

## ORIGINAL ARTICLE

# Professors who are also nurses: identity construction of nurse educators

*Professores ainda que enfermeiros: processo identitário de docentes de enfermagem*

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## ABSTRACT

The objective of this study was to understand the conception and identification of teaching activities and training as part of the identity construction process of nurse educators. This is a descriptive, analytical and qualitative study. The participants were eighteen nurse professors from two universities (one public and another private) in the southern region of Brazil. Data were collected between July and September 2015, through semi-structured interviews. The data were processed using open and axial coding as proposed by Strauss and Corbin, with the aid of Atlas.ti<sup>®</sup> 7 software. The following categories emerged: Being a nurse or being an educator, Professional choices and Training for teaching: between educational training and the daily experiment. Nurse educators mainly identify with the profession of origin, because of an absence of teacher training, and have different assumptions concerning university education, which defines their identity formation.

**Descriptors:** Faculty, Nursing; Education, Nursing; Nursing Faculty Practice; Nursing.

## RESUMO

Objetivou-se compreender as concepções e identificações acerca das atividades docentes e formação para a docência como parte do processo identitário de professores de enfermagem. Estudo descritivo analítico, qualitativo. Participaram 18 professores enfermeiros de duas universidades (uma pública e outra privada) da região sul do Brasil. A coleta de dados ocorreu entre os meses de julho e setembro de 2015, por meio de entrevista com roteiro semiestruturado. Para tratamento dos dados foi utilizada a codificação aberta e axial conforme proposta por Strauss e Corbin, com o auxílio do *software* Atlas ti<sup>®</sup> 7. Emergiram as seguintes categorias: Ser enfermeira ou estar professora, Escolhas profissionais e Formação para a docência: entre a formação pedagógica e o experimento cotidiano. Professores de enfermagem se identificam sobretudo com a profissão de origem, mediante ausência de formação para a docência, com entendimentos distantes dos pressupostos da pedagogia universitária, o que é definidor em seus processos identitários.

**Descritores:** Docentes de Enfermagem; Ensino de Enfermagem; Prática do Docente de Enfermagem; Enfermagem.

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## INTRODUCTION

Faculty identities can be understood through multiple approaches, from the perspective of psychology, sociology and anthropology to other perspectives connected with studies on subjectivity, cognitive processes, emotional and social relations, that particularly affect the formation of an educator<sup>(1)</sup>.

The personal, social and political histories of educators must be considered as factors that influence their knowledge, practices and attitudes. In this sense, the identity of an educator is understood as impermanent and, therefore, the practices of educators tend to be modifiable and adjustable to many contexts. Identity is a set of elements that allows educators to know who they are, not as a product (in the sense of being positioned, finalized), but as a place that permanently accommodates ways of being in the profession. The self-awareness of educators involves the constant need for the interpretation and transformation of reality<sup>(2)</sup>.

The faculty identity is developed through the understanding that educators have regarding their activities, which can be grouped into three major spheres: their professional attributions (training received and professional experiences), instructional teaching processes, learning and evaluation (beliefs, ideas and theories that educators have about teaching) and feelings triggered by the act of teaching (emotional impact produced by teaching)<sup>(2,3)</sup>.

The heterogeneity inherent to teaching in higher education is associated with: the level in which teaching occurs; disciplines taught; contractual situation (whether through public examination or hired); academic and professional qualification (licensed, specialized, Master or PhD); time of service and position in career; location (classroom, care institutions or division in departments) and dimension of workplace; professional experience (previous work, positions, functions and specific activities in schools and educational systems) and professional associations to which educators belong<sup>(4,5)</sup>.

In this context, teaching in nursing still includes stereotypes and beliefs arising from the educators' professional history that permeate their actions. With regard to the construction of an identity to be an educator, both personal and educational values and the way these are constructed and expressed are also relevant<sup>(6)</sup>.

Health workers often consider teaching as secondary in relation to the studied profession. Furthermore, in private schools, technical experience is often a requisite for hiring. Thus, nurse educators, trained to work as nurses, are located in a universe of identity displacements and decentralization, a space of conflict in a society that still deals with stable concepts of identity<sup>(7,8)</sup>.

Understanding faculty identities is necessary to define policies or training strategies that observe the reality of

nurse educators in such a diverse scenario. In the absence of training for teaching internalized models regarding what it is to be an educator are repeated. Teaching in nursing, even when not accidental, is almost always marked by the lack of preparation, especially in terms of its specificities and challenges. By becoming educators, nurses face a new professional identity and an epistemological gap in teaching that lacks profound reflection.

Therefore, the aim of this study was to understand the beliefs held and identification with teaching activities and teacher training as part of the identity formation of nurse educators.

## METHOD

This is a descriptive, analytical, qualitative study conducted with 18 nurse educators from two universities in southern Brazil. One of the universities is public, selected because it is the only federal university in the region, and the other is private, selected because it has been in the region for the longest amount of time. Data were collected using a semi-structured interview. All the nurse educators of the university faculty were invited to participate, totaling 43 educators.

The inclusion criteria were nurse educators, tenured and working at the university for at least one year. The educators who were on vacation or leave during the data collection period were excluded. Data were collected for four months (from July to September 2015). The interviews were previously scheduled according to the availability of each participant and conducted in a private room at the universities to ensure privacy. The interviews were recorded in a digital file and lasted 40 to 120 minutes.

The participants were identified with the letters F (federal university), P (private university) and C (care), followed by the number corresponding to the order in which they were interviewed.

Of the 18 interviewees, 16 were women. The predominant age group for both sexes was 35 to 40 years. Among the interviewees, ten were doctors and six held a master's degree, one of these was also pursuing a doctorate at the time of the study. There were also two specialists, who were students at a master's degree program. Among the professors of the private university, two were devoted only to teaching and six also worked in nursing. The time of teaching experience in higher education ranged from two to 18 years, with a simple mean of nine years.

The research was approved by the Ethics Committee on Research with Human Beings in Brazil, under opinion n° 724.391, CAAE n° 33241314.2.0000.0121, on 21 June 2014. The professors who agreed to participate in the study signed an informed consent form.

The interviews were analyzed, and inferences produced based on the theoretical assumptions of Monereo and Badia<sup>(2)</sup> on the professional identity of educators. Data were analyzed using a coding procedure based on Strauss and Corbin<sup>(9)</sup>.

The adopted methodological framework<sup>(9)</sup> proposes the conceptual organization of data into categories, through a coding process, thus enabling the researcher to describe and understand the phenomenon under study. It involves a constant movement of return to data with freedom and without the rigor of linearity, demanding sensitivity, flexibility and creativity from the researcher to identify and understand the meanings. The analysis procedure consists of three distinct but complementary phases, called:

1. open coding;
2. axial coding; and
3. selective coding<sup>(9)</sup>.

For this study, the steps of open coding and axial coding were adopted to ultimately reach the categories of analysis. The selective coding step was not used because it aims to construct the theory, which does not correspond to the objectives of this study.

Open coding occurred by transcribing the interviews in a Word file and naming them by order of event. Subsequently, the file was saved in a computer for treatment and analysis using Atlas.ti<sup>®</sup> 7 software. The software creates a hermeneutic unit into which all the interviews were inserted to initiate in-depth reading of each file. This step involves returning to the research questions and observing the aspects that corresponded to the studied phenomenon in each line. After this step, the open coding process was initiated. In this procedure, 186 codes emerged. Once they were reread, the similar codes were reorganized, without altering or losing any corresponding excerpt, resulting in 153 codes.

Then, axial coding was performed whereby the similar or related codes were grouped, resulting in 14 families. The intention was to gather the data and establish connections between the codes. Creating families, in turn, is a resource of the Atlas.ti software in which the researcher groups codes and leaves them in the same group due to their similar aspects regarding a subject, question or concept related to the object of study. This process resulted in an overview of the data on the studied phenomenon and the challenge of returning to the questions about the phenomenon.

Finally, from the organized empirical material, the families that converged to the same theme were grouped, leading to three central categories of analysis, namely: Being a nurse or being an educator; Professional choices and Training for teaching; between educational training and the daily experiment.

## RESULTS

### Being a nurse or being an educator

The interviewees are situated between feeling or seeing themselves as nurses who are educators at a given moment or who are solely educators, which is determined by the moment of life or internal conflicts. For those who call themselves nurses, there are differences between “to be” and “being” (or “working as”, characterizing permanence in one identification (I am a nurse) and impermanence in another identification (being or working as an educator).

*I am a nurse. And my job, in nursing, is to be a teacher, to teach. I graduated as a nurse, but I am teaching. (F01)*

*As a nurse, I work in care. I also work in teaching, but I identify myself more as a nurse. (PA14)*

*I am working as an educator in nursing. Everything I know about teaching, I learned by myself or with colleagues. But I graduated as a nurse, I studied five years for it. That is why I identify myself as a nurse. (PA11)*

Teaching is perceived as an attribution within nursing, and it is only possible to teach nursing when one is first a nurse. This conflict, even if latent, causes the emergence of new ways of viewing teaching by the study participants. Nurses who teach, nurse moderators or nurses who train nurses were the most appropriate denomination for some participants to the detriment of nurse educator or even, professor.

*Looking at my trajectory, I think that nursing is much more training than a profession. But then we have the other point of view, which justifies the idea that nurses teach nurses because only those who practice nursing can teach it. (PA18)*

*Professionally, I am a nurse. But one of my occupations is teaching. Being a nurse is the most important thing because it supports everything I do. (PA04)*

Some participants call themselves university professors, which is a designation that comes from a process of personal construction.

*I say I am a professor. I feel more comfortable, but this is a recent personal construction. I have always identified as a nurse, meaning I am a professor because I am a nurse. (F08)*

*I am a university professor. I chose to stay in teaching, but I taught and worked in care at the same time for several years. (FP05)*

The participants of this study had doubts regarding their way of being as a professional and uncertainties regarding which territory to occupy. The impermanence of professional identities lies between the convenience of seeing themselves as educators or nurses at different times of their lives.

## Professional choices

For the participants of this study, the choice of profession was based on individual affinities nurtured since childhood and adolescence through family memories or school experiences.

*Planning your career is possible, but it is the flow of life that will show you where to stop.* (F01)

*My parents are educators. It is a positive memory of mine; I did not think of being anything other than an educator, just like them. Nursing came a long time later.* (PA16)

*I wanted to be a teacher before I was a nurse. My parents are educators. I liked to pretend I was teaching friends, dolls. After I became a nurse, due to financial issues, I went into teaching little by little. Then, aside from my parents, I thought a lot about the teachers in my life and those who marked me at graduation. For better and for worse.* (PA12)

However, the experiences during training seem to drive the belief that changes are necessary and that these changes can be made by becoming educators. Motivations for teaching include wanting to be part of the change, to do things differently, and to modify behaviors with which they do not agree.

*It bothered me, the competent professors, extremely skilled in their areas, but overly theoretical. They had completed master's, doctorate and post-graduation studies, but had never entered a hospital. That bothered me a lot.* (F06)

*I wanted to be a teacher because I knew teaching could be different. As a student, in class I thought about what I would do if I were the teacher, what different strategies I would use, how I would guide the students. I identified myself as a teacher from that point on.* (F03)

*Often, when I am going to prepare a class or organize an evaluative activity, the first thing I think about is not treating my students as I was treated. I do not want to feed the power game of "I know because I am a teacher and you are just a student". I have been through it and I make a point of doing it differently.* (F01)

## Training for teaching: between educational training and the daily experiment

Teaching at public universities is only possible with a master's or doctorate degree. Based on the findings of this study, master's and doctorate degrees in nursing or related areas do not primarily focus on training teachers. This is the formal requirement for career admission but there are no requirements related to teacher training. For private institutions, master's and doctorate degrees are not requirements, although they are highly recommended.

*Master's and doctorate degrees may qualify an excellent researcher, but it is unrelated to teacher training. It is a requirement to enter a public university, but it does not help with teaching.* (P13)

*I can be a doctor in nursing, a doctor in education, but this does not make me a teacher, because these experiences did not teach me to plan lessons, select content and impart the material to students.* (FP02)

The proposals of courses or even teaching stages that intend to develop skills or knowledge about teaching do not seem to include an understanding of the function of teaching, as they are perceived as isolated or generic actions.

*The qualifications that universities offer focus on large groups, not the individual. They are valid, no doubt, but they are not enough. A more targeted education would help more.* (F06)

*I have done lots of activities related to teaching. They are almost always in the form of lectures and this for me is not training. Attending a lecture on how to evaluate may trigger some ideas, but it will not make you fully understand the process, much less better evaluate it.* (PA15)

In contrast, some educators do not believe training is a necessity. Their perceptions of themselves as educators are limited and their faculty function is centered on the transmission of knowledge. They intend to do something different, but they also understand the daily routine will improve the teaching practice.

*There is no shortage of education or training. It depends on each person, searching, trying to do it differently.* (F03)

*I am becoming an educator every day, in practice, in my relationships with students and colleagues. I have already tried to use fewer lectures or dialogues and focus more on seminars. We discuss evaluation in the group of educators each year. I think we are capable. You do not need a formal degree.* (PA17)

## DISCUSSION

For nurse educators, the training and type of professional experiences are directly related to the way they develop their practices. Therefore, their interpretations of themselves and their own work are important to understand the process of identity formation of educators. Teaching can be learned and the construction of different versions of oneself would allow educators to behave and respond differently, according to the context<sup>(2)</sup>.

In relation to nursing, a complex scenario is established beyond the binary explanations (whether they are educators, whether they are good or bad or whether they need formal training or not, etc.) in which countless aspects are either conflicting or complementary to the history of nursing. However, these explanations fail to include deep and multiple reflections that would help nurse educators understand teaching and, therefore, modify and qualify their practices<sup>(10)</sup>.

It is a fact that to be a nurse educator, you have to be a nurse. Both activities coexist in the sphere of nursing<sup>(10)</sup>. There is the mastery of the profession of origin and the mastery of the teaching profession, the latter is centered on the educational practice that sustains the identity construction of educators according to the experience of professional functions and the way they are performed<sup>(11)</sup>.

Identity is not unique and continuous, but procedural, and it maintains a permanent negotiation with oneself<sup>(12)</sup>. There is no need to pass from one point to the other or to abandon chosen paths, even in the absence of training. Teachers participate in different contexts with different groups of students in different disciplines, so there is room for different discourses, attitudes, strategies and feelings<sup>(2)</sup>.

The lack of reflection about being a nurse or an educator can contribute to the dichotomy between teaching and nursing and to the informal nature of teaching, which is based on examples and/or practices considered successful, everyday experiences or in the belief that knowing how to teach is inherent to all human beings<sup>(13)</sup>.

The denominations mentioned by some participants of this study, such as “nurses who teach”, “moderator nurses” and “nurses who train nurses”, suggest a distancing from pedagogy. In this sense, the choice to become an educator is related to warm memories, positive school experiences in childhood or adolescence, the perception of problems in training and the desire to modify teaching by being a part of the process and reduce the gap between theory and practice<sup>(14)</sup>. The choice to teach in higher education is related to factors such as pleasure in teaching, educators in the family who serve as examples, vocation (role-play in childhood and feeling like a teacher), complementing income or by chance. Some of the reasons are linked to representations associated with personal and professional realization<sup>(15)</sup>.

The participants in this study stated that teacher training is valid, but unsatisfactory since it lacks an individualized consideration of the educator or a reliable framework that teaches how to teach in practice. In a simplistic manner, a non-professional perspective of teaching considers teaching possible by means of training that reproduces existing models. On the other hand, a professional perspective considers teaching to be a complex task with intellectual demands and skills that can be acquired and continually perfected<sup>(16)</sup>.

In the absence of training for teaching, the daily practice is also perceived as training and experiential knowledge and the use of strategies through trial and error are considered sufficient for teaching<sup>(17)</sup>. According to a study<sup>(18)</sup>, one of the main difficulties of teaching is scarce pedagogical knowledge, indicating the need for a new epistemological view of educational and professional practices in higher education in nursing.

In general, the preparation of educators for teaching in higher education in Brazil is restricted to isolated disciplines in specialization and master’s and doctoral programs, often titled “Higher Education Methodology” or “Didactics of Higher Education”, almost always with insufficient classroom hours. These disciplines are often the only moments in which educators reflect on their roles in teaching and learning<sup>(19)</sup>.

Therefore, it is essential to understand the importance of encouraging and providing refresher courses and continuing education at universities to promote the development of pedagogical competencies and the skills needed for teaching. Teacher education should be sustained in the reflection on pedagogical practices<sup>(20)</sup>.

Thus, in this field in which there is partial or no identification with the meaning of being an educator and in which educational processes are not usually satisfactory due to their failure in considering the subject individually or because they seek to instrumentalize educators for educational relations, there is ample space for the development of a higher education pedagogy that perceives and promotes learning for the graduates who chooses a career in teaching<sup>(17)</sup>.

## CONCLUSIONS

This study aimed to understand the beliefs of educators regarding their professional identification, function and training for teaching. With regard to professional identification, the participants, who were undergraduate nursing students and university professors hired under various work schedules, almost always identify with the profession of origin due to the absence of training for teaching or due to the perception that there is no need for training.

The perception of teaching as a vocation or calling eliminates the need to understand the profession and as such, as the agent of an education that does not limit the

subject to the apprehension of a collection of strategies. Countless challenges must be faced to provide a new meaning to the function of an educator. In this regard, the representations that the professors participating in the study have on how they identify with teaching, their choices or vocational training are distant from the assumptions of a university pedagogy but still represents an important part of their identity formation.

Further studies with different methodological designs should be conducted to assess the importance and impact of investments in the pedagogical training of educators. It is also necessary to critically analyze the organization of teaching as a fundamental activity for the construction of the teaching identity.

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