

THE INFLUENCE OF COMMUNITIES OF PRACTICE ON COMMUNITY COLLEGE  
NURSE EDUCATOR IDENTITY

by

LAUREN CAIN

BECKY ATKINSON, COMMITTEE CHAIR  
VIVIAN WRIGHT  
HEATHER CARTER-TEMPLETON  
PAIGE JOHNSON  
DENISE ELLIOTT

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## ABSTRACT

Nurses who transition from clinical practice to nursing education experience challenges which may affect their sense of professional identity and lead to frustration in the faculty role (Adams, 2011; Boyd & Lawley, 2009; Duffy, 2013; Schoening, 2013). That frustration may lead nurse educators to leave academia (Adams, 2011). Conversely, the construction of a strong professional identity has been shown to be a determining factor in faculty retention (Garbee & Killacky, 2008).

The current nursing shortage calls for exploring ways to increase faculty recruitment and retention (NLN, 2015). This qualitative study explored the meaning of professional identity to community college nurse educators, and the influence of Communities of Practice on the construction process. From this research, community college nursing programs could gain valuable insight that would aid in the creation of academic cultures designed to better support nurse educators as they transition to the faculty role.

This study found that for community college nurse educators, their meaning of professional identity is socially constructed in professional Communities of Practice and is closely associated with personal identity; it is who they are and what they do. Community college nurse educators never discard their nursing identities; instead they integrate them into the dual identity of nurse educator which develops with time and experience.

## DEDICATION

This dissertation is dedicated to my family. To my husband, Steed who understood my desire to achieve this personal and professional goal, even though our lives would have been so much easier if I had stopped going to school after I earned my master's degree. He has supported me every step of the way. He kept me grounded and de-stressed with many trips to the mountains of North Carolina when I needed to get away. To my children, Hillary and Paul. They kept me laughing and made me feel incredible when they said "Mom, I'm proud of you." The three of us have completed the college journey together, as they were pursuing undergraduate degrees while I was working on this doctorate. And finally, to my parents Raymon and Carolyn Morton, who take immense pride in the achievements of their children. Their love and support throughout my life have gotten me where I am today. I love all of you more than I can say.

## LIST OF ABBREVIATIONS AND SYMBOLS

BSN	Bachelor of Science in Nursing
C	Caucasian
CNE	Certified Nurse Educator
CoPs	Communities of Practice
F	Female
MSN	Master of Science in Nursing
NCLEX	National Council Licensure Examination
NE	Nurse Educator
PI	Professional Identity
RN	Registered Nurse
SI	Symbolic Interactionism

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CHAPTER I:  
INTRODUCTION

*In the social jungle of human existence, there is no feeling of being alive without a sense of identity. – Erik Erikson*

Nurses who make the transition from clinical practice to nursing education often experience difficult challenges that affect their sense of professional identity (Adams, 2011; Boyd & Lawley, 2009; Duffy, 2013; Schoening, 2013). Those challenges sometimes lead to frustration in the faculty role which may lead nurse educators to leave academia and return to clinical practice (Adams, 2011). Conversely, Garbee and Killacky (2008) assert that the construction of a strong professional identity (conceptualized as an organizational commitment and a belief and acceptance of the goals and values of the professional organization) has been shown to be a determining factor in faculty retention.

The current nursing faculty shortage calls for exploring new ways to increase faculty recruitment and retention (National League for Nursing [NLN], 2015). This qualitative study explored how community college nurse educators make meaning of professional identity, and the influence of Communities of Practice on the process of professional identity construction. From this research, community college nursing programs could gain valuable insight which would aid in the creation of academic cultures that nurture professional identity and better support novice nurse educators as they transition from clinical practice to the faculty role. The desired outcome would be increased faculty retention, satisfaction, and effectiveness, which would benefit both faculty and students.

All nurse educators begin their careers as nurses. Although they have become experts in clinical practice, they may not have teaching expertise in the context of higher education when they move into the academy. Novice nurse educators' lack of expertise in the academic realm presents challenges to their development of a sense of educator identity, and often leads to frustration and confusion as they try to assimilate to their new roles (Adams, 2011; Boyd & Lawley, 2009). Additionally, society (including family, friends, and other nurses) may no longer view nurses who have moved from clinical practice to the academy as "real nurses." In fact, the nurse educator herself may feel she is "not quite" a nurse anymore yet lacks enough knowledge and experience to call herself a teacher (Duffy, 2013). Challenges to professional identity can cause nurse educators to experience role dissatisfaction, which has been found to be a significant factor for nursing faculty in deciding to leave or stay in the academy (Garbee & Killacky, 2008; Derby-Davis, 2014). Challenges affecting the professional identity of baccalaureate nursing faculty are documented in the literature and include role confusion, dueling professional identities, and lack of preparation for the teaching role (Adams, 2011; Boyd & Lawley, 2009; Duffy, 2013; Schoening, 2013). However, there are no studies that focus on the meaning of professional identity to community college nurse educators.

### **Statement of the Problem**

While community college nursing faculty experience many of the same work-related challenges as baccalaureate nursing faculty, the role expectations are different. In the community college setting, the focus is on teaching with little or no expectation for research or publication (Englemann, 2010). In fact, some community college educators equate research and other scholarly work with neglect of students (Palmer, 2015). Additionally, community college faculty are considered by some in higher education to be in the margins of the academic hierarchy

(Townsend & LaPaglia, 2000). Although novice community college nurse educators are just as likely as their baccalaureate counterparts to struggle with professional identity, these additional factors may mean community college nurse educators experience professional identity differently.

### **Purpose**

The purpose of this study was to explore how community college nurse educators make meaning of and construct professional identity within Communities of Practice. In a 2013 study, 11.8% of full-time nursing faculty in the United States left their positions within a year for various reasons, including returning to clinical practice or accepting clinical administrative positions (Fang, Bednash, & Arietti, 2016). The goal of this study was to have a better understanding of community college nurse educator professional identity, so community college nursing programs can find effective ways to support and retain faculty and nurture their developing sense of professional identity as they assimilate to the faculty role.

### **Research Questions**

The research questions explored in this study were as follows:

1. What is the meaning of professional identity to community college nurse educators?
2. How do community college nurse educators construct professional identity within Communities of Practice?

These questions brought focus to how the meaning of professional identity is constructed by community college nurse educators. I explored how interactions with students and other nurse educators in institutional environments, as well as the use of professional language in Communities of Practice, influenced professional identity.

## **Research Design**

This study employed a traditional qualitative research design and sought to investigate the holistic context of professional identity and its meaning to community college nurse educators, as well as the influence of Communities of Practice on community college nurse educator professional identity. This was accomplished through semi-structured interviews. Transcribed interviews were analyzed systematically to understand their meanings.

## **Significance of the Study**

Nursing education is facing a serious faculty shortage. In a survey of nursing programs conducted by the National League for Nursing (NLN), 83% of respondents reported vacant faculty positions (NLN, 2015). In the same survey, 299 community colleges reported an average nursing faculty vacancy rate of 28% (NLN, 2015). Up to 40% of qualified applicants to associate degree nursing programs are turned away yearly due in part to a lack of qualified faculty (NLN, 2015). That number represents a significant number of students who may never make it to the nursing workforce, a staggering statistic considering the seriousness of the current nursing shortage.

Community colleges play a vital role in educating the nation's nursing workforce. The most common way to become a registered nurse in the United States is to obtain an associate's degree in nursing from a community college; each year, community colleges graduate 56.6% of new nurses in America (Health Resources and Services Administration [HRSA], 2010). This means community colleges not only play a key role in educating the nation's nursing workforce, they also play a key role in educating future nursing faculty. For instance, in the author's own community college nursing program, 7 of the 10 full-time faculty received their initial nursing degree from a community college.

Additionally, the NLN reported that 76% of full-time nursing faculty were over the age of 45 (NLN, 2015). These facts point to a protracted nursing faculty shortage extending well into the next decade. Identifying ways to recruit and retain community college nursing faculty could help alleviate the faculty shortage. Understanding professional identity in community college nurse educators could lead to the development of strategies aimed at better supporting novice community college nursing faculty as they face the challenging transition from nurse to educator, while also nurturing their professional identity as they assimilate to the faculty role. This could lead to increased role satisfaction and increased faculty retention.

### **Theoretical Framework**

This study proposed to explore the meaning of professional identity in community college nurse educators, and the influence of Communities of Practice on meaning construction using Symbolic Interactionism (SI) as a framework. Symbolic Interactionism is a constructivist perspective of how people engage in meaning-making (Blumer, 1969). The core principles of SI are meaning, language, and thought. Meaning is derived from our interpretations of our interactions with the world. Language is symbolic of the meanings that are constructed as we interact with the world, and thought is the process by which we reflect on previous experiences as we construct meaning (Carlson, 2012).

SI views people as being actively and constantly engaged with the world around them. People assign meanings to things based on their interactions with those things (Charmaz, 2014). For example, a beginning nursing student may apply laymen's terms to medical situations because that is the language they have previously used to symbolize similar situations, and it is the only language they know at the time. As they progress through nursing school they learn a new medical language; they learn how to apply appropriate medical terminology to medical

situations. Their interactions with the medical world allow them to symbolize medical situations with the appropriate language because they have had exposure to medical terms and are able to reflect on clinical situations and relate to those situations as they construct meanings.

The meanings assigned to things are not always permanent but are subject to change based on continued engagement with the world (Blumer, 1969). New experiences cause people to reflect on prior experiences and produce different symbols (language) as meanings change. Additionally, different people may assign different meanings to the same things based on their own interactions. For example, two nurse educators may work in the same environment with the same colleagues and students, but each constructs their own meaning of professional identity. SI attributes this individualized meaning-making to an internalized social process in which the individual is interacting with himself to interpret meanings, while basing those interpretations on past interactions and experiences (Blumer, 1969).

Carlson (2012) applied SI to a study about preceptorships in clinical nursing practice. In her study, she noted how new nurses make meaning of the clinical language of experienced nurses through interactions with the experienced nurses, and through shared activities. Carlson noted that mastery of clinical language was important for new nurses not only because they needed to understand the language to be able to function in the clinical environment, but also because mastery of the clinical language signaled that the new nurses fit in with and were accepted by the professional group of experienced clinical nurses.

The nurses in Carlson's (2012) study were functioning in Communities of Practice. Within Communities of Practice, members of the same professions with varying experience levels engage in purposeful professional dialogue that is grounded in the shared interests of the

members and related to the group's work (Wenger, 1998). One result of interactive participation in the group is the construction of a relational meaning of professional identity (Wenger, 1998).

SI provides a theoretical framework for qualitative research that brings the perspective of the participant into focus rather than that of the researcher (Morse, 2012). By examining how community college nurse educators think about professional identity through the theoretical lens of SI, I will explore how they make meaning of their professional identities and the influence of Communities of Practice on meaning construction.

### **Positionality**

As a community college nurse educator who was a nurse for more than 25 years before moving into education, the researcher appreciates the difficulty of the transition process and the importance of professional identity. In talking with colleagues, the researcher learned that some nurse educators hold on to their nursing identities after moving into higher education, while others fully embrace the educator identity. Still others say they are a hybrid mix of both nurse and educator. This led the researcher to investigate the literature and attempt to discover what leads to such mixed responses about nurse educator professional identity. Even after searching the professional literature, the researcher was left with unanswered questions about what professional identity is and how nurse educators make meaning of their professional identities, particularly community college nurse educators. Not only did the available literature not adequately answer those questions, it was conducted primarily in the baccalaureate setting. The researcher felt it possible that community college nurse educators could construct a different meaning of professional identity due to the differences in role expectations and teaching environments. It was decided that using Symbolic Interactionism to look at how community college nurse educators construct meaning of professional identity, along with the influence of

Communities of Practice, could yield information that would begin to answer some of the questions.

### **Summary**

Community college nurse educators play a significant role in educating the nation's workforce (HRSA, 2010). Nursing faculty shortages at all levels of nursing education, including the community college level, threaten to further extend the nursing shortage (NLN, 2015). Gaining an understanding of community college nurse educator professional identity, including its meaning and the influence of Communities of Practice, can yield information useful in creating nurturing environments for nurses who transition to faculty roles. This qualitative study seeks to gain such an understanding of community college professional identity for the benefit of both faculty and students.

## CHAPTER II: REVIEW OF LITERATURE

This study's research questions focus on finding out how community college nurse educators make meaning of and construct professional identity within Communities of Practice. The goal is to have a better understanding of community college nurse educator professional identity, so community college nursing programs can find effective ways to support and retain faculty and nurture their developing sense of professional identity as they assimilate to the faculty role. The purpose of this chapter is to synthesize the available literature related to professional identity construction and its meaning to community college nurse educators, to connect this study to previous studies on the topics of professional identity and Communities of Practice, to demonstrate how Symbolic Interactionism can be used as a framework to study professional identity development within Communities of Practice, and to demonstrate the importance of conducting this study to add to the body of knowledge.

The idea of identity is a complex notion that has been studied across disciplines. For example, Erikson offered a philosophical theory about identity and its development over time as life stages are successfully or unsuccessfully navigated, while Mead offered a social science perspective of identity formation centered on social interaction and internal feelings of oneself (Beijaard, Meijer, & Verloop, 2004). Likewise, the literature contains varying descriptions and definitions of professional identity as a general concept across many professions, with some researchers describing professional identity as a social construct (Callan et al., 2007; Helmich & Dorman, 2012), and others describing it as it relates to personal values and beliefs (Auxier,

Hughes, & Kline, 2003). Studies of professional identity in nursing are included in this area of scholarship (Cohen, 1981; Fagermoen, 1997), but they do not clearly define the nursing professional identity.

The literature specific to professional identity in nurse educators is a confusing array of studies about the challenges of the transition from nurse to educator that imply the existence of an ideal identity to which novice nurse educators should strive. The supposed ideal identity is not defined, however. Additionally, all the studies related to professional identity in nurse educators have been conducted primarily in the baccalaureate setting; there are no studies that explore the meaning or construction of nurse educator professional identity in the community college setting. This study would be an important step toward understanding the meaning of professional identity to community college nurse educators and how Communities of Practice influence professional identity construction, hence beginning to fill the identified literature gap.

The literature review will explore theories, ideas, and related research relevant to professional identity in general, professional identity in nursing, professional identity in education, and professional identity in nurse educators. It will also explore Symbolic Interactionism as a framework through which to study Communities of Practice and their potential influence on the community college nurse educator professional identity.

### **Professional Identity**

Many descriptions and definitions of professional identity are present in the professional literature. Conceptualizations of identity often prove problematic because of variations in theoretical perspectives of the meaning of identity. Some contemporary thinkers view the concept of identity as contingent, emergent, and dynamic (Callan et al., 2007; Helmich & Dornan, 2012), while others hold traditional views of identity as a stable concept (Auxier et al.,

2003; Reissetter, Korcuska, Yexley, Bonds, Nikels, & McHenry). The term professional identity has most often been used synonymously with occupational identity, which refers to the meaning associated with one's work role (Brown, Kirpal, & Rauner, 2007; Skorikov & Vondracek, 2011). Professional identity has also been defined in terms of social identity, with some scholars theorizing professional identity as a construct based on widely held societal beliefs about a given profession or job (Callan et al., 2007; Helmich & Dornan, 2012). Professional identity has been characterized as a combination of personal and professional values (Auxier et al., 2003). Reissetter et al. (2004) described professional identity as a combination of one's view of self as a professional and as part of a professional community, along with self-perception of professional competence that results in an alignment of professional and personal world views.

Schwartz, Luyckx, and Vignoles (2011) offer a theoretical perspective about professional identity formation that centers around social interaction, thus supporting the idea that nurse educator professional identity is influenced by Communities of Practice. The authors assert that professional identity formation is conceptually congruent with personal identity formation because throughout life, an individual continually internalizes, organizes, and combines experiences that result in the culmination and formation of a personal identity. As a person reaches adulthood and begins to work, they continue to internalize, organize, and combine life experiences. For adults, work-life often encompasses a large amount of time and contributes significantly to life experience. This combination of work life and life experience helps form professional identity (Schwartz et al., 2011; Skorikov & Vondracek, 2011).

There are three conceptual domains of identity: the individual domain, which refers to the person himself; the relational domain, which refers to social interactions with others; and the collective domain, which refers to an individual's identity as it relates to social groups (Schwartz

et al., 2011). An individual's personal and professional identities are formed based on experiences and interactions with things that impact these three domains. The relational and collective domains are especially influenced by interactions with other individuals and social groups (Schwartz et al., 2011). This is an important conceptual point, because it supports the idea that Communities of Practice may influence professional identity development. For example, in the case of a nurse educator the relational and collective domains would be influenced by interactions with individual colleagues and students, and by the collective group of nursing faculty at the nurse educator's institution.

### **Nursing Professional Identity**

Nurse educators begin their careers as nurses; therefore, it is likely that they would have established some type of nursing identity. The profession of nursing has sought to establish a professional identity for many years (Cohen, 1981). Although professional identity in nursing has been widely studied, a definition or clear concept of nursing's professional identity remains ambiguous in the literature. This may be attributed to the historical difficulty nursing has had establishing itself as an autonomous profession with its own unique body of knowledge (Cohen, 1981). Fagermoen's (1997) frequently cited work conceptualized nursing's professional identity as the values and beliefs that influence what it means to be and act as a nurse. In other words, professional identity is a nurse's personal philosophy of nursing, which serves as a practical frame of reference for nursing actions. According to the literature, the development of a professional nursing identity begins in nursing school (Maranon & Pera, 2015). Building professional identity is a continuous process and evolves over the course of the nursing career (Deppoliti, 2008; Fagermoen, 1997; Johnson, Cowin, Wilson, & Young, 2012). The nurse's sense of professional identity becomes stronger as he or she gains knowledge, experience,

confidence, and expertise in the field (Martin & Wilson, 2011). These studies indicate that whatever professional identity a nurse develops strengthens and deepens with time and experience and may also be transformed by a variety of experiences. What they do not tell us is what happens to the nursing identity as a nurse moves from the clinical setting to the educational setting.

### **Educator Professional Identity**

Nurses who become educators are likely to exhibit characteristics of both nurses and educators; therefore, it is important to try and understand educator professional identity. However, just as a clear definition of nursing's professional identity remains ambiguous in the literature, so does a clear definition or conception of educator identity. In a 2004 systematic review, Beijaard et al. noted that the concept of educator professional identity was either defined differently across the literature or not defined at all.

Educator professional identity has been explored in many different contexts; it has been studied as the constant reinvention of the self as a teacher (Mitchell & Webber, 1999), and as narratives created by teachers to explain themselves (Connelly & Clandinin, 1999; Sfard & Prusak, 2005). Educator identity has been described as the core of the teaching profession; a framework for teachers to use in constructing their own way of understanding and acting as educators (Sachs, 2005). It has also been described as a self-concept that is developed through experiences that offer affirmation of what it means to be a teacher (Korthagen, 2004; Lasky, 2005; Wenger, 1998). Just as the nursing professional identity becomes further developed and strengthened with time and experience, educator professional identity is constructed as individuals develop values, skills, knowledge, and understanding of teaching practice (Chong, Ling, & Chuan, 2011; Chong, Low & Goh, 2011; Olsen, 2008).

## **Struggles with Identity Formation**

A consistent theme in the educator professional identity literature is that educator identity construction often entails struggle (Roberts, 2000; Samuel & Stephens, 2000; Volkmann & Anderson, 1998). For example, Volkmann and Anderson (1998) examined the experiences of a first-year chemistry teacher as she struggled to form her professional identity. She described several dilemmas she faced. One was feeling like a student while she was expected to be a teacher. Another was the dilemma of being caring versus being tough as a teacher. Still another was feeling deficient in her knowledge of chemistry yet being expected to teach like an expert. She described her situation as being instantly transformed from a student to a teacher just by graduating and getting a job. She felt that the transformation from student to teacher happened with no formal process and she was left feeling disoriented.

Pillen, Den Brok, and Beijaard (2013) also reported struggles and tensions with beginning teachers as they moved from being students to being teachers. The participants in their study struggled with relationships (with both students and other staff), and with teaching responsibilities. The participants also reported their identity formation as being a fluid, ever-changing process.

The participants in a 2015 study by Carrillo, Baguley, and Vilar struggled with professional identity development as they moved into education as a second career. The participants were established musicians who decided to use their expertise to teach music. They struggled with their inexperience as teachers, and as a result fell back to their identities as musicians. Through self-reflection, they realized they were not fully embracing the educator identity and pursued professional development to promote professional growth as educators. The participants indicated that acknowledgment by peers and administrators of their previous identity

and expertise as musicians was one key to overcoming the struggle of transitioning to education as a second career.

Both the nursing and the educator professional identity literature indicate that professional identity is built over time and changes with experience (Deppoliti, 2008; Fagermoen, 1997; Johnson et al., 2012; Korthagen, 2004; Lasky, 2005; Wenger, 1998). The literature from both disciplines also seems to agree that professional identity involves personal and professional values and beliefs, and those values and beliefs guide how one performs in the work role. However, there is still much to learn about how the two identities (the nursing identity and the educator identity) interact, conflict, or fuse as a nurse becomes an educator.

One limitation of the professional literature related to educator identity is that it focuses mainly on K-12 teachers. Several authors have documented the fact that few studies have been conducted at the postsecondary level (Beauchamp & Thomas, 2009; Beijaard et al., 2004; Richardson & Alsup, 2015). The lack of research at the postsecondary level points to a literature gap that requires attention, and which this study would begin to help fill.

### **Nurse Educator Professional Identity**

Like educator identity, professional identity in nurse educators is inadequately defined in the literature. Studies that claim to be about nurse educator professional identity instead focus mainly on the transition process for nurse educators as they move from the clinical setting to the academy (Adams, 2011; Andrew, 2012; Boyd & Lawley, 2009; Duffy, 2013; Schoening, 2013). While the transition is bound to influence professional identity, examining the transition process does not result in a deep understanding of the meaning of professional identity.

Themes in the nurse educator professional identity literature include role confusion (Adams, 2011), dual professional identities (Andrew, 2012; Boyd & Lawley, 2009; Duffy,

2013), lack of preparation for the teaching role (Schoening, 2013), and the challenges faced by expert nurses who become novice educators (Boyd & Lawley, 2009; MacNeil, 1997). The following sub-sections explore these themes in greater detail.

### **Role Confusion and Dual Professional Identities**

Although the current literature is limited regarding research that focuses primarily on professional identity in nurse educators, there is agreement within the existing literature that role transition is a significant issue in this group (Adams, 2011; Andrew, 2012; Boyd & Lawley, 2009; Duffy, 2013; MacNeil, 1997; Schoening, 2013). Becoming a nurse educator involves a process of socialization that encompasses both the clinical and academic cultures. One culture is very familiar to the nurse, while the other is unknown (Andrew, Tolson, & Ferguson, 2008). Joining an unfamiliar culture can lead to feelings of confusion, inadequacy, loss, and lack of fluency (Diekelmann, 2004).

Adams (2011) found that combining the nursing role with the teaching role removes the foundation of each individual role identity. The nurse educator may be caught between roles, a situation where he or she cannot clearly establish a professional identity as either a nurse or an educator. The clinical and educational settings place emphasis on different elements of identity, causing internalized professional conflicts which may encourage novice nurse educators to hold on to the existing clinical practitioner identity instead of embracing a new academic identity (Boyd & Lawley, 2009). Dueling professional identities may lead to role crisis because different roles require different actions (Andres, 2012; Boyd & Lawley, 2009; Duffy, 2013). For example, the nursing role is usually one of physical caregiver. The nurse tries to meet all patient needs, placing the patient in a position of reliance on the nurse. The role of the educator, on the other hand, is one of intellectual facilitator, prodding the student to think and act independently and

reduce reliance on the teacher. The literature suggests that role crisis often leads to tension and further diversification of the dual identities or an integration of roles and the formation of a hybrid nurse-educator identity (Duffy, 2013; Schoening, 2013; Volpe & Chandler, 2001).

Duffy (2013) asserted that nurse educators who retained primary nursing identities experienced cognitive dissonance as they performed in the educator role. Furthermore, some participants in Duffy's (2013) study reported a sense of confusion after moving into the realm of higher education. Others expressed uncertainty as well as a sense of loss for their previous nursing roles, all of which affected their feelings of self-worth. These feelings stemmed from leaving the profession of nursing, where they were experienced and felt competent, to enter a new role for which they did not feel prepared.

### **Lack of Preparation for the Teaching Role**

Lack of preparation for teaching is a consistent theme in the nurse educator literature (Cangelosi, Crocker, & Sorrell, 2009; Gardner, 2014; Schoening, 2013). Although all nurses have experience with patient teaching, not all are formally prepared to teach in higher education (NLN, 2015). Lack of preparation as an educator is often a source of stress during the first year as an educator (Grassley & Lambe, 2015). Novice nurse educators with no background in higher education often revert to teaching as they were taught in nursing school (Chism, Lees, & Evenbeck, 2002), and tend to teach using methods conducive to their own learning styles (Nicoll-Senft & Seider, 2010).

Citing lack of preparation for teaching and role confusion, Schoening (2013) developed a grounded theory related to the process of transitioning from nurse to educator; the nurse educator transition (NET) model describes four phases of transition, with information-seeking being the third step in the process. Schoening's participants reported feeling confused and unprepared for

the teaching role as they entered academia. The perceived lack of preparation for the teaching role was overwhelming but led them to seek information which would better prepare them to teach nursing students. Schoening concluded her model with the final phase of transition from nurse to educator being professional identity formation but offered no definition of professional identity or explanation of what professional identity meant to the study participants.

**Expert nurses who become novice educators.** Another challenge to professional identity identified in the literature relates to expert nurses who face the challenges of becoming novice educators. Like the established musicians in the Carrillo, Baguley, and Vilar (2015) study, novice nurse educators are subject-matter experts but not expert teachers (Gardner, 2014). As expert nurses, they had gained a certain status and level of respect. They realized after moving into higher education they would have to earn status and respect again because they became novices again in their new roles (Boyd & Lawley, 2009; MacNeil, 1997). Cangelosi et al. (2009) found that while nurses moving into higher education recognized becoming novice educators as being unsettling and uncomfortable, they also saw the move as a learning experience and embraced it as a journey.

Boyd and Lawley (2009) noted a determination on the part of novice nursing faculty to achieve competence and gain credibility in the educator role through professional development. Boyd and Lawley's findings suggest novice nurse educators need to be recognized for their expertise in nursing while being supported as they develop their academic professional identities. This sort of supportive environment could assist with the type of nurse-educator identity integration described by Schoening (2013) and Volpe and Chandler (2001).

These studies demonstrate challenges to professional identity faced by educators and nurse educators as they work to assimilate to the academic setting. A gap in the literature is

demonstrated because the current literature lacks descriptions of the meaning of professional identity to nurse educators. Additionally, all studies of nurse educator professional identity were conducted primarily in the baccalaureate setting; there are no studies that explore nurse educator professional identity exclusively in the community college setting.

The studies in this literature review about nurse educator professional identity conceptualize its development as an individual, internal construct, even though it is influenced by external factors. The studies suggest that the transition from nurse to educator is an individual process that leads to internalized personal and professional conflicts the nurse educator must resolve through individual professional development and self-improvement. There is no meaningful discussion of the external social influences that affect the transition phase. These studies also regard all nurse educators as the same within the environmental context of “higher education.” Another notion that has not been explored is the idea that nurse educator professional identity is idiosyncratic to the individual nurse educator and to the specific environment in which the nurse educator is located; perhaps professional identity is created specifically in response to the Community of Practice where the nurse educator works. In other words, professional identity may have a different meaning to a nurse educator at The University of Alabama than it does to a nurse educator at Northeast Alabama Community College because the professional environments and Communities of Practice are different. This may be one reason nurse educator professional identity has remained elusive in the literature.

### **Communities of Practice**

Communities of Practice (CoPs) are social groups in which members share a common interest (Wenger, McDermott, & Snyder, 2002). Group members interact to share information and/or solve problems. The concept of CoPs is a research construct used to study how

professionals work together. Lave and Wenger (1991) identified the construct and coined the phrase as part of their work on situated learning theory. They were interested in examining the learning that occurs through work practice. They asserted that individuals learn by actively participating in CoPs.

Wenger et al. (2002) proposed that professional identity is not an individual construct, but rather a social construct that is influenced by the work groups known as CoPs. According to these authors, CoPs exist everywhere. Some are formal communities, and others are informally created by people with common interests who deepen their knowledge of specific topics by interacting with each other on an ongoing basis. Community members find time to interact with each other because they value their interactions. They explore common issues and ideas, share information, discuss situations, and support each other. Their interactions are usually both professionally and personally satisfying.

CoPs are not always intentional structures. In fact, CoPs always exist in professional work environments because they are created as professionals work together. CoPs have existed as long as mankind itself, according to Wenger et al. (2002), and CoPs were “our first knowledge-based social structures, back when we lived in caves and gathered around the fire to discuss strategies for cornering prey, the shape of arrowheads, or which roots were edible” (p. 5).

CoPs are uniquely structured with three fundamental elements: a domain of knowledge, a community of people who share a common interest in the domain of knowledge, and the practice developed by the community members (Wenger et al., 2002). The domain of knowledge is influential in creating a sense of identity in the group. Knowledge is the product of community interaction; knowledge and information are constructed and shared in the community. The community itself constitutes the setting in which interaction and socialization of members take

place; as a result, a shared identity begins to form. Shared constructs such as language, ideas, stories, and frameworks constitute practice.

CoPs offer environments that promote situated learning. Situated learning leads to the construction of symbols in the form of language, which is representative of the meanings of things learned from the community. In a professional CoP, the common professional language, knowledge, and socialization are influential factors in the construction of professional identity (Wenger et al., 2002).

### **Communities of Practice in Healthcare**

CoPs first moved from theory to implementation in the business world in the 1990s (Wenger et al., 2002). The term Communities of Practice began to appear in the professional healthcare literature in the early 2000s (Li et al., 2009). Since the appearance of the term, the concept of CoPs has been studied in healthcare in various contexts. CoPs have been studied in nursing as an innovative way to develop and manage emerging knowledge (Andrew et al., 2008), and as a tool to bring practitioners and academics together for nursing research (Andrew, Tolson, & Ferguson, 2008; Andrew, Ferguson, Wilkie, Corcoran, & Simpson, 2008). CoPs have also been studied as a way to promote interagency collaboration in healthcare settings (Lathlean & Le May, 2002).

Prior to that time, a 1995 study by Jenkins and Brotherton explored the use of situated learning in occupational therapy education. They concluded that occupational therapy students learned best in the clinical setting by interacting with experienced practitioners, and implementing knowledge learned in the classroom. As a result, they recommended early clinical placement for occupational therapy students. Their study encompassed the core principles of CoPs. Similarly, Cope, Cuthbertson, and Stoddart (2000) argued that nursing students could

learn best by legitimate peripheral participation in the clinical setting. Although their study did not use the formal term “Communities of Practice,” it encompassed the core principles.

It can be concluded from the professional literature that CoPs are influential in the healthcare setting. CoPs promote collaboration and situated learning among healthcare professionals and students. Professional identity is bound to be influenced by professional CoPs because they encourage a sense of belonging and professionalism; therefore, it can be surmised that academic CoPs in nursing education would exert influence on nurse educator professional identity.

### **Communities of Practice in Education**

In the field of education CoPs, often referred to as learning communities, have been studied theoretically as a framework for the creation of effective online and blended learning environments (Smith, Hayes, & Shea, 2017), and practically as a means to facilitate effective learning (Eciki, 2017; Renner, 2017). Lieberman (2000) concluded that it is important for teachers to be members of communities that value them as professionals and allow them to participate in activities that improve learning processes. According to her study, teachers who belong to such groups experience greater professional growth and development.

Few studies exist in the professional literature that directly connect CoPs and professional identity. In a 2017 study by Sevard, Lin, and Lamb, pre-service teachers participated in an online learning community, which helped them shed their student identities and transition to educator roles. A 2015 study explored how new teachers worked to fit into their new CoPs after accepting their first teaching positions (Solomon, Eriksen, Smestad, Rodal, & Bjerke, 2015). The authors of the study concluded that CoPs are key in facilitating teacher identity development through interactions with colleagues and mentors.

Although the literature regarding CoPs and their connection to professional identity is limited, it is obvious that social interactions in learning communities generally influence community members. Following the line of logic from the professional educator literature, it would stand to reason that CoPs would influence nurse educator identity in the same way they influence teacher identity in the K-12 environment.

### **Communities of Practice in Nursing Education**

Woods, Cashin, and Stockhausen (2016) conducted a literature review to “explore the relationship between Communities of Practice and the construction of the professional identities of nurse educators” (p. 164). They found that the link between CoPs and the construction of nurse educator identity had not been explored to any meaningful degree. They suggested that a social constructivist model (such as Symbolic Interactionism) could offer a way to examine how nurse educators construct their professional identities through participation in CoPs. Those authors advocated for further research in the area.

### **Symbolic Interactionism**

Symbolic Interactionism (SI) is a theoretical approach to the study of human behavior and group interaction. Its epistemologic roots lie in the discipline of sociology. George Herbert Meade and Herbert Blumer are most noted for their work with SI and both have contributed significantly to the theory. SI and grounded theory construction have become widely accepted as a combined methodology (Charmaz, 2014), but SI is also an appropriate method for qualitative research apart from grounded theory because it focuses on how individuals construct meanings for things (Handberg, Thorne, Midtgaard, Nielsen, & Lomborg, 2015).

SI has three main premises; the first is that human beings construct meanings for things, and act toward those things based on the constructed meanings. “Things,” in this context, can be

almost anything including objects, other people, institutions, and ideas. The second premise is that the meanings people assign to things are based on the individual's social interactions with and about those things. The third premise is that the construction of meaning involves an interpretive process through which individuals try to understand the things they encounter (Blumer, 1969).

SI asserts that meanings are developed from the ways people act toward each other in regard to the things around them. Meanings are formed as people interact with each other and with things, and meanings are influenced by the way people interact with things, with themselves, and with each other based on the things around them (Blumer, 1969). In other words, meanings of things are social products formed through interactions and influenced by the individual, by other people, and by the things themselves. People do not react to objects or things, but rather to the meaning they have assigned to those things (Blumer, 1969). Additionally, individually constructed meaning is situated within a co-constructed social experience (Blumer, 1969; Burbank & Martins, 2010). This inseparable connection between the individual and the social context within which the individual exists makes SI an appropriate framework to guide this study regarding the influence of CoPs on community college nurse educator professional identity.

Another important aspect of SI is the assertion that people create symbols representative of shared meanings that are derived from social interactions. Interpretations of symbols are socially agreed upon because symbols have no substantive meaning outside the individual unless they are mutually understood by all parties (Blumer, 1969). This is an important concept for this study, because knowledge and information are constructed and shared in CoPs and depend on a mutual understanding of the shared language of the group.

By building on the concept of socially influenced meaning-making, SI is a useful theoretical lens through which to study the influence of CoPs on community college nurse educator professional identity. From the available literature it can be deduced that professional identity is not entirely an individual internal construct, but rather a construct that is significantly influenced by external social factors. Nurse educators function professionally in CoPs in their academic settings. Community interactions may take place in formal settings such as faculty meetings, or informally as groups of faculty members have casual conversations related to work topics over lunch or in other impromptu settings. In either case, there is interaction among the group members that results in the creation and exchange of knowledge using a shared professional language. As group members interact, meanings are constructed about the ideas being shared; the meanings are influenced by the attitudes and actions of all group members. Consequently, the group's professional interactions, language, attitudes, and actions influence the construction and meaning of professional identity in its members.

### **Summary**

The studies in this literature review demonstrate the lack of a clear conception of nurse educator professional identity, focusing instead on the challenges of professional identity faced by nurse educators as they work to assimilate to the academic setting. The studies in this review also support the need to explore how CoPs may influence the construction of the community college nurse educator professional identity. A gap is demonstrated because the current literature lacks agreement on a consistent description, definition, or meaning of professional identity in nurse educators. The researcher has suggested that there may not be one definitive meaning for professional identity in nurse educators, but it is still important to examine how professional identity is experienced as it is being constructed by community college nurse educators in order

to learn more about its nuances and variations. Moreover, the literature focuses mainly on the transition process rather than the phenomenon of professional identity construction in nurse educators, and all available studies have occurred predominantly at the baccalaureate level. No studies are offered about the meaning of professional identity to community college nurse educators, or what influence CoPs may have on nurse educator identity construction. This study worked to resolve some of these issues and help fill the identified gaps.

This study is relevant because both nursing and nursing education are facing serious shortages in staff. Community college nurse educators are needed to educate nursing students because community colleges graduate the majority of the nation's new nurses each year (NLN, 2015). Nurses who move from clinical practice to nursing education face challenges that affect professional identity and job satisfaction. Having a greater understanding of professional identity in community college nurse educators could help provide valuable information for nursing programs to help them facilitate positive work experiences and environments that nurture and positively influence nurse educator professional identity development.

### CHAPTER III: METHODOLOGY

This chapter explains the qualitative methodology used for exploration of the research questions posed for this study. According to Morse (2012), qualitative research is frequently conducted through participant interviews. The interview process allows participants to tell stories of their experiences, which allows the researcher to focus on the participants' emotional responses as they answer interview questions. The researcher takes the role of listener, while the participant unconsciously determines the direction of the interview.

This qualitative study explored the meaning of professional identity to community college nurse educators, and the influence of CoPs on the construction process. The goal was to gain information useful in the development of academic environments that nurture community college nurse educator identity and professional growth. The research questions posed in this study were as follows:

1. What is the meaning of professional identity to community college nurse educators?
2. How do community college nurse educators construct professional identity within Communities of Practice?

The research questions for this study were informed by the relevant literature reviewed previously. Major findings from the literature review revealed that the transition from nurse to educator has been studied but the development of nurse educator professional identity has not been studied to any meaningful degree. The literature revealed varied conceptions of nurse educator identity. Nurse educator professional identity has primarily been studied in the

baccalaureate setting; no studies are available that have been conducted specifically in the community college setting.

### **Research Design**

The research design for this study was a traditional qualitative design and sought to investigate the holistic context of professional identity and its meaning to community college nurse educators. According to Savin-Baden and Major (2013), qualitative research is “social research that is aimed at investigating the way in which people make sense of their ideas and experiences” (p. 11). The study focused on how community college nurse educators made meaning of their PIs, which was found to be understudied in the professional literature. The research focused on what nurse educators said about how their professional identities were shaped within the context of their local CoPs. The unit of analysis was their responses to the interview questions and the stories they told of their experiences. Data were collected through participant interviews, using open-ended interview questions to guide the interviews and to elicit richness and depth of information. The transcribed interviews were analyzed to understand their meanings.

### **Participants and Setting**

This study was conducted using purposeful selection, which is a deliberate selection of participants who can provide information relevant to the study topic (Maxwell, 2013). According to Maxwell, defining the population and context of the study helps focus the researcher on pertinent actions, beliefs, and events. Purposeful selection of participants is necessary to help the qualitative researcher gain the best understanding of the participant’s experiences as they relate to the problem and is necessary to answer the specific research questions (Creswell, 2014).

Community college nurse educators were purposefully selected because they could provide data, in the form of answers to interview questions, which would answer the research questions.

## **Participants**

Participants for this study were full-time nurse educators from accredited community college registered nursing programs in the United States. Two participants were from the Southwest region of the country, and nine participants were from the Southeast region. Community colleges are defined as postsecondary institutions offering face-to-face instruction leading to associate degrees or technical certificates (American Association of Community Colleges, n.d.). Community college nurse educators have varied nursing backgrounds and nursing experience. Community colleges require full-time nursing instructors to have a minimum of a Master of Science in nursing (MSN) degree and at least one year of nursing experience. Additionally, study participants had at least three years of experience in nursing education, because nurse educators have reported that it takes at least three years in the nurse educator role to gain confidence and feel competent (Gardner, 2014; Schoening, 2013). This target population was chosen because they experience the phenomena of interest in their daily work lives, and the data they provided best answered the research questions.

Participants were recruited by an electronic letter of invitation sent through email (see Appendix A). Nurse educators' institutional email addresses are typically publicly available on their program websites, so potential participants were contacted via their institutional email addresses. Some participants were also recruited through word of mouth. Potential participants contacted the researcher via email to express their interest and willingness to be in the study. The researcher then gathered demographic information to be sure potential participants met inclusion criteria for the study. If they met inclusion criteria, they were again contacted via email by the

researcher to determine a date and location of the participant's choosing for the individual interviews.

### **Sample Size**

The appropriate sample size for a qualitative research study is one that answers the research questions (Charmaz, 2014; Polit & Beck, 2008). Sample sizes from qualitative studies in the professional nurse educator and teacher identity literature, which informed this study, ranged from 1 to 20, with the average being 10. The number of participants for this study was 11. According to Weiss (1994), the researcher should interview participants until a point of data saturation is reached. Data saturation occurs when information being gathered becomes redundant and nothing new is being discovered.

From the beginning of the study, the participants' answers to many of the questions were similar and themes emerged very early. Data saturation was becoming readily apparent by the eighth interview. To confirm data saturation and assure richness and depth of information, the researcher continued to conduct interviews. Data saturation fully occurred by the tenth interview. One additional interview was conducted to confirm.

### **Characteristics of the Sample**

The required characteristics of the participant sample were that they were community college nurse educators (NEs) teaching full-time at accredited institutions. They had to have at least three years of experience as a community college NE. The average age of participants was 48, and ages ranged from 37 to 62 years. All participants described their ethnicity as White/Caucasian and their gender as female. Their average years of nursing experience was 20 and ranged from 10 to 40. The average years of experience as community college NEs was 11 and ranged from 3 to 30. All of the participants held MSN degrees. Two of them were enrolled in

doctoral programs at the time of data collection. Participants had a range of nursing specialties which included Emergency, Perioperative, Psychiatric, Pediatrics, Critical Care, Medical-Surgical, and Obstetrics. They held various certifications, which included Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), Certified Nurse Educator (CNE), and Certified Registered Nurse Practitioner (CRNP). All participants taught in multiple nursing courses, which included Fundamentals, Pharmacology, Adult Nursing, Health Assessment, Pediatrics, Obstetrics, and Transition to Practice (see Table 1 and Table 2).

Potential participants were excluded from the study if they had less than three years of full-time experience as a community college NE; because only community college NEs were recruited, years of experience was the only criteria that was unmet by some potential participants. They met all other criteria.

Table 1

*Participant Demographics*

Name	Age	Gender	Ethnicity	Years of Nursing Experience
Ada	64	F	C	37
Bea	62	F	C	40
Cat	48	F	C	8
Dee	43	F	C	12
Ella	35	F	C	10
Fran	49	F	C	20
Gia	38	F	C	10
Hala	37	F	C	15
Ina	57	F	C	35
Jan	56	F	C	22
Kay	48	F	C	20

Table 2

*Narrative Description of Participants*

Participant	Narrative Description
Ada	64-year-old White female with 37 years of nursing experience and 27 years of experience as a community college nurse educator. Has taught in all her program's first level courses. Was course leader for the nursing assessment course. Nursing specialty was peri-operative nursing. Was also coordinator for program's practical nursing program.
Bea	62-year-old White female with 40 years of nursing experience and 30 years of experience as a community college nurse educator. Held CNE certification. Has taught in both levels of her program, and in all courses. Nursing specialty was psychiatric and emergency nursing.
Cat	48-year-old White female with 8 years of nursing experience and 4 years of experience as a community college nurse educator. Has taught in both levels of her program. Nursing specialty was pediatric and medical-surgical nursing.
Dee	43-year-old White female with 12 years of nursing experience and 10 years of experience as a community college nurse educator. Has taught in both levels of her program. Nursing specialty was psychiatric and critical care nursing.
Ella	35-year-old White female with 10 years of nursing experience and 3 years of experience as a community college nurse educator. Has taught in both levels of her program. Nursing specialty was emergency nursing.
Fran	49-year-old White female with 20 years of nursing experience and 12 years of experience as a community college nurse educator. Has taught in both levels of her program. Was course leader and primary instructor for fundamentals of nursing course. Nursing specialty was medical-surgical nursing.
Gia	38-year-old White female with 10 years of nursing experience and 3 years of experience as a community college nurse educator. Has taught in both levels of her program. Nursing specialty was obstetric and medical-surgical nursing.
Hala	37-year-old White female with 15 years of nursing experience and 4 years of experience as a community college nurse educator. Was a clinical supervisor for her nursing program. Taught the nursing pharmacology course. Her nursing specialty was emergency and pediatric nursing.
Ina	56-year-old White female with 35 years of nursing experience and 5 years of experience as a community college nurse educator. Has taught in both levels of her program. Was the level I coordinator. Was course leader for the nursing pharmacology course. Nursing specialty was critical care nursing.
Jan	56-year-old White female with 22 years of nursing experience and 12 years of experience as a community college nurse educator. Has taught in both levels of her program. Nursing specialty was not identified by participant.
Kay	48-year-old White female with 20 years of nursing experience and 10 years of experience as a community college nurse educator. Has taught the fundamentals of nursing course in her program. Nursing specialty was pediatric nursing.

## **Setting**

Nine participants were from the southeast region of the country and reported that they lived and worked in rural communities that were generally made up of people from low to middle-class socioeconomic levels. They said that most of the people in those communities were White. Two of the participants were from the southwest region of the country and reported that they lived and worked in a semi-suburban community with a greater mix of socioeconomic levels, from low to high. They reported a greater mix of ethnicities, but said the area was still predominantly White. The settings are important in explaining the homogenous make-up of the participants; the sample is representative of the general population of both areas.

The study was not dependent on the research being physically conducted in the community college setting. Therefore, meetings with participants were scheduled at a time and place of their choosing in a location conducive to a personal interview. The researcher met participants at their workplaces, and at public areas such as libraries and restaurants.

## **Data Collection**

The method of data collection used for this study was interviewing. Interviewing in qualitative research consists of asking prepared interview questions to guide data collection in order to collect relevant information to answer the research questions (Polit & Beck, 2008). Prior to conducting participant interviews, demographic information for each participant was collected through an emailed survey and included years of experience as a nurse, years of experience as a nurse educator, highest degree earned and from what institution, nursing specialty, nursing courses taught, certifications, age, race, and gender. The information collected about years of experience was used to include or exclude participants. The sample was made up of 11

community college nurse educators teaching full-time at accredited institutions. They had at least three years of full-time experience as community college nurse educators.

## **Interviews**

In a qualitative study, the interview is a common method of data collection and serves specific purposes. One purpose is to gather relevant data in the form of experiential description, which ultimately helps develop a rich, deep understanding of a phenomenon. Another purpose is to develop a relationship with a participant that is conducive to deep conversation about the meaning of an experience (van Manen, 1990). Charmaz (2014) promotes the use of intensive interviewing for qualitative research. Intensive interviewing serves the same purposes described by van Manen (1990), but places emphasis on gathering data through open-ended questions, which helps gain a more complete understanding of the participants' experiences, meanings, and perspectives. According to Charmaz (2014), there are no set number of interviews that should be conducted to collect sufficient data for a qualitative study; rather, interviews should be conducted based on "the analytic level to which the researcher aspires" (p. 106).

Interviews were conducted on dates and at times and locations of the participants' choosing. They lasted from 45 minutes to one hour. The interviews were digitally audio recorded and transcribed verbatim, omitting only personal identifying information such as names and workplaces; pseudonyms were used instead. Transcription was done as soon as possible after the interviews were conducted, typically within three days.

The interviews were guided by a set of open-ended questions that were semi-structured to allow a free-flow of participant thoughts and ideas while staying with the context of the research questions (see Appendix B). The researcher asked follow-up questions, asked participants for clarification as needed, and encouraged participants to speak freely and openly. In qualitative

research, asking good interview questions is key to obtaining good data (Charmaz, 2014). The purpose of the interview questions was to understand how the participants constructed meaning of professional identity, and the influence of their CoPs on their professional identity.

Field notes were taken during the data collection phase. Notes were made immediately after interviews were concluded, when applicable, if the researcher wanted to remember a particular point or things such as participant facial expressions or demeanor. No notes were made during the interviews, because the researcher did not want participants to be distracted by her writing rather than listening to the responses. Notes were also made any time the researcher thought of any information she believed would be of importance for the study.

### **Data Analysis**

The purpose of data analysis is to make sense of information gathered for a research study (Creswell, 2014). A qualitative researcher benefits from a plan to manage the often overwhelming and complex collection and analysis of qualitative data (Saunders, 2003). Data collection and analysis usually occur simultaneously in qualitative research (Creswell, 2014). For this study, two phases of manual coding were employed as the sequence for data analysis.

Coding is a critical step in qualitative research. It is the link between data collection and meaningful analysis. Coding allows the researcher to discover themes and meanings in data gathered from participants (Saldana, 2016). In Vivo coding was used for the first cycle in this study because the method allowed the researcher to be more attuned to participant perspectives (Saldana, 2016). In Vivo coding uses the participant's own words and is noted by Saldana to be an appropriate method for any qualitative research study. Saldana also notes that beginning researchers often prefer this method in part because In Vivo codes are more likely to capture the

essence of meanings inherent to the experiences of participants. Meanings are preserved in the coding itself (Saldana, 2016).

The researcher used the transcripts prepared from the interviews and went line-by-line looking for words and phrases related to professional identity meaning and construction, interactions with colleagues and students, and challenging transitions to identify In Vivo codes. The codes were recorded in the right margins of the pages and then were compared to each other using a constant comparative method. Constant comparative methods compare data with data to look for similarities and differences (Glaser & Strauss, 1969). Some examples of the initially identified In Vivo codes were “true passion for education,” “desire to share knowledge,” “focused on student success,” “always a nurse,” “working as a team,” and “meeting student needs in a social, compassionate way.”

Second cycle coding reorganizes data into categorical, thematic, or conceptual groups (Morse, 2012; Saldana, 2016). Focused coding was used as the second phase of coding for this study. Focused codes are used to examine large chunks of data and are derived from the most frequent or most significant initial codes (Charmaz, 2014). Using a large white board, the researcher used focused coding to thematically categorize the initial In Vivo codes. Using a whiteboard offered an easy way to manage the data, because words and phrases could be easily erased and moved to form groupings. The concept of SI was used to guide analytical thinking, focusing on how participants’ descriptions of processes, feelings, or actions were influenced by interactions with and within their professional environment.

After using the above steps to complete within-case analysis for each participant transcript, the researcher used focused coding to conduct between-case analysis. This analysis consisted of looking for common recurrent themes identified across the data collected from all

participants. Once again using a large white board, recurrent themes were recorded and organized according to frequency and relevance to the study. Two main themes emerged through data analysis. The first was “It’s Who I am and What I Do.” Five sub-themes were identified: (a) I am a nurse first, (b) I have a dual identity, (c) I am well-rounded, (d) I promote student success, and (e) I focus on my community. The second main theme was “We Are In This Together.” The identified sub-themes were as follows: (a) We work as a team, (b) We share knowledge, (c) We speak the same language, (d) We develop our practice, and (e) We become community college nurse educators. The identified themes were used to examine the meaning of professional identity to community college nurse educators, and the influence of communities of practice on professional identity construction.

## **Ethical Considerations**

### **Risks**

The population for the study was community college nurse educators. This group is not a vulnerable population and there was minimal risk to them if they participated in the study. The primary risk was psychological, because interview questions and/or answers could have triggered feelings of discomfort related to job stress or co-worker incivility. There was very little risk of physical harm resulting from study participation. Participants were informed prior to beginning the interviews that they could stop at any time. The researcher would have stopped the interviews if any participants had displayed any indications of psychological or physical distress. No participant distress was noted during interviews.

### **IRB Approval**

Institutional Review Board (IRB) approval was obtained from the University of Alabama’s IRB prior to conducting research (see Appendix C). The researcher informed

participants of their rights as human subjects both verbally and in writing. As required by the IRB, the researcher completed CITI training related to research with human subjects.

### **Informed Consent**

Informed consent was obtained from each participant before interviews were conducted (see Appendix D). Consent forms were signed and dated by participants. Participants were aware that they could quit the study at any time without repercussions.

### **Confidentiality**

Specific measures were taken to ensure participant confidentiality. Interviews were conducted privately, and specific identifying information was not associated with the transcribed interviews. Data were reported using pseudonyms for participants and their institutions. Transcripts were transcribed by the researcher and read only by the individual participant and the researcher. Data were securely stored electronically on UA box and will be permanently deleted after seven years. Digital audio recordings were permanently deleted after data analysis was complete. Prior to giving informed consent, participants were informed that all information gathered from them would remain confidential. They were also informed about how security of the data would be maintained.

## **Trustworthiness**

### **Rigor**

Rigor in qualitative research must be established to ensure trustworthiness of results. Criteria to establish trustworthiness and validity are well outlined in the literature. According to Colaizzi (1978) and van Manen (1990), validity in qualitative research can be established through a self-critical, systematic approach. Specific measures were taken to ensure validity and trustworthiness in this study.

The first step in conducting a valid study is to determine the appropriate methodology (Maxwell, 2013). A traditional qualitative method was noted to be appropriate to answer this study's research questions. After establishing the appropriate methodology, conducting research in a consistent and reliable way contributes to validity (Colaizzi, 1978; Maxwell, 2013). During the data collection process, interviews were audio recorded then transcribed. The researcher checked the transcripts against the audio recordings to ensure accuracy. Member checks of transcripts were then performed by participants. Participants had the opportunity to make corrections, deletions, or additions.

Additionally, an audit trail of the data analysis was established and included a research notebook with field notes and memos. Included in the audit trail was documentation of transcript coding and resultant themes. The audit trail provided clear documentation of the research process, and included the researcher's thoughts, feelings, and ideas along the way.

### **Researcher Bias**

Along with data analysis, researcher bias is another component of validity (Maxwell, 2013). While it is impossible to eliminate all biases, they should be acknowledged. The researcher will always be part of the world being studied, but Maxwell (2013) notes the importance of understanding how the researcher influences the study; the researcher's influence may be positive or negative. The researcher was a community college nurse educator, which was why the topic was of interest. Because the researcher was familiar with nursing education, there was some advantage when collecting and analyzing data. For example, she was able to tell if a participant response was incomplete or superficial. This recognition led her to ask probing questions to gain more information when necessary.

It is possible for the researcher to negatively influence the study, as well. For example, there was a concern that a participant might not answer questions honestly because he or she was aware of the researcher's role as a nurse educator. The researcher had to be self-reflective, critical, and able to recognize and reverse any negative impacts if they occurred (Maxwell, 2013). To help ensure honesty from participants, confidentiality was strictly maintained.

### **Summary**

This chapter describes the method by which the meaning and construction of professional identity by community college nurse educators and the influence of communities of practice was explored. The topic was best studied with a qualitative method because qualitative inquiry is the most effective way to examine how people make sense of themselves and the world around them (Savin-Baden & Major, 2013). This study employed a traditional qualitative research method using participant interviews for data collection. Interviews engaged participants in reflection, and their stories provided rich data that was coded and analyzed to help answer the research questions.

## CHAPTER IV: FINDINGS

The purpose of this study was to explore the meaning of professional identity to community college nurse educators, and the influence of Communities of Practice on the construction process. The goal of this research was to find effective ways for community college nursing programs to support and retain faculty and nurture their developing sense of professional identity as they assimilate to the faculty role. The research questions that guided the study were as follows:

1. What is the meaning of professional identity to community college nurse educators?
2. How do community college nurse educators construct professional identity within Communities of Practice?

This chapter is divided into two sections. The first section provides a description of the community college NEs who participated in the study, as well as a brief summary of the data analysis process and the themes that were generated. The second section provides an in-depth description and discussion of the themes.

### **Participants: Community College Nurse Educators**

The data presented were gathered from information obtained during interviews with 11 community college nurse educators. Pseudonyms were assigned to each participant. They were “Ada,” “Bea,” “Cat,” “Dee,” “Ela,” “Fran,” “Gia,” “Hala,” “Ina,” “Nan,” and “Kay.” Demographic and background information of the participants were presented in Table 1.

## **Participant Characteristics**

Participants for the study were full-time nurse educators from accredited community college registered nursing programs. They had at least three years of experience as full-time nurse educators, because the literature suggested that it required at least three years to become confident in the role. Years of experience as community college NEs ranged from three years to 30 years. Years of nursing experience also varied from 3 to 40. Participants had various nursing specialties, but also reported that they had worked in multiple areas of nursing during their careers. Participant characteristics were summarized in Table 1. Interviews with the participants were conducted in January and February 2018.

## **Participant Recruitment**

Participants for the study were recruited through an electronic letter of invitation sent to their institutional email addresses, which were publicly available on their programs' websites. Some participants were also recruited through word of mouth and snowballing. Potential participants contacted the researcher via email and were accepted into the study if they met the established criteria.

Thirty potential participants were contacted via email. There were 15 responses from people who were interested in participating in the study. Thirteen of the potential participants were eligible according to the study criteria. Eleven participated in the study.

## **Themes**

According to participants, becoming and being community college NEs was a complex process that was affected by many factors. Participant interviews generated information that began to reveal insights into the process. In the following sections, the findings were reported by using participants' descriptions of their own thoughts, feelings, and experiences. The data were

organized according to major themes and sub-themes that became apparent during data analysis (see Table 3). The first major theme, with its set of five sub-themes, focuses on the individual attributes expressed by participants relating to their own PIs in terms of their personal sense of self, as “I am.” The second major theme and its set of five sub-themes focuses on the collective group; participants expressed the idea that CoPs gave them a sense of collective identity within their faculty groups, which influenced their individual PIs in terms of the actions “we” take together.

Table 3

*Major Themes*

Major Theme:	Subthemes:
It’s who I am and what I do. (Focuses on the individual attributes of identity)	<ul style="list-style-type: none"> <li>• I am a nurse first.</li> <li>• I have a dual identity.</li> <li>• I am well-rounded.</li> <li>• I promote student success.</li> <li>• I focus on my community.</li> </ul>
We are in this together. (Focuses on the collective group)	<ul style="list-style-type: none"> <li>• We work as a team</li> <li>• We share knowledge</li> <li>• We speak the same language.</li> <li>• We develop our practice.</li> <li>• We ‘become’ community college nurse educators.</li> </ul>

**It’s Who I Am, and What I Do**

The first major theme generated from the data was “It’s Who I Am and What I Do.” Study participants reported that being a community college NE was more to them than just a job. It was part of who they were as people. It remained with them at all times. They did not leave the educator behind when they left school or clinical at the end of the day. They also did not leave the nurse behind when they entered the academic institution. Their personal identities were heavily influenced by both of their professional identities, the nurse and the educator. They

expressed the idea that society viewed them as both nurses and teachers, and they viewed themselves that way as well. For example, one participant said that her friends would ask her medical questions because she was a nurse, but one particular friend would also ask her questions related to nursing school because the friend's daughter attended a community college nursing program. The participant said that those types of social interactions made her feel validated as both a nurse and an educator because her friends trusted her enough to value her advice and opinions about medical and educational issues.

Several participants said that they often had conversations with friends and family members about their work. Although their jobs were sometimes challenging, they did not always feel like they just wanted to “forget work” when they got home. Their work gave them a sense of pride and accomplishment, so they wanted to share some of their experiences with other people outside work. They were proud to be educators and proud to be nurses. Bea said she often talked about work with her husband. She said if she did not talk about work with her husband, they “wouldn't have much to talk about. That is probably about 25-50% of our daily conversations.” She laughed as she made the statement. “I guess I never really realized how much I talk about work. It REALLY is a part of me all the time!”

All participants were experienced nurse educators with at least three years of experience and were currently working full-time in CCs, so all of them reported that they were comfortable in the educator role. Additionally, all of them were experienced RNs before becoming community college NEs. They reported strong personal feelings that revolved around their professional identities. For example, when asked to describe what PI means to her, Ella replied “It's how you relate and view yourself and what you do. And what you do is important to you.”

Participants said they had worked very hard as nurses, then worked very hard during graduate school to earn advanced degrees and they were proud of their accomplishments. Those accomplishments, both in the clinical setting and in graduate school had given them the ability to become nurse educators. Kay said “when you work as hard as you have to work in nursing you want people to respect that. Same with grad school. I think all of that makes me who I am.”

Participants reported a strong desire for personal success in their nurse educator roles, “to be better at what I started out trying to be” and to have “high expectations from ourselves.” Kay stated “we want to do the best we can to produce the best students. And me personally, I want students to be successful, so I set high standards because I don’t want them to fail.” This was a consistent theme iterated by all participants and demonstrated a link between their high personal standards, professional goals, and PIs. Ina said she had “high standards, in general. I always expected a lot from my children and I expect a lot from my students. I don’t think you can separate your personal standards from your professional standards.”

For some participants their personal identities were inextricably linked to their PIs. Dee responded “It is very important to me because my identity as a person, when I think of myself, it’s not separated from the PI of a nurse educator. It’s enmeshed.” Ada said “I guess PI really is who I am.” When describing PI, participants used words and phrases which are also attributes of personal identity, such as “ethical,” “honest,” “open-minded,” and “do what’s right.” These responses indicated that the community college NEs who participated in the study had developed strong personal connections to their PIs.

**I am a nurse first.** Participants retained their nursing PIs even after moving into the community college setting for several reasons. They were comfortable with their nursing PIs because they were expert nurses. They enjoyed the altruistic view of nurses that society placed

on them. They did not want to lose their clinical skills, so some continued to practice as nurses when they were not teaching. All these factors affected the way participants viewed their NE PIs. This sub-theme became apparent early in the data analysis phase; participants considered themselves to be nurses first.

Because their positions as community college NEs required that they be experienced RNs, all study participants were licensed nurses prior to becoming community college NEs. It was clear that they had developed strong nursing PIs prior to transitioning to educator roles. They were proficient and expert nurses, so they were comfortable with the nursing identity.

Part of the nursing identity revolves around the idea that nurses fill particularly important societal roles; they care for people in their most vulnerable times of need. Study participants indicated that society's view of nurses as trusted and caring professionals influenced their nursing identities. Because society attaches certain meanings to the word "nurse," such as caring, compassionate, and trusted, nurses think of themselves in those terms. In turn, they assume a PI that encompasses those attributes. Participants reported that being a nurse made them feel noble and feel as if they were making a meaningful contribution to society. They also felt that being a nurse gave them social standing in their personal lives. Kay remarked that "when people know you are a nurse, they automatically assume you are a caring person. It just seems like they treat you differently after that."

Participants described their PIs as being a "nurse first." Cat stated PI "first came for me as a nurse because I became a nurse first." Hala described her PI by saying "I have an identity as a nurse." Ada stated:

I love being a nurse. I have always loved being a nurse. I knew this is what I wanted to do from the age of five, and I've never, I've never stopped wanting to do that. And because I

loved it so much, I wanted other students to love it. So that became my identity. I've tried to pattern Jean Watson's theory of caring into my identity as a professional nurse.

Participants indicated that they did not want to lose their clinical nursing skills, and the move from the clinical setting to the academic setting meant they would have less time and opportunity to keep their skills sharp. They felt that their nursing skills directly affected their nursing identities; "good" nurses were supposed to have a high level of skill. Some participants felt that nurses in the hospital setting sometimes viewed nursing instructors as "less than" nurses because they no longer practiced in the clinical setting outside of taking students to the hospital. These feelings impacted participants' nursing identities because they led to feelings of inadequacy, but those feelings also made them more determined to hold on to their nursing identities. Kay remarked, "I will ALWAYS be a nurse!"

Some participants still practiced in the clinical setting on a part-time basis. They indicated that being in the clinical setting as a nurse rather than as a nursing instructor contributed to the maintenance and separation of the nursing identity. One of them, Gia, said "when I am working in the clinical setting, I am there as a nurse." Hala also pointed out that when working a shift in the Emergency Department, "I identify as a staff nurse." Fran continues to practice in the clinical setting because she loves maintaining contact with patients, and because she feels it is important for her to maintain her nursing skills: "I like being able to go the hospital with students and still be able to fix the IV pump and give meds and not have those little hiccups that other faculty have. So, for me personally, I still identify as a nurse and a nurse educator."

Their nursing identities also impacted the way participants performed in their educator roles. Many nurses are nurturing compassionate caregivers, and participants reported those same

attributes as they interacted with students. For the community college NEs in the study, students seemed to take the place of patients. In fact, Kay said that her students “need me kind of the same way my patients did.” Ada described a student she had interacted with as “one of those kids who just takes your heart.” Ella described an interaction with a student who had experienced a miscarriage during one semester. Ella described the student’s fragile emotional state, and how she counseled and encouraged the student because the student wanted to remain in nursing school and be successful. Dee had the following description of herself:

When I was working on the floor or the unit or wherever I was, it has always been to do whatever is needed for that patient at that time, and to do it in the correct way so you don’t harm, and all those things they teach you in nursing school. And I think I took that straight from my clinical practice into the classroom.

Ina had 6 years of experience as a nurse educator, but over 20 years as a clinical nurse. She described her relationships with students as being the same as her relationships with patients. Students were “in her care,” and “depended” on her to help them learn just as patients depended on her to help them feel better. She stated she felt a “huge responsibility” to students and took their successes or failures very personally.

These examples demonstrate not only how participants held on to their nursing identities, but also how the nursing PI directly impacts the educator PI. Participants retained the characteristics they developed with their nursing PIs and carried them into their educator roles, which seems to indicate that the nurse educator cannot separate herself from the personal attributes that made her a nurse first.

**I have a dual identity.** Participants were experienced nurses and experienced educators who were comfortable in their NE roles. They had prepared themselves to teach through their

own continued education and professional development. They were not confused about their dual roles and they wanted to be recognized as expert educators. The second theme that emerged during data analysis related to having a dual professional identity.

Nurse educators are in unique positions as demonstrated by the term “nurse educator.” It is a standard term in nursing education across the country, but it does remain unique to nursing programs. For example, people who teach biology are not called “biologist educators” and chemistry teachers are not called “chemist educators.” They are simply called educators or teachers. The term “nurse educator” automatically implies a dual identity, and nursing education may be the only field in which the educator is defined by those she teaches.

All the community college NEs in the study except one reported that they saw their current PIs as a dual identity. Participants taught both in the classroom and in the clinical setting, which is typical for community college NEs. Therefore, they still have direct contact with patients and function in clinical nursing roles during clinical rotations. Although the literature suggests that novice nurse educators may struggle with role transition when moving from the clinical setting to the academic setting, the experienced community college NEs in this study reported that they no longer felt confused about their PIs. Instead, they described their dual PIs as a natural progression and an extension of their increased knowledge and skill, which came with advanced education. They felt as if they had gained enough education and experience to be competent educators. They felt prepared for their roles as educators while maintaining their competence and skill as nurses. They said they had overcome the feelings of being “thrown to the wolves” that novice nurse educators have reported in the literature.

Kay stated that she felt “comfortable as both a nurse and an educator because I have expanded my knowledge through education. My master’s degree is as a nurse practitioner, but it

still included courses related to nursing education, and I am in a doctoral program specific to nursing education. I am not confused about it.”

Ella said the following:

So, I know when I first started my career as an educator, people would ask you what you do, or what you fill in on a form for profession. And I would always feel like nurse and instructor. I never knew which one to put. I was like, I’m a nurse and I’m an instructor. But as I’ve been growing I know that I am both. It is a dual identity that has melded together. But when I first started, I identified as a nurse. Then it was like, I guess I’m an academic. But now I feel like, you know, as I’ve grown into my position I’m actually both.

When questioned about factors that influenced them to maintain dual identities as both nurses and educators, participants said they believed there may have been several reasons. One stated reason was because their nursing identities had been “socially engrained” in them early in their careers; people “expect certain things from nurses and after you have lived up to those expectations for so long, that is just who you are.” They said doing a job like nursing, where you care for people at their best and at their worst, is such a difficult job that “you can’t just forget that. It becomes part of you. When you have a kid who comes into the ER coding, and you work on them for hours and they don’t make it--that becomes part of you. That never leaves.”

While participants never discarded their nursing identities, they also had strong feelings about being educators. They said they had worked hard to learn how to teach by getting advanced degrees, attending conferences and seminars, and putting a lot of time into preparing themselves for teaching. They felt that they had fully embraced the academic world and were becoming expert teachers.

When asked if they felt that they were accepted as educators by their colleagues in other disciplines, participants said they generally felt that other instructors viewed them as nurses rather than educators. One participant said that people on her campus refer to the nursing faculty as “the nurses.” Participants said they often felt isolated from other departments because they spent so much time off campus in the clinical setting with their students. However, even though participants sometimes felt isolated from other departments and viewed as “less than educators” by their colleagues in other disciplines, they still said they were fully invested as educators while maintaining their original nursing identities.

Dee was the exception in this case. A community college NE for 10 years, she described her current PI as “a nursing instructor. Nurse educator. You know, mostly school. Because I haven’t really worked as a clinician, other than going to clinical, since about . . . oh wow, several years.” She said she had not totally discarded her nursing identity, but she currently considered herself primarily an educator rather than a nurse.

**I am well-rounded.** Participants perceived themselves and their colleagues as generalists who did whatever it took to get the job of educating students done. Their ability to adapt, as well as their varied expertise, made them better educators and positively impacted student success. “Well-rounded” was a term used consistently in participants’ descriptions of PI.

Participants conveyed the belief that having dual roles and teaching in the CC setting required community college NEs to be flexible, patient, knowledgeable, and experienced, which they said were attributes of well-rounded nurse educators and well-rounded people. Bea described community college NEs as “generalists” because she said they need to know “a little bit about everything.” Participants said community college NEs “wear many hats” and are often required to “function outside their comfort zone” by teaching in areas that are not their specialty.

According to participants, these types of situations served to strengthen both the nursing and the educator identities because expertise in both areas was required to adapt and overcome the presented challenges and help students be successful.

Study participants viewed community college NEs as generally “well-rounded.” When asked to expand on their meaning of the term well-rounded, they said that because community college NEs “wear many hats” they must be adaptable and have an expansive knowledge base. Gia spoke about the varied experience of the faculty at her institution. She said that while each faculty member had their nursing specialty areas, everyone had experience in multiple areas of nursing. For example, her nursing specialty was obstetrics, but she also had several years of medical-surgical nursing experience. The vast array of experience was beneficial for the program because there was always someone who “knows something about every topic.” Gia said that faculty at her school often consulted with each other when they were unsure about a topic or had never worked in a certain area. She said that type of cooperative situation benefited students because faculty “come across as experts. You have to come across that way because if you don’t, students will eat you alive. If they see any weakness in your knowledge they will exploit it.”

All the participants described very similar situations. They all reported having a nursing specialty, but also reported having worked in multiple areas of clinical practice prior to moving into education. They described the situation as “the nature of nursing” because nursing offers a wide range of opportunities, so it is not unusual for nurses to have experience in several different areas. Ada said she had worked in both the operating room and hospice. She said she believed many nurses change specialties to avoid burn-out. Bea said she had worked in several areas of nursing as well. She said she tended to get “bored easily” and nursing offered her the opportunity to find her favorite specialty area, which she said was psychiatric nursing.

Participants believed their varied nursing experience helped them be more effective educators because they could share their knowledge and experience with students. They also said they believed that their graduate educations helped prepare them to be flexible and adaptable. They said that graduate school had changed their ways of thinking, “expanding world views” and helping them to be more open-minded and well-rounded.

Bea described the faculty at her institution as “generalists.” She said a community college NE “needs to know a little bit about everything. It’s great when you have enough faculty that they can teach in their area of specialty, but we have such a small faculty that doesn’t always happen.” She said her institution had faculty with a variety of specialty areas such as obstetrics, pediatrics, mental health, and cardiac. While each faculty member had the opportunity to teach in their specialty area, they also had to teach in other areas because the program content spanned a very wide range of nursing topics and medical specialties.

Bea said faculty at her institution had a “natural curiosity” that made them want to learn new things. She said it was not unusual for faculty to receive a new teaching assignment in any given semester, which meant they would have to prepare material they had never taught before. Even though preparing brand new material was very time-intensive and required a lot of research to adequately prepare, faculty never complained about it. Instead they “dive in head first, learn as much as they can about the topic, and teach it.” She said faculty were driven to be prepared and that drive kept other faculty members motivated to be just as prepared and do their jobs just as well. She said that type of collegial “competition” among faculty was good for students because it meant they were getting the best that faculty had to offer. Bea also said that if her faculty were not well-rounded, it would be very difficult for them to be flexible and adaptable. She said the flexibility and adaptability was very important for positive student outcomes.

**I promote student success.** Promoting student success was another consistent theme that emerged during data analysis. Every participant was committed to student success. They endeavored to give their students a chance to be successful even through difficult circumstances. They believed student success was important to the greater community, because successful students would become successful members of the community.

Every participant conveyed the belief that there was a focus on students in each of their respective community colleges which carried over into their individual nursing programs. The community college NEs in the study unanimously expressed the belief that community colleges tend to focus on students to a far greater extent than four-year colleges and/or universities. They said from their own perspectives it seemed that four-year institutions tended to view students as numbers rather than individuals and tended to “weed out” students who likely would not pass NCLEX on the first try. Participants said community colleges focused on individual students and their unique situations and attempted to structure courses and classes in ways that would make college more accessible for non-traditional students.

When asked how she would describe a community college NE, Jan replied, “I feel like you have to be very dedicated to wanting to promote student success.” Fran stated that she felt that “my role with my students is to provide them with a quality education.” Dee said that she felt most successful as an educator “every semester when we see students pass to the next class, or in May when the students graduate.” Every participant noted student success as something that was or should have been a top priority for all community college NEs. They described their nursing programs as “student-focused” and “student-centered.” They said they often took it very personally when students failed an exam or a course, especially if they taught the material. While they fully acknowledged that students must take responsibility for their learning, participants

said they found it difficult not to have “personal feelings” of regret or disappointment when students were unsuccessful.

When asked to speak further about the term “disappointment,” Jan said she felt most disappointed when students failed her exams. She said it made her feel that she had not done a “good job” as an educator if students did not understand the material well enough to pass the exam. She said when she first began teaching in the community college setting, she questioned her identity as an educator because “several” students in her class failed an exam. She said she had learned over the years how to make improvements in her teaching and tried to use disappointments as motivation to be a better educator.

Participants wanted their students to be successful students and successful nurses. They believed strongly that they, as community college NEs, should provide strong positive examples of success. Hala said that was part of her personal motivation to be the “best I can be. Because I want my students to realize that if they always do their best to be good nurses it will pay off for them. They will be successful in their careers.” Dee said she knew students were “always watching” their instructors, and that NEs should realize they were “being watched by students and always do things the right way. We should always be good nurses because that gives students role models for success.”

Participants felt a great sense of pride in their focus on student success. They noted how the missions of most community colleges centered on students and communities rather than research. They said that community college NEs were not obligated to “produce scholarly work;” rather they were expected to teach in the classroom and in the clinical setting. Fran noted “we don’t have the requirements or pressure of being published, you know, we don’t have to publish articles and things in journals and what not.” Some participants acknowledged that sometimes

they felt as if universities “neglect” students because faculty are focused on attaining tenure, which requires research and publication. They said they preferred to be in the community college setting where they knew they could pursue scholarly if they chose to but did not feel pressured to do so.

Participants expressed the belief that students receive more personal attention at community colleges than they would at four-year institutions. Dee described being a community college NE as “we seem to be more personable at times compared to some experiences that I personally have had, comparing my personal experience of a community college to a university.” Additionally, participants described how community college nursing students come with their own unique set of challenges. Community college students, in general, tend to be labeled as “non-traditional,” meaning many are adult students with dependent families. Most community college students are not financially supported by parents or scholarships; in fact, many live below the poverty line before enrolling and while they are in school, even though many of them work part-time or full-time. Participants indicated that knowing the types of challenges their students were facing motivated them even more to help their students be successful. Participants also noted how the successes of students who faced such “huge obstacles” made them feel, as educators and as human beings, that they had accomplished something “worthwhile.” Gia related her feelings as follows:

When you know that some of these students are struggling just to put food on the table, and not only for themselves but for their kids, that’s heavy. We can make a difference for them. If we can help them succeed and become RNs, that gives them the means to feed their kids without struggling. That is a life-changer. That is why I am here. Because these students need us. They need me. This is where I can make the most difference in the lives

of nursing students. Not at a school where every student has a 4.0 GPA, and momma and daddy are paying for everything. Those students don't need me to be successful. They could figure it all out on their own if they had to.

Additionally, Ada made the point that she believed community college NEs must meet student needs “in a very social, very compassionate way.” Other participants echoed this belief, noting that the word “community” held a strong message for both faculty and students; the message was that faculty would be committed to student success because they were all part of the same community, and the community members depended on each other.

Another point that participants noted was that they “know” their students. Bea and Ada both said they knew all their students by name. Most of the other participants said their nursing programs were “small,” with less than 100 students. They said their small programs allowed them more opportunities for personal interactions with students. Bea and Ada said that by the time their students graduated, all faculty have had some type of one-on-one interaction with all their students either through clinical, advising, or classroom interaction.

At Ada's institution, a scholarship was awarded every year to a graduating nursing student, which helped cover the costs of taking their NCLEX licensure examination. The scholarship winner was determined by nursing faculty vote. Ada said faculty were always aware of which students were struggling financially because they “build personal relationships with our students, so they know they can come to us with problems.” She said her faculty took a “personal interest” in connecting students with outside resources to help them so they could successfully complete the program. She also said faculty “felt good” about being able to help students through the scholarship award. She said helping students succeed also helped the community succeed

because successful students eventually graduated and became successful members of the community.

Although participants promoted student success by building positive relationships, the NEs acknowledged that there could be adversarial undertones between students and NEs. Gia indicated that if students sensed weaknesses in NEs, they would exploit them by challenging the instructors' knowledge. Participants said they had encountered difficult students and difficult situations with students, but those experiences did not negatively influence their overall dedication to student success.

**I focus on my community.** Participants lived, worked, and participated in their local communities, so they were extremely vested in them. They believed that the concept of community was one of the most important aspects of their jobs. Focus on community was another very apparent theme generated during data analysis.

The word "community" is obviously important for community colleges. Likewise, participants expressed the belief that it was a very important word and concept to them as community college NEs. Many community colleges in the southern United States are located in rural areas. Community college educators generally feel they have a responsibility to provide access to quality education in local communities for people who might not otherwise be able to go to college. The participants in the study adopted that belief and took the responsibility very seriously.

Participants felt they had a "good understanding" of the differences between community colleges and four-year institutions and said they would rather be in the community college setting in part because of the emphasis on community. For example, Ada stated "community college NEs are to me very different than the BSN nurse educators because a lot of our focus is

community based. Not so much in the academic world, but to stay connected to the community. That has to be our priority.” Bea said she “wouldn’t teach at a university. I think they are too impersonal. You don’t have students who are just from your community, you get students from all over the place. Especially if you are at one of the big schools.” She said she felt that teaching at her institution gave her the opportunity to have a direct and significant impact on her community by helping educate future nurses who would eventually work in that community. Bea said “I want those people to be good nurses. They will be taking care of me and my family. Some of my graduates have already taken care of me when I was a patient at my local hospital.” She said it “feels good” when she sees former students “in action and doing a good job” because that means their patients, who are her friends, neighbors, and family members, are in “good hands.”

Participants described community college NEs as being very community oriented, pointing out that many live in the same community in which they teach. Ada said that community college NEs at her institution “go to local churches, they support local civic groups, they participate in local things the college offers. Whether it be the theatre or other things.” Jan said her children attended the local high school and after they graduated a few of their friends became her nursing students. She said it was not unusual for her to have students in her nursing program that she “knew before” they were her nursing students.

Such a connection to their communities, and to the individuals in those communities made a difference for the participants in the way they approached their teaching responsibilities. They knew many of their students personally, not just from school. Having those personal relationships made participants feel that they had even greater responsibilities as community college NEs. If they were not successful at their jobs it was not going to impact strangers, they

would never see again; it would impact many people from their own communities with whom they interacted on a daily basis.

Participants took “ownership” and “responsibility” for how local community members and others viewed their colleges, their nursing programs, and themselves. Failure in their roles as community college NEs could jeopardize the reputations they had built as caring, compassionate, noble individuals (their nursing identities). To “care” for students meant to do whatever it took to help them be successful. If participants’ nursing programs had low student success rates, the community could view faculty as uncaring, unconcerned, and unwilling to help students. That type of unfavorable view of the nursing program might also be reflected on the college. That responsibility seemed to weigh heavy on participants, as they did not want to jeopardize the reputations of their colleges, their programs, or themselves.

Additionally, failure as community college NEs meant society would see them as “less than” nurse educators. Participants did not want to fail. They wanted their communities to see their nursing programs as “strong” and “successful” programs that community members would be proud to support. Participants wanted community members to “feel good” about their programs and “send their kids here.”

Several of the participants in the study obtained their first nursing degrees from community colleges, so they felt a “kinship” with their students. They belonged to the “community of people” who had been community college nursing students. They had experienced many of the same challenges as their students and that gave them the ability to have real empathy for the things their students were going through. Participants also felt that having that background and experience legitimized them in their community college NE roles; it meant students could trust and believe the educators. Not because the educators were the ultimate

authorities, but because the educators had lived the entire community college student experience from the beginning. They were examples of the success they wanted their students to achieve.

### **We Are in This Together**

The second major theme generated from the data was “We Are in This Together.” Participants repeatedly described their professional work environments as “collaborative” and “supportive.” They said teamwork was integral to their programs and made them more successful. They described situations where they shared their knowledge with each other to overcome challenges and improve their programs. They acknowledged that they shared a professional language, which made them feel as if they belonged together professionally.

Bea said she believed nurses, in general, understood the importance of working together better than most because nurses must work together in the clinical setting. “If nurses don’t work together in the clinical setting it can make for a very bad day. You will sink fast” she said. Participants also said they understood that it took all the nursing faculty to get students through their programs successfully. “No one person could do this alone” Hala said, referring to educating nursing students. “It takes everybody. I mean, students have to go to classes, go to labs, and go to clinical. There is no way one faculty member could do all of that. We all know that every faculty member contributes to student success. It’s not a one man show.” Kay reiterated that point by saying “we all have the same goal. To teach students and see them be successful.”

Participants acknowledged that getting students ready for their NCLEX exams was the primary driving force behind mutual goal-setting. They said every nursing program in the country was working toward that same goal because their very existence was dependent on students being prepared for and passing NCLEX. Programs with low NCLEX pass rates risked

losing accreditation from their national accrediting organizations, and approval from their state boards of nursing. “Those are high stakes” Bea said. “That really motivates faculty to get on board and have the same purpose. Because if a nursing program shuts down due to bad student outcomes, that’s really bad. It would put a stain on all the faculty in that program.”

**We work as a team.** All the participants used the word “teamwork” to describe their work environments. Sharing a common goal of student success motivated participants to work together with their colleagues, even in difficult circumstances; teamwork was a sub-theme that emerged during data analysis.

Several participants worked at colleges where “team teaching” occurred in all nursing courses. In team teaching there was one course leader, but that person did not teach all content. The content was divided among faculty members according to their individual specialty areas. Kay said at her institution “if there are five modules in a course, then at least five different faculty members will teach. And sometimes large modules are divided, so there could be more.” Bea said team teaching worked well at her institution because students got “multiple nursing perspectives” from the different faculty members. She said it was beneficial for students. For example, if a student struggled to learn from a particular instructor because of teaching style or method of presentation, they would only have that instructor for one module. The next module would be taught by someone else. That type of situation “takes some pressure off instructors,” Ada said. “If students aren’t learning from you, then maybe they can learn from someone else. Hopefully that means we won’t lose students simply because they had a “bad” instructor. I think that happens sometimes in the general education courses. But in our nursing courses that doesn’t happen.” Ada went on to say that she did not consider any of her colleagues to be “bad” instructors, but there had been times when students struggled to learn. In those situations, she

said the program director worked with the particular instructor to determine why students were struggling and made adjustments in teaching based on that assessment.

Some participants worked in programs where team teaching was not employed as a teaching method. Instead, one instructor was assigned to each course and taught the entire course. But even in those programs, teamwork was noted as being integral to success. Ella taught in one of those programs. She said, “There is a lot of teamwork that goes into what we’re doing.” She noted that it was important for faculty to work as a team because each nursing course built off the previous course. Instructors had to be “on the same page” to be sure there was seamless progression throughout the program. Kay noted “even though we have a curriculum to guide our courses, we have to communicate about our teaching. I have to know what my colleagues are doing in the courses before me and after me because everyone’s teaching style is different. I want to be sure it is not too difficult for my students to transition from course to course every semester.”

Hala described her situation as a full-time clinical faculty member in the following way:

We all work together. I am not assigned to a single course. I get to work with all instructors and all students. We collaborate if someone has an idea, we bounce it off each other in faculty meetings or email. We collaborate a lot with other health education departments in the college. We do collaborative simulation, even.

Participants acknowledged that there were sometimes personal conflicts between faculty members. Gia said her work environment was “civil. We all work together, and we know what we need to do. Even though we are not all best friends, we socialize together at times, you know, for college functions. It’s a well-rounded environment. We all work together.” Fran described a recent situation in her program as “lateral violence with other faculty. That’s been quite

challenging but also motivating for me.” She said she was motivated to promote teamwork within her faculty group. She was also motivated to shield new faculty from the conflicts and mentor them to be collaborative team members. She said the situation had put stress on the faculty team but they were still working toward the common goal of student success and even “unhappy” faculty members still functioned effectively with students in the classroom and clinical settings; she thought that was because the “unhappy” faculty members realized that poor student outcomes would affect everyone directly, and though they had “issues” with other faculty members, they did not want student failure to reflect poorly on themselves.

Participants’ perspectives of their community college settings influenced how they felt about working with their colleagues. They believed the focus on students and community gave them a common goal that made them want to work together to see their students succeed. Participants did not think they would have those same feelings if they worked in a four-year institution. They indicated that they thought they would be more isolated and independent from other faculty. Participants described their relationships with colleagues as “more close-knit than a university setting.” Although they admitted that they experienced typical workplace incivility, they also felt a close connection to their colleagues even if they did not share friendships.

**We share knowledge.** Participants indicated that community college NEs in their nursing programs readily shared knowledge. They said their colleagues understood the importance of sharing professional knowledge for student success. Program decisions were made based on shared knowledge. Teaching strategies were implemented based on shared knowledge. Knowledge sharing was an important theme that was noted during data analysis.

Participants said the importance of sharing knowledge could not be overstated. Bea said:

Most colleagues are very willing to share. Very willing to share their experiences, similar to something you are going through that you've never been through before. Like if you don't know the answer to a situation that you have, then they are very, uh, most of them are very eager to help you out and share.

Participants described situations where community college NEs "formally" shared their knowledge with each other. Participants said they and most of their colleagues attended continuing education offerings to stay abreast of the latest evidence for effective teaching and learning. It was common for NEs who had been to professional conferences to formally present what they learned to the rest of the faculty, so the knowledge could be shared. This was done willingly with the understanding that sharing knowledge meant improvement for NEs and increased success for students. "I think it all goes back to professionalism," Jan said. "Professional educators aren't stingy with their knowledge. It is our job to share knowledge with students. It is also our professional responsibility to share our knowledge with each other."

Ada described another way knowledge was shared at her institution. She said every month her dean sent out an article from the scholarly literature. Nursing faculty would read the article individually then meet and collectively discuss the article. They would then decide how they could implement something new in their courses based on the information learned from the article. "It is a great way to keep us engaged with the literature," Ada said. She also said it "keeps us all on the same page as far as knowing what each other is doing in class and clinical."

Bea said her college offers professional development opportunities at the beginning of every semester. "Our administration arranges for faculty development for us. Sometimes they bring someone in from the outside and sometimes they ask faculty members to share something interesting they are doing."

Participants had various descriptions for how knowledge was formally shared at their institutions and within their individual nursing programs. Some said their “book reps,” the people who represented their textbook publishing companies, would sometimes arrange for professional development activities. Others said they would host yearly professional development seminars and invite faculty from other colleges to attend. But knowledge sharing was not always described as formal gatherings designed specifically for that purpose. Often, knowledge sharing occurred very informally.

Kay said she often shared and received knowledge informally. She said she frequently had conversations with colleagues while they were eating lunch. Sometimes the topics of those conversations were about nursing education. Kay said, “Some of the best teaching advice I’ve received was over a tuna sandwich.” When asked if she thought the informal nature of a lunch conversation was more conducive to knowledge sharing than a formal presentation she replied, “In a lot of cases, I think so. You can talk one-to-one. It is more personal. It’s easier to ask questions and it’s easier for the person you are talking to, to relate their advice specifically to you.”

Ina said she “likes to talk to other educators and see what they are doing.” She said although she had five years of experience as an educator, she always felt that she could learn something new. She said she was very open to new ideas, and she liked to hear suggestions from others. She said she would often “walk down the hall and see who is available. Then I’ll bounce ideas off of them, or just ask them what they are doing in their next class.”

Participants all indicated they were willing receivers of knowledge. Some also said they had become comfortable being sharers of knowledge. Bea, who had 30 years of experience as a community college NE, said she enjoys “telling war stories.” She said she shares her experiences

not because she wants to seem “smart or important” but because she wants to make things easier for newer community college NEs. “I think I have a lot of useful stuff to share,” she said. “I want my colleagues to have all the information I can possibly give them to make them better educators. Because if they can be better, our students benefit.”

While Bea was very open and forward with her willingness to share knowledge, Ada was less so. Even though she had been a community college nurse educator for 27 years, she said she rarely gives “unsolicited advice.” She said she was “more than willing” to share advice and stories of her experiences when asked, but she was not the “type of person” to share without being asked.

Although knowledge sharing occurred in a variety of ways, all participants indicated that knowledge sharing was an important part of their respective faculty groups. They said the importance of knowledge sharing could not be overstated. They noted that the fluid nature of teaching and learning necessitated continuous professional development and knowledge sharing was a main component of that development.

**We speak the same language.** All the participants acknowledged that nurse educators share a common professional language. Speaking the professional language of nursing education made participants feel like NEs. Shared professional language was noted as a recurrent sub-theme during data analysis.

Parts of the NE professional language revolve around accreditation, parts of the language revolve around teaching and learning, and still other parts of the language revolve around nursing. Participants used terms such as success rates, NCLEX pass rates, and completion when referring to accreditation. Learning objectives, student learning outcomes, and evidence-based teaching strategies were terms used when speaking about teaching and learning. And of course,

participants said nursing had a language of its own which often required a medical dictionary for understanding.

Community college nurse educators use the professional language of nursing education to communicate with each other. Participants said using professional language came naturally in the professional setting and gave them more confidence as educators. The use of professional terms gave clarity to communication. It also made participants feel as if they were part of the professional group known as “nurse educators.” Ada said “years ago when we were working on a new curriculum at the state level it was amazing how we all spoke the same language even though we all had our own curriculum. But we soon learned we shared a language.”

Participants felt that knowledge of the professional language was necessary. For example, one participant noted that most professional workshops, seminars, and meetings would not make sense if attendees did not have an understanding of the common professional language. Another noted that researchers would not be able to investigate or report their research without a common professional language.

Most participants noted that they only spoke their professional language while they were at work, or at work-related events. They did not feel that they could speak the language of nursing education when they were with friends and family, or even with other nurses. Gia said, “we use jargon that, if I started talking to my peers in the clinical setting, they aren’t going to know what I’m talking about. I think we do have a vocabulary different from other areas of nursing.”

Participants said their use of professional language had a direct impact on their professional identities. Ella said the following:

I feel like because I can now have those conversations with colleagues, I feel like I'm not just a nurse but I'm a nurse educator. Because I have that language. It's like when you're a student and someone says a medical term and you say, I don't even know what that is. You don't relate to it as a nurse, you relate to it as a student. And when I was a nurse and I could say that verbiage like dysuria, I was like, oh, that's my professional language. And now it's the same thing in education. I feel like I have this language when I'm talking with coworkers that if I used that language with someone else they might not get that understanding.

In relation to professional language, Gia said, "It makes me feel more like a nurse educator. Because before I wouldn't have known what you were talking about if you used those words. But knowing about curriculum, and those other things, that's not something a clinical nurse is going to know about."

Participants noted that it took time to learn the professional language of nursing education. Fran, who had been a community college NE for 12 years, said "I definitely see a difference in my use of terminology and a first-year faculty. We have some first-year faculty who are still sitting in meetings who don't know what the words and abbreviations mean." All the participants agreed that they had a "good understanding" of the professional language after two to three years of teaching.

The community college NEs in this study spoke the professional language of nursing education, but they also spoke a language unique to community colleges. They spoke at length about their focus on students, their connections to their communities and their schools, their abilities to be diverse educators, and their desire to teach in the community college setting. All those topics would be addressed very differently in a university setting. While university nursing

professors and instructors want their students to be successful, they often have the distractions of research and publication. Some university professors focus solely on research and have very little student interaction. Many university professors are not originally from the local communities in which they teach. Additionally, most college and university faculty have specific specialty areas and their teaching and research remains focused in those areas.

“Speaking the professional language” was important to the participants because it made them “feel like” nurse educators. They said their professional language gave them the ability and confidence to interact with colleagues and peers not only at their local institutions, but also at the state, regional, or even national level. They said having a common language was a “valuable asset.”

**We develop our practice.** Practice was another interesting theme discovered during data analysis. Participants defined their practice as the things they did in their daily NE roles. They said their practice was always evolving, and collective decision-making related to practice made them feel like members of a cohesive team.

Participants said their idea of practice for community college NEs was much different from their idea of practice for registered nurses. According to participants, their nursing practice consisted of using a set of nursing skills which included things such as starting IV lines, administering medications, and assessing patients. Their practice as community college nurse educators consisted of teaching students. They agreed that they were constantly developing their practice in the educational setting because there was always something new to learn about the best way to teach students.

One aspect of community college nursing education practice was noted by participants to be teaching methods. They said they were continually doing professional development activities

and reading professional literature to stay current in the latest evidence-based teaching practices. They said they were “always trying something new in the classroom.” Bea said the faculty at her school had “natural curiosity,” were “lifetime learners,” and were very open to trying new things in their teaching. She noted the recent push toward active learning in nursing classrooms:

Faculty are using more active learning strategies to engage our students. We are using case studies and a lot of new electronic resources like gaming and virtual simulation. It is a big change for some of us who have been in education for a long time. But for new faculty, it is just standard practice.

When asked to elaborate on the term “standard practice,” Bea responded that she used that term to describe “doing what you are comfortable doing, what you have done for a while. Also, it is what everyone else in the discipline is doing.” She said she had seen many changes to nursing education in her 30 years as a community college nurse educator. She noted how classroom teaching had moved away from lecture and toward active learning. “Standard practice” was evolving, according to Bea. “If you aren’t practicing the latest teaching techniques you are considered old and stale and behind the curve.”

Other study participants agreed that their practice was constantly evolving, and teaching methods was part of that evolution. Jan said that she relied heavily on fellow nursing faculty at her school to help her stay current. She said she often “bounced ideas” off other faculty and asked them what new things they were doing. She said having other faculty members who offered support and guidance helped her feel comfortable about having to constantly update her teaching practices.

Ella noted that development of practice was important to her, but that it was not as important to some senior nursing faculty at her institution:

I wish they would almost have a rekindling. For example, one of them mentioned to me that “I just went through all my power points and they’re good and they’re going to be good for the next seven years until I retire.” And I just thought, every semester I change something, add something, and make it better.

Ella said those faculty members motivated her to constantly develop and improve her practice, so she does not fall into the “same rut.”

Ada said she felt that having a director who had “high expectations” of faculty helped her stay current in her educational practice. She said the culture at her school was one of healthy competition; many younger faculty wanted to be on the “cutting edge” with technology in the classroom and active learning strategies. She said it kept all the faculty “on their toes” and motivated to keep up with the “latest and greatest” in nursing education.

Participants noted that there were other things that made up their practice as community college nurse educators. Most of them had recently gone through a state-mandated curriculum change. They considered the curriculum to be part of their practice because even though they had the curriculum developed for them, they still had to determine the best way to implement it in their programs. Participants said they had spent time researching and learning about curriculum, so they could make informed decisions about implementation.

Decisions regarding practice were made collectively. Participants said that shared decision making was a condition for accreditation in all nursing programs. They said decisions regarding instructional matters were made during faculty meetings and required a majority vote. Some examples of the matters that required collective agreement were clinical placements, clinical lab activities, exam procedures, and resource materials. Participants said making

collective decisions about matters which affected their practice made them feel as if they were part of a cohesive team.

**We “become” community college nurse educators.** Being a community college NE was more than accepting a faculty position and walking into class on the first day. It was noted by participants to be a process that occurred over time and was influenced by their colleagues and students. Essentially, it occurred through interactions in CoPs.

Participants indicated that working as cohesive teams, speaking the professional language, and sharing knowledge made them feel like they had “become” community college nurse educators. It was a process that occurred over a period of time, but the end result was the same for all of them: when they began as community college nurse educators, they still felt like nurses. Now, even though participants had experience in nursing education ranging from 3 to 30 years, they all indicated that they felt like nurse educators.

Participants said “becoming” community college nurse educators was a process, not an event. There was no definite moment when it happened. Rather, they came to the realization that they identified as community college nurse educators over a period of a few years. Ada, who has been a community college nurse educator for 27 years, said “I don’t know exactly when I “became” a nurse educator. But I do know it took me a few years. I really didn’t know anything about teaching when I first started but then I got the hang of it.”

Participants indicated that being a community college nurse educator consisted of many things, but the main thing was teaching students. They said student interaction was the most important and meaningful part of their jobs. All the other things they did as community college nurse educators were done to make them better teachers, and to make their students more successful.

## Summary

This chapter described the research findings that were gathered by conducting individual interviews with 11 community college NEs. Themes were identified as the interview transcripts were analyzed. Two major themes emerged: the first was “It’s Who I am and What I Do.” The sub-themes were (a) I am a nurse first, (b) I have a dual identity, (c) I am well-rounded, (d) I promote student success, and (e) I focus on my community. The second major theme was “We Are in This Together.” The sub-themes were (a) We work as a team, (b) We share knowledge, (c) We speak the same language, (d) We develop our practice, and (e) We “become” community college nurse educators.

Participants described their thoughts and experiences in nursing and in education, which helped form their professional identities. All but one participant said they had developed a dual nurse/educator identity. The one participant who was the exception said she no longer identified as a nurse, but only as a nurse educator because she had not worked in the clinical setting in several years.

The data helped provide an understanding of the meaning of professional identity to community college nurse educators, as well as how community college nurse educators constructed professional identity within communities of practice. Participants conveyed their perceptions that working in the community college setting gave them a different sense of purpose than they would have had at a four-year institution. They also described how working together in faculty teams within their individual programs influenced their purpose and identities.

## CHAPTER V: DISCUSSION OF FINDINGS

The current nursing faculty shortage calls for exploring new ways to increase faculty recruitment and retention so more nursing students can be admitted to, and educated in, nursing programs (NLN, 2015). Nursing faculty retention has been linked to PI. Nurse educators with strong PIs are more likely to remain in their faculty positions (Garbee & Killacky, 2008). This qualitative study explored the meaning of professional identity to community college nurse educators, and the influence of Communities of Practice on the construction process. From this research, community college nursing programs could gain valuable insight into the meaning and construction of community college nurse educator professional identity, which would aid in the creation of academic cultures that nurture professional identity and better support novice nurse educators as they transition from clinical practice to the faculty role. The desired outcome would be increased faculty retention, satisfaction, and effectiveness, which would benefit both faculty and students.

The purpose of this study was to explore how community college nurse educators make meaning of and construct professional identity within Communities of Practice. In a 2013 study, 11.8% of full-time nursing faculty in the United States left their positions within a year for various reasons, including returning to clinical practice or accepting clinical administrative positions (Fang et al., 2016). The goal of this study was to have a better understanding of community college nurse educator professional identity, so community college nursing programs can find effective ways to support and retain faculty and nurture their developing sense of

professional identity as they assimilate to the faculty role. The research questions explored in this study were as follows:

1. What is the meaning of professional identity to community college nurse educators?
2. How do community college nurse educators construct professional identity within Communities of Practice?

These questions brought focus to how the meaning of professional identity is constructed by community college nurse educators. The researcher explored how interactions with students and other nurse educators in institutional environments, as well as the use of professional language in Communities of Practice influenced professional identity.

Nurse educator professional identity has not been clearly defined in the literature. Instead, the focus has been on the transition process itself. Additionally, there are no studies that focus primarily on community college nurse educator PI. The studies in the professional literature were conducted mostly at the baccalaureate level.

This study came from the need to recruit and retain community college nursing faculty. Nurse educators have reported difficult transitions to academia which may cause them to return to clinical practice. Many of them reported that the transition took up to three years, while others felt that they never mastered their new roles and returned to clinical practice (Adams, 2011; Derby-Davis, 2014; Garbee & Killacky, 2008). The construction of a strong professional identity has been shown to be a determining factor in faculty retention (Garbee & Killacky, 2008). Having a clearer understanding of how community college NEs construct their meanings of professional identity could lead community college nursing programs to create environments that ease the transition and encourage the development of strong PIs. Two examples of such

environments would be strong formal mentoring programs and the development of formal Communities of Practice.

The study found that community college nurse educator PI is constructed through social interactions in the professional environment. It is influenced by many things such as the previously developed nursing identity, interactions with colleagues and students, and a sense of responsibility to the greater community.

### **Discussion**

The following section offers an in-depth exploration of how the data answered the research questions. Additionally, these findings are compared and contrasted with the existing literature. This discussion is divided into sections by research questions.

#### **Research Question 1**

*What is the meaning of professional identity to community college nurse educators?*

#### **It's Who I Am and What I Do**

The meaning of professional identity for community college NEs is multi-faceted. It is who they are and what they do. First, it means still being a nurse. Community college NEs never completely disregard their nursing identities. In fact, the nursing identity underpins and forms the basis for the new nurse-educator identity. All the attributes that make them expert, caring nurses make them caring, effective educators as well.

Being a community college NE means focusing on students. For community college NEs, PI is directly associated with students because teaching is the primary focus. Student success is perhaps the most important measure of professional success for community college NEs because successful students are a direct measure of teaching effectiveness. Additionally, the personal

connection with students at the community college level is an important component of being a community college NE.

Finally, being a community college NE means being connected to the community in a very personal way. Community college NEs feel a great sense of responsibility to their respective communities because their work directly impacts members of those communities. People in the communities who complete nursing programs and become nurses obtain something of immeasurable value. On an individual level, increased earning potential for the new nurses means a better life for themselves and/or their families. On the community level, new nurses mean more caregivers for members of the community who need healthcare services.

### **Constructing the Meaning of Identity**

According to the concept of Symbolic Interactionism, people construct meanings for things based on social interactions. It is an interpretive process through which people try to understand the people and things they encounter (Blumer, 1969). Meanings are formed as people interact with each other and their environments, and there is an inseparable connection between the individual and the social context within which the individual exists (Blumer, 1969; Burbank & Martins, 2010).

For the community college nurse educators in this study, the meaning of PI was not constructed in sequential stages or in an individual vacuum. It was formed dialectically in relation to the professional, political, social, and civic contexts. It was formed through multiple social interactions with colleagues, with students, and with the community outside their colleges. It was influenced by several factors including the prior nursing identity.

**The influence of the nursing identity.** The community college NEs in this study indicated that the meaning they attached to professional identity was strongly influenced by

several factors. The most significant factor was their previously developed nursing identity. When asked specifically about professional identity, all the participants began their descriptions of their current professional identities by talking about their nursing identities. Even though some participants described their current professional identities as dual nurse/educator identities while others said they still identified primarily as either nurses or educators, they all described their nursing identities first.

This finding indicates that these participants had a strong connection to their nursing identities, perhaps because it was the most comfortable identity for them. Identifying as a nurse made them feel confident and competent. It could be that their feelings of confidence and competence stemmed from the fact that nurses who practice in clinical settings are routinely required to demonstrate competence. For example, many hospitals require nurses to “check-off” on certain nursing skills every year to assure they can perform them safely. On the other hand, nurse educators are not routinely required to prove they can teach competently. They are simply hired and expected to teach. As a result, they may begin their teaching career feeling incompetent and unsure of themselves. Therefore, reverting to the nursing identity helps overcome negative self-perceptions because the NE knows she is a competent nurse.

Nursing professional identity becomes deeper and stronger with time and practice and is influenced by the things experienced in the clinical nursing role (Martin & Wilson, 2011). Participants indicated that their nursing identities had evolved with time and experience. They had deep connections to their nursing identities because of things they had experienced during interactions with patients and others in the clinical setting. For example, one participant said she would always be affected by a particular incident in which a child passed away despite the extended efforts of herself and the other emergency department staff on duty at the time. Deeply

emotional and personal incidents cannot be ignored or forgotten. They become part of the nurse who experiences them. Nurses may even experience a sort of post-traumatic stress related to some of the things experienced in the nursing role. Subconsciously, NEs may want to hold on to the nursing identity because it is a “badge of honor.” It means they have “been there and done that.” They have seen things most other people have not; things most other people could not handle, yet they are still practicing. They are still working and are willing to continue to place themselves in similar situations because they are nurses, despite the associated difficulties.

The current professional literature does not reveal what happens to the nursing identity as a nurse becomes a teacher and moves from the clinical setting to the educational setting. According to the findings of this study, the nursing identity remains an integral part of the nurse educator professional identity as described above. The nursing identity follows the nurse as she moves from clinical practice to the educator role.

The one exception to this case was Dee, who stated that she no longer identified as a nurse. She indicated that her primary PI was as an educator. She cited the fact that she had not worked in the clinical setting in several years, except when she went to the hospital with students. She no longer felt that she had the clinical expertise or competence to be called a nurse in the truest sense of the word, but she had developed expertise and competence as an educator. Therefore, she identified strongly as an educator and took great pride in her current position. This indicates that for Dee, the nursing identity is closely tied to her sense of skill and competence level. Perhaps Dee, and others like her feel that they have lost the ability to perform skills safely; therefore, they are unworthy of being called nurses. Maybe they are no longer willing or able to pay the emotional toll required by continued nursing practice, so they no longer

feel entitled to wear the badge of honor. Whatever the reason, Dee's associated distance from her nursing identity seems to have strengthened her educator identity.

**The dual nurse-educator identity.** The community college NEs in the study each reported having the perception that their current professional identity was a dual identity. They described themselves as both nurse and educator. They were unable and unwilling to give up the nursing identity when they moved into the educational realm. There were several reasons; one reason was because they felt they needed to maintain clinical competence due to the requirement that they teach their students in the clinical setting as well as the classroom. Another reason was because they had a deep connection to the nursing identity, both psychologically and socially.

Psychologically, participants had experienced events and emotions with patients that they had internalized. The memories and feelings evoked by those memories had become part of them. Participants could not leave those memories and feelings behind or turn them off when they became educators. Rather, those experiences influenced the way they educated nursing students. For example, one participant described how she counseled and supported a student who was experiencing a health crisis during nursing school. Prior experiences with patients in similar situations helped her decide how to approach the student. Another participant described how her students have taken the place of her patients. In turn, she felt a sense of responsibility for students and for their success in the nursing program just as she had felt responsible for patients and their conditions throughout the course of their illnesses.

Professional identity is a social construct (Callan et al., 2007; Helmich & Dornan, 2012) and also relates to personal values and beliefs (Auxier et al., 2003). Socially, participants felt as though they were perceived by others in a particular way because they were nurses. Participants wanted to be perceived by society as compassionate, honest, empathetic, and trustworthy,

because it made them feel altruistic, needed, and important. Participants viewed themselves as having those attributes because of their nursing identities.

Dual PIs may pose problems such as role confusion and role crisis for NEs (Adams, 2011; Andrew, 2012; Boyd & Lawley, 2009), but the NEs in this study did not experience those types of difficulties. The difference may lie in the fact that this study was conducted exclusively with participants who were community college NEs rather than NEs at four-year institutions. Community college NEs faced their own set of challenges, but they did not face the pressures of scholarly research and publication. The student-centered emphasis in the community college context placed the NEs in roles that were more easily related to the nursing identity. For example, students replaced the role of patients. Nurses care for patients in the sense that they want to help them achieve their highest possible level of health, wellness, and functional ability. Community college NEs care for students in the same sense. They want to see students reach their highest level of achievement, be successful, and complete their nursing programs.

While NEs at four-year institutions certainly care for their students and want to see them succeed, there is not the same type of equivalency with the clinical nursing role when it comes to research and publication. Those are activities for which the clinical nurse has no frame of reference, and may be what causes a sense of disequilibrium and role confusion for the four-year NE. The emphasis on research and the pressure to publish may distance the four-year NE from the nursing identity by causing discomfort and lead her to construct a different meaning for the educator identity.

The community college NEs in this study indicated that they were comfortable with their dual PIs. They felt as though they had naturally progressed into their educator identities as they

gained experience in their educator roles, yet they still maintained enough clinical contact with the healthcare system to maintain their nursing identities.

The experienced community college NEs in this study had been teaching for at least three years. They were no longer novice nurse educators, which may explain why they were not experiencing the same types of role crisis and role confusion as educators in their first two years as described in the literature. They had become comfortable in the dual role of nurse educator because they had prepared themselves as educators through professional development and continued education, whereas the NEs in the literature reported feeling unprepared to teach.

Another element related to the educator identity, which influenced the PIs of participants in this study, was their perception that they were well-rounded nurse educators. The term “well-rounded” was used consistently by participants as they described themselves and their peers. They said community college NEs were required to teach in multiple areas and perform varied tasks related to teaching; therefore, they had to be flexible and adaptable to meet the needs of their students. They worked cooperatively with their colleagues to ensure student success, even if that meant taking on roles and tasks that were unfamiliar. As educators, they took ownership for their teaching responsibilities and were willing to do whatever was required to get the job done and help students be successful. This type of attitude may directly correlate to participants’ experience in clinical settings, where nurses often have to improvise during the provision of patient care due to lack of adequate resources or unusual circumstances.

**The focus on students.** Promoting student success was another attribute unanimously described by the community college NEs in this study. They held a deep-seated personal desire to see their students succeed and believed that student success was a major part of their mission as community college NEs. They contrasted themselves with NEs at four-year institutions

through their belief that educators at the community college level are more invested in student success and less distracted by things that are unrelated to teaching, such as research and publication. Participants also believed that student failures in their community college nursing programs impacted not only the students but also themselves as educators, and the community as a whole. They did not believe that instructors in baccalaureate programs were as personally affected by student failures.

For some participants, students took the place of patients in the professional relationship. Participant descriptions of student interactions had a strikingly similar tone to their descriptions of patient interactions. For example, one participant described how she counseled a student who was struggling with a personal issue during one semester; the participant handled the situation the same way she would have if she had been counseling a patient in the clinical setting. Another participant said her students had taken the place of her patients, and she felt obligated to care for them. This kind of focus on students was attributed by participants to the fact that they worked in the community college setting.

These findings were of particular interest to the researcher because the studies related to PI in the professional literature were conducted primarily at the baccalaureate level. However, the participants interviewed for this study expressed the belief and perception that they held different priorities and values than their baccalaureate counterparts, which strengthens the argument for conducting this study. Additionally, it demonstrates the strong connection between a focus on students and community college NE PI.

**The connection to personal identity.** Another important factor that influenced the professional identities of the participants in this study was the feeling that being a community college NE was more than just a job. It was part of their personal identity; it was a fundamental

part of who they were both at work and away from work. Participants did not want to forget their work when they went home every day. In fact, they indicated that personal conversations at home often revolved around things that happened at work. Perhaps the entanglement of PI with personal identity occurred because participants perceived their work as being exceptionally important. Something of such importance could not be left behind when the NE leaves work. It should be taken into the public space to be acclaimed and acknowledged.

Participants were very proud of the work they had done which enabled them to become community college NEs. They were proud of their successful nursing careers as well as their educational accomplishments. They felt that they had earned a certain level of respect for their accomplishments and receiving that type of respect from friends and family was important on a very personal level. They indicated that their professional identities and values were inextricably linked to their personal identities and values. They believed that the same personal values that made them successful people also made them successful community college nurse educators.

**The focus on community.** The final yet equally important factor identified by participants as influencing their PIs was their focus on community. Community is obviously important for community colleges, in general. Participants also indicated that it was an important aspect of being a community college NE. They said that living and working in their own communities, which many of them did, made their jobs more important to them. They also believed they had direct and significant impacts on local communities because they helped students gain the valuable asset of education, which allowed them to become contributing members of their respective communities.

This finding is interesting because while most four-year college and university educators probably feel some sense of responsibility for their institution, they may not feel responsible for

the surrounding community. Many of them may not feel any connection to the community at all, especially if they did not grow up in the area.

The discussion in the above sections answers the first research question. For community college nurse educators, the meaning of PI is socially constructed and closely associated with personal identity; it is who they are and what they do. It is a composite of several elements. One is the previously developed nursing identity. Community college NEs never discard their nursing identities. Instead, they integrate the nursing identity into the dual identity of nurse educator, which develops as they gain experience in the educator role.

Being a community college NE means being a well-rounded nurse educator. Community college NEs rise to the challenges associated with community college nursing education to assure student and program success. Finally, being a community college NE means being student and community focused and bearing a personal responsibility for student and community success.

## **Research Question 2**

*How do community college nurse educators construct professional identity within Communities of Practice?*

## **We Are in This Together**

Community college NEs construct professional identity within CoPs through collaboration and teamwork with colleagues and interactions with students. Identity is influenced by the knowledge that is shared and the practice that is developed within the professional group. The educators may be sharers of knowledge or beneficiaries of shared knowledge. Either way, increasing one's knowledge about nursing education and putting knowledge into practice gives the community college NE an increased sense of PI.

The shared professional language of nursing education is also an important influence on PI. The ability to communicate using the group's professional language makes the community college NE feel like a NE. Knowledge, practice, and shared language combine to give community college NEs a sense of belonging to the professional group known as nurse educators, and that sense of belonging is the foundation for the identity that is constructed.

**Communities of Practice as influential work environments.** CoPs are social groups in which members share a common interest. Group members interact to share information and solve problems (Wenger et al., 2002). CoPs are uniquely structured with three fundamental elements: a domain of knowledge, a community of people who are interested in the domain of knowledge, and the practice developed by the community members (Wenger et al., 2002). The concept of CoPs was used in this study to investigate how community college nurse educators' PIs are influenced by working together in CoPs.

Participants described their professional work environments as collaborative and said teamwork was integral to their nursing programs. Due to the nature of nursing education where every course builds off the previous course, it is imperative that nurse educators work together to assure seamless progression through programs of study. Participants understood the need to work together toward the common goal of student success.

Working together in faculty teams influenced the sense of purpose of each of the community college nurse educators in this study. Faculty teams adopted common purposes specific to the overall community college mission. In other words, each participant indicated that their nursing program had a specific purpose because they were located within a community college. Their primary focus was on students and the local community. Entire faculty groups adopted like-minded attitudes toward student success and community empowerment.

When new faculty joined these groups, they were expected to take on the same attitudes and exhibit the same attributes as the rest of the team because the mission was so important. Doing so surely affected the PI of the new faculty members. Faculty groups provided environments for situated learning as described in the professional literature. For example, new faculty worked alongside seasoned educators in the classroom, lab, and clinical settings, which allowed them to participate as educators while learning the role. At the same time, they were able to observe the interactions between more experienced educators and their students. Situated learning in CoPs has been argued to be the best way to learn new skills and practices (Cope, et al., 2000). Situated learning promoted the learning of attitudes and attributes within the participants' community college nursing faculty groups.

Although the study participants all reported working in functional and collaborative CoPs, the CoPs may not always be positive environments. Some level of faculty incivility occurs in almost every faculty group at some point in time. The key for participants in this study seemed to be their ability to put aside personal and professional disagreements and work together for the sake of student success. Several participants mentioned that there were underlying issues with interpersonal interactions and relationships within their faculty groups, but they did not inhibit faculty from doing their jobs and working with colleagues to accomplish program goals.

Collegial peer pressure could play a role in functional and collaborative CoPs. Community college NEs may feel pressured to conform with the rest of their faculty group when it comes to important curriculum and practice issues, so the collective program continues to serve students effectively. That type of collegial peer pressure may influence PI in a positive way because it is a demonstration of professionalism. It shows that members of the CoP can put aside personal biases and issues and adapt to difficult situations.

**The influence of shared knowledge.** Working together in functional teams leads to knowledge sharing. Knowledge sharing is a fundamental aspect of CoPs, and participants indicated that it was also a fundamental aspect of successful nursing education programs. Participants said that shared knowledge led to things such as changes in teaching strategies and changes in curriculum in their nursing education programs. Knowledge sharing also promoted collaboration and made the community college NEs feel as if they belonged to their respective faculty groups.

Sharing and gaining knowledge through activities such as professional development seminars and continued education gave participants a sense of competence when it came to their professional identities. They said that feeling competent as nurse educators made them feel like they were effective educators, and not just imposters in their roles. As discussed previously, the overwhelming need to feel competent in the educator role may stem from the fact that nurses are required to demonstrate competence in the clinical setting. If clinical competence influences the nursing identity, then teaching competence would surely influence the nurse educator identity.

**The influence of shared language.** Another essential element of CoPs is a shared language, which results from the generation of knowledge specific to the community. Nursing education has a shared professional language that is learned with time, through experience, and through exposure to the professional vocabulary. Knowledge of the professional language of nursing education is necessary for community college NEs because the language is used in professional workshops, seminars, and meetings. Participants in this study said being able to proficiently use the professional language of nursing education made them feel like nurse educators.

Shared language can also influence acceptance by peers. As new NEs learn the professional language and become able to use it appropriately, seasoned NEs may be more likely to accept them into the professional group and show them professional respect. Acceptance into the professional group would positively influence PI and give the NE the sense that she had “arrived.”

**The influence of practice development.** In addition to learning the professional language of nursing education, community college NEs work collectively to develop their practice. Nursing education practice is different from clinical nursing practice, so it must be learned and developed when a nurse becomes an educator. Community college NEs in this study worked together to develop practice in their individual CoPs by making collective decisions regarding things such as curriculum development and implementation, teaching strategies, clinical lab activities, clinical placements, exam procedures, and program resource materials.

It seems that actively participating in practice development contributes to the construction of PI. When NEs make decisions about curriculum and instruction, they are doing so as educators not as nurses. They do so with the necessary knowledge and experience to make informed decisions, which demonstrates the necessary competence to be NEs.

The discussion in the above sections answers the second research question and indicates that the idea of CoPs was an appropriate framework for studying this topic. For community college NEs, PI is constructed within CoPs through the collaborations and interactions that take place. Working cooperatively to share knowledge, make collective decisions, and implement strategies aimed toward student success made the community college NEs in this study feel that they were part of a professional community. Being accepted into a community of colleagues

gave participants a sense of belonging and a sense of professionalism that made them feel like they had become community college NEs.

Additionally, the shared professional language influenced participants' sense of PI. As they learned the language of nursing education they gained confidence and began to feel competent in their educator roles. Using the language proficiently made them feel like nurse educators.

### **Symbolic Interactionism and Nurse Educator Identity**

Symbolic Interactionism is a theoretical concept which explains the way people create meanings for things they encounter. It is a social, interpretive process. As people interact with each other and with things, meanings are created. Symbols, such as language, are then assigned to represent the meanings. The symbols are social products that are mutually understood because they have no value outside the individual if they are not understood by all parties (Blumer, 1969).

SI informed this study by assisting the researcher to identify symbols and their meanings as participants described elements and constructs of their nurse educator identities. For example, participants described earning and wearing a “badge of honor” as part of their nursing identity construction. The badge was a symbol of many difficult, often traumatic, and very important things participants had experienced as nurses. Another example is the symbol of community. Participants felt they “owned” the communities in which they lived and worked. That ownership lead to a great sense of responsibility toward the students and other people in those communities, and became part of their community college nurse educator identities.

## Conclusions

The current professional literature lacks agreement on a consistent description, definition, or meaning of professional identity for nurse educators. The studies that have been conducted on this topic have primarily been done at the baccalaureate level. Prior to this study, there were no studies exclusively related to community college nurse educator professional identity.

Additionally, the link between CoPs and the construction of nurse educator PI had not previously been explored in the professional literature to any meaningful degree (Woods et al., 2016). This section provides a discussion of the conclusions of this study, and how this study provides information that begins to fill the identified literature gaps.

**There is a connection between PI and NE retention.** Each participant in this study demonstrated a strong sense of PI as community college nurse educators. They were not confused about their dual nurse-educator identities. They were experienced, knowledgeable, and confident in their own abilities to effectively educate nursing students. They were also satisfied in their positions. Their lengths of service in their current positions ranged from 3 to over 30 years, and none of them expressed intent to leave before reaching retirement. This finding supports the connections between strong PIs, job satisfaction, and retention for community college NEs.

### **Community College NE PI is Contingent, Emergent, and Dynamic**

The literature indicates two primary views of the concept of identity: one is a traditional view that identity is a stable concept (Auxie et al., 2003; Reissetter et al., 2004), while the other is a more contemporary idea that identity is contingent, emergent, and dynamic (Callan, et al., 2007; Helmich & Dornan, 2012). For the community college NEs in this study PI was contingent, emergent, and dynamic. It was contingent upon factors such as interactions with

colleagues and students, as well as gaining a sense of competence in the educator role. PI was also emergent and dynamic. It developed and became stronger over time and with experience and was continuously affected by the daily events and interactions of participants with their CoPs and professional environments.

### **NE PI Construction is Not an Endless Struggle**

The professional literature indicates that the formation of educator PI is fraught with struggle. While this may be true with novice educators, the experienced NEs in this study were not experiencing struggles or questions about their PIs. They were confident in their roles, and confident with their dual nurse/educator PIs. Because there were no identified studies in the professional literature that explored PI in seasoned educators, this was a new finding. It solidifies the idea that struggles with educator PI formation lessen or cease completely with time and experience. While that may be a logical assumption, there were no previous studies to support that assumption.

### **Community College NE PI: It's Who They Are and What They Do**

PI for nurse educators is inadequately defined in the professional literature. The studies about NE PI focus mainly on the transition from nurse to educator and were conducted primarily in the baccalaureate setting (Adams, 2011; Andrew, 2012; Boyd & Lawley, 2009; Duffy, 2013; Schoening, 2013). This study was conducted exclusively with community college NEs. The findings contribute to the literature by beginning to offer a clearer idea of the meaning of PI, as well as the factors that influence PI for this specific NE population. For community college NEs, PI is who they are as well as what they do. They maintain their nursing identities and combine them with the educator identities, which are developed as they gain knowledge and experience in their educator roles. Being a community college NE means taking a special interest in students

without the distractions of things such as research and publication and going above and beyond to help students be successful. It also means being focused on and involved in the local community.

### **CoPs Influence NE PI Construction**

The link between CoPs and the construction of nurse educator PI has not been explored in the professional literature (Woods et al., 2016). This study begins to address that gap by exploring how community college NEs construct PI within CoPs. Participants in this study indicated that their individual CoPs offered collaborative environments in which they worked cooperatively toward common goals for student success. The professional interactions gave participants a sense of belonging to a professional community that influenced their PIs. Additionally, the use of the common professional language in their CoPs strengthened their NE PIs.

### **Limitations**

The results of this qualitative study are not generalizable to the larger population of community college nurse educators. However, the results do provide insight into the meaning of PI for this particular group of community college NEs. Such an understanding can inform the professional literature and individual community college nursing programs.

While the sample size for this study was informed by the literature and was adequate for a qualitative study, it could be considered a small sample size. Although data saturation was achieved with the sample, a larger sample may have yielded more description and depth of information as well as a more accurate representation of the larger population. Additionally, the demographic make-up of the sample was homogenous. While the researcher attempted to recruit a variety of participants, all who agreed to participate in the study were Caucasian females.

Having participants who were male and/or participants with varied ethnic backgrounds would have provided more information about PI development in educators with different attributes and backgrounds.

The participants in this study taught in two specific regions of the country: the Southwest and the Southeast. While their responses to the interview questions were strikingly similar, it is possible that NEs from other regions of the country may experience PI differently. Although most community colleges are located in rural areas of the country, some are located in urban areas. Participants in this study taught in rural community colleges. It is possible that NEs in urban community colleges would report different thoughts and experiences related to PI.

This study used personal interviews for data collection. There was no way to verify the truthfulness of participants' answers to interview questions. Also, although the researcher took care not to influence participants' responses, the researcher being a community college nurse educator could have influenced them. Lastly, the professional literature contained little prior research on CoPs and their influence on PI construction in NEs. Therefore, the researcher had little information with which to compare and contrast the related findings of this study.

### **Implications and Recommendations**

The purpose of this study was to explore the meaning of PI to community college nurse educators, and how PI is constructed within CoPs. For community college nurse educators, there seems to be a connection between a strong sense of professional identity, role satisfaction, and faculty retention. This study is important for nursing education because an increased understanding of community college NE PI could lead to the development of strategies aimed at better supporting community college nursing faculty, which could result in increased role satisfaction and faculty retention. Community college nursing faculty retention is important

because there is a documented nursing shortage, and community college nursing programs educate the majority of new nurses entering the workforce every year. The findings from this study have implications for nursing education and research regarding faculty retention and satisfaction.

### **Nursing Education**

Community college nursing programs across the nation are turning away up to 40% of qualified applicants each year for various reasons, including the lack of qualified faculty to teach them (NLN, 2015). An important implication for this study is to increase the number of community college nursing faculty by finding ways to increase faculty recruitment and retention, which could give community college nursing programs the ability to admit more of the qualified students they are currently turning away.

For community college nurse educators, there seems to be a link between a strong sense of PI, role satisfaction, and faculty retention. This study describes factors that influence the way community college nurse educators make meaning of PI. Understanding the factors may help nursing program directors and college administrators implement strategies to support nursing faculty and nurture the development of a strong sense of PI.

Community college nursing faculty have dual nurse/educator identities. They want to be recognized for their nursing expertise and for their nursing attributes, but they also want to be recognized as expert educators because they have significant personal investments in their own education and professional development. Administrators could promote socialization with and integration between nursing program faculty and general college faculty so NEs would feel included and accepted by the broader faculty group. This might be done through strategic

appointments to interdisciplinary college committees, making sure nursing faculty have equal voices and roles on those committees.

Many community college NEs maintain their nursing identities; likewise, some NEs want to maintain clinical practice. Doing so is beneficial for both faculty and students, because it assures that faculty remain current in evidence-based nursing practice. Nursing programs could consider ways to make it easier for faculty to maintain their clinical practice, such as flexible scheduling or partnerships between hospitals and colleges that would allow faculty to work in both settings. Such arrangements could help alleviate immediate staffing shortages at hospitals, as well as enable NEs to maintain their clinical skills.

Community college NEs have a strong desire to promote student success. However, because community college nurse educators are often expected to teach in both the classroom and clinical settings, it is difficult to maintain the teaching loads and have time for individual student coaching and mentoring. Nursing programs could consider employing student success coaches whose primary focus would be coaching and mentoring students, helping them find ways to be more successful.

This study demonstrates the influence of CoPs on community college NE PI. The CoPs offered collaborative environments for NEs to work cooperatively toward common goals. The professional interactions and use of the common professional language gave participants a sense of belonging to a professional community, which influenced their PIs. Community college nursing programs could formalize CoPs within faculty groups to promote collaboration and cooperation, especially in programs with incivility issues. Formal CoPs could also help ease the transition of new faculty. Additionally, administrators could include all faculty in shared decision-making, being sure all voices are heard.

Finally, community college nursing programs should encourage knowledge sharing and professional development among nursing faculty. Sharing knowledge promotes collaboration which can lead to development of further strategies for student success. Continued professional development assures that faculty stay current in the latest evidence-based teaching strategies that positively affect PI and promote student success.

### **Future Research**

Recommendations for future research are identified as follows based on the information available in the current professional literature and the findings of this study.

One area for future research could be the influence of CoPs on novice nursing faculty. This study was conducted with participants who were experienced NEs. It is possible that CoPs could ease the transition process for novice nurse educators and negate some of the struggles identified in the current literature.

Another area for future research could be the development of a taxonomy of CoPs in nursing education. For example, the CoPs described in this study seemed to be collaborative. It is possible that there are other CoPs which have different attributes, both positive and negative, and they may be classified differently. There were no studies identified in the professional education literature that classified CoPs.

This study was conducted with participants from rural community colleges. A possible avenue for future research would be a study with NEs from urban community colleges to determine if they experience PI and the influences of CoP in the same way as their rural counterparts. Additionally, a study with a more diverse sample may yield different results.

Nurse educators are required to have a minimum of a master's degree in nursing to teach full-time in most nursing education programs. Some have master's degrees in advanced practice,

such as nurse practitioners and nurse anesthetists, while others have master's degrees in areas such as adult health, community health, and nursing education. A study of the construction of PI in NEs who have graduate degrees specific to nursing education versus NEs with advanced practice or other degrees could be an interesting area of inquiry, which would shed more light on the construction of nurse educator professional identity.

### **Summary**

There seem to be significant links between a strong sense of professional identity, role satisfaction, and faculty retention for community college NEs. This study explored the meaning of professional identity for community college nurse educators, and the influence of Communities of Practice on professional identity construction. The hope is that a deeper understanding of these topics can lead to more supportive work environments, increased job satisfaction, and retention for community college nurse educators. The study revealed that community college nurse educators have dual nurse/educator identities. They want to be recognized as both nurses and educators. They are highly focused on their local communities and on student success. They work collaboratively, and their Communities of Practice impact how they view themselves as educators.

The study presented an in-depth discussion of the data and how it answers the research questions. Conclusions and recommendations for nursing education and future research were offered. The study's findings contribute to the professional literature related to nurse educator identity by adding insight to topics not previously explored.

## REFERENCES

- Adams, R. (2011). Exploring dual professional identities, the role of the nurse tutor in higher education in the UK: role complexity and tensions. *Journal of Advanced Nursing*, 67(4), 884-892. <http://dx.doi.org/10.1111/j.1365-2648.2010.05519.x>
- American Association of Community Colleges. (n.d.). <http://www.aacc.nche.edu/aboutcc/Pages/default.aspx>
- Andrew, N. (2012). Professional identity in nursing: Are we there yet? *Nurse Education Today*, 32, 846-849. <http://dx.doi.org/10.1016/j.nedt.2012.03.014>
- Andrew, N., Ferguson, D., Wilkie, G., Corcoran, T., & Simpson, L. (2008). Developing professional identity in nursing academics: The role of communities of practice. *Nurse Educator Today*, 29(6), 607-611. <http://dx.doi.org/10.1016/j.nedt.2009.01.012>
- Andrew, N., Tolson, D., & Ferguson, D. (2008). Building on Wenger: Communities of practice in nursing. *Nurse Education Today*, 28(2), 246-252.
- Anfara, V. A., & Mertz, N. T. (Eds.). (2015). Setting the stage. *Theoretical frameworks in qualitative research* (2nd ed., pp. 1-20). Los Angeles, CA: Sage.
- Auxier, C. R., Hughes, F. R., & Kline, W. B. (2003). Identity development in counselors-in-training. *Counselor Education and Development*, 43, 25-38.
- Beauchamp, C., & Thomas, L. (2009). Understanding teacher identity: An overview of issues in the literature and implications for teacher education. *Cambridge Journal of Education*, 39(2), 175-189. <http://dx.doi.org/10.1080/03057640902902252>
- Beijaard, D., Meijer, P. C., & Verloop, N. (2004). Reconsidering research on teachers' professional identity. *Teaching and Teacher Education*, 20, 107-128.
- Blumer, H. (1969). *Symbolic interactionism: Perspective and method*. Berkeley, CA: University of California Press.
- Boyd, P., & Lawley, L. (2009). Becoming a lecturer in nurse education: The work-place learning of clinical experts as newcomers. *Learning in Health and Social Care*, 8(4), 292-300. <http://dx.doi.org/10.1111/j.1473-6861.2009.00214.x>
- Brown, A., Kirpal, S., & Rauner, F. (2007). *Identities at work*. New York, NY: Springer.

- Burbank, P. M., & Martins, D. C. (2010). Symbolic interactionism and critical perspective: Divergent or synergistic. *Nursing philosophy*, *11*, 25-41. <http://dx.doi.org/10.1111/j.1466-769X.2009.00421.x>
- Callan, V. J., Gallois, C., Mayhew, M. G., Grice, T. A., Tluchowska, M., & Boyce, R. (2007). Restructuring the multi-professional organization: Professional identity and adjustment to change in a public hospital. *Journal of Health and Human Services Administration*, *29*(4), 448-477.
- Cangelosi, P. R., Crocker, S., & Sorrell, J. M. (2009). Expert to novice: Clinicians learning new roles as clinical nurse educators. *Nursing Education Perspectives*, *30*(6), 367-371. Retrieved from <https://cwru.pure.elsevier.com/en/publications/expert-to-novice-clinicians-learning-new-roles-as-clinical-nurse--2>
- Carlson, E. (2012). Precepting and symbolic interactionism: A theoretical look at preceptorship during clinical practice. *Journal of Advanced Nursing*, *69*(2), 457-464. <http://dx.doi.org/10.1111/j.1365-2648.2012.06047.x>
- Carrillo, C., Baguley, M., & Vilar, M. (2015). The influence of professional identity on teaching practice: Experiences of four music educators. *International Journal of Music Education*, *33*(4), 451-462. <http://dx.doi.org/10.1177/0255761415582348>
- Charmaz, K. (2014). *Constructing grounded theory*. Los Angeles, CA: Sage.
- Chism, N., Lees, N., & Evenbeck, S. (2002). Faculty development for teaching. *Liberal Education*, *88*(3), 34-41. Retrieved from <http://eds.b.ebscohost.com.libdata.lib.ua.edu/ehost/search/advanced?vid=0&sid=024a1c01-87fb-439b-a6aa-35835d0d901d%40sessionmgr101>
- Chong, S., Ling, L. E., & Chuan, G. K. (2011). Developing student teachers' professional identities: An exploratory study. *International Education Studies*, *4*(1), 30-38. <http://dx.doi.org/10.5539/ies.v4n1p30>
- Chong, S., Low, E., & Goh, K. (2011). Emerging professional teacher identity of pre-service teachers. *Australian Journal of Teacher Education*, *36*(8), 56-64. Retrieved from <http://eds.b.ebscohost.com.libdata.lib.ua.edu/ehost/search/advanced?vid=0&sid=024a1c01-87fb-439b-a6aa-35835d0d901d%40sessionmgr101>
- Cohen, H. A. (1981). *The nurse's quest for a professional identity*. New York, NY: Addison Wesley Longman.
- Connelly, M., & Clandinin, J. (1999). *Shaping a professional identity: Stories of educational practice*. London, ON: The Althouse Press.
- Cope, P., Cuthbertson, P., & Stoddart, B. (2000). Situated learning in the practice placement. *Journal of Advanced Nursing*, *31*(4), 850-856. Retrieved from <http://eds.b.ebscohost.com.libdata.lib.ua.edu/ehost/search/advanced?vid=0&sid=024a1c01-87fb-439b-a6aa-35835d0d901d%40sessionmgr101>

- Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). Los Angeles, CA: Sage.
- Deppoliti, D. (2008). Exploring how new registered nurses construct professional identity in hospital settings. *The Journal of Continuing Education in Nursing, 39*(6), 255-262.
- Derby-Davis, M. J. (2014). Predictors of nursing faculty's job satisfaction and intent to stay in academe. *Journal of Professional Nursing, 30*(1), 19-25. <http://dx.doi.org/10.1016/j.profnurs.2013.04.001>
- Diekelmann, N. (2004). Experienced practitioners as new faculty: New pedagogies and new possibilities. *Journal of Nursing Education, 43*(3), 101-103.
- Duffy, R. (2013). Nurse to educator? Academic roles and the formation of personal academic identities. *Nurse Education Today, 33*, 620-624. <http://dx.doi.org/10.1016/j.nedt.2012.07.020>
- Ekici, D. I. (2017). The use of Edmodo in creating an online learning community of practice for learning to teach science. *Malaysian Online Journal of Educational Sciences, 5*(2), 91-106.
- Englemann, L. (2010). So you're a teacher, now what do you do. In L. Caputi (Ed.), *Teaching in nursing: The art and science* (2nd ed., pp. 48-67). Glen Ellyn, IL: College of DuPage Press.
- Fagermoen, M. S. (1997). Professional identity: Values embedded in meaningful nursing practice. *Journal of Advanced Nursing, 25*, 434-441. <http://dx.doi.org/10.1046/j.1365-2648.1997.1997025434.x>
- Fang, D., Bednash, G. D., & Arietti, R. (2016). Identify barriers and facilitators to nurse faculty careers for PhD nursing students. *Journal of Professional Nursing, 32*(3), 193-201. <http://dx.doi.org/10.1016/j.profnurs.2015.10.001>
- Garbee, D., & Killacky, J. (2008). Factors influencing intent to stay in academia for nursing faculty in the southern United States of America. *International Journal of Nursing Education Scholarship, 5*, 1-15.
- Gardner, S. (2014). From learning to teach to teaching effectiveness: Nurse educators describe their experiences. *Nursing Education Perspectives, 35*, 106-111. <http://dx.doi.org/10.5480/12-821.1>
- Glaser, B. G., & Strauss, A. L. (1969). *The discovery of grounded theory*. Chicago, IL: Aldine.
- Grassley, J., & Lambe, A. (2015). Easing the transition from clinician to nurse educator: An integrative literature review. *Journal of Nursing Education, 54*(7), 361-366.

- Handberg, C., Thorne, S., Midtgaard, J., Nielsen, C. V., & Lomborg, K. (2015). Revisiting symbolic interactionism as a theoretical framework beyond grounded theory tradition. *Qualitative Health Research*, 25(8), 1023-1032. <http://dx.doi.org/10.1177/1049732314554231>
- Health Resources and Services Administration. (2010). *2008 National sample survey of registered nurses*. Retrieved from <http://bhpr.hrsa.gov/healthworkforce/mnsurvey/2008/>
- Helmich, E., & Dornan, T. (2012). Do you really want to be a doctor? The highs and lows of identity development. *Medical Education*, 46, 132-142. <http://dx.doi.org/10.1111/j.1365-2923.2011.04189.x>
- Jenkins, M., & Brotherton, C. (1995). Implications of a theoretical framework for practice. *British Journal of Occupational Therapy*, 392-396. Retrieved from [http://eds.b.ebscohost.com/libdata.lib.ua.edu/ehost/search/advanced?vid=0&sid=024a1c01-87fb-439b-a6aa-35835d0d901d%40sessionmgr101](http://eds.b.ebscohost.com/libdata/lib.ua.edu/ehost/search/advanced?vid=0&sid=024a1c01-87fb-439b-a6aa-35835d0d901d%40sessionmgr101)
- Johnson, M., Cowin, L. S., Wilson, I., & Young, H. (2012). Professional identity and nursing: Contemporary theoretical developments and future research challenges. *International Nursing Review*, 59, 562-569.
- Korthagen, F. (2004). In search of the essence of a good teacher: Towards a more holistic approach in teacher education. *Teaching and Teacher Education*, 20(1), 77-97. <http://dx.doi.org/10.1016/j.tate.2003.10.002>
- Lasky, S. (2005). A sociocultural approach to understanding teacher identity, agency and professional vulnerability in a context of secondary school reform. *Teaching and Teacher Education*, 21(8), 899-916. <http://dx.doi.org/10.1016/j.tate.2009.05.001>
- Lathlean, J., & Le May, A. (2002). Communities of practice: An opportunity for interagency working. *Journal of Clinical Nursing*, 11(3), 394-398.
- Lave, J., & Wenger, E. (1991). *Situated learning: Legitimate peripheral participation*. New York, NY: Cambridge University Press.
- Li, L., Grimshaw, J., Nielsen, C., Judd, M., Coyte, P., & Graham, I. (2009). Use of communities of practice in business and health care sectors: A systematic review. *Implementation Science*, 27. Retrieved from <https://doi.org/10.1186/1748-5908-4-27>
- Lieberman, A. (2000). Networks as learning communities: Shaping the future of teacher development. *Journal of Teacher Education*, 51(3), 221-227.
- MacNeil, M. (1997). From nurse to teacher: Recognizing a status passage. *Journal of Advanced Nursing*, 25, 634-642.
- Maranon, A., & Pera, M. (2015). Theory and practice in the construction of professional identity in nursing students: A qualitative study. *Nurse Education Today*, 35, 859-863. <http://dx.doi.org/10.1016/j.nedt.2015.03.014>

- Martin, K., & Wilson, C. (2011). Newly registered nurses' experience in the first year of practice: A phenomenological study. *International Journal for Human Caring, 15*(2), 21-27.
- Maxwell, J. A. (2013). *Qualitative research design: An interactive approach* (3rd ed.). Los Angeles, CA: Sage.
- Merriam, S. B. (1998). *Qualitative research and case study applications in education*. San Francisco, CA: Jossey-Bass.
- Mitchell, C., & Webber, S. (1999). *Reinventing ourselves as teachers: Beyond nostalgia*. London, UK: Routledge.
- Morse, J. M. (2012). *Qualitative health research: Creating a new discipline*. Walnut Creek, CA: Left Coast Press.
- National League for Nursing. (2015). *Faculty Census Survey 2015*. Retrieved from [www.nln.org](http://www.nln.org)
- Nicoll-Senft, J., & Seider, S. (2010). Assessing the impact of the 4MAT teaching model across multiple disciplines in higher education. *College Teaching, 58*, 19-27. <http://dx.doi.org/10.1080/87567550903245623>
- Olsen, B. (2008). How reasons for entry into the profession illuminate teacher identity development. *Teacher Education Quarterly, 35*(3), 23-40. Retrieved from <http://www.jstor.org.libdata.lib.ua.edu/stable/23478979>
- Palmer, J. C. (2015). Scholarship and the professional identity of community college faculty members. *New Directions for Community Colleges, 171*, 37-48. <http://dx.doi.org/10.1002/cc.20153>
- Pillen, M. T., Den Brok, P. J., & Beijaard, D. (2013). Profiles and change in beginning teachers' professional identity tensions. *Teaching and Teacher Education, 34*, 86-97. <http://dx.doi.org/10.1016/j.tate.2013.04.003>
- Polit, D. F., & Beck, C. T. (2008). *Nursing research: Generating and assessing evidence for nursing practice* (8th ed.). Philadelphia, PA: Lippincott, Williams, & Wilkins.
- Reisetter, M., Korcuska, J. S., Yexley, M., Bonds, D., Nikels, H., & McHenry, W. (2004). Counselor educators and qualitative research: Affirming a research identity. *Counselor Education and Supervision, 44*, 2-16. <http://dx.doi.org/10.1002/j.1556-6978.2004.tb01856.x>
- Renner, J. (2017). Engaging TBR faculty in online research communities and emerging technologies. *Journal of Learning in Higher Education, 13*(1), 33-44.

- Richardson, J. C., & Alsup, J. (2015). From the classroom to the keyboard: How seven teachers created their online teacher identities. *International Review of Research in Open and Distributed Learning*, 16(1), 142-167. Retrieved from <http://www.jstor.org.libdata.lib.ua.edu>
- Roberts, L. (2000). Shifting identities: An investigation into student and novice teachers' evolving professional identity. *Journal of Education for Teaching*, 26(2), 185-186.
- Roberts, S. (2000). Development of a positive professional identity: Liberating oneself from the oppressor within. *Advanced Nursing Science*, 22(4), 71-82.
- Sachs, J. (Ed.). (2005). Teacher education and the development of professional identity: Learning to be a teacher. *Connecting policy and practice: Challenges for teaching and learning in schools and universities* (pp. 5-21). Oxford, England: Routledge.
- Saldana, J. (2016). *The coding manual for qualitative researchers* (3rd ed.). Los Angeles, CA: Sage.
- Samuel, M., & Stephens, D. (2000). Critical dialogues with self: Developing teacher identities and roles-a case study of South African student teachers. *International Journal of Educational Research*, 33(5), 475-491. Retrieved from [http://ac.els-cdn.com.libdata.lib.ua.edu/S0883035500000306/1-s2.0-S0883035500000306-main.pdf?\\_tid=1277e3fc-b1c4-11e6-b7fd-00000aab0f6c&acdnat=1479936816\\_5b3f82078ad23738919d46cf78a92695](http://ac.els-cdn.com.libdata.lib.ua.edu/S0883035500000306/1-s2.0-S0883035500000306-main.pdf?_tid=1277e3fc-b1c4-11e6-b7fd-00000aab0f6c&acdnat=1479936816_5b3f82078ad23738919d46cf78a92695)
- Saunders, C. (2003). Application of Colaizzi's method: Interpretation of an audible decision trail by a novice researcher. *Contemporary Nurse*, 14(3), 292-302. <http://dx.doi.org/10.5172/conu.14.3.292>
- Savard, A., Lin, T. J., & Lamb, N. (2017). Pre-service elementary school teachers becoming mathematics teachers: Their participation in an online professional community. *Journal of Education and Learning*, 6(1), 41-53.
- Savin-Baden, M., & Major, C. H. (2013). *Qualitative research: The essential guide to theory and practice*. New York, NY: Routledge.
- Schoening, A. M. (2013). From bedside to classroom: The nurse educator transition model. *Nursing Education Perspectives*, 34(3), 167-172.
- Schwartz, S. J., Luyckx, K., & Vignoles, V. (2011). *Handbook of identity theory and research*. New York, NY: Springer.
- Sfard, A., & Prusak, A. (2005). Telling identities: In search of an analytic tool for investigating learning as a culturally shaped activity. *Educational Researcher*, 34(4), 14-22. Retrieved from <http://eds.b.ebscohost.com.libdata.lib.ua.edu/ehost/search/advanced?vid=0&sid=024a1c01-87fb-439b-a6aa-35835d0d901d%40sessionmgr101>

- Skorikov, V. B., & Vondracek, F. W. (2011). Occupational identity. In S. J. Schwartz, K. Luyckx, & V. L. Vignoles (Eds.), *Handbook of identity theory and research* (pp. 693-714). New York, NY: Springer.
- Smith, S. U., Hayes, S., & Shea, P. (2017). A critical review of the use of Wenger's community of practice theoretical framework in online and blended learning research, 2000-2014. *Online Learning*, 21(1), 209-237. Retrieved from <http://eds.b.ebscohost.com.libdata.lib.ua.edu/ehost/search/advanced?vid=0&sid=024a1c01-87fb-439b-a6aa-35835d0d901d%40sessionmgr101>
- Solomon, Y., Eriksen, E., Smestad, B., Rodal, C., & Bjerke, A. H. (2017). Prospective teachers navigating intersecting communities of practice: Early school placement. *Journal of Mathematics Teacher Education*, 20(2), 141-158.
- Townsend, B. K., & LaPaglia, N. (2000). Are we marginalized within academe? Perceptions of two-year college faculty. *Community College Review*, 28(1), 41-48. Retrieved from <http://journals.sagepub.com/toc/crwa/28/1>
- van Manen, M. (1990). *Researching lived experience*. Albany, NY: State University of New York Press.
- Volkman, M., & Anderson, M. (1998). Creating professional identity: Dilemmas and metaphors of a first-year chemistry teacher. *Science Education*, 82(3), 293-310.
- Volpe, M. R., & Chandler, D. (2001). Resolving and managing conflicts in academic communities: The emerging role of the 'paracademic'. *Negotiation Journal*, 245-255.
- Weiss, R. L. (1994). *Learning from strangers: The art and method of qualitative interview studies*. New York, NY: The Free Press.
- Wenger, E. (1998). *Communities of practice: Learning, meaning, and identity*. Cambridge, NJ: Cambridge University Press.
- Wenger, E., McDermontt, R., & Snyder, W. (1998). *Cultivating communities of practice*. Boston, MA: Harvard Business School Press.
- Woods, A., Cashin, A., & Stockhausen, L. (2016). Communities of practice and the construction of the professional identities of nurse educators: A review of the literature. *Nurse Education Today*, 37, 164-169. <http://dx.doi.org/10.1016/j.nedt.2015.12.004>

APPENDIX A:  
LETTER OF INVITATION FOR STUDY PARTICIPATION

Dear Community College Nurse Educator,

My name is Lauren Cain and I am a doctoral candidate at the University of Alabama. I would like to invite you to participate in a research study. The topic of this study is professional identity. I am interested in studying the experiences and meanings of professional identity in community college nurse educators. You have been selected for this study because you are a community college nurse educator with at least three years of experience in nursing education.

If you decide to participate you will initially be asked to participate in one interview session. Additional interviews may be requested, if necessary. They will each last approximately one hour, and your responses will remain confidential. For your convenience, I will meet you at a time and place of your choosing.

Your participation is strictly voluntary, and you may withdraw from the study at any time. There are no foreseeable risks to this research. Although you probably won't directly benefit from this study, I hope to obtain information that increases our understanding of professional identity in community college nurse educators which could result in more positive experiences for us in the future.

I will be happy to answer any questions you have about this study. You may reach me by phone at 205-410-7321, or by email at [lmcain@crimson.ua.edu](mailto:lmcain@crimson.ua.edu).

Thank you for your consideration.

Sincerely,

Lauren Cain, MSN, RN  
Doctoral Candidate  
University of Alabama  
205-410-7321  
[lmcain@crimson.ua.edu](mailto:lmcain@crimson.ua.edu)

APPENDIX B:  
INTERVIEW QUESTIONS

1. How would you describe a community college nurse educator?
  - a. How would you describe a community college nurse educator at your institution?
2. Tell me what professional identity means to you.
  - a. Is your idea of professional identity different as an educator than it was as a clinical nurse?
  - b. If so, how?
3. How would you describe your current professional identity?
4. Tell me about a time when you MOST felt like the nurse educator you would like to be.
  - a. Why did that experience make you feel like a nurse educator?
5. What memorable experiences or events have affected your professional identity as a community college nurse educator?
  - a. Were those experiences positive, negative, or both?
  - b. Please explain.
6. How would you describe your professional work environment?
  - a. Describe your work environment with three adjectives.
7. Tell me about interactions with colleagues and students that influenced your professional identity.
  - a. Have the interactions been positive? Tell me about them.
  - b. Have the interactions been negative? Tell me about them.
8. How has your language or use of language changed as a nurse educator?
  - a. If yes, tell me how it has changed.

9. Has the use of professional language affected your professional identity?

a. If so, how?

10. How did you come to be in education?

APPENDIX C:  
IRB APPROVAL

January 3, 2018

Lauren Cain  
ELPTS  
College of Education  
Box 870302

Re: IRB # 17-OR-435, "The Influence of Communities of Practice on Community College Nurse Educator Professional Identity"

Dear Ms. Cain:

The University of Alabama Institutional Review Board has granted approval for your proposed research.

Your application has been given expedited approval according to 45 CFR part 46. Approval has been given under expedited review category 7 as outlined below:

*(7) Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.*

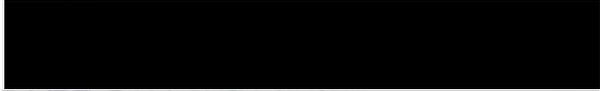
Your application will expire on December 17, 2018. If your research will continue beyond this date, please complete the relevant portions of the IRB Renewal Application. If you wish to modify the application, please complete the Modification of an Approved Protocol Form. Changes in this study cannot be initiated without IRB approval, except when necessary to eliminate apparent immediate hazards to participants. When the study closes, please complete the Request for Study Closure Form.

Please use reproductions of the IRB approved stamped consent forms to obtain consent from your participants.

Should you need to submit any further correspondence regarding this proposal, please include the above application number.

Good luck with your research.

Sincerely,

  
Carpantato T. Myles, MSM, CIM, CIP  
Director & Research Compliance Officer  
Office for Research Compliance

APPENDIX D:  
INFORMED CONSENT

**UNIVERSITY OF ALABAMA  
HUMAN RESEARCH PROTECTION PROGRAM**

**Informed Consent for a Non-Medical Study**

**Study title: The Influence of Communities of Practice on Community College Nurse Educator Professional Identity**

**Investigator's Name: Lauren Cain, MSN, RN-Doctoral Candidate**

You are being asked to take part in a research study.

This study is called The Influence of Communities of Practice on Community College Nurse Educator Professional Identity. The study is being done by Lauren Cain, who is a graduate student at the University of Alabama. Mrs. Cain is being supervised by Professor Becky Atkinson who is a professor of education at the University of Alabama.

**What is this study about? What is the investigator trying to learn?**

This study is being done to find out how community college nurse educators construct professional identity, and how their professional environment influences professional identity.

**Why is this study important or useful?**

This knowledge is important/useful because understanding professional identity can help community college nursing programs create supportive and nurturing workplaces, which could increase faculty retention.

**Why have I been asked to be in this study?**

You have been asked to be in this study because you are a full-time community college nurse educator with at least three years of experience in nursing education and you work in an accredited nursing program.

**How many people will be in this study?**

About 11 other people will be in this study. The estimated number of participants is 12.

**What will I be asked to do in this study?**

If you meet the criteria and agree to be in this study, you will be asked to do these things:

- Participate in a one-hour interview in which the researcher will ask you predetermined questions about your work as a community college nurse educator. The researcher will audio record the interview with your permission.
- If needed, the researcher may ask to contact you again to clarify information or ask additional questions.

**How much time will I spend being this study?**

The first interview should take about one hour. If needed, the researcher may ask to speak to you again. The entire study should take no more than three hours of your time.

**Will being in this study cost me anything?**

No. There will be no cost to you for participating in this study.

**Will I be compensated for being in this study?**

You will not be compensated for being in this study.

**What are the risks (dangers or harms) to me if I am in this study?**

This study poses minimal risks to you if you participate. If your workplace causes you stress or anxiety, you may have those feelings when talking to the researcher about your workplace.

**What are the benefits (good things) that may happen if I am in this study?**

There are no direct benefits to you.

**What are the benefits to science or society?**

This study could help community college nursing programs create workplace cultures that better support and nurture nurse educators and increase their job satisfaction.

**How will my privacy be protected?**

To protect your privacy, interviews will be conducted in a private setting, at a site of your own choosing. You will be asked predetermined questions about your professional work environment and your professional identity. You do not have to answer any questions you do not want to answer.

**How will my confidentiality be protected?**

Measures will be taken to protect your confidentiality. Signed consent forms will be stored in a locked cabinet away from interview responses. The only person who will have access to your data is the researcher. All identifying information will be removed from your responses, and the data will be reported using pseudonyms. Your workplace/institution will not be named in this study.

**What are the alternatives to being in this study? Do I have other choices?**

The alternative to being in this study is not to participate.

**What are my rights as a participant in this study?**

Taking part in this study is voluntary. It is your free choice. You can refuse to be in it at all. If you start the study, you can stop at any time. There will be no effect on your relations with the University of Alabama.

The University of Alabama Institutional Review Board ("the IRB") is the committee that protects the rights of people in research studies. The IRB may review study records from time to time to be sure that people in research studies are being treated fairly and that the study is being carried out as planned.

