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The nurse teacher. Construction of a new professional identity

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The nurse teacher. Construction of a new professional identity

Abstract

Objective. To represent how a new identity is being constructed by nurses initiating their activities as teachers. **Methodology.** In 2010, a descriptive-interpretative qualitative research was conducted of four cases of nurse teachers from Nursing Schools. Aspects of teacher identity and management of critical incidents in the classroom were reviewed. The information was obtained through a structured survey and the data underwent analysis of contents. **Results.** The nurses surveyed state that the teaching exercise is a culmination stage of clinical nursing. Teaching confers them stability in their professional life; however, they report that the complexity of the educational practice poses a big challenge. They feel responsible for the formation of future nursing professionals. In spite of defining themselves as constructivists in the way of teaching, they are governed by a technical conception on the way of approaching the educational practice. They attribute the critical incidents to which they are exposed to the types of students entering the universities; these turn out uncomfortable and do not feel responsible for their development. These incidents are lessons to better face similar situations in the future. **Conclusion.** The nurses participating in this study are facing their new role as teachers of human resource, seeking to construct a new identity different from what they had when working in direct care of individuals.

Key words: faculty, nursing; nurse's role; critical period (Psychology).

La enfermera formadora. La construcción de una nueva identidad profesional

Resumen

Objetivo. Representar cómo se construye una nueva identidad la enfermera que inicia su actividad como formadora. **Metodología.** En 2010 se realizó una investigación cualitativa de corte

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descriptivo-interpretativo de cuatro casos de enfermeras profesoras de Escuelas de Enfermería. Se revisaron aspectos de la identidad docente y del manejo de incidentes críticos en el aula. La información fue obtenida mediante entrevista estructurada y a los datos se les hizo análisis de contenido. **Resultados.** Las enfermeras entrevistadas afirman que el ejercicio docente es una etapa de culminación de la enfermería clínica. La labor de la docencia les confiere estabilidad en su vida profesional, sin embargo aseguran que la complejidad de la práctica educativa les plantea un gran desafío puesto que se sienten responsables de la formación de los futuros enfermeros. A pesar de definirse como constructivistas en la manera de enseñar, se rigen por una concepción técnica en la forma de abordar la práctica educativa. Los incidentes críticos a los que se exponen los atribuyen al tipo de estudiante que ingresa, les resultan incómodos y no se sienten responsables del desarrollo de los mismos. Estos incidentes son un aprendizaje que les permitirá enfrentarse mucho mejor a situaciones similares en el futuro. **Conclusión.** Las enfermeras participantes en este estudio enfrentan un nuevo rol como formadoras de recurso humano, para lo cual intentan construir una identidad nueva diferente a la que tenían cuando trabajaban en el cuidado directo de las personas.

Palabras clave: docentes de enfermería; rol de la enfermera; período crítico (Psicología).

A enfermeira formadora. A construção de uma nova identidade profissional

■ Resumo ■

Objetivo. Representar como está construindo uma nova identidade a enfermeira que inicia sua atividade como formadora. **Metodologia.** Em 2010 se realizou uma investigação qualitativa de corte descritivo-interpretativo de quatro casos de enfermeiras professoras de Escolas de Enfermaria. Revisaram-se aspectos da identidade docente e do manejo de incidentes críticos no sala de aula. A informação foi obtida mediante entrevista estruturada e aos dados se lhes fez análises de conteúdo. **Resultados.** As enfermeiras entrevistadas afirmam que o exercício docente é uma etapa de culminação da enfermaria clínica. O labor da docência lhes confere estabilidade em sua vida profissional, no entanto asseguram que a complexidade da prática educativa lhes propõe um grande desafio. Sentem-se responsáveis da formação dos futuros enfermeiros. Apesar de definir-se como construtivistas na maneira de ensinar, regem-se por uma concepção técnica na forma de abordar a prática educativa. Os incidentes críticos aos que se veem expostas os atribuem ao tipo de estudante que ingressa nas universidades, resultam-lhes incômodos e não se sentem responsáveis do desenvolvimento dos mesmos. Estes incidentes são uma aprendizagem para enfrentar-se melhor a situações similares no futuro. **Conclusão.** As enfermeiras participantes neste estudo estão enfrentando seu novo papel como formadoras de recurso humano, tentando construir uma identidade nova diferente à que tinham quando trabalhavam em cuidado direto às pessoas.

Palavras chave: docentes de enfermagem; papel do profissional de enfermagem período crítico (psicologia).

Introduction

In the teaching of nursing, few studies have been interested in the educational process among nurse teachers and students in the classroom, future nursing professionals, and nurses. The vast majority of investigations have sought to study interactions in the clinical practice, in hospital institutions, mainly focusing on how students

construct their identity as professionals and in the tutor-student relations during the clinical experiences. However, interest to study nursing professionals in their roles as teachers, academics, and university researchers has been scarce. This shortage results specially important at a time when, in distinct European countries, from the

new European Higher Education Area (EHEA), studies in nursing have gone from being diploma courses to degree studies of longer duration, and with an academic and research status they did not have before. In light of this new situation, how are nurse teachers constructing their identity? Approaching a response to this question became the final objective in this text.

Teaching in nursing, in spite of having accomplished notable development in recent decades, is still characterized by focusing its curriculum on a *technical rationality*, rationality that appertains to the biomedical model and which emphasizes that a competent practice becomes professional when the solution to problems is based on the knowledge of theoretical proposals that permit a basis for the instrumental problems, through the application of scientific knowledge from empirical research.¹ Thus, nursing care is reduced to an *algorithm* according to which to comply with the objectives planned certain routine steps must be executed, and teaching is transformed into the medium that enables the transmission of the theoretical contents necessary to establish said routine. From this point of view, the nursing curriculum will be suitable if it offers sufficient theoretical knowledge to set the foundation for the clinical exercise. This generates fragmented instruction, centered on reaching disjointed objectives, without producing the necessary integration between theory and practice, resulting in a “theory of nursing practices”, more than in a practice of the theories on the global and systemic care that must be offered to patients.

Consequently, in analyzing this problem it is necessary to focus on the agent responsible for the formation of future nurses, *i.e.*, on the profile and identity of nurse teachers. Said nurses, upon assuming the teacher role, can extrapolate their “model” of clinical care, their practical knowledge, directly to teaching. The evident risk is to reduce the formation to technical-algorithmic processes of acting, turning them into the only scientific criteria that legitimize said formation, and obviating other nuclear elements in patient care related to the way of defining and facing their disease.²

In any case, modifying the vision of what should be taught in nursing, and how it must be taught, is no easy task. It does not suffice to have a more or less profound reflection on the multiple facets required by patient care; nor is it sufficient to change some teaching methods and strategies aimed at a more global and systemic analysis of the patient’s reality. Not even the analysis of their emotions and feelings associated to being a competent professional turns out sufficient. To construct a new professional identity, less burdened by the tradition of the “practitioner” and more in keeping with the demands of a wellbeing society that conceives healthcare in a more complex, holistic, and systemic manner, change is rendered of nurse teachers in their whole identity dimension.

In keeping with Beijard, Verloop, and Vermunt,³ the professor’s identity would be shaped by a set of representations related to teaching that professors have of themselves and which are quite stable over time and well defined regarding their contents. These representations respond to questions like: Who am I as a professor? What and how do I think I should teach? Why do I have to...? How do I feel when I teach...? etc. When trying to furnish answers to such inquiries, we are describing the components or dimensions of the professor’s self-representation that are related to his/her professional identity. This identity is composed of a professional role, some epistemological conceptions, intervention strategies, and feelings and emotions associated to the practice of formation in nursing.

All these aspects are dealt with as follows: **Professional role** - role is shaped by professors’ self-attributions referring to how they see themselves in relation to the diverse functions they can perform during their professional activity (teaching, research, management). In nursing education, the role mainly assumed by professors is that of teacher, and it consists of teaching skills to students during their training period. **Conceptions on teaching and learning** - correspond to beliefs professors have about the action environments where they perform their roles, in our case, teaching and learning processes.

Within the nursing education environment few publications address the conceptions by nurses regarding how they conceive knowledge and how it is acquired during the educational practice; most refer to conceptions about nursing care. This was shown by a study with Mexican nurses in relation to the meaning of care in professional practice, which indicates that it is constructed through factors, contributions, applications, beliefs, and attitudes toward the individual for which a nurse is needed who understands that caring supposes sharing the human experience through a respectful interpersonal relationship.⁴

Strategies; strategies are conceived as decision making processes, conscious and intentional, of knowledge (conceptual, procedural and/or attitudinal) with the purpose of reaching certain goals according to previously established planning. Hence, strategic action will require the subject to control the planning, supervision, and evaluation of said action.⁵ Results of studies about strategies to practice the profession indicate that professors exercise their strategies to practice teaching by following a series of conceptions that are part of their professional identity, with a rather stable and permanent nature over time.⁶ **Emotions and feelings;** this dimension corresponds to knowledge on the affective associations a professor or researcher makes among the interpretation of some emotions, feelings, and certain conceptions on teaching and learning or research.³ Some studies have demonstrated that emotions play a central role in the professor's decision making during his/her daily practice, during the professional development in general, and during the formation process of the professional identity.⁷

Hence, to generate change in nursing instruction, it is necessary to focus on the dimensions that characterize the construction process of the nurse teacher identity, and on the reflection of those educational practices that promote more competent and strategic teaching. A teaching activity will be strategic inasmuch as the teacher is capable of adapting to distinct contexts. Thus, to adjust to them, teachers will sometimes need to activate distinct versions of their identity that permit them to self-regulate their actions in front of different demands, especially when dealing

with unexpected situations. Certain events that may arise in a class or during a practical activity, due to its emotionally destabilizing power, may turn out useful to benefit changes in the teacher's professional identity. These events respond in literature to the name of *critical incidents* and can be defined, in line with Everly and Michell,⁸ as an event bounded over time and space, which when overcoming a given emotional threshold of the professor brings crisis or destabilizes his/her identity in action; on some occasions, to regain control of the situation, it will not be enough to apply a local strategy, but rather a certain revision will be necessary of some aspects of the very professional identity, *i.e.*, of the conceptions, strategies, and feelings brought into play by the teacher.

Analysis of critical incidents may be of great help for the study of the nurse teacher's identity, given that it permits reflecting and analyzing his/her actions within concrete educational contexts. The way nurses perceive their professional identity and the critical incidents occurring in their classrooms constitutes the object of study in this research.

Methodology

This research is part of a qualitative study and consists of an analysis of descriptive-interpretative cases. We tried to analyze how nurse teachers conceive their professional identity and how they describe the most frequent critical incidents during their teaching exercise. Four nurses participated in the research. They worked in the Nursing Schools at two private universities in Chile, and were selected according to certain inclusion criteria: being nurses who teach classes in a nursing school, with over four years dedicated to university teaching, and who have over 10 years of professional exercise. They were asked to sign an informed consent, and were told of our commitment to share the results upon completing the process. The study was carried out from September to December 2010.

Data collection took place via a semi-structured survey conducted via video conference (Skype).

Said interview was made based on an adaptation of an instrument belonging to the IdentitES research group, the team to which the authors belong and which studies the dimensions of professor identity. The questions in the interview were made openly starting from two dimensions and their respective categories: **Professor identity:** *professional role, conception of teaching-learning, and feelings,* and **Critical incidents:** *identification of critical incidents, and the reaction regarding the incident.* The interview questions were divided into two blocks: A block related to the professor's identity, and a second block focused on the presence of critical incidents, their possible causes, and the strategies used to approach them. The interviews were audio recorded and then transcribed to digital format.

To analyze the information, a categorical matrix was created with the distribution of analysis units according to the dimensions, categories, and sub-categories used. The analysis unit was defined as that sequence of discourse referring to some aspect of the two dimensions previously mentioned. To safeguard the objectivity of the research interviewer validation was conducted, for which a matrix was elaborated and sent to three external experts, specialists on the theme. Each reviewer revised and related the categories defined to the discourse sequences selected according to their personal criterion and experience on the research topic, establishing consensus when no agreement was reached. The following stage performed the analysis of contents registering the declarations through the combination between letters and numbers, with S being the subject, R the response, and numbers from 1-13 to differentiate the subjects and the responses to the questions made.

Results

Description of the nurse teacher identity.

The teaching exercise means a culmination stage of clinical nursing. The nurses surveyed declared that the fact of dedicating themselves to teaching confers them a stage of stability in

their professional lives; however, they state that the complexity of the educational practice poses a big challenge. They feel responsible for the formation of future nursing professionals through a professional and moral scientific formation, where they assign great importance to the transmission of personal experiences to facilitate student learning. *"Deliver technical and fundamental knowledge for the discipline", "prepare integral professionals"* (S4, R1).

They define themselves as constructivists in the teaching approach they use. *However,* they remark that it will depend on the student's profile to adapt their teaching methods. *I am more constructivist than the rest* (S1, R1); *My way of giving class will depend on how the student is* (S1,R1). It is interesting to see through the discourses how a marked technical rationality is evident in the way of approaching the educational practice. They consider that achieving the objectives poses the most important aspect within the process, and plan attention in a way that it finally adjusts to the previously established plan; thus, equating the logic of the act they conduct as clinical nurses, with the rationality of the action they perform during the teaching process. *I worry that they receive what I want to transmit to them, which is why it is necessary to always have the class objectives. "My contents must agree with the objectives I set out to meet* (S3,R4).

They considered that a solid theoretical base will permit students to establish the practical actions they conduct with patients. *Transmitting the theory that establishes the skill. The student should be capable of identifying when the theory taught is in practice* (S2,R2).

The resources and strategies used comprise all the necessary audiovisual media to conduct the lectures; nevertheless, they indicated that the methodology may vary according to context demands. It is relevant to point out, within the emotional components of the professional identity, how disturbing the potential critical incidents can turn out to be during the development of a class. Possible situations, in which students are inattentive and reckless, alter their mood and often make them lose control. *I am anguished about situations I consider inappropriate in the*

class, I recognize that these types of events make me lose control (S3,R5).

Notwithstanding the aforementioned, nurses feel satisfied upon performing the teacher role, expressing needs for improvement and continuous training. They feel it is important that they are taught to practice the “new role”, as academics and researchers and for which they were not trained.

Characterization of critical incidents identified by nurses during their educational practices.

The critical incidents to which the nurse teachers are exposed during the educational practices are characterized by de-authorization behaviors, lack of respect, and arrogance from the students against the teacher. These correspond to specific situations they have had to endure during the development of lectures, as well as during instances of evaluation. Many of these, according to teacher discourses, are the consequence of the type of students entering these Universities, hence, they consider that the triggering factors respond to behavior guidelines of the student's socialization process, and do not feel responsible for the cause of such events. *It has to do with their personal characteristics (S3,R6); Some students have special personalities (S4,R8); Perhaps they come from something we cannot handle as professors (S4,R9).*

Feelings involved upon the presence of a critical incident correspond, most of the time, to anger, impotence, and frustration. They feel they lose control, causing them deterioration of mood and momentary discomfort. *If a student has an aggressive response, it disturbs me”, “It upsets me when someone is disrespectful to me when I have never used a tone of voice that does not correspond (S1,R9); When I am angry I feel like crying (S1,R10).* They are anguished about not being capable of adequately solving them, and that they can lose credibility in front of the subgroup: *It is what scares me most, not being able to adequately solve a situation like this (S4,R10).*

All the nurses surveyed indicate that the experience of facing critical situations, in spite of being unpleasant and uncomfortable when they

occur, generates a lesson to face similar situations in the future. They consider that it is necessary to reflect on the teaching practice and improve actions with students in classroom spaces and in hospital compounds. *These situations serve me as a teacher, perhaps at the beginning they are not as pleasant, but I believe that in any case they make me grow professionally (S4, R13).*

Some of the nurses surveyed indicated that enduring a critical incident alters the emotional balance; they feel they are “transformed” in their teacher role, evidencing behaviors they themselves state are not the most adequate for a professor-student relationship. They feel their mood undermined to the point that they have often questioned their real capacities for the teaching exercise.

Discussion

The reason for being of nursing and its object of study is the care of people. Care as a disciplinary construct and professional action integrates, through a holistic view, the biological, psychological, social, cultural, and ethical dimensions. Understanding that the conceptions, perceptions, and values patients have on their health are the starting point of said care. However, technification of the means to care for the health of individuals, has derived into highly qualified professional practices at technical-instrumental levels, which respond to a biomedical model, but often at deficit in the interpersonal dimensions that characterize the act of caring.

A biomedical model is mentioned because, during years, the nurse's action has been subordinated to the physician, without professional autonomy, and always directed by external forces that hindered their autonomous development. So much so that it has been mentioned as a semi-profession, basically given that the knowledge upon which the nursing job is based on tacit knowledge, which when not supported by statistical or scientific methods restricts its action only to the instrumental tasks, steering it away from the path

toward professionalization.⁹ However, not every nursing practice can be reduced to an instrumental action. This is why certain studies point to the importance of the existence of a solid nursing theory that challenges the medical models and permits justifying the nurse's role. This way, we would avoid being replaced by other professionals who demonstrate similar skills.¹⁰

More and more studies argue that theoretical credibility and practical credibility should have the same importance; otherwise, these professionals will be at risk and, in this sense, it is worth remarking that in the healthcare system in the United Kingdom new professionals already exist, highly trained in the acquisition of clinical abilities, which could replace the figure of the nurse in teaching the care practice.¹¹ It is necessary to have professionals who know how to transmit theoretical knowledge to students, but in close relationship with those referring to patient care, otherwise they would be nurses applying their practical experience to an academical role rather than professional scholars.¹²

Clinical experience is the central component in student learning, which is why authors like Fretwell, Alexander, and Ogier¹³ emphasize that a renovation of nursing education is necessary where more dynamic clinical environments exist, with availability of learning resources that permit students to link theoretical learning with practical experience. However, this is not easy when nurse teachers do not participate actively in the clinical fields. This situation could be offset by greater development of research in the clinical area, and with the establishment of bigger and better relationships with the nurses working there. Likewise, Brevis-Urrutia¹⁴ highlights that the possibility students have of obtaining greater quantity and quality of knowledge is affected both in care as in academic matters mainly by deficient permanent and formal teaching care coordination, deficit of human relations and working environment, scarce joint research, deficiency of resources, and lack of teaching clinical personnel. Because of the aforementioned, nurses dedicated to teaching must be trained from within, with a commitment with the context, related to the importance of a more effective involvement of the educational institutions with hospital services.¹⁵

University professors quite often learn to teach during practice, using references learnt during their higher education, seeking during their professional exercise to learn to teach, initially reproducing strategies and practices of their former professors, but thereafter constructing a singular identity of their pedagogical practice.¹⁶

Due to this, the nurse teacher must have convincing theoretical knowledge and technical skills to successfully perform in their profession. But we also need a teacher who propitiates strategic teaching, through profound reflection of the elements that characterize the professional identity.

To conclude this study, the participants state that the critical incidents, in spite of being unpleasant and uncomfortable, help them to achieve a learning to approach similar situations in the future. They also think it is important to transmit personal experiences to facilitate their students' teaching-learning processes. The experiences have an "anecdotal" character of the events lived by nurses during their professional exercise. These are stressing and destabilizing situations related to patient care, which when shared and formally included in the curriculum would favor in students self-regulating processes, along with the possibility of anticipating the event under similar situations during the real clinical practice.

It is quite important for the institution to engage in continuous improvement of its faculty staff, not only aimed at delving into technical-pedagogical skills, but also to addressing critical incidents in the classroom as in clinical services. All this calls for the urgent implementation of training programs in Nursing Schools aimed at managing critical incidents, which would help, on the one hand, to promote strategic teaching, and on the other hand, to the awareness of the process of constructing the identity as a nurse teacher, fulfilling this new role.

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