

The Lived Experience of Professional Identity in Master Nursing Academics

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To feel like you'll never be quite done with school.
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Dedication

It was an honor to be invited into the lives of these master academics. I, too, reflect the conceptual model of professional identity because their encouragement, stories, advice, and wisdom will always be with me. Through interpreting their stories, I gained insight into my own teaching philosophy and professional identity, which strengthened my courage and determination to become my own construct of the expert teacher. I understand now why I teach, why I teach in the manner that I do, and why I stay in teaching. You are my role models and each one of you has made a bigger difference in my life than you will ever know. Thank you.

“The mediocre teacher tells. The good teacher explains.

The superior teacher demonstrates. The great teacher inspires.”

— William Arthur Ward

Note to reader: Any resulting publications from this dissertation will be published under the names Brenda Becker or Brenda Merrill.

Abstract

Background: Minimal research exists regarding professional identity in nursing faculty.

The established literature from teaching, nursing, and medicine shows professional identity promotes resilience, collaboration, and positive practice outcomes. These factors would be beneficial in the recruitment, orientation, and retention of nursing faculty.

Purpose: The goal of this research was to explore, interpret, and understand the phenomenon of professional identity in expert nursing academics. **Design/Methods:**

This hermeneutic phenomenological study used the philosophy and methods of Max van Manen (1997). Each participant completed a written narrative describing a defining

moment in his or her career, drew and labeled an Illustrated Career Trajectory, and participated in a narrative interview. The data were coded and interpreted to determine

the essence of professional identity in master nursing academics. **Findings:** Thirteen

master academics participated in this study. The essential themes were: Professional Identity as Individualized Construct, Workplace as Formative Agent, Teacher as Lifelong Student, Relationships, Focus on the Students, and Constant Reconstruction Over Time.

A conceptual model was developed to illustrate the relationships between the essential

themes. **Conclusions:** Professional identity is a relevant phenomenon for nursing faculty

throughout an entire career. Organizations must be cognizant of the needs of novice to expert nursing faculty, as supporting the development of professional identity benefits the practitioner, the organization, and the students.

Keywords: Professional identity, hermeneutic phenomenology, nursing faculty

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Chapter One: Introduction to the Study

“The combination of lack of basic teacher preparation in graduate nursing schools and limited faculty development conspires to thwart the scholarship of teaching in nursing”

(Benner, Surphen, Leonard, & Day, 2010, p. 32).

Current State of Nursing Faculty

The demographics of the current nursing faculty workforce note a trend that could impact the supply of qualified nursing educators. According to the American Association of Colleges of Nursing (AACN, 2010), the average age for a doctorally prepared professor is 59.1 years. The higher age of doctoral faculty is impacted a higher average age at time of enrollment into a doctoral program and length of the doctoral program, which results in fewer productive years at the doctoral level between graduation and retirement. In addition, a steady shift in demographic proportions has been noted as the percent of nursing educators over fifty years of age has steadily increased from 50.7% in 1993 to 70.3% in 2001 (Berlin & Sechrist, 2002, p. 52). The National League for Nursing (NLN, 2011a) noted no change in the demographic trend, as, in 2009, 93% of all full time nurse educators were 46 years of age or older. Kowalski, Dalley, and Wiegand (2006) reported nurse educators, as a whole, do not plan on working beyond 65 years of age. These statistics reflect the current and future crisis state of the supply of qualified nursing educators available to teach nursing students and to socialize novice nursing educators (Benner et al., 2010, p. 5).

The qualification for nurse educators often include a masters or doctoral degree in nursing. However, the NLN (2002) stated that a nurse educator “requires specialized preparation and every individual engaged in the academic enterprise must be prepared to implement that role successfully” (p. 1). Despite NLN (2002, 2005) recommendations, non-education focused masters and doctoral nursing degrees, which have a different primary objective for graduate preparation, can vary widely in the amount of required educational theory, curriculum, or evaluation content (Institute of Medicine (IOM), 2011, p. 191). Benner et al. (2010) noted graduate nursing programs often lack formal opportunities for application of teaching principles, such as a “guided teaching assistantship” (p. 32). The necessary practice knowledge is evident with a specialized degree, but the nurse educator may lack the ‘how to’ and ‘why’ of evidence based educational practices, potentially impacting student outcomes (Benner et al., 2010, p. 32; NLN, 2002, p. 2; NLN, 2005, p. 1). The NLN (2002) asserted nursing education is a practice, which complements clinical practice knowledge, and should be developed through degrees, certificates, and continuing education (pp. 4-5).

The trend that novice nurse educators are often recruited and hired as practice area experts can be problematic. Siler and Kleiner (2001) stated novice faculty often lack adequate educational and practice context to be prepared for the expectations of faculty work and variety of sub identities (p. 397), such as scholar, mentor, advisor, researcher, and educator (Tartavouille, Manning, & Fowler, 2011, p. 45). This lack of preparation, coupled with a high workload, an ineffective or inadequate orientation, and deficient faculty development (Benner et al., 2010, p. 32) can result in what Locasto and Kochanek

(1989) termed reality shock, which cycles through the honeymoon phase, the shock and rejection phase, and, ideally, a recovery or resolution phase (pp. 79-80). Mentoring, feedback, and positive professional socialization can minimize the impact of the shock and rejection phase, and move the novice faculty to the recovery phase (pp. 80-81).

Those faculty who do not progress to the recovery phase experience “resentment, disenchantment, and hostility towards the educator role and academic system” (p. 80), potentially resulting in burnout and faculty turnover.

Factors Impacting Retention of Nursing Faculty

Many different factors influence the job satisfaction and retention rates of novice and expert nursing educators. Examples beyond extrinsic factors such as salary, compensation, workload, leadership, and organizational characteristics (Disch, Edwardson, & Adwan, 2004, p. 330; Finkelman & Kenner, 2012, p. 70; Gormley, 2003, p. 177) include role complexity, moral distress, and workplace hostility or violence. First is the complexity and expectations of a nursing faculty role. Nursing faculty with advanced degrees at the university level must balance the demands and expertise of teaching, research, practice, and service (Gormley, 2003, p. 178). Maintaining clinical and educational expertise can be challenging to current faculty (Benner et al., 2010, p. 11), is a detrimental factor in nurses choosing and maintaining an academic career (Hinshaw, 2001), and may contribute to faculty turnover intention (Gormley & Kennerly, 2011, p. 194). A participant in the study by Disch et al. (2004) summarized the stress related to the complexity of the nursing faculty role.

We have too many expectations for the time we have but I still love my job. I just feel inadequate most of the time and like I am only able to triage. I try very hard to keep up in all the areas I teach, do research, conduct my advanced practice and my administrative responsibility but it feels like an impossible task. (p. 331).

Nursing faculty may experience moral distress within their role. Moral distress is “the psychological disequilibrium and negative feeling state experienced when a person makes a moral decision but does not follow through by performing the moral behavior indicated by that decision” (Wilkinson, 1987/88, p. 16) and can be triggered when external forces conflict with individual professional identity. Institutional constraints can generate moral distress, through workload, conflict between individual standards and the organization’s mission, or pressure from peers or supervisors to lower individual standards. Moral distress can impact student learning, faculty job satisfaction, and faculty psychological/physical health (Ganske, 2010, Professional Implications section, para. 1, 6).

Nursing faculty also experience the phenomenon of workplace hostility, or horizontal violence, just as their professional peers do in bedside practice. However, in academia, the source of workplace hostility and/or horizontal violence can come from three sources. DalPezzo and Jett (2010) called nursing faculty “a vulnerable population” (p. 132) as they are at risk for physical violence and/or episodes of incivility from nursing students, abuses of power by administrators, and/or horizontal violence from peers. Workplace hostility and horizontal violence in academia can retard personal growth,

impede professional development, and impact physical and psychological health (Broome, 2008, pp. 28, 30). Broome called the perpetrators of workplace violence “sharks”, and notes faculty may “leave shark infested waters and proceed into a new environment” (p. 30).

Current State of the Literature

Multiple discipline specific definitions for the phenomenon of professional identity are present in the literature. Fagermoen (1997) developed a commonly cited definition of professional identity, which is specific to nursing.

Professional identity refers to the nurse's conception of what it means to be and act as a nurse; that is, it represents her/his philosophy of nursing. As such it serves as a basic frame of reference in the nurse's deliberation and enactment in nursing practice influencing what are seen as relevant problems, goals and approaches. More precisely, professional identity is defined as the values and beliefs held by the nurse that guide her/his thinking, actions and interaction with the patient (p. 435).

A large proportion of the literature addressing the transition and socialization of novice nursing faculty or the retention and job satisfaction of current nursing faculty explores phenomenon that are neighboring to professional identity. Professional identity as an individualized, internal construct can be differentiated from related external constructs. Professionalism, or a framework of professional values, identifies the work of a professional practitioner within a social context (Fagermoen, 1997, p. 434).

Professional socialization is a complex and dynamic process, in which “professions apply

certain procedures in order to merge novice practitioners into the profession to become successful professional practitioners” (du Toit, 1995, p. 184). The phenomenon of professional identity is a critical antecedent to both professionalism and professional socialization.

As nurse educators have responsibilities grounded in the professional realms of nursing and teaching, professional identity would be a significant factor in an academic career. The components of grounding values and beliefs, internal construction, and frame of reference inherent within Fagermoen’s (1997) definition of professional identity would influence how nurse educators interact with students and peers; navigate the academic culture; and cope with stress, challenges, and competing priorities.

Despite the strong recommendations from the extensive literature regarding the relevance and importance of professional identity in nursing, teaching, and medical students and practicing nurses, teachers, and doctors, the research exploring professional identity in nursing faculty is sparse. Four studies have directly addressed professional identity in nursing faculty.

Coleman (1994) aimed to answer the question of how a nurse transitions from being a practitioner to being a teacher. The author explored “the perceptions and meanings held by veteran nurse educators about personal and professional development within the sociocultural context of baccalaureate and graduate schools of nursing” (p. 8) in order to answer several research questions. Those research questions included:

How does he or she manage to blend the two images, the nurse as practitioner and the nurse as teacher, into a composite image which depicts the lived experience of

teaching in the context of university schools of nursing? What is the personal meaning of becoming a teacher to the nurse educator? What is the ontological and epistemological construct of teaching nursing for these individuals? (p. 9).

Coleman's research questions clearly reflect the construct of professional identity in veteran nurse educators.

Coleman (1994) utilized qualitative methodology to explore the research questions. Maslow's Hierarchy of Needs (1970) was the theoretical underpinning for the study, while dialectical hermeneutics (Berger & Kellner, 1971; Cox, 1973) was the research methodology (as cited in Coleman, 1994). The researcher interviewed nine veteran nurse educators using a semi structured interview guide and found several categories and themes regarding the transition and professional identity. The categories were: making the transition (p. 74), developing a professional identity (p. 83), learning to balance the personal and professional self (p. 106), and staying the course (p. 110). The themes were: perceptions of under preparation, resulting in constant struggle, stress, and anxiety (p. 76, 144); ever changing role expectations, resulting in a "struggle for a sense of affiliation with the university community and subsequent professional identity" (p. 146); and facilitating the career paths of the nurse professoriate (p. 160).

Chan (2001) studied the impact of health care reform and shifts in nursing education on the professional identity of diploma nurse educators. The author evaluated conversations, participant observations, field notes, and stories of teaching from the researcher and two other participants and supplemental documents from interviews with nursing leaders, regulatory agencies, and media sources. The data were collected and

analyzed using the research method of narrative inquiry (Connelly & Clandinin, 2000 as cited in Chan, 2001). The author found “Nurses’ and diploma nurse educators’ professional lives on the landscape are disrupted by change, the yin and yang, which they constantly try to modify and negotiate in order to regain an equilibrium...” (Chan, 2001, p. 211). In addition to constant change and compensation, the researcher also found tensions, conflicts, and “paradoxical struggles” (p. 11) between the identity of nurse in clinical practice and the identity of nurse educator in the classroom. These struggles were noted to be a result of differences in priorities and role, due to clinical practice being grounded in a biomedical model and the classroom being grounded in a holistic, humanistic model.

Schoening (2009) explored the process within the transition from nurse to nurse educator. The author utilized grounded theory design (Strauss & Corbin, 1998 as cited in Schoening, 2009) to collect and analyze semi-structured interviews from twenty nurse educators with two to twenty plus years of teaching experience (p. 27). The participants noted conflict between the professional identity of the nurse and the nurse educator (p. 61), shown by “a sense of struggling to find where one ‘fit’ or ‘belonged’ in this new role” (p. 62). The findings also illustrated the transformation of professional identity over time, from a strong identification with nursing and disconnect with the teacher identity, to a stronger identification of teaching grounded in nursing (pp. 62-63). The research resulted in the Nurse Educator Transition Theory (NETT) model, which identified four phases in the transition; Anticipation/Expectation, Disorientation, Information Seeking, and Identity Formation (p. 101).

Findlow (2012) explored the academic and professional identities of nurse lecturers in Great Britain. The author utilized a critical ethnographic design to collect and analyze group conversations over a three-year period within a multidisciplinary educational development course. The nurse lecturers described a limited sense of belonging in the academic environment due to a strong grounding in the values and professional identity of nursing, which were felt to override, and often to conflict with, the newly developed values and academic identity of teaching (p. 130). This limited sense of belonging, high workload, lack of confidence, and stunted academic identity, resulted in overload and disillusion (p. 127), which negatively impacted their autonomy in curricular development and pedagogy (p. 131).

All four of these primary studies showed commonality regarding professional identity in nurse educators. The studies illustrated nurse educators can struggle to find their fit in an academic environment and can experience conflict between the professional identity of a nurse and a nurse educator. These extrinsic and intrinsic factors, coupled with the complexity, demands, and high workload of a nurse educator role, potentially have a negative impact on the professional development and retention of a nurse educator.

This research will interpret the phenomenon of professional identity in master nursing academics, which fills a gap in the literature. The four studies noted above described the process of developing a professional identity through the qualitative methods of dialectical hermeneutics (Coleman, 1994), grounded theory (Schoening, 2009), ethnography (Findlow, 2012), and narrative inquiry (Chan, 2001). In addition,

three of the four studies focused on the process of professional identity development (Coleman, 1994; Schoening, 2009; Findlow, 2012), while Chan (2001) evaluated the impact of factors upon professional identity. These four studies presenting the process of development and the influence of factors on professional identity present an incomplete picture; the current literature does not thoroughly describe the phenomenon of professional identity in a homogeneous sample of highly experienced academics. The understanding of the phenomenon of professional identity is an antecedent to the exploration of the process of professional identity development. This research study will add to the knowledge base by providing a rich description of the phenomenon of professional identity in master nursing academics.

Research Approach/Aim

The goal of this research was to explore, interpret, and understand the phenomenon of professional identity in expert nursing academics. Hermeneutic phenomenology, specifically the philosophy and methods of Max van Manen (1997), was the chosen research method, as it is a useful approach when a phenomenon has not been explored, defined, or adequately contextualized (Polit & Beck, 2008, p. 227). The participants, as a result of specified inclusion criteria, have extensive knowledge of the phenomenon of interest and were able to describe professional identity through the data sources of a written narrative, an illustrated career trajectory, and a narrative interview. The three sources of data comprise a bricolage approach, which promoted the reflection upon, and detailed description of, the phenomenon of professional identity.

The aim of this research study was: To describe and interpret the lived experience of master nursing academics developing his/her professional identity.

Significance for Nursing

The current literature exploring professional identity in nursing supports the relevance of the research focusing on nurse educators. The literature researching professional identity in nurses shows if a nurse has a developed professional identity, he or she more readily adapts during times of stress and change (Cook, Gilmer, & Bess, 2003, p. 316), works more effectively with other disciplines (Arndt et al., 2009, p. 20), and is an empowered practitioner (Roberts, 2000). These strengths noted within a nurse with an established professional identity are also relevant strengths for any nurse educator dealing with role and career issues, such as a new/unfamiliar role and organizational culture, horizontal violence, moral distress, and/or a complex workload.

Interventions grounded in this research exploring the phenomenon of professional identity in master nursing academics have the potential to decrease stress for educators at all points of expertise, thereby increasing retention, teaching expertise, professional development, and job satisfaction. The Institute of Medicine (2011) stresses that nursing education must be transformed to meet the health care needs across the continuum of care, and notes research should address factors which influence the recruitment and retention of qualified nursing faculty (pp. 276, 277, 480). Increased numbers of retained, expert nurse educators can influence increased student admission rates at all degree levels, resulting in graduates impacting the overall quality of health care through direct care and indirect care, such as research or education (Penn, Wilson, & Rosseter, 2008,

Introduction section, para. 6). Retained expert faculty will also strengthen the mentoring base for incoming novice faculty.

Chapter Two: Review of the Literature

This chapter will explore the literature focusing on professional identity in three professions: nursing, teaching, and medicine. This chapter has several purposes. First, professional identity in nursing will be presented to show the existence and relevance of the concept within direct care nursing. Second, professional identity will be examined from a teaching perspective, which has a well-established literature and research base, in order to establish the relevance and importance for nursing faculty. Third, professional identity in medicine will be evaluated, in order to compare the concept within a neighboring health care profession. Finally, the literature will be synthesized as a whole to illustrate the similarities and differences of professional identity within the three disciplines.

As the core research evaluating professional identity in nursing faculty is presented in chapter one, chapter two will be presented in a descriptive format, as van Manen (1990) asserts detailed and integrated descriptions of related and supportive literature is “a source for us with which to dialogue” (p. 75). The dialogue, through synthesis and description of the literature, is a tool that promotes interpretation of the research findings (pp. 75-76), as the literature provides additional context for the phenomenon, which may or may not be outside one’s own personal experience (p. 74).

Professional Identity in Nursing

Foundations of professional identity.

Conceptual definition. The nursing literature contained several definitions for the phenomenon of professional identity in nursing. Öhlen and Segesten (1998) provided a definition of professional identity, which was developed through a concept analysis.

...the professional identity of the nurse is integrated with the personal identity of the nurse. It consists of the person's feeling and experience of her/himself as a nurse, the subjective part, and other people's image of the person as a nurse, the objective part. It appears on a maturity continuum with the opposite poles of strong and weak professional identity. It is developed in socio-historical context through intersubjective processes of growth, maturity, and socialization where interpersonal relations are important, and attained maturity of the nurse influences future growth (p. 725).

Other authors' definitions of professional identity in nursing noted the intrinsic development of a construct, which influences the outcome of nursing actions and the profession. Fagermoen (1997) described professional identity as a "philosophy of nursing", which guides how the nurse acts in the world. The author noted professional identity is foundational to clinical reasoning and nursing interventions (p. 435). King and Ross (2003) stated professional identity is a constructed phenomenon, which is not merely bestowed upon becoming an RN, and is "an ongoing process in action, whereby people recreate and negotiate role performance with each social encounter" (pp. 53-54). The authors also noted the profession of nursing creates "historically and culturally embedded values and expectations...which are adopted through professional

socialization”, which provide boundaries for the development of the professional identity of a nurse.

Theoretical underpinnings. The literature noted two primary philosophical frameworks in the nursing literature: symbolic interactionism and Social Identity Theory. The philosophical framework of symbolic interactionism was utilized in the work of several authors (Deppoliti, 2008; Fagermoen, 1995; Fagermoen, 1997). Symbolic interactionism (Blumer, 1986) is grounded in the core principles of theory, language, and thought, and how those principles serve to create the self and to become part of the larger community (Nelson, 1998, para. 2).

Social Identity Theory (SIT) is a theoretical foundation of personal, social, and professional identity construction. The premise of SIT is individuals have more than one identity and those identities are influenced by membership in, and identification with, a specific social group (University of Twente, n.d., para. 2). A social group is a set of members with the same social identification and characteristics. An individual self categorizes and identifies to a specific social group through comparison of like characteristics of the social group (in group) and comparison of differences to other social groups (out groups). Even though a person may belong to multiple groups, the professional group is the most relevant and meaningful in a person’s life (Adams, Hean, Sturgis, & Clark, 2006, p. 56). Through this identification and comparison process, a professional identity is constructed (Stets & Burke, 2000).

The rules and mores that guide and govern behavior and expectations are linked to the role and purpose of the group. The rules of the group are influenced by values,

power structure, role, and societal expectations. The behaviors of an individual are then determined by the rules of the group and are influenced by the individual's degree and strength of identity (Tajfel & Turner, 1979).

Nurses identify with the social group of nursing, adhere to the general principles that guide practice, and apply those principles in a unique way based on their worldview. SIT makes each nurse unique as each nurse is made up of a "dynamic portfolio" of identities (Pottifer & Clouder, 2008, p.172) which are grounded in the foundation of the personal identity (University of Twente, n.d., para. 2). "Being a nurse largely means using oneself therapeutically, which is why borders overlap between private values and beliefs, and the role as a professional nurse" (Johannessen, 2004, p. 52). A construction of who one 'is' as a nurse is a necessary precedent for acting in any nursing role (Öhlen & Segesten, 1998) and is essential to the core concept of caring and patient focused decision making in nursing (Fagermoen, 1997, p. 435; Gregg & Magilvy, 2001, p. 47).

Conceptual models. Roberts (2000) developed a conceptual model grounded in the literature of oppression in various groups. The author utilized the literature discussing oppression of African Americans and women as a foundation for the conceptual model. "The creation of such a model is part of the exploration of how nurses, traditionally powerless, can develop authentic and positive professional identities" (p. 71). The conceptual model contains four phases: unexamined acceptance, awareness, connection, synthesis, and political action. A nurse can move back and forth between the stages, depending on stress, support, and personal factors. The author described how education, the profession, and the individual nurse can move through the stages to promote positive

professional identity development using such interventions/actions as mentorship, building community, and changing curricula.

MacIntosh (2003) used grounded theory to develop a conceptual model. “The purpose of this study was to explore how experienced nurses interpreted their development as professionals, what they identified about this as problematic, and how they addressed the problems they identified” (p. 727). The participants were nurses returning to an RN to BSN program. The author determined “reworking professional identity” consisted of three phases with multiple subparts. Phase one, assuming adequacy, was reflected by the nurses’ not having insight into his/her performance and others’ opinions about the performance. During this phase, neglecting reflection and concentrating on technical tasks, is apparent. Phase two, realizing practice, is a light bulb event, where discrepancies between personal performance and the standards of practice are noted and an attempt is made at balance. Phase three, developing standards, is where personal standards of practice are chosen, practice patterns are established, and the nurse shifts from self to helping to advance nursing, through mentoring, influencing the impression of the profession, and cycling through engagement/disengagement in professional activities (p. 737). The author also noted expectations, perceived status, and supportiveness directly influence the three phases of professional identity development within this model. Those three factors are directly linked to recommendations for education and practice. (p. 739).

Deppoliti (2008) also used grounded theory to explore professional identity development in nurses with one to three years of experience after graduation. “The

purpose was to describe and explore experiences that contributed to the construction of their nursing identity. The study focused on the nurses and how they made meaning of their experiences” (p. 256). The author found new nurses navigated five passage points during his/her transition into practice. The five passage points were: finding a niche, orientation, the conflict of caring, taking the licensure examination, becoming a charge nurse, and moving on (p. 258). Three overarching themes linked the five passage points: Responsibility, learning, and perfection; negotiation for power and authority; and fragmentation or split in nursing. The author stated that relationships were the most important influencing factor in a successful transition to practice and there must be a balance between support and challenge (pp. 257, 262).

Temporality and change. The professional identity of a nurse develops, and changes over time. Cook et al. (2003) considered the temporality aspect of professional identity a developmental process, which is threaded through a nurse’s career (p. 311). Johannessen (2004) linked this development to “the spirit of post modernity”, where nurses create and recreate themselves, in the space linked between the personal and professional self (p. 52).

Relevance. Professional identity is an influential phenomenon in nursing practice. The literature noted several important functions of professional identity, such as benefiting the growth and practice of the nurse, supporting the profession, positively influencing patient care, and working effectively in interprofessional teams. In addition, authors have described how professional identity influences retention, career related perceptions, commitment to nursing (Allen, 2011, pp. 209-210), job satisfaction and

decreased turnover (Goran, 2012, p. e26). All of these factors directly and indirectly influence quality of care, as retention promotes expert practice, and the costs for an organization related to the orientation and retention of a nurse.

First, an established professional identity benefits the nurse. A nurse with an established professional identity is “more flexible when faced with role changes (Cook et al., 2003, p. 316). Öhlen and Segesten (1998) also noted the benefit of flexibility. If a role changes, the professional identity remains, and is foundational for the adaptation of new roles (p. 725). A weak professional identity is a restraining factor for the development of innovative roles (Mackay, 2007, p. 32).

Professional identity also has an impact on the profession. Frankland (2010) stated a solid professional identity results in increased confidence in self/profession and an “acquisition of cultural and social capital”, which results in feelings of being valued and of equal status with other health care professionals (p. 36). Roberts (2000) also linked the relationship between identity and confidence, and stated the identity can give nurses direction to change oppressive systems (p. 81) and can lead to “greater unity, purpose, and empowerment” (p. 72). “We believe that nursing’s survival as a healing practice discipline may depend on all nurses being able to articulate a central unifying focus” (Willis, Grace, & Roy, 2008, p. e28).

There are risks towards the profession if professional identity is not actualized. Apesoa-Varano (2007) cautioned public esteem, legitimacy, and autonomy are at risk if professional identity is not promoted through professional socialization and the professionalization of the profession (p. 270). Goopy (2005) also noted other crucial

elements within effective nursing practice, such as accountability and responsibility, may not be realized without an established professional identity (p. 153). Jennings and Rogers (1988) reinforced the benefit of the individual identities on the whole. "...but if the value of nursing in its essence is the critical substance of each identity, the synergy of diverse identities can be very positive, very powerful, and very profession enhancing" (p. 757).

Nurses with an established professional identity also positively impact patient care. Frankland (2010) stated an established professional identity is crucial for the advancement of expert professional practice, which has a direct impact on the quality of care (p. 35). Severinsson and Sand (2010) noted professional identity is the bridge between the art and science of nursing as "A well integrated theoretical and practical identity is necessary for providing patient care in an empathetic and skillful way" (p. 675).

The state of professional identity within a nurse directly influences interprofessional relations, which can indirectly influence patient care. Arndt et al. (2009) stated an established professional identity, which establishes a nurse as a distinct entity, is necessary for effective interprofessional collaboration and communication (p. 20). Mackay (2007) asserted professional identity promotes nurses' ability to practice as autonomous professionals, and without it, nurses are less effective in practice and collaboration (p. 33). The professional identities of the entire interprofessional team can also "improve comprehension of what can go wrong in interdisciplinary projects, it can also highlight ways in which collaboration can produce positive outcomes for the staff involved" (King & Ross, 2003, p. 53).

Influencing factors on professional identity.

Individual factors. The personal identity of an individual is foundational to the professional identity of a nurse. Roberts (2000) noted life experiences, age, race, and family upbringing all merge to provide a unique lens through which persons view his/her world and the power dynamics within that world (pp. 77-78). Olthuis, Leget, and Dekkers (2007) considered the personal identity a “prerequisite for the development of professional identity”, as nurses perceive themselves as unique individuals within the context of nursing (p. 67). The actions as a nurse directly influence “the esteem one has for oneself as a person” (Olthuis et al., 2007, p. 63) and is “a way to measure their existence as a human being through integrating ‘nurse’ into self” (Gregg & Magilvy, 2001, pp. 50, 51).

Gender roles and expectations can also influence the professional identity of the nurse. Adams et al. (2006) found gender stereotypes and masculine/feminine traits and designations impact intergroup relations, where professional identity is actualized. The authors also hypothesized men and women differ in a level of professional identity and may experience it in a different way (p. 63). Roberts (2000) also noted gender provides different perspectives about communication and power, which individuals bring forward into education, where the socialization process begins (pp. 77-78).

Professional factors.

Constructions of ‘what is nurse/nursing’. Students have an internal construction of ‘what is a nurse/nursing’ and how they envision being a nurse in practice (Spouse, 2000, pp. 736-737). The construction has been built through the influence of several

factors. Prior work experiences in health care, caring for family and friends (Price, 2008, p. 17), and seeing nurses care for family members (Day, Field, Campbell, & Reuter, 2005, p. 638) all provide context for the concept of 'what is a nurse'. Stereotypical constructions, such as 'dumb blonde' and 'bimbo' can interfere with students choosing the field of nursing, as they can believe "anyone can be a nurse" (Day et al., 2005, p. 639). Price (2008) suggested exploring the factors that influence students to choose nursing, as the findings would be useful in recruitment and retention efforts (p. 12).

The internal construction of nurse/nursing is influential as students enter education. The degree of complexity of the construction is dependent on the decision making process students have undertaken when choosing a career. Students who held a lifelong goal of becoming a nurse have a detailed construction while those who have "drifted" into the major are likely to have a more nebulous construction (Day et al., 2005, p. 638). These constructions influence how nursing students act in clinical settings (Spouse, 2000, p. 734) as they may accept or reject nursing values based on the preexisting beliefs (Day et al., 2005, p. 639). Nurse educators must build on this construction through mentoring, role modeling, and education to improve the students' professional identity development and learning outcomes (Cook et al., 2003, p. 316).

Constructions of the ideal nurse. Students at various degrees of educational preparation have constructions of the 'ideal nurse'. Students early in their program have the ideal view of nursing in mind. "They see kind, compassionate people in an exciting career that feel good about what they are doing" (Goopy, 2005, p. 42). While students nearing graduation feel nursing is important but do not feel the profession is as valued as

the earlier students (Goopy, 2005, p. 42). Spouse (2000) recommends students reflect on their constructions of the ideal nurse and what nursing is. “It is these kinds of images that promote development of skillful expertise and artistry in nursing practice, which the profession cannot afford to lose” (p. 738).

Life experiences provide context for the novice student’s construction of the ideal nurse. Images of nursing in the media (Ferns & Chojnaka, 2005), life experiences as a patient, or as the family member of a patient influence what an individual believes a nurse should do and be. Brady (2009) notes even children have a construction of what the ideal nurse should be. “Nurses should be caring, joyful, and kind, give out sweets and stickers to children who are scared...need to listen, help injured people, and not be squeamish” (p. 5). Students carry those beliefs and life experiences into higher education, where he/she then learns the culture of nursing, and may need to realign his/her construction of the ideal nurse.

The construct of the ideal nurse is grounded in the history of nursing. In an opening address to nurses in training at the Western Hospital in Toronto, Dr. Price-Brown (1897) described what Dr. Frances Stewart believed the ideal nurse should be.

The ideal nurse magnifies her office...and forgets herself as she magnifies her office...The ideal nurse is sympathetic...and adapts herself to each case she waits upon...The ideal nurse has learned to make use of the simplest means to carry on her work...The ideal nurse does not carry into any house her sorrows or trials...(p. 151)

This historical address notes some characteristics of the ideal nurse that have carried forward into education and literature today.

The characteristics of the current ideal nurse can be positive or negative. Most of the characteristics and attributes are positive (Price, 2008, p. 16), such as caring, compassion, efficiency, and being supportive. Negative attributes, or what the ideal nurse is not, included being judgmental, labeling, being disrespectful, talking down, and “treating clients like machines” (Day et al., 2005, p. 639). de Araujo Sartorio and Zoboli (2010) noted a shift in the overall characteristics of the ideal nurse, as “The results point to a transition phase from a historical introjection of religious values of obedience and service to a new sense of a secular, proactive, scientific and professional identity” (p. 687). Students and practicing nurses build the construct of the ideal nurse from values and beliefs of what an ideal nurse should and should not be.

Images of the ideal nurse differ based on culture. Dombek (2003) found attributes of the ideal nurse image for White nurses included compliance, patience, hard working, self-effacing, and not complaining (p. 358). The ideal nurse image for African American nurses included altruism, compliance, and compassion (p. 362). Holroyd, Bond, and Chan (2002) also found Chinese nursing students carry a construct of the ideal nurse, grounded in emotional stability, application, intellect, helpfulness, and restraint and that the ranking of the performance of the ideal nurse was at a higher level than the ranking of the performance of the self or a typical Chinese nurse (p. 299). The findings of these studies reveal there is a cultural influence on an individual’s construction of the ideal nurse.

The disconnect between the preconceived notions of nursing/images of the ideal nurse and actual practice directly contribute to student retention and the transition to practice. Goopy (2005) noted, due to these factors, 13% of the student nurses participating in the study were already considering leaving the profession (p. 42). The idealized notion of nursing can cause distress and dissonance during the transition to practice, as the idealized notions of nursing come in conflict with actual experiences, causing disillusionment (Mackintosh, 2006, p. 959; Price, 2008, p. 17). Nurses in practice also feel stress from the ideal notion of nurses and nursing and may leave the profession when the personal and professional identity cannot be reconciled with “the generally accepted nursing frame” (Dombeck, 2003, p. 358) and their preconceived notions of caring (Price, 2008, p. 16).

Education. Education in nursing provides the initial context for professional identity development. Cook et al. (2003) stated professional identity must be purposely developed early in the curriculum, as an early and solid foundation of professional identity may promote student success. The classroom and clinical courses provide the foundation for ‘what is nurse’ by providing learning experiences regarding skills, theory, and application (Cook et al., 2003, p. 311) and the development of “educated caring” (Apesoa-Varano, 2007, p. 267). Feedback from theory and clinical teachers compliment the learning experiences, which influences the professional identity of the student (Rognstad, Nortvedt, & Aasland, 2004, p. 238). The influence of education on professional identity is noted throughout a nurse’s career, as prelicensure, graduate, and continuing education all provide educational context for advancing expert practice

(Gregg & Magilvy, 2001, p. 50). The education system for nurses faces a difficult challenge. The education system “straddles two important social institutions: education and workplace” (Apesoa-Varano, 2007, p. 270) and must bridge theory to practice in order to foster professional identity development and an effective transition to practice.

Nursing history. The knowledge of nursing history within educational and practice contexts is influential on professional identity. Padihla and Nelson (2011) stressed nursing today is influenced by concepts grounded in the past, and it is significant for an individual nurse to understand these influences on “the idea of what nursing is, where it comes from, and its significance as a health care profession” (p. 184) as a starting point for professional identity development (de Araujo Sartorio & Zoboli, 2010, p. 693). Understanding the past promotes professional identity development as reflection and study shows how historical factors remain influential on current nursing practice (Klaitch, 1990, p. 17; Madsen et al., 2009, pp. 13, 15). It provides both a lens and a foundation for current theory and practice development, thus influencing professional identity over time (Leishman, 2005, p. 1163).

Nursing history is currently a topic that often receives minimal to no allotment in current nursing curricula. Madsen et al. (2009) stated nursing history has become a lost and minimized topic due to the shift from hospital based education, which instilled a sense of culture and history, to the current educational model (pp. 15-16). In addition, the authors note nursing programs view history as “a nice to know...luxury” but not as important as technical and scientific instruction in the preparation of the registered nurse (pp. 14, 15). Nursing history may also be minimized because nursing as a whole is

attempting to redefine itself in a contemporary fashion. “Examples of denigrating the clinical competence of the ‘old nurse’ in order to elevate the ‘new’ abound in...descriptions of schools of nursing, and in the educational approaches and programs they offer” (Nelson & Gordon, 2004, p. 256). Madson et al. (2009) framed this as an “estrangement from the past” (p. 16), which impedes understanding, challenging, and changing the status quo (Madson et al., 2009, p. 15; Toman & Thifault, 2012, p. 202). In addition, Chambers and Subera (1997) noted the deletion of nursing history from textbooks and curricula shows a lack of interest and a disregard for the past (p. 432), which also minimizes the importance of nursing history.

Reflective practice. Reflective practice is utilized in nursing education and nursing practice to foster growth, development, and expertise of the nurse/student.

Reflection has come to refer to both to the aims and methods of clinical education. It has been used to describe teaching and learning strategies, which afford tacit appreciation of the links between theory and practice, personal professional identity formation, and institutional or structural transformation... (Phillips, Fawns, & Hayes, 2002, p. 240)

Reflective practice should be a cornerstone of nursing education and nursing practice, as it benefits both the practitioner and the patient. First, nursing students and nurses begin to realize discrepancies in personal practice through forms of reflective practice. This awareness stimulates advancement in practice, as norms, standards, and other ways of achieving outcomes are noted and modeled (MacIntosh, 2003, pp. 732-733). Reflective practice also promotes growth to expert practice (Muscarì, Archer, &

Harrington, 1994, p. 100). Orland-Barak and Wilhelem (2005) stated these reflective activities help novices grow within his/her practice, beyond just task management to a broader application of nursing practice (p. 459).

Reflective practice also promotes safe patient care. It pushes students' knowledge from the situational to the general, and contributes to a clear knowledge of nursing practice (Arvidson et al., 2008, p. 28). Reflection on personal values, ideals, and beliefs also ensures a nurse has a clear sense of self, and how that self differs from the patient, to ensure decision making is truly grounded in advocacy, and not self interests (Muscari et al., 1994, p. 97).

The literature described several different types of reflective practice that can be used in education, orientation, and professional practice. Biographies, which bring the past and present into the teaching learning process (Padihla & Nelson, 2011, p. 189); interdisciplinary sharing within group supervision, which grounds the development of professional identity on a shared perspective on the patients' suffering (Holm, Lanz, & Severinsson, 1998, p. 105); semistructured journal writing (Idczak, 2007, p. 71); reflective courses or seminars (Secrest, Norwood, & Keatley, 2003, p. 81); and stories and narrative inquiry, which reveals the work of nursing to students and novices (McAllister et al., 2009, p. 159).

Relationships. Relationships provide an interpersonal contextual dimension to the development of professional identity. Deppoliti (2008) described relationships as being crucial to the transition to practice (p. 257) and states a balance of challenge and support within those relationships promote successful transition to practice (p. 261).

Relationships can exist with mentors and role models, patients, and within the health care or educational systems during professional socialization.

Mentoring/role models. Mentors and role models have a direct impact on professional identity development, especially of the student or the novice nurse. Felsted (2013) stated student nurses find their role models within three primary groups: Practicing nurses, fellow students, and nursing faculty (p. 224) and that role modeling can be used to teach the ‘real world’ of nursing, which impacts the students’ worldview and performance (p. 226). Nursing faculty and practicing nurses should strive to role model appropriate behavior and actions to promote positive socialization (Illingsworth, 2006, p. 818), as negative behavior or inappropriate actions from an authority figure are then interpreted as acceptable (Felsted, 2013, pp. 226-227).

Illingsworth (2006) found several themes regarding the characteristics of positive role models. The author described the themes of humanism, respectful towards others, sharing practitioner, enabling attitude, and functional role (p. 814). The author states role models with these characteristics promote socialization through the sharing of knowledge and the formation of attitudes (p. 815).

Patients. The relationships with patients are an influencing factor on professional identity development. Those interpersonal experiences through a therapeutic relationship, as a student nurse and a novice nurse, provide context for the actualization of the theory of nursing practice (Cameron, Kapur, & Campbell, 2005, p. 72; Kirpal, 2004, p. 297; O’Brien, 2001, p. 135). Education and orientation experiences promote the shift from theory to what is best for patients, which Olthuis et al. (2007) consider “a

prerequisite for the development of professional identity as a nurse” (p. 68). Deppoliti (2008) noted the positive feedback regarding nursing care from patients and families reinforces feelings of competence and contributes to professional identity (p. 261).

Socialization into profession. Professional socialization directly influences the development of professional identity (Olthuis et al., 2007, p. 68). It occurs when students and novice nurses learn the knowledge specific to a discipline to be competent, to self identify, and to be accepted within their professional role (Adams et al., 2006, pp. 57-58, Arndt et al., 2009, p. 22). Students and novice practitioners build their professional identity through the socialization process and “critical experiences” (Adams et al., 2006, pp. 57-58), which extends the personal knowledge about nursing. The experience of professional socialization results in a process of shifting from previously held ideas and beliefs about nursing towards the reality of nursing practice through an individually constructed reality (Price, 2008, pp. 14-15) and a formalized professional identity (Roberts, 2000, p. 78).

Education is the earliest form of formal socialization into the profession. Students learn discipline specific values, skills, and knowledge from theory and clinical instructors, who directly influence the development of professional identity (Arndt et al., 2009, p. 20; Karaöz, 2005, p. 38; Serra, 2008, p. 66). Knowledge and experiences within the classroom and clinical couple to provide a foundation for professional identity (MacIntosh, 2003, p. 725). While in school, student nurses see positive and negative role models, which influence their perspectives and beliefs about what nursing is and what nurses do, and becomes part of the students’ professional identity.

One of the most important periods for socialization after graduation is orientation. Maxwell, Brigham, Logan, and Smith (2011) noted an orientation is a “structured initial induction period” which serves several purposes. The new novice nurse is transitioning from the role of the student, which functions in a peripheral fashion, to a full participating member of the nursing community. The orientation serves to build confidence as the novice makes the shift to becoming a fully functioning, independent nurse (p. 433).

Socialization does not end with graduation and orientation, but is ongoing. It continues from entry into practice and throughout a nurse’s career (Karaöz, 2005, p. 38). Socialization directly impacts professional identity, as the interactions guide the nurse to rework and reformulate his/her professional identity over time (MacIntosh, 2003, p. 740).

The preferred outcomes of socialization are positive ones. However, the socialization process, especially for impressionable students, can result in negative outcomes, such as cynicism, reduced regard for care, and the “willingness to make allowances for environmental and circumstantial constraints” (Mackintosh, 2006, p. 960). The potential for negative outcomes can influence professional identity development and illustrate the importance of positive mentors and role models in the clinical setting. In addition, novice nurses who experience work environments that are not supportive will struggle in the transition to practice (MacIntosh, 2003, pp. 726-727).

Context. The working environment also is influential on nurses’ professional identity. Relationships and actions are carried out within the context of health care, where outcomes of experiences are integrated into self as a foundation for future practice.

“Although their experiences may have been different, they all learned from their working experiences” (Gregg & Magilvy, 2001, p. 50).

Professional Identity in Teaching

Foundations of Professional Identity

Conceptual definitions. The current definitions of professional identity in teaching note the phenomenon guides how a teacher acts in the world within the practice boundaries of teaching. Beijaard, Meijer, and Verloop (2004) provided a conceptual definition of professional identity in teaching.

...professional identity formation is...not only an answer to the question ‘who am I at this moment?’...but also an answer to the question ‘who do I want to become?’...Professional identity implies both person and context. A teacher’s professional identity is not entirely unique. Teachers are expected to think and behave professionally, but not simply by adopting professional characteristics...that are prescribed. Teachers differ in the way they deal with these characteristics depending on the value they personally attach to them (pp. 122-123).

Other authors within the literature complemented the primary conceptual definition of professional identity in teaching. Cardelle-Elawar and Sans de Acedo Lizarraga (2010) called professional identity “the inner self” which is defined as “...teacher identity can be defined from a cognitive motivational perspective as a psychological attachment to the teaching profession” (p. 294). The authors noted professional identity has a substantial impact on teaching practice, as it is foundational for all actions as a teacher.

van Huizen, van Oers, and Wubbels (2005) echoed the assertion of Beijaard et al. (2004) that professional identity is not the same from teacher to teacher. van Huizen et al. (2005) stated that the teaching profession welcomes different constructions of professional identity in practice, as there are “different ways to be a good teacher...Hence, development of a professional identity may be regarded as the development of a personal professional profile under a common standard” (pp. 283-284). The authors illustrate the relationship between the self, the professional identity, and the profession.

Theoretical underpinnings. The literature discussing professional identity in teaching contains a diverse theoretical base. The most commonly cited theories and philosophies include Discourse Analysis (Gee, 2011a; Gee, 2011b), Communities of Practice (Wenger, 1998), and Bakhtin’s (1981) philosophy of language. Other theoretical frameworks included Intersectionality (Crenshaw, 1994), Social Cognitive Theory (Bandura, 2001), Symbolic Interactionism (Charon, 2009), Activity Theory (Engeström, Miettinen, & Punamäki, 1999), and Possible Selves Theory (Markus & Nurius, 1986).

Conceptual Models. The seminal literature focusing on professional identity in teachers noted conceptual models that viewed professional identity in teachers through three types of frameworks; Developmental stages, cognitive development, or teacher socialization (Veenman, 1984). The current conceptual models have more of an integrated and holistic focus, as several of the models are grounded in characteristics of more than one of the three seminal model types.

Flores and Day (2006) developed a conceptual model that captures the complexity, constant evolution, and shaping forces of professional identity in teachers. The conceptual model illustrates the factors of *preteaching identity* (implicit theories/images), *contexts of teaching* (leadership/classroom practice), *past influences* (personal biography/education/past practice), and *reshaped identity*. These factors evolve and change in an ongoing fashion and interact with the personal and other identities to result in a unique worldview for the teacher.

Friedman (2006) developed the Teachers Bi-polar Professional Self (TBPS) model. The author stated

The model offers a theoretical structure, suggesting that teachers are motivated by two factors; a narcissistic desire for power, respect, and control and an altruistic aspiration for giving and providing a high quality professional service in teaching and education (p. 726).

The author noted educational skills, teaching skills, and classroom management skills are at the core of the model, and bridge the two poles of narcissistic and altruistic needs. The model directly influences professional identity in practice, as it captures the educational needs, risks to self and students if a novice remains grounded solely in one pole, and promotes balance in development of the professional self, which reduces the risk of burnout in teaching (p. 738).

Beijaard et al. (2004) performed a concept analysis for professional identity in teaching. The authors found four “features of professional identity” (p. 122). The four features were:

Professional identity is an ongoing process of interpretation and reinterpretation of experiences...Professional identity implies both person and context...A teacher's professional identity consists of sub identities which more or less harmonize... [and]...agency is an important element of professional identity, meaning that teachers have to be active in the process of professional development (p. 122).

The authors recommend the four features be used as a framework for future research.

Beijaard et al. (2004) developed a conceptual model based on the findings of the concept analysis. The conceptual model illustrated an interactive relationship between four quadrants, which were divided by a public-private continuum and an individual-collective continuum. The four quadrants were: Public-Individual (Personal practical knowledge made public through telling or writing a narrative/story), Public-Collective (Research based knowledge of teaching), Private-Individual (Personal practical knowledge made conscious through self reflection, and Private-Collective (Personal practical knowledge in a shared context which is often tacit or unarticulated). (p. 124).

The authors showed the process of development of professional identity in the teaching literature through solid arrows that show the relationships between the quadrants, as well as "reality" identity formation, as illustrated by broken arrows. The authors recommended those processes of identity development that are not evident in the literature, be a focus of research and publication, to strengthen the overall concept of professional identity in teaching.

Temporality and change.

Process. Professional identity in teaching is considered to be both a process and a product (Olsen, 2008, p. 37; Beauchamp & Thomas, 2009, p. 177). This differentiation is useful in noting a critical difference between the professional role, or what is societally defined as the expectations for a teacher (O'Connor, 2008, p. 118), and the professional identity, or who a teacher is within the professional role (Thomas & Beauchamp, 2007, p. 240). Individuals construct and negotiate their professional identity within the commonly accepted parameters of the teaching role, resulting in a process that is individualized, fluid, and complex (Aitken, 2010, p. 66; Assaf, 2008, p. 240; Cohen, 2010, p. 479).

The construction and negotiation process requires action and reflection. Beijaard et al. (2004) stated teachers must be active agents within his/her practice (pp. 122-123) and noted that forming a professional identity is an ongoing activity of developing knowledge through interacting with “what is individually and collectively seen as relevant to teaching (p. 123). Akkerman and Meijer (2011) called this process “being an active participant” through time (p. 316), where professional identity is used to “make sense of themselves as teachers” (Beijaard et al., 2004, pp. 122-123).

Construction. The foundation for professional identity occurs before the professional socialization begins in college. Children experience what a teacher is and what a teacher does from an early age, through both actual classroom interactions and experiences with teachers within their family, and then practice those beliefs in ‘playing teacher’ (Malderez, Hobson, Tracey & Kerr, 2007, p. 232; Olsen, 2008, pp. 27, 28). Positive or negative teachers at all levels of education can influence the identity of potential teachers by serving as a frame of reference (Flores & Day, 2006, pp. 223, 224).

“They described the teachers who influenced them the most to become teachers as those who were experts in the content area, showed passion for teaching, and encouraged them...” (Cardelle-Elawar & Sans de Acedo Lizarraga, 2010, p. 296).

The professional identity then continues to be constructed throughout college and negotiated/re-negotiated from student teaching throughout the career.

It is fully developed and enacted, however, within the organizational hierarchy of the school. This lifetime of exposure to teachers’ work means that teachers arrive at their first positions with strongly held assumptions about who teachers are and what they do (Collay, 2006, p. 133).

The foundation of personal knowledge is shaped by socialization in school, and then actualized, formed, and reformed, in teaching practice.

Negotiation. The general internal construction of ‘teacher’ and ‘teaching’ is necessary for successful integration into the profession. Once the expectations of the role are integrated into the professional identity, the identity becomes a “cognitive framework” for learning, reflecting, and integrating new knowledge (Colbeck, 2008, p. 10). The cognitive framework is a grounding point for presenting oneself as a viable member of the profession and negotiating the boundaries of teaching.

Presenting as a teacher within boundaries of the profession is framed within actions by the teacher, and reactions from the community of practice. The social process of recognition of acceptable ways of being, talking, and acting establishes the parameters of a group (Cohen, 2010, p. 475). The author also noted in order for a new, prospective member to be accepted into a group, an individual must exhibit an “identity bid”, or a

displayed action that is consistent with the valued and established beliefs of the established group (p. 475).

Like actors, new teachers in their first teaching positions join a cast and walk onto the set of a complex production. Their individually-held beliefs play off of and are tested by the various members of the cast, including students, families, colleagues, and supervisors (Collay, 2006, p. 133).

Being accepted, or endorsed, by the professional group, is necessary for professional identity formation (Maclean & White, 2007, p. 56). The challenge for student and novice teachers is to formulate their professional identity to mesh with both the expectations of the professional group and their personal identity, while negotiating various versions of professional identity modeled by their college and expert teachers in practice (Ronfeldt & Grossman, 2008, p. 41). Liu and Xu (2011) noted students and novices must “continually display the expected behaviors and values to renew the membership in the group” until they are accepted as full members (p. 595). The process is ongoing, as social interactions and “forms of participation” are constantly changing, requiring identity renegotiation (Jawitz, 2009, p. 243).

Temporality. Professional identity in teaching has a temporal perspective. The construct has meaningful roots in the past (Akkerman & Meijer, 2011, p. 316), a futuristic projection of self (Smith, 2007, p. 393), and develops over a lifetime (Beijaard et al., 2004, p. 107; Brown, Morehead, & Smith, 2008, p. 180). “...a teacher is always collapsing the past, present, and future into a complex mélange of professional belief, goals, memories, and predictions while enacting practice” (Olsen, 2008, p. 24). The

temporal aspect of professional identity in teaching captures the foundation, socialization, construction, and reconstruction over time due to the influence of multiple personal and professional factors.

The temporal development reflects the constant change inherent in professional identity development. The constant change in construction and negotiation is complex, highly dynamic, and constantly shifting, in response to personal growth, changes in the community of practice and context, politics, and media (Abednia, 2012, p. 714; Liu & Xu, 2011, p. 596; Mevorach & Miron, 2011, p. 14; Thomas & Beauchamp, 2007, p. 230; Warin, Maddock, Pell, & Heargreaves, 2006, p. 236). Day et al. (2006) also noted the degree of change can also vary in response to life and career events, resulting in “turbulence and change in the continuing struggle to construct and sustain a stable identity” (p. 613). These turbulent times can result in self-reflection, questioning, and doubt (Thomas & Beauchamp, 2011, p. 765). These life and career events can be considered “landmark moments”, which are milestones in professional identity development (Richmond, Juzwik, & Steele, 2011, p. 1894), or “turning points”, resulting in a need to balance personal and professional identities. Turning points can result in a teacher pursuing a job change or leaving the profession completely (Floyd, 2012, p. 282).

Sub identities and identity conflict

Sub identities. Some authors consider the concept of professional identity in teaching to be a collection of interrelated subidentities. Beijaard et al. (2004) considered the subidentities to be ranked in regards to personal priority, where the central, and most valued, identities are at the core and other identities are at the periphery. The closer a

subidentity is to the core of the individual, the more difficult or painful it is to lose or change that identity. For a teacher to be successful in practice and to effectively develop a professional identity, the subidentities must “more or less harmonize” and not conflict (pp. 122-123). Teachers, through being active agents; align, develop, reconcile, subidentities to prevent, or minimize, subidentity conflict (Smith, 2010, p. 646).

Identity conflict. An individual can experience internal conflict between various identities. When two or more identities with different values and actions are accessed at the same moment, it is likely to produce stress (Colbeck, 2008, p. 10). The internal “tug of war” (Liu & Xu, 2011, p. 593) is a process where the individual is attempting to resolve the conflict while finding balance between the demands of the identities of self and/or the extrinsic forces (Akkerman & Maijer, 2011, p. 318). Warin et al. (2006) called this stressful, tug of war identity dissonance, and noted, through reflection, identity dissonance can illuminate discrepancies between the identities, which can foster clear and meaningful courses of action (p. 237).

Identity dissonance can occur at multiple levels. At the personal level, there may be conflict between the professional identity and the personal identities of parent, partner, child, or other gender specific identities (Denker, 2009, p. 108; Maskit, 2011, p. 858). There also may be a conflict between the personal constructions of teacher and the expected professional identity (Olson, 2008, p. 37). At the community of practice level, identity dissonance may occur when a teacher struggles with the expected professional identity promoted by the university and the actual, useful, and expected professional identity in practice (Canrinus, Helms-Lorenz, Beijaard, Buitink, & Hofman, 2011, p. 605;

Flores & Day, 2006, pp. 224-225; Ronfeldt & Grossman, 2008, pp. 46, 53). It can also occur when the constrictions of mandated curriculums and external benchmarks conflict with the ideals and expectations of an individual's professional identity (Handsfield, Crumpler & Dean, 2010, p. 415; Jephcote & Salisbury, 2009, p. 971; Smethem, 2007, p. 475). Identity dissonance is especially noted when the expectations of tenure, such as grants, research, and publications, which are considered to be "the coin of the realm", conflicts with a professional identity grounded in social justice, activism, or the scholarship of teaching (Few, Piercy, & Stremmel, 2009, p. 58). However, Sexton (2008) notes the "misalignment" of identities and/or roles can be constructive, as the internal stress can illuminate areas for professional growth, or cause reflections on career choice (p. 84)

There are several courses of action available when an individual experiences identity dissonance. The first is called 'playing the game', where a teacher works within the expected norms and practices of the organization. Liu and Xu (2011) calls this Game Theory, and notes, when identity dissonance occurs and a teacher chooses this course of action, a large disconnect may remain between what the teacher is expected to believe and what they actually believe. Over time, this can result in apathy, disengagement, burnout (p. 593) and a decrease in motivation or 'giving up' (Canrinus et. al., 2011, p. 605; Flores & Day, 2006, p. 229), which directly impacts attrition (Thomson, Turner, & Nietfield, 2012, p. 333). Another option is 'flying under the radar', where a teacher is "living their 'real' academic life in the shadows" (Churchman & King, 2009, p. 515). This option involves a teacher actualizing, but hiding, their true professional identity,

which may be in conflict with, or opposition to, organizational values and edicts (Craig, 2012, p. 99; Dix, 2012, p. 415). “Being a little subversive is underrated. A life of moral commitment and social action is a life of meaningful subversion” (Few et al., 2009, p. 63) but “when you are positioned as a subversive within the system you have to be careful” (Watson, 2009, p. 516). An option between ‘playing the game’ and ‘flying under the radar’ is a term Smith (2012) terms as ‘flexian’. The author considers flexians to be academics that have a “chameleon like identity”, which adapts performances and expectations based on context and audience (p. 171). Smith (2012) notes these “hybrid academic identities” maintain enough credibility to be accepted and to be successful, while being able to complete their true and ideal work (p. 168). The final option when identity dissonance cannot be resolved is to leave the profession entirely.

Relevance. Professional identity is necessary to smooth the entry into practice and to navigate a career progression. The entry into practice is often full of episodes of uncertainty, questioning, and doubt (Thomas & Beauchamp, 2011, p. 765). If a novice teacher has not reflected on their professional identity as they move into practice, they may find this transition shock (Veenman, 1984) to be overwhelming and unmanageable (Thomas & Beauchamp, 2007, p. 231). The more professional identity is researched and integrated into education and professional development, “...the better we can help future teachers prepare to meet these demands in a positive and professionally satisfying way” (Thomas & Beauchamp, 2011, p. 768).

A proactive and reflective approach to professional identity fosters various useful coping strategies. Burns and Bell (2011) found that this process promotes coping

strategies and adaptation that allow teachers to persevere in times of stress and change (p. 958). An established professional identity also serves as a grounding force, keeping the individual teacher connected to the type of teacher they aspire to be (Smethem, 2007, p. 467), despite the conflicting “idealized, multiple, and ever changing images of teachers’ professional identity” from the government, students, and peers (Warin et al., 2006, p. 234).

Identity negotiation serves additional purposes for the teacher. The constant negotiation is an attempt to make sense of the context and ongoing changes (Dix, 2012, p. 415), and the sense making influences choices and decision making (Warin et al., 2006, p. 235). In addition, the process also promotes “...that a more or less coherent and consistent sense of self is maintained throughout various participations and self-investments in one’s (working) life” (Akkerman & Meijer, 2011, p. 315). The negotiation and renegotiation of professional identity serves to make sense, which promotes sub identities to work in harmony (Beijaard et al., 2004, pp. 122-123). When a teacher changes roles, or moves to a leadership position, the process and search for meaning begins again (Collay, 2006, p. 133).

Professional identity has several relevant outcomes, which mediate stress, job satisfaction, and retention. These outcomes include: commitment to teaching, shift in the level of motivation, and self efficacy (Canrinus et al., 2011, p. 594); self confidence related to teaching competence, satisfaction from teaching (Maclean & White, 2007, p. 48); and a sense of agency and empowerment (Beauchamp & Thomas, 2009, p. 183). A holistic development of professional identity stresses the importance of how the

intersection of the “personal, professional, and political” can support teachers throughout their career (Leitch, 2010, pp. 349-350).

Professional identity also has an impact on professional practice. Watson (2006) stressed that there is a tie between professional identity and how professional knowledge is used to actualize the role in various contexts (p. 510, 525), which has an impact on student learning (Hockings, Cooke, Yamashita, McGinty, & Bowl, 2009, p. 491). It is foundational for how a teacher communicates to various stakeholders, their expectations for professional relationships, and how a teacher shapes their professional practice (Richmond et al., 2011, p. 1895) through enacting their professional self (Sexton, 2008, p. 75). In addition, Akkerman and Meijer (2011) noted that professional identity could be a relevant lens for research focusing on teacher development (p. 317), which promotes knowledge growth to compliment technical skills and abilities (Smith, 2007, p. 395).

Influencing factors on professional identity. Multiple intrinsic and extrinsic factors influence professional identity development, construction, and negotiation. Day et al. (2006) noted the general categories which impact professional identity includes: macro structures (broad cultural features of governmental policy and social diversity related to teachers and education), meso structures (“the social/cultural/ organizational formations of schools and teacher education”), micro structures (parents, students, and peers), and personal biographies, values, beliefs and ideologies (p. 611). This section notes the different structures found in the literature focusing on professional identity in teachers.

Individual factors.

Personal identity. An individual's personal identity is shaped over a lifetime and is a foundational component of professional identity (Ronfeldt & Grossman, 2008, p. 46). Professional identity intersects, interacts, and changes, based on personal identity (White, 2009, p. 861), which encompasses "culturally prescribed roles and expectations" (Collay, 2006, p. 133), religion (White, 2009, p. 863), beliefs and values (Smith, 2012, p. 157; Skaalvik & Skaalvik, 2011, p. 1031), and personal histories (Akkerman & Meijer, 2011, p. 316). Teachers may feel stress and discomfort when they represent principles that are not consistent with their own personal values and beliefs (Skaalvik & Skaalvik, 2011, p. 1031), as they often strive to "forge identities that are consistent with their personal values" (Smith, 2012, p. 157). Leitch (2010) found examples of this stress and tension in their research exploring the interaction of personal and professional identity. One of their participants stated "I couldn't make two masks, one of my inner self (personal) and outer self (professional), because I could not portray the tension that lies between the two, so I represented this by the tornado on my forehead...." (p. 339). Personal identity may also be a factor in choosing teaching as a career and a lens through which education and professional socialization is viewed, which ultimately constructs a formal professional identity (Floyd, 2012, p. 281) and guides decision making and professional practice (Assaf, 2008, p. 241).

Emotions. Emotions are a key factor closely linked to the personal identity that must be considered during professional identity development. Several authors note emotions are closely woven into the professional identity, and are a mediator for negotiating, interpreting, and interacting with the school culture (Liu & Xu, 2011, p. 596;

O'Connor, 2008, p. 118; Timostsuk & Ugaste, 2010, p. 1569). O'Connor (2008) stated that emotions are limited and constrained by the requirements of the role. Participants in the study noted that feeling and caring promoted meaning in their work, but it must be limited and to not exceed the appropriate boundaries of the role in order to prevent excessive overlap into the personal life/self (p. 121). Malderez et al. (2007) noted the educational system needs to weave the emotional aspect into coursework and to provide adequate support and resources to promote positive professional identity development (pp. 242-243), as considering emotions, agency, and reflection impact on the transition to practice, promotes a holistic perspective on the individual and their professional identity beyond the technical scope (Beauchamp & Thomas, 2009, p. 180; Olson, 2008, p. 38).

Professional factors.

Construction of the ideal teacher. The construction of an individual professional identity is also contrasted with an individualized construction of the ideal teacher. The image of the “good teacher” is constructed before a student begins to take coursework, and considers the identity of the “good teacher” to be an ideal, preferred identity (Brown et al., 2008, p. 175; Smith, 2012, p. 157).

The construction of the ideal teacher contains characteristics that are student, teacher, and profession centered. Examples of student-centered characteristics include compassion, nurturance, openness (Ronfeldt & Grossman, 2008, p. 46), promoting student-centered relationships (Thomas & Beauchamp, 2007), belief in students, and being encouraging (Brown et al., 2008, p. 175). Examples of teacher centered characteristics include fairness, motivation, and flexibility (Flores & Day, 2006, p. 223);

integrity, commitment, and commanding presence (Ronfeldt & Grossman, 2008, p. 46); self-confidence, being energetic, and inspirational (Thomas & Beauchamp, 2007); and patience, empathy, and kindness (Brown et al., 2008, pp. 175-176). Examples of profession centered characteristics include being organized and prepared, being dependable, using a variety of innovative techniques, and having command of the classroom (Brown et al., 2008, p. 175).

Education. The formal educational process influences professional identity development. College education provides the professional context for students to begin construction of their identity as a teacher (Ronfeldt & Grossman, 2008, p. 41). It is the initial process of professional socialization, where students learn the vocabulary, norms, and boundaries/scope of teaching practice, through pedagogy and the role modeling of behaviors and actions by their instructors (Flores & Day, 2006, p. 223; Timostsuk & Ugaste, 2010, p. 1569; Viczeko & Wright, 2010, p. 21). The educational process can be an actualization of self-noted, lifelong potential and aspiration or a transformation of self to become a teacher (Malderez et al., 2007, p. 230). Timmerman (2009) differentiates the actualization from transformation by describing “early deciders”, who always wanted to be a teacher, from “late deciders”, or those who decided to become a teacher at a later time (p. 229). The educational system also evaluates the competence and fit of the student, serving as a gatekeeper, which restricts unqualified students from entering the teaching profession (Richmond et al., 2011, p. 1895).

The student teaching experience is especially influential in developing professional identity. The experience of applying theoretical knowledge, while working

with an active mentor in the classroom, is a continuation of professional identity development through applied practice (Grossman, Hammerness, & McDonald, 2009, p. 278; Vélez-Rendón, 2010, p. 646). The applied practice within a classroom allows a student teacher to experiment with, and reflect upon, versions of a professional identity, all while striving for the construction of their internal ideal teacher (Ronfeldt & Grossman, 2008, pp. 49, 51, 57). Student teaching can be exceptionally stressful, as the student strives to actualize theoretical concepts, manage a live classroom, and be accepted into the community of practice, which all shape professional identity (Vélez-Rendón, 2010, p. 636)

However, the impact of classroom education and the student teaching experience on professional identity development cannot be considered as two distinct entities. The ideal forum for professional identity development is when the didactic content is clearly linked to the student teaching experience, as the applied practice is the actualization of the learned identity of teacher (Lamote & Engels, 2010, p. 16; Thomas & Beauchamp, 2007, p. 236). Stress and challenges occur when there is a disconnect between the professional identity fostered within the education process and what is promoted within the fieldwork location (Ronfeldt & Grossman, 2008, p. 55). The different, and often opposing, requirements for professional identity result in the student stress and confusion.

There are two barriers to professional identity development in teacher education. First, student teachers expect the attitudes, beliefs, and practices learned in the classroom are consistent with the community of practice. Frustration results when student teachers are expected to be creative to uphold pedagogical principles, while their mentor teacher

and fieldwork school are bound by curricular requirements (Olson, 2008, p. 37; Timostuk & Ugaste, 2010, p. 1567). Second, Flores and Day (2006) found teachers entering the community of practice often struggle with their professional identity and role performance, as the educational process did not adequately prepare the novice teacher for the challenges within the classroom and the school system (pp. 223, 224), including those crucial activities outside the classroom, such as meetings and other interactions with peers (Cohen, 2010, p. 479). Thomson et al. (2012) echoed that concern, and noted teaching programs “neglect these difficult conversations in favor of painting a glowing picture of teaching” (p. 333). This struggle during the transition into practice can result in reality shock and an identity conflict between the ideal identity, the school constructed identity, and the real world identity, resulting in feelings of being lost (Flores & Day, 2006, pp. 225, 227-228; Friedman, 2006, p. 738, Ronfeldt & Grossman, 2008, p. 46).

Reflective practice. Reflective practice is a crucial mediator for professional identity development (Cord & Clements, 2010, p. 6; O’Connor, 2008, p. 118). Brown et al. stated reflective practice provides the framework for professional knowledge, lifetime growth, and identity development (p. 180). This framework entails illuminating a greater sense of self and how that self is positioned within the larger context (Beauchamp & Thomas, 2009, p. 182), through self critique, analysis of preexisting prejudices, (Gomez & White, 2010, p. 1022), construction of personal philosophies (Cord & Clements, 2010, p. 4), acknowledging knowledge limitations (Burn, 2007, p. 462), and discovering the assumptions which drives the work within practice (Brookfield, 1998, p. 197). Warin et

al. (2006) calls reflective practice “identity narration”, which gives order, integration, and description to one’s identities (p. 236).

Reflective practice is also a coping mechanism within professional identity negotiation. Teachers are faced with diverse, and constantly changing, images of the expected teacher from multiple sources, which requires self-awareness, individualized strategies for coping (Warin et al., 2006, pp. 234, 243), and adaptation based on meaning and context (Liu & Xu, 2011, p. 594). The development of these coping strategies through forms of reflective practice is one way to help teachers prepare for the challenges and complexities of teaching (Thomas & Beauchamp, 2011, p. 768).

Computer mediated communication (CMC) is a useful and relevant way to connect with peers and shape professional identity. The online forums overcome geographical and time limitations to connect students and practicing teachers in the virtual environment. Types of CMC noted in the literature include wikis (Sherff & Singer, 2012, p. 271), professional networks (Hofman & Dijkstra, 2010, p. 1039), discussion forums (Sutherland, Howdard, & Markauskaite, 2010, p. 463), social networks (Killeavy & Moloney, 2010, p. 1075); and blogging (Luehmann & Tinelli, 2008, p. 330). Videos are another forum of CMC and can be critiqued in the real world or virtual environments. At an introductory level, student teachers can videotape themselves and analyze it (Tripp & Rich, 2012, p. 731). Videotaping and analysis, coupled with coaching and mentoring from an experienced teacher promote the student teachers to construct a normative, individualized, and community of practice identity (Maclean & White, 2007, p. 58). Even teachers in practice can shape their professional identity

through a video club, which entails viewing and discussing video clips in a learning community (van Es, 2012, p. 190).

The most commonly used type of reflective practice which influences professional identity is the written narrative. Written narratives can be coupled with another type of reflective practice, or be used independently. There are many different types of written narratives such as journals, logs, or diaries (Abednia, 2012, p. 713; Smith, 2007, p. 394); literacy narratives (stories told through letter writing) (Ciuffetelli-Parker, 2010, p. 1259); writing identity as a metaphor (Thomas & Beauchamp, 2011, p. 768); autobiographic and autoethnographic narrative (Olson, 2008, p. 37; Vélez-Rendón, 2010, p. 646); storytelling (Cohen, 2010, p. 474; Watson, 2006, p. 525); and the professional portfolio (Berrill & Addison, 2010, p. 1184. Chitpin & Simon, 2009, p. 286; Devos, 2010, p. 1222).

A variety of other types of reflective practices were noted in the literature. Other types of reflective practice include community based learning (Farnsworth, 2010, p. 1486), study abroad (Hutchinson & Rea, 2011, p. 557; Trent & Lim, 2010, p. 1616), Boalian theater games (Souto-Manning, 2011, p. 1006), simulation (Dotger & Smith, 2009, p. 170), and mask making (Leitch, 2010, p. 348). Quite often, these activities were often coupled with a verbal/written narrative and a group reflection.

The literature revealed several themes for the gold standards of reflective practice. First, collective reflection in addition to individual reflection adds an additional layer of processing and insight into the overall process. Cord and Clements (2010) noted collective reflection occurs when more than one person engages in the process, the

outcome is shared, and new knowledge is created (p. 2). Jarvis-Sellinger, Pratt, and Collins (2010) reinforced the importance of guided, collective reflection. Commonalities and sharing can potentially reduce the perception of isolation, as the individual understands their experiences in relationship to others (pp. 89, 90). Second, Shim and Roth (2008) stated reflection should always be accompanied with application, as the intertwined process of reflection and action creates new knowledge (p. 21). Third, Urzúa and Vásquez (2008) suggested the current practice of reflection on past actions be modified to include a future orientation (“reflection for action”), as internally constructing a future self adds “metacognitive and subjective dimensions”, which aids in professional identity development (pp. 1943-1944).

Relationships.

Mentors. The mentor teacher has a significant impact on professional identity development during the student teaching experience. Mentor teachers model expected behaviors and “practical wisdom”, which promotes the link between theory and practice (Lunenberg & Hamilton, 2008, p. 192). Ronfeldt and Grossman (2008) noted the observation exposes the student teacher to different versions of professional identity within the expected boundaries of teaching. The observation and exposure can influence the identity of the student teacher, if the observations are real representations of teacher practice (p. 47). Mentor teachers also influence identity development through coaching, feedback (Grossman et al., 2009, p. 285), guided prospective reflection (Urzúa & Vásquez, 2008, p. 1945), and sharing of real world knowledge (Gomez, Black, & Allen,

2007, p. 2131). These activities within the mentoring relationship transform professional identity and results in new ways of understanding (Devos, 2010, p. 1221).

Mentors also can influence the professional identity of novice teachers as they transition into the community of practice. Mentors help the novice transition as they learn the formal and informal culture of the school, as well as providing personal, curricular, and pedagogical guidance (Alhija & Fresco, 2010, p. 1596). Lambson (2010) noted mentors also influence identity through accepting and legitimizing novice teachers as qualified and valid group members “scaffolded the learning and development of the novices” (p. 1667).

Mentoring relationships for student and novice teachers also function as a measure of identity. Positive mentors reflect possibilities for professional identity, and often result in a kind of individualized imitation, where student/novice teachers take what they admired from their mentor and tailor it to be their own (Timmerman, 2009, p. 237). Positive and negative mentors influence the type of teacher the student/novice wants to become, as well as objectifying the “feared self” they wished to avoid (Cardelle-Elawar & Sans de Acedo Lizarraga, 2010, p. 296; Ronfeldt & Grossman, 2008, p. 46).

Effective mentoring relationships are beneficial to the mentor and the mentee. Conversations and questions force the mentor to reflect upon their own professional identity and practice (Le Maistre & Paré, 2010, p. 560), as expert mentors often find it difficult to articulate and share the nuances of their teaching practice (Shim & Roth, 2008, p. 14). Mentors need to speak, as well as actualize and perform, the theoretical constructs the students learn in the classroom (Malderez et al., 2007, p. 241).

Other relationships. Relationships within the context of teaching provide a formative exchange which influences professional identity development. Relationships with parents, students, fellow teachers, supervisors, mentors, peers, and other professionals provide an ongoing experience with the expectations and scope of being a teacher (Assaf, 2008, p. 241; Flores & Day, 2006, p. 226; Malderez et al., 2007, p. 232; Timosstuk & Ugaste, 2010, p. 1566). The relationships and experiences in the classroom and the community of practice transform the professional identity through knowledge, reciprocal learning, and a co-construction of meaning (Jephcote & Salisbury, 2009, p. 971; Viczeko & Wright, 2010, p. 22). The negotiation and actualization of professional identity through relationships also influences the identity formation of the others within those relationships (Marsh, 2002, pp. 334-335).

Context. The context that a teacher works within has an effect on professional identity development. The context is composed of the specific teaching environment, culture, organizational leadership, and classroom interactions (Flores & Day, 2006, p. 223). Teachers develop his/her professional identity based on the interaction and perceptions of the context (Carrinus et al., 2011, p 594).

Community of practice. The community of practice (Wenger, 1998) is constantly influencing professional identity development. The individual identity becomes formed and reformed through the formal and informal interactions with peers, students, and mentors (van Huizen et al., 2005, pp. 282-283; Beauchamp & Thomas, 2009, pp. 178-179, 184). The positive interactions that shape professional identity provide learning (Jawitz, 2009, p. 243), support (Churchman & King, 2009, p. 513), and knowledge

(Hockings et al., 2009, p. 491). However, negative interactions within the community of practice can also impact professional identity. Smethem (2007) noted novice teachers are especially vulnerable to negative influence on their professional identity during the early period of socialization (p. 467). This negative influence from the community of practice can result in loss of creativity and innovation, resulting in feelings of loneliness and isolation (Flores & Day, 2006, p. 229).

The community of practice also promotes a relational facet to professional identity. The community of practice also socializes an individual into a team and established system, developing ways to cooperate and to work together meaningfully within the team (van Huizen et al., 2005, pp. 282-283). Novice teachers are apprehensive about being accepted as a viable member of the teaching community, which can influence their professional identity (Thomas & Beauchamp, 2007, p. 236). The feeling of belonging and value consonance reinforce the link of the individual to the team, which can influence job satisfaction and decrease exhaustion (Skaalvik & Skaalvik, 2011, p. 1036).

Canageranjah (2012) recommended teaching shift from an all-encompassing community of practice to a “constellation of practices”, where the professional identity of a teacher is constructed through the diversity and relationships of different communities of practice (p. 274). For example, Timostuk and Ugaste (2010) found participants some participants identified themselves with the community of practice of teacher and the subject matter, noting that both areas are important to self and identity (pp. 1568, 1569). However, despite the benefits of participating in several communities of practice, the

multiple memberships within teaching, such as subject expertise, scholar, or activist, can cause tension and stress, due to competing values and goals (Jawitz, 2008, p. 249). The membership of multiple communities of practice requires constant negotiation, which influences professional identity (Naralan, 2010, p. 1684).

Professional Identity in Medicine

Foundations of professional identity.

Conceptual definition. The literature on professional identity in medicine referred to a broad, and somewhat generic, set of definitions. The classification of self in relationship to the broader professional group/role was noted in several of the definitions. Carlsen (2010) stated professional identity is profession specific, self defined, and contextually created in relationship to other professional groups (p. 262). Monrouxe (2010) called this creation a self-categorization, which identifies who one is as compared to who one is not. “Identities are constructed through attending to difference” (p. 40). Griffin (2008) affirms both definitions, as the author considers it one facet of social identity, which impacts how the individual defines, relates, and acts within the scope of the role (p. 356). Irby, Cooke, and O’Brian (2010) also highlighted the intrinsic and extrinsic nature of professional identity, as the concept contains “professional values, actions, and aspirations” (p. 226). All of these definitions highlight a construction that is unique to the discipline of medicine.

Some authors used the term ‘professionalism’ to capture a facet of the broader construct of ‘professional identity’. Lacey and Souba (2010) call professionalism “...a set of core beliefs and values that guide the daily work of physicians who are serving

patients” (p. 1019). Goldberg (2008) noted professionalism is fabricated by a social process and serves a distinct purpose. “...the strength of a profession as a social unit lies in its members assertion of a distinct and consolidated collective identity, whether through participation in professional organizations; the nurturing of a rich, internal professional culture; or censure of those who deviate from the profession’s standards of conduct”. Professionalism also sets the bar for aspirations and expectations (p. 716).

Professional identity in medicine exists on the broad and specific levels. The first level exists the macro level. Wackerhausen (2009) illustrated the distinction, and the function, between the two levels. The macro level of professional identity is the “public face” of medicine, which is a mixture of how the public and related professions view medicine, the scope of legal and practice boundaries, status and competencies of the role, and the profession image the leaders actively promote. The macro level of professional identity is in constant flux, redefinition, and negotiation, as external forces such as new technology, scientific advances, and the scope and opinion of neighboring professions give professional identity “content and form” (p. 459).

The second level of professional identity exists at the micro level, and is at the level of the practitioner. The micro level of professional identity contains the qualities that a person must have to be a full and accepted member of the profession (Wackerhausen, 2009, p. 459). The author also noted

...though necessary (formal) qualifications, they are seldom enough to become a fully acknowledged member of a profession, to be accepted as truly ‘one of our kind’. The person also has to acquire and behave according to the (tacit) ‘cultural

dimensions' of the profession. These dimensions are not (or only with minor exceptions) part of the formal curriculum. They are more like 'good manners', the unarticulated etiquette or customs of a profession...." (p. 459).

The behaviors and customs of the professions are integrated into the professional identity of a physician, and actualized in practice in order to become an accepted member of the group.

Theoretical underpinnings. The theoretical frameworks within the literature discussing professional identity in medicine were as diverse as the conceptual definitions. The literature in medicine was usually not as clearly nor directly linked to formal theory, as in nursing. The review of the literature in medicine did not reveal a commonly used theoretical or philosophical foundation related to professional identity in medicine. The theoretical frameworks that were mentioned the most included Sociology of Applied Knowledge in Medicine (Friedson, 1970), Medicine as Culture (Lupton, 1994), and The System of Professions (Abbott, 1988). Other theoretical frameworks mentioned included Social Identity Theory (Tajfel & Turner, 2001), Critical Theory of Medical Discourse (Waitzkin, 1979), Situated Actions and Vocabulary of Motives (Mills, 1940), and Intersectionality (Crenshaw, 1994).

Conceptual models. Few formal conceptual models were identified in the literature addressing professional identity in medicine. Ackerman, Graham, Schmidt, Stern, and Miller (2008) used "a variant of grounded theory" to describe the process of professional identity development in interns (p. 27). The participants completed a written narrative answering three guiding questions. The researchers found process related

themes around the development of professional identity in interns. The "...building confidence in their clinical knowledge and skills, striving to balance their personal and professional lives, creating connections with patients and families, recognizing their emotional responses to patients, managing expectations, and facilitating teamwork" (p. 31). The authors considered these themes to be developmental tasks, and recommended medical curricula include active and reflective activities to promote attainment of these tasks and development of professional identity during internship (p. 32).

Levine et al. (2006) also evaluated growth during internship. The authors utilized a "longitudinal qualitative design...to explore processes related to personal growth during internship" (p. 564). The authors developed a conceptual model regarding growth and stated:

Triggers for personal growth were emotionally intense experiences that created opportunities for growth by challenging or emphasizing interns' beliefs, attitudes, or actions. When support, reflection, and consideration of core values occurred in association with a powerful trigger, greater personal awareness was fostered and personal growth was more likely to result. Conversely, if the same triggers manifested themselves at a time when barriers were outweighing facilitators, the potential for personal growth was less (pp. 566-567).

The authors note these "emotionally intense experiences" are critical for the development of professional identity, and the facilitating factors, such as support and reflection, must be present for that experience to trigger growth. If those factors are not present, growth is stunted and cynicism may develop (p. 568).

West and Shanafelt (2007) proposed a model regarding professionalism in medicine. The authors state professionalism in medicine is a necessity for physicians, as professionalism is a core competency of the Accreditation Council for Graduate Medical Education (ACGME). The authors' conceptual model for professionalism noted an interactive relationship between the personal factors of personal well being, personal characteristics, and interpersonal qualities and skills; and the environmental factors of institutional culture, formal/informal curriculum on professionalism, and practice characteristics. The authors' recommend medical curricula promote and develop all of these factors for professionalism to develop.

Temporality and change. The process of professional identity construction has a temporal perspective. The construct develops over time (Griffin, 2004, p. 356; Weaver, Peters, Koch, & Wilson, 2011, p. 1223), is impacted by the response to significant events (Griffin, 2004, p. 356) and the subsequent sense and meaning making regarding the identity and shaping events (Monrouxe, Ree, & Hu, 2011, p. 599). Norander, Mazer, and Bates (2011) found the process of identity negotiation occurred within three interrelated realms: student community, medical field, and the patients and publics. Ryyänen (2001) also noted professional identity is constructed through “solving dilemmas in three different activity systems: Personal life, Medical school and Work” (p. 181).

Constant change is coupled with temporality during professional identity development. “Identity is rooted in language and interaction, and although we conceptualize identities, they are not fixed or static...as we go through life, our identities

are constantly in the process of transformation” (Monrouxe, 2010, p. 40). Korica and Malloy also noted the concept of constant change within the professional identity of surgeons, calling the process “...dynamic and continually evolving...” (p. 1893). The new knowledge and role requires change within the self and the relationships with families, peers, and society (Monrouxe, 2009, p. 49).

Professional identity development is not a passive process; it requires active participation and involvement. It requires being active agents (Korica & Malloy, 2010, p. 1893) exploring the options and committing to choices and goals (Niemi, 1997, p. 408) while interacting with experience and knowledge (Armstrong & Odgen, 2006, p. 962; O’Flynn & Britten, 2006, p. 51). This interpersonal and complex activity process shapes physician professional identity (Monrouxe, Rees, & Hu, 2011, pp. 600-601) on a highly personal and individualized level (Clandinin & Cave, 2008, p. 770; Pullon, 2008, p. 138).

Hatem and Ferrara (2001) reported on the use of creative writing as a form of reflective practice with medical students. A student submitted a poem, which used the making of a necklace to symbolize the process of medical school. The authors stated, the student found “...beads offered by faculty and patients alike...the student speaks of the ‘unfinished necklace’ which she is desperately trying to ‘keep any of the other beads from falling off...’” (p. 19). The metaphor is also fitting to the process of constructing professional identity as making a necklace also has features of temporality, constant change, relationships, and action.

Identity negotiation. The facets of temporality, constant change, and action are combined into a concept called identity negotiation. Boundary naming, recognition, and

negotiation are at the heart of professional identity formation (Cave & Clandinin, 2007, pp. 82-83), as the boundaries form the acceptable professional, social, and physical parameters of the physician. One example of boundary recognition and negotiation is between the physical and virtual realms. Many medical students noted a separation between personal and professional identities on Facebook and did not understand why peers would post professional related information on a public site (Finn, Garner, & Sawdon, 2010, p. 819, 822). Varga-Atkins, Dangerfield, and Brigden (2010) discovered a similar theme when medical students showed satisfaction with virtual spaces that were maintained by the University for student collaboration and networking and were separate from their social space (p. 826).

Clinical autonomy is another type of boundary that influences professional identity. Carlsen (2010) noted “the struggle for autonomy” (p. 269) is a basis of professional identity development, as the author considers “negotiating autonomy as an identity marker” (p. 268). Armstrong and Oden (2006) also called clinical autonomy “the cornerstone of professional identity, as acknowledging in its importance is central to the practice of a physician (p. 962).

The constant negotiation via autonomy is complicated by the concept of evidence based medicine (EBM). Clinical autonomy equates the freedom to make informed decisions about the care of patients, while EBM informs best practice through guidelines and treatment recommendations grounded in the research and literature. Carlsen (2010) noted general practitioners struggled with integrating EBM guidelines into their identity, as the process caused tension with the values of clinical autonomy (p. 268). McLaughlin

(2001) stated in order to reduce the struggle and tension, physicians should reframe their view of EBM, via knowledge renegotiation, to become a useful component of professional identity and practice, instead of being viewed as a threat to physician autonomy and practice (p. 359, 360)

Identity negotiation can result in a single or dual (blended) professional identity. A single identity can be dominant, and result in conflict and tension within the person (Griffin, 2004, p. 357). The physician identity may remain primary, or be secondary to the identity of another role/profession, such as leader or teacher (Ham, Clark, Spurgeon, Dickinson, & Armit, 2011, pp. 116-117; Stone et al., 2002, p. 183). Hurst (2010) calls the levels of identity first order and second order identities, where the first order is the primary identity with the highest degree of association with self (p. 245). The literature also shows examples of blended, dual identities when additional roles are undertaken. The duality of role resulted in a different professional identity when expectations, skills, and ideologies are combined across discipline, such as leadership/management and physician (Ham et al., 2011, pp. 116-117). Stone et al. (2002) also found additional identities resulted in interactive, not isolated and ranked, professional identities. "...the identities of teacher and doctor support each other... There was a strong tendency to see the images tied together" (p. 183).

Professional identity negotiation may fail or be incomplete along the career trajectory, impacting the likelihood of successful professional transitions. Burford (2012) stated unsuccessful professional transitions may be due to "a failure to self categorize as a doctor" or the identification with an irrelevant, misdirected, or misinformed stereotype.

These unsuccessful transitions can lead to burnout, interprofessional conflict, or leaving the professional all together.

Identity conflict. The literature illustrated how personal and professional identities can intersect and conflict. Personal conflicts may be role specific, as Cave and Clandinin (2007) discovered “tensions between the struggle to be a good mother and an ‘ideal doctor’...” (p. 80), or value specific, which can conflict with the boundaries and expectations of the professional identity. Several authors noted the ongoing tension between balancing the professional and human aspects of being a physician (Finn et al., 2010, p. 821; Goldberg, 2008, p. 718; Rabow, Wrubel, & Remen, 2007, p. 1427). The tensions and conflicting images must be acknowledged and addressed through reflection in order to successfully learn and negotiate the transition to physician practice (Cave & Clandinin, 2007, p. 80).

Tension can also occur within a novice physician when facets of the professional identity conflict. Monrouxe (2009) noted tension occurs when the facet of the ‘healing doctor’ conflicts with other ideologies, or is unable to help (p. 48). The student participants in this study created an entity called ‘the detached doctor’, where “only parts of themselves should be brought to their work. Their attitudes, opinions and emotions should be detached” (p. 50). Cave and Clandinin (2007) also noted emotional management was used as a protective strategy to reduce internal tension (p. 87).

Relevance. As professional identity and professionalism have an impact on practice and the opinion of the public, The Accreditation Council for Graduate Medical Education (ACGME) considers professionalism as one of the core competencies.

Evaluation measures for professionalism include practicing within ability level, accountability and follow through, demonstrating care and concern for patients, and responding in a way consistent with each patient's unique needs (ACGME, 2008). As defined and evaluated, the competency of professionalism within the ACGME standards is not directly professional identity, but the actions are an actualization of professional identity.

The literature notes the relevance of professional identity in medicine. A well established professional identity fosters interprofessional collaboration (Jakobsen, Hansen, & Eika, 2011, pp. 444-445), promotes technical skills as well as the development of "caring, compassionate, and ethical practitioners" (Clandinin & Cave, 2008, p. 765), and promotes a shared community of values and practice in medical education (Weaver et al., 2011, p. 1221). Ultimately, professional identity in medicine is relevant because it directly influences practice, professional behaviors, patient outcomes (Griffin, 2004, p. 356), and the public's impression of medicine (Chuang et al., 2010, p. 316).

Despite the endorsement of professionalism by the ACGME, the actualization of the construct is not without critique. Goldberg (2008) stated medicine defines the parameters of professionalism and it is too narrowly demarcated to be useful to practicing physicians. "Professionalism, in contrast, both represents and feeds a preoccupation with professional identity and contributes to isolating the physician from the lay public" (p. 717). The author stated humanism should be the grounding point for professional practice as "it requires neither professional expertise nor special knowledge, only reflective and thoughtful human beings who are ready to engage one another across

multiple dimensions” (p. 716) which will encourage connections between physicians and patients.

Influencing factors on professional identity.

Personal identity. Personal identities, such as gender and culture, are foundational for, and influence the development of professional identity. Tsouroufli, Rees, and Monrouxe (2011) utilized the theoretical foundation of intersectionality as a grounding point for exploring the development of professional identity (p. 216). Clandinin and Cave (2008) called the concept of intersectionality “...a unique life story” which every physician uses to develop meaning and learning in new experiences (p. 770).

Gender identities influence role and behavior expectations, which then can influence the development and actualization of professional identity. Monrouxe (2010) considered gender a primary identification that “although not fixed, may be less malleable than identities later in life”. Gender identity, and related behaviors and expectations, interact with other identities and impact how individuals relate and interact with others (p. 42).

Culture shapes the acceptable viewpoints on ethics, health, and illness (van der Horst & Lemmens, 2012, p. 238) and can influence what is considered acceptable behavior/practice within medicine (Chandratilake, McAleer, & Gibson, 2012, p. 257). Where one ‘grows up’ as an individual and as a professional is shaped by different “cultural landscapes”, resulting in a unique identity” (Clandinin & Cave, 2008, p. 768). Nunez-Smith et al. (2008) found African American students often entered medical school because of interactions with positive role models of the same race (p. 1472)

Professional factors.

Constructions of 'what is medicine/doctor'. Medical students enter college with a personalized framework of 'what is a doctor' and 'what is medicine'. Other authors note that representation of 'doctor' may be grounded in messages from the media, past experiences, or observation (Chuang et al., 2010, p. 316.e1; Nunez-Smith et al., 2008, p. 1472). Students also have a representation of what comprises useful medicine and what is not as valued "within the culture of medicine" (Hafferty & Frank, 1994, p. 865). Monrouxe (2009) called these constructions inherited ideologies, which can conflict with the real life of medical school and clinical practice. The inherited constructs of doctor and medicine are then shaped by the education process and provides additional context for the development of professional identity.

Constructions of the ideal doctor. Medical students add to the representation about 'what is doctor' by an individualized construct of 'what is the ideal doctor'. The concept of the ideal doctor has been described as a 'super doc' (Cave & Clandinin, 2007, p. 79) or the 'good/healing doctor' (Monrouxe, 2009, pp. 48, 55) that provides a framework for learning physician practice, through adhering to the model image of the values and focus of medicine (Hatem & Ferrara, 2001, pp. 13-14). The 'super doc' image is influenced by experiences in medical school, through observation and negative feedback (Cave & Clandinin, 2007, p. 79). The mental projection of 'what I will be at the end of medical school' is present at the start of education (Kaiser, 2002, p. 98) and is compared to the representations of 'what is doctor' and 'what is the ideal doctor' throughout the educational process.

The 'super doc' image may be a useful construct that guides the formation of professional identity in medical students, but it also has some potential negative outcomes. Negative, potentially harmful, or unattainable behaviors can be attributed to the 'super doc' through socialization or role modeling. Examples include such as always being caring, working long hours every day without being tired, always being able to spend the emotional energy required to care for patients, "being '...able to just take it and go'...without feeling anything" (Cave & Clandinin, 2007, p. 79); being constantly motivated, knowing everything, never having negative characteristics (Monrouxe, 2009, p. 47); and being tough, perfect, strong, and independent (Aase, Nordrehaug, & Malterud, 2008, p. 768). However, the 'super doc' may be a useful internal metric for professional identity if it is reasonable and realistic. "It is essential for the development of professional identity that the student develops a realistic view of the challenges and opportunities of the profession" (Niemi, 1997, p. 408)

The outcome of the 'super doc' can have an impact on the mental health of medical students. In addition, some medical students have significant "concern about being 'found out for the fraud'..." (Cave & Clandinin, 2007, p. 79) and being able retain the knowledge necessary to become an 'ideal physician' (Monrouxe, 2009, p. 47). This fear of being a 'fraud' is known as impostor syndrome. High identification with the impostor syndrome is associated with an interrelationship of depression, low self esteem, and anxiety, which results in the concern of the inability to function in medical practice (Oriel, Plane, & Mundt, 2004, p. 250). Other authors have noted this concern about

being discovered as a fraud, which has implications for support and socialization (Hatem & Ferrara, 2001, p. 20; Hurst, 2010, p. 242).

The culture of medicine. The literature has framed medicine as a distinct culture from a medical sociological and anthropological perspective. The culture of medicine contains rites of passage, artifacts, rituals, and language that transmit the history, knowledge, and norms of the group. Monrouxe (2010) noted it is critical to understand the “intricate and nuanced ways in which historic practices are replicated, subtly changed, and even challenged and the impact this might have for development” (p. 46). The culture of medicine provides the normative framework for the parameters of professional identity. Interactions with peers and role models transmit that culture and influence the development of professional identity (Apker & Eggly, 2004, p. 415).

Rites of passage and artifacts. Rites of passage can be utilized to symbolize formal or informal times of transition in role and identity development. Monrouxe (2010) noted the rites of passage capture a transition from one identity, with imminent membership and appropriate participation on the fringe of the group, to another, with complete membership and participation in the group (p. 45). An example of a formal rite of passage is college graduation. The author also notes informal rites of passage can be a result of membership rejection by other members of the group, “a kind of ascriptive rejection: ‘You’re not a real doctor until you have...’” (p. 45).

A representational artifact often memorializes rites of passage. The artifact represents the status of the role and the responsibility related therein. Being awarded an artifact can be viewed with pride and honor. One example is the white coat and the white

coat ceremony (Goldberg, 2008). Another common artifact is the pager, or beeper. Carrying a beeper signifies status, and the responsibility to respond when called. Hatem and Ferrara (2001) illustrated a student's excitement about carrying a new pager, despite the activation of the pager relating the message it is time to complete an autopsy of a known patient. The student felt conflict between the joy of the artifact and the solemnness of the message and attempted to "temper her joy in a poem entitled 'The Grim Beeper'" (p. 15).

Language as ritual. The culture of medicine contains many linguistic rituals, such as specific language choices and "the adopting of specific stances towards others" (Monrouxe, 2010, p. 44). Instead of language being used to communicate intent and individualized thinking, linguistic rituals, as part of socialization or education, assists novice practitioners to reason, communicate, and perform as a doctor" (p. 44). Language is a learned cultural and social tool that is used in the execution of actions within the construct of the physician (Monrouxe, Rees, & Bradley, 2009, p. 928). The authors called differing communication patterns, words, and expectations based on the type of audience paralinguage, which served to create simultaneous "Linguistically bonded front and back stage environments" (p. 928). Rees and Monrouxe (2008) analyzed the use of language in bedside teaching encounters and concluded language can communicate power and authority, promote a warm atmosphere, provide distance and minimize personal responsibility, or communicate self agency and identity (p. 179).

Morning report as ritual. The morning rounds are an example of a culture specific ritual, which uses language and display, which serves to reinforce norms and

shape professional identity through positive and negative feedback. Residents adhere to a prescribed, and often implicit, set of expectations and behaviors, such as efficient public speaker and expert clinician, which creates the image of clinical competency (Apker & Eggly, 2004, p. 415). There is a noted power differential in morning rounds, as the attending doctors and residents have the knowledge of medicine and the institutional specific norms and expectations (Kaiser, 2002, p. 99). Apker and Eggly also stated morning report has a historical function, as, unchanged, it will “reproduce traditional medical ideology and perpetuate a professional identity embedded in the underlying power relations of medical care” (p. 417).

Display within culture. The socialization of education and clinical training reinforces what should and should not be displayed, as part of the medical culture. The resulting display of language and behaviors, or the “profession face” (Irizarry, 2004, pp. 19-20), is a behavioral attempt to establish competence and to be accepted into the culture of medicine. O’Flynn and Britten (2006) noted the display of the “exercise of the biomedical approach” links professional identity and practice (p. 54). Behaviors, even those that may be considered an appropriate human response, which do not conform to the formal or informal ideals of behavior, received negative feedback and were discouraged. “They spoke of learning that expressing distress at work is taboo...” (Cave & Clandinin, 2007, p. 82).

Education. The education of physicians is how a person learns the culture of medicine and is considered to be a transformative process, or the ‘becoming’ a doctor. “...medical training is the pathway by which lay persons are transformed

into...physicians. Neophyte students are taught what is valued in this new culture, along with strategies and techniques to organize those values. They are also provided with opportunities for internalizing those values” (Hafferty & Frank, 1994, p. 865). The values of the medical culture and the perceptions of ‘what is doctor/ideal doctor’ are quickly influenced and molded by the classroom, lab, and clinical experiences (Chuang et al., 2010, p. 316.e1). Niemi (1997) stated the critical foundation of professional identity development likely occurs at the beginning of the education process (p. 409).

Education is a form of professional socialization; which is foundational and synonymous with identity negotiation (Finn et al., 2010, p. 821), as education provides a forum for value transmission and establishing the moral dimension, “the matters of rightness and wrongness within the overall culture of medicine” (Hafferty & Frank, 1994, p. 863, 865). However, the formal curriculum conveys only a portion of the knowledge and values necessary to transform into a physician. “Only a fraction of medical culture is to be found or can be conveyed within those curriculum based hours formally allocated to medical students’ instruction” (Hafferty & Frank, 1994, p. 864). However, Rabow et al. (2007) noted current medical education is incomplete, as, apart from imparting the skills necessary to be a physician, it fails to create a safe community, where shared values can be “articulated and validated” (p. 1426).

Forms of curriculum. Hafferty (1998) stated that formal education is “a multidimensional learning environment” which impact students through three forms of curriculum: the formal, informal, and hidden curriculum (p. 404). The formal curriculum is “... stated, intended, and formally offered and endorsed...”, while the informal

curriculum is an impromptu and interpersonal form of teaching and learning which occurs between students and faculty. The hidden curriculum is found within the “commonly held ‘understandings’, customs, rituals, and taken for granted aspects of what goes on in the life space we call medical education” (p. 404). The author discusses medical education institutions are “cultural entities and moral communities intimately involved in constructing definitions about what is ‘good’ and ‘bad’ medicine” (p. 404).

Educational methods. Several components of the formal and informal curriculum influence the development of professional identity. Educational activities provide early exposure, clinical knowledge, supported environments, structured discussions focusing on ethics and values, and feedback, which are all crucial in the development of a professional identity. Examples include simulation (Lofaso et al., 2011), patient as teacher (Monrouxe et al., 2009, p. 929), Objective Structured Clinical Examinations (OSCE) and Clinical Assessment of Skills and Competencies (CASC) (Marwaha, 2011, p. 4), the Beside Teaching Encounter (BSE) (Rees & Monrouxe, 2008, p. 171), and virtual patients (McEvoy, Butler, & MacCarrick, 2012, p. 35).

Finally, interacting with real patients in the context of medical school and residency is a critical factor in the development of professional identity. Real patient learning (RPL) involves “...doing the work of a doctor...” through patient interactions, which reinforced their learning of the profession and development of professional identity (Bell et al., 2009, p. 1041; Weaver et al., 2011, p. 1224). Cave and Clandinin (2007) noted learning from patients was a valuable experience (pp. 85-86) and supports

how the relationality of medicine is a crucial underpinning of physician professional identity (Real, Bramson, & Poole, 2009, p. 581).

Despite the structure and supportive function of the formal and informal curriculum in establishing professional identity, the hidden curriculum, especially in the clinical learning environment, is highly influential on the development of professional identity (Chuang et al., 2010, p. 316.e2). The authors noted students are “especially susceptible to the hidden curriculum because they face conflicting demands as learners and patient care providers” (p. 316.e5). Ryyänen (2001) found reflection and narratives on clinical experiences revealed the components of the hidden curriculum, such as teachers’ negative attitudes towards patients, which were highly influential on the development of professional identity (p. 194).

Internship. Internship is an intense time for professional identity development. “Clerkship and residency years are times when each learner/doctor is most intensely involved in the shaping of his or her own doctor identity” (Clandinin & Cave, 2008, p. 770). “Internship is an intense and formative period in the life of a physician. In the first few months of residency, interns must assume a new role and a concomitant set of responsibilities and expectations” (Akkerman et al., 2008, p. 27). The time of internship is both a time for learning and growth as well as the foundational experiences for professional identity development.

Professional isolation in education. The design of the formal curriculum, and the impact of the hidden curriculum, promotes both professional inclusivity and social exclusivity, which impacts the development of professional identity.

Professional inclusivity was noted within the clinical learning and theory environments, where doing the work of a doctor and being treated as future physicians by patients, teachers, and doctors promoted professional identity development however, this social exclusivity dissolved into high levels of peer unity and a strong shared sense of identity as medical students (Weaver et al., 2011, p. 1224, 1225).

School location and dedicated courses socially separate and isolate medical students from non-medical students and other disciplines.”...however, this social exclusivity dissolved into high levels of peer unity and a strong shared sense of identity as medical students” (p. 1225). However, it is possible the cultural influence of “the authoritarian and hierarchical institution of medical school” promotes the development of inflexible professional identities (Kaiser, 2002, p. 98), and can result in a damaged sense of self, which prevents the “development of a mature, well integrated professional identity” (Jennings, 2009, p. 253).

Reflective practice. Most importantly, several authors noted the necessary, and crucial, link between reflective practice and professional identity development. Reflection on individual experiences and stories within professional context through various media expands an awareness of a richer and more complex professional identity (Clandinin & Cave, 2008, p. 765). Monrouxe (2010), Niemi (1997), and Hatem and Ferrara (2001) also supported the reflection and understanding of the personal story as a cornerstone to professional identity development. “Indeed this goes beyond the individual reflective practice that many students routinely undertake as part of their

training” (Monrouxe, 2010, p. 45). The process of recalling and reflecting reframes the experiences and becomes reintegrated into the identities of self and profession.

Reflective practice is noted to have other positive outcomes. Goldberg (2008) states reflective practice entails “the intellectual and emotional space” to consider the transition from lay person to physician (p. 721). Reflective practice results in a deeper level of self understanding, especially when paired with peer reflection and discussion, which promotes professional identity development (Hatem & Ferrara, 2001, p. 19). It also assists in clarity, as “Committed reflectors had the clearest views of the future profession and they were more certain about their professional choice than the others” (Niemi, 1997, p. 413). Most importantly, reflective practice can serve as a forum for debriefing the observations of negative role models. Failure to debrief these negative observations can result in cynicism, a decrease in morality and empathy, and modeling of the unprofessional behavior (Gosselink, 2011, p. 246). All of these factors may promote student well being and retention.

The literature within medicine noted several types of reflective practice that are beneficial in developing the professional identity of a physician. The strategies fall into the subsets of virtual forums, humanities, and communities, and overlap between medical school and professional practice.

Virtual forums can act within a supportive role as well as a forum for professional socialization. Varga-Atkins et al. (2010) found wikis, which were established and maintained by the university, were a forum for the sharing of professional knowledge and resources. In addition, students viewed the wikis as a professional virtual space, separate

from the virtual social space, which promoted reflection and development of the professional identity (p. 827). Other virtual resources, which promote reflection and identity development, include the virtual patient (McEvoy et al., 2012, p. 35), simulation (Lofaso et al., 2011), medical weblogs (Gosselink, 2011, p. 247), and the virtual professional development portfolio (PDP) (Kalet et al., 2007).

Several methods from the humanities served as forums for the reflection, processing, and construction of professional identity. A reader's theater called *The Seventh Chair* engaged students and faculty in acting regarding the ethical situations physicians might encounter. The purpose of the reader's theater was to provide a common starting point for "teaching, modeling, and eliciting personal reflection and for developing skills of ethical analysis" through humanizing faculty and bringing all students into the learning experience" (Shapiro, 2003, p. 22). Art is another creative forum that can be used to foster professional identity. Rabow et al. (2007) reported on a course called *The Healer's Art*, which promoted individualized reflection and expression regarding values and qualities necessary within physician professional identity (p. 1426). These two courses encouraged students to reflect and create individual and personalized representations within the common construct of the professional identity in physicians.

Reflective writing and recollection were the most commonly noted types of reflective practice. Reflective writing can be individual or situation based and linked to a course assignment, be a type of hard copy journal, or exist in the electronic realm. Clandinin and Cave (2008) stated creating any type of space that fosters the "telling and retelling of the stories of who we are" will promote the reflection and creation of

professional identity in doctors (p. 770). The purposes of reflective writing are: to record emotions that may be clouding other influencing factors, recognize situations which promote or hinder the development of professional identity, and to include definitions of self with components outside of medical education so the resulting professional identity is not constricted and narrow (Kaiser, 2002, p. 104). Monrouxe (2009) noted recorded audio diaries are also an effective forum for telling personal and meaningful stories, which, through verbally explaining meaning, reveal personal meanings, which promotes professional identity development (p. 55).

The sharing of reflective writing is just as influential as the creation of the reflective writing. Students sharing the reflective writing with faculty create a shared space for discussion, which is another form of reflection. This shared discussion through reflection groups frames challenges during education and clinical rotations, reinforcing the ethical issues relevant to practice and promoting professional identity development (Kaldjian et al., 2012, p. 132; Ryyänen, 2001, p. 178). Vagan (2009) highlighted the important impact “teacher-doctors” have on guiding reflection on the shared stories and experiences, as the process can positively impact the student’s developing identity (p. 258).

Finally, communities were considered an integral component of professional identity through reflective practice. The commonality of the role and identity of the community provides a point of reference for reflection and development. Satterfield and Bacerra (2010) noted support groups for residents provided a safe forum to share struggles and to obtain support from others who were having similar experiences.

“Professional identity development and understanding resident role(s) were paramount” (p. 914). Zink, Haalas, and Brooks (2004) described a Rural Physician Association Program (RPAP), which paired residents with a rural physician or team of physicians for an extended period of time. The authors noted the program resulted in a learning environment that is supportive, safe, and provided time for reflection about growth and identity in the physician role (p. 1005). Both of these examples of community as reflective practice reflect the importance of both group processing and individual reflection as a critical component in developing professional identity.

Relationships. Relationships are strong influencing factors in the development of professional identity. “Relationality was a key factor in how students perceived their profession and made sense of their emerging identities and illustrates how identity is multifaceted” (Norander, Mazer, & Bates, 2011, p. 68). Relationality assists in understanding the other, which hones the definition of the self (Bridges et al., 2011, p. 1) through identification with a “caring and considerate community” (Aase et al., 2008, p. 768) or a well functioning team (Ackerman et al., 2008, p. 31). Relationality with patients also influences professional identity, as Real et al. (2009) noted some participants defined their identity through seeing the impact of their care on patients.

Role models. Role models within medical education have a significant effect on professional identity. Role models set the standard for practice and “...teaches primarily by example and helps to shape professional identity...through promoting observation and comparison...role models may only have brief contact with physicians in training and do not so much deliberately mold students as to inspire by their own conduct” (Reuler &

Nardone, 1994, p. 335). Role models influence the professional identity development as they are considered to be the ‘yardstick’ by which competence and professionalism are measured. Cave and Clandinin (2007) called role models ‘...images or exemplars of practice’, where students interacted with role models and used those interactions “to serve as guides to who they might become as physicians” (p. 80). Madill and Lachford (2005) found students were highly optimal about attaining professional standards because they highly correlated the construct of self at graduation with the concept of an admired physician (p. 1640).

As positive role models are considered the benchmark, students imitate observed behaviors, and integrate performed behaviors through positive reinforcement. Finn et al. (2010) stated educators need be aware students build professional identity by imitating perceived role models, and that educators need to be cognizant to “signpost” appropriate professional behaviors “ensuring that students eventually become legitimate members of the clinical community” (p. 821). Being inspired by other professionals to perform as doctors should promote belonging to the profession, which strengthens professional identity (Weaver et al., 2011, p. 1223). Physicians and physician educators set the expectations for students and novice physicians through observable behaviors.

However, the hidden curriculum actualized by negative role models can actually have a negating effect on the formal curriculum. Students observing role models in leadership or clinical positions either not performing components stressed in the formal curriculum (such as communication or humanism) or blatantly exhibiting unprofessional behavior reinforce what is valued or not valued in the profession (Branch et al., 2001, p.

1068). The double standard of ‘do as I say, not as I do’ is frustrating to students. As Leo and Eagen (2008) noted “Please be our role models, do not just show us how to avoid being unprofessional, show us how to live by the ideals that brought us to this profession in the first place...Please be our teachers; show us what it is to be professional and we will follow ” (p. 511, 515). The impact of negative role models can be just as significant as positive role models.

Group identification. Identification with a group identity is another factor that influences the development of professional identity, and can be a broad or specific group identification. Broad group identity involves self-identification as a member of the medical profession (Real et al., 2009, p. 579). Specific group identification encompasses self-identification with a subset population of the medical profession, such as specialty practice (Carlsen, 2010, p. 269). Norander et al. (2011) found osteopathic medicine students strongly defined themselves as members of that profession with a different history and value set than other doctors, which resulted in a sense of pride within their professional identity (p. 63, 64). Identification with a group identity and a community also was supportive for physicians, as the identification “was a presupposition for coping with the loneliness and powerlessness related to their vulnerable professional position” (Aase et al., 2008, p. 768).

The process of group identification as part of professional identity development is also complimented by recognizing, and **not** identifying, with different groups, or outgroups. The process of identifying with medicine also includes the recognition of “neighboring professions” (Wackerhausen, 2009, p. 459), or those groups that are

distinct from, but interact with and are complimentary to, medicine (Pullon, 2008, p.138). There are often high levels of competition between neighboring professions, especially when new “vacant fields of activity” which are “prestigious [and] valuable” emerge (Wackerhausen, 2009, p. 459).

Professional Identity Across the Disciplines

Differences between the disciplines. There are some noted differences between the disciplines in the literature regarding professional identity. There is minimal theoretical overlap; each profession utilizes a fairly distinct pool of philosophical and theoretical foundations to research, describe, and frame professional identity. Nursing is the only discipline to extensively describe the history of the profession as an influencing factor on professional identity. Medicine was the only discipline to describe the impact of sociological concepts; such as rite, artifact, and culture; on professional identity within a significant proportion of the literature. The literature within teaching also allotted significant weight to the function of emotions in regards to professional identity.

Similarities between the disciplines. There were many more similarities between the disciplines in the literature regarding professional identity. All three disciplines stressed the importance of the development of professional identity, starting in education and extending throughout a career, as an established professional identity promoted positive outcomes, such as increased flexibility, for the professional and positive outcomes for the patients/students, as the flexibility and collaboration carried forward into promoting effective, expert practice. The concept of temporality and

constant change was evident across the literature, as each discipline noted professional identity was an ongoing process, with roots in the past and projections into the future.

The three disciplines also shared commonalities regarding the influencing factors upon the development of professional identity. The literature described the uniqueness of the individual within the parameters of the profession, as the personal identity was foundational, and a prerequisite, for professional identity development. Each discipline noted students brought with them into school, and built through growth and experience, a construction of what is the discipline, what is the professional within the discipline, and what is the ideal professional within the discipline.

Education was also a shared factor influencing professional identity development. The literature described a broad array of educational methods; types of person based learning, such as student teaching, clinical based education, and patient rounds; and reflective practice. Despite the differences in the *types* of education, person based learning, and reflective practice, the three disciplines agreed that education is the first point of formal socialization into the profession, where students begin to learn the ‘how to’ and start his/her process of ‘becoming’ a member of that discipline.

As all three disciplines are person based professions, the literature was also in agreement regarding the impact of practice contexts and relationships upon professional identity development. The relationships and experiences with role models/mentors, peers, and patients/students impacted professional identity, as those relationships were actualized within the context and boundaries of the professional relationship.

Conclusions

Professional identity is a phenomenon that exists within the professions of nursing, teaching and medicine. The review of the literature found several core commonalities.

1. Professional identity is formed upon the foundation of the personal identity, which is grounded in culture, gender, life experiences, and personal values.
2. Professional identity formation is an ongoing and constant process of definition, integration, and redefinition.
3. Professional identity formation is influenced by profession related factors; such as individualized constructions of what is the profession/professional/ideal professional; education; socialization; and interpersonal relationships.
4. Professional identity benefits the professional, the object of the professionals' actions (Patient/student), and the profession, as an established professional identity promotes resilience, collaboration, and positive practice outcomes.

Chapter Three: Methodology

This chapter provides a description and analysis of the study methodology. The development of phenomenology as a philosophy and as a method will be discussed. Emphasis will be placed on the philosophy and methods of Max van Manen (1997), as this is the type of hermeneutic phenomenology utilized in this research study. Ethical considerations, protection of human subjects, recruitment of participants, data collection and analysis, and strategies used to enhance rigor will also be discussed.

Hermeneutic Phenomenology

Philosophic underpinnings of hermeneutic phenomenology. Edmund Husserl (1859-1938) was the primary founder of phenomenology and is considered one of the most significant philosophers of the 20th century (Giorgi, 2005, pp. 75-76). Husserl's early work focused on physics, math, and philosophy. His thinking and worldview was shaped significantly by his scientific education and his time studying with Franz Brentano (Beyer, 2011, para. 1), who is known for introducing the concept of intentionality to the field of philosophy ("Brentano", 2011, para. 1).

Husserl (1911/1980) utilized the concept of intentionality "as a process where the mind is directed towards objects of study" (Lavery, 2003, p. 5). Husserl's transcendental (descriptive) phenomenology is intended to study intentional acts or experiences, which are representational, through linguistic manifestations. The linguistic manifestations create a relationship between a specific experience and other experiences and also note characteristics (descriptions) of the experience (Breyer, 2011, section 6). Consciousness is the portal of the acts or experiences while language creates the representation (Giorgi,

2005, p. 76). “This process is one of coming face to face with the ultimate structures of consciousness” (Lavery, 2003, p. 6), or the essence of the experience, which makes the experience distinct from all others (Polit & Beck, 2008, p. 227).

Husserl also introduced the concept of epoché, or bracketing, as a component of phenomenology. “Husserl proposed that one needed to bracket out the outer world as well as individual biases in order to successfully achieve contact with essences...suspending one’s judgment or bracketing particular beliefs about the phenomenon in order to see it clearly” (Lavery, 2003, p. 6). Husserl intended bracketing to be a way to illuminate and set aside researcher presuppositions and assumptions in order to fully describe the phenomenon from the participant’s point of view (Beyer, 2011, The phenomenological *epoché* section, para. 2-3)

Martin Heidegger (1953/1996) was a colleague of Husserl, who taught Heidegger phenomenological concepts, such as intentionality. Heidegger was such a successful mentee that he succeeded Husserl in his professorship at Freiberg, but then disassociated himself from Husserl and his philosophic realm of study (Lavery, 2003, p. 7). Heidegger, and others, such as Merleau-Ponty and Kierkegaard, differed in philosophical beliefs from Husserl. As a result of those differences, these philosophers moved away from descriptive phenomenology into the realm of interpretive phenomenology.

The schools of descriptive (eidetic) and interpretive (hermeneutic) phenomenology differ on several factors, which influence how a respective research study is designed, implemented, and interpreted (Lopez & Willis, 2004, pp. 726-727). First, is the difference of intent regarding the understanding of the phenomenon.

Descriptive phenomenology aims to “describe essential components of the lived experiences specific to a group of people” (p. 727), while hermeneutic phenomenology interprets, through looking for “meanings imbedded in common life practices” (p. 728). The meaning may not be known by those relating the phenomenon, but may be ascertained from the narratives exploring the phenomenon (p. 728). Second, is the worldview and knowledge of the researcher. In descriptive phenomenology, expert knowledge must be bracketed and set aside, as the expert knowledge of the researcher may interfere with the description of the phenomenon. The goal of bracketing is to reach transcendental subjectivity, where the influence of the researcher is nullified and does not impact the phenomenon of study (pp. 727-728). In hermeneutic phenomenology, expert knowledge and researcher perceptions aids interpretation and meaning making, and cannot be set aside through bracketing (pp. 729-730). Third is the philosophical underpinning regarding the worldview of the participant. Husserl (1970) introduced the premise of radical autonomy within descriptive phenomenology, which notes individuals influence the environment and culture, not vice versa (Lopez & Willis, 2004, p. 728). Heidegger introduced the premise of situated freedom as a cornerstone of hermeneutic phenomenology. Situated freedom notes individuals can make choices, but those choices are “circumscribed by the specific conditions of their daily lives” (p. 729). Fourth is the use and purpose of a theoretical foundation. Descriptive phenomenology argues theory and literature should not be considered prior to the data collection or analysis, as the theory and literature would interfere with the description of the phenomenon of inquiry (p. 729). As a direct contrast, hermeneutic phenomenology uses theory and literature as a

crucial component of the data collection and analysis, as the knowledge of the researcher enriches the resulting interpretation (p. 730).

Max van Manen (1997) is grounded in the school of hermeneutic phenomenology. His interpretive philosophy and methods reflect some ideas consistent with, and some which are different from, philosophers from the descriptive ideology. Intentionality and language, as noted in Brentano's and Husserl's schools of thought, are cornerstones of hermeneutic phenomenology, as the researcher and the participant use their minds to focus on the phenomenon. The phenomenon is then reflected upon, described, and transformed through the tools of language. In addition, van Manen utilizes a variation of Husserl's concept of the lifeworld. Husserl noted social groups have a process of classifying objects in the world, and there are universally broad concepts which are accepted across groups (Beyer, 2011, section 7). van Manen's lifeworld existentials, originally described by Merleau-Ponty, specify a set of those broad concepts and include lived space, lived body, lived time, and lived human relation, which the author considers foundational themes for all human beings, no matter the demographic or ethnic orientation (van Manen, 1997, p. 101). The lifeworld existentials can be used as guides for framing phenomenological analysis and interpretation.

The process of bracketing is a philosophical difference between Husserl and van Manen. While Husserl believed the researcher must bracket presuppositions to remove them from the phenomenon, van Manen (1997) believes the researcher has a high degree of knowledge, assumptions, and preunderstandings about the phenomenon (p. 46). The knowledge and personal experience of the researcher enriches the exploration, and

resulting interpretation, of the phenomenon. The researcher must use journaling as a reflexive technique to bring the beliefs and experiences into awareness. (p. 46, 126)

van Manen's hermeneutic phenomenology. The design for this research project utilized principles from hermeneutic phenomenology, specifically using the philosophical structure and methodology from Max van Manen (1997). Hermeneutic phenomenology has a scope that differentiates it from other research philosophies and methodologies. It is the study of lived experience, clarification of phenomena within human consciousness, and a description of meanings within individual context. "...human science aims at explicating the meaning of human phenomena...and in understanding the lived structures of meanings..." (p. 4). van Manen's "study of essences", or phenomenological universals, is an exploration of the significance of human existence (pp. 9-12).

van Manen (1997) noted research utilizing hermeneutic phenomenology as a philosophy and a methodology requires ongoing use of six interacting research activities:

1. Turning to a phenomenon which seriously interests us and commits us to the world;
2. Investigating experience as we live it rather than as we conceptualize it;
3. Reflecting on the essential themes which characterize the phenomenon;
4. Describing the phenomenon through the art of writing and rewriting;
5. Maintaining a strong and oriented pedagogical relation to the phenomenon;
6. Balancing the research context by considering parts and whole. (pp. 30-31).

Hermeneutic phenomenology was an appropriate qualitative methodology to explore the phenomenon of professional identity in master nursing academics. First, this is a useful approach when a phenomenon has not been explored, defined, or adequately contextualized (Polit & Beck, 2008, p. 227). The review of nursing and teacher literature found the phenomenon of professional identity has been evaluated in varying degrees with practicing nurses and with practicing teachers. Minimal literature and research exists addressing professional identity in nursing faculty. Second, the participants described the experience in order for the researcher to understand and interpret the phenomenon. “It can provide a better understanding of what the issues and concerns are and, thus, help to anticipate future events, and can develop understanding of the significance of an event or topic to the person...” (Whitehead, 2004, p. 514). The experiences of the participants were transformed through reflection and detailed descriptions, which were then interpreted.

Design

This research design was considered exploratory research using a qualitative phenomenological design, which “...begins with a phenomenon of interest, but rather than simply observing and describing it, exploratory research investigates the full nature of the phenomenon, the manner in which it is manifested, and the other factors to which it is related” (Polit & Beck, 2008, p. 20). The manifestations, related factors, and scope of the phenomenon of professional identity in master nursing academics were explored through the components of the research methodology.

The goal of this research study was to describe and interpret the phenomenon of professional identity within master nursing academics. An aim was developed to support the overarching goal. The aim of this research study was: To describe and interpret the lived experience of master nursing academics developing his/her professional identity. The aim of this study was met utilizing the components of the research methodology. The written narrative, illustrated career trajectory, and narrative interviews elicited detailed data, through recollection and reflection, regarding the phenomenon of professional identity within master nursing academics.

Sampling methodology and rationale. The sampling methodology used criterion sampling, which is a category of purposeful sampling (Patton, 2002, p. 243). Sandelowski (1995a) noted purposeful sampling could reduce the amount of data and the workload on a single researcher, while producing “credible and analytically and/or clinically significant findings” (p. 182). Criterion sampling exists when participants are asked to participate based on meeting the inclusion criteria (Polit & Beck, 2008, p. 356), which assures participants’ knowledge of the phenomenon (Morse, 1989, p. 119).

Criterion sampling is appropriate in hermeneutic phenomenological research as the detail rich cases regarding the phenomenon are critical. “It might thus be said phenomenologists use a criterion sampling method; the criterion being experience with the phenomenon under study” (Polit & Beck, 2008, p. 358). The sampling was purposeful through criterion selection as the research does not focus on *differences* between the participants, but the “information rich cases and the extraction of the essential characteristics of a phenomenon” (Armour, Rivaux, & Bell, 2009, p. 106).

Informants must be knowledgeable about the topic and experts by virtue of involvement in specific life events...A good informant is someone who has undergone or is undergoing the experience and is able to reflect and provide detailed experiential information about the phenomenon...Good informants must be willing and able to critically examine the experience and their response to the situation... (Morse, 1989, p. 121).

Criterion sampling within a hermeneutic phenomenology design fulfilled the criterion of appropriateness. “Appropriateness refers to the degree in which the choice of informants and method of selection ‘fits’ the purpose of the study as determined by the research question and the stage of the research” (Morse, 1989, p. 122). Appropriateness is a relevant precursor to address and ensured a relevant, rigorous, and theoretically connected qualitative research design.

Inclusion and exclusion criteria. The inclusion criteria for the study were developed based on the desired characteristics of the participants. In phenomenology, “all participants must have experienced the phenomenon and must be able to articulate what it is like to have lived that experience” (Polit & Beck, 2008, p. 358). In order to participate, participants were fluent in English, were a registered nurse, held a doctoral degree (Ph.D., Ed.D., DNP), employed as a nursing faculty in a college offering bachelors and masters degrees in nursing, and met the criteria for a master academic. The criteria for a master academic are grounded in the AACN (1999) definitions of scholarship in nursing. In addition, participants had greater than five years of academic experience. The time parameter of five years is approximately linked to Benner’s (1982)

level of expert practice, which is a component of the inclusion criteria. Sandelowski (1999) also noted time is a critical feature of the phenomenon of interest and must be explicit in the inclusion criteria.

To be considered a master academic, potential participants have demonstrated expertise in the scholarship areas of discovery, teaching, practice, and integration, which capture a broad scope of nursing practice (AACN, 1999). The scholarship of **discovery** develops new information that is grounded in, and relevant to, nursing practice, such as theory development and testing, research, and philosophical inquiry. The scholarship of **teaching** develops new information that fosters the knowledge of novice nurses, which improves knowledge of methods and the discipline. This forum entails activities such as professional role modeling, the development of programs, learning outcome evaluation, and the development and use of innovative teaching strategies. The definition of the scholarship of practice is broad and encompasses many specialties. “**Practice** scholarship encompasses all aspects of the delivery of nursing service where evidence of direct impact in solving health care problems or in defining the health problems of a community is presented” (Scholarship of practice (application) section, para. 1). There are four components of the scholarship of practice: professional development, clinical knowledge development, service, and the synthesis of research or technical skills. The scholarship of **integration** bridges the practice and research of nursing to other disciplines, such as integrative literature reviews, books, or interdisciplinary grants, which results in new knowledge (AACN, 1999, Scholarship of Integration Section, para. 1).

Exclusion criteria included lack of fluency in English, licensure as a licensed practical or vocational nurse, attained degree of a masters or bachelors degree, employment in a community college or a for profit school of nursing, less than five years of academic experience, and/or not meeting the criteria for a master academic. In addition, as the researcher is completing the research while attending the same University, committee members were excluded.

The selected inclusion and exclusion criteria were utilized to invite participants who could describe the phenomenon of professional identity in master nursing academics in significant detail. “Instead of using demographics for sample selection, qualitative researchers seek participants who can well represent the phenomenon of interest. That means we seek participants who have experience-the most experience-in the topic of interest” (Morse, 1998, p. 734). The inclusion criteria of language, licensure, terminal degree, employment, academic experience, and expertise in nursing scholarship ensured the participants had the experience, context, and vocabulary to describe the phenomenon of professional identity.

Estimated participant numbers and characteristics. Sandelowski (1995a) noted sample size refers to both the numbers of participants and to the number of interviews or events with each participant (p. 180). As the characteristics of the participants are based around the criteria, the sample size was estimated to be small (6-12 participants) (Guest, Bunce, & Johnson, 2006; Polit & Beck, 2008, p. 227). However, Sandelowski (1995a) stated novice qualitative researchers may need additional participants and data “to ‘see’ and to ‘make’” conclusions (p. 180). In this study, thirteen

participants partook in the research. The integrated process of data collection and analysis focused on formulating the repeated essence and essential themes determined the point when no additional participants or interviews were needed.

The research design and methodology required one interview per participant, in addition to the demographic survey, written narrative, and illustrated career trajectory. Guest et al. (2006) noted saturation in qualitative research can occur as early as six interviews and usually occurs by twelve interviews. However, the authors stressed the interview guidelines are useful for grant application and approximating time/expenses, but in the end, saturation, or the repeated essential themes and essence of the phenomenon, was revealed through the data.

As the research design and methodology relied on criterion sampling, it was not possible, nor appropriate, to foresee or to control the demographics of the participants. As of 2006, 93% of nursing faculty were white (Kaufman, 2007, p. 165) and as of 2009, 95% were female (NLN, 2011b). In addition, in 2009, only 25% of the overall full time nursing faculty population has attained a doctoral degree (NLN, n.d.). Due to the current homogeneity of nursing faculty and the parameters of the inclusion criteria, the demographics (presented in chapter four) of the participants closely mirrored the characteristics of the overall population of nursing faculty.

Underrepresented populations. The overall demographics of the nursing faculty population do not mirror the demographics of the general population. Seven percent of nursing faculty are from a minority group, as compared to 16% of faculty overall (Kaufman, 2007, p. 165). Males comprise five percent of all full time faculty

positions (NLN, 2011b), as compared to males making up three fifths of all post secondary faculty (Kaufman, 2007, p. 165). Male nursing faculty and nursing faculty from minority groups make up a small proportion of the overall nursing faculty population. These data also supported the demographics of the participants closely mirroring the demographics of the majority of nursing faculty.

Settings. The primary setting for participant recruitment was a large Midwestern University. The School of Nursing was established over 100 years ago and has a long-standing reputation for teaching, research, and service excellence. The School of Nursing at University A was chosen as the mission statement promotes scholarship, teaching, and knowledge dissemination, which was congruent with the inclusion criteria for the participants. The current public online faculty roster for the School of Nursing listed over fifty employed faculty.

Three additional appropriate recruitment sites were chosen. University B is a regional public organization, whose mission promotes research, scholarship, and health promotion. The roster listed 31 faculty in the College of Nursing. University C is a local public university, grounded in meeting the needs of the adult learner and service to the community. The philosophy of the School of Nursing is rooted in holism, the uniqueness of the human experience of health and illness, and the art and science of nursing, and employed 13 faculty. University D is a local, private, faith based college, whose mission is grounded in service, leadership, and scholarship. The roster for the nursing programs noted 29 faculty. The additional three sites were appropriate for recruitment; as the type

of schools, mission, and philosophy provided the environment relevant for master academics.

Ethical Considerations

Risk and coercion. Risk is considered to be the potential of future harm. The types of future harm could be “a setback to interests, particularly in life, health, and welfare”, and is categorized by the likelihood of probability of occurrence and impact as minimal, reasonable, and high risk (Beauchamp & Childress, 2009, p. 221). The Institution Review Board (IRB) requires researchers to evaluate and minimize all sources of potential risk for participants (University of Notre Dame, n.d.). The study posed minimal overall risk to the participants, which is defined as “risks anticipated to be no greater than those ordinarily encountered in daily life or during routine physical or psychological tests or procedures” (Polit & Beck, 2008, p. 175). The study posed no risk of physical harm to the participants beyond the possibility of the physiological response to mild stress as a result of reflection or interviewing. The study posed minimal risk of social or psychological harm to the participants due to the ongoing choice to participate and the methods used to assure confidentiality and privacy. As the data had identifiers removed for the participant and all related parties, there was minimal risk of loss of reputation, stigmatization, or loss of social relationships.

The benefits of the research must also outweigh the risks to the participants (USDHHS, n.d.a). Polit and Beck (2008) provided a basic risk/benefit assessment for research studies (p. 175). As a result of the completed assessment for this dissertation study, the benefits to the participants included: increased knowledge about themselves,

satisfaction in participating in a research study, and a minor material gain. The risks to the participants included: loss of time or minor psychological or emotional distress as a result of reflection and discussion. As this study posed minimal risk with the participant benefits and the benefit of new knowledge regarding professional identity in master academics, the risk/benefit ratio was not an impeding factor for completion of the study.

Coercion in research entails stated or unstated threats of undesirable consequence for failure to participate or disproportionate compensation for participation (Polit & Beck, 2008, p. 172). There were no elements of excessive financial coercion to participate in the research study. A twenty dollar gift card to a regional store was offered to each participant in recognition of his/her time and effort during the research study.

Considering the financial status of the participants, this amount was not overly influential in the recruitment of potential participants. The University of Minnesota IRB provided final approval for the chosen dollar amount (University of Minnesota, 2010a). In addition, there were no elements of power coercion to participate in the research study. The researcher held no position of authority or influence over participants. Participation was completely voluntary and the consent to participate could have been withdrawn at any point of the research study. In addition, there were no individual or University conflicts of interest within the research study.

Protection of human subjects.

Training and study approval. Prior training and review/approval by the IRB ensured adequate protection of human subjects within the study design. The researcher completed all required data privacy, data security, and protection of human subjects

training through Fostering Integrity in Research, Scholarship, and Teaching (FIRST) before seeking IRB approval (University of Minnesota, 2010b). The IRB of the University of Minnesota provided initial and ongoing approval of the research project (Appendix A). The IRBs at the additional recruitment sites also reviewed and approved the research project (Appendix B, C, D). The researcher had an ethical responsibility to inform the IRB of any required progress reports, any modifications to the study protocol or informed consent process, any episodes of unanticipated risk or harm, and notification of completion of the study (University of Minnesota, 2010c).

Process and documentation of informed consent. There were two phases to the informed consent process. First, the participant was enrolled in the research study through verbal confirmation of understanding and completion of the informed consent form. Second, the informed consent process was ongoing and extended through the entire project, as the researcher did not know the exact path of the research due to the data collection and analysis occurring at the same time (Holloway & Wheeler, 1995, p. 224, 225). The participants were reminded throughout the process that the participation was voluntary and consent to participate could be withdrawn at any time (Holloway & Wheeler, 1995, p. 224). The process of informed consent is linked to the concepts of autonomy and self-determination, which entails voluntary participation, knowledge of the benefits of research, and understanding of the potential risks (Holloway & Wheeler, 1995, p. 224; Polit & Beck, 2008, p. 172).

The informed consent form provided relevant data for participants to make knowledgeable and voluntary judgments about whether or not to participate. The concept

of full disclosure required that the researcher had completely described the scope of the research, potential risks and benefits, the role of the researcher, and the participant's right to refuse (Polit & Beck, 2008, p. 172). The informed consent form was written and presented in appropriate language and readability for the participant's literacy and educational preparation (Polit & Beck, 2008, p. 177).

The informed consent form (Appendix E) was emailed to the participants prior to the first interview, when formal consent occurred. Formal consent and enrollment occurred no sooner than 48 hours after initial contact. The mandated wait time assured the participants had time to read the form and to formulate any questions regarding components of the research study. Once the formal consent process had occurred, comprehension had been verified, and the consent form was signed, the researcher retained the original and provided the participant with a copy.

As part of the formal consent process, the researcher assured participants understood what was required during participation, potential risks, and contact information. The informed consent form was supplemented with additional verbal explanation. "Oral presentations provide opportunities for greater elaboration and for participant questioning" (Polit & Beck, 2008, p. 177). The researcher asked questions of the participants regarding what was expected of them and what they saw the risks/benefits to be. The discussion between the researcher and the participant was a crucial component of the informed consent process.

Data security. Data security focuses on two concepts: privacy (what is known about the individual) and confidentiality (the data will not be released without prior

permission) (USDHHS, n.d.b). The participant's privacy was protected through random numeric assignment between participant and document; the numeric assignment, consent forms, and participant names being kept in a different locked location than the transcripts; removal of individual identifiers within transcripts; use of fictitious names and general location terms in the dissertation and any future publications; a general description of the recruitment sites, and the use of password protection on any file containing participant identifiers (Polit & Beck, 2008, pp. 180-181). However, as exemplar quotes were used to support the presentation of the findings, a participant's own words and story were utilized in the dissertation or resulting publications. The researcher slightly distorted identifying information or used a general description to assure participant privacy. Any identifying information was destroyed upon defense of the dissertation. Measures to assure confidentiality focused on the physical security of electronic and printed materials. Electronic data security was assured through encryption of audio files for transmission to the reputable transcription agency, encoding of data files during transmission to and from the transcriptionist, and data files being kept in a locked location accessible only by the researcher. Any electronic document was protected with a password known only to the researcher.

Recruitment of participants. The researcher evaluated the qualifications of nursing faculty employed at the four recruitment sites for potential participation in the study. The public online biography, web page, or faculty roster was evaluated as a method to refine the pool of potential participants. The online biography, web page, or faculty roster contained degree and credentials; academic rank; educational background

and certifications; teaching areas; research interests; research and education grants; and publications. As time and expertise are components of the inclusion criteria, only the online sources of associate professors and full professors were selected for additional evaluation. Promotion in academic rank, in context with the evaluation of the online biography/web page, provided adequate information to determine if a potential participant would be considered a master academic within the AACN (1999) definition of scholarship.

The researcher contacted the pool of potential participants via the University email system. The initial recruitment email contained an introduction, study overview, consent form, study documents, and researcher contact information. If an individual was interested in participating, he/she contacted the researcher via email to negotiate an appointment for formal consent and the initial interview.

Data Collection

The research design utilized four components of data collection; a demographic survey, a written narrative, an illustrated career trajectory, and one narrative interview. The four components provided different temporal and reflective perspectives on the phenomenon of professional identity, which added depth and richness to the overall description and resulting interpretation.

Demographic survey. A demographic survey was developed to assess the characteristics of the participants (Appendix F). The demographic survey included the characteristics of age, gender, race, terminal and related degrees, certification, years of teaching, and current role responsibilities. The purpose of the demographic survey was

to provide a detailed description about the participants within the parameters of the inclusion criteria.

Written narrative. Participants were asked to complete a reflective written narrative (Appendix G). The reflective written narrative focused on defining moment(s) in becoming a master academic. “They [written narrative] represent members’ efforts to order, find meaning in, and even live with the events in their lives at a particular moment...” (Sandelowski, 1993, p. 5). The participants were instructed to reflect and to deeply describe the lived experiences as they lived through it in a detailed fashion (van Manen, 1997, pp. 64-65) and to avoid any generalizations or abstract analysis (van Manen, 1997, p. 54). The researcher was aware of participants desire to explain and decipher the experience during their descriptions of the lived experience (p. 66).

Reflective narratives are beneficial in research studies grounded in hermeneutic phenomenology. First, reflecting on the defining moment allowed the participant to recall a vivid experience that was an ideal fit for the guidelines of the written narrative. Writing forces reflection and contemplation (van Manen, 1997, p. 64) and will “transform the event-as-experienced into the event-as-told” (Sandelowski, 1999, p. 82). A narrative is one facet of the *situated person* that captures “the variety and possibility of human experience...in a condensed and transcended form” (van Manen, 1997, p. 19). Second, reflective narratives may reveal hidden meaning, can carry a message, and capture insight and truth (van Manen, 1997, p. 119). Third, the narrative provided context and a grounding point for the interviews and illustrated career trajectory.

van Manen (1997) calls written narratives protocol writing. This process provides another source of data through written text that the researcher can analyze and interpret. The author's guidelines for protocol writing include: Describe the experience from the individual perspective, which includes mood, emotions, feelings, and senses; Describe the most vivid example possible; Write the description as it was lived, avoiding embellishing the account with fancy phrasing, using generalizations, or infusing abstract interpretations (pp. 64-65). "We are less concerned with the factual accuracy of an account than the plausibility of an account-whether it is true to our living sense of it" (p. 65). The guidelines for protocol writing promote a rich and full description of the meaningful moment, which added depth to the description and interpretation of the overall phenomenon.

Illustrated career trajectory. The illustrated career trajectory is a graphic visualization of the participant's course to becoming a master academic (Appendix H). The illustrated career trajectory is grounded in the concept of the life line (Gergen & Gergen, 1987). The life line illustrates the relationship of age (time) and another phenomenon. "The most positive periods of their history were to be represented by displacing the line upward and negative periods with a downward displacement" (p. 132). The horizontal axis represents age and the vertical axis represents growth and expertise. Participants were instructed to draw their career trajectory through time and to label any points of importance. Changes in slope, peaks, or valleys represented changes in perceived growth and expertise, such as education or a job change.

The illustrated career trajectory served several purposes. First, it grounded the participant to the longitudinal nature of the phenomenon through thought and reflection. Second, the exercise directly supported the aim of the research study, as labeled changes in the graph are significant to the participant and to the evaluation of the phenomenon over time. “The trajectory model described previously as a potentially useful framework for sampling also can be used as an analytic tool to draw the researcher’s attention to biographical, historical, and cultural elements of time” (Sandelowski, 1999, p. 84). These categories of elements of time linked directly to the aim of the research study.

Narrative interviews. van Manen (1997) provides guidelines for a phenomenological interview. The underpinning of the conversations between the participant and the researcher is that the researcher wants to explore and understand the lived experience of the participant (pp. 97-98). The phenomenon becomes the point of orientation for the interviews and the dual relationship between the researcher and the participant becomes a relationship between three entities; the researcher, the participant, and the phenomenon (p. 98). The goal of the interview was to bring the phenomenon into consciousness, express it in language, and transform it into a form that then can be interpreted.

Within hermeneutic phenomenology, interviews that illustrate a personal life story have explicit uses. The interview “...may be used as a means for exploring and gathering experiential narrative material that may serve as a resource for developing a richer and deeper understanding of a human phenomenon...” (van Manen, 1997, p. 67). The

interviews added to the understanding of the phenomenon by providing additional description of the lived experience beyond the written narrative.

The interviews were conducted in a location negotiated between the participants and the researcher. Considerations for the interview location included: privacy, comfort, and access for the participant; level of noise, which may have impacted the audio recording; and the potential for interruptions (Polit & Beck, 2008, p. 399). The interviews were recorded on two digital voice recorders for accurate, reliable, and verifiable data capture. The audiotape equipment was potentially distracting to the participant; However, Whitehead (2004) noted interview accuracy and the level of detail necessary in hermeneutic phenomenology outweigh the potential risk of distraction (p. 515).

The participants were provided with the grand tour question (Polit & Beck, 2008, p. 392) and the probe questions prior to the first interview. “This technique ensures that researchers will obtain all the information required, and gives people the freedom to respond in their own words, provide as much detail as they wish, and offer illustrations and explanations” (Polit & Beck, 2008, p. 394). The grand tour question was “Tell me about your transition to becoming an educator and master academic. Begin with your transition from practice into academia until the present”. The interview also used probe questions grounded in the current literature. Probe questions included: Describe what or who most influenced your transition to the nursing faculty role. What would you describe was the biggest challenge in your career trajectory? How do you describe

yourself as a nurse academic? Describe your illustrated career trajectory. What points were most meaningful to you and why?

The participants had time to reflect on the grand tour and probe questions in context to the written narrative prior to the first interview. The opportunity to reflect on the probe questions allowed the participant to construct recollections prior to the initial interview, which added to the detail of the conversations. “Thus, before embarking on a busy interview schedule one needs to be oriented to one’s question or notion in such a strong manner that one does not get easily carried away with interviews that go everywhere and nowhere” (van Manen, 1997, p. 67). Probe questions reinforced consistency of interviewing with different participants. Consistency requires the most relevant questions be asked of as many participants as possible to obtain rich data and to inform follow up interviews (May, 1989, p. 175; Polit & Beck, 2008, p. 394).

The grand tour and probe questions were complimented by a variety of interview techniques intended to invoke detailed descriptions from the participant. Clarifying questions that focused on emotions, experiences, and descriptions were used as cues to describe the experiences as fully as possible (May, 1989, p. 179). (e.g. Can you tell me more about [clarifying point]?) Framing questions were also used, which use the participant’s own language as a reflection regarding specific points. (e.g. What do you mean when you say ‘it was challenging’?) Framing techniques deepen the meaning of the experience by seeking out depth of explanation by clarifying personal definitions of words or phrases (May, 1989, pp. 178, 179) and by bringing the participant back from the generic to the specific (van Manen, 1997, p. 68). The researcher assisted in guiding the

discussion without leading the discussion (Polit & Beck, 2008, p. 227) and treated the interview as an ongoing, detailed conversation, which was consistently reoriented around the phenomenon (van Manen, 1997, p. 98). An open ended closing question was utilized to solicit any information that the participant may consider relevant before the termination of the interview (Polit & Beck, 2008, p. 401).

Temporality. The research design and components of data collection also explored the temporal structure of professional identity. The scope of hermeneutic phenomenology, coupled with the written narrative, illustrated career trajectory, and narrative interviews, constitute what Sandelowski (1999) terms a temporal combination design. The written narrative focused on a specific event in time (synchronic or cross sectional), while the interviews explored the “evolution of an event over time” (diachronic or longitudinal) (p. 80). The combination design directly supported the aim of the research study regarding the development of professional identity over time as well as the events and factors that influenced the development of professional identity.

Data analysis

Transcription, verification, and deidentification. A professional transcriptionist transcribed the audiotapes of the interviews. Transcripts transformed the verbal conversations to text, which “preserve[d] the elements of the research interview” for analysis (Sandelowski, 1994a, p. 311; Sandelowski, 1995b, p. 373). The transcriptionist was instructed to differentiate the researcher from the participant; to capture silence, nonverbal sounds, pauses, or phrase emphasis; and to note gaps or unintelligible parts of the conversation. Each nonverbal component was noted with

consistent notations, such as [laughter], which assured consistent interpretation during data analysis (Sandelowski, 1994a, p. 313).

The researcher verified the transcripts against the audiotapes and field notes for accuracy to prevent or minimize the three major types of transcription error; deliberate alterations of the data, accidental alterations of the data, and unavoidable alterations (Polit & Beck, 2008, p. 401, 509; Sandelowski, 1994a, p. 312, 313). The verification by the researcher assured the transcripts are as accurate as possible, which promoted clear descriptions and interpretations of the phenomenon. Sandelowski (1995b) also noted transcript verification is the first phase of analysis, where a researcher highlights key phrases, or record thoughts in the reflexive journal (p. 373). After verification for accuracy, a number was assigned to the participant and any identifying information; such as college location, cities, states, or curricular identifiers; were blinded (e.g. I worked at [university name]).

After verification and deidentification, the transcripts were shared with participants. Participants were asked if they would review the transcripts and determine if anything should be added, clarified, or deleted. The master transcript was then updated with any clarifications, additions, or deletions. The verification and subsequent conversations provided additional reflection on, and explanation of, the phenomenon (van Manen, 1997, p. 99).

Transcript and narrative analysis. As the narrative and the transcripts are both textual reflections of the phenomenon, the same process for analysis within each case was

used. The process for evaluating the multiple sources of data as an entire entity, or between case analysis, is discussed below.

Within case analysis. Each interview transcript or narrative was read independently to obtain an orientation to the single before comparison to others, as this supported van Manen's (1997) assertion to balance the research context between the parts and the whole. The transcript was read several times to gain a sense of the "essential features". During the initial reading, the thoughts and impressions of the researcher were recorded in the reflexive journal (Sandelowski, 1995b, p. 373). A descriptive phrase was developed to describe the transcript or narrative as a whole.

Thematic analysis was used to explore the transcripts of the written narratives and interviews in detail. Thematic analysis in hermeneutic phenomenology strives to reveal the "structures of experience" (van Manen, 1997, p. 79). The analysis did not dissect the experience into components, but interpreted structures, or essential themes, which are cornerstones of the phenomenon.

A computer program was utilized to thematically code the interview transcripts and narratives. The benefits of using a computer program include: efficient retrieval of data, effective organization and visual coding, readability (as compared to coding by hand), and promotion of rigor through the use of a systematic process (Pope, Ziebland, & Mays, 2000, p. 114). HyperRESEARCH was used to code the data and as a supportive tool for data analysis. Additional features of HyperRESEARCH that were used included the Code Map, thematic phrase frequency reports, and locating exemplar quotes related to themes (Researchware, 2009).

The technique of thematic analysis occurred through immersion in the data and a structured and consistent approach. The narratives and transcripts were read in a detailed line or statement approach. The researcher reflected on what each statement revealed about the phenomenon and coded the statement with a descriptive thematic phrase (Polit & Beck, 2008, pp. 519-521; van Manen, 1997, pp. 92-93). Reading, interpreting, and coding phrases or statements avoided word overload; where coding single lines or meaningless phrases result in useless and numerous codes, which risks loss of the phenomenon (Sandelowski, 1995b, p. 373). A thematic definition, or detailed description, was developed and recorded for each thematic phrase. The definition of the thematic phrase fostered accurate and consistent coding of thematic phrases, prevented duplication of related thematic phrases, and was a component of the audit trail.

The coding of the transcripts was a fluid and interrelated process. Reading, coding, and reflecting on additional transcripts resulted in an ongoing refining of the names and definitions of thematic phrases and arranging of the thematic phrases into related groups. Each time a thematic phrase or a thematic definition was modified, all past occurrences of that thematic phrase were revisited to assure accuracy. The verification of past occurrences of the thematic phrase was the initial component of between case analysis.

After all of the transcripts were coded with thematic phrases and thematic definitions verified, a frequency report was created. The frequency report was reviewed to determine those thematic phrases with 0, 1, or 2 instances. The thematic phrases with 0 occurrences were verified and deleted; the thematic phrases with 1 or 2 instances were

individually evaluated. The process of evaluation determined if the thematic phrase was accurate and applied correctly. If so, the thematic phrase was left with initial coding; if not, the instance was reviewed to determine if the thematic phrase needed to be recoded or collapsed into an existing thematic phrase. The frequency report was also formatted to show coding between participants. This view verified the code groups and was utilized as part of the between case analysis.

Thematic phrases were not determined in isolation; the data collection and analysis are interactive, ongoing, and often simultaneous phases of the research project. Sandelowski (1995b) discerned the data management process as cyclical containing the overlapping components of data collection, preparation, analysis, and interpretation. “Both data preparation and analysis may be viewed as the operations that (re)present and (re)organize the data into forms that will permit interpretation” (p. 372). Qualitative analysis blends the data into thematic phrases, while interpretation “renders the analyzed data in a way that something new is created that is different from, yet faithful to, the data in its original form” (p. 372). The within case analysis provided the initial representation of the phenomenon of professional identity; the between case analysis was the framework for the interpretation of the overall phenomenon.

Between case analysis. The research design utilized four data sources from each participant; a demographic survey, a written narrative, the illustrated career trajectory, and a narrative interview. The use of various data collection strategies to investigate a common phenomenon is known as bricolage (Polit & Beck, 2008, p. 219). As the phenomenon of professional identity could be difficult to describe, bricolage was an

appropriate research strategy, as the method promoted additional reflection by the participant and resulted in representations of the phenomenon in different forms, which promoted a richer level of detail.

As the bricolage approach resulted in an intricate cluster of data, it also required a complex technique for analysis. “One such approach is the construction of a meta-matrix that permits researchers to see important patterns and themes across data sources....” (Polit & Beck, 2008, p. 529). A meta-matrix is a table that contains multiple sources of data that are specific to each participant. “Patterns of regularities, as well as anomalies, may be easier to see through detailed inspection of such matrices, and can allow for further exploration of all sources of data simultaneously” (Polit & Beck, 2008, p. 529). Data from each participant were contained in each row. The columns will contain the thematic phrases from the written narratives; thematic phrases from the narrative interviews; the descriptive phrase from reflection on the narrative interview; and data from the illustrated career trajectories, such as slope, labeled points, and participant descriptions. The meta matrix was also coupled with the general thematic phrase frequency report and the participant specific thematic phrase frequency report. The meta matrix provided a consistent and visible format for the between case analysis and synthesis.

Notes, descriptive paragraphs, and thematic groupings from the meta matrix were integrated in a process known as linguistic transformation (van Manen, 1997, p. 96). Grouping of related thematic phrases were created, which resulted in the essential themes and subthemes related to the phenomenon of professional identity. The grouping and

verification discerned essential themes from incidental, or related, themes. The phenomenon would not be as it is without an essential theme; the phenomenon would exist as it is without the incidental theme (van Manen, 1997, pp. 106-107). “In determining the universal or essential quality of a theme our concern is to discover aspects or qualities that make a phenomenon what it is and without which the phenomenon could not be what it is” (van Manen, 1997, p. 107). Each essential theme and subtheme was evaluated using this lens as a final verification of the essence of the phenomenon of professional identity. Themes do have limitations; as they are shortened phrases, they do not capture the full richness of the phenomenon, as they are a textual reduction (van Manen, 1997, p. 87, 90)

Exemplar quotations. Exemplar quotations were used to illustrate essential themes to reinforce interpretation. Exemplar quotes are small stories, which can “measure ones interpretive sense” (van Manen, 1997, p. 121) and aided in the description and understanding of the phenomenon. Selection criteria for quotes include: choosing one or two to highlight an idea, selecting quotes that are clear illustrations of the selected theme, and providing as concise of a quote as possible, while still retaining the essence of the lived experience (Sandelowski, 1994b, pp. 480-481). “With the skillful use of quotes, writers can add to both the documentary and aesthetic value of a research report, and, thereby, draw more attention to the voices of people who might otherwise have remained unheard” (p. 480). Sandelowski (1994b) stated the concept of staging is critical for successful exemplar quotation use. Staging entails providing appropriate detail and

context for the quote for the benefit of the reader, which prevents confusion and misinterpretation (pp. 481-482).

Investigator triangulation was also utilized during the within case and between case analysis. Investigator triangulation is used when two or more researchers collaborate on coding and interpretation, which reduces bias and misinterpretation (Polit & Beck, 2008, p. 547). The researcher's advisor was utilized to verify and evaluate decision points and data analysis processes to assist the novice researcher.

Personal Preconceptions of the Phenomenon

The researcher consulted the existing body of literature regarding professional identity in nursing, teaching, and medicine as a component of the research process. The evaluation of existing literature served several purposes; The literature review provided information out of the scope of personal experience regarding, or related to, the phenomenon being explored, deepened reflection regarding the lived experience, and realized of the limits of the researcher in order to move to a new level of interpretative ability grounded in individual strengths (van Manen, 1997, pp. 74-76.). The literature synthesized within chapters one and two was collected, read, and analyzed in conjunction with the data collection, analysis, and interpretation, which deepened the understanding, and resulting interpretation, of the phenomenon of professional identity.

Field notebook. The researcher kept a field notebook throughout the research study. A field notebook was used to capture field notes during each interview. Small field notes were written during the interview to capture characteristics of the surroundings that were not captured by an audiotape, such as facial expressions,

nonverbal cues, or environmental interruptions (Rodgers & Cowles, 1993, p. 220). Other types of reflective notes captured in the field notebook after each interview included methodological notes (what did and did not work), theoretical notes (initial thoughts regarding meaning), and personal notes (thoughts about feelings and emotions) (Polit & Beck, 2008, pp. 406-407). The contents of the field notebook were considered to be “contextual data” and add to the richness of the analysis and description (Rodgers & Cowles, 1993, p. 220).

Field notes were recorded using the guidelines from Bogdan and Biklen (1982), which included setting aside adequate time in a quiet place for recording, writing the field notes as soon as possible, using a chronological format, acknowledging both the work and the necessity of field notes, and adding any forgotten content at a later time at the bottom of the field notes for that session. Recording the field notes following the guidelines provided detailed information while minimizing the risk of forgotten concepts or bias from subsequent conversations or actions (Polit & Beck, 2008, p. 408). In addition, Rodgers and Cowles (1993) recommended being very descriptive in the notes; finding an individualized, systematic, and diligent system; recording field notes before discussing with others; and making cross notations of other data within the field notes (pp. 224-225).

Reflexive journal. The concept of reflexivity is a critical component of qualitative research. Reflexivity requires the researcher to purposefully reflect to bring personal values and beliefs to light that could influence data collection, analysis, and interpretation. In addition, reflexivity requires introspection and recording regarding

decisions in data analysis, which improves the overall quality of the research (Polit & Beck, 2008, p. 202).

The concept of reflexivity was actualized in the form of a reflexive journal. Sandelowski (1995b) stressed the reflexive journal should remain free of preset criteria. “An obsession with discipline and auditability can impede creativity...” (p. 373). Thoughts and impressions should be recorded using a variety of methods which are meaningful and useful to the researcher, including drawings, diagrams, conversations, and random thoughts. The purposes of the reflexive journal are: a focused forum for prolonged engagement in, and reflection on, the data (Lincoln & Guba, 1985, p. 301); a way for the researcher to record personal experiences and interpretations of the phenomenon (Holloway & Wheeler, 1995, p. 225; Sandelowski, 1995b, p. 371) including personal background, philosophy, and responses to the data (Rodgers & Cowles, 1993, p. 223); and to make the concepts transparent and visible.

van Manen (1997) noted that researchers already know a substantive amount about the phenomenon being explored. Existing literature; researcher assumptions, beliefs, or experiences; and preunderstanding can lead the researcher to interpret the phenomenon before it is fully explored (p. 46). van Manen also stated it is impossible to fully remove personal perceptions and ideas from the research process by utilizing Husserl’s (1970) form of bracketing, or how “one must take hold of the phenomenon and the place outside of it one’s knowledge about the phenomenon” (as cited in van Manen, 1997, p. 47) as those presuppositions will continually infringe on the interpretation. Reflexive journaling, or reflexive bracketing, by the researcher throughout the research

process illuminates presuppositions, beliefs, biases and assumptions (Gearing, 2004, pp. 1433-1434). Reflexive journaling is a necessary component of hermeneutic phenomenology because the researcher has preunderstanding of the phenomenon, and that preunderstanding influences the co creation of the phenomenon between the researcher and the participant (Koch, 1995, p. 835).

The reflexive journal was also an archive of decision points regarding data analysis. The reflective journal was a key component of data trustworthiness, as it established an audit trail through detailed documentation (Lincoln & Guba, 1985, pp. 318-319). “All analysis sessions and their outcomes, each analytical or theoretical insight, and every speculation, regardless of how trivial or even completely unrelated it may seem at the time, should be immediately and comprehensively recorded to insure a rigorous analysis” (Rodgers & Cowles, 1993, p. 222). The notes field of HyperRESEARCH also was used to record thematic definitions, which were integral decision points in the data analysis.

Rigor

Trustworthiness. The design, actions, and methods to establish rigor are specific to qualitative methodology. “Qualitative research criteria must be used to fit with the philosophical assumptions, purposes, and goals of the qualitative paradigm” (Leininger, 1994, p. 97). Quantitative criteria that are grounded in the scientific method are not useful or appropriate for the design or evaluation of qualitative research studies. (Leininger, 1994, pp. 97-98).

Therefore, Lincoln and Guba's (1985) criteria to establish trustworthiness through *credibility, confirmability, transferability, and dependability* were used as a framework for the research design. "Trustworthiness becomes a matter of persuasion whereby the scientist is viewed as having made those practices visible and, therefore, auditable..." (Sandelowski, 1993, p. 2). Hermeneutic phenomenology also establishes trustworthiness as a methodology through an approach that is systematic, explicit, self critical, and an intersubjective study (van Manen, 1997, p. 11). Each of these concepts link directly to Lincoln and Guba's (1985) methods to establish trustworthiness. Refer to Appendix I for the illustrated relationship between Lincoln and Guba's (1985) categories, van Manen's (1997) categories, and the activities used in this research study to enhance trustworthiness.

Credibility. Saturation is a general concept that guides qualitative research. Saturation is defined as "the point when no new information or themes are observed in the data" (Guest, Bunce, & Johnson, 2006, p. 59) and "a sense of closure is attained because new data yields redundant information" (Polit & Beck, 2008, p. 765). The point of saturation in this hermeneutic phenomenological study was noted when the essence and essential themes were repeated. Assuring the essence and essential themes were repeated was critical, as the researcher assured the phenomenon has been fully explored and not stopped short of the final representation. Morse (1989) also described the term as informational adequacy, or "the sufficiency and quality of the data" (p. 122). Credibility of the findings is strengthened when it is evident the phenomenon has been fully explored and represented.

Several components of the research methodology also strengthened credibility. The reflexive journal provided an audit trail of relevant decision points. The data from the field notebook and reflexive journal were essential components of the audit trail and contribute to the trustworthiness of the research findings (Rodgers & Cowles, 1993, p. 221). The researcher constantly compared field notes, the reflexive journal, literature, and transcripts assured a complete synthesis of the data. The constant comparison was ongoing during the process of data gathering and investigator triangulation with the adviser. In addition, participants reviewed the interview transcripts, which assured the conversations were captured in an accurate and complete fashion, as accuracy of data capture is directly related to the credibility of the findings. The holistic, interrelated, and introspective components of the research methodology supported the credibility of the research findings through structured techniques.

The process of writing and presenting the findings also strengthened credibility. The researcher provided clear descriptions of the theoretical and philosophical framework. The detailed accounting of data collection and data analysis showed the relevant link between the research aim/goals and the research methodology. The participant's own words and stories were presented with the themes. The consistency of related exemplar quotes and the findings strengthened the credibility of the study results. The words and stories presented in chapter four and five through focused, relevant, and accurate quotations directly supported the essence and essential themes, thereby strengthening credibility.

Confirmability. Confirmability is noted when the research process is clearly and explicitly documented. Audit trails are an archive of data and documented decision points that would allow an external reviewer to follow and replicate the process. Polit and Beck (2008) noted five types of qualitative documentation which should be kept for the audit trail; raw data; coding, reduction, and analysis products; procedural notes; the reflexive journal and field notes; and data interpretation products (p. 545). Qualitative research is determined to be confirmable and dependable if the process for data collection and analysis is transparent and can be captured and potentially replicated through an audit. The description of the data collection process, coupled with the reflexive journal, field notes, and thematic phrase definitions/groups in HyperRESEARCH, are the components of the audit trail.

Technology used to collect, store, and analyze the data also strengthened confirmability. The researcher audiotaped the narrative interviews, which were transcribed and verified, to assure accurate data capture (May, 1989, p. 179), which was necessary to accurately interpret the phenomenon. In addition, HyperRESEARCH accurately and clearly displayed transcript text and researcher coding. The program was also an integral component of the audit trail as coding memos were utilized to supplement the reflexive journal regarding coding and decision points.

The reflexive journal used by the researcher was a key technique that directly supported confirmability. The reflexive journal was both a data source of researcher thoughts and interpretations and an analysis map that captures reflection, interpretation,

and thematic decision points. The reflexive journal was also a repository for the results of investigator triangulation with the researcher's advisor.

Transferability. Several techniques used to describe the findings in chapter four and five aid in transferability. The description of methodology, participants, and research setting; clear presentation of the essence and essential themes; and thematically supportive quotes all illuminate the phenomenon. Thick descriptions, or detailed and thorough descriptions, of these components provide context for the reader to determine if the findings can be utilized in other situations (Polit & Beck, 2008, p. 550). "A phenomenological text that describes the results of a study should help the readers "see" something in a different way that enriches their understanding of the experiences" (Polit & Beck, 2008, p. 227). The 'seeing' by the reader through the above techniques determines if the findings are relevant in other contexts.

Dependability. The criteria of dependability and credibility are interrelated and supportive (Polit & Beck, 2008, p. 539). However, Lincoln and Guba (1985) recommend strengthening the research by addressing dependability individually. The methods to establish dependability, such as clear documentation of the research process, are also noted within, and linked to, the other three criteria.

Dependability was supported by a purposeful research design that was consistent between the research aims, philosophical underpinnings, data collections, and data analysis. Hermeneutic phenomenology was an appropriate methodology to explore the research aims. The research methods of interviews, narratives, and illustrated career trajectory were also appropriate data collection methods for hermeneutic

phenomenological study. The consistent connection between the research aim, research methodology, and presentation of the findings assured the data is relevant and useful and not distorted by inappropriate research methods.

The use of multiple research tactics focusing on the research phenomenon is a type of method triangulation. Method triangulation uses different qualitative approaches to explore the phenomenon of interest (Polit & Beck, 2008, p. 543). Using a written narrative, illustrated career trajectory, and narrative interviews as a type of method triangulation enhanced the detailed descriptions and richness of the data. The methods focused on various facets of the phenomenon of professional identity at different points in time. The multiple sources of data from each participant also provided different temporal and reflective perspectives on the phenomenon, which supports dependability.

Chapter Four: Findings

This chapter will present the findings of the study. The personal/professional demographics of the participants and a general description of the roles held by the participants will be provided. The phenomenon of professional identity in master nursing academics will be presented through a detailed description of the essential themes and subthemes, which will be supported by exemplar quotations. A conceptual model will be presented illustrating the phenomenon, through a visual representation illustrating the relationships of the essential themes and subthemes.

Participant Demographics

The demographics of the participants are presented in Table 1. Thirteen participants were enrolled in the study. Of the thirteen participants, the twelve who completed the demographic form reported their race as white. Ten of the twelve participants who completed the demographic form reported their age as being between fifty and sixty nine years of age, while two reported their age as being between thirty and forty nine. There were two male and eleven female participants.

The characteristics of the participants generally mirror the overall demographics of nursing faculty. Kaufman (2007) stated, as of 2006, 93% of nursing faculty were white (p. 165). The age of the participants was also similar to the age distribution of the overall nursing faculty population. These data were consistent with the findings of the NLN (2011) as, in 2009, 93% of all full time nurse educators were 46 years of age or older. The only exception within the personal demographics was gender. Males comprise five percent of all full time nursing faculty positions (NLN, 2011a), as

compared to males making up three fifths of all post secondary faculty (Kaufman, 2007, p. 165).

The participants had diverse education and certifications within the overall parameters of the inclusion criteria. Seven participants were Advanced Practice Registered Nurses (APRNs), while seven participants were not APRNs. Twelve of the thirteen participants held a masters degree in nursing, while one participant held a masters in business administration (MBA) degree. Some participants reported specialization in his/her masters degree; such as public health, psychology and mental health, and nursing education; while others only reported a masters degree in nursing. The terminal degrees were also broadly represented; as participants reported attaining the practice doctorate (DNP), research doctorate in nursing (PhD), and research doctorate in education or educational leadership/policy (PhD). The participants also reported fourteen formal certifications, in addition to APRN certification. The certifications reflected the areas of interest and expertise to the participants, such as public health, hypnotherapy, feng shui, holistic nursing, healing touch, simulation, nursing education, HIV/AIDS, rehabilitation, and case management. One participant also reported the role of emotional intelligence coach, which was not a formal certification.

The most revealing demographic data, which affirms the life experiences and expertise of the participants, were the years of experience in an academic role. The range of years of experience for these master academics was six to forty plus years. It was humbling to note the total years of experience for the twelve participants who completed the demographic form was 241.5 years, with an average of 20.1 years. One participant

did not complete the demographic form, and therefore is excluded from the final calculation of total years of academic experience. However, based on the description of her career within the narrative interview, this participant had approximately thirty years of academic experience.

The description of the components of his/her academic role, and the percent of time dedicated to each, differed from participant to participant. The major categories of teaching (graduate and undergraduate), administration (track or course coordinator/director, advising), service, and scholarship (research, publication, study) were described by all of the participants. However, the participants varied in the percent of time dedicated to each component, with some participants carrying a high teaching or administrative load, and describing a lower percent of service or scholarship; while others described a more balanced, and evenly distributed, workload among the major categories.

Several participants' descriptions of their role, and time spent within each of those major categories, added up to more than 100 percent. One participant wrote on the demographic form, "While scholarship is an important criteria for tenure, the workload is such that work on scholarship for me has to occur outside the usual work day" (P14). The APRNs especially discussed heavy, and necessary, workloads, as the days dedicated to clinical practice strengthened credibility with students and peers, maintained competence, and fulfilled practice hours for certification.

The personal demographics, coupled with the rich education and practice backgrounds, also illustrate the expertise and life experiences of these 13 master nurse

academics. The participants drew upon their personal, practice, and educational experiences to describe the phenomenon of professional identity.

Table 1

Description of the Participants

Type of University	Public: 3 Private: 1
Total number of participants	Total: 13
Gender	Male: 2 Female: 11
Ethnicity/Race	White: 12 Unknown: 1
Ages	30-39: 1 40-49: 1 50-59: 6 60-69: 4 Unknown: 1
Terminal Degree	DNP: 1 EdD: 1 PhD: 11 (Nursing: 5; Education: 4; Educational Leadership/Policy: 2)
Other Degrees and Certifications:	Certifications: 13 (Feng Shui, Holistic Nursing, Healing Touch, Hypnotherapy, Nursing Education, Simulation, Public Health, HIV/AIDS, Case Management, Rehabilitation, Post Anesthesia) APRN: 6 Certified Registered Nurse Anesthetist: 1 Pediatric Nurse Practitioner: 2 Adult Nurse Practitioner: 1 Certified Nurse Midwife: 2 Non-APRN: 7
Years in an Academic Role	~241.5+ years (12 participants) Range: 6-40+ years Mean: ~20.1 years
Academic Workload:	Categories included: Teaching, administration, committees, scholarship, advising, service, and practice (Percent of time and definitions varied)

Twelve participants completed all components of the research study. One participant completed the narrative interview, but, for unknown reasons, chose not to complete the demographic form, written narrative, or illustrated career trajectory.

Each participant completed one narrative interview. After formal consent was obtained, a few minutes were spent introducing the researcher and building rapport. The audiotaped interview times ranged from 40-90 minutes and appeared to be well tolerated by the participants. The interviews were terminated when the grand tour question, probe questions, any clarifying questions, and open ended closing question were answered. All participants reviewed the de-identified transcripts, and, after review, four participants requested parts of the interview be modified for clarity, or deleted. The transcripts were not brought into the analysis until each participant had approved the transcript as submitted, or provided requests for modification or deletion of content.

Several participants commented about the perceived benefits of participating in the research. One participant, after the recording had ceased, commented how affirming participating in the study had been, as she had not had time to reflect upon her career and the impact she has had upon students and the profession. Another participant, who was nearing retirement, contacted the researcher several days after the narrative interview and stated that, in the future, these activities may be very beneficial for those nursing faculty nearing retirement, as participating in the research helped her frame her overall growth and impact as an educator, which provided positive feelings of closure on her career.

Overall Themes

The aim of this research study was: To describe and interpret the lived experience of master nursing academics developing his/her professional identity.

The lived experience of professional identity is framed within the life and career experiences of these thirteen master nursing academics. The essential themes that emerged from the data were: Professional Identity as Individualized Construct, Workplace as Formative Agent, Teacher as Lifelong Student, Relationships, Focus on the Students, and Constant Reconstruction Over Time. The essential themes and subthemes are presented in Table 2. The conceptual model illustrating the subthemes of Professional Identity as Individualized Construct is presented in Figure 1. The conceptual model illustrating the nesting of Figure 1 within, and the relationships to, the other five essential themes is illustrated in Figure 2.

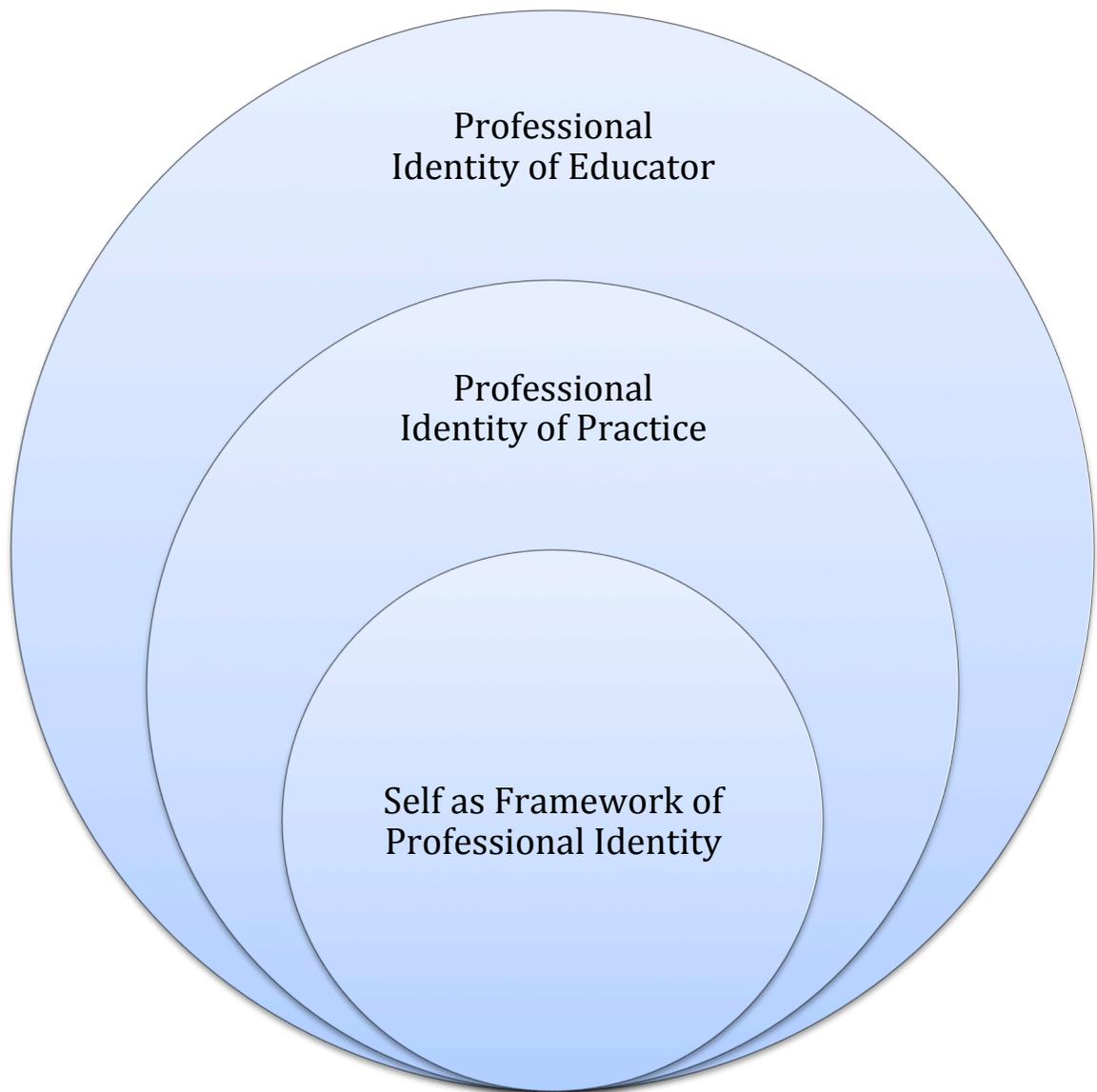
Table 2

Essential Themes and Subthemes

Essential Themes	Subthemes
Professional Identity as Individualized Construct	Self as Framework of Professional Identity Professional Identity of Practice Professional Identity of Educator
Workplace as Formative Agent	Workload Educational environment Infrastructure
Teacher as Lifelong Student	Learning From People Learning From Practice Learning From Education
Relationships	Mentors and Role Models Form the Mold Peers Make It or Break It Other Relationships Influence Identity
Focus on the Students	Student Relationships Student Outcomes
Constant Reconstruction Over Time	Constant Change Folding in Experience Growth and Expertise

Figure 1

Professional Identity as Individualized Construct



Professional identity as individualized construct. The essential theme of Professional Identity as Individualized Construct reflects the individuality of each master academic's professional identity. The core of the phenomenon of professional identity is a distinct framework, constructed by each individual, and is formed within the practice boundaries of the professions of nursing and teaching. Each individual has a unique history and worldview, which are also interwoven into the overall professional identity. The essential theme of Professional Identity as Individualized Construct is supported by three subthemes; Self as Framework of Professional Identity, Professional Identity of Practice, and Professional Identity of Educator, which portrays the uniqueness of each individual professional identity within the boundaries of professional nursing and teaching practice.

Self as framework of professional identity. This subtheme is a reflection of the foundation of personal identity, and is influenced by personal characteristics, values, feelings, and the personal life. It is illustrated as the innermost layer of Professional Identity as Individualized Construct (Figure 1), as the personal identity was a necessary precedent for the construction of both the Professional Identity of Practice and the Professional Identity of Educator.

Personal characteristics, such as personality traits and talents, were described as a strength and skill used while being a nurse educator. The perceived success within the role was often attributed to the participants' personal and intuitive abilities. One participant describes her early experiences as a nurse educator at times when she was both able and not able to use her inherent talents, and the respective outcomes.

I am very creative. The first time I taught it I thought it was a bomb because I wasn't creative because I didn't have very much time from the time I got hired and started teaching it. Next time I taught it, I engaged my creativity and I had very positive student outcomes...(P3)

Personal characteristics were also seen as shortcomings, which were viewed as catalysts for growth and change. One participant describes how she needed to grow and develop to be successful within an academic environment. She stated "I was not as politically savvy to be able to do that and I learned that I need to be more politically savvy sometimes about these things" (P8). Personal characteristics, whether viewed as a strength, or an area for growth, were interwoven into the Self as Framework of Professional Identity.

The personal values of each participant served as a compass for his/her career and organizational choices. Participants described choosing a specialty area because it was congruent with their personal beliefs, values, or personal characteristics and preferences, and seemed like an appropriate fit. One participant noted how her interest in psychiatric nursing was compatible with her personal and professional beliefs.

I loved psych, I think because I could really spend time with patients and actually talk to them and get involved in ways that might help change their lives. It was probably there [interest in holistic nursing], but I didn't know what it was or how to express it. I was always interested in things that were kind of on the fringe. (P7)

Personal values within self also served as a type of self regulation within their career. Experiences that were consistent with individual values served to create meaning

and purpose, even in challenging situations. One participant described a difficult action, as “the right thing to do” (P8), which was echoed by another participant.

But if I can use the research to develop...interventions to help students and help nurses become who I think nurses can be, then I’m over there because I really, really strongly believe that we can change nurses and nursing, but we have to do it and we have to be brave and have to be courageous. You can’t just let it happen because it won’t, as you know. (P3)

Participants described the outcome of the mesh of personal values with practice as making a difference. One participant describes how her teaching supports her values and priorities, which affirms her purpose as an educator.

Did I regret sometimes that I didn’t get to go to a research one university, where some day I could have FAAN to my name? Yeah, a little bit...but not totally. I’ve just gotten comfortable here and think I’m serving a good purpose, and like I said, I think I’m doing something good with working in the student population I am. (P10)

Experiences which were inconsistent with the values of the participants caused stress and dissonance. These experiences could be within the organization, with peers or students, or with leadership. One participant describes the importance of congruent organizational, professional, and personal values, and the challenges that can occur when those values do not mesh.

My values system and the values system of where I work need to align. That’s been demonstrated to me over and over, not just in my position at [college name].

I've had trouble when my values system is in conflict with the organization that I'm working for and, of course, the organization is always right. As the person you're always going to lose, so you just have to suck it up and leave or be let go or whatever the situation is, and that's hard. It's a challenge, but it's not a right fit.
(P8)

The experiences of these participants show the guiding influence of personal values on professional identity throughout a career trajectory.

The two male participants noted how their gender as a facet of Self influenced their professional identity within a female dominated profession. One participant had experiences as a registered nurse where patient assignments were influenced by assumptions grounded in biology.

I would get the stereotype 'you're going to get this person because you can move things physically; you've got the strength that we don't have, and you're not going to get pregnant, so you can go into the CMV rooms and the RSV rooms' and all that...(P14)

The participant expressed frustration on patient assignments being made based on gendered characteristics and what was 'best' for the team instead of what was best for the patients. The other male participant also described an experience regarding the interactions with team members based on the assumptions of gender related interpersonal abilities and preferences. He describes his reflection on stereotypes of men and how that influenced the actions of the other nurses on the unit. "There is that token piece, but I

think some of it was just gender, that there is a traditional ideology of men as leaders or men as being more assertive” (P11).

As a component of the discussion regarding the influence of gender, one male participant discussed the concept of tokenism in nursing, and how he had experienced it while in bedside practice.

Probably the biggest one that probably put me onto this idea of men in nursing as tokens and the tokenism concept, I was working at the time at a different hospital as a casual per diem nurse... Within just a couple of months of working with that group of people...they always wanted me to be the charge...As I started to read more about these tokenism ideas, that was a classic example of extending special privileges or fringe benefits to those tokens so that they don't leave or they don't perceive the environment as hostile... but that was a huge wakeup call for me about what it meant to be a man in the profession...(P11)

The other male participant also described his experience of tokenism in his entry level position. “...the token male...I have felt that at times in practice, and not in my advance practice, but as a nurse, as an RN in practice” (P14). Both male participants believed tokenism exists in direct care practice, and directly influences how some individuals and teams interact with male nurses.

However, both male participants stated they have not experienced tokenism while being a nurse educator. The past history with tokenism carried forward with one participant, as he described so concerns and worries as he transitioned into academia.

There's a tokenism belief, a concern about being judged on my merits and not by my gender...I think I spent much of my career being overly aware and I think I'm much more comfortable now with it. Especially that I'm kind of at the terminal degree, I don't feel like I have to prove myself as much as I felt I had to when I just had my undergraduate degree. (P11)

However, the same participant noted how his fears and concerns as he transitioned into academia were unwarranted, as he is treated as an equal, and valuable, member of the group.

I have not felt that as an educator... but that's also part of why I love it here, because I don't feel any of that here. I mean I am the only guy... I don't feel like it's a token, there's ever a token thing. I am included as much, my opinion counts as much as anybody else, so I don't feel like that. (P11)

The other male participant also described unconditional acceptance into academia, which differed from some experiences in direct care and his advanced practice role.

I think in the primarily female-dominated profession, there tends to be a more open-mindedness, so I've been able to be myself as a gay man, too, and only a few times have experienced what I would call discrimination based on that in professional roles. So I've relished in the fact that I've been in this female-dominated profession. (P14)

The experiences of these two male participants show the influence of experiences regarding their gender on their professional identity while in direct care practice and the unwarranted concerns of carry over into academia.

The participants used descriptions of feelings as a way to describe past experiences. The participants' positive and negative feelings, in conjunction with personal values and professional identity, were a compass that guided actions in the classroom and within his/her career. The descriptions of events and associated feelings, transformed a memory into words during the narrative interview and written narrative.

Positive feelings, such as joy, fulfillment, and pride, reflected experiences which were described as gratifying and were perceived as reinforcement that their actions, the work environment, and student outcomes were congruent with their personal and professional values and identity. Participants used words like "falling in love" (P5), "I was so excited about it" (P3), and "it brings me energy as a teacher to see that" (P11). The descriptions of positive feelings far outweighed the accounts of negative feelings and the recalling of those feelings by the participants was reinforced by smiles and laughter. As one participant noted, when asked to clarify a point about her career, stated, "From the first week, I knew that I loved it, and I knew that I was in the right place, and I knew that's where I wanted to be" (P12).

Negative feelings, such as doubt, fear, and anxiety, reflected experiences where there was some form of disconnect between their identity, values, and the environment or a perception of personal shortcomings. Participants used words such as "I doubted myself a little bit" (P3), "there was a lot of fear" (P5), and "scared out of my mind" (P6). Negative feelings were described as feeling unpleasant or uncomfortable.

The master academics especially recounted uncomfortable feelings when he/she was a novice. Fear of being judged by the students and/or peers coupled with the

uncertainty of inexperience resulted in difficult feelings. One participant recalled the trepidation and the doubting internal dialogue she felt as a novice educator.

It was awful because I had never really done much teaching before, so I would come into class with my cup of water and my lecture notes. I would stand up there in front of the class and lecture people, in a big class of 50 to 60 students and it was quite the experience and was pretty uncomfortable...I was just anxious...anxious that I wouldn't be able to get through it. As a beginner, I had too much material, so it was learning. You want to make sure and its, 'god, I've got two hours of whatever it is to fill up' and, 'oh my god, what happens if I don't...if I run out of stuff too early?' And this was a team teaching, so I had my other partners for the team thing looking up at me and it was scary, (laughter) and I blocked out a lot of it, too. (P10)

These experiences, and resulting negative feelings, were often described as a catalyst for change in order to improve. One participant describes the negative feelings he experienced when a situation was not consistent with his values and expectations, and he described his resulting actions.

My priorities for an educator as myself are to really try to develop that balance of teaching and administrative work so that I can feel fully there for students when I'm teaching students and when I'm doing a class, that I'm not so involved in other things that I don't get to do feedback as quickly as I would like, because that doesn't feel good. I've experienced that this semester. It feels really just kinda gross. It does not fill my cup when I feel like I haven't been there to give

feedback as quickly as students need it, and as quickly as I expect it for myself.

So I think that priority is to balance that. I like to do some administrative and I like to do the teaching part, so to get the balance right so one is not constrained by the other. (P14)

Some experiences resulted in significant negative feelings, due to a disconnect between personal and professional identity and the culture and leadership of the organization, and often resulted in a change in role or environment. Participants described not “fitting in” (P8), which was uncomfortable, and the experience did not promote their professional growth. One participant describes a poor fit with program due to demands from leadership, despite prior positive student outcomes, and her resulting decision to leave.

It came to a point where it wasn't a good fit. I felt like the class evaluations and everything were just super, everything was going really, really well on that campus in [city], and I just felt like she was out of touch because she was here and she didn't really know what was going on. She was asking to make some changes that I just didn't agree with. We did some really fantastic things. We went to the [place]; and just all kinds of fantastic learning opportunities, and I think, in all due respect, her perspective was just very different, and so I decided to leave there (P12).

Positive and negative feelings were a reflection of the internal consistency/dissonance between professional identity and experiences with students, organizations, and peers/leadership.

The elementary and high school education were formative forces in the personal lives of the participants. Some of the participants described how the rigor and the content of their early education provided a solid foundation for the advanced degrees, and how that early education remained with them to this day. One participant described how the rigor of her early education set her ahead when she started her college studies.

I am eternally grateful for parochial education in grade school and high school. High school was very demanding. It was a classical education, taking Latin four years...[a] very, very rigorous high school. Taking that to [her university name], most of us could test out of a lot of freshman classes, so we were able to get into accelerated classes right away... You could advance like that. So having a liberal arts education is really, really important to me. (P4)

The interpersonal experiences in the participants' early education also influenced their current identity. Teachers, peers, and families influenced the participants during their early education. One master academic described a defining moment in high school, which he found valuable, which provided a foundation for his advanced education and teaching practice.

About halfway through high school I had this revelation that being a nerd was great and that there is an enormous amount of power and positivity to being intelligent and learning new things and knowing things. Once I kind of realized that and was OK with that, and that was reinforced by my parents, my peer group, my teachers, you kind of let go of all that kind of crappy baggage about inadequacy and other things... (P11)

The same participant reinforced how this experience is still integrated into his professional identity today. “I have a sign on the door that says The Nerdery. Instead of The Nunnery, it’s the Nerdery. I think what keeps me here is this idea that I’m being rewarded for doing things that I love doing” (P11). The participant’s early love of learning, and experiences which reinforced that feeling, are still a shaping factor in his professional identity today.

The participants described how their family of origin and their current family were instrumental in the foundation of their personal identity. Parents and current family were identified as having a supportive and encouraging role. One participant described how her parents and her husband impacted who she is today.

My husband is a farmer without any formal education, but he has always encouraged me to do whatever I want to do. He has never held me back. He hasn’t pushed or been pushy, but anything that I want to do he backs me completely. When I was in nurse anesthesia education, he took care of the house and the kids for that two years’ time, solely. When I was in my PhD education, he’d drive me to class and he’d pick me up. He had far more faith in me than I had in myself as I was still trying to grow as an individual and gain confidence. He always had the confidence for me that I didn’t have. And then prior to him were my parents, the same way. They just had all the confidence in me in the world and so never thought, why would you even hesitate for a minute to do what you want to do; you’re fully capable. OK, if other people believe in you, you’ll believe in yourself and then realize your abilities as you go along (P5).

The participants were grateful to their families for the support, love, and guidance they received throughout their life.

Participants described how their personal life impacted, and was impacted by, their role as a master academic. They felt the experiences within their personal life broadened and enriched his/her perspective as a nurse educator. One participant also described her personal life in the summer away from school as a form of self-care, which reinvigorated her for the fall semester.

Another reward, and this sounds just horrible, is the time off that you get as a faculty person. You know, I get six weeks for winter break, and I get three months over the summer, and that sounds weird, but it's a time that I can pursue other kinds of interest, learning other kinds of things. The academic year is really, really intense, and if I didn't have that time, I wouldn't be able to go year after year, and come back and do it again. Those times just to pursue other creative kinds of things are so rewarding (P12).

Participants noted his/her academic role impacted his/her personal life, as there often was not enough time for family, exercise, and other forms of self-care. Several participants used the terms 'consuming' and 'stressful', and when the demands of the role became heavy, personal priorities were often the first to be eliminated. One participant described her self-care knowledge, resource, and actions (Irwin, 1997) and, despite her knowing and valuing the importance, her sacrifices during times of heavy workload.

The other way it's probably taken its toll would be definitely on self-care, in terms of finding time to exercise. I go through periods of time where I do better

and then it just gets too busy and gets hectic and that seems to be the first thing that goes. We know better. It shouldn't be, but it is. (P5)

The participants described a constant struggle for balance between the personal life and the professional life. One participant describes this struggle as an ongoing tension, ever present and influencing her thoughts and actions.

There's a constant tension between wanting to do good things and wanting to have a balanced life, and I have not yet found a good place for that. I'm not comfortable with where those intersect yet, but I'm working on it...An example, you'll see my phone blinking. I have not responded to voicemail all semester. Not once. I have no idea how many messages are on there, and I don't care. If it's really important, they're going to send me an e-mail, I don't know...so good, bad, or ugly, it's a way to draw a line in the sand. (P9)

The participants, even after many years of academic experience, still described the challenges in prioritizing personal and professional needs. One participant stressed the importance of establishing boundaries and balance early in one's career, to prevent stress and burnout. She stated "...but it would be advice I think for someone who is new to academia, to try to get a sense of control over that, so it doesn't consume your life" (P7).

Professional identity of practice. This subtheme is an interrelated process of the development of a practice identity. The Professional Identity of Practice subtheme is illustrated as the middle layer of Professional Identity as Individualized Construct, (Figure 1) as the identity of the RN/APRN preceded the Professional Identity of Educator, but was constructed upon the Self as Framework of Professional Identity.

As part of the Professional Identity of Practice, the participants defined what was their area of expertise within the profession of nursing. The defining of an expert practice area occurred at various stages within the participants' careers. This expertise area was grounded within his/her identity as a nurse and was foundational for the Professional Identity of Educator.

However, the defined practice expertise was often, but not always, the area of specialization as an educator. For example, one participant defined her practice expertise as mental health nursing, but her academic practice expertise was research.

...I really believe that you shouldn't be trying to teach something that you don't do and I do research...I really wanted to be comfortable with that. That is why I really tried to stay teaching in research/methodology courses because that's where I see my expertise is. (P10)

When the participants were asked about 'who are you as a nurse', these master academics who were not APRNs often described his/her identity of practice in a dual fashion; 'Who am I as a practice RN' and 'who am I as a teaching RN'.

Those participants who were APRNs described a more direct link between the practice identity and the identity of educator. As these participants maintained clinical expertise and practice for certification, his/her area of practice expertise was almost always the area of teaching specialization. One participant, who was a Certified Nurse Midwife, both practiced and taught in that area of specialization.

I often describe myself as a clinician at heart. I really love that piece and have such passion about my 'second profession' of midwifery that I stayed in clinical

practice both because I felt it was really important in my role here, and... so it's really strongly connected to everything I do... Nursing is a great community, healthcare in general, but there's something just a little extra special about midwifery as a community. They're really special people. (P15).

Those participants who were APRNs reflected a more direct link between the practice identity and the teaching identity.

The knowledge, practice boundaries, and experiences within the profession of nursing influenced the development of the Professional Identity of Practice. Each participant generated a professional identity of practice within the accepted legal, ethical, and moral boundaries of 'what is a nurse'. However, those unique experiences within each participant personalized the professional identity of practice. The description of one participant illustrates how experiences within nursing shaped the Professional Identity of Practice, which in turn influenced the Professional Identity of Educator. She valued her education, history, and experiences as a diploma graduate, and shared this history with others through artifacts.

I was in a diploma program. In fact, I like to show people...this is what I looked like and here's my cape. Once in a while I will put this on. I will keep it behind my door and I'll wear this to class, just so they can realize, as old as I am, we were very proud of our history and the symbolic nature of what it meant to be a nurse, to the extent of torture in wearing this stuff...My experience working at this hospital, decades ago, has shaped my life and career (P6).

Each participant had distinct education, practice, and life experiences that influenced his/her interrelated practice and educator identities.

Professional identity of educator. This subtheme is an interrelated process of the development of an individualized teacher identity. This identity is developed on the Professional Identity of Practice subtheme and the foundation of the Self as Framework of Professional Identity subtheme. It is illustrated as the outmost layer of professional identity (Figure 1), as the professional identity of educator was the most recent one to develop, was built upon the other components, and is closely interrelated with self and practice.

The foundational component of the Professional Identity of Educator for these participants was an individualized construct of ‘what is teacher’. The participants developed an initial sense of how a teacher looked and acted, and what a teacher did within their job, based on previous experiences and general knowledge. The concept of ‘what is teacher’ evolved over time from how a teacher looks, to what an effective teacher does, and, eventually, to developing the construct of the expert/ideal teacher, discussed below.

Throughout their careers, many of the participants felt it was necessary to dress, appear, and behave in a congruent fashion with their early internal construct of ‘what is teacher’. Their attire was purposefully chosen by some participants to outwardly model that construct. This modeling was important, as those participants felt their internal beliefs and external appearance should be consistent to ‘be’ a teacher and be an effective

role model for students. One participant described the importance of being a role model for students through professional appearance.

My idea is if you don't give some students a role to aspire to then what are you doing as a faculty member? So by dressing professionally, I'm not trying to show students I have more than them. I'm trying to say if you work hard this is what a professional looks like. (P3)

Some of the participants described an intrinsic drive to appear and behave as a way he/she thought a teacher should appear, which promoted comfort and acceptance in the teaching role. A participant describes how looking like a professional teacher fostered self-esteem and confidence in her teaching practice.

I remember one of the most interesting things, and I still think about that now, that in the beginning, I was very, very concerned about how I dressed every day...I thought I had to, I guess in my mind, dress like I was a teacher, because I remember every day I had to put on like this suit or this dress, and the nylon stockings, and the pumps. I think it was a part of my image that I almost had to take on that image of a teacher that was in my mind before I could kind of get there...I'm not really sure now when I look back on it, but there was something about the confidence piece, that if I looked the role of a teacher then it was almost like taking the action, and then the attitude or belief would follow, and if I somehow looked like a professional teacher, then probably I would get there. It worked, I guess. I developed a lot of confidence. (P12)

The descriptions from these two participants show how looking/acting like his/her construct of 'what is teacher' served an intrinsic and an extrinsic purpose, through being a role model and bolstering self-confidence.

The participants described a theoretical foundation as a component of their Professional Identity of Educator. The participants gained experience with theory through education, application, and reflection on which theories fit his/her worldview and professional practice. The theoretical foundations influenced how the participants thought, interacted, and viewed their worlds. One participant describes how theory has been integrated and has broadened her worldview.

Getting my doctorate helped me to think more broadly, because my basic education was very scientific, very mathematically focused, very quantitative. The reason that I sought the doctorate that I did was because I wanted a more philosophical and theoretical framework to think from and I wanted to improve my writing skills. It did exactly that for me. I don't know how to say it any better, but it broadened my way of thinking. It isn't just all logical and linear. I'll never be a good concept map thinker, that's not how I think, but at least this offered me the ability to think more conceptually and to think in a broader sense than I did before. (P8)

Theory and education served to broaden the participants' worldviews and allowed him/her to perform in a more flexible and dynamic fashion within that worldview. One participant described the influence of philosophers, which were consistent with his identity, and the influence it has had on his teaching practice.

I think those were two very, very influential philosophers, scholars or practitioners, whatever you want to consider them in terms of my thinking about how to be a good teacher philosophically [Paulo Friere and Jack Meziro]. I think that their ideas are very high level. This idea that every learning experience is going to be transformational and that we can truly have an egalitarian classroom is a very difficult ideal to achieve, but I think I try to strive for that as much as possible. Those two...I had this idea of empowerment for a long time and then I found those two philosophers and all the buttons were hit and all the lights lit up and it just made a lot of sense for me. (P11)

His description of using theory to guide practice and actions is also a reflection of her expert teaching practice. The theoretical influence on worldview, thinking, and decision-making had a strong influence on their behavior and outcomes as an educator.

The impact of theory on worldview, behavior, and decision-making allowed the master academics to be flexible in their interactions with students as he/she gained expertise. When the participants were novices, they often taught in a fashion that was intuitive or was consistent with his/her own learning style and preferences. As the participants gained education and expertise, their teaching styles became more adaptive to the needs of the student. One participant described her ability to respond to students in a way that supported their thinking and learning styles, despite it being different than the participant's innate strengths and preferences.

I think as an educator that's really important because, again, not every student is a logical, linear thinker. When students come up to me with circular conversations

because that's how they think, it's a little easier for me to respond than it used to be, even though I don't think that way (P8).

The use of a wide variety of theories benefited the educator and the students, as the resulting performance in practice was more individualized, outcome based, and learner centered.

The participants described a formal or informal teaching philosophy, grounded in theoretical foundations and the Self. The teaching philosophy was comprised of beliefs and goals about teaching, nursing, his/herself, and the students. The teaching philosophy influenced the macro level of curricular design and student outcomes as well as the day-to-day interactions. One participant described how his approach to teaching was shaped by his beliefs and philosophy regarding nursing education.

My philosophical ideologies have always been rooted in this idea of empowerment, in this idea of empowering the learner, either in the specific context in which they are learning and/or for life-long learning, so building the skills for being a good thinker, being a critical thinker, being a lifelong learner, rather than just 'let's just focus only on this content right in front of us. I think ideal faculty or the ideal future can do both of those things: get students to master the content in front of them, but also, to have a skill set that is going to help them learn for the future. (P11)

This participant's teaching philosophy reflects expert educational practice through application of a teaching philosophy to guide teaching and impact student outcomes.

In addition, the teaching philosophy was used as a guide for how the teacher interacted with the students on a day-to-day basis. The teaching philosophy established personal/professional boundaries within the teacher/student relationship. One participant described the complexity of establishing effective relationships to promote learning and trust, while maintaining appropriate personal boundaries.

That was really important to me because I felt that they learned better if they didn't feel threatened by me and yet I had to be authoritative. That's my style; that's part of who I am. That was important for me to learn and to grow into. How you present yourself as a respected teacher and educator and be able to have the level of authority that you feel like you need and yet still be able to develop a rapport with the students and a relationship that is respectful and professional, but I don't need to be friends with them (P8).

The participants described the importance of an interpersonal connection with students, but stressed the importance of maintaining a professional relationship.

The participants described this distinction between being personal friends with the students and being colleagues with the students. As the participant above noted, there is a formal component of the teacher/learner relationship, whose boundaries are different than a personal friendship. One participant stated "...I'm not up there to entertain. I'm not going to be your best friend..." (P6). Another participant described a time when she was too close to her students, and how her teaching philosophy has evolved into promoting a collegial relationship.

The other thing for me that I learned was you can get too close to students. I have developed since then a philosophy of empowerment that really allows you to be a colleague with your students, but it also teaches them professional boundaries... You become a colleague with them with maintaining your professional boundaries. But you can be a colleague with them and you do that through communicating their value and you ask them to be your colleague (P3).

The teaching philosophy also shaped their expectations of, and beliefs about, students. Participants described his/her thoughts and ideals regarding what students should do and what their responsibilities should be in regards to the educational process and the interactions between the teacher and the students. One participant's description of her expectations for students illustrates the interactive relationship between the Self, Professional Identity of Practice, and the Professional Identity of Educator.

I think I can intervene on most to help students, if they want to be helped. I also think I have developed through the years a sense that students need to be accountable. I'm going to try not to, because I'm still a nurse, I'm going to try not to enable bad behavior or ineffective behavior. Students really do have to be the ones to learn... it seems like wordsmithing but it's really not. It's getting that idea that the students are independent from the faculty and they have a choice and they have accountability, and that is part of my empowerment philosophy, too (P3).

As the teaching philosophy was actualized, participants had high, but attainable, expectations for students. The high expectations were both a reflection of the importance of being ready for nursing practice, as well as a developmental goal. One master

academic described how his growth and evolving teaching philosophy directly impacted his beliefs regarding high standards and how those standards are communicated.

I've changed in that way, in that expectation and how that's evolved. My idea of what a good teacher is has changed me, as that kind of holding to standards and expecting people to, where I didn't think that was necessary at first and probably didn't include that as much or didn't hold that as high priority, and then it became clear after some years of experience that not everybody had those same expectations, so I had to be more stringent about the expectations and students' meeting those expectations to get the grade they want... and I'm a tough grader, but I'll do anything I can to help you get to that point and learn what you need to do. (P14)

One participant described the setting of those high standards as a journey for both the teacher and the student. "With a lot of them, it's getting them to go through the pain of thinking hard, thinking deeply. Don't skim along and, check, you're done. It's being tough enough but kind enough to not accept [specific example of inappropriate student behavior]" (P6). The process of setting, and maintaining, high standards while being a coach and guide also reflected the level of expertise within the participants.

The master academics described an individualized construct, known as the expert teacher. Each participant described characteristics of what they considered to be an expert teacher. Expert teachers were defined within the professions of teaching and nursing, and contained an intrapersonal dimension, described within relationships with

peers and students. The participants defined the expert teacher construct by what was done within the self and what was done for others.

The characteristics of the expert teacher were described by who the individual was and what the expert teacher did within themselves. The participants described those internal processes in ways such as constantly striving to be the expert teacher, maintaining practice and education expertise, and being comfortable with what is known and what is not known. As one participant noted “There was a lot of fear of what I didn’t know and now there’s much less fear of what I don’t know. There’s just an acceptance of the fact that I can’t know it all” (P5). The level of expert practice was also reflected in the participants’ descriptions of the expert teacher seeing the big picture, and acting/teaching from that big picture perspective.

The characteristics of the expert teacher were also recognized by what the expert teacher does for others. Participants described an expert teacher as one who bridges practice to the classroom through facilitation of difficult learning via collaboration and guidance. One participant described his construct of the expert teacher through an interpersonal, collaborative dimension.

What about that is a good teacher? Having students work at things, not just giving them the answer, being open to their questions, being willing and engaged in the dialog, and being available, too, because sometimes a mark of a good teacher is being available to the students, being willing to schedule some time that they can come in and talk with you about their paper or whatever it might be. Spend time

wading through something with them and helping them work through whatever the assignment may be. (P10)

The participants described the expert teacher as one who was able to make connections with students, show the relevance of education, and to individualize the educational approach for the needs of the students.

The participants expressed pride and affirmation when others identified them as the expert teacher. Being recognized as the expert teacher from an extrinsic source reinforced the teaching ability of the participants, and that recognition was integrated as positive feedback regarding their performance into the self. One participant described the sense of validation she felt when a student recognized her expertise.

...I remember that one masters degree student commented to me...that the research course that she had taken from me taught her more than anything she had learned, at least in the initial research courses at [university name]So again, that validated for me that I must be a pretty good teacher and put those two things together that I must know my stuff fairly well (P10).

The extrinsic recognition of being the expert teacher reinforced beliefs and actions of the participants and motivated him/her to act as a master academic and to continue professional growth.

Other participants described the recognition of the contributions of the expert teacher through scholarship as a personal reward. The recognition of expertise was affirming for the participants, and reinforced both their expertise and their contributions

to the profession. One participant describes how that recognition is personally rewarding, and how the recognition is integrated into the self and influences professional identity.

I think that influenced me and then by getting out there and participating in those committees, it draws you into other things, and then you get more and more calls and pretty soon you're well known out there on campus for being a resource person to go to. All of that has really helped really formulate who I am as a professional I think. (P5).

Another participant describes how the recognition from others of being an expert teacher promotes self-confidence and reinforces beliefs grounded in values and professional identity.

... it's affirming that you're on the right track and that you're not out there in la la land; that you do know what you're talking about, things that you do and things you've written, that it gets attention and it's on track. That's rewarding because for me, that continues to give me the confidence to continue to forge ahead with things that I know need to have happen. (P13)

The recognition from students, the scholarly community, and others was integrated into self, which influenced future decisions and the professional identity of the educator.

The participants also equated the construct of the expert teacher with the concept of the ideal teacher, or what the participants constantly were striving to become. The expert/ideal teacher was used as an internal measure of current performance (How am I doing now?), a marker for future growth (What is my target for future outcomes?), and as a guide for becoming the expert/ideal teacher (How do I grow to become the expert/ideal

teacher?). The participants were engaged in a constant process of self-assessment and regulation, regarding the individually defined construct of the expert/ideal teacher. One participant summarized the cycle of self reflection, self measurement, and actions for growth towards becoming an expert/ideal teacher.

You know, it sounds really silly (laughter), but I was listening to the radio the other day and it really made sense to me. It was a Bruce Springsteen song, an early one where he talks about “staying hungry,” and I think that is part of being a master academic... I think this idea of staying hungry relates closely with being a lifelong learner, but it is also this idea of you can never just sit back and go, ‘yep, I’m there’. That doesn’t fit for me; I’m not there. I may never be there. That just means my life’s journey is to climb that mountain of being a master educator of being an expert in whatever field it might be. To me it’s a long climb. You know, you fall sometimes and there are people who help you up, and other times, and they just end up being a big part of achieving that goal. (P11)

The participants considered the construct of the expert/ideal teacher to be an ongoing process of setting high standards for self and then working to attain those standards.

The construct of the expert/ideal teacher was influential in the professional identity of these master academics; however, the other end of the spectrum was equally as influential. Participants described a dichotomy within the construct of the expert/ideal teacher. One component was what the expert/ideal teacher **is**, and the other was what the expert/ideal teacher is **not**. The dichotomy was formed not merely on the concepts of hypothetical or theoretical opposites, but within the real life experiences of interacting

with, and then modeling, positive role models, while aspiring to not perform like a negative role model. One participant described an ineffective teacher as a “queen of the shame based learning” (P14). Another participant described a “clunker” teacher and described the influence this negative role model had on his professional identity through his construct of the expert/ideal teacher.

See that sheet of paper up there? That’s my ten commandments of teaching. I wrote that in my master’s program. I always keep it very close by. I had one very awful teacher in my master’s program, and I think I just said ‘I’m never going to do anything that she does’ (P11).

The participants’ stories reflects learning and growth that can occur as a result of interactions with teachers that are less than ideal, which impacted the constructed model of the expert/ideal teacher.

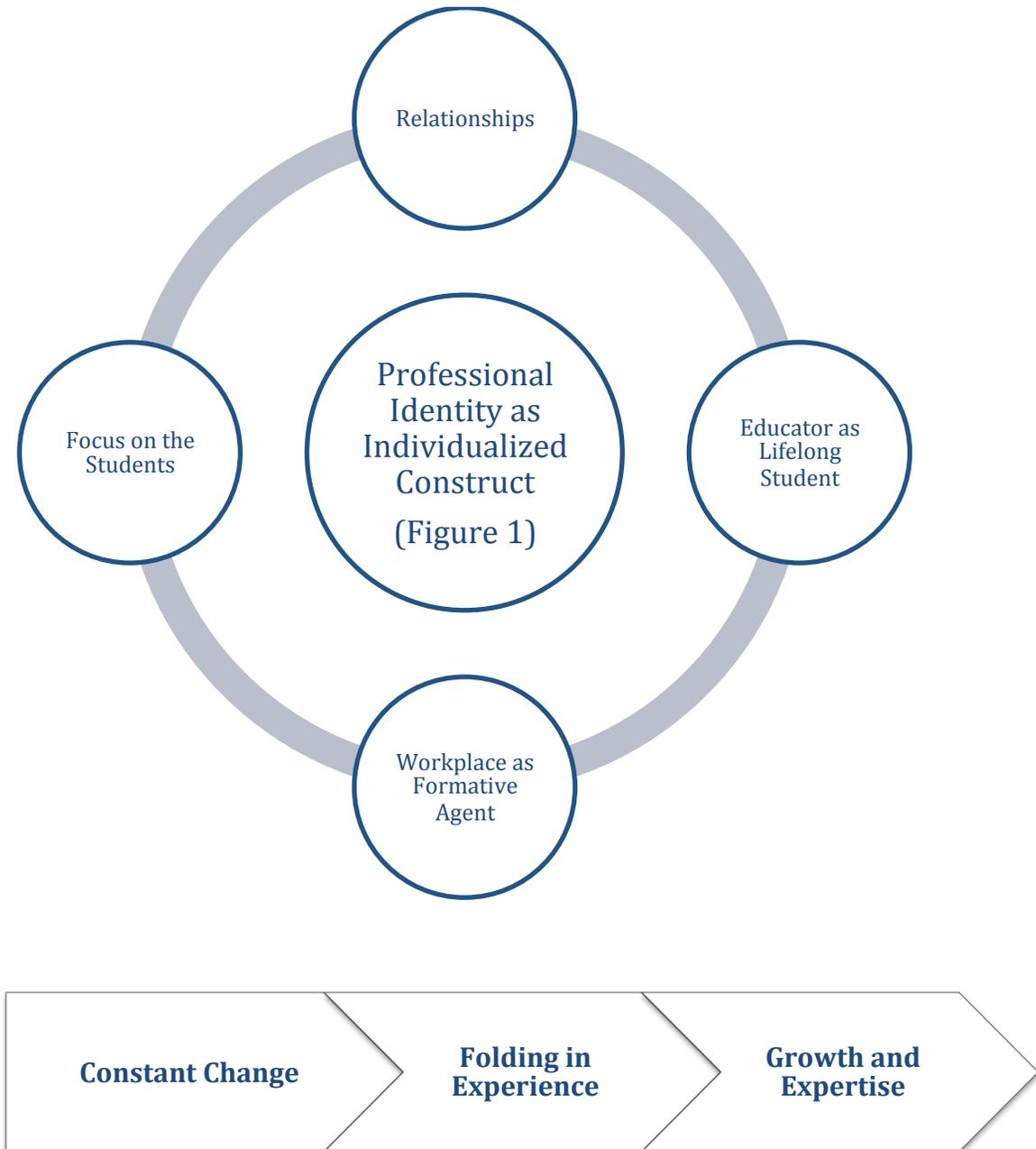
Many of the participants disagreed with the researcher’s assessment and recruitment of him/her as a master academic. Those participants equated the term ‘master academic’ with the construct of the expert/ideal teacher, and, even with many years of experience, he/she felt that level of teaching practice was yet to be attained. Outside of the narrative interview, several participants humbly stated they did not feel like a master academic, and were honored to be considered as such. Within the narrative interview, participants stated “... I don’t know if I’m a master academic. I know that I’m definitely moving in that direction” (P5) and “I guess I define myself as striving towards that. I don’t think I’ve ever met that, and some days I can be much better than another day, too”. This sentiment was echoed by another participant who noted “...I’m not there”

(P11), in reference to being a master academic, as that was his ongoing target within his professional identity and nurse educator practice.

The essential theme of Professional Identity as Individualized Construct is at the core of the overall phenomenon of professional identity in master nursing academics (Figure 1). The four essential themes of Workplace as Formative Agent, Teacher as Lifelong Student, Relationships, and Students are the Focus describe the influential factors on the participants' professional identity. The essential theme of Professional Identity as Individualized Construct is nested *within* the visual representations of these four essential themes in Figure 2, as those themes are interrelated within the temporal aspect of the final essential theme, Constant Reconstruction Over Time. The interrelationship between the six essential themes within a conceptual model that represents the phenomenon of professional identity is illustrated in Figure 2.

Figure 2

Conceptual Model of Professional Identity in Master Nursing Academics



Workplace as formative agent. The essential theme as Workplace as Formative Agent describes the impact of the academic workplace on professional identity.

Participants described how the degree of fit between his/her personal and professional identity and the organization; the type and degree of workload; and infrastructure; such as IT, online learning, and other supportive components impacted the master academic he/she is today. The three subthemes illustrate how the workplace influences professional identity, and can be a catalyst for learning or career change.

Workload. The complex workload of the academic environment directly impacted the professional identity of the participants. The participants describe being constantly pulled between the competing demands within his/her job; teaching, scholarship, and other non-teaching responsibilities. Descriptions of the heavy workload included “overwhelming...it is always with you” (P7), “you have to get this done but here’s more work” (P14), and “really, really intense” (P12). The self sacrifice was often demanded by the threat of tenure or culture of the organization, as one participant described: “That’s the thing, that the norm here of putting all of your time, and all of your effort, and all of your energy into [university name]” (P9). As previously described, the demands of workload often created an imbalance between the personal and professional life, with sacrifices usually being made in the personal realm.

The participants felt the challenge and strain to maintain expertise in all of those areas, while fulfilling the criteria for promotion and/or tenure. One participant describes the difficulty of maintaining the level of work required for a tenure track position, and how complicated it was with minimal mentorship or guidance.

This is probably the hardest I've worked; trying to do tenure track...but that was probably the hardest transition for me...I knew all about nursing education and I was not afraid of teaching...Teaching was not my problem, but getting into a tenure track, understanding what the role was and the expectations, and understanding how to write your research agenda, all of those kind of things, and it was just plopped out there like 'this is it; go for it.'...In education I feel like I'm an expert here, but I'm barely past novice when it comes to being a researcher. And, so you know, you want to be valued and recognized for this, yet you are down here with junior faculty. That was a disconnect for me... that has been kind of hard. (P3)

The participants who were APRNs especially discussed the difficulties regarding workload because of the extra time involved to maintain certification and clinical competence. APRNs felt this additional demand on top of those from the university regarding tenure and/or promotion. One participant described the complexity of a blended practice/academic workload. "I definitely know trying to balance that clinical work with the fulltime academic schedule with the rest of your life is an ongoing challenge" (P5). Another APRN called the balancing act of fulfilling the workload while staying clinically competent "trying to fit a full time job into four days" (P14).

In addition to practice, the participants portrayed a self-defined obligation that added to his/her workload. It was felt to be a professional responsibility, apart from the demands of tenure, to contribute to nursing through research, publication, consultation, and/or service to the profession. Despite the high demands and workload of the

academic/practice environment, the participants undertook such projects as serving on national boards/committees, research outside of his/her organization, national and international presentations, or volunteering.

Educational environment. The culture of the organization was influential on the participants' professional identity. The participants described a spectrum of academic culture, ranging from open and transparent, to hidden and challenging. The structure of the open and transparent cultures was obvious, which set clear expectations, promoted teamwork and a positive sense of community. One participant described the culture of her first academic position.

At [college name], the culture was very clear. It was easy for me to figure it out...it wasn't subtle, it wasn't covert, it was there. You knew what you were getting when you walked in the door and that's how it stayed the whole time I was there. Yeah. It's fine to be independent and autonomous. This is where we have to come together; this is how we come together...Here's who makes the decisions; here's how the decisions are made....(P8).

The openness and transparency of the culture was beneficial to this participant, as she did not need to spend time figuring things out, as she did in her subsequent job, which had a hidden culture. "In retrospect, it's clear that I did not understand the culture [of the second organization] and really didn't get socialized into the culture in a way that benefited me in the long run" (P8).

Those organizations that had a hidden culture were described as territorial and did not promote a sense of a welcoming community. Those participants who had experiences

in academic organizations with a hidden culture described a blind process, where understanding the mores and expectations, as well as personal fit on the team, was entirely trial and error. The descriptions included such words as maze and puzzle, which were “learned...by trial and error. I learned the culture by doing things that were...wrong in the eyes of the culture” (P12). One participant described how difficult her experiences were in understanding a hidden organizational culture.

There were a lot of unwritten rules; there were a lot of people with informal power...this is the way we do it here...that I didn't find out until I went the wrong way....Yeah, it was a trial by fire. It was cruel; it just was cruelty (P9).

Whether an organizational culture was transparent and welcoming or closed and territorial, the participants described academic culture as complex and often confusing. The formal and informal rules and processes took time to learn and to understand, which, whether in a positive or negative culture, influenced the development of professional identity. One participant described the complexity of academic culture and the persistence needed to develop within an intricate system.

I think people going into academia need to be aware that it's challenging and that you need to hang in there and stay in there long enough to understand the culture, because the culture is confusing. A university culture is confusing, but they need to hang in there and let themselves blossom in an academic environment, because you certainly can do that if you want to (P5).

One participant also described the complexity and challenges of understanding academic culture, despite her prior experiences regarding culture.

...I'm a pretty good judge of culture....People see me as a cultural expert. So to go into this situation and completely misjudge everything just still astounds me. How could I have been so off in understanding what was going on? I still don't know how I didn't get it and I'll never understand it...I won't ever get it and that's just the way it has to be (P8).

The culture and environment of the organization had a direct impact on the professional identity of these participants.

Infrastructure. The subtheme of infrastructure was closely related to the subtheme of workplace environment. Whether a participant was supported or not supported by the infrastructure, such as orientation to school/course and technology, was directly linked to the type of organizational culture. The participants described experiences regarding infrastructure in open and transparent cultures as specific and detailed, and were often learned through a formal or informal mentor/mentee program.

Those experiences grounded in hidden cultures as nebulous and unspoken, and were described by such phrases as “here's your class” (P12) and “here's the book, go ahead” (P14). One participant described how her lack of technical orientation and support increased her personal frustration and workload.

The thing that really frosted me in retrospect was nobody told me that with the textbook come all these instructor resources and these PowerPoint slides... so I'm making up all my own lectures...when I could have been using all these different activities...I don't think I'm a stupid person, but I'd never done anything like this

before. How was I supposed to know where to look?...They just handed me a textbook, so it was challenging. (P8)

Another participant echoed this sentiment, as her orientation to a new organization was built on her assumptions regarding the role.

I knew nothing at all about being a faculty person at [university name] which means I brought my own stapler, my own office supplies...I had no idea that those were possibilities that the school would provide for me. I thought I got a phone and an empty desk and that was it. We did not really have a mentorship program yet at that point for new faculty, and so I kind of muddled my way through the maze of [university name] for those first few years. (P9)

Many participants described time and energy being put into figuring out infrastructure issues, which took time away from the learning within becoming a teacher.

Teacher as lifelong student. The essential theme of Teacher as Lifelong Student captures the career long process of learning within the construction of professional identity. The participants noted learning throughout one's career maintained expertise in teaching and nursing, while promoting credibility and a strong reputation with peers, administration, and students. The three subthemes of Learning From People, Learning From Practice, and Learning From Education describe the sources of learning and the impact of that learning on professional identity.

Learning from people. The master academics described learning the most from individuals he/she described as a role model or a mentor. Role models were noted as such because the role model portrayed characteristics that the participant felt were

consistent with expert education practice and effective teaching. The participants described wanting to be like the role model, as that individual had skills that the participants thought were effective and desirable. One participant describes a powerful moment with a role model that was influential on her teaching philosophy and construct of the expert/ideal teacher.

In the late 1960s I had an experience that, at the time, I did not know would be a defining moment. I was a nursing student in a medical-surgical nursing clinical experience with a new nursing instructor. As a psychiatric nurse, she had been assigned to teach the med-surg course. I knew that this was not her area of expertise. When I observed her relationship/communication skills with patients, the med-surg part of the experience seemed to have little importance in comparison to way she could communicate with patients and get “at the heart” of their concerns. I so clearly remember thinking, “I want to be just like that.” I tend not to have a very good memory for details, but I can still clearly see her sitting by the patient’s bed, with her red hair and white nursing cap. She related to the nursing students in the same caring manner. That is a strongly imbedded image of what it meant to be a nursing faculty member. (P7)

This participant’s description illustrates the impact moments can have on one’s development and how those moments are integrated into and carried within the self over time.

The participants used the term negative role model to describe an individual that performed in a fashion that was inconsistent with respectful, effective teaching. These

experiences with negative role models were used within the construct of the expert/ideal teacher as discussed above as a reminder of the type of teacher the participants did not want to be.

Mentors could be formal or informal. Formal mentors were usually assigned within an orientation program and provided emotional support and information, especially regarding to the culture of the organization. Informal mentors were described in the context of team teaching or a team/track coordinator. One participant described the impact her mentor had on her short term and long term development as an educator.

I had the good fortune to have a team leader in the leadership course with some teaching experience, a wonderful command of organization and a focus on the details. [Name] took me under her wing and helped me develop as a teacher...The combination of my ideal "I want to be just like that" and the real world organizational details I learned, set me on a good path for teaching. (P7)

Peers also provided learning opportunities. The participants were given feedback from peers, which was then reflected upon and integrated into the self. Feedback included formal and informal evaluations, team teaching, and peer-to-peer consultations.

...what's the best way of getting a student to show their learning of this concept? And people say, 'well, I did this,' and somebody else will say, 'well, I did this and thought it worked really well.' I mean, how great is that, to hear what other people have done for learning activities to try to get it across, and what hasn't worked, also, so I can skip that. (P14)

This participant described the interactive component of learning from peers, where he gained new knowledge for him to apply within his teaching practice, and information that guided him to not repeat the mistakes or challenges of others.

Participants described learning from two types of communities; the community of the university, which included those within and outside his/her department; and the community of APRN or specialty practice. The learning within the community included the formal and informal rules and mores, either in a transparent, or a hidden, way. One participant described how important it was to him to learn from his community within nursing education in order to become a better teacher.

So I get to see some other excellence in teaching stuff that I see other people and I hear other people, but I'm kind of sad that we don't have as much opportunity to kind of share that. Why, I've thought lunch-and-learns would be great where we just talk about what we're doing to measure our students' learning...I just don't think our work environment supports that anymore, because of just how freaking busy everything is...but we don't have that kind of consistent opportunity for learning how to be better teachers that I wish we had. (P14)

Another participant described learning from a community retrospectively only after she violated the rules. "There were a lot of unwritten rules; there were a lot of people with informal power...this is the way we do it here...that I didn't find out until I went the wrong way" (P9).

The master academics also described learning from the community of APRN or specialty practice to remain current, and competent, in his/her area of expertise. One

participant described cultures to reflect her communities. "...there's a culture...there was sort of one within my specialty. There's a broader one in the school, and then something else at the university, so I think it [learning] evolves over time" (P15). The community of practice or specialty area provided support and a sense of belonging.

The process of learning from people involved observation/interaction, internal reflection and comparison, and integration of those behaviors and actions that were consistent with his/her values and construct of the expert/ideal teacher. Participants described times when they were a student and/or an educator and observed or interacted with others, whom the participants considered to be expert teachers, and personalized those actions and behaviors as their own. As one participant stated "I think I have witnessed what I thought of as expert teachers too, and then I've tried to emulate that the next time I'm teaching, so that is something I take in trying to be an expert and influences my teaching" (P14). One participant describes how she learned from watching her mentor, and aspiring to be like that mentor.

It's funny when you say that because I keep going back to the same lady, the same female faculty member who was my department chair at the time, who really just exemplified professionalism. She was always just so put together and so professional and just did such a good job and made academia look easy. She certainly was an influence on me because I watched to see how she did it. When I think of academia I fortunately think of her and that's a good thing. So, she, this previous mentor of mine, definitely has been an influence. (P5)

These participants' stories reflect the type and importance of the learning that occurred at an interpersonal level.

Learning from practice. Participants learned from the daily practice of teaching. Through reflection upon interactions and student outcomes/evaluations, he/she categorized experiences as successes, and integrated those techniques that were successful into the personal teaching repertoire. One participant, who was an APRN, described how her experiences working at Planned Parenthood provided her significant experience through successes in her daily practice, and how that information became part of her overall professional lexicon.

I think I learned more about pedagogy. I learned more about teaching in the curriculum development area, partly because one of our faculty members taught at [place], which had a program of competency-based learning and we laid out all of the courses with behavioral objectives, resources, competencies. That was a wonderful experience. That was really very broadening for me in contributing to an academic role, to be able to do that, writing goals and objectives, those kinds of things. (P4)

Learning from practice also happened during experiences that were categorized as failures. Those failures were analyzed through reflection to determine what could have been improved to promote success in the future. Failures were called "learning the hard way" (P5) and "floundering" (P8) and were filed away as a 'do not repeat', but also transformed into a 'this is what I will do next time'. One participant described one of her first classroom experiences, and how she grew as an educator after that experience.

My first class, I was so excited about it, and knew nothing about teaching and academia...I was so excited about it that I had the students answer questions in the back of their books so I would have something to correct (laughter)...I soon learned, though, that you don't really want to have extra stuff to correct. It doesn't take very long and you realize, no, you only want things that mean something. (P3)

This participant's description illustrates both the constructs of 'what a teacher does' and the reframing of a perceived failure for the future.

Learning from education. The most influential source of learning came from degree related and ongoing education. Education provided one frame of context for the development of the identity of practice and the identity of educator. Participants described how the entry level degree, masters degree, and doctorate were "eye opening" (P9) and provided "a new mindset" (P4) through theory, knowledge, and skills relevant in nursing and teaching practice. One participant described how her overall approach to education was influenced by her terminal degree.

Formally, the one thing that my formal education/academic education has helped develop me is, you know, I went to school to get a PhD to be a researcher in education...Some of the more scientific approaches to that process have shaped how I might carry something out and how I might do something. I'm not so sure that I'd have been as careful about that had I not had that...The formal education just reminds you that there is a lot you don't know...How do you create good

ideas and defend them with the right kinds of sources, literature and that kind of thing. If anything, that's what education has also provided me. (P13)

Another participant described how relevant it was for her to be able to bridge her teaching and what she was learning in her program.

At that point I also was in the psy-D program in [City]. I was teaching in mental health and in that program, so felt I was becoming more of an expert in the psychological parts in what I was teaching, more than maybe teaching strategies. Everything I was doing in the psy-D program I could apply to what I was doing there. That was a neat experience for me to have that direct application. (P7)

Another master academic echoed this bridge, by noting her education focusing on research impacted her assessments and interventions in education.

Well, that research piece really fits into my worldview because I've always done qualitative research and that's my love. I'm not a big numbers person, although I certainly value statistics and quantitative data. I've always done qualitative pieces, and I think it really informs who I am. When I even look at situations, and we have some going on here at [university name] right now, I think that research lends...is really important, because it brings a piece of the problem solving to the situation if we have a particular issue. We have an issue right now with creating an inclusive environment. (P12)

The ongoing education was a formative framework in the identity of practice and the identity of educator. The participants integrated new information, theory, and

experiences into the self; which impacted one's teaching philosophy and subsequent teaching, and ultimately, student outcomes.

Relationships. The essential theme of Relationships captures the influence of interpersonal interactions on professional identity. The relationships can come from a variety of sources, and be either positive or negative in nature. The length of time of the relationship did not have as much of an impact as the type of relationship, as influential relationships were described on a spectrum of one interaction to many interactions over a lifetime. The three subthemes of Mentors and Role Models Form the Mold, Peers Make It or Break It, and Other Relationships Influence Identity illustrate the variety of influences relationships can have on the professional identity of a nurse educator.

Mentors and role models form the mold. The participants described being shaped by those formative experiences with mentors and role models. Those formal and informal experiences guided the participant by being influential on who he/she both aspired to be and not to be through the construct of the expert/ideal teacher. These experiences were formative and provided a framework for the development of the identity of educator.

The participants differentiated mentors and role models, as formal and informal mentors took an active role in the participants' lives, while role models were a measure of aspiration for the participants to live up to. A mentor could be a role model, while a role model did not have to be a mentor. Both mentors and role models were formative in the professional identity of the master academics.

Role models were formative in the professional identity of the participants as those experiences provided context for building of the construct of the expert/ideal teacher. Participants described the influence of positive role models had upon their aspirations to become an expert/ideal teacher. As described within the construct of the expert/ideal teacher and subtheme of Learning From People, negative role models also were influential in forming the professional identity of the participants. As described in the Learning from People subtheme, the participants described learning from mentors and role models.

Peers make it or break it. Peer relationships also influenced the development of professional identity. Peers provided a community of support, which provided emotional and professional growth, through discussion and reflection. Positive peer relationships were described as easing transitions, making difficult times more bearable, and provided a forum for bonding and support. Participants described peer relationships as being one of the main reasons he/she both stayed in academia and stayed at that organization. “...but fundamentally it’s relationships. It’s my colleagues and my family. You have a bad day, you can call up a friend and say, ‘Oh, this really sucks. Can I just unload on you?’ ... (P15). As another participant noted, “The rewards I think are many...I think the colleague-ship here particularly is wonderful. That’s a real reward. I’ve worked in a couple of places where that wasn’t so true, having a supportive group of people around” (P7). Positive peer relationships were described as a force that helped the participants get through difficult and challenging times.

The participants described negative peer relationships as stressful and isolating. These relationships were influential on the participants, as he/she needed to look to another source for guidance and support. These negative peer relationships were described with such phrases as “territorial...barely had a nice word to say to each other” (P8), “skeptical” (P11), and “isolated...competitive” (P12). One participant described one group of challenging peers as “a gaggle of geese” (P8) with competing agendas and opinions on how the work should be done. Another participant echoed this sentiment, describing a schism between new and old faculty, where information was withheld as a source of power.

It did not feel collegial at all for a long time; it was the old timers and the newcomers, and there was no mixing socially at all, even in classes. It was very stratified. The old timers were not forthcoming with ‘can I help you with this?’. I don’t know if they were protecting their turf; I don’t really understand it to this day. (P9)

Negative peer relationships influenced professional identity as they made the transition into academia or into a new organization more difficult, due to overt hostility or a minimal sense of a welcoming community.

Other relationships influence identity. Other individuals within the lives of the master academics were instrumental in shaping his/her professional identity. The relationships could be short term or long term and experienced within the educational organization, such as with administration; or within other arenas, such as with patients,

families, and direct care staff. The interpersonal exchanges and interactions provided formative context and feedback for his/her professional identity.

The participants described the leadership of the organization as influencing his/her professional identity and as a key factor determining retention. Positive relationships with leadership fostered a sense of support and belonging. Negative relationships with leadership were viewed as not building trust, which hindered professional growth, or were at odds with professional identity and values, which triggered a transition. One master academic described an interaction with the dean of the program, in which she felt very disrespected and taken advantage of.

I did have an experience with the dean, where periodically she would invite me to her office and be very friendly and we would just sort of intellectualize and talk. And, on a couple of occasions I found my words show up in articles six months later, (laughter) so that also did not impress me. Apparently, she found me interesting enough to pick my brain, but she went on to develop those ideas into publications. (P4)

This experience, coupled with other life events, was influential in the participant moving into another job.

The relationships with patients, their families, and practicing peers were also noted as being influential on professional identity. The interactions with these individuals also provided framing context and meaning for the participants' nursing and teaching practice. One participant described how the relationship she had with a child and a family carried forward into her practice as an educator.

Knowing Susie and her family has made a difference in how I work with other children and families. I told her parents I would continue to talk about her with my students. My main intervention with this family as being there from year to year to listen and to tell them what wonderful parents they were. This was a very remarkable family...and the world has many remarkable families that we as nurses are privileged to know and work with. (P6)

Participants noted connections with practicing members of the health care team were important, as the participants felt it was crucial to bridge education to practice. One participant described how her inclusion with practicing staff nurses was affirming to her growth as an educator.

Around the same time I was invited by the nursing staff on my clinical floor to go out with them. I had felt that my relationship with them was progressing and that they respected and trusted me, but this was the first tangible evidence of it. In my experience nursing faculty are not necessarily liked or respected by the unit nursing staff and this was a sign to me that I was. (P8)

The relationships the participants were part of provided context and meaning, which was integrated into his/her professional identity.

Focus on the students. The essential theme of Focus on the Students illustrates the influence of students on the development of professional identity. The essential theme is supported by three subthemes: Student Relationships and Student Outcomes. Participants used phrases like “you do it for the students” (P6), “students’ lives have been changed” (P7), “inspiring people to go on and do great things” (P15), “touching students

on a deeper level than my patients” (P9), and “feeling like I’m making a difference” [through the students] (P8). Students were the object of the participants’ actions in and out of the classroom, and the overall teaching process is woven into professional identity.

Students impacted professional identity from an extrinsic focus. The relationships and interactions with students shape or reinforce the professional identity of a nurse educator. Students also influence professional identity from an intrinsic focus. The professional identity is influenced within the educator through internal analysis of student outcomes and performance.

Student relationships. As reflected in the teaching philosophy within the Professional Identity of Teacher, relationships with appropriate boundaries were very important to the participants. The relationships were described as collaborative and supportive and were the foundation for the development of both the student and the teacher.

The participants felt establishing a connection within those relationships fostered learning. Through respect, communication, and collaboration, the participants described an alignment with the students, which provided feedback about his/her teaching effectiveness. One participant described how she developed a reputation for her ability to connect with diverse students.

In terms of my relationships with students, when I find out somebody’s a single parent, I make an effort to connect with them and say been there, done that...I tell them that so that if they feel like they need somebody that kind of understands to talk to, they can come and talk to me, which they do sometimes. But I think also,

if they're struggling, it gives them hope that they can do it, too. Last year, I had a brand-new junior Hmong student come in, sit down, and introduce herself and say that she had been told that I understood the Hmong girls, and so she should come and talk to me. That just made my heart feel so good. (P9)

This participant's story reflects the importance of connections within student relationships and how that connection fosters meaning within the relationship.

The day-to-day interactions with the students also provided feedback to the master academic, which shaped his/her professional identity. The interactions could be informal conversations, discussions in the classroom, or verbal/nonverbal cues picked up on by the participants. One participant described how his day-to-day interactions with novice students gave him energy and kept him grounded in his teaching and own professional development.

They [novice students] still wanted to compete with each other and they just kind of bumbled around, and I always loved their sense of wonder and curiosity and excitement. When I had the opportunity with work with sophomore nursing students, I was really excited, and I think I learned a lot about the importance of stepping back in time to when I was in that position. I think they have really given me a sense of humility and just really acknowledge the importance about that sense of wonder and the importance of just having awe about things. (P11)

The story by the participant shows the influence of the student relationships on professional identity.

The relationships were reflected upon through formal and informal student evaluation. These participants gave great weight and importance to the evaluations by the students, as those processes also gave him/her feedback, which was reflected upon, acted upon or just considered, and integrated into one's professional identity. One master academic described the impact of student evaluations on her professional identity.

The biggest rewards are seeing students do well and having them, not thank me, but knowing that they appreciate and they feel like they've learned something. That, for me, is huge, when I see my student satisfaction scores and the students say, 'you're my favorite person.' It's not a popularity contest, but it tells me that they appreciate and they're learning something and that, to me, is huge. If I didn't get that I would quit in a heartbeat, because I would not feel like I was a good educator. (P8)

Another participant noted the informal evaluations by the students were just as important. He considered 'reading' the classroom as a form of feedback and evaluation within the student/teacher relationship, which allowed him to alter his approach to promote student learning.

I think part of that satisfaction is being there and being present in person in those 'aha' moments of describing difficult content or talking about it but then really talking about how you apply that in practice and seeing in students them getting it. I can't see them getting it online, and I can see that when I'm in a class. And if they're not getting it, it gives me that immediate feedback to go back and try to readjust the way I'm presenting it or the way we're talking about it or the way

we're applying it that online, I don't get. It's the same content. I'm not sure if there's something that they're not getting, how to change it, because I don't get that immediate feedback of what isn't working in the way that we're working through this curriculum. (P14)

The relationships with the students impacted professional identity through connections, day-to-day interactions, and formal/informal evaluations.

Student outcomes. The master academics described how hearing how the students' practice has changed because of his/her teaching influenced professional identity. When participants heard about the influence those actions had on a patient case, those experiences served to reinforce the participants were "doing something good" (P10), which influenced the professional identity. One participant described how seeing students apply education in practice helped counteract the challenging instances in the classroom.

I would have a lot of that going on [resistance in class to the topic], not as persistent as he was. Sometimes I'd leave class and think, is this really worth it. I could be doing maybe something else with my time, but every semester I would have something happen from a student who got it, used it, and it made a difference. (P7)

Another participant described how working with one student over time throughout multiple degrees reinforced her purpose and professional identity as an educator.

Some of the little stories I told here at the beginning was one of the master's students was a person of color, and to see her grow and benefit from learning

from me and to go all the way from her masters degree and get her doctorate felt real good. That reinforced for me that I was in the right place. (P10)

The performance of students in class or clinical also provided feedback for the master academics. Participants used phrases like “I live for the light bulb moments” (P9), “somebody is listening and they get it” (P7), and “walking with a student on their journey and seeing their transformation” (P12). The performance of students was a measure of the teaching effectiveness of the participants and fueled his/her excitement and passion about teaching.

However, one participant described gauging one’s educational impact on the immediate feedback only is flawed, as those ‘light bulb moments’ may not always occur, but an educator must be comfortable with a degree of the unknown influence in his/her teaching practice.

The first reward I think is that instant gratification reward of seeing the student’s light bulb go on. Especially students that you’ve really had to work with, there’s that kind of sense that, yeah, you can do it, you did it; you’ve here, you’ve arrived...I think students have taught me that sometimes you just have to appreciate the hope and enjoy planting the seeds, and knowing that sometimes you are not going to be able to harvest the fruits of that labor. That is probably an important life lesson, but I think it is a really important lesson for teachers that not every student is going to leave their class embracing the things that you want them to embrace. For better or for worse, I think it is an important realization to make, and is a hard lesson sometimes for the novice educator. (P11)

The participants described how seeing the students change his/her practice/performance as a result of their teaching was rewarding, and how those interactions were infused into the participants' professional identity.

Constant reconstruction over time. The final essential theme of Constant Reconstruction Over Time captures the temporal and cyclical aspects of professional identity. The subthemes of Constant Change, Folding in Experience, and Growth and Expertise illustrate the interrelatedness between time, experience, reflection, and change within the phenomenon of professional identity. Within the conceptual model (Figure 2), this essential theme is illustrated at the base of professional identity, as the relationship within the other five essential themes is grounded in the context of temporality and change. This final essential theme impacts the other five essential themes, as each one of those themes are in a constant state of flux, change, and increasing complexity.

Constant change. This subtheme describes the constant change within the professional identities of the master academics. The change within the trajectory of professional identity development was reflected on the macro level, where purposeful change was triggered by specific events, and on the micro level, where the change was constant and ongoing, due to the constant interface with a complex, humanistic system.

Purposeful change occurred as a result of some type of transitional trigger. Participants chose to change roles, jobs, or organizations; or to pursue additional education; based on a trigger event. These trigger events were either positive and proactive, such as a new growth opportunity, or reactionary, such as to a difficult situation.

Positive and proactive changes were considered a growth or career opportunity. Sometimes proactive changes were as a result of a family need, as when a spouse got a different job or had an educational opportunity. Most participants described hitting a type of achievement ceiling, seeing other opportunities, and choosing to change based on a perceived opportunity. One participant described her transition, through both what was currently fulfilled and what could happen in the future. “But I felt like it needed to move. I felt like I had accomplished what I could accomplish there and I needed a goal, I needed to move to the baccalaureate level” (P3). Others described seeking out opportunities to utilize his/her education. As another participant stated “I wanted to do more with theory and concepts and application than I felt like I was doing, so it [transition] was good timing” (P8).

Reactionary changes occurred as a result of negative interactions with organizational culture, leadership, or peers that were not harmonious with the participants’ professional identity. The participants used phrases like “didn’t think that was particularly just, so I moved on” (P4), “not too pleasant and time for me to move on” (P10), and “I couldn’t do as good of a job there...so I moved on” (P3). These phrases describe dissonance, resulting in negative feelings, which triggered a change.

The constant and ongoing change was a reflection of the ongoing cycle of self-assessment, experiences, integration of feedback, and growth. The ongoing change is not merely time dependent, but was an active process, which required energy, thought, and purposeful effort.

Folding in experience. The participants demonstrated the subtheme of Folding in Experience through descriptions of applying previous experience to new situations. The previous experience could come from a variety of sources, such as reflection on classroom or curriculum activities or interacting with peers, and be positive experiences, which should be repeated in the future, or negative or challenging experiences, which should be avoided or modified in the future.

Participants described utilizing experiences from prior academic and non-academic roles as a resource for his/her actions. These prior experiences became a useful bank of skills and context, which the participants utilized within his/her teaching role. One participant summarized the expertise of clinical practice but the challenges of explaining that experience in order for students to learn.

My experience working in the hospital working as a nurse clinician for a cardiology group, so I was doing all the cardiac lectures and all the pulmonary lectures. I felt very comfortable with the content, but what's really hard is when you're an experienced nurse how do you teach to somebody who's never had this content before and make it understandable and not be above their heads? (P8)

Another participant described her previous experiences in non academic organizations were a complimentary skill set to those academic skills learned in education and on the job.

Those were influential, plus having been in the corporate environment for so many years, you develop a lot of leadership skills. I had a lot of leadership roles outside of academia. You could use that in conjunction with your academic skills

to get the job done, and then if you were successful at it, then that just means they give you more things to do (laughter). (P13)

The descriptions of these participants illustrate how previous experiences became part of the self and professional identity and were utilized in future situations.

Those previous experiences were described as being integrated and becoming part of self. As one participant stated “That information will always be with me as a teacher” (P7), and that integration promoted the easing of transitions, as one participant described “...but, boy, I was glad that I didn’t come in as a total newbie at that job” (P10). Those previous experiences promoted confidence and a readiness for new experiences. “It seems like the way things have gone for me, I’ve had the ingredients there to take on the next challenge” (P6). The experience, as reflected in the essential theme of Teacher as Lifelong Student, is integrated into the self, which becomes more complex as the participants transitioned through his/her career to become a master academic.

Growth and expertise. The Constant Change and Folding in of Experience of the participants were reflected in both the narrative interview and the illustrated career trajectory. Participants described his/her trajectory in ways like “I changed a lot” (P8), “It kind of cycles, the rollercoaster of life...” (P9), and “I just remembered that over time I got better at doing what I was doing...” (P10). The participants drew his/her growth and expertise over time, and labeled meaningful points. The slope of the career line over time overall went in an upward direction, denoting increasing expertise over time. However, within the overall upward slope, the trajectories of the participants fell into three general classes; stair step, mountain, and straight. The stair step trajectories did not have an even

upward progression, but showed upward progression through plateaus and increases triggered by transitional events. The mountain trajectories showed general upward progression, but also showed upward and downward deflections, illustrating perceived decreases in expertise, followed by a time of growth. These decreases resulted from a transition into a new and unfamiliar role. The straight trajectories were drawn in a straight, upward line, with no deviating upward or downward deflections. The slope was even and upward, and meaningful events were plotted along the line. One participant who drew a straight trajectory drew a spiral around the line, and stated the spiral represented the “ups and downs” along the line of increasing expertise (P6). Another participant, who also drew a straight trajectory, stated “It was a quiet but steady development for me” (P3).

The relevant points labeled on the illustrated career trajectory were unique and meaningful to each participant. The points fell into three main categories; education, organization or role change, and accomplishments. Education related events included attainment of masters or doctoral degrees. Organization or role changes were labeled at times when participants moved to a new job, took on a new role, or moved to a different university. Accomplishments were events that were both meaningful, and reflected expert practice. One participant labeled ‘teaching in Japan’ as a meaningful point on her trajectory and also discussed the impact of that event during the narrative interview.

I certainly felt great about that, and it was a fantastic event to go and teach nursing theory, and I did some guest presentations on research in Japan, wrote a

book chapter on expertise in clinical decision making that has actually been translated into Japanese...(P10)

The participants showed pride in the points that were labeled on the illustrated career trajectory. He/she discussed the work, time, and effort it took to attain those points, as well as the positive outcomes and resulting contributions to the profession of nursing.

Participants described the increasing complexity and growth of their professional identity along the illustrated career trajectory in terms of definition, redefinition, and erosion. The participants considered definition and redefinition as an interrelated an ongoing process within the self, where a professional identity was established and then refined over time. The initial definition was the process of developing the professional identity of nurse educator, as described in the subtheme Professional Identity of Educator.

The redefinition of professional identity occurred when changes occurred in role or links to direct care practice. One participant, who held a certification in post anesthesia care, described his experiences in redefining his professional identity as a result of a change in his practice in order to prioritize where his focus would be in his career.

I'm at a really interesting crossroads in my career. I just resigned from my clinical position. I had always maintained a casual position in post-anesthesia and I just resigned that within the last two weeks to take up a part time informaticist role. I'm at a point where I'm transitioning away from the clinician hat and more towards the academic hat, which includes teaching and education, which is tricky. It's been a real bittersweet process for me and I think I will have to figure out

what that means for me personally, professionally. It just kind of happened. It happened but felt like a natural evolution of my career, but there is a lot of bitter sweetness to, in a sense, letting go of my clinical practice, my staff nurse practice, but I'm heading on the trajectory that I'm on towards this informaticist role. Some of that...I can't do everything, so I've realized that letting that go, as hard as it was, is probably where I'm at in my career. (P11)

The essential theme of Constant Reconstruction Over Time is the foundational thread that holds the phenomenon of professional identity together. Without the bond of temporality, the phenomenon would unravel, as the components would no longer have a reflective and integrative relationship.

Summary

The representation of professional identity within these thirteen master nursing academics is a complex phenomenon. The phenomenon was described by six distinct, but closely interrelated, essential themes: Professional Identity as Individualized Construct, Workplace as Formative Agent, Teacher as Lifelong Student, Relationships, Focus on the Students, and Constant Reconstruction Over Time. The essential theme of Professional Identity as Individualized Construct (Figure 1) was nested within the other five essential themes in the overall conceptual model (Figure 2), as this theme was situated at the core, and directly interacted with, the other five essential themes. The constant change, integration of experience, and increasing complexity of the five essential themes, and the overall phenomenon, was illustrated by the final essential theme, Constant Reconstruction Over Time.

A conceptual definition was developed for each of the essential themes, in order to summarize the overall interpretation of the phenomenon as well as to illustrate the relationships of the essential themes. The development of the conceptual definitions reorient the researcher and reader to both the parts and the whole, which, van Manen (1997) states is a crucial research activity in hermeneutic phenomenology. The conceptual definitions of the essential themes are presented in Table 3.

Table 3

Conceptual Definitions of Essential Themes

Essential Theme	Conceptual Definition
Professional Identity as Individualized Construct	Professional identity is an individually defined and constructed phenomenon built upon an interrelated matrix of the self, the identity of practice, and the identity of educator within the practice boundaries of nursing and teaching which guides teaching practice.
Workplace as Formative Agent	The workplace provides the daily environmental context for professional identity development.
Teacher as Lifelong Student	Lifelong learning from people, practice, and education promotes growth, expertise, and increasing complexity of professional identity.
Relationships	Negative and positive relationships provide the interpersonal context for professional identity development.
Focus on the Students	The students and teachers have a symbiotic relationship. The students impact, and are impacted by, the professional identity of the master academic.
Constant Reconstruction Over Time	The trajectory of professional identity development undergoes a transformative process over time. Information from various sources are reflected upon and integrated into self in an ongoing cycle, which increases the complexity of professional identity.

Chapter Five: Discussion of the Findings and Implications for Nursing

This chapter will present the overall findings of the study in context with the current state of the literature. A critique of the study will be presented, including strengths, weaknesses, and limitations of the study and the research method. The implications for practice, education, and future research regarding professional identity will also be discussed.

Overall Findings

These thirteen master academics described the lived experience of developing his/her professional identity within the context of his/her career and life. The first essential theme was Professional Identity as Individualized Construct. This essential theme was nested at the core of the overall phenomenon of professional identity and was an interrelated hybrid comprising of the three subthemes Self as Framework of Professional Identity, Professional Identity of Practice, and Professional Identity of Educator. Each participant possessed a matrix of values, characteristics, and experiences within self that was foundational to the other two subthemes. The subtheme of the Professional Identity of Practice was the realm where the participants developed his/her practice identity and specialty, which may be strongly linked or interwoven into the final subtheme of Professional Identity of Educator. This final subtheme was grounded in knowledge and values from the Professional Identity of Practice and the Self, and constructed from the building blocks of theory, an individual teaching philosophy, and beliefs about what a teacher should do/be.

These participants described the construct of the expert/ideal teacher as a crucial component of what a teacher should do and be. This construct was part of the Professional Identity of Educator, as it was an internal metric for performance as well as a guide for future growth. The participants described the expert/ideal teacher as one who strived for excellence, bridged the classroom to practice, and provided dynamic, individualized educational experiences. Despite the detailed descriptions of what the participants believed the expert/ideal teacher to be, most of the participants felt he/she had not yet attained that high level of teaching practice.

The next four essential themes were influencing factors on the essential theme of Professional Identity as Individualized Construct. The essential theme Workplace as Formative Agent influenced the professional identity through the subthemes of workload, infrastructure, and educational environment. A well-established infrastructure and a transparent and welcoming educational environment were described as being conducive to the development of expertise and professional identity, while a closed educational environment and/or fragmented infrastructure were described as challenging and difficult. The participants had to invest time and energy into exploring these areas that were not supportive, which took away resources from his/her development as an educator.

The essential theme Teacher as Lifelong Student illustrated the constant and ongoing learning within the careers of these master academics. The participants described how the subthemes of Learning from People, Learning from Practice, and Learning from Education were formative on his/her professional identity. The master

academics integrated positive and negative learning experiences into his/her professional identity, which was then actualized in teaching practice.

The essential theme of Relationships captured the interpersonal impact on professional identity. The participants described how the subthemes of Mentors and Role Models Form the Mold, Peers Make It or Break It, and Other Relationships Influence Identity provided ongoing interactions and context for the formative experiences within gaining expertise and establishing a professional identity. Role models and mentors gave impacted the participants' construct of the expert/ideal teacher through exhibiting behaviors which were deemed effective as a teacher. Positive peer relationships provided a web of support for the participants in challenging times, while other relationships also infused meaning into the experiences and actions of the participants.

The essential theme of Focus on the Students influenced, and was influenced by, the professional identity of the participants. The participants described how student relationships, student performance, and student outcomes directly impacted how he/she acted and grew as an educator, but also gave the work meaning and purpose through student development and indirect influence on patients and the profession.

The relationships and the interrelatedness of essential themes were shown through a three part conceptual model. Figure 1 highlights the essential theme of Professional Identity as Individualized Construct, which is at the core of the phenomenon of professional identity and is comprised of an interrelated hybrid of the personal, practice, and educator identity. The complete conceptual model (Figure 2) illustrated the essential themes of Workplace as Formative Agent, Teacher as Lifelong Student, Relationships,

and Focus on the Students, which were some of the influential factors on the development of professional identity. At the foundation of the conceptual model was the essential theme of Constant Reconstruction Over Time, which was the thread that held the overall phenomenon of professional identity together. The lived experience of developing a professional identity was a constant cycle of experience, definition, reflection and integration, and change, which resulted in increasing complexity of the phenomenon over time.

This study makes several contributions to the literature. First, this study adds the sparse pool of research evaluating the relevance of professional identity within nursing education, which strengthens the relevance to education, orientation, and practice. Second, the findings of a phenomenological study add to the overall description of ‘what is professional identity in nursing faculty’, which has been initiated by the four core studies presented in chapter one. Third, this study results in a new conceptual model, which can be used as a foundation to formulate evidence based practice activities within the education, orientation, mentoring, and networking of novice to expert nursing faculty. Finally, as the study has provided the groundwork for the importance and relevance of professional identity in nursing faculty, the findings have also framed numerous recommendations for future research, as discussed below, which will expand the future knowledge related to professional identity.

Theoretical Considerations

The foundational concepts of Wenger’s (1998) theory of Communities of Practice (CoP) were also evident in the findings of this study. Wenger (2012) stated,

“Communities of practice are formed by people who engage in a process of collective learning in a shared domain of human endeavor” (p. 1) and are defined by three primary characteristics. First, a CoP is defined by the domain. The domain is a shared base of interest, and membership implies commitment to, and an expertise in, the knowledge specific to that domain which makes members different from other people. Second, within a CoP, the establishment of a community is a network of relationships that promote mutual sharing, learning, and growth through interacting interpersonal processes. Third, Wenger asserted members in a CoP develop a shared practice, which includes skills, activities, and actions, which support the domain (pp. 1-2). Activities, which develop a shared practice, could include requests for information, seeking experience, visits, and mapping knowledge/identifying the gaps. The author, who is an educational theorist, notes

By contrast, nurses who meet regularly for lunch in a hospital cafeteria may not realize that their lunch discussions are one of their main sources of knowledge about how to care for patients. Still, in the course of all these conversations, they have developed a set of stories and cases that have become a shared repertoire for their practice (p. 2)

Wenger also noted the CoP is a frame of reference when an individual desires membership to a group. The novice must demonstrate understanding and commitment to the domain, within the parameters of shared practice, through the interpersonal relationships.

The interpretation of the phenomenon of professional identity revealed the participants actively working, learning, and growing within his/her communities of practice. The stories of the participants revealed the three primary characteristics of a CoP: the domain, the community, and the practice (Wenger, 2012; Wenger, 1998). As the participants were both nurses and teachers with different realms of expertise, he/she identified with multiple CoPs, which is consistent with Wenger's (1998) assertion that individuals can identify with multiple, interrelated CoPs and social identities.

The domain for these master academics was nursing education. The participants exhibited the two characteristics inherent in the domain of a CoP: commitment and shared competence. Participants described being dedicated to learning and growing in the knowledge of teaching, and, as one participant described, considered education a practice. "I believe it's a practice and believe it's an art and there is a good foundational amount of knowledge that underpins our practice as a nurse educator. Do you need nursing knowledge? Yes." (P3). These participants then actualized the domain of nursing within teaching, which is the CoP of nursing education. One participant describes her commitment to the knowledge within the CoP of nursing education, and how she aspired to learn and improve her expertise.

I think it was mostly my being motivated to be a good teacher. I think if I hadn't cared about wanting to be better and wanting to be sure that I was good at what I did, I could have slid through and continued to be... adequate, but that's not who I am and I wanted to be better, so I tried to learn how to be better. (P8).

The shared competence within the domain of nursing education distinguished them from direct care registered nurses or APRNs that were not nursing educators, and also from other college educators; whose domain was different, such as economics or chemistry, and therefore would claim membership in a different CoP. The shared competence exists at the macro level, with the practice and expertise of nursing/teaching. The shared competence also exists at the micro level, with being an expert in his/her area of teaching. One participant describes her scope of competence at both the macro level and micro level within the domain of nursing education.

I guess that as I have moved along that I'm seeing more of myself as a facilitator of the students' learning than I do as an expert that stands up there and pontificates and tells them the truth....but discussions we've had with our lunch and learns and things have validated for me and made me over the years come to see that that the teacher is the facilitator and the nurturer of learning. You can't open a person's brain and drop your expertise into theirs. It just doesn't work like that. (laughter)...I really believe that you shouldn't be trying to teach something that you don't do and I do research, so I've always comforted myself with that was that I really wanted to be comfortable with that. That is why I really tried to stay teaching in research/methodology courses because that's where I see my expertise is. (P10)

The community within a CoP was described by the participants and was reflected through the subthemes of Learning from People, Peers Make It or Break It, and Mentors and Role Models Form the Mold. The interactions between peers, mentors, and role

models provided a forum for learning, which in turn, demonstrated both the domain and the practice. Wenger (2012) stated the community is a web of relationships where members of the CoP support, help, and learn from each other. One participant described how his involvement in the community fostered his growth and expertise as an educator.

And you'll see when I did my little trajectory, I had this kind of small, very low slope of learning, and then when I came as resident faculty in 2001, it goes like this [sharp upward deflection] because suddenly, then, I was enmeshed in this learning environment, which is one of the major draws that brought me back in 2010, is to just be around my colleagues who give a rat's ass about what's going on in nursing and how we're educating and how we can best educate people to be nurses and advanced practice nurses, and how to do that in curriculum (P14).

The participant's description illustrated the how the relationships and interactions with his peers were an important part of his growth as an educator.

The master academics defined his/her practice through the contexts of nursing and teaching. This shared practice for these master academics involved both successful strategies regarding nursing education, as well as unsuccessful strategies experienced by others, which then could be avoided in the classroom. The same participant described his "request for information/seeking experience" (Wenger, 2012, pp. 2-3) as a way he accessed the shared practice of other expert nurse educators.

A text is fine, but really it's the doing it from which I learn the best, and that's a process with my colleagues that I enjoy as a social person...as we're doing these DNP scholarship courses, we need to develop when we say, 'okay, what's the best

way of getting a student to show their learning of this concept?’ And people say, ‘well, I did this,’ and somebody else will say, ‘well, I did this and thought it worked really well.’ I mean, how great is that, to hear what other people have done for learning activities to try to get it across, and what hasn’t worked, also, so I can skip that. (P14)

The description of this participant reflects the components of a CoP; domain (DNP education), community (the collaborative learning with peers), and practice (successful and unsuccessful strategies in the classroom).

Links to Existing Research

Schoening (2009), who evaluated the process within the transition from nurse to nurse educator, explained how those participants described a struggle in becoming a nurse educator and finding their place in academia. Participants were challenged in trying “to find where one ‘fit’ or ‘belonged’ in this new role” (p. 62). The participants in this study echoed these descriptions of times of struggle with fit and belonging, especially early in his/her career, as they negotiated the interpersonal displays and organizational expectations within the workplace. González and Font (2012) noted nurse educators are establishing a new identity, which is different than the professional identity of the direct care RN. This construction of a new identity in an academic environment would reflect the struggle with fit, as the nurse educator tries to find his/her place in teaching. This phenomenon also is noted with physicians who transition to academia, as that transition was “typified by periods of uncertainty and anxiety, particularly regarding what was expected of them” (Hurst, 2010, p. 242).

The participants in this study described strong feelings as a reflection of the struggle to find his/her fit as a novice educator. Stress, anxiety, doubt, and fear were the feelings most commonly described by participants, especially when the participants were novices. Participants used phrases like “fear provoking” (P5), “scared out of my mind” (P6), and “deer in the headlights look” (P11). As expertise and skills increased, participants described these feelings as being less powerful and influential, as he/she had confidence and trust in their educational abilities. One participant description of her trajectory teaching a new and challenging course shows the gaining of expertise over time and resulting comfort with the class. “It was a lot of study and I really felt maybe three or four years into it that I finally started to settle into the role of teaching that class. I finally felt comfortable....really comfortable inside” (P12).

The participants did not describe a conflict between the identity of nurse and the identity of educator, as the participants did in the studies by Chan (2001) and Findlow (2012). Chan described “paradoxical struggles” within the participants between the practice identity of the nurse and the academic identity of the educator (p. 11). This identity conflict was attributed to differences in the priorities of the biomedical model in practice and the humanistic, holistic model in the classroom, which was also described by Findlow (2012).

Despite these master academics clearly articulating a specialized identity of practice, the participants did not describe an inner identity conflict, but a compliment and blending of the roles, as his/her extensive practice/education perspective enabled the

participants to see nursing and education practice from a broad systems perspective. As one participant described:

The 'me' that's a nurse can't be separated from the 'me' that's a teacher, or who I am as a person. I'm conscious all the time of bringing my whole self to the teaching and not leaving those parts at home...To me, they feel all blended...but they don't feel separate anymore as they did at the beginning when I was first teaching (P12)

The findings of this study closely mirror Shoening's (2009) conclusions, whose model terminates in a strong identification of teaching grounded in nursing practice (pp. 62-63). Participants in this study described degrees of blending of identities, and an interrelationship between practice and teaching; where skills, experiences, and abilities were used wherever the participants may be. The blending of identity was also noted in the literature in medicine. Stone et al. (2002) also found additional identities resulted in interactive, not isolated and ranked, professional identities. "...the identities of teacher and doctor support each other...There was a strong tendency to see the images tied together" (p. 183). However, one factor to consider is, due to memory and recall, these participants may have experienced that identity conflict at an early point in his/her career, but did not describe it during the narrative interviews.

Prior research evaluating professional identity in nurse educators described the temporal trajectory within professional identity development. The essential themes in the study by Coleman (1994) used the words 'constant', 'ever changing', 'subsequent', and 'facilitating', which illustrate the constant change of professional identity over time.

Other researchers evaluating professional identity in nurse educators echo Coleman's findings. Chan (2001) described how professional identity is "disrupted by change...which they constantly try to modify and negotiate in order to regain an equilibrium..." (p. 211). Findlow (2012) also described a temporal aspect of professional identity; as certain influential factors, such as high workload, lack of confidence, and a limited sense of belonging *resulted* in disillusion, which negatively influenced the participants (p. 131). Schoening (2009) directly described the temporal aspect of professional identity. The researcher used grounded theory methodology, which revealed the Nurse Educator Transition Theory model. This model illustrated the transformation of professional identity over time (pp. 62-63).

The participants in this study created a temporal trajectory of professional identities through the stories embedded in his/her career and life. These master academics described using previous education and experiences to guide his/her current actions, gaining expertise over time, and the transition to becoming an expert master academic. One participant provided her metaphor for her growth as a master academic and how her comfort in her role has made her feel.

As you know, when you first start in academia or in any profession, your snowball is so little. Your ball of knowledge is so little that over time, as you roll it through the knowledge snow, it grows and grows. I feel like my snowball is pretty big right now, so every time I hear something or read to prepare for a lecture, my knowledge base is already so big that I just can pick up on so much more minutia that I never paid attention to before because I have the basic facts

down and my knowledge base has really grown so greatly. That's a nice place to be; that's a great place to be. To continue to grow from that point is very nice and, in a sense, relaxing. There's not a lot of pressure or tension any more (P5).

This participant's metaphor of her career trajectory over time illustrates her increasing knowledge within a career trajectory, which shows gaining expertise and complexity over time.

Links to Related Literature

The findings of this research study reflect findings found in the literature exploring professional identity in nursing, teaching, and medicine. The phenomenon of professional identity in these thirteen master nursing academics does not match fully with the literature within nursing, but is tied to distinct findings within all three disciplines. This research resulted in a new conceptual model for nursing, which reflects the phenomenon of professional identity in these master academics, and brings together the major themes noted in a visual representation.

The concept of the expert/ideal professional was found in the literature within teaching and medicine. The concept of the ideal/expert teacher was a common finding in the teaching literature. The literature describes the concept of the ideal/expert teacher as the 'good teacher'. The image of the "good teacher" is initially constructed before a student begins to take coursework, built upon through education and teaching experience, and is a goal for professional development. Teachers considers the identity of the "good teacher" to be an ideal, preferred identity (Brown et al., 2008, p. 175; Smith, 2012, p. 157). In addition, medical students also develop the concept of 'what is the ideal doctor',

and is reflected in the literature as terms such as ‘super doc’ (Cave & Clandinin, 2007, p. 79) or the ‘good/healing doctor’ (Monrouxe, 2009, p. 48, 55).

In this study, the participants described a construct within his/her identity of educator called the ‘expert/ideal teacher’. The participants built the construct of the expert/ideal teacher, which was grounded in personal values and beliefs, education, previous experiences as a teacher and as a student, and interactions with positive and negative role models. The construct of the ideal/expert teacher was used as an internal metric to judge current performance and to plan for future growth. One participant summarized the influence of his construction of the expert/ideal teacher on his teaching practice.

I always had an eye for ‘how do I become a better teacher, how to become an expert teacher or work towards becoming an expert teacher?’ I think that is really ideal and I’m not there. I think I work toward that as an ideal...(P11).

The review of the teaching literature revealed three groups of characteristics that were described as being the ‘good teacher’. The characteristics were attitudes and actions that were focused on the profession of teaching, the student, and the teacher. In this study, the participants described the expert/ideal teacher by how the ideal teacher behaved and acted within self and what the teacher did for others. The participants considered it necessary for an expert teacher to maintain expertise, strive to be expert, and to maintain high standards for self and others. One participant described these characteristics as “staying hungry”, and considered the constant quest for knowledge and expertise an integral component of his teaching practice.

That has been the biggest influence, a hunger for learning and having the skills to learn, and having this stay-hungry attitude. There is always another book to read or another article to read or another study to do. I think that is an important attitude for academics (P11).

The study participants also described the expert/ideal teacher exhibiting behaviors directed towards others. Participants described the construct of the expert teacher as one who facilitated difficult learning, considered learning a collaborative process, and bridged practice to the classroom. One participant describes how her construct of the expert/ideal teacher would behave within a collaborative learning relationship and what the benefit of that collaboration would be.

I think that my ideal teacher is somebody that's able to engage the students in learning. This year, in patho [pathophysiology] we're doing a thing called "The Fire of Curiosity." I don't know where that term came from a couple of years ago, but if we can just get the student to be curious, if we can get them to be engaged in the learning...I think that's the ideal teacher, somebody, to me, that can just inspire that curiosity, that can make them want to go out and learn more, and dig up more on their own.... it's really being able to relate to somebody, and to be in a relationship where you can learn together, where people bring different pieces of it to the table, and you put it together and you grapple with it, and you dialogue about it. Then the whole learning gets bigger because of what each person brought. (P12)

The temporal component of professional identity within these master academics is also reflected in the literature describing conceptual models illustrating professional identity in direct care nurses. Gregg and Magilvy (2001) utilized grounded theory to develop a model illustrating the process of a nurse developing a professional identity. The model links the major themes (influencing factors) within an ongoing, temporal spiral, with the terminal described as “integrating a nurse into self” (p. 52). MacIntosh (2003) also revealed a temporal aspect of professional identity. In MacIntosh’s model, the professional identity became more complex over time, as the nurse advances towards expert practice. Deppoliti (2008) mirrored the findings of MacIntosh with a study focusing on nurses within their first three years of practice. The author described a process of developing professional identity, where transitions to the next stage of development were triggered by specific events.

These master academics describe the trajectory of professional identity development in a similar fashion as those studies that were conducted with direct care nurses. The participants describe an ongoing process of professional identity development and increasing expertise. One participant described her growth over time.

It was a quiet but steady development for me... I’m sure there were other moments that define me. It was really a gradual thing, and it always felt like I was headed for the way I was supposed to be (P3).

Another participant, when asked about her identity as an APRN and as a teacher, also described the temporality facet of professional identity.

I might say something different tomorrow, but I think what I would say is I would define myself as a person with a strong clinical practice base with expertise as a teacher and a scholar...researcher...scholar, whatever, engaged in the broader profession with a tremendous opportunity to really educate the next generation of clinicians and researchers, and mentor them. The funny thing is, for me, it evolved over recent years, probably a very common phenomenon (P15).

Both of these participants' conversations reflect the findings of Deppoliti (2008), MacIntosh (2003), and Gregg and Magilvy (2001), who discussed the phenomenon of professional identity developing, and became more complex, over time.

The illustrated career trajectory of one participant illustrates the temporality of professional identity and closely mirrors the conceptual model of Gregg and Magilvy (2001). The participant's illustrated career trajectory would be classified as a straight trajectory, with an even upward slope (Figure 3). She drew a spiral surrounding the straight trajectory, and described it as "that would be the ups and downs, the building on, but feeling a trajectory" (P6). Gregg and Magilvy (2001) also used a spiral on an upward trajectory, and called the core concept bonding into nursing, which was impacted by influential factors at various points of the spiral (p. 52). The findings of the authors, and the description and illustration of the participant, show the definition/redefinition of professional identity, and the integration and influence, of various factors, over time.

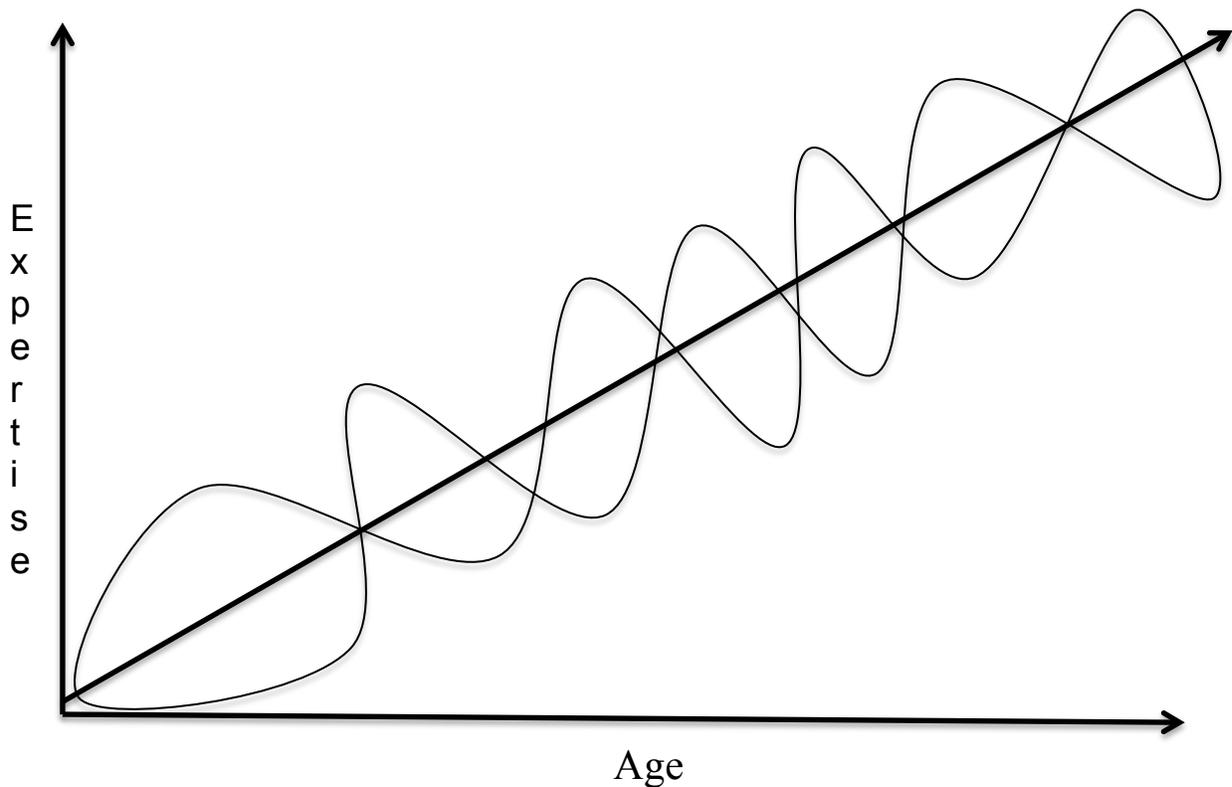
Figure 3

Participant's Illustrated Career Trajectory, Straight/Spiral

Draw a timeline representing the course of your career. The horizontal line represents your age, while the vertical line represents growth and expertise as an academic.

Show any increases in growth and expertise with an upward sloped line; Show any decreases in growth and expertise with a downward sloped line. A steep upward or downward line represents rapid change, while a gradual change in the line represents a slower change.

Mark and describe any points in the timeline that are important to you or relevant to your career development.



Links to Current Concept Analyses

Two primary concept analyses regarding the phenomenon of professional identity in nursing and teaching were found in the literature. Öhlen and Segesten (1998) and Beijaard et al. (2004), completed a formal concept analysis in the professions of nursing and teaching, respectively. The overall fit of this study in relationship to the two concept analysis is presented below.

Öhlen and Segesten (1998) completed a concept analysis evaluating the phenomenon of professional identity in nursing. The authors state professional identity has several features: the professional and personal identities are integrated, the phenomenon is a representation of the experience of being a nurse and “other people’s image of the person as a nurse”; it appears on a strong/weak continuum, and “is developed in socio-historical context through intersubjective processes of growth, maturity, and socialization where interpersonal relationships are important and attained maturity of the nurse influences future growth” (p. 725). The findings of this study, though focused on master nursing academics show similar patterns to the concept analysis of Öhlen and Segesten. The participants’ described the integration of the personal and professional identity (Essential theme of Professional Identity as Individualized Construct), the experience of being a nurse educator and the image from others (Essential themes of Relationships and Focus on the Students, the strong/weak continuum (Essential theme of Constant Reconstruction over Time), and context/growth (Essential themes of Workplace as Formative Agent, Teacher as Lifelong Student, and Workplace as Formative Agent). However, the concept analysis of professional identity

drew from literature focusing on student and practicing nurses, and therefore does not fully capture, or fit, the phenomenon of professional identity in master nursing academics, which drives the recommendations for future research, discussed below.

Beijaard et al. (2004) completed a concept analysis evaluating the phenomenon of professional identity in teaching. The authors found four essential features of professional identity: ongoing process, person and context, subidentities that more or less harmonize, and active participation in the process of professional development (p. 122). This research study exploring professional identity in master nursing academics, framed within the concept analysis of Beijaard et al., notes some similarities and a significant difference. The findings of this research study are congruent with the essential features of ongoing process (Essential theme of Constant Reconstruction over Time), person and context (Essential themes of Relationships, Focus on the Students, and Workplace as Formative Agent), and active participation in the process of professional development (Essential theme of Teacher as Lifelong Student). However, the participants in this study did not express distinct subidentities, but a blended professional identity within nursing and teaching.

A formal concept analysis was not found for the neighboring profession of medicine. However, the concept analyses of professional identity in teaching and nursing, viewed in context with the findings of this study, illustrate the need for additional research regarding professional identity in nurse educators, as neither concept analysis fully represented the phenomenon of professional identity as described in this study.

Critique of the study

Strengths and weaknesses of the study. The primary strength of the study was the consistency between the research question, design, and method. The researcher wanted to know ‘what was professional identity’ within nurse educators who were experts in the field. Hermeneutic phenomenology was an appropriate choice of qualitative methodology to explore this phenomenon, as the resulting interpretation from the data would result in a representation of the phenomenon of professional identity as described by these thirteen master academics. The three qualitative data sources were appropriate and relevant choices for data collection. The philosophical underpinnings, data collection, and data analysis directly support the aim of the study, as quantitative methods and measures would not be appropriate for interpreting the phenomenon of professional identity.

Another strength of the study was the three ways the participants were asked to describe professional identity. The written narrative, illustrated career trajectory, and narrative interview gave the participants opportunities to reflect upon and to describe his/her professional identity in different ways, highlighting meaningful and relevant experiences in his/her life. The multiple data sources within a phenomenological research study served two functions. First, the data sources promoted reflection, which translates the most fitting experiences into language. The participants were provided with the study overview, grand tour and probe questions, and instructions for the written narrative and illustrated career trajectory prior to the interview. The participants had time to consider which of their life experiences were most relevant and meaningful within the

context of the research study. First, reflecting on the defining moment allowed the participant to recall a vivid experience that was an ideal fit for the guidelines of the written narrative through writing (van Manen, 1997, p. 64) and transformed “the event-as-experienced into the event-as-told” (Sandelowski, 1999, p. 82). Second, the three data sources are a form of methods triangulation, which, as Polit and Beck (2008) note, involves using different data sources to investigate a common phenomenon, which promotes dependability of the findings.

The extensive and rich literature pool was a considerable strength of this study. The body of literature exploring professional identity in nursing, teaching, and medicine was read, interpreted, and synthesized concurrently with the data collection and analysis. The literature review provided information out of the scope of personal experience regarding, or related to, the phenomenon of professional identity and deepened the reflection upon, and interpretation of, the overall phenomenon (van Manen, 1997, pp. 74-76.).

One limitation to this study is that the temporal perspective of professional identity may have limited the reflection, discussion, and interpretation. Due to the limitations of memory over time, the final interpretation and representation of professional identity may have been incomplete. The participants who had many years of academic experience acknowledged that there were many more notable people and events that influenced his/her career trajectory and professional identity than he/she could recall. As one participant noted, when asked about an event early in her career, “That was too long ago. That was thirty-some years and I just...I don’t remember. They

probably did, but something must have helped me get better at it. I honestly can't remember, but I got through somehow" (P10). The participants were either unable to recall, and therefore unable to describe, those events or provided a generalized description of what he/she was able to recall.

Another limitation is the uncertainty of some of the participants may also have limited the final representation and interpretation. Some of the participants required numerous follow up and clarification questions during the narrative interview, as the descriptions were incomplete or not very detailed. These participants seemed very concerned and preoccupied with his/her stories being 'right' instead of merely describing what the experience was for him/her. The preoccupation with 'rightness' may have limited the descriptions by some participants, and thereby limited the overall interpretation.

A final limitation is this interpretation of the phenomenon of professional identity is an end product of the experiences of these thirteen master academics. The interpretation of the data is a representation of the phenomenon of professional identity as told by this group of participants. A different group of master academics may tell different stories, resulting in a different interpretation and resulting recommendations for practice.

Strengths, Limitations, Weaknesses, and Challenges of Research Design. The strengths of the research methodology benefited the participants and the researcher. As the researcher reflected on her own perceptions and experiences while interacting with the experience of the participants, she gained additional experience and understanding

around the phenomenon (van Manen, 1997, p. 62). The methodology also benefited the research findings. The interviewing and discussion of the phenomenon required recollection and conscious thought or reflection. (van Manen, 1997, p. 10). This reflection and thought brought the phenomenon into consciousness, where it was described in a detailed fashion. The findings of the research were easier to describe and communicate because the phenomenon is described in everyday language (Polit & Beck, 2008, p. 507).

The strengths of the research methodology were also noteworthy limitations. Hermeneutic phenomenology explores the meaning and lived experiences; the findings are a thematically based rich description. "...the findings will not result in a theory to explain and control the world" (van Manen, 1997, p. 9). Grounded theory or quantitative approaches would be more suited to that scope of a research question. In addition, hermeneutic phenomenology does not attempt to "explicate meanings to particular cultures...to certain social groups...to historical periods...to mental types...or to an individual's personal life history" (van Manen, 1997, p. 11). Research methodology or disciplines with these scopes would include ethnography, sociology, history, psychology, and biography, respectively. The chosen methodology was consistent with, and appropriate for, the scope of the research question.

The weaknesses of hermeneutic phenomenology are related to recollection and experience. The phenomenon cannot be fully or accurately captured as any form of reflection and recalling is "a transformation and interpretation of the original experience" (van Manen, 1997, p. 54). Armour et al. (2009) support van Manen's assertion as the

authors state “knowledge or knowing is considered subjective, incomplete, and transactional” (p. 106). The limitations of recalling, knowing, and interpreting limited fully inclusive descriptions and make full descriptions impossible, as another interpretation could be richer or complimentary (van Manen, 1997, p. 18, 31).

There were challenges to hermeneutic phenomenology as a research methodology. As the functional underpinnings of the methodology hinged on determining themes through extensive descriptions, the researcher was challenged by the amount of data, the ongoing constant comparison, and the tenuous journey to repeating essential themes (Polit & Beck, 2008, p. 507). The volume of data also resulted in a significant expense and/or time investment into interviewing, transcription, and analysis (Whitehead, 2004, p. 514). In addition, as the criterion of transferability requires description and detail, the researcher was challenged in capturing the vividness and complexity of the data (Polit & Beck, 2008, p. 507) and the detailed explanation of interview techniques and procedures (May, 1989, p. 177).

Implications for Future Research

The literature investigating professional identity in nursing education is very sparse. The extensive literature within teaching, medicine, and many neighboring professions, such as social work, respiratory therapy, and occupational therapy, has established the relevance and usefulness of the phenomenon, and it should be explored fully with the population of nursing faculty, as there may be additional unique characteristics within the phenomenon of professional identity, which could have the potential to influence evidence based practice (EBP) in nursing education. The

application of EPB to curriculum for nurse educators, orientation, and formal mentoring, has the potential to reduce the impact of reality shock (Locasto & Kochanek, 1989) on novice educators, as well as reducing burnout in expert educators.

In addition, the literature and research discussing the relevance of professional identity in nursing, as compared to teaching and medicine, is also not consistently developed, nor integrated. Johnson, Cowin, Wilson, and Young (2012) also note that trend in the literature and state “Further empirical research into the theoretical concepts that underline professional identity, and the factors that influence changes in this important construct in nursing, is required” (p. 562). It is worth noting that the most commonly cited concept analysis describing professional identity in nursing, though still relevant and useful, was published by Öhlen and Segesten in 1998.

This phenomenological research regarding professional identity should be repeated with novice and expert nursing faculty. Repeating this research with another group of master academics would expand the description of professional identity by revealing meanings and experiences unique to those participants. Utilizing this research framework with novice nursing faculty would also expand the understanding of professional identity development early in an academic career. Due to the length of the academic career, many master academics noted many meaningful experiences early in his/her career had been forgotten, or not recalled in vivid detail. Research with novice nursing faculty would fill that gap, and contribute to the overall representation of professional identity in nursing academics over time.

More attention needs to be given to the phenomenon of professional identity over time. Many of the research evaluated professional identity at one or two career points or with a set inclusion criterion of years of nursing experience. Cook et al. (2003) and Secrest et al. (2003) described the initial construct of professional identity within entering students into a university setting. Other studies evaluated professional identity three years after graduation (Deppoliti, 2008) and five years after graduation (Fagerberg, 2004). The participants in the study by MacIntosh (2003) were nurses enrolled an RN to BSN program, and had a wide range of years of experience. Fagermoen (1997) was the only research study that explored professional identity over time. The researcher gathered data at five-year intervals (1980, 1985, and 1990). Additional longitudinal studies with one group of participants over time would expand the knowledge regarding professional identity, as the data regarding the experiences and processes would be ‘fresher’, as recall would be closer to the actual event, and would not be degraded by the limitations of long term memory and description. The current literature should also be evaluated as a whole via a longitudinal metasynthesis to determine if patterns, trends, or themes exist over a career trajectory, or if substantial links exist between the process of professional identity and Benner’s (1982) theory of novice to expert.

Professional identity should also be researched from the terminal perspective of retirement. Grounded theory and/or phenomenology would be useful qualitative research methods to describe the phenomenon, and experience, of transitioning from academia into retirement. As one participant noted, the reflection required for the research methods helped her frame the impact of her career and to end her professional career on a positive

note. Other anecdotal conversations with retired nursing faculty have revealed challenges and struggles in that redefinition of the personal and professional identity outside the context of a lifelong career in academia.

Additional research could focus on males in nursing and in teaching. Researchers have hypothesized male direct care nurses experience and construct their professional identity in a different way than females do. Adams et al. (2006) noted, “This suggests that men and women not only display different levels of professional identity, but they may also experience it qualitatively differently” (p. 58). In this study, the two male master academics experienced and constructed their identity in the same fashion as female participants did. The only experience that was different was the discussion regarding tokenism in direct care practice, and how those experiences influenced their professional identity as a master nurse academic. Research exploring professional identity in males would result in knowledge that would be beneficial for the orientation and career development of male nurses and male nurse faculty, as males are an underrepresented group in nursing and nursing education.

Grounded theory should be utilized in future research to determine the inherent processes within novice, intermediate, and expert nursing faculty. These studies would compliment and expand upon the knowledge and theoretical model provided by Schoening (2009) and the grounded theory studies within nursing. Johnson et al. (2012) called the process of professional identity development a pathway, and notes the “pathway or trajectory for the development of professional identity does appear to be definable from the literature” (p. 567). The recommended research studies would

influence the literature by providing a theoretical foundation for professional identity development within a career trajectory, which could be utilized in educational courses, orientation and mentorship programs, and as a reflective tool.

Grounded theory and phenomenology would be ideal for future mixed methods studies, as the results would show the inherent processes as well as an interpretation of the phenomenon of professional identity with one group of participants. Accurate use of, and methods triangulation with, each of the research strategies would prevent what Baker, Wuest, and Stern (1992) termed method slurring, which is a significant threat to trustworthiness, while providing rich and relevant findings.

This researcher has noted minimal quantitative research exists on the construct of professional identity. It was hypothesized that, due to the individualized and intrinsic nature of professional identity, it would be difficult to measure through a tool which was reliable, valid, and had useful implications for practice. However, Worthington, Salamonson, Weaver, and Cleary (2013) tested the McLeod Clark Professional Identity Scale, and used the scale to determine the relationship between professional identity and retention of nursing students. The researchers determined that Cronbach's alpha coefficient was 0.83. Chronbach's alpha coefficient measures the internal consistency of a tool that contains multiple subparts (Polit & Beck, 2008, p. 750). A finding of 0.83 shows moderately high internal measures, as 0.7 or greater is the usual target, and shows the items within the tool are internally consistent. The researchers found students with high professional identity scores at the baseline measurement were more likely to be enrolled in the nursing program at one year. Despite extensive review of CINAHL and

the Health and Psychosocial Instruments (HaPI) databases, no other studies were found that either reviewed the MCPIS-9, or used the tool in research. The research study of Worthington et al. should be replicated to verify the reliability and validity of the MCPIS-9 with nursing students. A mixed method study, using qualitative interviews, would also deepen the understanding of professional identity in nursing students. These research studies would also promote clearer advising, coaching, and tutoring, which would promote retention of nursing students.

However, this researcher, grounded in the theory of the CoP, would challenge research using a tool to measure professional identity in newly entering nursing students. If a professional identity does not develop until exposure to the discipline, community, and practice of the CoP of nursing within the education setting; the novice student would have only an preconstructed identification and understanding of the profession, grounded in personal assumptions, previous experiences in health care, and influences from other sources, such as the media. Per Fagermoen's (1997) definition, the students' 'professional identity' would be fragmented and incomplete.

Neighboring concepts, such as the professionalism and professionalization, should also be clearly defined from and mapped in relationship to the phenomenon of professional identity. As Johnson et al. (2012) noted, the literature in nursing is not clear, nor consistent, regarding the definition or application of professional identity. Keeling and Templeman (2013) stated professionalism is directly influenced by professional identity and found nursing students' observations of practicing nurses and role models help mold their professional identity and subsequent behaviors. Brown, Stevens, and

Kermoude (2012) considered professionalization to be the process in which student nurses attain a professional identity within the forum of education. The authors identified seven domains in which a clinical teacher influenced the development of professional identity. As nurse sensitive outcomes and a safe working environment are impacted by the professional behaviors of nurses, the research should clearly demarcate the definition and scope of professional identity and neighboring concepts.

The literature and future research regarding professional identity should be explored across disciplines. The three disciplines of medicine, nursing, and teaching described the same phenomenon, but oriented to the phenomenon with minimal theoretical overlap. The pool of literature for each group revealed a common general construct, with different theoretical views, and a broad array of concepts regarding the development of professional identity. For example, each profession stressed the importance of reflective practice for the development of professional identity, but each group had a pool of fairly distinct ways reflective practice was actualized. Each discipline would benefit from a current concept analysis, and those resulting concept analyses could be evaluated from a metasynthesis perspective to see if an interdisciplinary concept could be developed.

Finally, the CoPs of nursing and nursing education need a consistent champion regarding research and implications for practice related to professional identity. The professions of teaching and medicine both have expert champions in the realm of professional identity. Beauchamp and Thomas have published foundational articles regarding the importance of professional identity in teachers and how it can be

strengthened during education and teaching practice. Monrouxe and Cave and Clandinin have also consistently published recommendations regarding the impact of professional identity in medicine. Nursing needs a similar champion to unify, solidify, and actualize the current and future literature through a series of conceptual and temporal analyses.

Implications for Nursing

The findings of this research study have implications for the education, mentoring, and career development of master and novice academics alike. Education and interventions grounded in the knowledge, experiences, and advice of the master academics have the potential of directly improving job satisfaction and retention, while decreasing burnout and distress. The literature focusing in professional identity in nurses noted if a nurse has a developed professional identity, he/she more readily adapts during times of stress and change (Cook et al., 2003, p. 316), works more effectively with other disciplines (Arndt et al., 2009, p. 20), and is an empowered practitioner (Roberts, 2000). These strengths noted within a nurse with an established professional identity are factors that should be promoted in novice and master nurse educators.

The literature in nursing, teaching, and medicine seems highly concerned, and rightly so, with the transition of novice practitioners from college to practice. However, the findings of this study show the phenomenon of professional identity is developed beyond the novice stage, along a lifelong trajectory, which is constantly being influenced by education, practice, and interpersonal relationships and experiences. Advanced beginner, competent, and expert (Benner, 1982) nurse educators continually grow and gain expertise within his/her practice. As the participants noted, collegial relationships

and mentoring were influential as he/she moved towards being a master academic. These findings are consistent with Wenger's (1998) CoP, who noted all participating members within a CoP continue to grow and gain expertise, as he/she continues to learn the domain and practice, through the community. This participation is not limited to novices, and should be promoted for all nurse educators in practice.

Adegbola (2013) complimented Wenger's CoP with a term called "scholarly tailgating". The author describes how an individual can "create an aerodynamic lift for their career by networking and benefiting from their professional partners' expertise" (p. 17). The author encourages creating a community of learning through the development of homophilic and heterophilic relationships, which have the same and different goals and processes, respectively. Adegbola stated the blend of the two types of relationships can foster professional growth and scholarly development. The author's recommendations reinforce the necessity for novice and master academics alike to participate in various interdisciplinary and interdisciplinarity communities of practice; through collaborative scholarship, research, and education.

The lessons learned from nearly a quarter century of experience within these master academics should be applied to the transition of a novice educator from practice to academia. The participants described multiple concepts, which promoted access to, and learning from, the CoP. Formal mentoring relationships, within both the discipline and within the university, would be the ideal model, as Adegbola (2013) described these heterophilic and homophilic relationships as forming a "powerful flock" (p. 19). The "powerful flock" would provide knowledge of the culture of the organization, the 'how

to' of everyday work, and, by sharing common experiences and lessons learned, decrease stress and burnout. Not having this information can be challenging, and require extensive effort, as one participant noted “We did not really have a mentorship program yet at that point for new faculty, and so I kind of muddled my way through the maze of [university name] for those first few years” (P9).

These lessons need to be integrated into nursing and nursing education. In 1981, Helen Cohen, Director of Psychological Services at Cook County School of Nursing, published a book titled *The Nurse's Quest for Professional Identity*. In the preface, the author writes:

On this note, a brilliant nurse educator left the field for another occupation. I was sorry to see her leave, but I was not surprised. After 10 years of advising nursing students, consulting to groups of practicing nurses, and reviewing the nursing literature, I wondered why she had remained in nursing so long (20 years), and that she was leaving ambivalently, not angrily. Anger, rampant or disguised, is nursing's hallmark, and attrition is part of its process (p. v).

Nursing education should not meekly bow its head to the attrition of nurses and of nurse educators. Only through a concerted effort to research, and then integrate, findings regarding professional identity, professionalization, and professionalism, will nursing, as a whole, finally construct the overall identity of the profession, promoting solidarity, pride, and accountability to our community of practice.

Closing

The lived experience of professional identity in these thirteen master academics was a complex, challenging, and highly interrelated experience. Interpersonal, intrapersonal, and systemic experiences in the past shaped who he/she was today, and, the experiences of today are integrated into self, to impact who the participant will become tomorrow. This study illustrated the intricate nature of the participants' lives, as framed within the context of what it means to be a nurse and a teacher and the impact these master academics have had on students, patients, and nursing/teaching practice.

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Appendix A Initial IRB Approval: University of Minnesota

UNIVERSITY OF MINNESOTA

Twin Cities Campus

*Human Research Protection Program
Office of the Vice President for Research*

*1328 Mayo Memorial Building
420 Delaware Street S.E.
MMC 820
Minneapolis, MN 55455*

*Office: 612-626-5654
Fax: 612-626-6061
E-mail: irb@umn.edu or ibc@umn.edu
Website: <http://research.umn.edu/subjects/>*

03/21/2012

Brenda A Becker
2552 Kenzie Terrace Apt 229
Saint Anthony Village, MN 55418-4154

RE: "The Lived Experience of Professional Identity in Master Nursing Academics"
"Professional Identity in Master Nursing Academics"
IRB Code Number: **1203P10881**

Dear Dr. Becker:

The Institutional Review Board (IRB) received your response to its stipulations. Since this information satisfies the federal criteria for approval at 45CFR46.111 and the requirements set by the IRB, final approval for the project is noted in our files. Upon receipt of this letter, you may begin your research.

IRB approval of this study includes the recruitment letter received March 1, 2012 and the consent form received March 19, 2012.

The IRB would like to stress that subjects who go through the consent process are considered enrolled participants and are counted toward the total number of subjects, even if they have no further participation in the study. Please keep this in mind when calculating the number of subjects you request. This study is currently approved for 6 subjects. If you desire an increase in the number of approved subjects, you will need to make a formal request to the IRB.

For your records and for grant certification purposes, the approval date for the referenced project is March 14, 2012 and the Assurance of Compliance number is FWA00000312 (Fairview Health Systems Research FWA00000325, Gillette Children's Specialty Healthcare FWA00004003). Research projects are subject to continuing review and renewal; approval will expire one year from that date. You will receive a report form two months before the expiration date. If you would like us to send certification of approval to a funding agency, please tell us the name and address of your contact person at the agency.

As Principal Investigator of this project, you are required by federal regulations to inform the IRB of any proposed changes in your research that will affect human subjects. Changes should not be initiated until written IRB approval is received. Unanticipated problems or serious unexpected adverse events should be reported to the IRB as they occur.

The IRB wishes you success with this research. If you have questions, please call the IRB office at 612-626-5654.

Sincerely,



Christina Dobrovolny, CIP
Research Compliance Supervisor
CD/ks

CC: Cynthia Peden-McAlpine

Appendix B

IRB Approval: Metropolitan State University



Human Subjects Review Board
NOTICE OF APPROVAL

Date: September 5, 2012

TO: Brenda Becker

FROM: Brian Goodroad, HSRB Chair

RE: HSRB Application #02, **The Lived Experience of Professional Identity in Master Nursing Academics**

The Human Subjects Review Board has reviewed and approved the research proposal referenced above.

The approval is good for one year from the date noted on this memo. As the responsible project investigator of this study, you assume the following responsibilities:

CONTINUING REVIEW: You are required to apply for renewal of approval at least once a year for as long as the study continues. The enclosed **Research Status Form** is used for this continuing review. If you complete your research prior to the end of the year of approval, please complete and submit the enclosed **Research Completion/Termination Form**.

AMENDMENTS: Investigators are required to report any changes to the research study, including study design, subject recruitment procedures, consent forms and procedures, and subject population (including size). New procedures must not be implemented without review and approval of the HSRB. Minor protocol amendments must be requested from the HSRB on the enclosed Research Minor Modification form. Major modifications require the investigator to submit a new application.

ADVERSE EVENTS: Adverse events are unexpected problems whose nature, severity, and frequency are not described in the information provided to the HSRB or to subjects. Examples include unexpected complications for a subject, missteps in the consent documentation, or breaches of confidentiality. As the responsible project investigator you

are responsible for reporting any adverse events to the HSRB within 10 working days of the event.

KEEPING RECORDS: Researchers must maintain a file of all documents concerning the use of human subjects in research for at least three (3) years. The documents that researchers must have on file include: 1) a copy of the original application submitted to the HSRB, 2) the HSRB notice of approval or approval renewal, and 3) copies of all other correspondence with the HSRB. HSRB records are subject to inspection by federal authorities. Sanctions for incomplete or nonexistent records include suspension of funding, fines, and exclusion from future funding.

For further information regarding the above, please consult the HSRB website at www.metrostate.edu/hsrb.

Appendix C

IRB Approval: University of North Dakota

U N I V E R S I T Y O F  N O R T H D A K O T A

INSTITUTIONAL REVIEW BOARD
c/o RESEARCH DEVELOPMENT AND COMPLIANCE
DIVISION OF RESEARCH
TWAMLEY HALL ROOM 106
264 CENTENNIAL DRIVE STOP 7134
GRAND FORKS ND 58202-7134
(701) 777-4279
FAX (701) 777-6708

August 30, 2012

Brenda Becker, Ph.D.
2552 Kenzie Terrace #229
Saint Anthony Village, MN 55418

Dear Dr. Becker:

We are pleased to inform you that your project titled, "The Lived Experience of Professional Identity in Master Nursing Academics" (IRB-201208-042) has been reviewed and approved by the University of North Dakota Institutional Review Board (IRB). The expiration date of this approval is August 30, 2013. Your project cannot continue beyond this date without an approved Research Project Review and Progress Report.

As principal investigator for a study involving human participants, you assume certain responsibilities to the University of North Dakota and the UND IRB. Specifically, an unanticipated problem or adverse event occurring in the course of the research project must be reported within 5 days to the IRB Chairperson or the IRB office by submitting an Unanticipated Problem/Adverse Event Form. Any changes to or departures from the Protocol or Consent Forms must receive IRB approval prior to being implemented (except where necessary to eliminate apparent immediate hazards to the subjects or others.)

All Full Board and Expedited proposals must be reviewed at least once a year. Approximately ten months from your initial review date, you will receive a letter stating that approval of your project is about to expire. If a complete Research Project Review and Progress Report is not received as scheduled, your project will be terminated, and you must stop all research procedures, recruitment, enrollment, interventions, data collection, and data analysis. The IRB will not accept future research projects from you until research is current. In order to avoid a discontinuation of IRB approval and possible suspension of your research, the Research Project Review and Progress Report must be returned to the IRB office at least six weeks before the expiration date listed above. If your research, including data analysis, is completed before the expiration date, you must submit a Research Project Termination form to the IRB office so your file can be closed. The required forms are available on the IRB website.

If you have any questions or concerns, please feel free to call me at (701) 777-4279 or e-mail michelle.bowles@research.und.edu.

Sincerely,



Michelle L. Bowles, M.P.A., CIP
IRB Coordinator

MLB/jje

Enclosures

Appendix D

IRB Approval: Saint Catherine University



October 16, 2012

Brenda Becker
2552 Kenzie Terrace, #229
Saint Anthony Village, MN 55418

Re: IRB#12-EXP-35 The Lived Experience of Professional Identity in Master Nursing Academics

Dear Ms. Becker:

Thank you for your reply to the St. Catherine University Institutional Review Board (IRB) letter of 10-15-12 outlining the stipulations required for approval of the research project listed above. You have addressed all concerns and clarifications as requested. As a result, your project is approved.

Please note that all research projects are subject to continuing review and approval. You must notify the IRB of any research changes that will affect the risk to your subjects. You should not initiate these changes until you receive written IRB approval. Also, you should report any adverse events to the IRB. Please use the reference number listed above in any contact with the IRB.

This approval is effective for one year from this date. If the research will continue beyond one year, you must submit a request for IRB renewal. At the end of the project, please complete a project completion form. These forms are available on the St. Catherine University IRB website. If you have questions or concerns about these stipulations, please feel free to contact me by phone (X 7739) or email (jsschmitt@stkate.edu). We appreciate your work to ensure appropriate treatment of your research subjects. Good luck with your research.
Sincerely,

A handwritten signature in cursive script that reads "John Schmitt".

John Schmitt, PT, PhD
Chair, Institutional Review Board

Appendix E

Consent form

You are invited to be in a research study exploring the concept of professional identity in master nursing academics. You were selected as a possible participant through a review of your online biography or through a referral from another individual in the community. I ask that you read this form and ask any questions you may have before agreeing to be in the study. This study is being conducted by: Brenda Becker, MA, RN; University of Minnesota Ph.D. Candidate, University of Minnesota.

Background Information

The purpose of this study is to explore and describe the concept of professional identity in master nursing academics.

Procedures:

If you agree to be in this study, I would ask you to do the following things: Complete a demographic survey, compose a short narrative story, draw an illustrated line representing your career, and participate in one audiotaped narrative interview. If the demographic survey, short narrative story, and illustrated line are completed prior to the narrative interview, ask any questions you may have, read, and sign this consent form prior to providing any data to the researcher.

Risks and Benefits of being in the Study

The study has several risks: First, you will lose some time in completing the demographic survey, narrative, career line, and participating in the narrative interviews. Second, you may experience minor emotional distress as a result of life reflection and discussion. Third, you may recognize your words in the dissertation or publication, as quotes will be used to support the findings. Any private identifying information will be blinded or excluded

There is no direct benefit to subjects who participate in this study.

Compensation:

You will receive payment of a twenty dollar gift card to a regional store as compensation for your time and effort of participating in the study.

Confidentiality:

The records of this study will be kept private. In any sort of report I might publish, I will not include any information that will make it possible to identify a subject. Any transcripts, demographic surveys, or illustrations will not contain personal identifying information. Study data will be encrypted according to current University policy for protection of confidentiality.

Research records will be stored securely and only researchers will have access to the records. The researcher and her doctoral committee, Laura Duckett, Cynthia Peden-McAlpine, Susan O'Conner-Von, and Mary Rowan, will have access to any study data to be used for the completion of the doctoral dissertation.

A professional transcriptionist, bound by a confidentiality agreement, will be utilized via an encrypted website to transcribe the audiotapes. Audiotapes will be destroyed after completion of the dissertation. The demographic survey, narrative, career illustration, and transcripts will be kept in a locked filing cabinet in a personal office and will be destroyed after five years.

Voluntary Nature of the Study:

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with the researcher or the study site: the University of Minnesota, the University of North Dakota, Metropolitan State University (St. Paul, MN), or St. Catherine University (as appropriate). If you decide to participate, you are free to not answer any question(s) or to withdraw at any time without affecting those relationships.

Contacts and Questions:

The researcher conducting this study is: Brenda Becker, MA, RN. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at the University of Minnesota. **(651-373-6133; becke326@umn.edu)**. Questions may also be directed to the research advisor, Dr. Cynthia Peden-McAlpine **(612-625-7180; peden001@umn.edu)**.

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher(s), **you are encouraged** to contact the Research Subjects' Advocate Line, D528 Mayo, 420 Delaware St. Southeast, Minneapolis, Minnesota 55455; (612) 625-1650.

You will be given a copy of this information to keep for your records.

Statement of Consent:

I have read the above information. I have asked questions and have received answers. I agree to be audiotaped.

I consent to participate in the study.

Signature: _____ Date: _____

Email: _____ Phone number: _____

Signature of Investigator: _____ Date: _____

Appendix F

Demographic Survey

Data from the demographic survey will be used to describe the general characteristics of the study participants. Demographic data will be published in aggregate (group) form only.

What is your gender?

- Female
- Male

What is your race?

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- Other _____

What is your age?

- 20-29
- 30-39
- 40-49
- 50-59
- 60-69
- 70-79
- 80-89

What is your doctoral degree?

- Doctor of Nursing Practice (DNP)
- Doctor of Philosophy, Nursing (Ph.D)
- Doctor of Philosophy, other (Ph.D) _____ (Please specify)
- Doctor of Education (Ed.D.)
- Other _____ (Please specify)

How many years have you worked in an academic role? _____ years

List any other degrees or certifications.

Describe your current academic role. Include teaching, advising, scholarship, or other academic roles and estimate percent of time dedicated to each component.

Appendix G

Instructions for Written Narrative

Recall a defining moment(s) when you felt like you were truly becoming an expert nurse academic. The defining moment(s) should be meaningful and relevant to you as a component of your career development.

Write the narrative in as detailed of a manner as possible. Include details regarding people, conversations, and the environment. Describe any thoughts, emotions, or feelings you recall experiencing during that defining moment.

Appendix H

Instructions for Illustrated Career Trajectory

Draw a timeline representing the course of your career. The horizontal line represents your age, while the vertical line represents growth and expertise as an academic.

Show any increases in growth and expertise with an upward sloped line; Show any decreases in growth and expertise with a downward sloped line. A steep upward or downward line represents rapid change, while a gradual change in the line represents a slower change.

Mark and describe any points in the timeline that are important to you or relevant to your career development.



Appendix I

Establishing Trustworthiness in Hermeneutic Phenomenological Research Studies

Criterion	Definition	Characteristics of hermeneutic phenomenology	Methods specific to hermeneutic phenomenology and this study
Credibility	“...establish confidence in the ‘truth’ of the findings of a particular inquiry for the subjects (respondents) with which and the context in which the inquiry was carried out...” (Lincoln & Guba, 1985, p. 290)	Intersubjective- “It is intersubjective in that the human science researcher needs the other...in order to develop a dialogic reaction with the phenomenon, and thus validate the phenomenon as described” (van Manen, 2007, p. 11).	<p>a. Make it more likely credible findings and observations will be produced (Prolonged engagement and persistent observation, reflection on the essential themes)</p> <p>b. Activity that provides an external check on the inquiry process (investigator triangulation with advisor)</p> <p>c. Activity that makes possible checking preliminary findings and interpretations against archived ‘raw data’ (Constant comparison within the data collection and data analysis; reflexive journaling)</p> <p>d. Activity providing for the direct findings and interpretations with the human sources from which they have come (Transcript verification) (Lincoln & Guba, 1985, p. 301)</p>

Criterion	Definition	Characteristics of hermeneutic phenomenology	Methods specific to hermeneutic phenomenology and this study
Confirmability	<p>“... whether the findings of an inquiry would be repeated if the inquiry were replicated with the same (or similar) subjects (respondents) in the same (or similar) context...” (Lincoln & Guba, 1985, p. 290)</p> <p>“...demonstrate how conclusions and interpretations have been reached” (Ryan et al., 2007, p. 743)</p>	<p>Systematic-</p> <p>“It is systematic in that it uses specially practiced modes of questioning, reflecting, focusing, intuiting, etc.” (van Manen, 2007, p. 11).</p>	<p>Confirmability audit (audit trail and process through the reflexive journal; HyperRESEARCH), triangulation, and reflexive journal (regarding researcher thoughts/ experiences) (Lincoln & Guba, 1985, p. 318-319)</p> <p>Clear documentation of the analytical process and descriptions of how decisions were made (Reflexive journal; HyperRESEARCH) (Polit & Beck, 2008, p. 530)</p> <p>Member checking (Validation of transcripts by participants) (Mays & Pope, 2000, p. 51; Polit & Beck, 2008, p. 545)</p> <p>Constant comparison or cross checking (Pope, Ziebland, & Mays, 2000, p. 114)</p>
Transferability	<p>“...the extent to which the findings of a particular inquiry have applicability in other contexts or with other subjects (respondents)...” (Lincoln & Guba, 1985, p. 290)</p>	<p>Explicit-</p> <p>“Phenomenological human science research is explicit in that it attempts to articulate, through the content of form and text, the structures of meaning embedded in the lived experience...” (van Manen, 2007, p. 11).</p>	<p>“...provide only the thick descriptions necessary to enable someone interested in making a transfer to reach a conclusion about whether transfer can be contemplated as a possibility” (Lincoln & Guba, 1985, p. 316) (Thick descriptions and use of exemplar quotes to illustrate themes)</p>

Criterion	Definition	Characteristics of hermeneutic phenomenology	Methods specific to phenomenology or hermeneutic phenomenology
Dependability	“...degree to which the findings of an inquiry are determined by the subjects (respondents) and conditions of the inquiry and not by the biases, motivations, interests, or perspectives of the inquirer...” (Lincoln & Guba, 1985, p. 290)	Self Critical- “...it continually examines its own goals and methods in an attempt to come to terms with the strengths and shortcomings of its approach and achievements” (Van Manen, 1997, p. 11)	<p>Reflexive journaling (Van Manen, 1997)</p> <p>Overlap methods (Methods triangulation of using narrative interviews, illustrated trajectory, and written narrative), stepwise replication (Investigator triangulation with advisor), inquiry audits (illustrate process and verify accurate product through reflexive journal and HyperRESEARCH) (Lincoln & Guba, 1985, p. 317-318)</p> <p>Provide enough information regarding decision points to show consistency between the research question, theoretical framework, methodology, and analysis (Captured in reflexive journal and HyperRESEARCH) (Polit & Beck, 2008)</p>