social networks were used to locate teachers who may have been interested in being in the study. The initial contact person was telephoned and the purpose of the research presented with a request for the names and telephone numbers of other nurse educators who could be interested in participating in the research.

Using this method, eleven potential participants in the remaining two schools were eventually located by telephone. Detailed explanations of the research, the methodology, its aims and purposes, and what it might mean to be a participant were discussed and questions answered. This telephone contact was followed with details in a letter (Appendix B). Once the consent form (Appendix C) was signed and returned, arrangements for interviewing commenced. Of the eleven initial contacts in this second group, six teachers agreed to be interviewed, making a total of sixteen participants.

## **The Participants**

The participants were fourteen women and two men. Ages ranged from late twenties to early fifties. The majority of participants were in their early thirties. Thirteen participants were New Zealand born while three came from overseas and had therefore undergone their nursing education in other countries. Their involvement in nursing education varied from three to fifteen years. Ten of the sixteen participants had been educated to a bachelor's degree level and two others were in the process of completing their degrees. Their majoring subjects included six in nursing, five in education, one in anthropology, and one in science. At the time of the study four participants were involved in masterate study in nursing or education.

## **Ethical Considerations**

Ethical issues were considered throughout the research process as the researcher sought to protect the rights of the participants. Firstly, a full explanation of the nature and purpose of the study was given to all potential participants who were reminded that consent to participate was ongoing and that it was their right to withdraw at any stage. Because qualitative research is a constantly changing process, unforeseen events and consequences are always possible so facilitation, negotiation, and re-negotiation are essential to protect the participants' privacy, anonymity, and risk of harm.

In consenting to be part of the study, participants accepted that tape recording of interviews was the main means of data collection as it was necessary for accurate recording of information. During interviews participants were asked to discuss only that information which they felt comfortable in sharing and if anyone questioned the confidentiality of sharing sensitive data the researcher offered to turn the tape off to ensure complete confidentiality. In such situations participants usually reconsidered expression of their responses.

During the research process the tapes were stored safely in the researcher's home. Study participants were invited to select their own pseudonym for interview identification and interviews were arranged at a time and place that

was mutually acceptable to both researcher and participant. The essential concern here was to protect the participant's privacy.

During data collection the researcher was aware of the need to protect participants from risk. There was the potential that increased self-awareness could cause teachers to question personal ability associated with their work in nursing education. This was discussed prior to data collection so debriefing time was built into each interview session to encourage and allow participants to share concerns.

### **Researcher Involvement**

Although research in grounded theory attempts to limit the influence of prior knowledge and experience of the phenomena being studied, Glaser and Strauss (1967) believe once immersed in the data collection, the researcher cannot remain a passive receiver of impressions. During the research process the researcher's personal experiences of nursing education highlighted issues and assisted in interpreting the meaning of the experiences of participants. At the same time, this heightened awareness helped the researcher to acknowledge her own bias which led to personal scrutiny and critical reflection and examination of prejudices. For example, when particular issues related to workloads were raised by participants the researcher had to consider whether the emphasis given in data analysis was also a reflection of the researcher's personal situation.

### **Data Collection Methods**

Data were collected by interview only. While it is recognised that one method of data collection could limit the potential for theory generation about the teachers' experience of nursing education, interviewing was chosen deliberately because of time constraints for completing the research, and also because of difficulties in using other methods such as participant observation with teachers situated in different parts of the country.

Each of the sixteen participants was interviewed from one to four times over a period of four months. Second and subsequent interviews were conducted

with participants who expressed a willingness to engage in further discussion and who were reflective in their comments and observations. Interviews ranged from forty-five to sixty minutes in length. Thirty-six interviews in all were completed until theoretical saturation was achieved and little in the way of new information came from the interviews.

Interviews were semi-structured with content varying depending on emerging themes and ensuing discussion. These themes were then introduced to other participants to be checked out against their own experiences with the result that commonalities and differences soon became apparent and accounted for the variations in the data.

Prior to data collection, literature was scanned to develop a focus. Further reading was continued, as time permitted, during the stages of data analysis. This became very intensive during the writing-up phase as data analysis was refined and theory developed.

### **Data Analysis**

Data analysis was a continuous process undertaken with varying degrees of intensity throughout the period of research. Data were constantly examined for meaning, common patterns and emerging concepts from the beginning of data collection until the final draft of findings was produced a year later. The first six interviews occurred at the first Technical Institute and every transcript was analysed for codes and categories which were simultaneously compared with every other piece of emerging data. All data were analysed line by line for substantive codes which used the words of participants where possible to ensure the theory would be grounded in the data. For example:

I guess the thing is that students are wonderful people.  
They're fun, they're interesting...I thoroughly enjoy  
them (Sophie, 2:559).

In this description the original substantive code was "enjoying students" which was re-coded into the selective code of "teacher-student relationships" and which eventually came under the category of *interacting with students*. Likewise:

They [students] have stresses, things in their lives that are happening for them and I think we have to take into account what those things are (Donna, 1: 50).

The original substantive code here was that the "teacher needs to acknowledge stresses in students' lives" which was re-coded under the selective code of "teacher expectations" and eventually merged into the selective code of *interacting with students* which added to the density of the theory. This code eventually became part of the theoretical code *learning about teaching*. Another example of coding is:

...there are people who obviously see what they do here as a job and that frustrates me...(Tess, 2:544).

From this statement the substantive code was "frustrating to work with people who view their work as a job" which was re-coded under the selective code of "barriers to collegiality" and later placed in the category of "collegial relationships". In the final analysis the selective code was refined to *recognising individual differences*.

As theoretical codes developed, all substantive codes (words of the participants) were entered into the computer with a page number for cross referencing. These substantive codes were grouped together according to similarities and differences and labelled with a selected code. Eventually, several selected codes were put together as the researcher's understanding deepened and interpretation was refined. For example, within the theoretical code *preparing for promotion* original selected codes were "striving for reward", "playing the game", "equity issues", "expectancy issues", and "lack of recognition". The last three selected codes were seen to overlap and were then renamed as *facing the promotion round*. This process of coding and recoding assisted in examination of hunches and ideas as, through constant comparative analysis, data were re-scrutinised line by line. Although the "microscopic analysis" (Cowley, 1991) resulted in twenty-four thousand words of data and one hundred and fourteen pages of phrases the process facilitated cross-comparisons between slices of data as typical and atypical descriptions were sought.

Initial data collection in the first school was followed by interviewing of the six participants in the remaining two locations. Data from interviews were

analysed, compared, and contrasted with the first set although the same similarities and differences were beginning to appear consistently. The researcher then returned to the first Institute for the final phase of clarification. Codes and categories were refined to a point where the researcher felt interpretation was as accurate as possible. For example, in the early stages of coding a category "discovering contextual constraints" emerged. Eventually, with further thought and analysis the researcher decided this category was part of another category which had been named *understanding the system* so the two areas were integrated under the latter.

As selective codes emerged from the data the researcher grouped them together to create a theoretical code. This aspect of analysis was relatively straightforward and resulted in theoretical codes such as *learning about teaching*, *teaching in clinical settings*, and *understanding the meaning of knowledge* being grouped together in the conceptual category *being a teacher*. All the time codes were examined for depth and breadth as accuracy of analysis was the goal.

During data analysis various conceptual maps were drawn. These maps have been recommended by Glaser (1978) and Chenitz and Swanson (1986) to keep track of codes and emerging categories, and their relationships to each other. The maps were constantly changed until the emerging diagrammatic model was presented to participants at the final interview. Feedback was sought as to the accuracy of the diagram and participants were asked for their thoughts on its accuracy as an illustration of a teacher's experience of nursing education. All the teachers could identify with the model and some asked questions which provoked further discussion and helped the researcher clarify those aspects which were unclear. The model continued to be refined throughout the writing-up process until the researcher was satisfied that it provided an accurate depiction of the emerging theory.

At this stage the researcher was still searching for the core category and it took many frustrating months of intensive analysis and reflection for this to be identified. The researcher spent some time considering "personal knowledge" as a core category but this would not "fit" all the data. Secondly, the researcher felt "the dimensions of knowledge" was broader and could be central to all categories. Although this interpretation was possible it proved vague when applied to the conceptual categories. Literature was studied and

"resocialisation" emerged as a possible variable until it was realised that this process had an end-point. This was inconsistent with the data which suggested, quite clearly, that nursing education was ongoing, dynamic, and constantly changing. Finally, after further consultation with colleagues, the core category was identified as the process of *being-in-becoming*. These two words, "being" and "becoming" had been a constant part of the data analysis but the researcher had always tried to keep them separated and identified specifically. The "aha!" that the words could be merged was exceedingly powerful and a great relief to all concerned.

Data analysis was a continuous process and critical reflection and scrutiny of material was ongoing during the writing phase. Memos were used throughout the whole process of data collection and analysis to record ideas, hunches, recurring themes, and questions. Memos were the researcher's written records of the analytical process (Corbin, 1986). For example, with participant selection the researcher became very comfortable with the initial group of teachers and was tempted not to extend that group to other locations. A methodological memo served to remind the researcher of the need for theoretical sampling. Methodological memos also helped the researcher to clarify issues related to the research process (See Appendix E). Theoretical memos were documented extensively in the study and were a critical part of the analytical processes (See Appendix F). Every interview was analysed for the developing theory and notes were made about interpretation of categories and possible concepts and potential relationships between these.

### **Rigorousness Of The Research**

Throughout the study the researcher was conscious of completing research which was credible and trustworthy. This was achieved by following Sandelowski's strategies which would ensure "credibility", "fittingness", "auditability", and "confirmability" (Sandelowski, 1986).

"Credibility" occurs in qualitative research when the descriptions and interpretations of specific experiences are recognised by participants as being accurate. This happened when participants were able to identify with the diagrammatic model at the final interview. A presentation of findings was also given to staff at one school of nursing where positive feedback suggested

accuracy of the evolving theory. Credibility is also ensured when other researchers and readers can recognise the experience when confronted with the research findings. The researcher was able to clarify this latter aspect by discussing findings informally with colleagues who recognised their personal position within others' experiences of nursing education.

A study is considered to have achieved "fittingness" when findings can be applied to outside situations which are different to the original research setting. This occurred in this research because when findings were presented to two separate groups of registered nurses they were able to identify with the nurse educators' experiences which they felt had similarities to their own encounters in specific clinical areas.

"Auditability" is said to occur when the researcher leaves clear explanation of the strategies that were used in the research process by "describing and justifying what was actually done and why" (Sandelowski, 1986:34). Explanation is such that a clear "decision trail" is left which would allow another researcher to conduct a similar study elsewhere. In this study, the researcher's supervisor reminded the student of this need as she audited the research process throughout.

Finally, qualitative research is considered rigorous and "confirmability is achieved when auditability, truth value, and applicability are established" (Sandelowski, 1986:33). Truth value and applicability of the study was enhanced by checking that data were clearly illustrated in the coding categories with examples being given to show how data were interpreted; checking that descriptions, explanations, or theories about the data contained the typical and atypical descriptions; deliberately trying to discount or refute a conclusion drawn about the data; and obtaining validation from the subjects themselves (Miles & Huberman, 1984).

## **SUMMARY**

This chapter has outlined modes of inquiry in nursing and emphasised the place of qualitative methods of knowledge generation. Grounded theory as a research methodology was chosen for this study as its symbolic interactionist philosophy allows the researcher to focus on the meaning everyday events

have for the person. "The direction of analysis is from the individual up through social groups, organisations, and institutions, rather than from the system down through the parts to the individual role" (Bowers, 1988:36). Grounded theory as a method of analysis has been presented and details of the research have been described with examples of data collection, and analysis. Ethical considerations and issues related to the rigorousness of the study have been discussed in terms of their application to the research process.

The following four chapters contain the findings of the study, organised around the key concepts identified in the process of grounded theory generation.

## CHAPTER FOUR BEING A TEACHER

In the next four chapters the four conceptual categories which emerged from data analysis will be presented. These are *being a teacher*, *settling down*, *fitting in*, and *coping with change*. These conceptual categories together constitute the basic social process of *being-in-becoming* which describes the teachers' experience of nursing education as one which is ongoing, dynamic, and constantly changing. In being a teacher the individual is also involved in continually becoming a teacher. In other words, the process of being or existing, is intertwined with the process of developing, changing, and becoming.

In this chapter the nurse educators' experience of *being a teacher* is described. In this context, "being" describes the way things are in the everyday world of teaching practice. "Being" refers to the existing conditions that contribute to the teacher's experience of nursing education. In the study, the three categories which combined to make up the category of *being a teacher* (See Figure One) are *learning about teaching*, *teaching in clinical settings*, and *understanding the meaning of knowledge*.

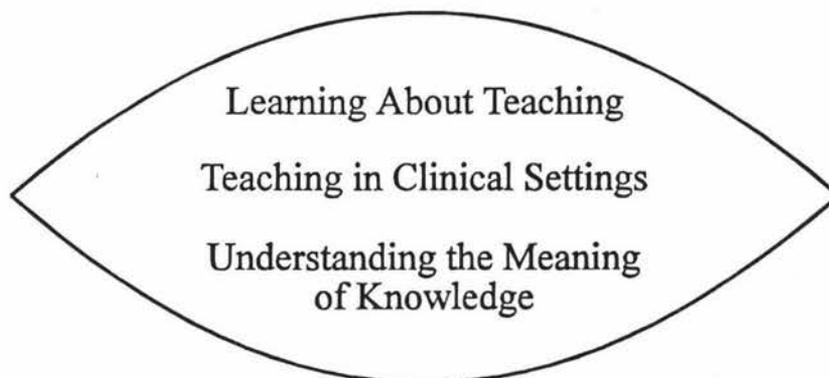


Figure One: Being A Teacher

## LEARNING ABOUT TEACHING

When a nurse accepts a job in a school of nursing she changes overnight from being a nurse to being a nurse teacher. Such outward change of responsibility, however, does not mean the inner transformation is either easy or immediate. Teachers in the study talked about having to *learn about teaching*. Even though they had been involved in health education in clinical practice prior to their employment in the schools of nursing those experiences had not prepared them sufficiently for their new work as nurse educators. The specialised nature of teaching practice within an educational institution emphasised for many, that teaching was not an everyday skill. Rather, it was something which would be learned and developed over time. Despite the fact that the "new" nurse educator may have had a heavy involvement as a clinical teacher, the career change meant that she was now exposed to a completely different world, dominated by educational philosophies and practices different from those which predominate in the clinical settings.

The selective codes which were identified as constituting the broader conceptual category of *learning about teaching* are *beginning to teach, interacting with students, and developing experience*.

### Beginning To Teach

Even though most teachers entered nursing education with advanced knowledge and skills for clinical practice once the student became "the client" clinical expertise was no longer sufficient preparation for their new career. In the study many teachers reflected on their early experiences as a new teacher. Thinking about past experiences gave a certain sense of perspective on how far the person had developed in achieving competence as a nurse educator. While teaching is usually considered to be a key component of being a nurse educator, study participants did not consider it was a natural skill:

I spent the first three years floundering around thinking what should be taught and where is it? If I was expected to go and teach this, who taught it before, and where were their notes? (Rose, 1:376)

Initially, teachers were most concerned with the practicalities of *beginning to teach*. Many felt they were "thrown in at the deep end" as they were expected to teach with little orientation. It seemed that even though teachers had been employed for their expertise as clinicians there was an assumption that they could automatically become an expert teacher. New teachers were not always helped with the development of their teaching practice. There was little guidance given on what to do and how, yet new teachers felt that they had to demonstrate expertise evident in the work of much more experienced colleagues. Jane explains:

...what I wasn't good at as a new teacher was that I felt I had to be perfect from the word go and I don't think there is a lot of support from teachers...being open and honest about the area that they need to develop in and it was almost as though you were going into a world of perfection, perfectionist teachers and you were the only one that wasn't sort of fitting that role (Jane, 3:512).

Technical knowledge about teaching plans, strategies for action, theories of learning, use of audio-visual aids, and evaluation was eventually gained in tutor training courses. This technical knowledge helped the new teachers to develop confidence and skill and understand the theoretical aspects of teaching. Novices had to learn how to be teachers by mastering the skills and knowledge of teaching practice.

During the early stages of teaching those new to the job asked themselves "what am I doing here?" and "how on earth am I going to teach people?" There was a dawning awareness of the complexity of the work and, perhaps because of their hospital training, *being a teacher* was seen in terms of tasks to be mastered. Lecture preparation took a long time and for many, learning how to be a teacher was challenging, as Joy explains:

...I did a lot of preparation and I would hear my seniors say a lecture should only take you four hours to prepare and I'd think to myself, well, I'm a hopeless teacher because I take more than twice that amount...(Joy, 1:3).

It was not unusual for teachers who, until recently had accepted responsibility for their clinical practice, to question and doubt their personal abilities as they

defined and modified behaviour in their new position. It was not until the teacher had mastered some of the essential elements of teaching, that the focus could move to teacher-student relationships and *interacting with students*.

### **Interacting With Students**

Teacher-student interactions are the foundation for education and learning. Just as nurses can nurse only in the context of being with patients, so teachers can only teach in the context of being with students. Most often this "being-with" involves face-to-face interaction, and so the ease with which a teacher is able to share this kind of social situation will influence how much energy will be put into the teaching-learning process or how much satisfaction will be derived from *being a teacher*. The nature of the relationship between teacher and student is affected by philosophical values, beliefs, expectations, definitions of teaching and learning, previous experiences as a learner, and the personalities of teacher and students.

Many nurses enter teaching because they had enjoyed working with students in the clinical setting. Teaching then becomes a purposeful activity which includes helping students, encouraging them to set their own standards, and motivating them to take on challenges:

We've built up a relationship that you can actually say that - it's quite precious really...maybe it is through that relationship that they have got enough confidence and they are safe to step out and try things and grow and do things...we are out there to work and the work is that you are teaching, helping them, well just facilitating, helping them to learn by asking questions all the time...(Bonny, 1:227).

The teacher's attitude toward students as individual people influences the extent to which they enjoy their work. In the study it was suggested that those teachers who remained in teaching viewed students positively. Such positive attitudes were a necessary counter to the stresses and demands of the job, and they brought a special quality to teacher-student interactions:

...the thing is that students are wonderful people. They're fun, they're interesting, there's a tiny few that are incredibly frustrating...what I get out of teaching students is to actually see them developing. They've got the most wonderful personalities and they're a bag of laughs. I thoroughly enjoy them (Sophie, 2:559).

The majority of the teachers in the study delighted in watching students extend themselves and become confident as people. There were special rewards when students began to question, think, and argue, although new teachers had to learn that debate and disagreement were all part of learning and development of the educated person. The student-centred culture of the nursing schools meant that the teachers were expected to work for and with students. Partnership in learning, however, was not always a comfortable relationship:

...there is a kind of scariness in it as well because in that equalness there seems to be a greater vulnerability about what you don't know because my behaviour changes. I feel like I am giving more...to get to the end of what I have and there is no bull. I can't sort of pretend I know a whole heap more about a subject (Tristram, 1:447).

While students who lacked knowledge may have been encouraged and rewarded for their openness and honesty, the teacher was not accorded the same dues and had to prove expertise and knowledge to students (and colleagues) before he or she felt they had gained others' respect. Interaction with others was an important part of self-development but was not always easy. Rose puts it like this:

Another thing I found very hard was that maybe my interpersonal skills weren't as good as they could have been. Maybe it was OK as a nurse but as a tutor something more was required...I had to now criticise people (Rose, 1:377).

Nevertheless, *interaction with students* was a two-way process. If the teacher was rewarded by positive feedback from students, and when this happened freely, it lifted performance and made the effort worth while:

All of my sort of inspiration and warm feedback - most of it, just about ninety-nine percent of it comes from my students and the other bit comes from my very close working colleagues. Never ever from my superiors (Sophie, 1:279).

Interaction could also be less than satisfying. Most teachers experienced some frustrations:

There are some students who are just there to cruise through and really don't give a damn about what they are doing and as long as they turn up and get the hours in they'll just puddle along, whatever. I find those students really irritating and I wouldn't want to make time for them...I will try and arrange to expose them to different ideas and that sort of thing but a lot of those students just seem to be negative and they'll eventually perhaps change but they are just not developed or ready to learn at that stage (Tess, 2:553).

Attitude to such students varied and depended on the teacher's philosophy for practice and expectations of students. At least half the teachers in the study practiced within a humanistic philosophy which emphasised knowledge gained through the processes of thinking, feeling, and intuiting. For these teachers, honesty and openness were pre-requisites to genuine teacher-student interactions and meaningful sharing with students:

I really like the idea of actually helping people learn things. Something clicks and they understand it or when you actually get them to think about something they have never thought about which is useful for their own personal growth. It's like helping somebody in a different sense than when you are helping with somebody with nursing but you still, its very...but you are still shaping people's lives (Lulu, 1:132).

The majority of teachers defined teaching in terms of adult learning principles which concentrate on fostering independence and confidence. They hoped to motivate students to develop as students and as people by extending their own thinking. For some, there was a belief that the skills learned in nursing would be skills for life. John suggests:

I would like to think I'm preparing students to be reasonable human beings...the other bit is talking to people and interacting with people and those skills can be used absolutely anywhere and we are talking about things like self esteem, valuing yourself and also tolerance, accepting that other people have different viewpoints because they come from different places, different backgrounds and everything (John, 1:341).

During *interaction with students*, teachers were also involved in self-discovery. So, teacher-student interaction was a reciprocal process in which nurse educators were *developing experience* as they learned not only about students and about their attitudes and approaches to learning, but also about themselves and about being teachers.

### Developing Experience

Learning how to be a teacher was an ongoing process. *Developing experience* relates to the practical knowledge of teaching which was learned through interaction with others. This was the "knowing how" of being a teacher which was different to the theoretical knowledge and "knowing that". Greater involvement with the everyday practicalities of teaching helped nurse educators to become familiar with how *to be* a teacher. Many participants began to realise that teaching was complex and would change continually. Sophie tries to describe this:

...I think that one of the things I realise is that the more you teach, the longer you teach, the more you realise that you never actually get on top of it all, and so you actually have to start making your own decisions about what you are going to accept now (Sophie, 1:283).

As teachers worked to provide the climate and the strategies to facilitate learning they also learned more about themselves and became self-aware. Self-knowledge often promoted self-acceptance which had the potential to deepen understanding of both the self, and others' behaviour.

Self awareness increased as nurse teachers worked to master the technical skills of teaching and prove themselves in the classroom and clinical settings.

Those who were able to identify personal strengths and weaknesses developed more quickly through challenge and critique of personal performance. This was only possible, though when self-esteem was high, as those teachers who showed signs of lower self-esteem appeared more anxious over their performance in teaching and interactions with others.

The more experienced teachers spoke of the need to accept themselves as they were, to be confident and comfortable with themselves and their work. While the number of years spent in nursing education did not make the teachers automatically at ease with themselves, more experienced teachers showed evidence of increasing self-awareness, confidence, openness, and self-assurance in their work. Peggy had been teaching for over ten years:

...certainly, my own personal growth has enabled me to be freer, more honest, more open, and feel OK about where I am and to realise that is important...I make clear that we are in different roles, that I am the tutor role and they are the student. It doesn't mean to say that you can't discover things together...[I'm] probably feeling more OK about identifying the role (Peggy, 1:363).

Teaching was experienced as challenging, demanding of time and energy, and seldom dull. For study participants, *being a teacher* provided "an opportunity to do almost anything you want to". Clearly, attitudes influenced how a teacher took on new responsibilities, changed behaviours, and accepted new challenges. This illustrates how people act towards things on the basis of the meaning that those things, or events, have for them. Teachers learned to understand the meaning of *being a teacher* as they interacted with others.

With *developing experience* teachers realised nursing education was influenced by constant change. Most of the changes were brought about by political and economic reforms of the education and health sectors. These factors caused changing expectations within teaching practice as responsibilities altered, curricula were revised, and access to clinical settings had to be renegotiated. It is questionable whether teachers had much personal choice in accepting extra responsibilities brought about by external changes, as the longer someone stayed in nursing education the more responsibility he or she was expected to accept.

Study participants reacted to change and challenge in different ways. Experienced teachers were generally comfortable with being involved in the processes of teaching and learning once they understood their responsibilities. Others became frustrated and anxious with the lack of preparation time when they believed preparation was crucial for their work. Some teachers were unable to say "no" to increasing workloads, took on too much, and did not cope. This caused problems for colleagues who became tired of carrying extra work and responsibility for those who were not coping with the demands of their work. As well as being involved in classroom teaching most nurse educators had responsibilities *teaching in clinical settings* which called for additional teaching skills and abilities. This will be discussed next.

## TEACHING IN CLINICAL SETTINGS

Being a clinical teacher was very different for the nurse educator who re-entered the clinical setting in a new capacity. Even though most teachers had been experts in some clinical area before they made the career change, that experience did not completely prepare them to negotiate successfully as a teacher the two worlds of education and health care. At the same time, while there were certainly some skills of classroom practice which could be applied in the clinical setting, it was the lack of preparation for dealing with the differences which made this part of teaching a challenge for many.

The selective codes identified in relation to the teachers' experiences of working in clinical settings were *introducing students to clinical settings*, *being clinically competent*, and *communicating with clinicians*.

### Introducing Students To Clinical Settings

A large part of a being a nurse educator involves *teaching students in the clinical setting*. Although there were some educators whose work did not include clinical involvement (e.g. some of those teaching first year and post-registration students), the majority of educators divided their time between the classroom and a variety of clinical settings. In New Zealand, the Nursing Council requires that students spend a minimum of 1500 hours each in both the classroom and the clinical setting before registration may be granted.

Therefore, experience in clinical settings forms a significant part of students' experiences of nursing education and *introducing students to clinical settings* was perceived by study participants as an important part of *being a teacher*. Assisting students with their clinical experience was a crucial aspect of teaching practice which involved forming a relationship with students and helping them to become responsible in testing their knowledge in clinical practice and trying out their newly found skills with clients. Teachers were seldom formally prepared for this work as general ability to teach in the classroom and prior experience in clinical practice were considered as sufficient preparation for clinical teaching. Although most of the teacher-training courses throughout New Zealand offer a clinical teaching module, this one week course is not always undertaken in the first year of teaching as classroom skills of planning and evaluation usually have to be tackled before the clinical module. For many, this might not occur for anything up to two years despite the fact that a teacher spends most of his or her teaching time in clinical settings. Nevertheless, teachers who took part in the study regarded students as being "teachable" and very ready and willing to learn. Teachers appreciated students' enthusiasm in that most students "simply loved clinical [experience] and couldn't wait to get there!"

The majority of the teachers in the study spoke of their commitment to sharing the significance of practical knowledge with their students. Although clinical settings were unpredictable they provided a wealth of different experiences in which the teacher's responsibility was to find learning experiences which would enable the student to meet the specified learning objectives and outcomes. While many teachers enjoyed going to clinical areas for a change from classroom teaching, they also expressed relief on return to "their" classrooms. As guests in an institution, nurse teachers lacked a position of authority. Rather, they were required to obtain others' permission, and spent considerable time and effort negotiating in clinical settings a place for themselves and their students.

On the other hand, teacher-student relationships were more personal in the clinical setting as teachers shared values and experiences with students and encouraged reflection and critique of practice. Role modelling was used by many to demonstrate technical, communication, and interpersonal skills in actual client situations. The link between needing to ensure adequate patient

care and to facilitate student learning was not always clear cut, as shown in the following interview excerpt:

I believe I am a strong role model, sometimes to my own detriment. I had a peer come out and work with me one day and she said I did too much but that could be debated...you've got patients at the other end of the bed and this rather sometimes inept, hesitant, somewhat anxious and slow thinking student in the middle of a very busy medical ward and you just tend to get in and do (Joy, 4:500).

Teachers' attitudes towards clinical teaching are shaped by personal perceptions of what students are being prepared to do as nurses of the future. Study participants perceived themselves as having particular responsibility for helping students to become safe beginning practitioners. Clinical learning was considered particularly powerful, with every encounter contributing to student experience:

...it doesn't particularly worry me that the clinical set-up is not ideal for student learning because I think all these situations can be reflected on and used in discussions with students...to perhaps [help students] identify areas that they could do differently (Jane, 1:18).

Some teachers spoke of feeling isolated in clinical settings where they felt they had to "get on with everyone". Inadequate resources and poor standards of nursing care observed in some settings caused frustration and anxiety as the teachers faced norms and values different from the ideals prevalent in their educational institutions. Thus, some teachers felt a sense of disappointment that they were *introducing students to clinical settings* in which nursing care lacked the qualities of continuity and comprehensiveness.

### **Being Clinically Competent**

It is usually accepted that nurse teachers must have clinical credibility in order to be able to teach and to be sensitive to clinical constraints. The importance of clinical credibility was handled differently by different participants in the study. Clinically focused teachers had a strong need to

return to clinical practice settings and while they had altered their duties from clinician to clinical teacher many felt that they had never left the world of nursing practice:

...I've had a very big clinical input and I actually get incredibly annoyed with people that say to me "would you like to go back to nursing?" and I think "well, I've never actually left nursing. I am a nurse, I teach nursing". I'm out there relating to clients and students...well two thirds of the time so I get a bit annoyed about that but I suppose that illustrates that I really believe the basis of nursing is clinical practice (Tess, 1:296).

Teachers felt most comfortable and confident in familiar settings and were highly aware of areas in which they felt clinically competent:

I think being clinically competent is an important aspect of nursing education. That's something I didn't have when I went into nursing education but that to me would be really important now...now that I've got it (Sophie, 2:562).

Some of the teachers kept up to date by working in clinical practice in their own time either during the working year, or during the holiday breaks. Many of those who did not, felt insecure and lacking in confidence when they were out of touch with clinical practices and developments. Educational administrators were perceived as not being aware of the degree of specialisation that had occurred in clinical practice and therefore, did not appreciate the extent of the problem for the nurse teacher who was expected to demonstrate clinical competence. There was an expectation that "a nurse was a nurse was a nurse" and expertise in specialised areas could be applied anywhere:

The generalist I see as being very vulnerable because there is this myth in the teaching system that the generalists can teach anywhere and go anywhere and do anything and in actual fact they can't. They cannot today because information has increased to such an extent that every area is specialised (Sally, 2:420).

Some expert teachers were happy to change areas every few years and although they had to become familiar with new knowledge and skills they stressed that they were educating generalist, not specialist nurses, and that there were some skills that crossed all areas. Thus the issue of clinical competence was something that study participants considered to be of considerable, and on-going importance. Clinical competence needed to be nurtured and developed. The *being-in-becoming* was relevant here as much as in the broader context of being a nurse educator.

### Communicating With Clinicians

An integral part of the work of the clinical teacher involved interaction with clinicians. Another aspect of being a clinical teacher was to arrange the best learning experiences for the students. The way in which this happened frequently rested on a teacher's clinical competence which was used as a measure of personal and professional ability. Even though as already mentioned, most teachers were expert clinicians in some area of nursing practice, they frequently worked in unfamiliar hospitals or health care settings. This meant that the teacher had to constantly "prove herself" to clinical staff so that students could have access to learning experiences.

Many of the difficulties experienced in being a clinical teacher related to communication with nurses and other clinicians. Most teachers visited the workplace prior to arrival with students and spent time discussing educational needs with staff. When, for whatever reason, clinical staff did not receive copies of learning objectives or felt that they were inadequately informed, this often led to strained relationships between teachers and clinicians. In such situations, teachers were aware that students absorbed the ward dynamics very quickly and were concerned with the impact this may have had on the students. A number of the study participants spoke of the time and energy they spent promoting public relations with clinicians. Disagreements between clinicians and educators which seemed to revolve around their different perceptions of the practical competence of hospital trained graduates versus comprehensively educated students, were a particular source of frustration.

Some teachers reported feeling ineffective and discouraged when, in busy acute areas being managed with reduced resources, attention to detail taught

in the classroom was not evident in clinical practice. Some teachers reacted to these situations with irritation and resentment. Others spent more time talking with clinicians which was important in a climate where management practices did not support the ideals of nursing courses or perhaps the ideals which the clinical nurses too would like to achieve:

I find a lot of the emotional effort is trying to keep the peace between us, and the students are in the middle, and I'm in the middle because I'm out there, and it is walking a delicate tightrope trying to keep everyone happy (Gwen, 2:186).

Being a clinical teacher was certainly challenging and it is questioned how well prepared teachers were for those teaching responsibilities. *Being a teacher* was complex and also required that the nurse broaden and develop her *understanding of the meaning of knowledge*.

## UNDERSTANDING THE MEANING OF KNOWLEDGE

As teachers became more involved with their work of *being a teacher* they extended their knowledge and became much more aware of the different dimensions of knowledge and how these impacted on their teaching practice. Through interaction with students, other teachers, clinicians, and organisational structures, teachers discovered different types of knowledge from various sources. In nursing education teachers were faced with epistemological questions as they considered what to teach students and why particular knowledge was important. *Understanding the meaning of knowledge* meant that the nurse teacher had to be able to articulate ideas. In this final section on *being a teacher* the selected codes which emerged from the data, *valuing knowledge* and *appreciating the influence of knowledge*, are discussed.

### Valuing Knowledge

Knowledge is derived from experience, reflection, values and belief systems as well as scientific inquiry and research, philosophical analysis, and perhaps

through revelation or from sources of authority. A teacher's attitude towards knowledge will influence her or his approaches to teaching and learning.

Many of the participants spoke of a general love of knowledge. For some, personal knowing seemed to be more important than having the technical skills to teach others. In this context, "teaching" students became an opportunity to share knowledge with others. Many teachers placed high value on knowledge which they actively sought:

That quest for knowledge. It has amazing off-shoots and I mean it's not just us giving knowledge it's the knowledge that we get ourselves from our students and from one another here in such a supportive environment. You go into the ward situation and you can see how stressed they are and sometimes there's very little of that intellectual stimulation (Donna, 3:475).

With time and experience, many teachers became aware of the different dimensions of knowledge as understanding of ethical, technical, practical, personal, and emancipatory knowledge was extended into the teaching and learning processes. For others, the philosophical foundations of knowledge were intriguing as Gwen explains:

...coming in here to this setting, there is a lot of debate and talk about philosophies and where we are going. It was something which was quite new to me...I think for me, initially, rather than words it was a people thing. Again, I am a people person and I think I tended to be aware of my philosophy through people. Through seeing how people were taught, how they react to the students, what they talked about when the students weren't there...it was listening and reading...(Gwen, 4:479).

Teachers needed information to cope with the demands of their new work setting. There was an underlying excitement and respect for knowledge as the outcome of intellectual activity, and for those who were perceived as having knowledge. Those teachers who practised teaching as an educative process loved to see students manipulate information, doubt it, seek it, find the truth and the untruth in it. It was generally agreed among the study participants that

most students would respond positively to being challenged and extended intellectually. At the same time, the teachers perceived students as having clear expectations of their teachers needing to be well prepared for class, and to have an interest in, and knowledge of the subject matter.

But, sharing knowledge was not always an easy nor a clear-cut activity, particularly if a teacher had to teach content in an unfamiliar area. This was not unusual and while teachers understood they had broad knowledge and skill as compared to students, many felt vulnerable. The lack of control in a new situation had the potential to upset personal confidence, especially if the teacher was feeling unsure and uncomfortable with the extent of her own knowledge and competence in a specific area of nursing. The main problem in such situations seemed to relate to insufficient time to prepare in new subject areas. Administrators were perceived as assuming that all teachers could transfer their knowledge and teaching skills across any area of nursing practice. While this may have been possible with time and experience, the expectation presented a challenge to the majority of teachers who were also developing self-awareness and self-knowledge as they were involved in the process of *being-in-becoming*.

### **Appreciating The Influence Of Knowledge**

As teachers gained experience in their work there was an increasing realisation that the nature of knowledge extended beyond factual scientific knowledge to include practical, ethical, and personal knowledge which were integrated into the teaching-learning processes. As the dimensions of knowledge were appreciated and better understood nurse educators became more aware of their own potential to use knowledge and teaching situations in an influential way.

In the study, participants believed that valuable knowledge was identified by students and by those educators who were in positions (such as some form of management) where they were able to influence the curriculum of the school. While students valued knowledge related to the art and science of nursing practice, administrators were perceived as valuing the technical, scientific knowledge which emphasised objective, factual evidence as opposed to the subjective, intuitive knowledge which was the essence of caring. The study

participants did not believe intuitive, practical knowledge was valued by those nurses who were involved in administration and who were therefore not involved with the day-to-day tasks of teaching students in clinical settings. "Knowing that" students needed to be exposed to certain situations as a part of their learning was very different to being involved with students who were "learning how" to apply the practical knowledge of nursing with patients. In the study many teachers spoke of their need to emphasise the practical knowledge of caring which they believed needed to be articulated and valued as a critical component of nursing knowledge. For many, this practical or intuitive knowledge was the core of teaching:

I see practical knowledge applied to my teaching...and I value it very much and I think it's very important in teaching really, and if we lose that we probably might lose the real thing, the real teaching (Anna, 1:139).

The administrators' perceived emphasis on broad scientific knowledge affected nurse teachers, as did the expectation that nurse teachers should be academically qualified with at least a baccalaureate degree. While a significant number of teachers had responded to these demands by becoming involved in higher education, other teachers emphasised the stresses of having to extend knowledge, to give up personal time, and to be involved in the expense of further education. Some teachers felt undermined because they were not valued for what they already offered:

Is it not OK for some nurses to not have done that advanced level of academic study and still be valued for what they're good at? I don't believe we can all be the jack of all trades. To me, having a degree is saying that in a way you have got to be able to do everything (Joy, 2:83).

In the study, while some participants professed to "value knowledge" their understanding of the tremendous rate at which scientific knowledge was expanding was not evident. Participants did not seem to appreciate that scientific knowledge was increasing so quickly that much of their current knowledge would soon become obsolete, or the ensuing need for continuing education. Many teachers had a less than whole-hearted appreciation of their own need to continue to update their own knowledge and continue their formal education.

*Being a teacher* thus involved being engaged in the work of nursing education. Yet, it also involved a constant tension related to the process of becoming, of one's own development, of on-going learning, and of finding a place within a challenging and changing environment of nursing education.

## SUMMARY

As the nurse educator is involved in *being a teacher* he or she is exposed to many experiences which challenge the self. During this period of development the focus is on the self as the teacher masters the skills and techniques of *being a teacher*, often through trial and error learning. Teacher-student interaction becomes a reciprocal process in which the nurse educator learns more about *being a teacher*. It is not until the teacher is *settling down* into a team that awareness of greater organisational issues which impact on teaching can be clarified through interaction with colleagues. The next chapter will address these aspects of *being-in-becoming* a nurse educator.

## CHAPTER FIVE SETTLING DOWN

As discussed in the previous chapter, *being a teacher* is a time when the nurse new to the job of teaching begins to *learn about teaching*, discovers the implications of *teaching in the clinical setting*, and starts to *understand the meaning of knowledge* in nursing education. While educational preparation and work experience affect how the new teacher settles into the organisational environment, once he or she has gained some familiarity with teaching there is a growing realisation that teaching also includes team responsibilities. When the focus moves outwards, beyond the self, towards the group, the teacher becomes more aware of getting along with others in a team. As a result, the teacher needs to make an effort in order to function effectively with colleagues who play an important part in facilitating or hindering day-to-day activities that occur in the world of teaching.

Nurse educators need to be able to work both as individuals and as part of a team. As groups are an integral part of life, so they serve a purpose by having the potential to help a person identify accepted norms, standards, and behaviours which are an essential part of working in the field of nursing education. *Settling down* is a time during which, through interaction with colleagues, the teacher develops a deeper understanding of the dimensions of nursing education. The theoretical codes which were identified during the study were *working with colleagues* and *balancing workloads* (See Figure Two).

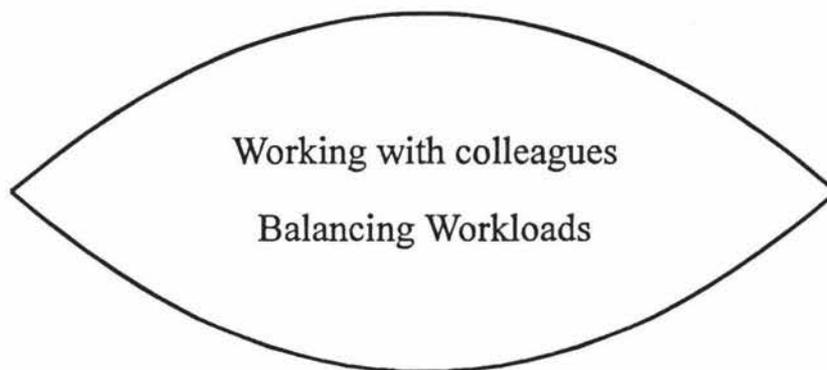


Figure Two: Settling Down

## WORKING WITH COLLEAGUES

Colleagues played a significant part in the teacher's adaptation into the culture of nursing education. Taking on the responsibilities associated with an extended career as a nurse educator was often stressful so it was important to find colleagues who were prepared to listen to the problems encountered by the new teacher. Trusted colleagues offered mutual help and support in a safe, secure environment. Through interaction and discussion, colleagues were able to help each other develop a sense of self and place in the educational organisation. The selective codes that emerged from the data were *establishing trusting relationships*, and *recognising individual differences*.

### Establishing Trusting Relationships

Working in groups was important for the teacher *settling down* into a team. Team members were a source of emotional support as they helped colleagues manage the anxieties and tensions that made up the everyday working environment which was constantly changing. Group members demonstrated a range of acceptable ways of behaving and passed on their understanding of nursing education which had been gained over time. Trusting relationships were vital for survival in the organisation as interaction with others helped the teacher clarify a sense of identity both as a person and as a teacher. Being able to share confidences with others was important for the teacher *settling down* and trying to create meaning in the teaching environment:

...I have a small number of people that I can be myself with and know they'll be honest with me, not just believe in everything. Believe in me but believe in me enough to be honest (Tristram, 2:538).

Although in any group there will always be individual differences and disagreements, interactions with team members were always more straightforward when people shared similar values, ideas and beliefs and came from the same philosophical viewpoint. Even though teachers were accustomed to working in professional relationships with others, only the most trusted of colleagues were asked for feedback:

...I must admit I pick my own colleagues in all the different places but they are people I know are supportive and they tend to be the people who I know think the same way as I do and there are other people who I work with quite closely who may not have the same philosophical views...and I work with them and we get on and that's fine but for getting feedback and that sort of thing there are only certain people that I link in with (Tess, 2:554).

Many collegial relationships were based on a sense of professional equality between teachers. This involved a mutual respect of the other's knowledge, autonomy, and accountability. *Working with colleagues* was especially rewarding when teachers shared common goals as Purple explains:

...[working] with a very special team of women [where there were]...common philosophies and I think shared goals and probably shared styles of teaching...so it was actually being part of that group that made it worthwhile for me as well because they were all women committed to nursing training (Purple, 1:62).

Collegial relationships in teams were also founded on the need for encouragement, advice, and assistance. Although teachers were involved in *being teachers*, at the same time they were learning how to become more effective and more accomplished in their teaching. Colleagues helped each other by sharing their own teaching experiences. Networking became a powerful source of support:

I think I have made sort of networks around the team that I'm in. So it's really saying, okay, hey, I need help, I really feel that lecture was a flop! And I just need to really hear someone say, It's OK! Do it again! You know that's probably just all I wanted to hear because I know there's nothing you can do. But that has been really good in terms of helping me cope with these changes (Anna, 1:142).

Networks enabled colleagues to get together to discuss ideas, interpretations, inspirations, and teaching practice. Within small groups teachers talked things

over with like-minded people in a supportive and safe environment. But trusted colleagues who were to act as a "sounding board" were chosen very carefully as Tess explains:

I suppose there are almost unwritten rules for certain things we talk about with some people and certain things that you don't (Tess, 2:554).

Furthermore, trusted colleagues were invaluable in helping a teacher resolve problems related to working with students. New experiences needed to be defined before they could be understood. Colleagues helped in this process as they shared meanings and understanding with others:

...I found I couldn't criticise people [students] and I only learned how to do that, to give negative feedback after I'd been to a tutor training session and I'd go in with fellow tutors and watch how they gave negative feedback and I learned from them...perhaps next time she would sit in with me and I'd get the feedback. I'd have no trouble giving the positive feedback to students but I did find it hard when there was a problem or we had to break the news that a student had failed clinical or something... (Rose, 1:378).

On the other hand, even though nurses have been socialised to work as part of a team, it was not always possible for individuals to have a safe and trusting relationship with every colleague with the result that some teachers remained isolated and unable to share their experiences and seek guidance from others. Collegial reaction was unpredictable in an environment where some nurse teachers were quick to pass judgements on colleagues. Because nurse teachers felt that they were expected to manage every situation successfully, those teachers who had difficulty coping with the demands of teaching were less ready to share their true feelings with others:

...I do believe that a lot of them put up a front and they don't really cope as well as you think they are coping because sometimes you know you might just get them at a point when they are feeling a little bit vulnerable and they will be a little more open and say "I had a terrible day yesterday", or something like that. It's this business of actually taking the risk of telling another colleague that you are not coping well (Sally, 2:420).

When it occurred, group cohesiveness was founded on cooperation and collaboration, facilitated by mutual trust and respect, communication of common goals, and consideration of individual differences. When mutual help and communication were withheld differences between colleagues were emphasised and *settling down* into the team was made more difficult.

### **Recognising Individual Differences**

Schools of nursing include groups of staff made up of individuals who are different in terms of sociocultural background, personality traits, values, and attitudes they may hold, and in terms of their behaviours within the group. While nurses share many common characteristics, there are always particular attributes which contribute to individuality and uniqueness of each person. Among the nurse teachers who participated in this study these differences tended to be related to attitudes, values, and expectations which they brought with them into their work in nursing education. Even though nurses are accustomed to dealing with diverse personalities in their work as clinicians, when faced with idiosyncrasies in their colleagues, they would appear to be less tolerant.

As mentioned earlier, teachers wanted to be valued, respected, and recognised by colleagues, but this was not always easy when working with more experienced teachers who had high expectations of others. In the study, some participants suggested that nurse educators were slow to show respect and give encouragement to their colleagues. Those teachers who valued independence and autonomy over opportunities for feedback, support, and sharing experiences, seemed to give little consideration to individual needs of colleagues whose approach to their work was different from their own.

The perceived lack of support was also attributed to heavy departmental workloads since teachers considered it difficult to support others when reduced resources meant their own working lives were strained. When they felt that they did not have the time or energy to assist colleagues many of the teachers felt the need to look after their own personal well-being. There was no clear consensus on whether support from colleagues should need to be sought, or be given freely:

...We're all really busy. I mean I've heard people say there's not a lot of support in the department or of each other even though nursing is clearly for that....people aren't going to reach out and sort of hold you up. I think you first of all have to learn to express [the need for support by], letting people know (Gwen, 4:498).

Furthermore, *recognising individual differences* became apparent as teachers who took part in the study demonstrated two distinct attitudes towards their work. There were those who took a long-term focus and looked upon their work as a career. Highly motivated to contribute to the development of the profession these teachers had a strong sense of self-responsibility as they worked hard on activities to promote their personal and professional development:

...I think a professional career is more than just wanting to come to work for a wage because there is nowhere else to go. It's more than that. I think for me it's wanting to learn, wanting to increase myself, increase my professional knowledge. In this case it's nursing and education and management...it's more than just coming to work. It is wanting to know how to tick, wanting to know "could I do that? Have I got the skills to do that?" And, actually trying it. It is more for me like a self development plan really (Gwen, 3:352).

Teachers with such attitudes did not always appreciate the perspective of those who regarded their work as a job, and a demanding one at that, to be balanced with all the other challenges of personal and family life:

...I really just see it as a job because sometimes the career side of it is pretty rough and the burdens we put on ourselves sometimes to do extra studies or to have higher profile positions within the department... it does carry on into your full life, it doesn't stop at work at all (Donna, 3:468).

Gender issues were significant for women who were challenging traditional patterns of socialisation as they sought to balance their working life with personal commitments. The issues involved were particularly complex and making choices was not easy:

...I believe the school actually imposes a lot on its teachers. If you look at the women here and the amount of extra studies that are going on, that's phenomenal and most of the women are in relationships, have children...and the juggling that goes on...it's a pressure that comes from the school and probably competition as well. Perhaps there's lots of people like me [who] want recognition and promotion and we will strive and compete for that (Purple, 1:76).

*Working with colleagues* and respecting individual differences was particularly difficult when teachers had different attitudes to the amount of work that each person should be involved in. Pressure to conform was high with the result that many teachers repeatedly self-initiated heavy workloads. At the same time "carrying" colleagues who were not seen to be "pulling their weight" placed extra demands on fellow workers who were still expected to meet the workloads within the team even though one or more members may not have been functioning at the required level. In the study, the teachers were slow to address the problems behind the heavy workloads and none questioned whether the organisational expectations were realistic. Instead the difficulties were personalised, and specific individuals seen as failing to do their share of the work, thus increasing the workloads of their colleagues. Sally shares her observations:

...somehow or other we have got to make up our mind that some things have got to go...I think it is a personal thing. I know that there are other tutors that get fed up with having to carry these people because they feel as though they are not only trying to cope with the pressures themselves but they are actually carrying these other people as well (Sally, 1:248).

When a teacher resisted taking on extra work, colleagues put pressure on the person to conform to the norms of the group and maintain the status quo. Group pressure was a powerful source of control and only the most confident of individuals was willing to challenge it. While female teachers in the study did not appear to be willing to become outcasts from predominantly female groups, males already existing as a minority group were more ready to question the "taken for granted" ways of behaving:

So talking about the workload thing and the people pleasing thing, nurses are very poor at saying no.....and "who's going to take this on?" and "yes, I can do that." How many times do you hear that in the staffroom? "Yes, I can do that!" And somebody will volunteer for that. I sit there staunch and say nothing and people say "Oh...perhaps we thought you'd like to do this?" and I say "no thanks" and they look and say "well everyone else is doing extra, why can't you?" And basically it's because I'm not paid to do it and I'm doing enough anyway (John, 1:318).

So, while nurse teachers talked of caring for each other and of respect for individual differences, deviation from group norms was not encouraged or tolerated particularly if lack of conformity threatened group security. It was hardly surprising that different attitudes and values limited interpersonal relationships within groups. Overall, supportive collegial relationships, when they did develop, were founded on trust and mutual respect. This support and encouragement, while far from universal, was nevertheless an important factor for teachers struggling with *balancing workloads*.

## BALANCING WORKLOADS

As a teacher *settled down* into a team, he or she became more aware of the extent to which being a nurse teacher also involved the taking on of extra responsibilities necessary for the smooth running of the department. The teacher was not only expected to plan, teach, and evaluate students' learning but was also expected to take on other duties such as co-ordinating courses, teaching specialist topics within other courses, participating in staff and committee meetings, negotiating student access to appropriate clinical facilities, and undergoing evaluation of their own performance as teachers. Furthermore, learning how to become a teacher required that the person become involved with extra studies of the practices related to teaching and learning. It is not unexpected that in a working environment fraught with such competing demands teachers sought some balance, steadiness and stability in their workloads.

The way in which teachers *balanced workloads* was influenced by their self-knowledge and confidence as well as the support systems available to lessen

the stress and aid their coping in a challenging and demanding environment. *Choosing to be involved*, and *managing workloads* were two selective codes identified within the data, that relate to the broader theoretical code of *balancing workloads*, and are discussed next.

### Choosing To Be Involved

All study participants were involved in classroom and clinical teaching to some degree simply because they were employed as a teacher. But it was also possible to be a teacher and extend one's work commitments into faculty development which involved committee work, forward planning, participating in policy making, and public relations work.

In the study only a few participants expressed a personal willingness to accept greater responsibilities and become more involved in the departmental work of the wider educational organisation. Several participants in the study spoke of choosing to contribute in different ways because they had reached a point where they felt confident within themselves and ready to participate in professional activities by serving on committees. For some, *choosing to be involved* was connected directly to the issue of promotion as Donna explains:

[There are unwritten rules which] relate to the promotions and getting formal recognition...being willing to be not only part of nursing but willing to go on into the school, into the Tech committees...[being involved in the Union] the Union is not a popular thing to be in. The Union gets struck down by management all the time. So if you are part of the Union it is not a positive type of thing although it does help promotions because they always have a Union representative (Donna, 2:167).

The study participants perceived that the organisation facilitated self-development and would always extend those people who wanted to try new things. For example, within teaching, a nurse educator could develop a course or expand teaching practice in a changing curriculum. Others accepted team responsibilities as they wanted to broaden their management skills. Involvement depended on personal inclination, coping skills, self-knowledge, and the desire to try new things. However, many participants believed that

levels of interest in improving the self varied widely, and as a result, some teachers preferred to keep their organisational involvement minimal. Whatever their reasons, those who shied away from becoming involved were not always valued by their colleagues. As Gwen explains:

...do you think people don't have the same self goals or are they just not interested in doing the work?...there's a lot of people who want a job that is different or whatever but really aren't prepared to put in anything extra. I'm just thinking they are just happy to sit and do the same old thing because anything else is extra work (Gwen, 3:349).

This excerpt and other data indicate how "hard work" is strongly valued in the schools of nursing to the degree that if teachers are not perceived as working "very hard" (however that may be defined) the implication is that they are inadequate in some way. Even when a teacher had a thoroughly proven record in this respect, and "glide time" (with flexible hours of work) was considered to be an explicit part of organisational culture, there was an expectation that the person would be present in the department, and accessible to others:

I had an interesting phone call the other evening, at 5.30...most days I'm here till 5.30. I had been in clinical from 7.00 till 3.00 and I was in here for about an hour and then I went home and I got a phone call at home by someone who said "I just assumed you'd still be at work. I can't believe you've actually gone home before I have". And I thought "why?...why wouldn't you expect me to be at home? It is 5.30" It wasn't anything that we really needed to discuss in the evening, it wasn't an urgent thing, but there is still that kind of expectation there, "I can call you and you won't mind" (Donna, 2:167).

Whether the teacher chose to be involved or not, colleagues clearly put pressure on each other as to the "normal" way to behave. "Normal" ways of behaving meant that the teacher was expected to either be teaching in the classroom or the clinical setting or should be seen to be "working for the department" by being involved with ongoing planning or committee meetings. Many study participants perceived that those aspects of *being a teacher* which included marking, preparation, reading, and library work were considered to

be "expendable" as they could be carried out in the teacher's own time either in the evenings, before or after the clinical day, or on weekends. So, while individual teachers questioned and challenged the pressures to conform they nevertheless felt uncomfortable when they were seen as being different and not conforming to the group norms. Joy comments on some of the issues:

...nurses are still very hard on each other and I still hear my colleagues say where is so and so? She's gone home early again. I don't think in a statement like that any harm is intended but that is the society attitude that seems it is "not done" to work glide time. It's "not done" to come to work at 9.00 and go home at 3.00 because you get paid good money for working longer. That person might actually be putting in five or six hours at home at night towards lecture prep, towards writing up student records, towards reading for your next lecture or a tutorial (Joy, 1:6).

The influences of such expectations for conformity amongst the teachers were only considered in relation to the teachers themselves. None of the study participants reflected on how the teachers' behaviours might impact on students. None questioned how students could interpret this teacher behaviour and the impact role modelling a conformity to group pressures might have on student nurses who were being trained to become autonomous, independent, responsible practitioners.

Although many teachers in the study were highly involved in work activities additional to teaching, their perception was that the organisations continued to demand more. As a result, regardless of their degree of commitment or involvement all teachers were faced with a personal need to learn how to *manage workloads*.

### **Managing Workloads**

In the schools of nursing, educational and health care reform had led to curriculum revisions for some while others were involved with the development of bachelor's degrees and new courses for registered nurses. These changes combined with a reduction in staff-student ratios which were the result of reduced government funding. As a result, the study participants

perceived they were being asked to work harder and with fewer resources and therefore, there was a greater need for the teachers to be able to *manage workloads*.

Many teachers in the study spoke about the management expectation to work harder, faster, and longer with reduced resources. For example, days were so busy it was "normal" to do all lecture preparation at home and many teachers were not happy to accept this readily. In particular, teachers with young children felt that they could not compete with colleagues who could devote more personal time to their work responsibilities. All the teachers in the study reported feeling pressured in their personal lives as they tried to deal with the over-flow of work, keep up-to-date with their clinical experience, and university studies. Because many teachers did not possess higher degrees, and some did not even have the first degree when they were appointed into teaching, they struggled to balance work, study, and family responsibilities. The stress associated with these demanding and often competing workloads is described by Sally:

...it is just a phenomenal workload...these people are exhausted and they are trying to keep their wits about them and do the job that they are paid to do with all these other pressures upon them and I think that has got a lot to do with the way they are perceived in their role (Sally, 1:247).

The teacher's perception of his or her work responsibilities and expected workloads was significant as it influenced how that person approached her or his work and managed the many demands of the job. For example, a number of teachers were frustrated when other responsibilities such as managerial activities interfered with their teaching activities. Even though involvement in management tasks is a fairly normal expectation of working in any organisation some of the teachers expressed surprise and frustration at having to do things other than teaching in their work. This problem illustrates well the potential conflict when roles and responsibilities are not clearly defined although it also shows that the new teachers had not adequately considered how group, organisational, and political factors impacted on their teaching practice. However, with time and experience, restrictions and competing demands became less constraining for some:

...I am starting to see them as less restricting. Yes, I think experience in teaching does help in that direction...I guess it is the same with nursing - you become experienced, you can hopefully start to move away from set patterns of doing things...I think there is the other danger of becoming trapped into routine and set ways. I think you've got to be creative and deal with each situation as it comes up...I think there are restrictions there and I'm not sure whether they are restrictions imposed by the system or whether they are restrictions that I think are there...I think in some ways the restrictions can be sort of worked through, by-passed (Jane, 1:17).

Attitude and experience were significant in coping with the anxiety and pressures of *managing workloads*. Workloads were stressful for everyone but while some teachers accepted what was asked of them without question and tried to meet the deadlines demanded, others were critical of the system which overloaded them to the point where they felt less effective in their teaching and less satisfied with their work life. These teachers had reached a point in their lives where, for a variety of reasons, they sought a state of balance between their personal and working worlds. However, the pressure to conform to what was asked within the organisation was strong, to the extent that critique of the structures was uncomfortable and made individual teachers feel that they should leave their jobs:

...when you actually start critiquing the system, that means you've some sort of unrest within you and [you are] either in need of a change...or else you have to grapple with that unease...the socialisation process is very strong and I would eventually have to get out (Purple, 1:64).

In the study, economic constraints and reform within the education sector had led to reduced resourcing within the schools of nursing which influenced the quality of the teachers' working life. For those teachers who had been involved in nursing education for many years (ten to fifteen years) there was a certain sadness and nostalgia when they reflected that life was much better for nurse educators in the past because now, teachers no longer cared for each other. Changing attitudes and values within the educational organisations may also cause some teachers to leave nursing education altogether as there is a real dissonance between teaching caring and knowing that as an individual,

you do not have the energy to care about colleagues and they do not care about each other:

We're not caring for each other any more...I don't quite know...we're not taking note of anybody's personal circumstances any more. We're a caring profession...but we don't seem to be doing it with each other... (Peggy, 1:366).

Attitudes to workloads would suggest nursing education, like its clinical counterpart continues to emphasise endurance, forbearance, duty, and obedience (Rodgers, 1985), as the demands of the organisation remain powerful. The nurse teacher who was able to accept heavy workloads without complaint was valued and appreciated in an organisation which emphasised the management of tasks in an efficient, effective way.

## SUMMARY

Supportive collegial relationships, although not universal, were influential for teachers *settling down* into nursing education. During this time, teachers look to colleagues to share knowledge and expertise as well as to clarify norms, values, behaviours, and expectations associated with working in groups. The interpersonal aspects of *working with colleagues* were especially important as teachers *established trusting relationships* which would help them resolve the problems of practice and conflicts which occurred in the everyday working world. While colleagues played an important part in supporting others they also monitored behaviour and ensured group members behaved in an acceptable way. Pressure to conform to the status quo without question was strong particularly in the area of workloads where a teacher's credibility and competence was measured according to the amount of work he or she was prepared to take on. *Balancing workloads* was never easy but once the teacher had demonstrated a willingness to conform to group expectations there was a certain freedom awarded which would allow that person to become involved with *finding a place* in the organisation. This will be discussed in the next chapter.

## CHAPTER SIX FINDING A PLACE

As discussed in the previous chapters, *being a teacher* is more than the management of teaching activities with students. It requires that the nurse educator be able to work both as an individual and as part of a group. While the nurse educator becomes involved in extending responsibilities beyond teaching practice and *settling down* into a team, there is a developing awareness that the climate of the organisation influences teaching. Even though every teacher in the study was expected to function autonomously in the teaching role, teaching was also affected by the organisational structures. For many, there was a dawning realisation that another aspect of *being-in-becoming* a nurse educator was *finding a place* in the organisation. This chapter discusses the teacher's involvement in *finding a place* which occurs through *understanding the system*, *preparing for promotion*, and *discovering a niche* (See Figure 3).

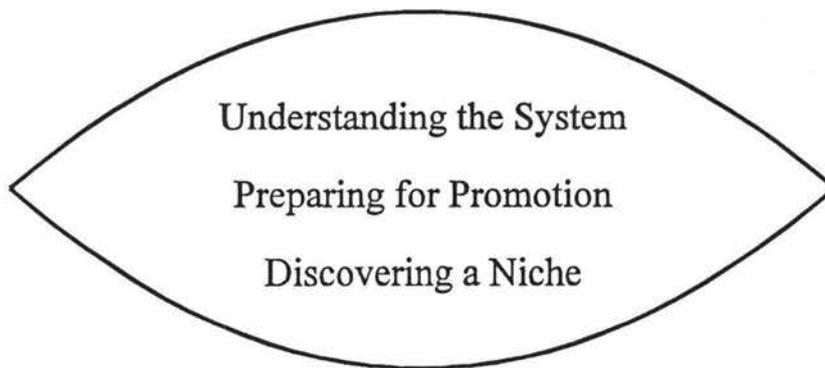


Figure Three: Finding A Place

## UNDERSTANDING THE SYSTEM

To be able to *find a place* a teacher needs to appreciate how the organisation functions and how the organisational structures impact on teaching practice. In any organisation there are administrative means which are used to control and integrate work activities. These structures include lines of authority and accountability, decision-making systems, policies and procedures, job descriptions, and formal control systems. Since structures influence behaviour there are frequently structural explanations for the behaviour of people in organisations. Therefore, *understanding the system* is vital for any employee. In this section the selected codes to be discussed are *uncovering organisational culture*, *identifying power within the system*, and *keeping an identity within the system*.

### Uncovering Organisational Culture

An organisation's culture reflects shared meanings related to norms, values, beliefs, thoughts, and behaviour, which help explain why people work together as they do. For the teachers who participated in the study, *finding a place* and understanding the organisational culture was a very complex process which was not easily achieved. While all new teachers must become part of the professional culture of nursing education they are also expected to become part of the organisational culture of the particular school of nursing in which they are employed. In addition to that, they need to become a part of the wider organisational culture of the polytechnic, where personal, professional, and departmental goals can be accomplished only when the teacher understands the rules and is able to use the structures to achieve objectives.

In any work group there are also informal rules or norms, which are not written down but which influence how members of the organisation behave. Norms inform members what they should or should not do under certain circumstances. Initially, teachers needed to identify organisational norms so that those who want to be accepted in the group can conform to the group's standards. Once the teacher demonstrated that he or she was capable of

adjusting behaviour to comply with the norms of the group there was a certain freedom to be an autonomous practitioner as long as the person was willing to be accountable for personal actions:

...when I first started, and even more so now, there are certain norms I might call them. But people generally stick to them and I know I do and I suppose it is to do with being reliable, being a team builder and being active, being honest, being able to give feedback and input and take, shoulder some responsibility. So I suppose I have conformed....I have, it's not a burden for me. I conform maybe on the outside but I sort of do my own thing as well...but once people see you can conform and you can meet all the standards, I do believe the system gives you leeway (Gwen, 3:346).

While some norms were formalised in policy manuals (such as how to evaluate teaching effectiveness for the purposes of promotion) many remained informal so could only be learned gradually through interaction with others. New members needed time and experience to *uncover organisational culture* and understand how the system functioned:

I think it takes at least two or three years, some even longer. They have to go through that vulnerable period and while they are vacillating between being sure of themselves and their role in the clinical area and in the classrooms the energy is caught up there and they can't be aware of the system (Sally, 2:425).

Work groups typically provide their members with explicit cues on how hard they should work and how to carry out the job. As mentioned in the previous chapter, new teachers learned quickly that hard work was expected, valued, and respected. The extensive pressure to conform to organisational norms prompted teachers to question personal motivation:

We work very hard and the more we work the more [the system] expects. The more you can churn out, the more they want you to do. [The system] wants the busy person. But you actually get very little reward and that makes you think "why am I doing this?" (Bonny, 1:235).

While it is not unusual for any organisation to promote group cohesiveness by deliberately choosing people who are similar to current members in background and experience requirements and expectations were not always clear as Sally explains:

The polytechnic system or the department know what qualities it requires in its teachers and those qualities are going to change as the needs of society change...it takes teachers a while to recognise that. I don't know if sometimes teachers ever know that (Sally, 2:424).

Even though each school of nursing had its own particular expectations of staff these were also influenced by the national organisations such as the Nursing Council which defined overall standards. Sometimes, teachers saw expectations as constraints:

...you are constrained here because of the system which is a global system really. It is a national system. [We are told] "you can't use that method of testing students because we must prepare them for the State exam...the Nursing Council..." [The system] is constraining but it also provides the standards by which we work so those standards are important. They're professional standards globally and nationally (Peggy, 2:397).

*Finding a place* within a particular institution and within the broader sphere of nursing education was therefore a complex process which depended on personal values, attitudes, and expectations as well as the responses the person received from colleagues and students. Some teachers never identified the accepted norms. While most organisations can tolerate a few non-conforming members, generally these people were not encouraged by colleagues to express themselves in their own personal style. When professional, organisational, and collective expectations were incongruent with a teacher's personal expectations anger and frustration resulted:

Other people clash continually against the system. They clash in confrontation and they get bitter about things if they haven't been treated properly by the system or the system is inflexible for them (Rose, 1:385).

In the end, some a degree of involvement was necessary if the teacher was to gain sufficient *understanding of the organisation and its culture*. Once fundamental norms of the organisation were grasped, the focus moved towards issues of power and influence.

### Identifying Power Within the System

In order to *find a place* it was important that the teacher recognise which people had power and influence over others. In every organisation there is power and authority which is usually divided between different people who have various degrees of ability, energy, and control. People in power determine the goals to be sought and how resources will be distributed while authority is given to the formal leader of a group (Tappen, 1989). Authority is associated with organisational structure and defines who reports to whom and who makes the decisions. All nurse educators have power and authority in their work with students but some teachers are also involved with the organisational power and authority structures of management positions.

Although there is a difference between leaders and managers in that not all managers are necessarily leaders, and vice versa, in this study those with formal management responsibilities were also recognised as the leaders. Course co-ordinators, for example, were identified as people who were prepared to put energy into their work to make use of personal talent, knowledge, skills, and influence in order to bring about change. They were also people willing to accept responsibility for others. Managers had particular expectations of how staff should behave and when that did not occur strong pressure was put on individual teachers to adjust personal behaviour to come into line with the group norms. Those that resisted felt their professional judgement was questioned by those in power:

...you find that you feel undervalued. You feel that there is professional jealousy there, personal jealousy as well. You feel that all these destructive influences are operating but you can't do anything about it because you are constrained by the fact that [the managers] are in the role [i.e. in a position to exercise power and influence] (Sally, 1:251).

In the study, management was identified as an area very different from teaching and therefore as something which required special skills. Few nurse teachers had been prepared to be managers and being a "good nurse" or a "good teacher" was no guarantee of being able to function well in a management position:

I think some of the really good teachers...//...let themselves get talked into being promoted...//...some teachers are really good at their job...someone says "you're a good teacher, you'd make a great Head of Department"...//.. they do have the teaching background but they move into a job which is not teaching. It's administration...//...management is a real skill. I think that a lot of nurses were good nurses because they cared, they were good teachers for the same reasons. And as good managers they care too much and they won't off-load (John, 2:603).

Good leadership from those in management positions was important to nurse teachers. They valued facilitative and supportive leadership even though such leadership was not always evident in their places of work. No matter how those in management positions may have seen themselves, the teachers often perceived them as controlling, emphasising compliance and conformity within the organisational structures. The teachers' experience was that when they openly questioned managers in areas that the managers regarded as not open to scrutiny they were reminded that their place in the organisation had little power:

Some teachers speak out, they challenge [those in power]. But those who upset the Heads of Department...they get blacklisted. It's subtle, but it's there (Sophie, 2:571).

Another source of power was knowledge. In the wider polytechnic organisation expert knowledge was factual, technical knowledge. Many teachers felt that those with scientific knowledge under-valued the practical knowledge considered to be the basis of caring. Some teachers believed it was difficult to uphold nursing in the present economic climate which did not acknowledge the subjective nature of all human experience:

No! We are not welding, we are not holding a piece of metal, we have got people and people are complex things (Peggy, 1:256).

Even though academic knowledge was generally respected within the polytechnic organisation the emphasis on technical knowledge and competence influenced the structures. Organisation of teachers in the workplace revolved around the training of students in face-to-face situations and did not recognise the requirements of other modes of teaching and learning used within a professional education approach employed by nurse educators:

...one of the strong things I think about the teacher role is this under-valuing of the preparation that is required to be a good teacher simply because the only thing that is counted is this tutor-student contact and I think that is quite, quite wrong! And it comes from the ideas, or the ideologies that technical institutes were set up for trades, to teach trades, so there is no preparation after the classroom and in my opinion this comes right back to my basic belief that we don't, the nursing profession does not belong in a Technical Institute (Sally, 1:215).

Thus, many teachers felt constrained by the power of the system within which they had to work. Despite these problems however, many accepted that the acquisition and distribution of power and influence was an essential part of any organisation and could be used to bring about change. A positive attitude towards power meant some people deliberately chose to work for the organisation and make the organisation work for them. Yet, while these people were pro-active they were not widely acclaimed by their colleagues, particularly those who felt uncomfortable when dealing with issues of power and politics within the organisation.

The nurse teacher's perceptions of power were both positive or negative. Attitudes towards power depended on the extent to which the teacher wanted, managed, and was assisted to become part of the group and the organisation. Even though teachers had their own power by nature of their position, many felt powerless and did not seem to understand that in every organisation there would always be a few people who held positions of authority, who were expected to be involved in exerting control in order to facilitate organisational

functioning. The study participants were more concerned with the effects of power on themselves personally and this was especially significant for those who were very aware of *keeping an identity within the organisation*.

### **Keeping An Identity Within The Organisation**

As mentioned previously, the teacher working towards *finding a place* in the organisation was confronted with organisational demands which were not made sufficiently explicit. As a result, self-knowledge and previous experiences were drawn upon to help make sense of new experiences. For the majority of those in the study a sense of identity was related to their work as a nurse and with "being a nurse teacher". Yet, the job did not provide only positive points of identification for the person. As well as being a source of self identity, at times the work was also a source of overwhelming frustration. When that happened, teachers, expected to communicate carefully, professionally, and in an articulate way with students, resorted to spontaneous, personal expression in an effort to share their frustration and demands of their work with anyone who would listen:

...there is a lot of frustration being a nurse educator, because of the rubbish you have to deal with, the administrative stuff, the polytec stuff. You know, sometimes I have found myself rushing off to class, thinking to myself, I haven't got time to teach this! And then I stop and think, what am I here for? I am here to teach! So why have I got all this rubbish on my desk? Why have I got all these memos, why have I got all the other things that I have to do? All this garbage and goodness knows what! And I don't know that! I think we create a lot of work for ourselves (Sophie, 1:277).

Where some saw restrictions and frustration, others saw the freedom to develop themselves in their work and affirm their sense of personal identity. Once they had demonstrated to others their ability to teach, plan the workload, and work effectively with others, they felt that there was plenty of scope for further development:

What keeps me here - some of the issues would be personal, the job, the conditions, the money, the colleagues, the collegiality, the opportunities to do

advanced study that is recognised and valued. Just the opportunity to do almost anything you like here...and the freedom to make choices...you always have the choice (Donna, 3:466).

Such freedom was not experienced by all teachers and for some the organisation was not only restricting but also alienating. Teachers assigned a personal value to knowledge and skills which they wanted recognised by colleagues and in particular, by those in the management positions. When knowledge and expertise offered was not rewarded, that person turned inwards to search for reasons for being a teacher and for remaining in the job. Even when a decision was made to leave teaching, the person could retain a sense of personal identity, dignity, and self worth, despite the negative messages from those in power. Bonny explains:

I want to teach what I'm good at. My qualification is not recognised because it is not a degree...I don't care about the system any more...I will leave when I can...my motivation is to do a good job for the students and also to hold my head up...my self-esteem is important and I will teach and do my very best but I won't be walked over or used any more (Bonny, 1:236).

Retaining a sense of self in the constantly changing environment of nursing education was a challenge. Teachers became very aware of their personal identity as they sought to find a niche and a sense of place within nursing education. The degree of success or failure in this respect would influence the teacher *preparing for promotion*.

## PREPARING FOR PROMOTION

Every organisation has a reward system of some sort. In the schools of nursing promotion is a monetary recognition that a teacher has reached a certain level of competency in the practice of teaching. Promotion is one way for an organisation to openly acknowledge that a person has *found a place* and has performed to expectations. The selected codes subsumed within the broader theoretical code of *preparing for promotion* include *playing the game*, and *facing the promotion round* and are discussed next.

## Playing The Game

Promotion and *playing the game* were linked in that both demanded an understanding of structures, power, and people. *Playing the game* was one aspect of the organisational culture involving informal knowledge about the behaviour that was acceptable or not acceptable to the organisation. The "rules" of the game were passed on by teachers who had either been successfully promoted, or by those who were going through the process again.

Since only a small number of applicants can be promoted during each round, *preparing for promotion* involved entering into competition with colleagues who are also hoping to be promoted. Study participants reported it as a time of putting oneself up for judgment by others, reflecting on personal knowledge and development, and a time for re-evaluating goals and strategies for achievement. Preparation was essential as managers expected prospective candidates to be actively involved in the organisation, and to contribute over and above normal work activities.

In the study it was clear that the teacher who was *preparing for promotion* needed to understand how to *play the game*. The game was dominated by rules which teachers learned to follow and at times, to bend or ignore. Acceptable behaviour was not always clear, yet it was important for the prospective candidate to know the rules without being told:

You find out the rules after you've played the game  
(Tess, 1:302).

So how did the teachers find out the rules of the game? They were passed down by colleagues who shared stories of the successes and failures of those who had applied for promotion over the years. To be successful with their application for promotion teachers needed to be highly visible as they worked with students and colleagues. They needed to get on with everyone without appearing subservient, be autonomous and accepting of responsibility, but still able to conform within the team. Sharing and accepting high workloads, meeting deadlines, and being fair with colleagues were also considered to be important attributes of those seen as deserving of promotion.

Other more subtle pressures included being seen in the "right" places and talking to the "right" people, attending seminars even during holidays, and being involved with Institute-wide committees. Being seen to be working hard and long was given status by senior managers but questioned by ordinary teachers involved in the day-to-day activities of *being a teacher*:

...you've got to be right up with computer literacy and that takes time. And post-graduate education, it never stops! You...think, "I've got my degree I can rest for a while" but the pressure is immediately on! "Hey! There's a Masters out there waiting for you"...and those things about being a woman and a mother are not allowed to actually occur (Lulu, 1:128).

Lulu's comment illustrates well the conflicts that were evident between organisational and personal needs. *Playing the game* created a dilemma for some who did not have either the time or the energy to extend their participation in work related activities, and thus be able to seek promotion. The teacher who was able to identify the rules and begin *playing the game* was well prepared to *face the promotion round*.

### **Facing The Promotion Round**

*Facing the promotion round* was not only a time when the teacher had to openly examine his or her place within the organisation. It was also a time when personal behaviour was analysed and compared against the expectations of the organisation. Even though only some of those who applied for promotion could be successful - a situation related to limited financial resources rather than the merits of the individual applications - the outcome of the promotion application was often seen as the organisation's judgement of the extent to which the teacher concerned had managed to *find a place* and fit into the organisation.

*Facing the promotion round* was not easy as it engendered mixed emotions, many of them strong and conflicting. The promotions round was considered "a farce" by some who believed that organisational expectations were unrealistic and the measuring tools used to assess relative merits of different applicants inappropriate. Others accepted that not everybody who applied

would be promoted, and while unfair decisions were sometimes made, personal and consistent effort would ultimately be rewarded:

I think promotion hasn't happened fairly or for the right reasons. But I think if one develops the self academically and all those personal changes...I believe the system really has to work overtime not to promote you....I think...personal stuff is far too chancy, because people come and go...you can be in this year and on the scrap-heap next year (Tristram, 1:462).

Understanding what was required to complete a successful application for promotion, varied. Some participants spoke of patiently waiting their turn. Others, especially the more highly motivated achievers, ready to engage in competition, were prepared to push themselves in order to reach the desired goal. In the end those who were promoted were perceived by colleagues as going beyond what was seen as being an adequate performance. Those who contributed time and energy into the organisation, beyond the required teaching and preparation hours, were usually promoted. Others were left to question the fairness of the promotion system and the extent to which the quality of individual performance was recognised and appreciated:

...so you are actually expected to be a good teacher, whether you like it or not. If your evaluation doesn't look good, you need to look at yourself again...you have to work hard to increase your knowledge...and in the promotion round you get very good evaluations because you're a very good teacher and they don't promote you. Why? You haven't done enough for Tech, you haven't been a member of this particular group or organisation, you haven't really done much and there's seventeen of you...but we can only have two or three. And then if you look at that, and if that's really what they're assessing, it doesn't really match together, so you know there's a hidden agenda, and you know you haven't been doing it (Anna, 1:145).

The hidden agenda referred to the organisational expectations which had not been made explicit to the teachers. While some individuals were able to respond to this by becoming more active in the life of the organisation and finding out how to more readily *find a place*, other teachers took a more passive stance. Some were comforted and able to rationalise their failure to

achieve promotion by reminding themselves that there were only a limited number of places. Others, however, remained resentful and bitter for a long time. Thus, the experience of seeking promotion affirmed a place in the organisation for some but not for others.

## DISCOVERING A NICHE

Through continuous interaction with others nurse teachers became aware of their particular strengths and weaknesses and how these could be used in the context of nursing education. Very often, *discovering a niche*, depended on what opportunities or openings became available within the organisation. With experience, growing knowledge, and confidence teachers became aware that there was freedom to choose to develop in a specialised area or some aspect of their practice. Participants in the study identified different sorts of teachers who had shown a particular flair for a certain place of work. Most often these were referred to as *the clinical teachers, the politicians, the vulnerable teachers, the survivors, the genuine teachers, and the astute teachers*.

Before a niche could be established, nurse teachers had to demonstrate that they were trustworthy and capable of carrying out various aspects of their work. Only one teacher in the study described herself as inadequate in her work. It was more common for participants to describe the work of others who were struggling for competence and a sense of place in the polytechnic system:

Some just can't teach, there's no doubt about that! They're lovely people but just can't teach. They don't seem to be able to get the message across. They talk at a different level - airy fairy sort of thing...they just don't seem to get it across! (Sophie, 2:576).

In a broad sense, *discovering a niche* could be defined in terms of primary areas of responsibility chosen by individual teachers. Some loved to teach and were committed to working with students whereas others chose to become more involved in other aspects of nursing education:

I think some people do seem to enjoy more the bookwork, office work, the cut and thrust of the meetings, representing our view...I enjoy that debate to a certain extent but not to the [same] extent that I get from seeing students developing and being where that's happening (Peggy, 2:399).

To be able to find a particular place in a system which was constantly changing was not easy, but when it was achieved, it provided the person concerned with a certain sense of security.

### The Clinical Teachers

Some teachers could not imagine being a nurse educator without being involved in clinical teaching. For these teachers, *discovering a niche* was interpreted in terms of sharing their enthusiasm and enjoyment for clinical practice with students. Those who considered themselves to be *clinical teachers* drew heavily on their nursing experience as they worked with students. However, clinical expertise was not valued equally by all teachers. In the study, participants found it easier to make critical comments about their colleagues rather than to reflect on their own clinical expertise and its place in their work as nurse teachers. For example:

There are people who tend to focus just on clinical aspects of teaching and I almost sort of think those people tend to be more focussed on people acquiring skills and being able to function with skills - not necessarily using their heads in what they do (Tess, 2:545).

Many *clinical teachers* were experts in their field and when this was recognised and valued by their colleagues it helped the teacher who was trying to *discover a niche*. As experienced clinicians, *the clinical teachers* were able to use their knowledge and the principles of teaching and learning as they worked with students in the clinical setting. They were also well respected by their colleagues in clinical practice and this positive interaction with both students and colleagues helped them *finding a place* in nursing education.

## The Politicians

Another group of teachers discussed in the study were those who were perceived by participants as being *the politicians*. These teachers were considered to be "not quite respectable". To be "political" meant that the teacher was perceived by peers as self-interested. Because *the politicians* were frequently involved with the control and management of limited resources they were identified as being the strategists in the organisation and were perceived by others as aware of what was happening politically not only in their Institute, but also in the wider context of nursing and the health care system:

...the power people, people who play with people...they're the power movers, the game players, the politicians. The politicians have an idea of what should be in terms of education and possibly in terms of nursing and they get there by lobbying, by being in the right place, actually playing games. They don't do it by teaching and they don't do it by role modelling and they [use] others. They spend a lot of time at meetings and they spend a lot of time at being seen to be doing the right thing. I think they're really serving their own interests but they reframe it so it is seen as serving the interests of the school or the students. But I really believe they are pushing their own power to ensure they have a place in the top hierarchy which is where the money is, where the power is, where the decisions are made (Lulu, 3:585).

*The politicians* were suspected of being manipulative and "not quite genuine". They were seen as being capable of looking at the whole and summing it up very quickly, recognising their position in the pursuit of organisational goals. They were seen as alert to new ideas and international trends and keen to introduce them into their local situation. As change agents, many of these teachers chose to take on high profile positions in the organisation. What was most unusual about *the politicians* was not that they existed but that their colleagues were so surprised that they had *discovered a niche* in the organisation. Some teachers seemed to have difficulty reconciling nursing's

underlying philosophy of caring with being involved in highly political activities.

### The Vulnerable Teachers

Most teachers could be sensitive and feel defenceless under certain circumstances. As people become involved with new work experiences many will question their personal knowledge and ability. Yet, to become confident in their work people need to feel good about themselves and their work. The *vulnerable teacher* was someone who was considered by the participants to be insecure personally and professionally. These were people who were perceived to lack confidence about themselves so that they became anxious as they worked with students in both classroom and clinical settings.

All new teachers felt some degree of vulnerability initially and nurses who had held positions of clinical responsibility were especially sensitive to criticism while they developed skills and confidence in their teaching:

They become very vulnerable because they see themselves as being achievers...with recognition and status, credibility if you like. And then suddenly that is all taken from them and they find that very hard to cope with (Sally, 2:419).

Confidence could be undermined when the teacher experienced conflict between professional ideals and the realities of the working environment. *Vulnerable teachers* were the ones most likely to leave teaching altogether.

### The Survivors

*Discovering a niche* was not always a positive experience for everyone. Some teachers moved into "survival mode" when they felt exhausted and burnt out personally or professionally. With a decrease in mental, emotional, and physical energy, *the survivors* had lost purpose in their work and found it difficult to come up with new ideas for teaching and learning. Often, *survivors* tended to feel disillusioned with the organisation but they felt too tired to try and work on achieving changes in their work situation. *Survivors* existed from day to day:

They just keep plodding along. Not terribly active, nostrils just above the water line...just keeping up with the change, just managing to understand when terminology changes and to think, oh yes! I have heard that before! (Joy, 4:504).

*Survivors* were not popular with their colleagues:

There's no doubt about it, there's all these people that treat their job as a job and survive. I mean they are good teachers, they do their bit, [but] you don't see them doing anything innovative, you don't see them changing anything, and you don't see them on any committees...they just kind of treat it as a job and I think the reason why they don't get frustrated is [that] they don't do anything extra. It's a terrible thing! (Sophie, 2:566).

Teachers could remain in this state until they were able to deal with the stress that was causing the problem. In the end the teacher had to either deal with the problem and start functioning at a higher level, take leave of absence, or leave teaching completely.

### **The Astute Teacher**

An *astute teacher* was seen as being perceptive and able to understand what was happening within the organisation. This person was considered by colleagues to be "astute" because of a certain success in maintaining a sense of balance while *discovering a niche* in the organisation:

They have a clear role or picture of themselves and what they are trying to achieve and they actually have a clear picture of the dynamics of the school and how that influences them and some even more astute can actually see it in terms of the dynamics of the Tech and how the school relates to the faculty (Lulu, 3:586).

*Astute teachers* were perceived to be good clinicians who were committed to integrating theory and practice. They were well organised managers of classroom situations, presented themselves well to colleagues, were interested

in teaching as a career, and were knowledgeable, confident people willing to share ideas with key supporters. An *astute teacher* was aware of relationships in the departments and was prepared to negotiate with colleagues and see another person's point of view. In fact, *astute teachers* were identified as professional role models who were able to maintain a clear sense of identity as they also worked to reach organisational goals.

*Discovering a niche* was a significant part of *being-in-becoming* as the teacher was integrated into the world of nursing education. It served not only personal needs but also meant that people in different niches complemented each other to make up a team of diversely gifted people who contributed to nursing education as a whole. However, it also needs to be acknowledged that the data show that teachers see other teachers as they want to see them ( for example as politicians) but they do not see themselves as their colleagues would see them. The lack of self-reflection by participants suggests that teachers may not appreciate how students see them and it is questioned whether these nurse educators were using critical reflection to improve their teaching practice and interpersonal effectiveness.

## SUMMARY

This chapter has presented data related to *finding a place* in the organisation. The nurse teacher must understand the meaning of the organisational culture in order to be able to become part of it. The schools of nursing had many norms which were used to guide members in the acceptable way of behaving and the standards expected within the group. Although there was some room for individuality there were certain group norms which shaped behaviour of the group as a whole and which, in the end, would influence whether the individual was recognised by the organisation through promotion. Once the teacher had shown colleagues that he or she was willing and able to meet group standards of behaviour, a certain freedom was given and individuality was encouraged. This individuality was expressed in particular areas of expertise where the teacher was able to share special skills and knowledge with students and colleagues. This freedom of expression was to be important to the nurse teacher working at *coping with change* in nursing education. The issue of change and how teachers coped with change is discussed in the next chapter.

## CHAPTER SEVEN COPING WITH CHANGE

This chapter will explore the final conceptual category to emerge from the study. As discussed previously, *being a teacher* means the person focuses attention on the processes of *learning about teaching*, *teaching in clinical settings*, and *understanding the meaning of knowledge*. With time and experience the nurse teacher recognises that teaching skills are not enough to be a teacher. One must also attend to issues such as relationships with colleagues in the team. During *settling down*, *working with colleagues* and *balancing workloads* become important until attention shifts to *finding a place* in the organisation and concentrating on *understanding the system*, *preparing for promotion*, and *discovering a niche*. The wider ramifications of *being a teacher* are gradually being absorbed, and at the same time the teacher is reconciling the self to the range of new experiences and is involved in the process of *coping with change*.

While *settling down* and *finding a place* are aspects of the experience of *being a teacher* which are crucial to a nurse developing a new professional identity, *coping with change* is the key aspect of the experience which determines whether individuals continue with a teaching career. Those teachers who are unable to *cope with change* may continue with the job, but feel marginalised and without a sense of future in the field of nursing education.

*Coping with change* is used to describe the way in which the teacher grapples with the constant alterations which require teachers to reorganise and modify practice as well as to be able to carry on and contend with the wide variety of encounters, situations, and experiences which are an integral part of the everyday working environment. In the study, the theoretical codes which make up this conceptual category were *managing change*, *balancing the self*, and *confirming commitment* (See Figure 4).



Figure Four: Coping With Change

## MANAGING CHANGE

Change is a part of life and although a large part of being a nurse involves managing the health status of patients and their families in a constantly changing environment, when teachers are required to be part of change in nursing education adaptation can be much more difficult. Acceptance and adoption of the norms and expectations of the educational organisation together with external, policy, and political changes involves alteration of the teacher's personal behaviour. Teachers in the study quickly discovered that they would always be affected by change as change in one part of the organisation affected the whole organisation. Therefore, the ability to *manage change* was critical.

Having to deal with changes in knowledge, changes in the curriculum, changes in resources, and changes in the processes of teaching and learning was seldom comfortable or easy. In this theoretical code, selected codes which emerged from the data were *difficulties coping* and *accepting change*. The dichotomy in the data may be reflective of the particular sociopolitical context in which the study was undertaken. Teachers in the midst of curricular and other changes are pressured by workloads to the extent that day-to-day survival is uppermost in mind. Under such circumstances it was difficult for the study participants to discuss change as something they could personally create or control. Rather, they perceived their actions to be more

limited; either they could accept the changes or they could passively resist that which they could not agree with or accept.

### Difficulties Coping

In the 1990s, schools of nursing are not very different from other organisations where change is a fact of life. Sociopolitical changes, organisational restructuring, changes in areas of responsibility, curriculum revisions, and assignment to new clinical areas all contribute to the difficulties encountered by nurse educators who, like many other people in the throes of change, can find it hard to garner the energy to be actively involved in change. Many therefore, found change demanding and had *difficulties coping*.

Individuals had different attitudes towards change as some teachers thought it exciting and stimulating whereas others, highly aware of the personal consequences of change, had *difficulties coping* and felt insecure, perceiving change as threatening, uncomfortable, and stressful:

...it's so different to anything that I personally have been used to before. I can't go any faster than I am going...some are way ahead of me, way ahead. And I don't even know whether it necessarily has got to do with the amount of academic work [that other teachers] have done previously or not...there are other people who just soar through these sorts of changes! Relish it! Think it's wonderful! (Joy, 3:258).

Curriculum changes and work reallocation were not always welcomed by staff. Pressures to alter teaching practice in limited time frames with constrained resources increased workloads and resulted in some teachers feeling as if the human response to change was ignored. Perception of change was always personal and because this was felt to be disregarded by managers, *difficulties coping* with change were often manifested in teachers' emotional response to their work. The expectation that all nurse teachers would have a flexible attitude to change, be adaptable, and be dutiful and obedient was not easy to live up to. After all, all nurses were "good women" who could, and would turn their hand to anything:

This sort of feeling of well, we all ought to be able to do it anyway so what's your argument? We've got to be adaptable, we've got to be able to fit in anywhere and that's what you're employed to do (Joy, 2:84).

Even if they had been involved in planning, study participants still perceived many changes as imposed by managers within the schools of nursing and in the wider institution. Change was not necessarily negotiated or, in the teachers' perception, even explained adequately, and the time needed for adjustment to change was seldom long enough. Teachers worried about coping with teaching in new courses as they struggled to upgrade knowledge and skills in an attempt to keep up-to-date:

It's time constraints...I'm taking more time getting hold of the content. And the other thing, I don't really think I'm exceptionally skilled to be a facilitator yet so I've actually got to develop that skill a lot more before I can actually do those kind of things...there are some resources. We've been given a lot of the knowledge and a lot of access to some experts in those areas but actual skill development, that resource hasn't been there (Lulu, 2:216).

Some quite experienced teachers were seen as having particular *difficulties coping* with changes in nursing education related to their lack of academic qualifications and inability to cope with changing practices in both clinical and educational settings:

Oh no! I don't think experience makes any difference. I think it's your willingness and ability to change along with the system...there are some incredibly experienced long-standing tutors that are incredibly vulnerable because they don't have the right qualifications so they haven't changed. They haven't kept up with the system and they haven't kept up with the changes in nursing education and you see they become very vulnerable...and the person who lacks the clinical expertise becomes vulnerable too (Sophie, 2:572).

Even though they may have understood the rational reasons behind the change, emotional resistance surfaced as fear, anxiety, and insecurity dominated personal perceptions. Teachers longed to be consulted in ways that

were meaningful to them. They wanted to be treated as persons. Even though most teachers appreciated that management had goals to meet and therefore, had the right to ask staff to carry out their work in different ways, *coping with changes* was stressful. Although many teachers in the study reported feelings of powerlessness in the face of change some were able to respond by exerting their own control. Many teachers had the confidence to turn these situations into learning experiences, as Tess explains:

Having experienced change and knowing that I can cope with it and you can get to the other side of it... that makes it a bit easier. You know that the stress and horrible feelings that go with it don't last for ever. Change is quite stressful from a personal point of view but it's also been really good in that it's given me a really broad overview of lots of different areas which has probably stopped me focusing on too much detail and has made me look at how to help students cope with various situations (Tess, 1:287).

Self evaluation and self critique helped those people who were having *difficulty coping* until eventually many were able to become more accepting of the various changes they were exposed to.

### Accepting Change

In order to be involved in *coping with change* teachers needed to feel more secure in the face of change and able to cope with new roles, responsibilities, and situations. In a constantly changing environment flexibility, openness and willingness to change helped teachers to set priorities and identify issues requiring attention. Knowing their own skills and abilities was important as confidence and positive self esteem did much to ameliorate the stress associated with change. While there would always be some teachers who would remain uncomfortable with change, individual teachers in the study recognised that *accepting change* was easier with experience. Tess explains:

...maybe it's because I feel that I've got, I've had a lot more experience. I feel like I've been in lots of different areas so therefore I know lots of bits and pieces from various areas, not the things you come across in common areas (Tess, 1:287).

Readiness to embrace, rather than resist change was shown in teachers' greater willingness to take risks and to see themselves as part of something dynamic and constantly changing. In the study many of the teachers described nursing education not as static, but as ongoing, changing, and in the process of becoming:

I see it as ongoing, it doesn't have an end, that's how I see it. There is no end. It just goes on and on and I gain on and on...I value education and I value nursing. I quite like the idea of being a part of it, learning about it. I enjoy that thought (Gwen, 3:353).

For individual teachers, part of *coping with change* involved being prepared to work with others, by being enthusiastic in taking on new ideas, and being open to new experiences such as teaching in a new course. The teachers who enjoyed change the most were highly motivated, were willing to challenge themselves, and were confident of their knowledge and their abilities as teachers. Experienced in many different situations, they enjoyed autonomy and were prepared to actively seek new experiences and new ideas and knowledge. Such self-confidence was critical to their need and ability to *balance the self* in both the personal and professional lives.

## BALANCING THE SELF

As teachers *coped with change*, exposure to different experiences, achievements, disappointments, conflict, and success contributed to self knowledge and sense of place within nursing education. Through communication and social interaction with others the person is developed and confirmed. *Balancing the self* required that the teachers create meaning out of everyday experiences. In this category selected codes which were uncovered in the data were *developing self-awareness*, and *handling the pressures*.

### Developing Self-Awareness

Being a nurse teacher is all about interacting with people. Social interaction with colleagues and students exposes teachers to experiences which affect

their perceptions and definitions of themselves as teachers and as people. As this understanding increases the person experiences a *developing self-awareness*.

Teachers spoke of self-development as an ongoing, active process. It took time and experience for individuals to adapt to nursing education, to be able to function in a way that was comfortable for that person. Teachers who were prepared to listen and consider new ideas appreciated the way in which new insights extended them personally although it was also acknowledged that personal development required courage and inner strength.

Student feedback contributed towards *developing self-awareness* although teachers believed they should not seek critique unless they were able to cope with the most extreme of what might be said. Likewise, learning from experience was not always comfortable:

Yes! I've fallen on my face a few times but I don't get daunted by it because I think to myself OK! It was an experience, I'll pick myself up and move on. You get your critics of course and there is always a critic to sit on your shoulder, always. If it's not yourself it's another person. But I accept that as part of life and I see it as part of a developmental thing. I don't see it as something destructive. I see it as more constructive...and I don't take it too much to heart (Sally, 1:242).

As teachers *coped with change* in their work the full meaning of being a nurse teacher emerged, largely through interaction and encounters with others and reflections on such experiences. Standards and expectations were clarified as the teachers became aware of their own development. John shares his experiences:

...almost a moral code, if you like. I think it possibly is. Moral code, moral commitment. Definite guide-lines. Standards. All to do with standards, isn't it. I think it is partly to do with age as well - because the older I get, I know we can tend to get rigid - but I notice certain standards tend to stick and when I was younger it didn't matter very much...it's all a confirming process. It's something you might start but you continue on. I don't drop think it ever stops. Confirmation...all these

experiences. It's a growth thing. You reach a point where things *into place and things get clarified*. All the rubbish gets cleared away and it makes your job easier (John, 2:609).

In *developing self-awareness*, study participants experienced a sense of inner freedom which allowed them to become more open in interaction with others. The freedom to be oneself, to remain true to personal values and ideals, did not preclude - rather it encouraged - a sense of integration within a team of diverse people:

I've always felt I have been able to be me, funnily enough! I have never felt I had to change many aspects of teaching or any values that I hold. I have always felt I have been able to be true to myself and I don't perceive that there is a huge pressure to conform. You know, I think we are such a diverse [group]! (Purple, 2:200).

Sometimes, freedom to be oneself depended on the teacher's responsibilities and place within the organisation. As Peggy explains:

...as a tutor without the admin[instrative] responsibilities that I have had, I am much freer. There is enough freedom for me to be the teacher I am becoming. I believe there is room for me to become the teacher that I feel is emerging in the process of becoming in the light of what I have learned of educational philosophy...and [the constraints of the system] (Peggy, 2:397).

In the study, it was evident that *coping with change* in the world of nursing education depended a great deal on levels of self esteem and feelings of personal worthiness. Self-image and self-esteem develop only through interaction with others. People behave towards others or act in a certain way as they interpret and modify experiences in different situations. Many teachers had positive interactions with students and/or the organisation, which helped them feel confident in themselves as people. When they were treated positively by students and colleagues, they felt comfortable and more accepting of themselves as capable and effective nurse educators.

In contrast, teachers who lacked self-confidence also considered themselves as lacking in skills or qualities that others had or expected them to have. *Developing self-awareness* of such perceived deficits often contributed to feelings of vulnerability. For example, teachers denied promotion had to search for new meanings in their work as they tried to understand the situation in which their abilities were not deemed sufficient to win a promotion. Perceived lack of advanced professional knowledge, particularly in the absence of any university studies, was another factor that contributed to feelings of vulnerability and lack of confidence:

I'm just beginning to wonder if my lack of confidence is because of my lack of knowledge...I would like to know more than I do...I suppose it's measured by the degrees you get really...I think I have got a good practical knowledge (Emily, 1:112).

As well as affecting their confidence, self-awareness influenced how different teachers handled the day to day pressures in their work which will be discussed next.

### **Handling The Pressures**

It has been shown so far that being a nurse teacher involves dealing with constant, complex change. Change encompasses students, courses, colleagues, the organisation, its philosophy and policy, knowledge and strategies for teaching and learning, not to mention the individual teacher herself. Therefore, the way in which the teacher responds to these factors is important if the individual is to develop a sense of place and *cope with changes* in nursing education.

Participants in the study reported many pressures which at times threatened their ability to meet all demands and their sense of self-worth. The demand for the teacher to "be all things to all people" was impossible to meet. Although a positive attitude reduced stress, the pressures never went away. So, every individual had to look for personal ways of *handling the pressures* of the job.

Family and friends were important sources of support as "safe people" helped resolve issues and keep a sense of perspective. Collaborative relationships with colleagues were crucial in clarifying self-perceptions when dealing with criticisms. No matter how experienced, all teachers felt vulnerable when students provided negative feedback:

There's times when I have severe doubts about my confidence and my self esteem and how am I doing and that's a time when I say, hey! Look! I'm not feeling too good about this and it's time for clarification and they tell me look, don't worry about abusive feedback or sarcastic feedback from one student. That doesn't mean you're a bad teacher (John, 2:597).

Overall, teachers had to have confidence in what they were doing as student complaints and negative responses from colleagues left the person standing alone and starving for some praise. It was hard to evaluate one's effectiveness as a teacher when feedback from colleagues was minimal.

Balancing competing outside demands was another constant challenge. In particular, several women spoke of the role conflict they encountered as they tried to find some balance between their working and home life. Trusted colleagues were invaluable to talk over the stresses and discuss how best to *handle the pressures*. At the same time, self-awareness and critical reflection of the situation helped the teacher identify how a state of balance could be achieved in life:

And what I must be careful of at the moment is that I keep a balance in the energy I'm giving to the students and the energy I need for my essays. Balancing myself. Having enough time for my garden and my books and my essays and my loved ones...all these things coming in at us all the time (Peggy, 2:406).

A lot of energy expended in work activities left little energy for personal life. With the study participants, it was largely the issues of balancing the demands of the personal and professional life which determined how each teacher interpreted his or her personal commitment to nursing education.

## CONFIRMING COMMITMENT

By accepting the obligations and responsibilities that were associated with *being a teacher* many were able to have a sense of commitment and to see clearly their personal future in nursing education. Commitment involved the identification of personal values which emphasised what was important to the teacher. Some teachers had a very clear idea of the way nursing should be and wanted to pass those values and beliefs on to students. Lulu explains:

That's one of my reasons for becoming a nurse educator because I actually love nursing and I want to be involved in actually developing nursing and one of the ways of doing that is by passing it on...passing on my love for nursing in the way it should be done (Lulu, 3:584).

In this section, the selective codes *developing a philosophy for practice* and *recognising the reality* will be discussed.

### Developing A Philosophy For Practice

Philosophy includes the values and beliefs which influence the issues, goals, and priorities that underpin practice. A philosophy for practice helps teachers question actions and policies that are a part of the everyday world of nursing education. While Schools of nursing have written statements of their philosophical position about nursing and nursing education most clinical units do not. Many of the teachers who took part in the study had not practised in clinical settings which openly used a clearly articulated, comprehensive and collectively agreed on philosophy to guide and direct nursing practice. On the other hand, the schools of nursing had a philosophical statement which acts as a foundation for curriculum development and helps orient staff toward the central values used to make decisions and identify priorities within the schools.

In the study some teachers were aware of having, or had developed for themselves a more or less well articulated philosophy about nursing, nursing

education, and their place within it. Initially, the department philosophy was a common point of communication between colleagues as it helped a teacher clarify values and beliefs which were expected to be integrated into the processes of teaching and learning. With time and experience teachers developed a more comprehensive extension of their own philosophy of nursing education which reflected personal beliefs, values, and areas of special interest.

For others, there were frustrations when a philosophy for practice was unclear. Some teachers concentrated on the processes of teaching and learning while others continued to emphasise the importance of content as they taught students. The main problems pertained to the differences between using behaviourist learning theory as a basis for teaching practice as opposed to educating students within a caring curriculum (Watson & Bevis, 1990) which would prepare skilled, compassionate, critical-thinking graduates who would be able to respond to the moral and ethical issues raised in a health care system dominated by technology, political, and economic concerns.

Lack of a common purpose dissipated energies which were not channelled in the same direction. For example, the call for curriculum revolution from North America, (Watson & Bevis, 1990), the impact of the commitment to biculturalism which was a compulsory element in the curriculum (NZNA, 1990, Ramsden, 1990), and the change into degree level education (Horsburgh, 1990, Williams, 1991) impacted on changes to philosophical statements within the schools of nursing. Rose had seen many changes over the years:

In some ways I've seen the wheel being reinvented. Why do we have to have a new curriculum or why do we have to have a new this, a new that when it's already been done somewhere else. Being in the same year and the same module all this time, I've seen the fads come and go a bit...but yes, things do full circle a bit. I think it is because the essence of nursing is still the same. There's certain things, characteristics that we still want in our graduates, certain beliefs that underlie what we are trying to teach (Rose, 1:382).

*Developing a philosophy for practice* was significant as it helped teachers to articulate their practice for themselves, and, at the same time, it also had the

potential to unite colleagues who had identified a common purpose and were willing to work together towards a collective agreement about the way nursing education should be.

### **Recognising The Reality**

All teachers in the study spoke of the importance of integrating theory and practice. They believed it was important to share the many dimensions of nursing practice with students who, despite the comprehensive emphasis in the education programmes, had a tendency to see "real nursing" in terms of work with real people in real situations. Although the teachers recognised that students needed to master certain skills and become competent in their performance to deliver safe care and to be free to focus on other aspects of their practice, they also wanted to convey that nursing was more than tasks. Many participants in the study had a broad view of the dimensions of knowledge that contributed to nursing practice but, at the same time were unsure that *all* nurses held the same view. Sophie explains:

A simple example is in saying 'welcome to this unit! This is where we get into real nursing'. It might be that person's belief but it is another subtle way of reinforcing. Another thing is that students often say to what kind of experience are they getting 'Well I'm having a quiet day today because I haven't done any tasks'. But they haven't thought about the fact that they have done some research into the client's condition and spent some time looking at resources (Sophie, 1:274).

Having a broader vision of nursing was unsettling when the majority of nurse educators were at different stages of their own graduate education, very often studying outside the discipline of nursing itself. In this study, fewer than half of the teachers had undertaken higher education within the discipline of nursing. Individual teachers spoke of their colleagues' general lack of familiarity with nursing theories, research methods, and philosophies needed for the development of nursing knowledge. Jane shares her disappointments:

I suppose one part of me, I feel disappointed that to me we are there to teach nursing. We should be knowledgeable in nursing. We should be up-to-date in it

and we should enjoy nursing. But it doesn't surprise me that your model is starting to show that there doesn't seem to be an overall pervading influence of nursing practice because I think that, I get the feeling that there's only a few of us that have that (Jane, 3:525).

As teachers were *coping with change* they were also introducing students to the profession. Many wanted to pass on their own commitment to nursing by helping students create a strong nursing identity. There were different ways in which this could be done. Some teachers chose to influence the future of nursing by sharing their own love of learning as they prepared and encouraged students for life-long learning in nursing; some tried to empower students to feel strong and firm in their personal belief systems; some concentrated on presenting a broad picture of what nursing was and what it could be; some wanted to create the best possible registered nurse; some aimed to prepare professional, autonomous, self-motivated practitioners; and most were trying to educate for practice. Overall, teachers refused to be limited in their perceptions and the way they recognised the reality of nursing practice as they considered that which was possible in a resource-constrained clinical setting. While the expressions of their aims may have been stated in slightly different language, all the teachers shared a common purpose in that they stressed the importance of integrating theory into practice to provide the best possible quality of care for the client and/or the family.

Most teachers were committed to teaching but had different beliefs about the expression of responsibilities and obligations entailed in *being a teacher*. Not everyone wanted to be involved with all the professional extra-curricular activities that were expected with a strong commitment to nursing education. Talk of commitment to the profession may have "scared off" others who expressed the idea that being committed should not mean that work dominated life. Although these teachers were conscientious in their work and were quite prepared to give their best to their job they wanted time and energy to enjoy a personal life as well.

In *recognising the realities* of both teaching and nursing practice teachers became free to consider the degree of personal involvement they were prepared to put into *being a teacher* and how best to help students create a strong nursing identity. Teachers believed their purpose was to prepare informed, safe professional practitioners who were expected to be ready to

cope with the complex responsibilities that were an integral part of health care delivery. As teachers *coped with change* they were also preparing students to cope with the changes and challenges in nursing. With time, most teachers recognised their personal influence as it related to the future of nursing:

I believe that I have chosen to influence at the nurse face which I guess has an immortality about it that goes on and I believe it's where my strength is and it's not in the political scene because my preparation hasn't been there (Peggy, 2:404).

Teachers saw themselves as helping students to become confident, to step out and try new things as they encouraged them to set challenging standards for themselves. Part of teaching was empowering students to be aware and critical within their clinical practice, able to participate in it as thoughtful and reflective practitioners. As Lulu says:

...I've actually got a chance to excite those students and get them to love nursing and become part of nursing, and know nursing for what it is, and what it can be (Lulu, 2:222).

The teacher's degree of professional commitment was significant here. As teachers taught to advance the profession they shared with students their own commitment to the profession. This was not always easy in a climate where the strong educational focus detracted from a full appreciation of nursing as a profession and as an academic discipline. In the current sociopolitical environment dominated by policy of market economics, nurses who emphasised the art of caring did not feel appreciated as knowledgeable, professional practitioners. However, those teachers who had established their own professional nursing identity were quite clear of their place and were confident to *confirm commitment* to nursing education:

Sometimes I despair, but I'll never lose that hope and you know I want to be part of the pathway, I guess of enhancing the professional status of nursing. And why I feel like that, I guess I don't really know, except that it keeps coming back to thinking it's got a lot to do with my educational focus and being around professional nurses who are very clear in what their direction is...and you get from them the great sort of conversations and

the visions. You know that is really quite challenging and quite refreshing to be involved with (Jane, 2:172).

It took time to *confirm commitment* to nursing education. For many, this was a time when a philosophy for practice developed from an increasing self-awareness, and personal growth which occurred through interactions with others. Part of *confirming commitment* involved sorting out one's own place and sense of future within nursing education in general. Lulu shares her experiences:

I've suddenly realised that I think until now I tried to keep everything here as just a job. I came here, I taught and that was it. But this year I'm really starting to notice the need to actually be involved in the school in a different way and yet there are parts that go with the teaching role that are not direct teaching, like keeping up with the profession, currency of practice. It's keeping involved in this whereas I thought it was just like playing a game before but now I sort of suddenly realise, Hey! That is an important part of this role which is actually why it becomes a career because it's like nursing. Initially it was just a job and then it becomes you life. In a way you become a nurse and I feel like I am now becoming a nurse educator rather than just being a nurse educator (Lulu, 1:118).

Teachers who had *confirmed their commitment* to nursing education were more likely to accept opportunities for political, clinical, or academic development. At the same time, *coping with change* was important for nurse educators involved in the ongoing, dynamic, and constantly changing process of *being-in-becoming*. Such involvement meant that teachers would always be challenged to adapt values, beliefs, and standards as they struggled to meet the challenges of preparing students to nurse in a complex, technological society.

## SUMMARY

This chapter has considered the implications of *coping with change* in nursing education. As teachers were involved in *managing change* self-knowledge was extended through interaction and encounters with others. These

experiences enabled exploration of values and beliefs which underpin professional development and which were crucial to *balancing the self* and *confirming commitment* within the world of nursing education. *Coping with change* was one way in which teachers dealt with the stress that was a part of the day to day activities of *being a teacher* in a complex, constantly changing environment. In this study, because people both constitute and are constituted by meanings and relationships (Benner & Wrubel, 1989) coping was contextual and personal in that each individual defined what was meaningful to the self in the situation and what the possibilities for action were. The way in which teachers *coped with change* was critical in determining whether the person was able to perceive a sense of future and *confirm commitment* as a teacher and whether it was possible to continue with a career in nursing education.

## CHAPTER EIGHT

### DISCUSSION OF FINDINGS

In the previous four chapters the findings of this study have been presented with a focus on the conceptual categories and codes derived from the research involving nurse educators from three schools of nursing in New Zealand. The four conceptual categories generated from the data - *being a teacher*, *settling down*, *finding a place*, and *coping with change* - tell a particular story. It is a story of nurse teachers' experiences of nursing education and their place within it in the constantly changing environment of New Zealand in the 1990s. However, within grounded theory the findings need to be interpreted and integrated into a theoretical framework. The processes need to be drawn together into a core category which is broad enough to explain the main idea which has emerged from the research (Strauss & Corbin, 1990).

In the first section of this final chapter the core category, the process of *being-in-becoming*, will be examined. This central category, or basic core variable, recurs frequently in the data, integrates and links the data together, and helps to account for many of the variations that occur in the emerging theoretical framework (See Figure 5). In the discussion which follows, the findings of the study are reviewed. The implications of the study for nursing education, practice, and further research are considered, and the limitations of the present study are noted.

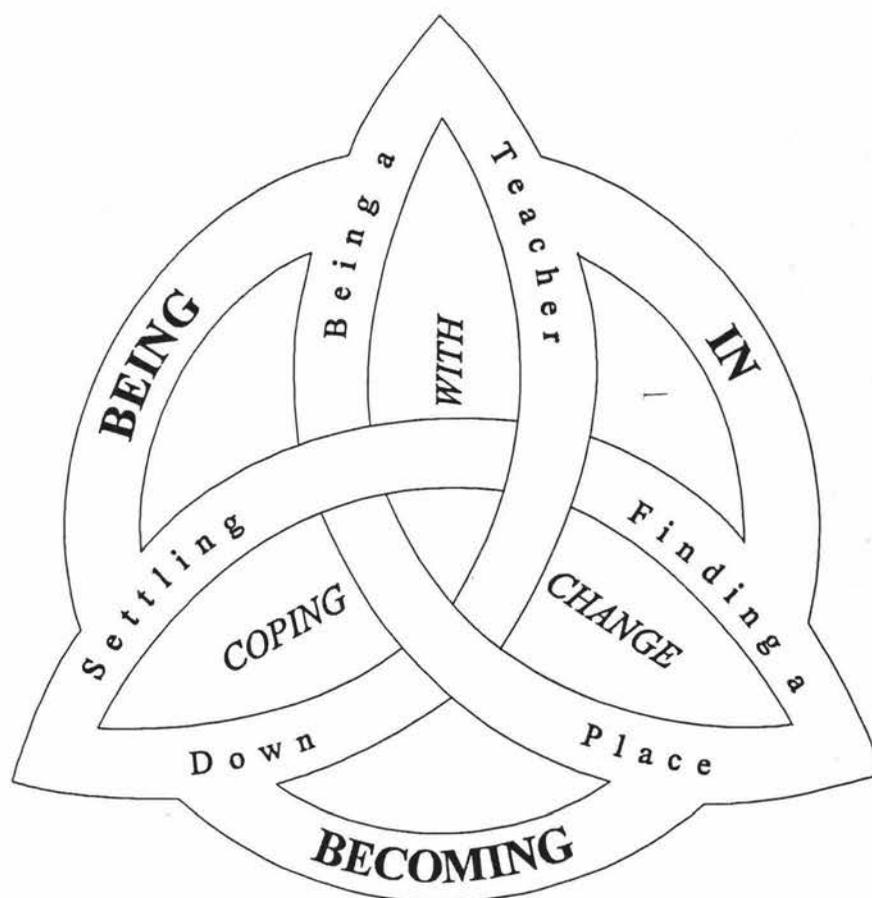


Figure Five: The Process of Being-in-Becoming

### THE PROCESS OF *BEING-IN-BECOMING*

Symbolic interactionism, from which grounded theory is derived, is based on the assumption that meaning guides behaviour and people develop a sense of self by means of interaction. Through interaction with students, colleagues, and the organisation, the nurse learns the meaning of being a nurse teacher. The process of *being-in-becoming* is proposed as one particular theoretical framework for the teachers' experience of nursing education.

"Being" in a lexicographic sense means being present and being involved. "Being" is a state of existence which is linked with "becoming". Becoming is defined as "to come into being" (The Concise Oxford Dictionary, 1964: 104),

and involves alteration, transformation, change, and development (The Collins Thesaurus, 1984: 58). Therefore, *being-in-becoming* is taken to mean being present and developing potential through involvement and change.

*Being-in-becoming* in the context of this study means that the person is the nurse teacher simply because that person has taken on the work of a teacher. But in being a teacher the person is adapting, changing, and learning how to become a teacher. This grounded theory of *being-in-becoming* explains that nurse educators are teachers by nature of their position, but they are also continually becoming teachers as they take on the responsibilities and duties that are essential in their work. In this sense, *being-in-becoming* is a process which is on-going, never-ending, and constantly changing.

The idea of *being-in-becoming* is well supported in the literature on phenomenology and nursing. The existential nature of "being-in" has been explored by Heidegger (1962) who distinguishes between "in" as it refers to phenomena spatially and existentially. In a spatial sense, "being in" means inclusion, whereas existentially, "in" is characterised by concern and means involvement. Dreyfus (1991:43) explains:

In English we also distinguish two senses of "in": a spatial sense ("in the box") and an existential sense ("in the army," "in love"). The first use expresses inclusion, the second conveys involvement.

Dreyfus goes on to say that *being-in* is distinguished from *being in* as it is a way of being occupied with things. To clarify the meaning further he suggests:

What Heidegger is getting at is a mode of being-in we might call "inhabiting." When we inhabit something, it is no longer an object for us but becomes part of us and pervades our relation to other objects in the world. Both Heidegger and Michael Polanyi call this way of being-in "dwelling" (Dreyfus, 1991:45).

In this sense, "dwelling" conveys the idea that because the person spends time and occupies the teaching position, that person lives the experience of being a teacher.

Another example of the relationship between being and becoming is found in the writings of Paulo Freire. Freire (1972:57) believes that:

...men [and women] as beings are in the process of becoming - as unfinished, uncompleted beings in and with a likewise unfinished reality.

He goes on to state that people know that they are unfinished, incomplete beings who have the capacity to learn from experience and interaction within their world:

The unfinished character of men [and women] and the transformational character of reality necessitate that education be an ongoing activity.....in order to be, it must become (Freire, 1972:57).

Even though Freire is discussing education as a transformational process, the inter-connections between being and becoming are there and are consistent with the findings from the study.

Like Freire, Paterson and Zderad (1976) express the view that people are self-determining, are capable of self-reflection, and have the potential to become more. Through interaction with their world, the person and the world are changed. These nurse theorists believe humanistic philosophical principles best describe the person who is an:

...incarnate being always becoming in relation with men [and women] and things in a world of time and space (ibid, 19).

Similarly, Parse's (1992) theory of nursing focuses on the human being's participative experience within the world. More recently, she has renamed her theory of nursing as a theory of "human becoming". In earlier work, Parse describes the inter-relationship between being and becoming by drawing on Heidegger's concept of intentionality:

...man [woman] is by nature an intentional being. This means that in being human, man [woman] is open, knows, and is present to the world. To be man [woman], then, is to be intentional and to be involved with the

world through a fundamental nature of knowing, being present, and open (Parse, 1981:18).

Jean Watson is another nursing author who recognises the integration of being and becoming in her writings on the totality of the human experience. In her theory of nursing she states:

The person is viewed as "a being-in-the-world" and is the locus of human existence. The person exists as a living, growing gestalt. The person possesses three spheres of being - mind, body, and soul - that are influenced by the concept of self...A person's existence is embodied in experience, in nature, and in the physical world, but a person can also transcend the physical world and nature by controlling it, subduing it, changing it, or living in harmony with it (Watson, 1988:54-55).

This philosophy is based on the assumption that the person is an active human being who, during simultaneous interaction with the environment, is more than the sum of the parts (Rogers, 1970; Newman, 1986; Watson, 1988; Parse, 1992). These beliefs are consistent with the study findings which revealed that teachers understood the meaning of nursing education by being involved in its processes and by interacting continually with an environment which, in Benner and Wrubel's (1989) terms, they constituted, and in turn, were constituted by it.

Although the literature supports the basic core variable of *being-in-becoming*, it is important to appreciate that the emerging basic social process is grounded in the data of the present study and did not come from the existing theory. The evidence clearly shows that nurses had to assume the work and responsibilities of nurse teachers as soon as they took on the job, but at the same time, through the practice of teaching, they were keenly aware of the context in which they found themselves changing, developing, altering, and learning how to be a teacher. Becoming a teacher was an open, ongoing process in which the person learns to understand the world from encounters and interactions with others and experiences within the organisation. Human behaviour is influenced by the values, attitudes, expectations, and judgements of others. These "symbolic interactions" feed back to the person concerned and act as a reference point which facilitates the achievement of personal integration. As these experiences are assimilated into the person's self-image

new ways of perceiving the self within the environment emerge. In the end, different meanings are created and, in turn, influence human behaviour. *Being-in-becoming* can be seen as a unifying process which gives meaning to the teachers' working lives and provides a sense of direction for their major activities. The ongoing nature of human becoming parallels the experience of being a teacher, which, according to the participants in the study, is never finished, never ending.

## DISCUSSION OF THE THEORETICAL FRAMEWORK

*Being-in-becoming* is a process which subsumes the four related aspects of *being a teacher*, *settling down*, *finding a place*, and *coping with change* (Chapters Four through to Seven). The categories are never absolute. There are times when individuals will become highly aware of specific processes that are influencing the working situation. It is possible for some of the processes to occur simultaneously for some people, but in general each is a time when the teachers' attention is focused in a particular way. The data would suggest that the process occurs over a period of several years for the majority of teachers as they gradually become integrated within themselves and within the educational organisation.

Somewhat paradoxically, the process of *being-in-becoming* begins with *being a teacher*. As presented in Chapter Four the nurse educator might "know that" there are certain activities which make up the work of teaching, yet, at the same time he or she has to learn through experience "how" to carry out those activities and make them a part of the personal repertoire of actions that give character to one's work and being. As a result, the nurse learns to act like a teacher by *learning about teaching*, *teaching students in the clinical setting*, and by *understanding the meaning of knowledge*. During this process the emphasis is on making sense of the new world of nursing education by developing the self.

*Settling down* (Chapter Five) refers to the process in which the focus moves outwards, towards relationships and responsibilities within the team. As the teacher is involved, either directly or indirectly in relationships with others, the values, attitudes, and behaviours that are acceptable in the group are revealed. The full meaning of *working in groups* begins to be understood as

the teacher is faced with the *balancing of workloads* and understands more about the self through interaction with others.

*Finding a place* (Chapter Six) not only involves classroom or clinical teaching but raises issues of the wider organisation and personal progress within the system of nursing education. The teacher realises that *being a teacher* is more than teaching and guiding students as it also involves the acceptance of extra organisational responsibilities. There is a recognition that committee work and administrative responsibilities are an integral part of *being a teacher*. The process of *preparing for promotion* can prompt the teacher to review his or her personal place in relation to the organisation's philosophy, values and goals. *Finding a place* also requires that the teacher become involved in *understanding the system* and *discovering a niche*. During this process the meaning of being a nurse teacher is extended through experiences within the broader organisation of the polytechnic.

The final aspect of the theoretical framework is *coping with change* (Chapter Seven). This is a process which pervades the whole of the teacher's experience of nursing education as the person *manages change, balances the self, and confirms commitment* to nursing education. New relationships, new experiences, and new responsibilities have the potential to promote personal and professional growth and maturity. For many teachers, self-knowledge becomes significant as an increased sensitivity to personal thoughts and feelings facilitates development of the teacher and interaction in the constantly changing environment of nursing education.

### **BEING-IN-BECOMING A TEACHER**

The essence of this study is that the teacher's experience of *being-in-becoming* is particularly influenced by personal development and the way the person comes to "know" about the world. On reflection, it became evident that the experience of the world of nursing education is also intimately connected to the way nursing curriculum is defined, and experienced by individual teachers. Part of *being-in-becoming* a teacher involves adjustment into nursing education which is very different to nursing in a clinical environment. Steele (1991:20) believes that "the socialisation of nurse educators requires a different focus and demands skills that are not often part

of the nurse's repertoire". So, while many nurses extend their career into teaching with the aim of being actively involved in the development of student nurses, few are prepared for the changes in attitudes, values, behaviour, and self-development that are a fundamental part of teacher-student interaction. At the same time there is an increased awareness of the processes associated with education and in particular, the teacher becomes involved in developing a broader understanding of nursing education in terms of the curriculum.

Bevis (1989) has suggested that for many, curriculum has been defined as a programme of studies, a plan for learning, as all experiences that occur in the school, and as the intended learning outcomes. But curriculum is more than this as it includes the interactions that occur between teachers and students too. Therefore, she has extended her definition as follows:

...curriculum is defined as those transactions and interactions that take place between students and teachers and among students with the intent that learning take place (Bevis, 1989:72).

These transactions and interactions are an essential part of the teacher's resocialisation into a second career in nursing education. Hinshaw (1977) proposed that during adult socialisation, individuals entering a new social organisation and being resocialised into a new job have already learned a number of roles and values which give them perspective for evaluating new roles. Part of being a registered nurse included health education and health promotion as well as teaching responsibilities for students, enrolled nurses, and new staff. Furthermore, most nurse teachers were involved with their own advanced education so were experienced consumers of teaching and learning processes. As a result, nurses entering the world of nursing education brought with them many meanings associated with those experiences. They were quickly taught though, that such exposures required new perspectives of former experiences which had taken place within nursing situations rather than educational institutions. When the students became the "client" the primary focus was educational practice with nursing practice taking on a secondary role. Teaching, learning, and nursing were separated and the "new" teacher did not even realise it. Diekelmann (1991:13) puts it like this:

They do not question the fallacious basic assumption that teaching is somehow separable from learning and that learning is separable from nursing.

Therefore, it is not unexpected that in this study one aspect of *being-in-becoming* involved understanding and mastering the skills required to teach within the formal curriculum. The formal curriculum or the "legitimate curriculum" (Bevis, 1989) was the "real" curriculum to both teachers and students which included course outlines, objectives or outcomes for learning, strategies for learning, evaluation plans, and prescribed course hours. It was the legitimate curriculum that the teacher was expected to master in *being a teacher*.

Working within the formal curriculum the teacher was expected to become effective and efficient in teaching practice, transferring to students the knowledge and skills needed to become safe practitioners. As teachers struggled with *balancing workloads* the impact of the formal curriculum became apparent. Organisation and planning were time consuming and a constant source of frustration for the study participants who preferred to concentrate their efforts on preparing for teaching. Generally prepared to a baccalaureate level themselves, most teachers regarded their work as a process in which they tried to encourage students to think critically, to become self-reliant, and to be able to solve problems. But these processes needed to be nurtured in an environment which would allow time for the development of dialogue and meaning. This ideal could not be always or fully realised in the teaching environment that was described in this study.

Within the formal curriculum much time and effort are expended on deciding "the knowledge of most worth". The teachers' perceptions within the present study were that technical knowledge was the most highly valued by those in power. Even though the majority of nurse teachers considered caring to be central to nursing practice, many study participants believed the practical knowledge of nursing went under-valued in organisations which, in a changing sociopolitical environment dominated by reform and reducing resources, preferred to emphasise measurable, technical knowledge. While it certainly is not denied that the mastery of technical knowledge and skills is essential for students facing complex, technological areas of practice, teachers also wanted the practical knowledge of nursing to be equally recognised as being of value.

There are certain parallels between the under-valuing of caring and the informal, or "illegitimate curriculum". If it is accepted that the "illegitimate curriculum" is the one that deals with insights, strategies, and inquiry, which influence life choices, values, and approaches (Bevis, 1989) it is suggested here that there are discrepancies between the teacher's view of the illegitimate curriculum and the organisational view.

Colleagues in the schools of nursing passed on to new teachers particular values related to caring and compassion. For example, throughout the study reference was made to the "lack of caring" that nurse teachers experienced as they carried out their normal work activities. Those study participants who spoke of "wanting to be treated as a person" (Chapter 7: ) did not feel "cared for" in an environment where organisational structures emphasised objectivity, manipulation, and control rather than the subjective nature of the human experience.

In particular, this was evident in the findings related to *settling down* where, in *working with colleagues*, the teachers became sensitive to discrepancies between their own personal behaviour and the expectations of the educational organisation. This came about as teachers were taught openly that they must be able to sustain very heavy workloads to be valued by colleagues. The similarities here between duty, obedience, and endurance and a "good nurse being a good woman" (Rodgers, 1985) were perpetuated by experienced teachers who indoctrinated novices into the expectations of the schools of nursing.

Caring and compassion for colleagues as unique human beings with different needs and abilities was put aside in the interests of meeting the demands of the organisation. Teachers were expected to *balance workloads* or were judged to be inadequate in some way. There was a certain moral obligation in *being a teacher* which involved an unquestioned acceptance of the organisation's values. In this study the teachers felt that the fact that they were already striving to meet organisational values in other equally meaningful ways such as being involved in advanced education was not appreciated when it came to capacity to withstand unrealistic workloads.

All the participants in the study worked full-time, had family obligations of some sort, and had either completed a university education while working or were attempting to do so. For many, "heavy" workloads were a way of life but because most of this occurred off campus and did not relate directly to teaching responsibilities, they were perceived as not taking place and to be without consequence. The organisational view of *balancing workloads* was to examine each aspect separately whereas, for the teacher in the throes of the experience, situations merely contributed to the *whole* experience which then became different to the sum of the parts.

Differences in perceptions had implications for the teachers involved in *finding a place* in the organisation which can be likened to the subtle socialisation which takes place under the guise of the "hidden curriculum" (Bevis, 1989). This is the curriculum which initiates teachers in how to think and feel like a teacher by passing on certain messages in priorities, methods, and interactions. In the study, many participants were unaware of the hidden messages which were an implicit part of the organisational culture and it was not until they were *preparing for promotion* that they knew if they had an accurate *understanding of the system* or not.

In the present study, the teachers perceived that the organisational norms and values were not explicit so were difficult to discern. This is not unexpected when organisational culture includes the taken-for-granted and shared meanings people give to their social surroundings (del Bueno & Vincent, 1990). Yet, this understanding had particular implications for every teacher when there were organisational expectations for people to fit in and conform to certain patterns of behaviour. Coeling and Wilcox (1991: 107) have suggested that one way to maintain a culture is by hiring people who are able and willing to "fit in" or "buy into" the group's norms and values. Those who do not, leave. Even though organisations can tolerate a few members who are not able to *find a place*, in this study, those teachers who continually "fought against" the organisation very often did not recognise that their feelings of discomfort and alienation were related to the incompatibility between their own and the organisation's values and goals.

Furthermore, teaching practice was limited by the "hidden curriculum" as there was little doubt on the teachers' part that organisational structures constrained individual responses in the changing world of nursing education.

This became significant during the annual promotion round when meaningful messages on how to *play the game* and be successful were passed on from teacher to teacher. When *preparing for promotion* the more astute people recognised the power of the hidden curriculum and the "out-of-awareness things that pervade the whole of the educational environment" (Bevis, 1989:75) and were able to use the "hidden messages" to their advantage. Those teachers who were successfully promoted were perceived by the study participants to have demonstrated to the organisation that they were prepared to openly support the same priorities, relationships, and values.

The final aspect of *being-in-becoming* which can be seen to be limited by the curriculum is the process of *coping with change*. An analogy is drawn between this process and the "null curriculum" which is talked about with colourful rhetoric and believed in by all teachers, but is said to be non-existent. This aspect of the curriculum includes "humanities, liberal arts, critical thinking, inquiry, creativity, and the full range of human intellectual capacity" (Bevis, 1989:76). This is the curriculum which is discussed at planning meetings and written about in a school's philosophy but is not given much room within the content of the formal curriculum. It always ends with a "but" as it is full of ideals and exists more in the hearts and minds of the teachers than in the teaching they do. In this study there were links between the null curriculum and *confirming commitment*. Data showed that there were discrepancies between what the participants believed they were committed to and the actuality of the world of nursing education. Although nursing educators believed they were teaching nursing, many had a narrow definition of "nursing". This had implications for teaching practice. For example, in this study, participants spoke of "educating nurses for the future", of "passing on a vision of nursing", and of "introducing students to the profession". While these were without doubt personal ideals which shaped the teacher's practice of teaching, it is suggested that such eloquence does not accurately reflect the lived reality of the current practices in nursing education. In the study, being a nurse educator meant that, among other things, teaching practice has a strong focus on educational principles and practice as opposed to an emphasis on preparing practitioners who are educated within the discipline of nursing.

These findings are not entirely unexpected in New Zealand where the education of registered nurses in the universities is relatively recent. Even though the Carpenter Report (1971) recommended that nurse educators up-

grade their educational qualifications, that recommendation suggested that further education take place in education, not in nursing. Again, this advice was not unusual at the time when the majority of nurse educators throughout the world were seeking higher qualifications in the universities, many of them in education. In this country, university nursing education was not available until 1973 at Massey and Victoria Universities. The location of university programmes in nursing in New Zealand has always been a problem, particularly for those teachers who found they were unsuited to the distance mode of education. As a result, many teachers in the large cities responded to the recommendations in the best way they could by accepting study in other disciplines as an alternative. As Em Bevis reminded many New Zealand nurses during a visit in 1991, it wasn't that such study was "wrong", it simply wasn't enough.

In 1993, nursing education in New Zealand is in the beginning stages of a new era as Polytechnics offer degrees in nursing and health sciences to undergraduate students. The courses already established at Auckland, Wellington, and Otago certainly have a stronger focus on knowledge within the discipline of nursing but the true depth of understanding can only occur when the majority of teachers themselves have advanced degrees in nursing. While teachers majoring in science, education, sociology, psychology, and anthropology have a positive contribution to make, nursing education is concerned with the transmission, debate, and examination of nursing knowledge including that related to assumptions, philosophy, nursing theories, nursing practice, research, methodologies, and the development of ideals grounded within nursing (Meleis, 1992). Educational philosophy and practice has been well and truly established in the Schools of Nursing in New Zealand. What the present study makes evident is the need to recognise more fully the *nursing* core within nursing education, so that nurses of the future are educated to understand more fully the meaning of *nursing* practice and *nursing* knowledge, and are thus helped to establish a clearer nursing identity and professional commitment.

This current context of nursing education is challenging for nurse teachers who are expected to *cope with changes* in the curriculum and, at the same time, constantly strive to develop their own teaching practice. It is not unexpected that in this study coping was individual and was expressed in decidedly personal ways during the interviews. Those involved in *being a*

*teacher* had personal concerns as they considered their place in new situations. As a result, the participants' language was highly personal, intuitive, and, in some instances, negative as teachers shared their subjective experiences of *being a teacher*. Teachers coped in their own special ways and for many, integration was frustrating as it occurred usually through experiential learning. For instance, many teachers came to value and rely on their own knowledge gained through experience and while most recognised the legitimacy of this personal knowledge grounded in teaching practice, the organisation was still seen to be the external authority which defined valuable knowledge as something which was different to the situated meaning of *being a teacher*.

There are many similarities between the participant's emphasis on personal experience and subjective knowing which has been identified as one facet of women's ways of knowing (Belenky, Clinchy, Goldberger, & Tarule, 1986). Within subjective knowing, personal experience is a valuable source of knowledge as everyone has the voice and the right to express opinions and beliefs although conflicting ideas may not always be shared with others as they may not be acceptable. At the same time, the external authority (such as the organisation) is associated with power, and is therefore mistrusted. In the present study teachers were exploring and trying out alternative philosophies for teaching and learning but were becoming frustrated in their efforts by highly structured organisations which were perceived to be controlling, detached, and objective as they sought specific goals and measurable outcomes. Organisations which were managed according to bureaucratic principles emphasised efficiency, equity, and consistency but were less willing to acknowledge those personal concerns and issues which made up the whole human experience.

It became apparent in the study that being a nurse teacher is a very stressful job but that "to be stressed" was interpreted by colleagues to be "not dealing with the problem". The teachers' experiences indicate that "coping" in the educational organisation required the teacher exert greater control and complete the tasks demanded while emotions associated with the meaning of the situation simply did not exist. However, the participant's expressions in this study show that, in fact, emotions were very important to their experience of *being a teacher*. Suppression of emotions was stressful as it did not allow the person to recognise concerns, background meanings, and problems that

were influencing the person's experience of being a nurse teacher. As Benner and Wrubel (1989:60) suggest:

Emotions alert the person that something important is at stake, even though the person may not have clarity about what is at stake.

In the study teachers became more frustrated with the expectation that feelings should be "managed" by the person and therefore could be ignored by others. As a result, the feelings that were blocked interfered with identification of different possibilities and different options for coping. While the objective view of the world of nursing education was one way of *being in* a situation, the person *in* the situation and in the process of *becoming* was a participating insider who both constituted and was being constituted by relationships and encounters with others. As mentioned earlier in this chapter, *being-in-becoming* meant that the nurse teacher was being present and developing potential through involvement and change. As Grene (cited in Polanyi, 1969:X) says:

We live in the tension between what we are and what we seek: between the world whose facticity we share and ourselves whose shaping makes the world a world.

*Being-in-becoming* as a basic social process identified from within teaching practice has not been previously charted in nursing education. Empirico-analytical approaches to knowledge development in nursing education have provided a particular view of the role of the teacher and problems associated with socialisation into a second career. This knowledge has been helpful in that it contributes to understanding of the world, but when we recognise parts separately they are different to the way they will be seen as a part of the whole. As society changes so does the nature of nursing practice which requires new ideas and new approaches in nursing education. *Being-in-becoming* provides a more wholistic understanding of the experiences of nurse educators who, by nature of their work, influence the future of nursing.

## LIMITATIONS OF THE STUDY

The scope of this study was restricted by the time and resource constraints inherent in graduate study which limit the findings in terms of depth, saturation, and wider application. Although there were thirty-six hours of recorded interviews within the study, retrospective analysis and reflection suggest that "saturation" may not have been reached. Collecting and analysing data concurrently, and at the same time working in a full-time position, is not an ideal research situation and highlights how findings can be limited by contextual factors. If further time and monetary resources had been available, additional theoretical sampling would have ensured that coding for the full range of variables and possibilities had been explored more fully.

While the reader will decide how applicable to other contexts the emerging theory is, multiple comparison groups would have added depth to the theory generation and ensured the theory was wide-ranging and broad based. During data collection the two male nurse teachers added a particular perspective as each expressed in a way that was very different to that of the female teachers. However, because the sample was small, it needs to be questioned whether the inclusion of the two males influenced the nature of the data and its interpretation in a way which would not have happened in a larger group. Also, the study does not include teachers who work in smaller schools in provincial cities, or Maori teachers, so is therefore limited in the extent to which it reflects the experience of nurse teachers generally.

Furthermore, interpretation of findings when coding "a capella" means that analysis cannot take place as a social process with consideration of alternative interpretations and consensual validation, as it would within a group situation (Stern, 1989). For example, in this study the teachers' personal experiences and subjective knowing were strongly expressed. It could be said that the participants had a tendency to be self-focused and inward looking during interview, seemingly preoccupied with themselves and their own world as few spoke about the meaning of nursing, or even about students, or being with students. While these expressions may reflect the times we live in and the current sociopolitical context, interviews as the sole source of data could also account for the nature of participants' expressions. It is also possible that the

researcher was more "therapeutic" during interactions and perhaps did not always lead discussion in a way that would have helped the teachers to explore other issues. These limitations show that being a graduate student is a learning process and emphasise that the quality of the research outcome is influenced by the researcher's knowledge of the process.

Being a researcher in one's own cultural context can itself be a limitation (Field, 1989). While particular efforts were made to extend the research to cover several Schools of Nursing, interviewing colleagues made it more difficult to remain in the researcher role. As a researcher in one's own culture it is inevitable that some professional contacts will be renewed and also that familiarity with a particular group will mean that important pieces of data may be overlooked (Field, 1989). While there is always the risk of bias associated with insider research this can be counteracted, as it was in this study, by conducting the research in a similar setting, but in a different institution.

## IMPLICATIONS FOR PRACTICE

The findings of this study have implications for practice in that there are similarities in the nurse's experience of *being a teacher* and any nurse moving into a new area of practice. Furthermore, the research provides description and explanation of being a nurse educator which can be useful for clinicians whose contacts with nurse teachers are often focused on pragmatic issues of student placement but who may not understand clearly the complexity of the work-life of nurse educators. These findings may also be of interest to those nurses contemplating a move into teaching. If the gap between nursing education and practice (Cook, 1991) is not to widen further, there is a need for clinicians to understand better the work of nurse educators so that the two groups can work together more effectively and build up complementary skills which will enhance student learning. Collaboration and reciprocity between nurse clinicians and educators is essential for the future development of the profession.

## IMPLICATIONS FOR EDUCATION

It is hardly surprising that the implications of this study are greater for nursing education. If it is accepted that change is an integral part of nursing education and the health care delivery system, management must address the need to support change at a personal level if personal and professional growth and development are to be promoted and encouraged. This can begin by providing clear statements to new faculty on what will be expected of them as they embark on a career in nursing education. Nurse educators must agree on the goals they are working towards. By sharing the possibilities it is more likely that discrepancies between expectations and perceptions of what is possible will be decreased and job satisfaction improved.

It is recommended that nurses considering a career move into nursing education consider carefully their own personal demands, and their professional goals in light of the values, philosophy, and expectations of the organisation. At the same time, the educational organisations need to reconsider their values and demands which are unrealistic and fail to acknowledge that nurse teachers are also people with personal commitments and responsibilities beyond their work and therefore entitled to be treated in a fair and reasonable way. When excessive workloads are constantly cited as a major problem by the workers, the organisation has a responsibility to acknowledge the human experience and examine the situation.

The process of *being-in-becoming* can also be facilitated by mentorship in nursing education. While some faculties already use this strategy to assist orientation into a new workplace, mentorship is not always viewed as an ongoing process and it is very often in the long-term relationship that most benefit is to be gained. In the chronically busy world of nursing education it is essential that new teachers, and experienced teachers, be supported in their integration and development within the educational organisation. Every teacher needs to be appreciated as a person by colleagues and sufficient time must be made to ensure that this happens. It is time for nurse educators to demonstrate overtly that they care for other nurses. And this "caring" needs to be on terms that are meaningful to each and every individual, not merely in ways that are the most beneficial and measurable to the institution.

## IMPLICATIONS FOR RESEARCH

The conceptual framework presented in this study introduces a beginning theory of the teachers' experience of nursing education. The conceptual framework identified as the process of *being-in-becoming* is grounded in the data but has not yet been tested in other settings. There is a need for similar studies in different countries, with other populations. It would be challenging to discover if clinicians experience *being-in-becoming* as they move into new areas of practice. It would be interesting to study specifically male teachers' experiences of nursing education to see if they are different to a predominantly female group of teachers. And finally, questions are raised relating to teachers with completed graduate degrees. What is their experience of nursing education and is it similar or different to the one presented in this study?

## CONCLUDING STATEMENT

In this study a grounded theory approach has been used to generate a conceptual framework of teachers' experiences of nursing education. This study has shown that *being a teacher* is more than carrying out the activities of classroom or clinical teaching. It also involves personal development and commitment as the teacher is involved in *settling down* and *finding a place* in the educational organisation. The teacher first has to be the teacher and act like a teacher before he or she can *cope with changes*, develop into teaching practice, and become integrated into nursing education. Being a nurse educator is more than taking on the work of the teacher as it becomes a lived experience in which the person is involved in situations according to personal concerns and meanings which are derived from past experiences which also influence both the present and the future. *Being-in-becoming* is a process in which the teacher begins to understand the world of nursing education in a way which is meaningful for the self. The demands for personal involvement of time, energy, and commitment means that each person makes choices as to the degree of involvement which will influence attitudes towards work and the job, the organisation, personal career, the profession, friends and family. Therefore, self-expression is extended as the nurse comes to know about the world of nursing education until knowing becomes integrated into a state of being.

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## APPENDICES

### APPENDIX A

Researcher's Address

Head of School of Nursing  
Technical Institute  
Private Bag  
City

Dear

I am a teacher on the Advanced Diploma of Nursing Programme at the Auckland Institute of Technology. I am writing to you in my capacity as a masterate student of Nursing Studies at Massey University. I am writing my thesis this year and am seeking access to various Polytechnics to research the teachers' experience of nursing education using grounded theory methodology.

I enclose a copy of my research proposal which has been approved by the Human Ethics Committee at Massey University. I would like your permission to approach several teachers to discuss their experience as nurse educators. I am interested in interviewing three or four teachers.

I would be grateful if you would consider my proposal and would very much appreciate support in my research if this is possible.

I look forward to hearing from you.

Yours faithfully,

Antoinette McCallin.

## APPENDIX B

Researcher's Address

Telephone Number.

Dear.....

Following our telephone conversation this letter will put details we discussed in writing. As you know I am seeking voluntary participation in a research study which is part of my MA Thesis through Massey University. I plan to study the teacher's experience of nursing education.

As a study participant I would like to interview you in your home town and discuss with you your experience as a nurse educator. The taped interviews will be conducted as informal conversations and could last from one to two hours. As the study progresses and I collect more information I would expect to ask you specific questions at the interview. The number of times I interview you will depend on your continued willingness to talk with me which will always be re-negotiated and on my ability to visit you in your home town. If you live outside the [.....] area it is unlikely that I would visit you more than twice. If you live in [.....] I may ask to interview you three to four times.

To ensure you can remain an anonymous participant in this study I would not visit you in your workplace or your clinical area unless you specifically choose those places for our meetings. While it would probably be most convenient for me to visit you in your home or in a place of your choice during the evening or on the weekend, visits on weekdays may also be possible.

To further protect your privacy your name will not be used in the research. I will ask you to choose a pseudonym that you will be known by. Only you and I will know your true identity. Your place of work will also remain anonymous.

As the information shared between us will be confidential, the only people who will have access to that will be myself, my thesis supervisor, Dr. Irena Madjar, and the confidential typist. All taped interviews will be kept safely in

my home during the study, and the tapes will be erased once the work is completed.

As a study participant you could not expect to gain any benefit from this work. It is possible that discussion of your role as a nurse teacher could raise many issues for you personally. The experience could be pleasant or unpleasant. I plan to build a debriefing session into each interview to answer any questions that may arise. If any emotionally distressing situations occur, I can listen and support you at the time but would expect to refer you to the Health and Counselling Agency at your place of work should the need arise.

Information shared with me in this work will be used for publication in the final research report which is kept on file at Massey University. I would expect to publish the findings in a professional journal and share information with you and other nurse teachers in public presentations. I have a commitment to send a copy of my thesis to the NZNO. Your identity and your place of work will not be revealed to any of these agencies. When the study is completed I will send you a summarised report of the research findings.

Thank you for reading this letter. I enclose two copies of the consent form. If you are still willing to work with me in this study could you please return to the above address the signed copy of your consent to participate. If you have any further queries please do not hesitate to telephone me collect on 09-  
.....

Yours sincerely,

Antoinette McCallin.  
MA Thesis student.

**APPENDIX C****CONSENT FORM FOR RECORDING THE TEACHER'S EXPERIENCE  
OF NURSING EDUCATION.**

I have read the explanation of Antoinette McCallin's study, and understand what is being asked of me. I agree to take part, with the understanding that I am free to withdraw at any time.

SIGNED:.....

DATE:.....

## APPENDIX D

Example of memo from the research:

Interview twenty-two, second interview with participant:

Has given an excellent description of balancing the self. Sounds to be self-actualised. Discusses managing constant changes in nursing education - seems to always be by trial and error learning. Interesting thought which suggests we have not developed as fast as we thought despite emphasis on research and the scientific ways of knowing. Those things are not spoken about much and suggest nursing education is still traditional in its focus in many ways.

This woman came into the department as a manager and after several years now wants to concentrate on teaching. Wonder if this is a "normal" variation? Balancing the self sounds crucial. Wonder if it's the basic core variable? It seems to be the sort of thing people love or there is silence so it can't be quite right yet. Obviously the basic core variable will have to revolve around the self in some way.

## APPENDIX E

Example of a methodological memo written during data analysis:

Am wondering if chapter on *becoming integrated* is accurately labelled? It seemed to be OK at the time of earlier analysis but in retrospect realise I have no stories which describe teachers who were "well integrated" into nursing education. Looking through the chapter it seems *coping with change* may be more accurate when I consider the material I have presented. I would feel comfortable with that end-point in analysis as "change" was an important issue for participants and featured throughout interviewing so giving it a higher profile may be better.

## APPENDIX F

Example of a theoretical memo noted early in the study.

Interview Ten, second interview with participant.

Believes practical knowledge and expertise are valued by colleagues. If that is so, what about people in power? Maybe there are different values because of different agendas? Suggests it is time for a nursing education focus - what do others think? When discussing collegial relationships talks about the need to establish credibility if move to a new team - is she implying horizontal violence here? Says established teachers know the covert rules. If they do, why are they never passed on? Is this a form of power and control?

Example of a methodological memo following Interview 20.

All codes discussed with this teacher. Discusses "managing change" in terms of reflecting on the self, self-critique, and changing perspective. Says teacher develops through challenge and personal critique. Maybe "managing change" is not the central process as although all the codes go back to it how the person manages change is individual and seems to relate to self esteem. Maybe "travelling the pathway" and "managing change" then become categories which have to be linked to the central process?