Towards an understanding of career progression for female professors of nursing: a small scale study

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Abstract

The aim of this study was to generate knowledge of career progression for women professors of nursing, an under researched topic, in order to understand how their professional and personal experiences may have influenced their aspirations and opportunities for career success. This qualitative study gave voice to a small group of women professors of nursing through individual narrative semi-structured interviews, a relatively under-used methodology. The findings are anticipated to have currency in providing new perspectives on women professors of nursing and are presented as professional influences and social capital factors. This study introduces individual participant narratives, examining and considering these to explore if the career progression may have been affected by professional influences and social capital. The data is analysed using narrative analysis, a method examining both form and content and the findings are interpreted thematically as barriers or opportunities and categorised as adverse and advantageous factors to career success. From this a relationship map is developed with these factors drawn together and the resulting knowledge illustrated through a framework towards career progression for women professors of nursing.

In generating theory about key factors in career progression, current discourses gain some illumination, such as mentoring, social change and equal opportunities in the workplace. The multiple roles of a nurse academic are expounded upon, with focus on the functions of teaching, research and administration. Opportunities for revisiting strategy and reinforcing equal opportunities in the workplace are identified. There are also implications for the redevelopment of formal role modelling and mentorship schemes. The study makes tentative claims to the development of new knowledge in the area of women professors of nursing, contributing to the broader discourse around recruitment and career development in higher education. The study illustrates the interplay between professional influences and social capital in achieving career success for these women professors of nursing.

Key words:

Nurse educator, professors of nursing, nurse education, narrative interviewing, narrative analysis, mentors, careers

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CHAPTER ONE: Introduction

Introduction

The thing about professorships is that everybody does it differently (Carolyn).

Recorded as part of the experience of a woman professor of nursing participating in this research study, this quote conveys the perceived ambiguity on the route to professorship. The idea of difference is significant and represents the divergence in careers and roles of nurse academics as they progress from being a nurse in a practice setting to working as academics within nurse education in higher education institutions (HEI's). With this in mind, this small scale research study explores the narratives of six women to find out how these women progressed to being professors of nursing and how their career progression may have been affected by professional influences and social capital. The study took place between July 2008 and July 2011 with six women professors participating in six different universities.

I begin this chapter by outlining the research rationales which are set out as three subsections. In doing this I first present a detailed outline of the nurse academics' experience of change and summarise the situation for career education and development from 1970 to 2012, underpinned by literature on significant milestones in nursing education. Next through detailing my professional experiences, my experiences of career change and my view of myself as a nurse I outline my personal career issues, giving shape to my positionality as researcher. Essentially these experiences were the inspiration for my choice of research topic and will be discussed further in the next section. Then career progression and academic functions are expounded upon, with specific focus on these multiple roles of an academic namely teaching, research and administration. The research aims and design are then presented. The final section of this chapter outlines the structure of the thesis and describes the layout of the chapters.

Research rationales

The literature review demonstrated how little is known about women professors of nursing, their professional and personal experiences or their career trajectory. Whilst literature on women as leaders in compulsory education continues to expand, bolstered by a slowly increasing intelligence base on women and their positions of employment within HEI's, there remains little in the form of research studies relating to women professors of nursing. Available literature tends to focus on discussions

around the functions within the professorial role in nursing or the changes within clinical nurse education with only a minimal amount of literature on nurse academics. The aim of this study therefore was to gather data on the professional and personal lives of women professors of nursing to gain understanding of this under researched area in order to develop a framework of career progression.

The choice of framework of professional influences and social capital came about following examination of the literature. It was apparent that no single concept would suffice in encompassing all aspects of the women's experiences, be they linked to work, home, social and familial experiences. In addressing this situation a model of professional influences and social capital was tentatively constructed, grouping together key themes relating to leadership and management, role modelling and mentorship, roles for the nurse educator and diverse social, cultural and familial experiences. This developed into an overarching thematic framework, incorporating knowledge generated from data gathering and analysis, as the study progressed.

The term professional influence was chosen rather than other related terms such as professional identity or professional attributes because whilst at times the literature reviewed gave reference to a sense of professionalisation in the sense of professionals and social structure (Abbot 1988: 20); the focus of the study was less about the system of collectivity and professionalisation and more about how experiences acquired during the professional career influenced participants. The idea of experience influencing career was appropriate given the study focus is on revealing factors influencing career progression through individual narratives, hence the choice of term professional influence.

The term social capital was chosen as a broad operational term encompassing social, familial and cultural capital because it captured the knowledge and information relating to beneficial social relationships, social engagement, social networking, capacity building and social/familial relations within this study. There has been no common definition of the term due to mixed views within differing disciplines (Robison *et al.* 2002). However in relation to the individual it can be seen as functional and connective, embodied by 'a web of social relationships that influence individual behaviour' (Pennar 1997: 154) and again where social structure facilitates individual action (Coleman 1990: 302). It has also been described as beneficially productive when made up of the social connections that can be converted into economic capital (Bourdieu 1986: 243). All these then are represented under the term social capital, the development of human capital through social connections.

It is important to clarify that the terms were chosen as appropriate in grouping together key themes and are used as operational terms to organise data in this study. If used within a wider interpretation there would be too many areas of overlap, making the process unwieldy. Whilst professional in the sense of this study pertains to work and organisational influences experienced by the participants, in other literature it may relate to the professions of parents influencing their children's career choices (Beauregard 2007). This view of parental influence would actually be seen in social capital within this study, where networks and social relationships influence individual behaviour (Pennar 1997). It would be classified as personal influence and could be identified as an opportunity seen in table 6.2 on page 142. The tables presented as 6.1 and 6.2 on pages 136 and 142, illustrate these operational terms against the findings in the forms of professional theme informing professional influences factors and personal theme informing social capital factors.

In summary little was known about the area of women professors of nursing, from either a professional or social perspective; therefore this study gave voice to the narratives of six women through a small scale study exploring the professional and personal lives through a framework of professional influences and social capital of women professors in nursing, employed within HEI's. The circumstances surrounding their career progression and choices, their family history and education, with opportunities or challenges they may have faced either professionally or personally were examined. Available access to role models and mentors during their careers was appraised, together with their view on the value of role models and mentors. This study brought the narratives of six professors of nursing as a contribution to this under-researched area. The significance of this study is in its opportunity to respond to three rationales: Career education and development for nurse academics 1970-2012, personal career issues and women's career progression and academic functions.

Career education and development for nurse academics 1970-2012
This research study is set within the context of higher education (HE) but is informed by the concept of nursing as a profession and the way in which this shapes the delivery of nurse education in HEI's. The inclusion of this concept is critical because to be a professor of nursing entails one having first undertaken a programme of nurse education. Successful completion of this leads to a professional qualification as a nurse and subsequent registration with the professional body for nursing, the

Nursing and Midwifery Council (NMC). Nurses in 2012 are expected to be well educated, highly skilled practitioners with the ability to plan and deliver high quality clinical care but nursing historically has had many forms of representation. As a career, nursing is no longer intelligibly represented in the more traditional form of a nurse providing bedside care, through stereotypes ranging from that of the 'self sacrificing angel' to 'silent handmaiden' (Hallam 2001: 35). Indeed, nursing professors may find they have to cope with public perceptions at odds with what the job was when they trained as nurses and what it is now. Similarly their experiences will differ from newly qualified nurses in that nurse education programmes are now delivered in HEI's by academics with both a nursing background and a relevant teaching qualification. These academics have to balance their responsibilities to their professional body the NMC to sustain their professional registration as nurses and registered nurse tutors (RNT's) with the demands of daily work within their employing HEI's. The changes in nurse education and the registration with the professional body issues are expanded upon further in this chapter in the context section and expounded upon in the literature review.

The reality of working in nurse education can often seem to be one of constant tension, reviewing, redeveloping and delivering the teaching curriculum in response to broader context government changes through social, education and health policy; subjected then to internal organisational reviews and audits and monitoring visits regularly conducted by the professional body. This changed landscape acknowledged in a study by MacLeod Clark *et al.* (1996), was summarised by one of their professor of nursing participants saying: 'We now find ourselves in a very different institution to the one we signed up to' (RCN 2012: 31). Critically within the literature reviewed there was no data relating to the impact of repeated governmental policy changes being beneficial or disadvantageous to developing or hindering career advancement for nurse academics or indeed professors of nursing. Credence can be given to the idea of repeated change in that a change of government took place during the writing up of this thesis when the Labour government went out of power and were replaced by a coalition government formed by the Conservative party with the Liberal party in May 2010. A collection of new policy documents relating to restructuring in the National Health Service (NHS) and funding relating to the delivery of higher education ensued. Whilst this most recent change will not have impacted on the women being interviewed at the time of the study it serves to illustrate the frequency of change, generally driven by public and stakeholder negative experiences or perceptions, fuelled by the media, of the failings of NHS healthcare provision. The change brought about through new government

restructure of the NHS is extensive not least because it is supported by a differing funding source to that currently in place. The severity of this impact will depend on what those holding the funds view as a workforce education priority. Whilst the changes that have taken place in health and education are well recorded, no real discussion has taken place on the effect these have had on the professionals concerned, as nurse academics. This scarcity of literature was replicated in searches for information of life experiences and individual stories of women professors of nursing.

In order to set the context of the study, this section provides an overview of nurse education through the period 1970-2012. The overview is detailed but still represents only the main features with the larger story of nursing reforms and changes in nurse education containing many more inter-layers. However, this convoluted detail accurately reflects the complexity of nurse education and the reality of the participants. Whilst the overview briefly introduces earlier health policy documents and identifies significant milestones between 1860-2013 next in table 1.1 in terms of discussion, it has been restricted to the period of 1970's-2012 to fit the framework of this study because all the participants had undertaken their nurse training or programme of nurse education during this period.

Table 1.1 Milestones in nursing education 1860-2013 (RCN 2012:11)

Year	Significant milestone
1860	The Nightingale Training School for Nurses opened at St Thomas' Hospital, London, establishing the pattern for professional nursing education in the UK and many other countries.
1939	The Athlone report recommended that nurses should have student status.
1943	An RCN commission chaired by Lord Horder examined nursing education.
1947	The Wood Report said nursing students should have full student status and be supernumerary to ward staff during their practical training. This was not widely accepted, but the pressure to reform led to the Nurses Act, 1949.
1948	The National Health Service was founded, offering comprehensive health care for all, free at the point of delivery and funded through taxation.
1960	The University of Edinburgh launched the first bachelor's degree in nursing in the UK, and a master's degree from 1973.
1964	The Platt report from the RCN Special Committee on Nurse Education

	said students should not be used as cheap labour, but be financially independent from hospitals and eligible for local education authority grants.
1969	The University of Manchester offered an integrated degree programme in nursing, health visiting, district nursing and midwifery.
1971	The University of Edinburgh appointed Margaret Scott Wright to the first UK Chair of Nursing.
1972	The Briggs committee on nursing recommended changes to education and regulation. Degree preparation for nurses should increase, to 'recruit people with innovative flair and leadership qualities', and nursing should become a research-based profession.
1972	The University of Wales appointed Christine Chapman to develop the first nursing degree in Wales. In 1984 she was appointed to the first Chair of Nursing in Wales, and became the first nurse dean in the UK.
1974	The University of Manchester developed the first bachelor's nursing degree programme in England, and appointed Jean McFarlane to the first Chair of Nursing at an English university. Degree courses began at Leeds, Newcastle and London South Bank universities.
1985	The Judge report from the RCN Commission on Nursing Education recommended the transfer of nursing education to higher education, and said students should be supernumerary.
1986	The United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) launched Project 2000, a wide-ranging reform of nursing education.
1988	The WHO European nursing conference in Vienna supported degree-level nursing education and subsequently provided detailed curriculum guidance. Nursing education in many countries worldwide continued to move in this direction.
1990's	Nursing education in the UK gradually moved to higher education as Project 2000 was implemented. Delivery was mostly through the diploma route.
1997	The Nurses, Midwives and Health Visitors Act was passed, requiring the UKCC to determine the standard, kind and content of pre-registration education.
1999	The UKCC Commission for Education report, *Fitness for practice*, evaluated the results of Project 2000. It recommended a one-year common foundation programme and a two-year branch programme.
2000's	The number of graduate nurses grew steadily. Some parts of the UK moved to offering bachelor programmes only.
2001	Degree-level preregistration nursing programmes began in Wales. All its pre-registration nursing programmes moved to degree level in 2004.

2002	The new Nursing and Midwifery Council (NMC) replaced the UKCC.
2004	*Agenda for Change* set out a new pay structure for nurses and other NHS staff that was also a rudimentary career structure.
2005	The NMC register, with its 15 sub-parts, was revised to just three parts: nurses, midwives and specialist community public health nurses.
2008	The NMC decided that the minimum academic level for all pre-registration nursing education would in future be a bachelor's degree.
2009	UK government health ministers endorsed the NMC's decision.
2010	After extensive consultation, the NMC issued new *Standards for preregistration nursing education*.
2013	By September, all UK pre-registration nursing programmes will be at degree level. All Scotland programmes moved in 2011.

There had been many calls for change in nursing and nurse education and the late 1960's was a time of increasing industrial unrest (Dingwall *et al*. 1988). The Platt Report (RCN 1964) brought major reform and after examining the quality of nurse training and the role of the qualified nurse within the context of the NHS, highlighted issues regarding standards of care alongside increasingly complex demands on the service. The Platt Report was commissioned in response to disaffection with nursing and dissatisfaction with the existing nurse training supported by a few forward thinking nurse tutor committee members also keen to see change (Bradshaw 2001). The Platt report proposed nursing look to recruit the type of student who would be interested in going to university or onto higher education with a view to them acquiring skills in preparation for a leadership role (RCN 1964). It outlined offering the State Registered Nurse (SRN) qualification offered alongside degree level nursing at training providers (RCN 1964). The Platt Report also recommended a reduction in the number of nurse training schools from 987 to 200 saying that student nurses should be independent of hospitals and funded by educational grants (Platt 1961). Significantly the Athlone Report (Ministry of Health 1939) had previously recommended that nurse trainees have student status, a recommendation reiterated by the Wood Report (Ministry of Health 1947) yet it took until the Judge Report (RCN 1985) to bring this about through Project 2000 (UKCC 1986). The dissatisfaction with the 'apprenticeship' model went as far back as the Wood Report when the model was seen as low in status, thus prescribing 'a radical modernisation of nursing: the nursing profession, however, clung to its traditional values' (Bradshaw 2001: 97). The drive toward change continued with the establishment of the Briggs Committee in 1970 (DHSS 1972) advocating the future of nursing and nurse education change radically, recommending the establishment of a Central Nursing and Midwifery Council with the remit of managing professional standards, education and discipline.

It also gave further prominence to the need for nursing to become more research focused rather than the earlier apprenticeship system nurse training and that service and education should be separate (Bentley 1996; Bradshaw 2001).

Schools of nurse training were encouraged to enter joint arrangements as research units attached to universities and correspondingly attract nursing students of high academic ability. Research was identified as necessary to the development of high quality nursing practice then and continues to be a focus (Butterworth *et al*. 2005; RCN 2012). A minority of 'elite' institutions already had departments of nursing and post-registration diplomas had been available with King's College at the University of London since 1926 and later at the Universities of Leeds and Hull (Baly 1995). Professorial chairs had begun to materialise at Edinburgh in 1971 with the appointment of Professor Margaret Scott-Wright to the first nursing chair in Europe. Also a member of the Briggs Committee, she held strong beliefs in the importance of underpinning nursing practice with research, setting up the Edinburgh nursing research unit. Significantly she had arrived in nursing through the graduate programme at St George's in London and her first degree was in art history. This was followed by the appointment of Professor Jean McFarlane the first nursing chair in England in 1974 at Manchester (RCN 2012). Professor McFarlane had taken her initial nurse training at St Bartholomew's in London then returned to Cardiff as a health visitor until taking up employment as a tutor and education officer with the Royal College of Nursing (RCN) through the 1960's until her position as chair. It is said that her health visiting experience influenced the development of the nursing degree programme, again with a public health focus, at Manchester (Kelly undated). Then followed chairs at Cardiff, London, Hull and Glasgow.

The first degree course that incorporated nursing, BSc (Social Science-Nursing) commenced in a newly established department of nursing at Edinburgh University in 1956 and was a course that ran for four years and six months, with the first three years based in studying social sciences and the remainder on studying and practising clinical aspects, with a focus on public health (Baly 1995; Weir 1996). It could be said this form of curriculum is not dissimilar to the current nursing degree course underpinned by public health policy with a social science context (Darzi 2008; RCN 2012). Significantly in 1957 an integrated course was developed between the University of Southampton and St George's Hospital, London. The students completing that integrated course had their SRN, their Health Visiting Certificate (HV) and also entry onto part 1 of the midwives register. This again produced a public health focused nurse with a wide range of skills. Further courses were

developed including an integrated course in 1959 between Manchester University and Crumpsall Hospital Manchester, with the nurses completing that course having their SRN, HV and District Nurse certificate as well as midwifery experience. Manchester University then became the first University awarding degrees in nursing (Baly 1995). More degree courses followed, with Wales in 1969 and the Polytechnics such as Leeds awarding degrees in nursing in 1974. Post-registration and Master's degrees followed. Clearly there was increasing momentum toward a more academically educated nursing profession yet the everyday reality showed that the concept of undertaking research at the time of the Briggs Report (DHSS 1972) was remote as nurse training up until the late 1980's generally took place in the local hospital based schools of nursing with the focus on skill acquisition (Thompson 2009). The main issue with nursing being based in HE was that both then and today, nursing must adhere to a specific balance of time spent in the practice setting and education setting in order to meet the EEC directives (EEC 1977; EEC 2005) and the NMC standards for nurse education (Baly 1995; NMC 2004; NMC 2010). At this time however there was a disparity in access to the levels of nurse education available nationally, in terms of either career advice or lack of opportunity to enrol on degree level nurse training. This meant that the main route open to most applicants until the reforms of the 1980's (UKCC 1986) was local hospital based nurse training.

The period of 1975 to 1995 saw nursing changing radically during the time of transition in the aftermath of Platt Report (RCN 1964). Whilst the earlier forms of nurse training had been at two levels, State Enrolled Nurse (SEN) a two year, second level programme and SRN a three year first level programme, the decision was made to offer only one level in future. The inherent tension in offering two levels of nurse training was captured by Hallam (2001: 39) who described the commonly held view of SEN as providing 'bedside nurses' and SRN as providing middle class academically able 'future leaders'. The SEN form of training was discontinued prior to the move to HE, replaced with one portal (Abel-Smith 1960) known as single level entry (UKCC 1986). As a consequence, the role of the enrolled nurse in practice was increasingly devalued (McKenzie 1997; Webb 2001; Iley 2004). The move to one level of nurse education saw the SRN change title and all those qualifying onwards titled Registered General Nurse (RGN). The nurse training I undertook commenced the year preceding the change of body for nurse registration from the General Nursing Council (GNC) to the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC). The changeover in responsibility took place in 1983 but changes were being implemented immediately prior to this with the GNC nurse syllabus being replaced with a UKCC nurse competency syllabus (UKCC 1982). At

the same time the responsibility for nurse education and ensuring quality assurance was given to the English National Board (ENB) including responsibility for monitoring the official nurse training records holding all the data relating to achievement of competency in the practice setting.

When nurse training was delivered in hospital based schools of nursing the registered nurse clinical tutor (RCNT) was responsible for managing nurse training. The RCNT was a role which came about during the 1960's, designed to be the link between teaching and delivering care. This tutor enabled the nursing sister to concentrate on nursing and ward management rather than teaching students, leaving the RCNT to deliver teaching and assess clinical skills competency; a link role which it is said failed in removing the theory/ practice divide (Cave 1994). The move into HE brought the requirement that RCNT become nurse lecturers and pursuit of this exposed them to extensive physical and cultural change. These new nurse lecturers, now based in HE, needed to demonstrate currency in their specific area of practice, such as adult nursing. The reason for this was twofold. In addition to being expected to have a level of nursing knowledge and skill to bring to their work in HE, in order to maintain their professional registration allowing them to practice as both nurses and as RNT's, they must also have acquired the professional and academic qualifications, which needed to be relevant and current on the NMC register. To maintain a live entry on the register, all nurses must have completed 450 hours of practice focused work in the last three years (PREP 2005, cited in NMC 2006) and nurse academics are expected to manage this requirement of their professional body (NMC) whilst working in HE. The concept of lifelong learning is now central to meeting the Post-Registration and Education Practice (PREP) standards set out by the NMC for maintaining professional registration. All nurses on the register must adhere to these standards which dictate that:

> Every nurse wishing to remain on the professional register must: confirm they have completed 450 hours of registered practice in the previous three years and have undertaken 35 hours of learning activity (Continuing Professional Development) in the previous three years. The practice standard can be met through administrative, supervisory, teaching, research and managerial roles as well as providing direct patient care (NMC 2006: 6).

The wholesale relocation of nurse education to HEI occurred at the same time as higher education provision nationally was under review and major reform bringing increased degree awarding powers to a wider range of providers and breaking down

barriers between universities, polytechnics and colleges (DES 1991; DFE 1992). The programme was offered at two levels in HE; diploma level in all universities as the Project 2000 nursing course and degree level offered only at more 'elite' institutions (UKCC 1986). This academisation of the nurse professional qualification from vocational to academically accredited was termed as 'nurse training at last becoming nurse education' (Baly 1995: 309). The momentum of change and the move into HE brought a range of challenges to the role and responsibilities of existing nurse tutors when the emphasis changed to the educative process, rather than practical skill acquisition. Teaching now necessitated knowledge and understanding of theoretical concepts in education such as communication, learning facilitation, curriculum innovation and continuous assessment of theory and practice (Camiah 1998). Thus the RCNT's who had been employed primarily for their clinical skill expertise rather than expertise in delivering education had to abruptly become familiar with the unfamiliar. The change was also seen to impact across the rest of Western Europe, as nurse tutors attempted to adjust to the ethos of HE, which increasingly focused on the pursuit of academic credibility (EEC 2005; Spitzer and Perrenoud 2006: 19).

The move by nurse tutors/ RCNT's into HE generated mixed opinions. Some viewed the move positively; appreciating the increased links for education, elevated academic status, access to expertise, improved resources and increasing CPD opportunities (RCN 2012). Others saw the move negatively; experiencing unequal status to that of other lecturers and a remit that was too broad (Carlisle, Kirk and Luke 1997). They saw themselves as having diminished academic status (Carlisle *et al.* 1997) yet responsible for managing growing class sizes and increasing workload whilst simultaneously under pressure to develop and maintain activity in research and publication in developing what is known as a research profile. This move from what Bentley described as an 'apprenticeship system of preparation to an education led system where students have student status' was expected to make nursing more attractive as a career option, lessen attrition rates and reduce the numbers of newly qualified nurses leaving the profession after completing their training (Bentley 1996: 131; UKCC 1999).

The nurses exiting these programmes held the revised title of Registered Nurse (RN) Yet within only a few years the Project 2000 nursing curriculum was found wanting with newly qualified nurses viewed as lacking in skills and confidence and questioned as to whether they were 'fit for purpose' (University of Warwick 1996; UKCC 1999; Kenny 2004). The main focus of the programme being on education rather than practical skill was seen to be the culprit and in addition, their

misunderstood supernumerary status, interestingly termed 'superconfusion' (Elkan and Robinson 1992: 32) set them outside the team, with no familiar adoptable team role (Elkan and Robinson 1993: 295; Elkan and Robinson 1995: 392). Inadequate mentorship was also indicated as potentially responsible (Omerod and Murphy 1994). However a general lack of clarity on the role of mentors and no clear model in place resulted in inconsistent teaching and assessment taking place on the wards (McGowan and McCormack 2003). More balance was found in the study by MacLeod Clark *et al.* (1996) examining the concepts of the course. The English National Board for Nursing, Midwifery and Health Visiting (ENB) commissioned the study and at this time they held the role of quality assuring the standards of nurse training. The findings reported that despite the issues raised by studies such as that by the University of Warwick (1996) there were many positive aspects to the Diploma 2000 course including increasing research and evidence based practice with a broad theoretical base underpinning the course and the academic accreditation. One student at the end of the course was quoted in the study saying it had made her a 'thinking nurse' (Macleod Clark *et al.* 1996: 2). The negative reports were on participants' perceptions at the level of lecturers' skills, alongside poor course organisation and the impact of repeated change in nursing and the NHS.

The need for further reform of nurse education was prompted with the report Making a Difference: Strengthening the Nursing, Midwifery and Health Visiting Contribution to Health and Healthcare (DH 1999). This was followed by Fitness to Practice (UKCC 1999) which focused on practice outcomes and concluded that applying a formal preceptorship model to newly qualified practitioners would resolve any skills deficit within six months. Critics were concerned that these reforms allowed healthcare workforce needs rather than professional requirements, to influence nurse education (Fry *et al.* 2003). The new programme of education known as Making a Difference (MAD) had a formalised focus on mentorship and supporting students in the practice placement. In 2002 the UKCC were replaced with the Nursing and Midwifery Council (NMC) which in 2012 remains as professional body responsible for professional registration and quality assurance (NMC 2011). The implementation of the MAD curriculum (DH 1999) offered opportunities for practitioners to access roles in HE that were previously inaccessible. In demonstration of valuing practice alongside education, some HEI's practitioners were offered secondments enabling them to work as lecturer practitioners. At the same time, nurse academics were encouraged to go back into the practice setting with a view that this would help them to maintain their clinical skills and keep up to date. This is a current NMC requirement known as: Standard 3.4.4 - Allocated time

for practice teaching activity listed in Standards to support learning and assessment in practice (NMC 2008a).

The NMC expectation is that nurse lecturers should support learning and assessment in both academic and practice learning environments; spending a proportion of their time supporting student learning in practice (Recommendation 26 - Fitness for Practice, UKCC 1999). The NMC advises that this should be approximately 20% of their normal teaching hours. Nurse lecturers in HE might specialise in teaching, research or practice and sustaining these specialities may cause conflict (NMC 2008a: 40) as implementing this standard is difficult both in terms of logistics and available time. The inherent challenge in retaining clinical practice input whilst being based in HEI is a much debated issue as is the implementation of Honorary NHS contracts to nurse lecturers. The issue of how nurse educators can be both clinically up-to-date and function fully as an academic in addition to managing research and publication expectations remains contentious and largely unresolved (Davies *et al.* 1996; Camiah 1998; Kyrkjebo *et al.* 2002).

The current workforce in nursing and nurse education arrived at their current positions through a variety of approaches but all newly qualified registrants to the NMC register are graduates at either diploma or degree level and have been university educated. The academic year which commenced September 2011, found sixty three universities, pre and post-1992 (DFE 1992), delivering programmes in nurse education leading to professional registration at either diploma or degree (UCAS 2011). All lead to RN qualification with the newly qualified nurse exiting with either a diploma or a degree, dependant on the programme undertaken. This will change with the phasing out of diploma level nurse education in time for the introduction of an all graduate nursing profession by 2013 (NMC 2010a). Graduate education is seen to provide nurses with higher level analytical and problem solving skills (NMC 2010a:1; RCN 2012).

Nursing becoming a graduate profession will alter the career pattern for future professors of nursing and indeed all nurse academics. Whilst nursing is relatively new as a curriculum area in HE, it has grown rapidly since its inception in the mid 1990's. The expectation in 2012 is that all lecturers will be educated to a minimum level of BSc (Hons), having also undertaken an approved higher education or post graduate teaching qualification eventually leading to doctoral level study. Empirical evidence shows most HEI's advertising their lecturer posts as requiring post-graduate academic qualifications to at least Masters level if not Doctorate level in

2012. In effect not only have nurse academics undertaken programmes of education to enable them to become registered as nurses they have then undertaken further study to become academics/ lecturers in higher education. This is not dissimilar to other professions except that the post graduate teaching qualification that nurse academics undertake must have an NMC approved curriculum meaning the NMC recognise it as meeting their precise criteria for suitability and is mapped to and validated by the NMC standards (NMC 2008a).

The roles for the nurse educator shift in line with broader policy reforms and changes in nurse education. In 2012 the opinion on the delivery of nurse education is divided in that the teaching of students is viewed as equal to the priority of undertaking research, publication and income generation for academics (Topping 2004; Butterworth *et al.* 2005; Barrett 2007). In fact departments are described as 'under huge pressure to perform' when the teaching and utilisation of research has become an increasingly important component of pre-registration courses, laying foundations for future improvements in research excellence (RCN 2012: 15). This is similar to the experiences for other non-nurse academics in HE who are expected to develop a research and publication portfolio, whilst teaching students. However for nurse academics this includes simultaneously maintaining their clinical competency in order to remain on the NMC register as nurse tutors (NMC 2008a) and the obstacles they face when attempting to keep their clinical practice up to date and move between the working environments of clinical practice and education. This research study uncovers the lives of some of these nurse academics and explores how their professional lives have evolved.

Personal career issues

In relation to my positionality I am researcher, but I am also a nurse educator and the choice of topic for this inquiry, like that of many qualitative researchers, originated from my individual experiences in both healthcare and education. Whilst it has been said that 'all texts are the personal statements of the author at some level' (Denzin and Lincoln 1998; 578) I explicitly position myself as knowledgeable researcher alongside the text rather than locating myself as nurse academic within the text. I have both personal and observational knowledge of nurse education and nurse academics' attempts to achieve career success through various activities including taking on a wide range of extra duties such as committee membership at institutional and national level, further study at doctoral and post-doctoral level and consistency in developing research grant applications and generating income. I have also contemplated a constantly changing work environment in response to revised social,

education and health policy. Observing nurse academics' attempts to juggle teaching, management tasks, research and writing and developing their publications, I have experienced the changes and reforms in nursing and nurse education and how these interlink and collide with the above. This sparked the interest in the individuals who manage to achieve the senior roles and professorships. What is significant about them? Are they different? Did they have different opportunities that predisposed them to success through their professional or personal experiences? Or conversely was it that they managed to progress through adverse situations where others did not? Have they all had the same demands placed on them to teach, administrate and research or had some had more opportunity than others? These questions may have been answerable with information based on anecdotal evidence but there was little in the form of research studies to substantiate any answers this would provide.

The first step of the investigation was to utilise the knowledge that emerged from my personal knowing, located alongside the text and develop this further during the literature review, using both to shape the setting of the study within the initial operational thematic framework of professional influences and social capital. The professional influence aspect would relate to their nursing employment and nurse education experiences both in the health and education environment and the social capital would relate to their individual family, social and educational experiences. This 'personal knowing' (Polkinghorne 1983: 8) assisted me in my role as researcher enabling me to utilise personal experience to recall and reflect back on changes to the purpose and location of nurse education throughout my career and link these with external influences. Experiential knowledge has been described as an asset and a source of insight and validity checks through serious reflection and self-critique (Maxwell 2005: 38). In support of this, I provide a window into my career history where I feel it has been directional in relation to this study. Alongside which I provide an overview of nurse education, illustrating the changes that I and the participants have been exposed to throughout our careers in nursing.

I am an academic working as a senior lecturer in nursing. I am employed full time within a post-1992 institution, the type often described as a new university meaning an institution that received its university status following The Further and Higher Education Act (DFE 1992). Previously most of these new universities were polytechnics or HE colleges. I state the type of HEI here because this may be significant to the study and I chose participants from a range of HEI's to allow me the option to explore this. My lecturing role prior to this was similar but in a considerably

larger team within a pre-1992 university and known as a 'red brick' university. My background is in nursing and I am a qualified adult general nurse, having undertaken considerable further study leading to qualifications relating to a variety of advanced specialist nursing roles. My academic background is in applied social science and both under-graduate and post-graduate education all of which are appropriate to my work which mainly centres on teaching and learning in nursing at both pre-registration and post-registration level.

I trained as a nurse from 1982-1985 and I use the term trained rather than educated because at that time it was known as nurse training rather than nurse education. It is important to note that this term may appear to be used interchangeably but it is in fact set within its period; nurse training until late 1980's, early 1990's when it moved gradually nationwide into HE acquiring Diploma or Degree status as Project 2000 for all graduates and becoming known then as nurse education (UKCC 1986). The timing is significant because my nurse training took place immediately prior to reforms in nurse education which served to provide me with both a retrospective view and living experience of the changes that followed in nurse education. These are covered in depth within the career education and development for nurses section of this chapter. I undertook the three year course incorporating learning in practice placements on the wards and theoretical learning in school, the most well known course but one at the time that had no academic accreditation. In fact neither I nor my peers were aware of any other courses being available other than those attached to local hospitals. Given I had been to the local college and completed a two year pre-nursing course, this is an accurate personal reflection of the localised and narrow focus surrounding careers in nursing at this time. On completion of my nurse training I qualified as a Registered General Nurse (RGN). I have been exposed to frequent and far reaching workplace and professional changes throughout my career as a nurse and nurse lecturer and as illustrated in the previous table 1.1 these can be seen initiated at varying times through government policy and professional body review.

I have worked in acute care in hospital settings and extensively in primary care in the community, outside the hospital setting. I have benefited from knowledge enrichment through decades of listening to the stories of those I cared for and worked with. Listening to and interpreting these stories alongside learning and experience have been key in developing my own reality. I value education and the power of education to transform and in doing so I have also undertaken a wide range of continuing professional development and academic courses to further develop my knowledge

and skills at a number of HEIs. In addition I have qualifications enabling me to be a teacher in the clinical practice setting and I am also a RNT in HE. Throughout this time I have worked with a large number of different professionals, mainly women, and I see this as having informed my insight/ reality into what it means as a woman to be a nurse and a nurse educator. I have seen both negative and positive impacts on women as changing policy gradually brings about social changes and the influences these may have had on the professional and personal lives of women. At the start of the research study I already had a wealth of personal knowledge through my experience working both as a general nurse and an advanced specialist practitioner for many years and as a lecturer in two different HEI's. I had what I termed observational experiences watching many colleagues attempting to progress their careers, often combining family responsibilities and working full or part time. Similarly I had my own personal experiences and first hand exposure to changing governmental policy and the impact this had on nurse education.

In preparation for undertaking this research study I had studied and completed all taught and assessed elements of the EdD programme, including research design, philosophy and strategy, advanced qualitative data collection and analysis, leadership and international perspective modules, developing my research proposal and conducting my defence. In addition to this in 2008 I undertook a post-graduate course in narrative research methods at an external HE UEL, in the Centre for Narrative Research, during which I conducted primary narrative interviews, albeit on a different topic but with nurse participants. I did this because when I commenced my study of narrative in research I found it very difficult to get a definition of narrative that was distinct and explicit. I had so many unanswered questions that seemed to get less clear the more I researched into it. What did narrative refer to? What was it about? Was it an approach or a method? How should I use it? The course allowed me to study the narrative theory, form, methodology and methods of analysis in addition to further developing my interview skills whilst enriching my skills and knowledge as a researcher. Following commencing my thesis, I then wrote up papers on narrative approach/ interviewing and presented them at research conferences for both nursing research, nurse education and narrative research. These were titled: 'Narrative research methods in professional education' at Cambridge University 09/2008 with a refereed, peer reviewed and published abstract for the Research Methods International Conference for Nurse Education Today and 'Narrative as a research method' at Cardiff City Hall Royal College of Nursing (RCN) with a refereed, peer reviewed and published abstract for the International research Conference 03/2009.

When conducting the research about the participants' lives and experiences I therefore felt justified in anticipating that my knowledge surrounding the context of nurse education would be valuable in helping me explore how they constructed their individual experience. In doing so I could enquire further and as a result make wider interpretations where they may have possibly made professional or personal choices in response to outside variables. An example of this might be the change in nurse education and its relocation from hospital based schools of nursing to HE, which is discussed in depth in the careers section of this chapter. This change of location, physically and scholastically, gave opportunity to some in that it increased availability of posts in nurse education whilst simultaneously lifting the academic level of which those lecturing must have achieved from RCNT to nurse lecturer for diploma in nursing. Seemingly, external change can have positive or negative impacts on careers. So, in doing this exploration it was necessary for me to examine the choices made by participants using a temporal framework in relation to these events, such as changing nurse education policy and whether the choices made were accidental, intentional and possibly predictable or exceptional. The literature review was used to facilitate the process of unfolding the meaning of all the recorded experiences further from perspectives other than my own.

Women's career progression and academic functions

The literature reviewed in the following chapter identified many issues relating to women's experiences of leadership and management, access to role models and mentors, expectations on the multiplicity of roles of the nurse educator and how social capital could influence career trajectories. These are common issues across most HE disciplines and as such, the review pulls together available literature examining career progression for women in academia. Interestingly where literature was available on the subject area of nurse academics, it tended to focus on discussions around the actual professorial functions or the changing career of clinical nurse teaching. It was acknowledged that family life plays a central part in the lives of many people and the barriers and difficulties in managing childcare amidst the demands of a career were accentuated in all subject areas. Whilst women were expected to take on roles of nurturer in the workplace, these responsibilities in terms of their family were mainly invisible.

The role of an academic is regarded as having multiple responsibilities and these are illustrated as emerging from three functions; teaching, research and services (Ismail and Rasdi 2008: 90). These are termed the 'proverbial trinity' and this Malaysian

example is very similar to the standardised role functions of an academic elsewhere. A study of early career transition in 23 female faculty members by Reybold and Alamia (2008: 3), found similar results when examining the percentage of time allocated to each function depending on the role and individual's position within the organisational hierarchy. Correspondingly research is pivotal for promotion and a research profile is seen as essential in HE in the UK but it is arguable as to whether this is viewed as core business in the commissioning and delivery of nurse education (Taylor and Cantrell 2006). Women academics are described as facing a double bind by Caplan (1997) expected to demonstrate their nurturing side and take the brunt of the emotional labour in the work place as well as progress their careers in a target setting environment. This is illustrated in the study by Reybold and Alamia (2008: 14) when one participant actively refused departmental duties as she felt they were time consuming and would not give her much in return. This participant was quoted as saying 'I realised that nobody was going to protect me, except me' and she managed her time differently as a result of this to ensure she was 'marketable as a scholar'.

Women are tied by the genderised notion of emotional labour, simultaneously striving to attain their research and publication targets (Cotterill *et al.* 2007). Emotional labour involves taking care of students and colleagues and is seen as detached from professionalism and therefore undervalued (Caplan 1997). On a similar note, Barrett and Barrett (2011) claim that work allocation is unbalanced, with work not associated with promotion such as domestic, nurturing tasks (Gray, cited in Ozga, 1993; Cubillo and Brown 2003; Morley 2003) more often linked to women. As a result, they say, career progression for women is not proportionate to their representation. A study looking at gender balances in management in higher and further education sectors in Scotland (LFHE 2007) supports this, finding that whilst no major differences are identified between the roles of male and female academic staff, women use a greater proportion of their time on teaching and administration than men. The study concluded that women had a wider role which prevented them focusing on their research; a priority for career advancement in HE. The results of another study by McTavish *et al.* (2007: 181) reinforces this, finding that women spend more time than male colleagues in lecture time, lecture preparation and administration. Whether women are collectively responsible in some way for encouraging these expectations may be open to debate but these functions impact heavily on the time women have available for management and research, ultimately limiting their chances of success in a competitive, target orientated organisation.

The literature illustrates how career progression is influenced by leadership and management culture within an organisation (Hall 1996; Chesterman, Ross-Smith and Peters 2004). Women's career progression is influenced by their visibility in the workplace; they are visible, yet appear to become invisible as management potential and may have restricted access to senior roles (Singh 2007). Women and their academic functions are over represented in areas of 'stereotypical female interests and aptitudes' (LFHE 2007: 19). In terms of applying for promotion, Singh (2007) and McTavish *et al.* (2007) found that women are more likely to apply for promotion if encouraged by their line managers in contrast to men who are more likely to apply if the promotion offered them the opportunity to influence organisational governance. The higher visibility profile required to gain promotion is in direct contrast to the proportion of women in part time positions and the reduction in professional visibility this affords women as a result of this part time status. The literature suggests that vertical and horizontal segregation occurs in universities (LFHE 2007; McTavish *et al.* 2007). Vertical segregation is identified with women under represented in comparison to men holding senior positions, leadership roles and memberships of executive and governing bodies and over represented in areas such as administrative work. Horizontal segregation is identified with pronounced gender groupings around management of subject and curriculum areas such as greater concentrations of women in programmes of nursing and education (McTavish *et al.* 2007: 182).

Organisational expectations are such that all academic staff should participate in research activities and being research active with a research and publication portfolio being seen as central to a career in higher education (Bond 2002; RCN 2012). For promotion, a research profile includes undertaking research suitable for the Research Excellence Framework (REF) and submission, publication and generating research income is seen as essential (Taylor and Cantrell 2006). However a mismatch of expectations highlighted by a study illustrated stark differences in how professors view their role and how they thought their employing HEI view their role. The professors viewed their priorities as helping colleagues develop alongside providing leadership, scholarship and research whereas they felt the organisational view prioritised leadership in research and income generation as the most important aspect of their role (MacFarlane 2008: 1). Income generation through the successful acquisition of research grants undoubtedly plays a vital part in enabling senior academics to support and guide less experienced staff through research activity. Similarly to gain promotion, most HEI's have publications high on their role criteria for promotion or job descriptions in their attempts to 'maximise their

research capital' with the intention to 'reap the rewards afforded by playing the research game' (Lucas 2006: 3).

The Research Assessment Exercise (RAE), to be replaced by the REF in 2013 where research submissions are peer reviewed for quality, is not enabling to women in research posts, finding men twice as likely to be entered into the RAE than women (AUT 2004). The panels responsible for allocating funding are over represented with men in both panel membership and roles of chair (Leonard 2001, cited in Morley, 2003). Findings by the Wellcome Trust survey (Blake and La Valle 2000) found that women are less likely to apply for research grants than men due to a variety of variables, such as seniority, support, family circumstances, professional profile and employment status. This pattern is said to exist across the whole of Europe (Blake and La Valle 2000: 3). The self perception of unattainable success may be impacting on women prior to application, because when they do apply, they are equally as successful as men in being awarded a grant (Coleman 2003; Blake and La Valle 2000).

The need for an increase in research capacity was identified during the first wave of RAE conducted in the new departments of nursing (Universities Funding Council 1992; Joint Funding Councils of the UK 1996) when new nursing departments were found to be low in both research quality and productivity. The justification was that it was a time of transition and the research infra-structure within HE faculties of Nursing and/or Healthcare needed time to develop. This development necessitated intense focus on working practice, culture and capacity within the changing workforce in nursing in HE; significantly some lecturing staff were found without RNT or MSc level qualifications. In 2012 most academic roles require both a research/publication background and a PhD, as the pressure to strengthen research capacity and increase output remains a key feature for most senior academics employed in HEI (RAE 2008). The majority of senior academics have a remit that includes both teaching and research functions (HESA 2009). The RAE in 2008 showed progressive growth, with improved research quality and world class research submitted from stronger departments. However, despite clearer pathways, many barriers remain to increasing research capacity in nursing (UKCRC 2007). A research study across six universities in the Southwest of England found less than 20% of education staff educated to doctorate level (Girot 2010). This scarcity impacts on research activity throughout the team through lack of available mentorship, lack of support in developing research proposals and conducting research and deficiency of experience in networking through the research funding

process. Girot (2010) found that the workforce of healthcare academics was an ageing population, heralding a crisis in recruitment and retention, reinforced by an already low number of nurses leading academic departments (RCN 2012). In addition, less developed departments were identified as having problems with lack of leadership, isolation, and lack of collaboration compounded by an uncompetitive and under developed research infrastructure (RAE 2008). The evidence from the RAE in 1992, 1996 and 2001 demonstrated that although nursing showed vast improvement, it still had some way to go (Cecil *et al.* 2006).

Workplace culture has been defined as instrumental in fostering career progression (Chesterman *et al.* 2004). A negative culture impacts heavily on staff development and research and some experienced nurse academics have been accused as exhibiting an 'eat our young' mentality, where new staff are not given opportunities to undertake research (Taylor *et al.* 2010: 5). Some suggest the ever present culture of anti-intellectualism exhibited in the past by RCNT's prevails in some areas amongst nurse colleagues (Miers 2001). This is despite the fact that the measurable value of research and scholarly activity is noted by most commentators and university educated nurses generally accepted to be able to provide a more evidence and research based responsive practice (Burke and Harris 2000; RCN 2012). It has been suggested that the embodiment of nursing as a 'pair of hands' (Meerabeau 2001: 431), 'mature motherly souls' or 'bright girls saving lives' (Sewell 1999, cited in Meerabeau 2001: 5) fuels those individuals 'harping back to the past' in their attempt to regain power and control of nursing and nurse education by a few who are envious, seeing others having what they did not (McKenna *et al.* 2006: 135). Nurse education is further challenged suggests Thompson (2009: 695) by its susceptibility to fashion, and examples are given where nurse academics are regularly obliged to introduce new theories, which nurses in practice settings are expected to implement, with limited thought and planning given to their evaluation. Adding further to the complexity for nurse academics who have the dilemma of trying to manage the research function of their role and maintain their practice to uphold their professional body requirements, when the environment of HEI is not known for its appreciation of practical experience (Burke 1993) and research output and income generation are the prominent features on the current HEI agenda.

The outlook for nurses for the future has altered with the UK Clinical Research Network (UKCRC 2006) developing a strategy with the National Institute for Health Research (NIHR). The main aim is to build a high quality NHS clinical research portfolio and provide new pathways to research training, through seconding graduate

nurses (from the practice setting), to undertake post-graduate study (UKCRC 2007). This is intended to have a direct effect on the nursing workforce by offering opportunity for professional development in health research for nurses at senior levels and also open up opportunities for working in HEI. The programme is designed to offer research training to nurses to develop a career in either clinical research or academic research in nursing. Funding for these programmes is not equal across all universities, with research focused HEI's in receipt of more funding. Barrett and Barrrett note that despite the 'apparent equality in university systems [with regard to promotion now including role recognition for teaching excellence] staff still felt that research was more highly valued' (2008: 114). Concluding that whilst research activity was an expectation, it was not factored into staff workloads across all organisations (2008: 114). Correspondingly, lecturers reported 'research demands as being difficult to reconcile with their large teaching workloads' (RCN 2012: 31). Yet the taking on of additional roles in leadership and developing a profile through research and publication is singled out as what separates the professors from other academics in HEI's in Malaysia (Ismail and Rasdi 2008) and this is not dissimilar in the UK. Clearly some universities are benefiting more than others and advancing at a faster pace can arguably provide a more stimulating research active environment, which in turn would attract more ambitious researchers and senior academics and ultimately it could be said, more role models, for new staff.

Theories so far suggest that whilst organisational expectations are such that all academic staff should participate in research activities; being research active with a research and publication portfolio is seen as central to a career in higher education (Bond 2002). A research profile is seen as essential for promotion (Taylor and Cantrell 2006). Men are twice as likely to be entered for the REF as women (AUT 2004). Whilst there has been progressive growth and improved research capacity, barriers to increasing research capacity in nursing remain (UKCRC 2007). This scarcity impacts on research activity throughout the team through lack of available mentorship, lack of support in developing research proposals and conducting research and deficiency of experience in networking through the research funding process.

In summary being research active with a research and publication portfolio is seen as crucial to a successful career in higher education. Women are tied by the genderised notion of emotional labour which can limit their achievement of research and publication targets (Cotterill *et al.* 2007; McTavish *et al.* 2007). A research profile includes undertaking research, publication and generating research income and this

is seen as essential to promotion (Taylor and Cantrell 2006). Income generation through the successful acquisition of research grants undoubtedly plays a vital part in enabling senior academics to support and guide less experienced staff through research activity. The pressure to strengthen research capacity and increase output remains a key feature for most senior academics employed in HEI (RAE 2008) yet many barriers to increasing research capacity in nursing remain (UKCRC 2007). This scarcity impacts on research activity throughout the team through lack of available mentorship, lack of support in developing research proposals and conducting research and deficiency of experience in networking through the research funding process. A negative workplace culture doubly impacts on staff development and research activity for nurse academics (Taylor *et al.* 2010: 5). The opportunities for women to progress their academic careers are seen to be limited by reduced visability and unbalanced workload and excessive emotional labour. For nurse academics the demands of undertaking core business of teaching, research and practice visits restricts available time to generate research income and thus secure promotion.

Research Aims and Design

The study explored the narratives of six women professors of nursing in the United Kingdom (UK) and considered the research participants' perceptions of their professional and personal experiences. The research study was exploratory in as much as there had been no previous study undertaken in this specific topic area. The choice of research topic emerged from my personal knowing in relation to experience and knowledge of the history of nursing and nurse education, the subsidiary questions emerged following analysis of the literature review. A framework developed as both areas merged.

Aims:

- To generate knowledge of career progression for women professors of nursing.

- To discover what the key factors were influencing the career aspirations and opportunities of women professors of nursing through an exploration of their professional influences and social capital.

- To analyse these and construct a framework toward career progression for women professors of nursing which may guide future national and professional policies on women's careers in nursing academia.

In achieving these aims, narrative interviews with six women professors of nursing were centred on two main themes of professional influences and social capital. From the literature (see chapter two), these appear to concern:

i. Professional influences: nurse training and education, initial areas of work and other roles, nursing careers, mentorship or role modeling, challenges or positive assistance during career development.

ii. Social capital: personal histories, childhood experiences, family order, parental working patterns, and family attitudes, school days, education, subject choices and achievements at school

These themes are defined more precisely in the next chapters and they provided the format for the semi-structured questions. Although it was felt that the content relating to these would mainly be addressed without prompting, a checklist was maintained to ensure sufficient data was gathered. These interviews held between 2008 and 2011 investigated the ways in which this specific group of nursing professors felt these factors had impacted on them and if there were others that could add to this list.

The transferability for the chosen topic can be modestly described as having relevance for the current employment market in HE in that it would bring new theory to the forefront informing on professor of nursing career pathways. In addition it would give valuable insight into the work and experiences of women professors of nursing. This insight could enable scrutiny of the multiplicity of role functions and how the role should be managed proactively, the findings then bringing implications for the development of policy which will influence career development for women in nursing academia.

Outline of thesis

This introductory chapter is followed by four chapters. The study commenced with an in-depth literature review which included studies pertaining to women in HE in addition to women in nursing HE. A model of professional influences and social capital was tentatively constructed during examination of the reviewed literature; this then developed into a thematic framework of professional influences and social capital. It was divided into four: theories of leadership and management, women's exposure to role modelling and mentorship, multiplicity of roles of the nurse educator

and social experiences shaping career trajectories. The research questions that arose from the literature review do not directly match the sections but the reasoning was that the literature review needed to explore a broad range of experiences and background in order to find out about the generalities of experiences of nurses, women academics and women academic nurses. This was to ensure that the developing research questions covered all the likely experiences while still leaving room for those that do not fit existing categories and secondly to provide the data for comparisons in the final chapter. These sections incorporate experiences of women in academia as a whole and include women in nursing academia. It is recognised that the literature brought many areas of overlap.

Whilst the research study focused on women in the United Kingdom (UK), the scope of the literature review included women in international HE to ensure that available literature was reviewed in its widest context. This could possibly open up avenues not apparent in the literature pertaining to the UK and in doing so inform the questioning that would then take place within the proposed research study. Whilst the search centred on published studies, the review includes policy documents, conference papers and sources in academic repositories not all of which will have been peer reviewed, unlike published studies. The rationale for inclusion of this grey literature is because firstly policy has impacted on the contextual nature of the study and secondly, imposing boundaries to the study from pre-existing published literature on a subject area that appears to be under represented in research would potentially limit theory development. In summary, when analysed, the literature as a whole, strengthened the two major overarching themes of professional influences and social capital and how they may be influential toward developing a framework of career progression for women professors of nursing.

The methodology is presented in chapter three. This chapter considers my philosophical position as researcher. The use and application of narrative in research is explored, the analysis of which then leads to the research rationale. The research design is presented accompanying the critique of the narrative approach followed by examination of the interview method and detailed information as to how qualitative data was collected through semi-structured narrative interviews. Ethical considerations pertaining to this study and attention to relevant processes are detailed. The concept of rigour is discussed with an overview of reliability and validity appropriate to this study. In summary I introduce my research participants, through pen portraits and outline the research process using a step by step approach through the methodology.

The findings are presented in chapter four, centring on the participants' narratives, supported by individual excerpts which are then summarised. The focus of chapter five is analysis and discussion, which draws together the main features from the study, including participants' professional and personal issues interwoven with findings from the review of the literature The discussion is located within the framework of professional influences and social capital, outlining how these may shape women's career progress through expansion of the findings into barriers or opportunities.

Chapter six draws the knowledge together, mapping relationships, highlighting passages experienced on the journey and illustrating advantageous or adverse factors to career success in table form. The research study is evaluated and the chapter concludes by providing a scheme of career progression factors presented in a framework as the final key contribution that this research study makes to the field. Finally recommendations for developing the research further are put forward.

Conclusion

This chapter introduced the aims and areas for questioning from the research study. The historical context of nursing and nurse education through the period of 1970-2012 was presented, informed by milestones in nursing education between 1860-2013, in order to give a sense of location in terms of participant's education and work experiences. It was expected that this would critically inform the reader of the changing social and political environment, surrounding healthcare education and how the repeated change within government and ensuing policy directives in both health care and education could potentially impact on the professionals employed in these areas. It is acknowledged that nurse education is delivered within the constraints of current educational policy, funding limitations and the requirements of the regulatory professional body. I have discussed my positionality alongside the text and highlighted, through reflexivity, how my personal experiences influenced my choice of research study topic and informed my knowledge and skills as a researcher. Change is emphasised as a potential contributor to career choices and examples given of how political movements bring about opportunities for career development. Little is known as to whether these constraints impacted on individual careers or how the life experiences might predispose individuals to success. To conclude the rationales, women's career progression and academic functions were evaluated with consideration given to the multiple roles of an academic.

The review first examines the concepts of leadership and management and women's experiences of educational leadership nationally and internationally. Then relating this to gender theory, women's representation in senior academic positions is set out moving on to critically examine the value of mentorship. The multiple roles of the nurse educator are appraised and the pathway of nursing academia from hospital based schools of nursing to their current location in Higher Education (HE) is traced. The discourse illustrates how the role revolves in response to broader socio-political changes. Lastly, social capital is examined as a personal resource through childhood and beyond and how these experiences can influence the career trajectory.

CHAPTER TWO Review of literature

Introduction

This research study aimed to explore the professional and personal lives of a small group of women professors in nursing, employed within HEI's. The reviewed literature is presented thematically in a framework of professional influences and social capital. Themes were tentatively constructed during the initial level of analysis through organising the theories and trends in the literature into commonly occurring categories and their relationships. An example of this process is provided in terms of the category of leadership, when it is set contextually within theories of leadership but then viewed alongside relationships such as perceptions, experiences, barriers, cultural influences and gender as sub-themes. These were then grouped together into four main themes of: theories of leadership and management, women's exposure to role modelling and mentorship, multiplicity of roles of the nurse educator and social experiences shaping career trajectories. Finally these were developed into the overarching framework of professional influences and social capital.

This chapter examines a substantial body of material that incorporates the wider theories and experiences relating to women in positions of academic leadership in HE internationally and nationally, across disciplines in HE. Whilst the research study concentrates on women professors of nursing in the United Kingdom (UK), the scope of the literature review included women in roles as senior academics and professors in the UK and international HE to give breadth to the research study in terms of providing details of previous research. It seemed likely given that nurse education only entered HE in the early 1990's that the search for literature about women professors would have to extend beyond nursing. Examining other subject areas would possibly open up avenues not apparent in the literature pertaining to nursing and, in doing so inform the questioning that would then take place within the proposed research study. It seemed probable that the literature with an international perspective might also support the discussion of findings, and give insight into similarities arising from the data between those studies and the experiences of the participants in this study. Exploring theories of leadership and management and women's experiences in both a national and international context, this chapter examines these in relation to gender theory and evaluates the role of mentorship and role modelling in professional development. Then looking at the multiplicity of roles undertaken by the nurse educator; research activity and the role of publications in promotion are discussed. The latter part of the chapter detailing social capital examines personal experiences, from early to adult life and highlights their potential

impact on the career trajectory. This in-depth literature review included studies pertaining to women in HE in addition to women in nursing HE.

Professional influences

Theories of leadership and management

This section looks at differing aspects of leadership and management culture, exploring these for potential impacts on women's career progression. Women as leaders in HE, whether academics, senior administrators or executives are said to be experiencing 'the glass ceiling', the metaphorical invisible barrier that is seen to prevent women from rising to the higher stages in their careers. It is commonly viewed as created by culture, power and habit, marginalising women and subordinating men; this is regarded as the significant feature in preventing women achieving leadership positions (Hall 1996; Thomas *et al.* 2004: 62; Singh 2007). The way in which women experience leadership and management and the model in place within an organisation is said to be influential in encouraging or discouraging women's career development (Vinnicombe and Singh 2003; Chesterman *et al.* 2004; Cotterilll *et al.* 2007; Barrett and Barrett 2008; McTavish and Miller 2009). It is noteworthy that women were unwilling to apply for leadership positions in organisations where they felt they do not fit the stereotypical concept of what a leader should be (Singh 2007).

Workplace culture is instrumental and can foster career progression for women wishing to aspire to leadership roles (Chesterman *et al.* 2004). This is a type of culture that explicitly encourages and nurtures female employees with support provided from colleagues at senior executive level, in an environment that also encourages promotion through workplace policy (Vinnicombe and Singh 2003). Significantly organisations demonstrating a supportive environment for women also have more women employed in leadership positions at a senior level (Vinnicombe and Singh 2003; Chesterman *et al.* 2004). Critically, how rapidly the culture can change in gender and attitude dynamic to the detriment of women with subsequent new employments in senior and strategic positions within their organisation, is highlighted (Chesterman *et al.* 2004). Whilst all of these studies refer to women in senior positions, the over representation of men in leadership positions is well documented, with McTavish and Miller stating how in their study of colleges and universities the leadership models in place fail in terms of gender representation. They described the most senior management level as 'not a place where women operate equally with men; they are often strangers in the workplace'. (McTavish and Miller 2009: 189). Indeed leadership development across organisations in general,

not just HE, has been described as 'reproducing male leaders similar to those of the previous generation' state Vinnicombe and Singh (2003: 294). They further suggest that repetitious 'cloning' in the UK supports the 'Old Boy' network and is detrimental to organisations (2003: 295).

Women are described as experiencing discrimination on the basis of position, pay and promotion and this is magnified for women from ethnic minority backgrounds (Wilkinson 2002; Thomas *et al.* 2004: 62; Singh 2007; Wilkinson 2009). This overrepresentation by men at senior academic level in HE is seen across twenty-three of the thirty-five Commonwealth countries (Singh 2008). This pattern with few women the nearer the top has been termed a hierarchical pyramid (Garland 2008). As a result, an increasing number of women are consequently blocked from top level roles and career development opportunities in an environment where recognition and visibility equate to accelerated career advancement (Singh 2007). This failure in gender representation Singh describes as structural, prohibiting women succeeding to higher levels, and includes a lack of career development programmes, discrimination in salary and benefits, publications productivity and recruitment policies. This is further exacerbated by cultural and structural barriers and in some societies, segregation. Furthermore women employed in senior management positions within HE from Indonesia, China, Cyprus, Greece, Kuwait, Iraq, Commonwealth of Dominica, Gambia and Zambia, perceived organisational culture as patriarchal with male dominated management identified as a common barrier to their career progression (Singh 1999, cited in ACU 2000). This gender conflict is seen elsewhere, with males reported as finding female colleagues a threat and uniting against women and with peer support from men to women seen as lacking (Cubillo and Brown 2003). This is highlighted in this woman's excerpt:

> Some of the men saw me as a threat, like when I was picked to represent the country in an international competition, they suggested I had been chosen for 'other reasons' [that is, other than ability] (Cubillo and Brown 2003: 286).

The role of the professor of nursing has been defined as that of leader, to promote scholarship and to lead colleagues and the profession within the academic framework unique to universities (Watson and Thompson 2008: 981). Rolfe (2007) argues for a professorial role that is more enabling and facilitative with the practice of nursing, whilst simultaneously supporting nurses to meet their own educational, research and practice needs. Commonly the nature of employment in HEI is that

nurse academics be active in research and publication, facilitating personal development whilst contributing to the institutional academic standing (Munro 2005).

The women who successfully achieve appointment to the role of professor view their challenges as greater than those experienced by male colleagues in relation to managing human resources and staff management. They said they had to manage these by applying what is described as 'an effective leadership that blended both masculine and feminine styles of management' (Ismail and Rasdi 2008: 99). This is particularly significant because in other studies (Marshall, cited in Kydd *et al.* 2003: 45; Bush 2003) human resource and staff management were clearly aligned to the management model, whilst in Ismail and Rasdi's study they are seen as having overlap with leadership. Classifying management styles as masculine or feminine benefits men more than women with McTavish and Miller finding that abilities such as emotional intelligence and listening skills, often attributed to women, are actually valued more within the organisation, when displayed by male rather than female managers (McTavish and Miller 2009: 356). This locating of masculine and feminine in regards to management and leadership types, is ascribed to what Schmuck (1986) terms as a 'deficit model' suggesting that women's skills are separate and different to those of men and that the deficit lies with the women rather than the situation being the problem. This discrimination is compounded rather than alleviated suggest Cubillo and Brown (2003: 281) when institutions attempt to provide leadership training to women under the equal opportunities guise, as this implies that the disadvantage is personal to women rather than a result of imbalance and discrimination originating from embedded organisational and socio-cultural practices.

Theories of leadership and management are linked continuously throughout the literature, with consensus that the majority of women in senior academic roles, undertake management duties within their leadership function (Coleman and Briggs 2002; Calpin-Davies 2003; Vinnicombe and Singh 2003; Bush 2003; Bush and Middlewood 2005; McTavish and Miller 2009). The linking of these theories suggest they are interchangeable or are constituent parts of a larger whole, but 'as concepts, they are not synonymous' (Rost, cited in Robinson-Hickman 1998: 97). 'Leadership and management have both strategic and operational dimensions' with the strategic focus on organisational strategy and policy and operational focus on management of physical resources, finance, quality and human resources state Marshall (cited in Kydd *et al.* 2003: 45). In addition, they say that views of academic leadership and management differ among various stakeholder groups (2003: 55). Kelly *et al.* 2006: 48) describe the 'mythologisation of leadership' where leadership is associated with

'strength, vision, power, transformation and the extraordinary and management is associated with bureaucracy, ordinary, conservative and more concerned with stability'. Fullan (1993) sees the leadership function as providing mission, direction, inspiration, with the management function as carrying out plans, getting things done, working effectively with people.

More recent studies of female academic leaders reveal women as inclined to adopt stereotypically feminine leadership styles including democratic, transformational and inter-personal orientations (Taleb 2010: 296). This confirms earlier studies that female management styles are likewise participative or democratic rather than the masculine, autocratic style (Eagly and Johnson 1990; Eagly and Wood 1991; Schein, cited in Davidson and Burke 1994; Eagly and Johannesen-Schmidt 2002; Eagly and Karau 2002). Based on Eagly's (1991) model of social role theory men are seen as more agentic (independent, assertive, aggressive. Instrumental, competent) and women as communal (friendly, reducing aggression, selfless, expressive). This theory is debateable because authoritative leadership behaviours could be role, rather than gender related (Eagly and Wood 1991).

This stereotyping is present throughout women's careers reinforced by women being given pastoral, and men financial, responsibilities (Cubillo and Brown 2003). Educational leadership also associates 'management with being male' (Schein, cited in Davidson and Burke 1994: 47). Women must prove themselves much more than men to gain promotion and even when successful, are still exposed to negative attitudes from male executives (Thomas *et al.* 2004: 63). The gender ratio of registered nurses shown in table 2.1 illustrates that nursing remains a mostly female dominated workforce.

Table 2.1 Gender distribution of the nursing profession 2004-2008 (NMC Register 2008: 5)

Year to 31 March	2004 %	2005 %	2006 %	2007 %	2008 %
Male	10.63	10.73	10.73	10.73	10.69
Female	89.36	89.25	89.24	89.24	89.29

It can be seen that there has been little change to these statistics since 2004, yet the figure for male nurses holding a disproportionate number of senior positions was clearly identified in 1999 (Lane 1999). This stereotyping of women's careers may have resulted in nursing being a profession dominated by women but with its senior

posts dominated by men. Male nurses were found not only to move to and be promoted to higher and better paid positions more rapidly than women, but the nearer they get to the top, the more they were advantaged and given opportunity to progress, despite having only similar qualifications to the women (Nazroo and Finlayson 1998). The findings by Nazroo and Finlayson are supported by those of the Royal College of Nursing who state that men are twice as likely to be on higher pay grades, within an area where 'jobs which are classified as women's work tend to command lower wages than men's work…leading to inequalities in pay and income' (RCN 2007: 9). This could be described as feeding directly into the popular stereotyping of women as non-competitive nurturers and carers, who focus on home and family at the expense of having a career and in doing so, diminishes aspirations (Gray, cited in Ozga 1993). Other research studies show however that whilst men's work goals were monetary and career advancing, women worked for both job satisfaction and flexibility to fit in with family life (Thompson 1992, cited in Bush and Middlewood 2005: 94). Paradoxically Morley (2003) states that women are allowed into HE senior management to take care of the more 'domestic arrangements' such as quality assurance and audit and when women achieve promotion they are more often held down under a burden of administrative, middle management and mediation tasks. This has been termed a 'feminised face of management' by Wilkinson 'mopping up the damage…left behind…by some senior managers' (Wilkinson 2009: 107).

Professional experience can influence an individual's leadership style, as can social construction, but it is significantly shaped by self perception (Coleman 2003). Coleman (2003) found that negative self perception impacts on application for promotion. Women are seen as 'more reticent, less likely to apply for jobs without encouragement' (Chesterman *et al.* 2006: 541) and this reluctance and general lack of confidence in women is more often seen in universities that are male dominated at senior level. The over representation of men in positions of power within universities, results in few aspirational role models for women, perpetuating women's negative experiences and upholding existing barriers to progress (Vinnicombe and Singh 2003; Garland 2008; Singh 2008; McTavish and Miller 2009).

A wider study of all college presidents in the USA conducted in 1986 found women under represented at senior level positions and the profile of the American HE executive as that of 50 something, white, married male who averaged about seven years in that position. Where women had managed to progress to a senior level they held positions for considerably less time than their male counterparts and generally

went unsupported by their governors until hostility in the workplace forced them to leave prematurely (ACE 2000). The study was repeated twenty years later and found the increase of women into presidential positions very modest with women still seen in much lower numbers than men in senior positions (OCWW 2010). In other studies examining across HE women are over represented in the lower grades, on less pay, with less favourable contracts (Jackson, cited in Howie and Tauchert, 2002; Knight and Richards 2003). Whilst it is not clear if things have changed in HE through progression of equal opportunity policy, Skelton notes that whilst barriers obstructing women from HE are being 'broken down…universities are often inhospitable and hostile environments for women' (Skelton 2005: 322). These barriers are compounded for women who are attempting to progress in a culture shaped by men, with women senior managers in education experiencing continuing discrimination, isolation and subject to sexism from peers (Coleman 2003, cited in Kydd *et al.* 2003: 119; Cubillo and Brown 2003).

Leadership is equated with power (Chesterman *et al.* 2004: 5) and its use and misuse are identified as central themes relating to leadership and feminism (Strachan 1999). Whilst feminist educational leadership is said to assume the 'politics of emancipation' (Strachan 1999: 310), identifying 'oneself as a feminist denotes a moral obligation' (Kleinman 2007: 3) and few women leaders in education are actually prepared to declare themselves a feminist. Women are literally cautioned against the danger of feminist theorising in securing an educational leadership role being advised that doing so is self-defeatist (Hall, cited in Reynolds 2002: 16). Women in senior positions were often found having to detach themselves from other women and feminism (Bagilhole 1994, cited in Davies *et al.*1994) to progress their career when management is viewed as 'a man-made enterprise' (Hall, cited in Reynolds 2002: 17). This is encapsulated by McTavish and Miller (2009: 189) citing the words of Mavin (2006) 'think manager, think male'. This management culture is said to measure success competitively through target achievement of input versus output and quality assessment; suggesting that few recent developments in HEI's lend themselves to feminist ways of operating and that these women leaders find themselves fluctuating between patriarchal and feminist management styles (Edwards 1998, cited in Malina and Maslin-Prothero 1998).

Women who expressed desire to work in a more empowering and facilitative way, found themselves working against their ethos within the organizational and cultural bounds of the organisation (Pritchard and Deem 1999). When looking at women's individual views of their identity as leaders, McTavish and Miller (2009: 356) found

women did not like to be grouped collectively as 'women in management' representing what Schmuck (1986) terms as the deficit model. The study highlighted how women to women relationships within gendered organisations took a wide range of forms on a continuum that ranges from gender solidarity to female misogyny. These relationships (or lack of them) were influenced by organisational, professional and personal politics. In addition, it could be argued that individuals struggling to achieve recognition and personal success were not in the best position, physically or mentally to mentor others.

Whilst both men and women accepted that universities have fair policies in place for equal opportunities for promotion, women believed that their institution's leadership and management could do more to support their career advancement (LFHE 2007; McTavish et al. 2007; Vinnicombe and Singh 2003). Women in HE reported that they feel less informed about promotion opportunities which may infer that men are being provided with more information by the predominantly male senior management team (SMT) through the 'Old Boy' network (McTavish et al. 2007: 188). This network may be fostering managerialism, where universities traditionally seen as the centre of education transformation, are expected to respond to the changing global political climate, becoming increasingly and often contentiously, noted as business focused (Oswald 2001; Protevi cited in THES, 2010). This leaves academics and their subject areas exposed to a rapid pace of change, in a 'doing more with less' environment where delivery equals survival (McRoy and Gibbs 2009: 688). This managerialist drive values stereotypical masculine skills according to McTavish and Miller (2009: 182) and as a consequence the 'masculine' is epitomised in management and organisational behaviour. In this competitive environment skills more often attributed to women, as outlined earlier in the chapter, are marginalised.

Europe, the USA and Australia present a decreasing gender imbalance in senior academic positions, albeit very slow and not inclusive of women from all cultures (OCWW 2010). This improvement is not reflected worldwide. A paper presented by Rubagiza (2005) at a gender consultation conference in Ethiopia states that in Africa not only were there no women in senior positions in the two largest HEI's but that the employee staff ratios of men to women were approximately 4:1. Although women academics are recognised as being instrumental in many developments with women's groups, building academic capacity for women to become undergraduates and also developing technology in rural places, the under representation of women by definition, limits their ability to promote gender equality across society. This inhibits women's bargaining power and authority to drive change. Women resort to

working in isolation, which in turn reduces their effectiveness and visibility. The lack of formal and informal networks is made worse by women being in the minority compared to the substantial formal and informal networks of male colleagues. This has a double impact states Rubagiza, with the need to perform within the masculine environment and the lack of recognition of women juggling family responsibilities limiting women's opportunities to participate in gender equality women's groups; results in some women being seen as unsuccessful both in academia and socially, which in turn causes them to be excluded by other, non-academic women.

Gender impacts on pay and discriminatory pay differences brought about by a variety of factors, are well documented (Ward 2001; Thomas *et al.* 2004; AUT 2004; Barbezat and Hughes 2005; McTavish *et al.* 2007). Outlined by the Equality and Human Rights Commission (EHRC 2009) these relate to cultural factors, lack of mobility, lack of pay transparency, limited progression in the majority of roles that women populate, trainees drawn from subject areas that are have less female representation and role stereotyping in recruitment processes. The discussion around pay goes further than transparency centred on grades within salary bands, focusing also on rewards, with pay used in the USA and arguably other countries, to confer esteem and approval as well as achievement. In this arena the pay increases are self-negotiated, favouring what Eagly terms the results focused, male transactional style of management (Eagly 1991) easing increased pay and bonuses. The inequality in salary in the USA worsens for women who are based at research institutions, suggesting that the senior academic women in high profile organisations, responsible for mentoring the next generation of research staff suffer the greatest discrimination in pay (Thomas *et al.* 2004: 63). Significantly in the UK, the largest difference in gender pay gaps was seen in Russell Group Universities, gradually reducing through pre-1992 universities, to 1994 universities to 1992 universities (UCU 2007). Similarly the pay gaps are attributed to pre-1992 universities employing more female research only or clinical academic staff all of whom are comparably lower paid than males (UCU 2007; HEFCE 2010). The fact that this group of staff have lower status, yet are in effect the role models for the next generation of academics, is noteworthy.

The gender pay gap remains nationwide with an average difference of 14% between male and female full time academics salary (THES 2010 citing HESA 2008-2009). The difference between male and female professors average salary was 6% during this period (THES 2010 citing HESA 2008-2009). The gender pay divide is currently under scrutiny within the UK following legislation that was intended to enforce

companies with 250 or more employees to publish their average pay scales according to gender. Public sector employees with 150 or more staff were to be asked to provide similar data. The exact details were set out by the Equalities and Human Rights Commission (EHRC) during late 2009, following the Equal Pay Reviews Survey (EHRC 2008). This survey found the greatest reason for gender pay gaps were that women were simply not achieving senior positions (EHRC 2008: 51; GEO 2010). The outcome was that 'there was still work to be done' to convince employers that there may be an unconscious/institutional bias in their pay structures (EHRC 2008: 54). The Government Equalities Office indicates that the pay disclosure act will probably come into force in 2013 (GEO 2010). This act may never come to fruition as this particular piece of legislation, focusing on pay inequalities was proposed by the previous Labour government and is currently subject to debate within the new coalition government. It seems likely that the implementation of this could be adjourned. It could be suggested that acknowledging pay inequality should be a critical step in the ongoing debate about equality and equal representation. The opportunities to develop networking alliances both nationally and internationally are limited in an environment where women are knowingly paid unequally and remain under represented in senior positions.

Theories so far suggest that workplace culture is instrumental in fostering career progression (Vinnicombe and Singh 2003: Cubillo and Brown 2003; Chesterman *et al.* 2004). Organisations which demonstrate a supportive environment for women have significantly more women employed at senior level (Vinnicombe and Singh 2003; Chesterman *et al.* 2004). Women remain discriminated against in relation to position, pay and promotion, a situation magnified for women from ethnic backgrounds (Wilkinson 2002; Thomas *et al.* 2004: 62; Singh 2007; Wilkinson 2009). Stereotyping continues with women being assigned more pastoral duties (Cubillo and Brown 2003) and stereotyping is compounded in nursing which is dominated by women yet has more men in senior posts (NMC 2008: 5). The over representation of men is seen in HE and provides few role models for women and upholds barriers to career progress (Vinnicombe and Singh 2003; Garland 2008; Singh 2008; McTavish and Miller 2009). It is recognised that equal opportunities policies are in place in universities but most women felt that their employing organisation could do more to support their career development (LFHE 2007; McTavish *et al.* 2007). The under representation limits women's bargaining power and ability to effect change and persistent pay gaps were attributed to women not achieving senior positions (EHRC 2008: 51).

Women's exposure to role modelling and mentorship

The value of mentoring in career enhancement and supporting development is widely acknowledged with extensive literature on role models and mentors across a range of professions (Merriam 1983; Darling 1985; Levinson *et al.* 1991; Anderson and Shannon 1995, cited in Kerry and Mayes 1995; Podolny and Baron 1997; Clutterbuck and Ragins 2002; Megginson *et al.* 2006). Nurses arrive in HE relatively well informed because mentoring is well documented and utilised in nurse education, although the exact role of the mentor remains subject to much debate (Davies *et al.* 1994; Sword *et al.* 2002; Jarvis and Gibson 1997).

The role of a mentor has been widely defined as one of teacher, supporter, coach, facilitator, assessor, role model and supervisor (Darling 1985; Neary 1997; Jarvis and Gibson 1997; Chow and Suen 2001). In short, it can be described as 'an experienced professional nurturing and guiding the noviate' (Butterworth *et al.* 1998: 13). A large study by Levinson *et al.* (1991: 423) in USA looking at academic role models in medicine revealed how women with mentors were found to report more publications and more time spent on research activity than those without mentors. Defining a mentor as 'an advisor whose guidance focuses on professional issues', they found that women with a role model reported overall higher career satisfaction. Their definition of role model was in contrast to the notion of a mentor with a professional focus only and incorporated the wider dimension where 'a role model may provide an example in a broader context that includes both professional and personal aspects of life' (Levinson *et al.* 1991: 423). There was a direct correlation between those who described their role models and mentors as 'good' with those viewing themselves as having help in their research efforts, acquiring protected research time, gaining salary benefits and as well as being provided with encouragement and emotional support (Levinson *et al.* 1991: 424).

The use of mentoring has been described as providing a wide range of advantages such as career advancement, heightened self-confidence enhancement and an increase sense of belonging (Hansford *et al.* 2002, cited in Hobson 2002). In defining mentoring, Anderson and Shannon 1995, cited in Kerry and Mayes (1995: 29) describe essential attributes of a mentor and discuss mentoring functions such as nurturing, encouraging and facilitation of personal and professional development. The idea of nurturing is encapsulated as one that provides an environment for relating, acceptance and growth, through affirmation and challenge, at the same time as providing a role model of the mentee's next stage of career development. This role model then influences individual self-agency by providing an example of career

progression as well as access to mentor support. The notion of mentor as career developer is replicated within the definition provided by Megginson and Clutterbuck (1995) as one of performance improver, career developer, counsellor and sharer of knowledge. Mentoring according to Megginson *et al.* (2006: 4) is off-line help by one person to another in making significant transitions in knowledge. Going on to state that: 'the whole point of the mentoring process is to create a reflective environment in which the mentee can address issues of career, personal growth, the management of relationships and the management of situations, both current and predicted' (2006: 21). They identify several models of mentoring including features such as: motivate/ set targets, plan how to achieve, create practice opportunities and how to support through set backs (Megginson *et al.* 2006: 25). Mentorship does not have to be exclusive or one to one and so could be readily available if there were organisational commitment to make it available and accessible. No exact model is recommended in any particular circumstance (Megginson *et al.* 2006: 25). However it has been found that found that whilst having a small mentor network provides well defined performance expectations, having access to a wide network of mentors enhances an individual's mobility within the organisation (Podolny and Baron 1997: 673).

The idea of using a wider network of mentors may be suited to women working as educators, where many women may have differing career pathways with no clearly identified route to the top. Madsen (2007) found no evidence of linearity when researching the career development of ten USA university women senior academics, all having arrived in their role with differing experiences and not one admitting to having initially considered a leadership position. Madsen suggests not only does this demonstrate that differing career paths can lead to leadership positions but that it is the richness of the women's experiences that make them successful leaders (Madsen 2007: 2). It could be argued that this study appears one dimensional, for example when Madsen states that 'successful women leaders did not intentionally look for leadership positions, but instead worked hard in their current jobs and performed to the best of their abilities' it would be beneficial to examine whether or not there were other options available to them. Going on to say how 'none of the presidents expressed regret that they took this indirect path' and that 'all said that each position provided them with the opportunity to learn and develop essential knowledge and competencies that have been imperative for success'. Madsen states that 'the research supports the notion that various career paths can lead to top leadership positions in academe' which is justified across most if not all organisations. In dispute of the argument that 'women should decide early and plan

more direct career paths toward their intended leadership goals' she says that 'it is clear that these women became the leaders they are today because of every differing career and life opportunity'. However the much acknowledged under representation of women in leadership positions as a result of uncertainty and lack of linearity, identified through the literature in this chapter (Schein, cited in Davidson and Burke 1994: 47; Chesterman *et al.* 2004; Skelton 2005; Jackson and Butterworth 2007; LFHE 2007; McTavish *et al.* 2007; Jackson *et al.* 2011), belies Madsen's (2007) findings to a degree. At least in not addressing the impact that a lack of role model has on the developing careers of women in less senior roles and also in examining whether this approach plays in compounding gender stereotypes.

However Vinnicombe and Singh (2003: 294) suggest that 'mechanisms such as mentoring and coaching and women-only training enables women to clarify their leadership ambitions, recognise their leadership strengths and access leadership positions'. The findings from EQU (2011) support this and significantly, Madsen (2008) agrees that networking is not necessarily tied to gender but the ability to network is critical to successful long-term leadership. There is a marked difference in workforce distribution according to gender illustrated in table 2.2 highlighting diversity in role model availability and dependant on whether the HEI is a pre or post-1992 institution.

Table 2.2 Workforce role distributions: female academic staff in HE 2010 (HEFCE 2010: 21)

Institution type	Professors	Senior-lecturers/ Researchers	Lecturers	Researchers
Pre-1992	18%	25%	22%	35%
Post-1992	9%	22%	63%	6%

Figures demonstrate fewer women at professorial level in post-1992 HEI's and as a consequence fewer role models and same gender mentors. Taking a more generalised view and discounting the age of the HEI, figures show that only 18% of professors are women and this declines in subjects that have traditionally fewer females in areas such as chemistry (HESA 2009). The expansion of higher education over the last two decades is described as beneficial to women by Cotterill *et al.* (2007) but concede that whilst more women are pursuing academic careers; barriers remain. However figures do not provide any substantial evidence of this benefit and women are more frequently seen on temporary short term research or

teaching contracts and to secure a permanent or longer contract it is essential they have publications, which these short term or teaching contracts do not give time for.

Nursing is one of the largest subject areas in HEI acknowledges Meerabeau (2005) and is genderised, with a majority female workforce. This draws nursing into the feminisation debate where McTavish and Miller (2009) highlight that when the number of females an organisation employs is large compared to male employees, this is not reflected in increasing pay and status for women; the majority of women are in fact employed in lower paid roles. When discussing the under representation of women in senior positions Reay (2000) concurs, stating that women are more likely to be employed as research assistants than research directors. Furthermore a study by Jackson *et al.* (2011) shown in table 2.3 illustrates how whilst nursing actually counteracts this trend and there are fewer male professors within nursing, midwifery and allied health, than women, those who are in post receive higher salaries, despite being in their role for less time.

Table 2.3 Demographic characteristics of the nursing and midwifery populations 2011 (Jackson *et al.* 2011: 13)

	Female	Male
Mean age (years)	52.95	53.40
Mean time in present post (years)	6.07	6.27
Mean time as a professor (years)	7.08	6.40
Mean salary	£50,001-£55,000	£55.001-£60,000
Type of appointment	Competitive=27 Personal chair=11 Other=1	Competitive=10 Personal chair=0 Other=1

The study does not give mentoring figures but states that both aspiring and established professors 'articulate a desire to receive better, more targeted and sustainable support from their institutions and peer networks through improved mentorship arrangements and better career pathway guidance' (Jackson *et al.* 2011: 13). The opportunities for women HE academics to be mentored by other women on their career route continues to be slight since women professors remain 'under-represented in senior roles in HE and at present only 18.7% of professors or heads of department are women' (EQU 2009-2010). Currently this EQU project is studying whether examples of successful mentorship from other European countries can be

applied in UK HEI's. However, the evidence cited in the above section highlights that a lack of mentors may be as likely to hinder career progression for nurse academics as for other academics. Given the recognised importance of mentoring, one would expect to find that the women in this research study had received mentor support. For this reason mentoring is one of the topics selected for investigation in the interviews.

Theories so far suggest that mentorship is valuable personally and organisationally when women who have mentors report more publications and more time spent on research activity than those without mentors and reporting overall higher career satisfaction (Levinson *et al.* 1991: 423). Yet figures demonstrate there are fewer women professors in post-1992 HEI's and as a consequence there are fewer role models and same gender mentors (HESA 2008). This reduced visibility limits networking opportunities. In nursing academia the trend is reversed and there are actually fewer male professors of nursing than women however male professors receive higher salaries, despite variables such as being in their role for less time (Jackson *et al.* 2011).The opportunities for women HE academics to be mentored by other women remain limited when women professors are under-represented (EQU 2011). Given that mentoring has been recognised as supporting women in achieving both professionally and organisationally in that mentored staff are more likely to both rise within and stay within organisation (EQU 2011), the continued under-representation of women in senior roles matched by inequitable pay structures could be argued as limiting to both the individual and long term aims of the organisation.

Multiplicity of roles of the nurse educator

Nurse education is said to differ from some other HE disciplines, in that it aims to deliver highly qualified, competent nurses, who are university educated to exercise their clinical judgement in the provision of care and as such, is instrumental in producing a workforce equipped to perform a role (Quinn 2001: 1). The role of the nurse educator is one of developing the curriculum and transmitting learning but with additional responsibility for teaching and assessing a level of practical skill cognisant with that expected of a qualified nurse. Nursing is no longer the common sense carrying out of uncomplicated tasks; it is a profession that requires highly knowledgeable Individuals making sophisticated decisions (McKenna *et al.* 2006).

Nursing and nurse education has changed and continues to be subject to change in response to reforms in health and social policy and is currently in transition with the

cessation of diploma level nursing and a move to all degree by 2013 (NMC 2010a). This has additional implications for nurse educators who are working amidst change in both practice and education environments. The delivery of all programmes relating to pre-registration nursing and several relating to post registration involve a high level of compliance to NMC process. This involves regular audits, inspections, communication and involvement of the NMC in validation events and a high level of prescription to NMC regulatory processes. Nurse academics are also responsible for visiting and auditing those clinical practice placements undertaken by student nurses and offering support to workplace mentors during their time mentoring student nurses. In fact with increasing student numbers, the burden on HEI's for audit is described as 'large and growing' (RCN 2012: 22). This repeated presence in the practice setting and the responding to these external processes leaves little time for internal HE process and scarce time for research activity. These nurse academics, previously described as serving the twin masters of HEI and the NHS (CVCP 1997: 71) now in 2012, need to respond to four key players: the government, the NHS, the universities and the NMC (Carr 2007). Whilst there is some truth in what Kenny *et al.* (2004) suggest that the 'allegiance to individual hospitals has been replaced by obedience to UK government policy', it could be said that the pre-existing allegiance to individual hospitals has been replaced by a new form of allegiance and subsequent interpretation of education provision, to local NHS workforce agency led by their expressed demand for education and training of their workforce.

Nursing academics and nurses in practice may have similar origins but they are not synonymous with one another. Academics are based in HE and subject to the confines of their employing organisation and by definition, nurse professionals, come from an environment of working in health care. This does not make them a homogenous group, they are subject to differing organisational employer requirements and some will have more extensive practice experience than others. In the health care environment, responsiveness to patient need is paramount and professional development and the acquisition of research skills whilst recognised as beneficial for continuing professional development (UKCRC 2007) are not necessarily a high priority. Nurses wishing to work as nurse academics however need recognised research skills and higher level qualifications. Research in nursing is recognised as underpinning the practice of evidence based nursing (NMC 2004) and is widely acknowledged as dramatically enhancing health outcomes (Cullum *et al.* 2007). Whilst nurses in practice can access opportunities to develop research skills, subject to funding being available, there is been no clear recognised pathway for novice nurse researchers to build a career in research based practice or

academia and very few examples of role models and mentors which could assist with personal development (UKCRC 2007). There is concern about the lack of agreed career path for nurses (RCN 2012). Clearly this provides limited scope for socialisation (Kenny *et al.* 2004) and is self perpetuating. However this lack of opportunity for access to mentors for research and personal/professional development is experienced by women across HE and is not unique to nurses.

The complexity of the research function is only one role that nurse academics are obliged to balance amidst teaching and maintaining their clinical competence within the confines of their professional body, the NMC. This management of multiple responsibilities is viewed as a struggle (Maslin-Prothero and Owen 2001; Meerabeau 2005). There has been increasing pressure to enhance quality in teaching within and across all subject areas in HE by the Quality Assurance Agency (QAA 2008) who undertake institutional audit and subject review on a six year cycle. All HEI's are required to ensure their lecturing staff have a minimum, standardised teaching qualification (DfES 2003). The review on Higher Education Funding and Student Finance (Browne Report 2010) reinforcing this drive for increased quality, proposes to replace the four higher education bodies with a single Higher Education Council and gives further recommendations for minimum quality standards throughout the HE sector. Nurse education is included in this review but in addition nursing is also subject to annual monitoring by the professional body the NMC through the UK wide Quality Assurance Framework (NMC 2010). This repetitive examining and inspection of nurse education programmes has implications for nurse academics who Meerabeau (2005) suggests, struggle to balance their role functions amidst the complexities of research, teaching and maintaining their clinical competence.

Nurse academics are also directly responsible for the contract tendering and meeting with the NHS regarding funding for nurse education programmes. They are also profoundly influenced by changing political policy relating to health and when this is disseminated managing the impact on the educative process and altering programme outcomes. The result is a wide variance in expected responses required by these four key players all of which are time consuming and onerous, leaving little time for research and personal development. Significantly despite the debate around the competing demands on nurse educators, this level of commitment to a variety of organisations is not formally acknowledged and a scholarly profile is still seen as necessary in order to achieve promotion.

This research profile is a term used to describe an element of the nurse academics personal curriculum vitae (CV) and relates to their activity in undertaking research, generating research income and writing for publication (Jackson *et al.* 2008: 117). The pressure to undertake research and publication whilst managing increasing class sizes (RCN 2012) is not unique to nursing and may be seen across many, if not all subject areas in HE. However the time given to maintaining clinical capacity - an NMC requisite for nurses (NMC 2006; NMC 2008a) limits capacity for research and more thought is necessary as to whether a strategic plan to manage this lack of research activity with accompanying small numbers, should be put in place. In addition, this relatively small number of women in nurse education achieving high status research publications results in a lack of role models (RAE 2008). This is seen to be an impeding factor to women's career progression across academia in all subject areas but in nursing in particular.

The relatively new entry to HEI for nursing from hospital based schools of nursing is held as partially responsible for the insufficiency in role models and mentors to support research skills development (Taylor and Cantrell 2006). Yet more exploration is necessary to examine if alongside the demands for clinical capacity all nursing academic staff are actually in a position to achieve the required research and publications (Topping 2004: 3). The lack of attention to the strategic management of nurse academics is highlighted with suggestions that it is unrealistic to expect them to perform all aspects of a wide role and that relinquishing their clinical obligations will allow them time to develop their research profile (Butterworth *et al.* 2005; Barrett 2007: 373) and ultimately look toward a professorial career.

It has been suggested that this difficulty in prioritising research time may be due to the socialisation process (Kenny *et al.* 2004). When, as nurse academics pass through an acculturation process, adapting to the norms of behaviour they are exposed to and influenced by, this is in some way responsible for limiting the research and scholarly achievement for nurse academics. The time allocated to research within a subject team may be as much as a day a week, which in theory should allow time to generate sufficient research activity to satisfy organisational demands. In practice however this is impacted on and reduced by external pressures with regular demands from practice settings for visits to student nurses and mentors, the completion of placement audits, NMC visits and regulatory process, contract reviews with the regional strategic health authority and whatever else is thrown up in the guise of partnership working. The smaller the subject team, the fewer people to share these activities and the less time to build momentum and research

relationships. Similarly if a nurse educator, who is new to the role, joins a team that has less time for research activity, there is a distinct possibility that the smaller team may be less research active. Smaller teams with less research activity generate less research income and are less likely to be able to buy in additional staff to support education delivery, which would allow them to participate in more research activity and so this cycle is perpetuated.

Up until nursing entered HE around 1990, nurse tutors, as they were then known, made a transition from clinical practice into education, and nurse tutor was an additional career option amongst a range of specialist opportunities (Kenny *et al.* 2004: 2). Despite the shift into HE bringing increasing expectations on nurse academics, Kenny argues, the traditional view and function of the nurse educator role has not changed and this is potentially responsible for oppressing and academically restricting nurse academics (Kenny *et al.* 2004: 630). They say that despite the transformation of nurse education, (discussed at length in the introduction chapter) the traditional view of the role of nurse educator's remains unchanged, which has potential to be 'restrictive to academic endeavour' (Kenny *et al.* 2004: 630)*.*

Autonomy and knowledge are the foundations of intellectual characteristics, emanating from an environment where scholarship and research is valued; Scholarship in nursing being defined as the personal assimilation of existing knowledge and research being the pursuit of new knowledge (McKenna *et al.* 2006). The enduring, overly traditional view of nurse academics neither gives time for, or acknowledges, the requirements placed on nurse academics in the HE organisation which are: to be active in research and publication. However, nurse academics are obliged to design and develop programmes of education that have to respond directly to the regulatory processes of the professional body which validate, audit and prescribe the broader curriculum they should deliver. The role of nurse educator is then not only one of developing the curriculum and transmitting learning with additional responsibility for teaching and assessing practical skill but juggler of many priorities driven by the four key players: the government, the NHS, the universities and the NMC (Carr 2007).

Theories so far suggest that whilst nursing academics and nurses in practice have similar origins, they are not the same. Nurse academics have roles inside and outside HE and are responsible for visiting and auditing nurse practice placements undertaken by student nurses and offering support to workplace mentors during their

time mentoring student nurses. Nurses wishing to work as nurse academics are required to hold nursing qualifications and skills in addition to research skills and higher level qualifications. Research in nursing can be traced back at least to the Briggs Report (1972) and was seen to aid the development of high quality nursing practice. It is still recognised as underpinning the practice of evidence based nursing (NMC 2004; NMC 2010) and is widely acknowledged as dramatically enhancing health outcomes (Cullum *et al.* 2007). The role of the nurse academic therefore has many dimensions combining in a struggle to balance the functions of their role amidst the complexities of research, teaching and maintaining their clinical competence (Meerabeau 2005).

Social capital

Socialisation experiences shaping career trajectories

There is little literature relating to family experiences or social and cultural influences that refer directly to nurse academics. Historically nursing as a profession has many commentators but apart from discourse on the differing forms of nurse education, studies of the development of the nursing profession per se were not considered appropriate for this research. The material reviewed as relevant to this area has been included in the earlier sections of this chapter and highlight findings on topics such as stereotyping, part time status with work life balance and discrimination brought about by outdated attitudes. In view of this, the body of this section looks at the social and cultural influences on women and their careers from a broader perspective.

Socially and culturally women have differing experiences but across cultures, familial support is identified as fundamental in supporting their aspirations (Cubillo and Brown 2003). Family and sibling circumstances can play a significant part in the development of a range of traits with some studies showing a large proportion of successful women are in fact first born and have experienced little in the way of sibling competition (White *et al.* 1992: 142). The wide ranging impact that family can have on an individual's career is examined by Beauregard (2007) discussing how this influence can range from career choices to limitations in career development through family obligations. Internationally the status of women within their respective societies, the impact of their career choices on their future marriageability and the support of their family, particularly the role their father played in encouraging them toward their goals may be indicators of future career success (Cubillo and Brown 2003).

Education and subsequent access to educational opportunities are key features. The majority of women academics in an international study in Malaysia by Ismail and Rasdi (2008) had been to girl's only schools for their secondary education. Girls attending single sex schools, whatever their social class are recognised as achieving better than average overall examination results in the UK (Sullivan 2009). Studies around social class and entry into HE in the UK show that whilst the numbers of children from poorer and more disadvantaged areas entering HE have increased; only 20% of children from more disadvantaged areas go to university compared with 50% of children from better off areas (HEFCE 2009). There is evidence of gender imbalance with women academics in the UK less likely to have a PhD than their male counterparts (Blake and La Valle 2000). Contrastingly in a study of USA presidents in HE, women in senior roles are more likely to hold a doctorate qualification than men (OCCW 2010). The lack of doctorates at academic lecturer level in Europe may be seen to holding women back from applying for senior posts. In contrast Malaysian women are seen to have increased participation in higher education, enrol on postgraduate programmes of education and have gained increasing employment in HEI's yet significantly the majority of these women occupy lower level positions (Singh 1999, cited in ACU 2000).

It is noticeable that children from higher social classes and those who attend Independent or Grammar schools still stand to achieve higher paid and more prestigious roles in their careers (Sutton Trust 2009). These findings suggest that being in receipt of high quality education is fundamental for women wishing to access and pursue higher achieving careers. Whilst education is essential in enabling women to achieve career success, in some cultures education is perceived as detrimental giving 'highly qualified and high achieving women…reduced chances in the marriage stakes' (Cubillo and Brown 2003: 286). Women in leadership positions were found to be more likely to be childless or have fewer children than their male counterparts and be either single, unmarried or divorced (Wajcman 1998). In fact women were indicated as needing to choose between their home and career (Cleveland *et al.* 2000). The study by Jackson *et al* found that several female professors stated that their success was linked to their decision not to take a career break when becoming a parent (2011: 9). This is supported by research from several studies cited by Beauregard (2007: 10) stating that the decision to have children is detrimental to women's career success (Stoner and Hartman 1990; Marks & Houston 2002); and that mobility and travelling for the husbands career is disadvantageous to the wife and her career (Valcour & Tolbert, 2003). Choosing home and family life brings about what has been called the great divide in terms of

women's and men's pay (The Fawcett Report by Woodrooffe 2009: 3) with women more likely to have time out of the workplace for childcare and subsequently return to part time rather than full time work. This pay divide is said to last throughout women's working life and the lesser pay for jobs with lesser prestige evolves into a cycle, responsible for reinforcing gender roles that limit the expectations, experiences and self perception of women.

The Women in Academic Medicine study (2007) study identified barriers to career progression, exacerbated for women such as lack of mentorship and lack of role models. These barriers are replicated in nursing (UKCRC 2007) and whilst it could be argued that the medical profession is stronger in terms of solidarity and power through professorial representation, the study finds that positions relating to organisational arrangements are more likely to be held by men than women (WAM 2007). Nurse academics function in an organisation which privileges masculinity states Meerabeau (2005: 130). Expanding on this Acker (cited in Mills and Tancred, 1992) groups these interactions into: expected behaviour between men and women, the symbolic image of organisations and the 'lean and mean' as masculine. These interactions all have cultural connotations and the impact of these representations serves to highlight the struggle for women operating in such environments. In relation to nursing, figures demonstrate that 1:3 academic institutions offering programmes of nurse education have no professorial posts in nursing (UKCRC 2007). These figures clearly highlight the lack of role modelling opportunities for women in nurse education and the limitations on senior women academics as mentors. Not all professorial posts can offer suitable role modelling opportunities whilst some nurse professors remain who have no PhD and a weak publication record, providing little then in the form of mentor for nurse academics trying to progress in a highly competitive HE environment (Thompson and Watson 2006).

Serendipity rather than career planning was found to be the norm in terms of career pathway for nursing professors (Jackson and Butterworth 2007: 213) and indeed nurse consultants (RCN 2012: 26). As leaders, many women across disciplines in HE appear to have had serendipitous pathways to their current role, with little formal career planning (LFHE 2007: 50; Madsen 2007). The process of recruiting women to senior positions is also questionable when women who were already said to be 'invisible' to the organisation are further excluded through a recruitment process using external private sector recruitment consultants holding fundamental patriarchal prejudices (LFHE 2007: 53). This concept is driven by top management in a masculine dominated environment where men see themselves mirrored in the top

management team (Singh 2007: 6). Women who did achieve senior positions appeared to have developed their careers within norms associated with masculine values in the form of relentless pursuit of career progression (Chesterman *et al.* 2004). A career enabler for women has been described, perversely, as women being willing to assimilate into patriarchal norms of the organisation such as sacrificing a work life balance, adopting stereotypical masculine styles of management and even going as far as exhibiting misogyny (LFHE 2007: 57). It was suggested that although equality policies promote non-discriminatory practice, the process does not allow for the differing interviewee style that women have developed, shaped by their social and cultural experiences. When focusing on women's views of their roles it is felt that the majority enjoy their senior roles, but should by nature of their skills and qualifications, have accessed these roles earlier in their career. This may imply that women face uncertainty when applying for senior roles in as much as their profile may not 'fit' the perceived view of an academic leader. This academic leader tends to have a leadership style lending itself to the masculine management model, a model which places value on extrinsic factors rather then intrinsic measures of success within the organisation. The study by Chesterman *et al.* (2004) also highlights the issue relating to constructs used to measure success; such as effectiveness within role (intrinsic) rather than descriptions of success (extrinsic). Whilst these are distinct categories, they cannot be easily separated as arguably both are interrelated in ensuring the success and longevity of an organisation.

There is little literature relating to family experiences or social and cultural influences that refer directly to nurse academics but nurse academics are known to function in an organisation which privileges masculinity states Meerabeau (2005: 130). Theories so far suggest that generally whilst education is essential in enabling women to achieve career success the foundations are not always in place to ensure the achievement of this. In fact in some cultures to be educated is detrimental to the fulfilment of the social expectations placed on women (Cubillo and Brown 2003: 286). Also women were seen to have to work harder to achieve similar reward. This is supported by the study of USA presidents in HE where women in senior roles are more likely to hold a doctorate qualification than men (OCCW 2010). As leaders, many women across disciplines in HE appear to have had little formal career planning (LFHE 2007: 50; Jackson and Butteworth 2007: 48). It could be assumed that organisations with a pervading patriarchal and macho culture by definition will have little recognition of career needs specific to women.

Conclusion

This chapter has reviewed the literature surrounding the topic area of women professors of nursing and women academics including theories that surround elements of the role, such as management and leadership, in addition to recognised experiences and influences of career trajectories. It also explored the changing role of the nurse academic, building on the changes in nurse education, used to set the study contextually, within the introduction. It shows that the issues surrounding the career trajectory of women nurses to professorial positions are ingrained and complex. Self-agency is identified as key to achieving career success. Nursing and it's move to HE in the 1990's in the UK provided opportunity and potential for those wishing to develop a career in academia but this has been slow to advance and women are still clearly experiencing barriers to progression in careers to senior academic levels. This is evident across all sectors of international and national education, both in further and higher education organisations. The barriers continue to persist even at senior academic/professorial positions.

Despite the majority of studies illustrating that whilst equality legislation is in place, the issue around pay inequality remains, with little interest indicated in pressing any public action forward. Identifying that whilst there is increased recognition of the tensions surrounding the over representation of men in senior positions and roles that contain power, the changes being implemented are slow to take effect. Similarly the availability of opportunities for women to access career development and networking remains unequal. This does little to address discriminatory practice in a male dominated environment, where women are trying to progress in a culture shaped by men. With a lack of suitable mentors and role models clearly identified, impacted by the unequal balance of men versus women in leadership positions, there are distinct barriers. These barriers are a combination of organisational and experiential. In addition, the need for a research profile is essential for academic career progression but nurse academics experience further obstacles when attempting to achieve this requisite, with the dilemma of being tied to the regulatory processes of both the HEI and their professional body in nursing, the NMC.

As the process of exploration and analysis of the literature evolved, a variety of themes emerged in which there were many areas of overlap. As outlined in the introduction to the chapter, these were categorised into sub themes and then grouped into four themes. This process resulted in the formulation of two overarching themes which continued to emanate through the literature and could be put forward as possible main classifications: professional influences and social capital. These

were interpreted as opportunities or barriers or on occasion, both. It was clear the research design needed to either challenge the content of these themes or provide evidence to enable me to investigate how far the content of these themes from the literature, apply now to the women in the study. The areas for research questioning essentially arose out of these emerging themes and these were taken forward.

In summary, the reviewed literature focusing on women in academia throws up several areas of debate that are not answered in the literature. The question about maintaining clinical practice and managing the role of an academic with the expectations of being research active and generating research income was explored during the research study. Similarly too was the question of what it was that enabled some of these nurse academics to develop their careers whilst others struggled to access promotion. It is intended that this study will go someway in providing answers to these and other questions.

CHAPTER THREE– Methodology

Introduction

This chapter explains the research strategy considering both the philosophical underpinnings in relation to eliciting and understanding data and how the research process is influenced by my positioning of self. This strategy was developed following consideration and reflection on ontological, epistemological questions and methodological assumptions taken from those outlined by Guba and Lincoln 1994, cited in Denzin and Lincoln (2000). In this chapter the use and application of narrative is explored, analysed and critiqued for applicability in the planned study alongside an accompanying rationale. The research design is then discussed, including the link between theoretical assumptions and methodological processes and why these processes suit the aims and methodological rationale for the study. I then illustrate how I developed the methodology and subsequently managed the gathering and analysing of data. Finally an overview of the chronological journey of each of the professors and their accompanying profiles are illustrated in tables 3.2 and 3.3 followed by individual pen portraits which provide more specific detail.

The study employed a qualitative approach to explore the experiences of six women professors of nursing, employed across a mix of HEI's, pre and post 1992's (DFE 1992), including a university in the Russell Group and an international HEI. The six participants had a wealth of professional experience. They had all progressed through their careers albeit at a different pace from one another, from their original roles as nurses, through to their current professorial roles. Whilst there was a level of similarity in that they were all professors, their individual roles had differing remits and responsibilities. The nature of a professorial position is that it is either linked to the individual, as in a personal chair, or organisationally based, as in an established chair. There is also the endowed chair, which is funded by an endowment or gift from outside the HEI, the objective of which is to attract a leader in the field to support academic and research development in the relevant subject area. Despite the uniqueness and individuality of the role, a professor is generally acknowledged to have a remit that includes scholarly activity, developing publications and income generation. It is acknowledged that whilst the professorial role lacks homogeneity the role generally includes those traditional duties of scholarly leadership alongside more contemporary management responsibilities (NCUP 2009, NCUP 1991). This applies across all subject areas but professors of nursing are generally referred to as leaders in the promotion of scholarship, whose role should primarily be to lead colleagues and the profession (Watson and Thompson 2008: 981). The establishment of these

professors of nursing is not straightforward in that the data is open to interpretation because whilst all of the participants in the study are nurses by background and all hold the title of professor of nursing that is not true of all professors who are nurses. Therefore the literature review provided methodological insights and it was recognised that new and unexpected findings may have appeared during data collection and the plan was to investigate these as and when they arose. It was clear the research design needed to facilitate the discovery of support for, additions to and challenges to the themes arising from the literature.

Philosophical underpinning

Philosophical underpinning and my positioning of self, described within chapter one and outlined below, detail core assumptions informing research questions, methods and methodology, what Grix terms the 'foundation for the whole edifice' (2004: 57). In view of this and that the intended purpose and desired outcome of a research study impacts on and determines the selection of appropriate methodology; I considered what approach would be best in gathering in depth knowledge about women professors of nursing and how it then could be presented in a meaningful way. To bring this about the methodology must undergo justification for selection and clear philosophical examination (Scott and Usher 1996).

My perspective and aims for the study with overriding ontology, epistemology and methodological belief sited this within the constructivist paradigm; where the ontology of the proposed study was to be locally constructed, the epistemology was transactional and the methodology hermeneutic (Guba and Lincoln 1994, cited in Denzin and Lincoln 2000). Methodology taken from this qualitative paradigm is seen to reside in what Lincoln and Guba describe as the 'emerging paradigm', generating data using a 'general focus of enquiry', implementing 'human-as-instrument' to explore and record the subtleties of the complex, holistic human experience (1985: 193). Maykut and Morehouse (1994) concur, stating that the complexity of the human experience cannot be captured by a one dimensional instrument nor be reduced to quantified explanations derived from artificially divided parts of the whole and as such does not lend itself to quantitative research. Subjectivity has been highlighted as a concern in qualitative research such as this (Lincoln and Guba 1985) yet subjectivity in presenting narrative is unavoidable as 'narrative is meant to be a first-hand account' (Thody 2006: 148). Meaning, derived through understanding and illumination, arises out of this subjectivity, cultural boundedness and filtering of observation (Scott and Usher 1996). This assists in situating the data contextually,

making it meaningful for the reader, encouraging interaction with the story, simultaneously acknowledging the participant within their own story.

I had wanted to explore the individual experiences and careers of the participants and see if there were any similarities or differences in their social backgrounds or other significant factors they had encountered, which had relevance to their careers as professors. There was no scope for artificial division in gathering data such as may be seen in quantitative research when the wider perspectives need examining and illuminating, in order to gain understanding in this under researched area.

Qualitative research is described as having a more constructivist/interpretivist approach with the world existing through the social reality of the individual and its central focus is on studying the individual's words and actions in narrative form, representing the individual's life experience more accurately than a quantitative approach. Quantitative research is described as positivistic with the world existing as independent orderly events. Measurement is objective, performed through unit comparison, using statistical analysis to maintain objectivity. Relating this research study to the world of positivist/empiricist epistemology would be incongruous with the intrinsic ontological assumptions within positivism; the view of the world as an orderly, predictable place. Predictability was not possible in this research study which although a bounded sample, was open and inexact in format; semi-structured rather than having fixed boundaries. In fact, Scott and Usher (1996) report predictive generalisation as impossible when meaning is derived from understanding and illumination, rather than generalisability. Maykut and Morehouse cite the term Arendt describes as 'human plurality' reflecting activity of action and speech and the human need to engage with and be understood by the social world in a common space (Arendt 1958, cited in Maykut and Morehouse 1994: 27).

A phenomenological rather than a positivist position was taken to capture meaning embedded in the participants' experiences, influenced again by my ontological and epistemological position. My preferred form of epistemological knowledge being interaction, talking, listening to personal accounts and as such is 'subjective, soft, intangible and experienced and the ontological position being that of phenomenology, where social reality is the product of the individual consciousness' valuing individual knowledge and views as meaningful (Thody 2006: 100). Meaning produced through interaction is by virtue of the process of hermeneutics, occurring between interviewer and respondent. Life in narrative is interpreted as 'sequences, consequences, time, causality, structure and agency' (Coffey 1999: 128) recording

and interpreting data reflexively, cognisant of the socio-cultural experiences of the researcher and the respondent. In view of my aim to explore how previous life experiences may have shaped the present, I took an interpretivist, constructivist ontological stance, attempting to understand what meaning the participants placed on their experiences and for what reasons they may have taken differing steps. In short, I was accepting what Denscombe (2002: 21) calls multiple meanings, contradictions and endings. The chosen epistemology rested on the understanding that humans generate knowledge and meaning through their experiences; theories and knowledge develop through the research process rather than already being known; human beings are reflective and the subsequent understanding can be individually or jointly interpreted (Holstein and Gubrium 2008).

The methodological stance therefore was phenomenological which broadly focuses on these perceptions or meanings, attitudes and beliefs and feelings and emotions (Denscombe 2007: 75). The participant narrative was captured by focusing on a pre-selected, bounded set of social phenomena with knowledge derived through interaction, by virtue of talking and listening to personal accounts (Clandinin and Connelly 2000). Recording personal accounts brought recall of the individual story where it was unpacked and presented back, capturing a more complete image of experience, assembling understanding and meaning. Using an interpretative approach enabled me to look at the participants' social constructs; their view of their lives and the meanings attached to events and how they felt these may or may not have influenced them. In essence, interpretivism relates to the description and interpretation of how people live and work (Neumann 2000). An interpretative approach fit the research strategy for the study as it was concerned with the individual and works well with small-scale, bounded research (Morse and Field 1996; Silverman 2006; Holloway and Freshwater 2007; Cresswell 2007). Acknowledging the potential for inconsistency in the generated data was essential, whilst remembering that this data embodies how the participants interpret their experiences and view their socially constructed world. The study design therefore, with consideration of all the factors outlined, fitted within the qualitative paradigm and the use of a narrative approach was consistent with the underlying theoretical perspectives. Though I wished to give the participants a collective voice, through which they could make their experiences known as women professors of nursing I also wanted to reveal individual meanings. As Riessman (1993) says: 'narrativisation tells not only about past actions but how individuals understand those actions that is, meaning' (1993: 19). The emphasis on voice is a strong feature in qualitative research (Silverman 2006) and the individual voice was what I had wished to attend

to within the participants' narratives. Using an interpretive, naturalistic approach allowed the meanings individuals bring to phenomena to be interpreted and narrative can be a suitable research method to do this (Denzin and Lincoln 2000).

Locating the research

The use of qualitative methodology in this study is consistent with the methods used by others when gathering similar forms of data. The majority of studies reviewed focused on the qualitative approach and naturalistic interpretation of responses including semi-structured interviews, with life history and observation research (Hall 1996), case study with semi-structured elite interviews and on line surveys (LFHE 2007; Girot 2010), on line questionnaire (WAM 2007), in depth interviews (Strachan 1999; Chesterman *et al.* 2004; Carr 2007; Madsen 2007; Ismail and Rasdi 2008; Taleb 2010), in depth small scale interviews (Wilkinson 2002; Taleb 2010) individual narratives (Cubillo and Brown 2003) and online staff surveys (McTavish and Miller 2009). The online questionnaires and surveys I discounted due to potential that such approaches may limit data generation in respect of the type of rich data I had hoped to gather. Whilst these had been successful in gathering quantifiable data on roles, responsibilities, gender representation and making comparisons between differing institutions; there was a weakness in that they could offer nothing specific on individual academics and their lives. In fact there were no small in-depth research studies that investigated professors or nursing, although a larger survey by Jackson *et al.* (2011) had examined professorial samples from nursing, social work and allied health professionals to look at roles, career pathways and support for professional development.

The issue of representativeness has been raised with on line surveys with recognition that these may bring gender, racial and age imbalance, resulting in non-uniformity of computer skill, impacting on the results of the survey (Dolowitz *et al.* 2008) but I did not feel this would have impacted on my proposed participants as they should, in theory be familiar with computer based research activity. Similarly I decided observation would not provide the material I required as although retrospective observational research may have assisted in tracing back observed behaviours to past experiences, this study was focused on exploring the participants' narratives and have them tell me how they experienced their lives (Riessman 1993). This research study had similarities with many small scale studies, Wlkinson (2002) looked at six women senior academics and Taleb (2010) looked at seven, with both these studies exploring participants' experiences. This study needed to gather rich data in the context of the individual story and therefore it appeared, after examination

and consideration, of all studies examined, to fit with what was understood to be narrative, yet getting a definitive all-encompassing answer as to what narrative was, proved difficult. The next section looks at what is generally understood to fit within the boundaries of what we know as narrative.

Defining narrative

Narrative is increasingly used as a research method. Narrative in essence is the stories of our lives and the stories of the lives of others. Narrative is open to interpretation. This interpretation develops through collaboration of researcher and respondent or story teller and listener. Narrative, explored through interpretive research allows access to the respondent reality via their socially constructed stories. This reality is then interpreted again and presented as narrative data. As a term it is a many sided concept and may relate to both the research method and the phenomenon (Pinnegar and Daynes 2006) or the phenomenon and the process (Connelly and Clandinin 1990; Clandinin and Connelly 2000). Narrative as data acquired through research may be through a narrative approach or utilise a particular branch of narrative inquiry such as storytelling, life history, in depth interview, biography or focus group (Letherby 2003). The terms of narrative approach, life history, autobiography, biography and life story have many areas of overlap (Denzin 1989: 47). These definitions highlight not only the similar features within narrative and but also the lack of neat categories. The use of narrative although fitting the aim of the final research study remains a many-sided concept and as such can be used in a variety of research contexts. In order to illustrate how I assessed narrative for the unique features and applications, the next section is structured in four sub-sections, the first of which is 'types of narrative inquiry'. This looks at the meaning of narrative, as a research method and a vehicle for providing the individual's story, then discussing life history, life incidents, storytelling, biography, autobiography; affording the opportunity to outline the distinguishing characteristics of each approach whilst identifying potential for overlap. Next, 'Collecting narrative data' reviews the possibilities of interviews, diaries and secondary sources, discussing the pros and cons of each source of data collection. This is followed by 'Presenting narrative data' which looks at the variety of ways narrative data might be presented including thick transcript, poetry, plays, video clips, audio clips and diaries. The final sub-section summarises this exploration of narrative and provides the rationale for the use and applicability for a narrative approach in this study.

Types of narrative inquiry

Narrative approach

The concept of narrative arrives from a long history of literature tradition and Silverman (2006:164) discusses narrative in relation to Saucerres science of signs and Semiotics. This science views linguistics as language made up of groups of words each with culturally relevant meaning attached to it and as such, linguistically crafted (Polkinghorne 1988: 13; Silverman 2006: 250). As we narrate our story, we create and express it through language (Gee 2005), facilitating the sharing of belief systems and the positioning of values with powerful instruments ordering human experience (Barthes 1975). Narrative as an approach presents the story of our experiences and has been defined as first and second order (Carr 1997). The first order is the telling of the individual's story, the ontological narrative. The second order is the researchers' account of other stories, presenting explanations of social and cultural knowledge, depicting what Somers and Gibson (1994) term the representational narrative. This is highly relevant in a research study such as this, which records individual narratives and following analysis and interpretation, represents them as contextually set stories.

Narrative is defined by Plummer (1995: 24) as either: individuals interacting, narrating everyday lives and conversations or the individual within their social environment and society. As a result narrative is either presented in the first person, as the first person's story or relates to characters in a story, told by another. The narrative approach pertains to form and structure as well as the discovery of social information and is employed within the qualitative paradigm (Silverman 2006). The ultimate aim of research using narrative is the study of human experience (Clandinin and Connelly 2000). The presentation of narrative generally forms a linear style, commencing in a certain place and then moving forward logically having a beginning, middle and end (Denzin 1989). It can be 'neat and tidy' (Goodson and Sikes 2001: 46) in stark comparison to the ubiquity of real life experiences. This ordering of experience (Barthes 1975) into a logical structure assists in data collection but may occlude the full story, expressing the respondents preferred experience or one they feel is most relevant to the researcher (Silverman 2006: 167). Narrative is developed within the context of discourse and discourse conveys cultural norms, attitudes and beliefs (Gee 2005). Data can be highly subjective displaying what Czarniawsa (2004: 50) terms 'cultural repertoire' and 'familiar narrative construct'. As a result, Silverman (2001: 105) suggests narratives emerging from interview come from the social world; a world that exists outside the interview.

The increasing popularity of the individual voice is attached by Goodson and Sikes (2001: 15) to '…the move away from modernist, master narratives and the emancipation of self, acknowledged as subjective and individual'. These individual accounts are our stories as we understand them and want them to be understood.

> Personal narratives are very explicit ways of representing reality, because tellers choose what to include in them. Individuals create who they are, and the definitions of their situation that they want listeners to adopt in their biographical accounts. Narratives are reductions and distillations too, because they make the complicated upheaval of our world, at least in part, orderly, predictable, and bounded (Riessman 1991: 44).

The participant and researcher generate data shaped by an inter-subjective reality in what Clandinin and Connelly refer to as three-dimensional inquiry (2000). The presence of this inter-level is discussed further in this chapter, when a combination of narrative being told, researcher 'personal knowing' and 'effective attending' (King 1996, cited in Pole and Lamphard 2002: 143) all meld together to build a story, recognisable to both participant and researcher. As a result, interpretation can be used to create knowledge from narratives. The deconstruction of the resulting text, symbols and phenomena is accessible to the researcher for interpretation of meaning (Derrida 1984). The notion of multi-dimensional text places interpretation centrally in narrative. Blaikie (2000) suggests that joint collaboration between researcher and respondent generates meaning, which in turn is a construction of social reality. Establishing definitive meaning from this multi-dimensional space is difficult and subsequently, the reader will never be assured of the objectivity of the text (Barthes 1977: 146).

Life history

Life history emerging from the earlier disciplines of biography and autobiography, has been a distinct method since the 1920's when increasing interest unfolded in fields of sociology and anthropology (Burgess 1984; Gubrium and Holstein 1997; Goodson and Sikes 2001; Silverman 2001; Silverman 2006). Its focus differs from biography although it is accepted that the terms overlap (Hagermaster 1992). Goodson and Sikes (2001: 7) state that 'conducted successfully, life history forces a confrontation with other peoples' subjective perceptions'. This approach highlights the respondents' social reality, looks at the perceptions of the individual, their socio-cultural background and then interconnects this individual way of living and being with the research question. The life history renaissance is demonstrated

in feminist, naturalist and humanist research studies (Denzin 1989). Life history, chronologically, may be limited to particular life events or experiences and include the study of life documents or individual interview. Life history can be 'retrospective or contemporaneous' (Hitchcock and Hughes 1985). Retrospective emphasises the past and contemporaneous the present or recent past. Contemporaneous, whilst using a current temporal range acknowledges the influences that shaped the individual exist in the past. Data generated through respondent reflection and recollection from memory is by definition subjective and one sided. The respondent moves backwards and forwards through their memory, recalling experiences and information, reflecting and developing data through a process of cross-referentiality (Miller 1999). Life History observes how the individual copes with and is shaped by their experiences; life events are the real features that interest the researcher (Pole and Morrison 2003: 35). The distinguishing feature of life history is that it embeds the individual being researched. It sets them contextually within their life and experiences.

Life incidents

Life incidents are significant in that they are events which impact on an individual's life. They are described by Denzin (1989: 23) as 'turning points' that may alter the structure of a person's life. He calls these 'epiphanies' and outlines how these may have different levels of significance. He categorises these epiphanies in four forms: the major epiphany, the cumulative epiphany, the minor epiphany and the re-lived epiphany. He writes how they can be positive or negative, arise from crisis or change, present in a variety of forms but receive their meaning retrospectively (1989: 71). Further in this sub-section the use of life incident, which Denzin (1989) terms 'epiphany' is discussed in regard to application for biographical research.

Storytelling

Storytelling is a vehicle often used in sociological research in which the individual tells others about themselves. Through the story that is told and the form in which the story enfolds, the individual defines meaning through construct (Berger and Quinney 2004). This meaning provides validity, which comes from the power of the individual's story to tell the meaning of their experience (Berger and Quinney 2004). Storytelling is described as a narrative feature in which the individual can tell their story, their way (Holloway and Freshwater 2007). This is further defined by Denzin (1989: 43) as 'self-stories' which are 'personal narratives' and contextually specific. Denzin describes how 'self-stories' are stories that evolve through the telling, they do not exist independently prior to the telling, but the story 'after it has

been told, can take on the status of a story that can be retold' (1989: 43). He suggests that personal narratives may take the form of personal experience narratives. Separating personal experience narratives and self-stories he says that the former are often everyday more commonplace experiences whereas self-stories position the self centrally to the story and often involve critical life incidents (1989: 44). Storytelling may form a story in relation to an individual's experience or thoughts. It may present as an oral history if the focus of the research is to obtain an oral account of an individual's life and in this is similar to biography (Morse and Field (1996).

Biography

Biography is a unique narrative record of an individual's life often chosen to record major life events (Denzin 1989). The biographical approach builds information up to provide an overview of the events that have shaped a person's life resulting in a complex analysis of emotion, experience and personality. The category of biographical writing is broad and includes sub-categories of: individual biography, autobiography, life history and oral history (Hagermaster 1992; Cresswell 1998). These are often placed within a typology of narrative (Holloway and Freshwater 2007). Cresswell (2007) describes how the biographical approach centres on the individual and illustrates how a life incident or epiphany as Denzin (1989) names such an occurrence has influenced their life. In summary biography is an account of someone's life, often described as presenting the view of others, the writer's interpretation and perception, in contrast with autobiography which is said to be the voice of the individual central to the study (Holloway and Freshwater 2007: 17).

Autobiography

Through autobiography individuals define themselves, through their own voice to connect 'the present with the past and the future' (Holloway and Freshwater 2007: 17). Autobiography has been described as a form of reflection by Daiute and Lightfoot (2004: 75) with 'the text' as 'one's own creation, one's own imaging and imagining of the past'. They discuss how autobiography may reflect the needs of the storyteller in extracting meaning and emotional closure from their story. Denzin (1989) adds another dimension describing autobiographies and biographies as 'conventionalised, narrative, expressions of life experiences'. He suggests they 'shape how lives are told' and create 'real appearances of real people'. Highlighting the presence of structural bias in stories and that all stories are in fact fictions (1989: 75). Denzin's view is that all stories are 'open ended, inconclusive and ambiguous' and 'subject to multiple interpretations' (1989: 81). In

autobiographical research studies, the researcher often has control over what data is discussed and presented. Active construction by the respondent can ensure a productive result in data generation (Holstein and Gubrium 1995: 39).

The previous sub-sections define narrative as an individual method and as a vehicle used to deliver the telling of individual's story, illustrating the areas of overlap. The narrative approach has many applications and Kohler-Riessman (2008: 3) alludes to the formidable task of attempting to give a definition that covers all of these. Going on to say that narrative is synonymous with story, she tells how a participant would link events they considered responsible for their actions with meanings the researcher would want to take away from the interview. In her view narrative concerns 'events perceived by the speaker as important [which] are selected, organised, connected and evaluated as meaningful for a particular audience' (Kohler-Riessman 2008: 3). Subjectivity features heavily in the use of narrative as does the importance of the story being told, what has influenced the story and how the individual imposes meaning on to their life experience. Narrative can be described as both a singular research method and a sign post to the data content, derived from a typology of narrative approaches.

The length of narrative, life history, autobiography, biography and life story may overlap, they 'define one another in terms of difference' and 'every term carries a trace of the other terms' (Denzin1989: 47). These definitions highlight not only the similar features within narrative and but also the lack of neat categories. Why then choose the narrative approach? As I have outlined, narrative inquiry may be constructed in a variety of ways, of which autobiography is one. Biography is similar in that it is the story of the life of an individual, written by another, but I did not want to record the larger life story, I wanted to explore the individual's account of specific experiences and through interpretation, consider how this may have influenced their professional life. I was interested in life history in respect of what an individual had experienced, but I did not necessarily want to acquire life history data, although life history chronologically can focus on particular life events or experiences. The distinguishing feature of life history is that it embeds the individual being researched contextually within their own particularistic life experiences, with the finished product often ending as a mini-autobiography (Atkinson 1998). Whilst this study acknowledges the significance of life incidents, described by Denzin (1989: 23) as 'turning points' or 'epiphanies' that may alter the structure of a person's life, this study focused on the meaning this held for the

participant, how their life then evolved and the implications for others in similar circumstances, rather than embedding the participants in their individual lives.

The previous discussion of the different types of narrative inquiry illustrates their central features and application. In deciding, I examined the individual strengths and weaknesses of each and considered these against the thematic framework of professional influences and social capital; through that it was concluded that the need to understand how the earlier life experiences might influence career choices would be achieved most successfully through the use of narrative approach. Narrative produces knowledge about human experience (Clandinin and Connelly 2000) and emerges from the social world outside of the interview (Silverman 2001). As a result narrative methods give the individual the chance to present their story, their influences and how they managed these experiences during their life. This individual story was the basis for this research study, the stories of the women professors of nursing and narrative methods are chosen by researchers who are interested in real people, real life events and the stories told by and told about these individuals. In conclusion the use of narrative approach was an ideal method to gather data on the chosen topic, generating stories as the participants understand them and want their stories to be understood rather than imposing explicit boundaries by the use of other forms of narrative inquiry.

Collecting narrative data

Collecting data from interview

When interviewing, the researcher has pre-determined specific aims relating to the type of data to be gathered and so the interview structure is designed to provide illuminative answers supportive to the line of enquiry. These various forms range on a continuum from structured to semi-structured through to unstructured. Structured uses pre-determined questions, recording the answers in a standardised format, likened to the use of a questionnaire. Semi-structured uses questions prepared in a structured format adapted or reframed throughout the course of the interview. Unstructured commences without any pre-designed structure, the interviewer allowing conversation to develop whist using intense listening skills. Unstructured are often used when the researcher's knowledge of the story is minimal, allowing the respondent to tell their story. Semi-structured interviews are used in a variety of forms and often favoured by feminist researchers being thought to actively involve participants in 'construction of data about their lives' (Graham 1984: 112).

The terminology used also construes meaning and those being interviewed may be called respondent or subject, which imply a level of passivity in the research relationship or participant which implies a more active and equal relationship (Holstein and Gubrium 1997). Further classification of interview has been detailed as respondent or informant interview (Powney and Watts 1987). Respondent is a modernist production led approach, providing control to the interviewer and is used in fully and semi structured interviews. Many researchers using respondent interviews may disagree with this modernist frame but the principal feature of respondent interview *is* the interviewers' agenda. Contrastingly informant interview gives agenda control to the interviewee who is encouraged to explain their perceptions in relation to a specific issue at the interviewees pace. This may be viewed as a postmodernist, knowledge led approach embracing heterogeneity and sharing of information. Acquiring data to answer detailed research questions may however prove difficult without a clear but flexible framework. For this research study the term participant was chosen to represent the individual as one participating in an active multi-dimensional process.

Collecting data from life documents

Documents can be used as either the singular method of data collection or be supplementary to interview. There are many forms of life documents. Alaszewski (2006: 2) defines diary as a document developed by the individual, in which incidents, impressions, interactions and events are regularly and more importantly, contemporaneously recorded. He goes on to explain that diaries can be used flexibly in either the public or private domain. Public: referring to a log, recording simple information and private: recording more complex activities, personal reflection and individual thoughts. These diaries may be written for different audiences. When describing the format for diary use, Alaszewski suggests that the format should 'reflect the aims and objectives of the researchers' (2006: 79). By this he means the diary can be a tightly controlled data collecting tool, a pre-recorded resource to supply data for research or a diary to support interview through the diary-interview method. He identifies diaries as having strengths in accessing 'hard to reach or hard to observe phenomena' and 'overcome memory problems', reducing potential for bias (2006: 113). He outlines the weaknesses as cost, in as much as diary research can be labour intensive and selection bias, in that those who have written a diary had a reason for doing so or omitting to do so. A diary may also relate to an individual in a certain social position presently or historically. Finally he tells us that diaries tell us what the narrator, who is

'responsible for creating the text' (2006: 115) wanted us to know. This potential for bias, as in other narrative research methods is a common cause for concern.

Collecting data from other forms

Documents have various other forms and as McCulloch (2004: 129) outlines, these may be in primary or secondary form, they may be solicited, unsolicited, paper-based, virtual, archival records, books, news-papers, periodicals, works of fiction, official data and proceedings, reports and letters. Documents in a variety of forms can be useful in substantiating and validating research findings. McCulloch tells us how they can be used singularly or in combination with each other or other forms of research for the purposes of triangulation. They give 'unique insights' into the detail of individual lives particularly in reference to diaries, autobiographies and letters (2004: 127). In McCulloch's view, documents provide researchers with knowledge of the public and private and of features such as social life, social structure and evidence of life and times. When studying these documents it is important to note that they also tell a particular story. This is what someone wanted us to know and was written for a reason, from a particular perspective with the narrator responsible for the text. When using historical documents it must also be noted that historical data is grounded in its own authenticity and privilege.

Letters are often used in research and provide information about relationships, context and experiences. They set the respondent in their life experience and provide illustrations of their engagement and interaction with others. Suicide notes have also been used in research gain insight (Drew *et al.* 2006: 67). Drew goes on to describe how language is used in the moral undertone of documents. Suggesting this is especially true in media reports where differing political stances represent different moral perspectives on events. Findings suggested that the text was constructed using language blaming the opposition; as a result, reports of researched events were politically and socially constructed and ultimately biased. The narrator in Drew *et al's* research, as in approaches discussed earlier, has responsibility for the text, subtly telling us what they wanted to know and what they wanted us to think of others. Ultimately it is the sense people make of things rather than the facts appearing that is most influential (Drew *et al.* 2006: 66).

Weblogs are a more recent form of document or text useful for research. Marlow (2004) describes weblog, a commonly known term joining web and log as a new form of social interaction on the web. Weblog known as blog is a societal network with users involved in casual interaction through the medium of the web with no

requirement for face to face interaction. Marlow discusses how blogs have become a social link for users, connecting individuals through numerous links, hobbies, geography, gender, work and family ties. In contrast to earlier studies he suggests they can now be viewed positively in providing a form of social capital. The virtual relationships that develop through these blogs use a form of social interaction and this can play a role in social construction of both the self and views of society. All these dimensions are of interest to the narrative researcher. Recording thoughts through blogs, shaping personal identity and the construction of reality is discussed by Chandler (1998). Likening blogs to written documents rather than the conversation based interpersonal communication, he suggests they lack the non-verbal cues presented in face to face conversation. Saying the difficulty in representing oneself contextually in blogs is similar to the contextual difficulty of gathering data from books or documents. Contrastingly changing context is not a problem in face to face interviewing. Marlow talks of the virtual self as not a recent phenomena occurring with the advent of the web in 1993 but as a face of personal identity that has been present for as long as individuals have written their own personal stories. Discussing the purpose of blogs and self-advertisement he outlines how they are examples of interaction with words and the form in which the author has used their materials. The difference today is that these identities have never been available to so many, so rapidly and so publicly.

The public versus private domain is discussed by Bromseth (cited in Morrison 2002: 46) writing about the ethical dilemmas and methodological approaches in the immediacy of information availability. The need for 'best practice' to be adhered to in performing research is highlighted. The corresponding need to define the purpose of why data was collected as it may have been generated for discussion purposes only and not permitted for research analysis. Relevant photographs may also be used as documents for research purposes. Their use can be illustrative or for prompting respondent recall and may be used as a research tool to open up dialogue on particular experiences or topics. Likewise films, audiotapes and video are purposeful in stimulating discussion and also as a form of presenting narrative data.

Other forms of research study and presentation are possible such as poetry, plays, video and audio clips, all of which have individual strengths and weaknesses. Prendergast (2007) explores the value of poetry in qualitative research and how it has the power to express understanding, move and enlighten. Her work outlines how in almost half of her findings the poems are autobiographical in nature,

revealing the authors life experiences and perspective. Poetry can convey emotion but Thody (2006: 149) outlines how conveying factual data alongside emotion is problematical. The performance or written approach must be carefully considered as the written form may not always be the best for projecting emotive content. Prendergast (2007) acknowledging this difficult issue found that almost all the poetry in her research was created as a response to an affective emotional experience. The suggestion being that these could be accurately re-presented as dramatic monologues as they draw more on the narrative voice of drama than the symbolic voice of poetry. Prendergast also examines the use of drama, dance, music, photography and other visual art forms in enabling individuals to express their story (Prendergast 2007). The presentation of narrative as an individual's story (Huberman and Miles 2002) readily lends itself to these presentational forms. The mode of drama, video clips, music and poetry enable and emphasise projection of voice and non-verbal communication. The mode of photography and other visual art forms allow visual replication or representation in more readily accessible forms to the onlooker. These may all be presented without researcher commentary, leaving them open to interpretation. Or alternatively accompanied by commentary either ongoing or in part, to aid understanding. This accompanying commentary would have the added benefit of overcoming the problem of how to convey factual data through art and music forms. If the narrative were of one participant rather than the small purposive sample, a more creative approach may enhance presentation. Looking at the work of Huberman and Miles (2002) it can be summarised that whether listening, attending to, transcribing words or even photographs, the art of interpreting is constant. The text whether it is presented in written form, diary, as drama, poetry or photographs is multi-dimensional and as such, open to interpretation by the reader with no single dominant interpretation.

This research study focused on the narratives of the participants, their first hand accounts presented to me and the most fitting approach was decided as narratives recorded through interview, examined through narrative analysis and presented in text form. When considering this it was crucial that I as researcher should apply a level of reflexivity and be aware of my influences and bias as highlighted. This 'personal knowing' is located within a post-modern approach to epistemology, which sees the researcher sited within the research through the interaction with the study, the participants and the interpretation of their worlds. Mine is a unique experience and is not the experience of others and although similarities may be present I have situated myself alongside the text, rather than centred in it. When recording the different accounts it became apparent that all individuals had their own ideas of how

they achieved career success, some readily measurable, others less so and individual interpretation featured heavily. In interpreting the narratives it was essential through reflexivity that my own experiences, whilst useful in aiding understanding of contextual issues were put aside and the truth of the participants' experiences sought out in order to re-present the individual stories accurately. We cannot access a participant's experience directly, we can only access the story they present to us as their representation of the experience, however ambiguous (Riessman 1993: 8). This approach has similarities to Elliott's (2005: 12) first and second order narratives, which were decided fitting with this research study and supported further by Sikes describing 'qualitative research [as] not so much story telling as truth re-presenting' (Sikes 2000: 267).

This notion of truth is further discussed by Kohler-Riessman (2008: 184) within the framework of validity, expounding on truth and the accuracy of the participant narrative as well as the validity of the data analysis. The broader discussion on validity of data analysis takes place toward the end of this chapter in the section titled data collection, transcription and approach to data analysis (Miles and Huberman 1984; Pole and Lamphard 2002; Cresswell 2003; Elliott 2005; Silverman 2006). In respect of seeking out truth, narratives collected from participants could be seen as particularly susceptible to difficulties in corroboration and accuracy. Denscombe (2007: 200) suggests looking for and drawing themes from a number of the interviews, rather than relying on one interview, recommending using all quotes literally, in the participant's own words. The findings can also be examined further for accuracy and relevance by re-examining the literature review, although this might be problematic and fail to assure accuracy, in a subject area that is relatively under researched.

The text bringing an 'infinite number of constructions' developing a 'multiple reality' (Lincoln and Guba 1985: 83) may present difficulties with assessing reliability and accuracy of data. Holloway and Freshwater (2007: 105) discuss 'trustworthiness and authenticity' as a common concern in measuring participant and researcher reliability. Participant inaccuracy may be due to unreliable memory and misunderstanding rather than deliberate deception. Exaggeration and distortion may be due to the participants' subconscious or conscious need to reconstruct the event or reposition themselves in the incident. Narratives containing deliberate lies do not lack merit state Holloway and Freshwater as 'even when lying, storytellers illuminate aspects of their world because they lie for a reason' (2007: 105). On a more individualistic level 'participant inaccuracy may not be intentional' (Holloway

and Freshwater 2007: 105) and may be due to the participant's need to reconstruct the story. Omission may even be due to the participant assuming researcher familiarity of the topic (Burgess 1984). As listeners, when we hear a story we are aware that this may not in fact, reveal the complete picture. Critically, Clough (2002: 13) notes that beneath all stories is another layer of story which has not yet been realised or to which we have not yet got access. Building on the physical presence of this other layer, this chapter moves on to discuss how this was managed within the interview method section. The researchers professional position is discussed by Platt (1981) reporting the general assumption that the researcher differs socially and professionally to the respondent and how this idea is challenged in peer interviewing. This insider view is welcomed by Cresswell emphasising its value in understanding the 'lived experience' (Cresswell 2003: 15). Platt, discussing the variety of interview approaches, concludes there is no one prescription for the interview model and the weaknesses and strengths are interlinked (1981: 89).

The focus on the life experiences of these women and the relation to gender necessitates discussion of feminism. This study utilises a feminist approach within its methodology but one that works toward giving voice to women and their professional and personal experiences rather than fostering longer term engaged and more intimate interview relationships (Oakley 1981; Bloom 1998). Feminism, whilst not a dominant theory in this study, is interwoven throughout the narratives and indeed the analysis of the review of literature produces a feminist account, as women's experiences are the central focus of the research. Feminist methodology has several central concepts. 'Feminism is both theory and practice' states Letherby (2003: 4), saying that this praxis commences with developing knowledge that will improve the lives of women and will challenge existing silences. This research has been undertaken from a feminist perspective and I consider myself a feminist in that this study gives voice to a group of women not visible in other research studies. The action of this may be transformative rather than that of a 'moral imperative' (Kleinman 2007: 3). Whilst I as researcher did not primarily seek to uncover gender inequality during this study, throughout the literature review there was convincing evidence that this was taking place. I wanted to look at working lives through a 'women centred lens' (Gosetti and Rusch 1995: 15) and where gender inequality impacted on the participants' lives, it was uncovered in the narratives. Equality practices are well documented and in place within all employing public organisations. The ratio of women employed in HEI and health is also steadily increasing yet how

far these go in providing opportunities and breaking down hidden barriers is open to question (McTavish and Miller 2009; WAM 2007).

To give voice to the professional and personal experiences of these women I commenced interview with enquiry about the participants' current situation and then their experiences. They gave information about their current role with the response then tending to move back to childhood and family life then move on to career development. This provided logicality, giving structure to the story and provided a beginning, middle and end. It seemed to provide a framework that would go someway in ensuring that aspects of the participants' social and work life were included. The social world does not always reflect this structure, but the lifespan does consist of these stages, complicated with experiences and influences along the way.

Ethics

Research studies can provide scope for potential opposition of interest between the personal views of the researcher and that of the participants. Denzin and Lincoln (2000) recommend taking extreme care to avoid any harm, to either the participants or the researcher. All research designs raise areas for potential concern about privacy and anonymity but the tension is greater in a qualitative research study due to the closer relationships that develop during the research process (Blaxter *et al.* 2006). Narrative research opens up additional potential difficulties in that the interpreting of narratives can never be free of the researcher and the subsequent re-storying can be powerful in the aftermath (Josselson 1996). In anticipation of these issues arising there are a number of rigorous policies, guidelines and committees that oversee and guide research activity. The British Educational Research Association (BERA) Guidelines (2004) emphasise the principles of ethical respect for the person, knowledge, democratic values, and quality of educational research, appropriateness of methods and presentation and publication. The guidelines are set out with clear responsibilities for/to the sponsors, participants and educational researchers. In addition the University of Lincoln has guidelines relating to the respect for persons, beneficence and justice which can be understood to mean to do no harm and maximise benefits from research (University of Lincoln – Undated).

To ensure I received informed consent and that the participants fully understood what they were agreeing to, I followed up my initial email invitation by sending the participants a participant's information sheet (see appendix 1.). This sheet provided written information on the aims and parameters of the study, including a consent

form, which they had to sign and return to me. The research study timescale was also explained. The option for the participant to withdraw was outlined and the right to view the transcription was highlighted. Dissemination of findings was discussed with the participants and the potential that the thesis findings would be written up for the publication via a journal article was highlighted. In respect of consent, ethical issues were discussed and permission obtained to use material gathered for the purpose of this study and subsequent publication of the study only. All participants were offered a copy of the transcripts and final study, if they so wished.

Ethical issues are a concern even in studies such as this, where both parties have experience in undertaking research. Both the researcher and the participants need protection and the setting of ground rules in response to recognised ethical guidelines (BERA 2004), ensures both the research process and the use of material following completion adheres to approved guidelines. Glucksman (cited in Maynard and Purvis 1994: 144) argues that the researcher holds all the power in research interviews and Platt (1981) discusses the positioning of the researcher. However a reversal of dynamics, may have been brought about to a small extent, with what Glucksman (cited in Maynard and Purvis 1994: 157) calls an 'inequality of knowledge' where I as researcher was less knowledgeable in conducting research than those being researched. Their understanding and experience in conducting a research study was greater than mine, but I had developed the area of questioning from my own standpoint.

The concept of consent incorporates anonymity, confidentiality and links to the notion of professionalism (Bowling 2009). The anonymity assurance relates to the participants and their places of employment. This was managed by changing the names of the participants for the purpose of confidentiality to Anna, Carolyn, Dinah, Helena, Rosalind and Jane. These names were pseudonyms chosen as an equivalent to the participants' real name (Grinyer 2002). It was also necessary to avoid any possible reference to the place of employment or identifying it through location. This was achieved by refraining from referring to any geographical areas of employment and also not naming the other country that a participant is now resident in, simply referring to it as an international HE. Whilst this may seem to have a negative effect on locating where the participants sit within the landscape of nursing, it is likely without these assurances the women would have not have agreed to be interviewed. They were all well known professionals with profiles that could potentially be affected and it had already been identified through literature review that the pool of women professors of nursing is a small one. The participants were

assured confidentiality. The concept of professionalism relates to maintaining good reputation and can relate to the research community or to the individual and their professional conduct (Blaxter *et al.* 2006). Denscombe (2002: 175) discusses professionalism and how researchers need to understand what ought to be done and not done.

In order that the participants could check the organisation approving and supervising the study, names, roles and contact details of myself as researcher and my supervisor were provided on the participation information sheet. In adhering to this I adopted the university's own ethical principles for researchers, which refer to data accuracy, ethics, authorship, conflict of interest, beneficence, professional codes and handling and storing personal information. Steps for data storage and the protection of anonymity and confidentiality were clarified. All collected data was stored in a locked cabinet within a locked room and no personal details accompanied the generated data. The permission sheets were stored in a separate cabinet but these only had signatures on them and did not provide any place of work or other revealing details.

The desire by the researcher to gather valid and exciting narrative data through the interview can conflict with the desire by the subject to restrict the overly revealing data (Blaxter *et al.* 2001). This was addressed through gaining appropriate informed consent and ensuring the research study adhered to ethical guidelines (University of Lincoln – undated; BERA 2004). All processes outlined in this section were in the original research ethical approval application which received ethical approval from the departmental committee in which my study originated, through the university ethical approvals process. I also received approval and permission in the form of signed consent, from all those participating in the research.

Data collection strategy

In choosing the sample for this study it was essential to recruit women who had been on the professional register as nurses and were currently in roles as professors of nursing. There is no national database holding information on the total population of professors of nursing although there is a professional database of all nurses who hold professorial titles (RCN 2009). When examining this it appeared less that 15% of nurses who were professors, were clearly defined as professors of nursing, therefore to ensure accuracy and relevance all searches had to be backed up by internet or telephone searches. The professional body for example only hold data on nursing qualifications, geographical location, age and gender for nurses on their

register (NMC 2008). Similar difficulties were faced when undertaking such research by Jackson *et al.* (2011) in their study looking at professorial roles across nursing, allied health and social work. They examined the data bases across all UK universities and that of the Royal College of Nursing (RCN) and found that professorial titles did not necessarily allow identification of professional discipline. The reason being that there is much diversity in the formalisation of the role and whilst most are called Professor of Nursing, they may have titles that extend to include their specialist practice remit or research activity. Similarly the professorial title has on occasion been bestowed as an honorary title, although not that of professor of nursing. These very issues were alluded to by Thompson and Watson (2006) in their article Professors of Nursing: what do they profess? Exploring the nursing professoriate in their capacity of leaders they questioned the 'ease in which the title is sometimes obtained and the activities that are purportedly promoted within the role' (Thompson and Watson 2006: 981). There are a small number of professors of Nursing without a higher level of research training acquired through PhD, yet this is generally accepted as an essential qualification for professorship (Rolfe 2007). With these variables in mind I concluded that drawing up a simple list of nursing professors was not feasible.

I therefore decided to access the participants through personal invitation after scrutinising HEI's staff lists for professors of nursing and examining profiles of possible participants, looking for current roles, professional nursing background similarities, PhD achievement and career history. I contacted twelve potential participants directly via email, through their employers' email address. Saying that 'there is no hard and fast rule for sample size' Morse (2000: 3) supports a sample of between six and ten participants in studies gathering in depth data. Although it was intended that the study would be small scale and probably examine six participants, it took twelve requests to recruit six participants, as over time, all agreed to participate but then six did not allow me to arrange dates for interview. This was felt to be possibly due to work pressures within the changing economic climate and I did wonder if they were concerned about future exposure, although this was not expressed. In an attempt to encourage them to see how my study would fit within the field of available literature I sent them all a participant information sheet to familiarise them with my research interest in them, but in the end only six agreed to participate. On reflection, although it provided me with logistic and timescale difficulties, my flexibility and willingness to travel to any preferred location at any time, significantly enhanced these limited opportunities for success.

The resulting sample of participants derived from a mix of pre and post-1992 HEI's. Their current chair status was not specifically scrutinised before the invitation to participate was offered and it was thought best to see how many positive responses were provided and then review the range of participants, if needed. The end result provided six participants of which two held personal chairs, three held established chairs and one held an endowed chair. The three established chairs were held in post-1992 HEI's and the endowed chair in a pre-1992 HEI. The two personal chairs were held in pre-1992 HEI's, one of which is part of the Russell Group of HEI's. Once I had received consent, in preparation for the interviews I then undertook further documentary analysis on the prospective interviewees by online research, looking at career history, research committee membership, publications and scholarly activities where information was available. They had all held employment within other HEI's either at lecturer, senior lecturer, reader, research fellow or professorial positions. All held doctorate qualifications. The participants were also mixed in an age range of 40-60 years of age and all were in long term relationships with children. I felt this information gave me a picture of my chosen sample and also knowledge to check gathered data against, after ascertaining reliability. Whilst the sample showed some similarities they also had many differences.

The participants chose their interview dates and the five face to face interviews with Anna, Carolyn, Dinah, Helena and Jane took place in the format where I travelled to meet them individually, in their own employing HEI and the remaining interview with Rosalind was performed through email contact. The venues for interview were chosen by the participants and were mainly all conducted in individual offices, except for one participant, who had building works going on alongside her office. When she became aware of this situation, she then relocated us to a private room down the corridor. This route of access afforded a further reverse dynamic where the researcher is seen to hold the power (Platt 1981; Glucksman, cited in Maynard and Purvis 1994) and the participants became host, whilst I the researcher acted as guest. The offices I visited seemed to me to have as much individuality about them as any academic office. They had much the same type of décor, mainly books and folders, with a few personal postcards or family photographs, similar in fact, to any other I had seen. My role as outsider was in conflict with my role as insider, in as much as although the locations and venues were new to me, I had seen many academic offices before and subsequently was not aware of anything unusual. When everything around me, both on an emotional and physical level is as I expect to find it, I have learnt from my practice as a clinician to focus intently on what is being said or often, not said. I focused on the participant and the interview I was about to

conduct. Whilst this immersion through an insider view is recognised as valuable, it has been described as having the potential to limit emic perspective (McEvoy 2001; Cresswell 2007). I saw familiar sights and chose to look no further, for example in all interviews we sat with at right angles to the desk or with the desk between us. There was room to do little else in these offices, in sizes similar to my own and this seemed to me, unremarkable, but on reflection this familiarity may have impeded and narrowed my view, causing me to overlook differing individual details that may have added to the generation of knowledge. The outsider view therefore could be argued to attain more exploratory data from a more objective view of the participant (Pugh et al 2000) but Hammersley and Atkinson (1995) state there are advantages to both emic and etic perspectives. The resulting advantages of the insider view being the researcher's knowledge and understanding of cultural norms, which may positively facilitate access, assimilate understanding and shared discourse leading to richer data. This is where I rate my insider view through focus and immersion as valuable; it provides opportunity to discover what Blaikie calls the insiders 'socially constructed reality…penetrating the frames of meaning within which they conduct their activities' (Blaikie 2000: 251).

The interviews were intended to generate rich data through the participants' narratives, telling me their views of their world and what had influenced them. It was important that whilst there would be a level of individuality in each participant response, they should at the same time provide an answer that would have some comparability to others. Whilst forms of interview range from structured to semi-structured, semi-structured interviews are often favoured by feminist researchers being thought to actively involve respondents through a more reciprocal approach (Graham, cited in Roberts 1984: 112). This allows the participant to recount her experiences whilst the interviewer uses the semi-structure as a guide, rather than a rigid set of questions. Narrative in this study is a form of storytelling where the 'telling' for the purpose of research is a verbal or written account which presents a series of experiences relating to the participants' life stories. These experiences are mentally ordered into a sequence of events by the individual telling the story. The sequencing of events links each event to the next event or infers causality. This ordering of events may be problematical in transcription when the researchers' natural tendency to chronologically order events may not 'fit' with the participants' mental ordering of events. The participant rather than remembering these events by calendar years may relate them to their memorable major life events. Therefore the timing can be subjective and major events can be handled superficially and minor events, laboured upon, depending on the relevance these have for the

participant and the interviewer. Temporal clarification of these significant events for analysis and presentation was achieved through collaborative participation by checking details.

Research interviews

The narrative interview has been described as a compromise of narrative and questioning and 'narration and questioning may occasionally blur the boundaries' of an ideal type narrative interview (Jovchelovitch 2000: 9) The resulting interview has been described as a semi-structured interview enriched by narratives (Hermanns 1991, cited in Jovchelovitch 2000). The interviewer's role in assembling narratives is highlighted by Silverman (1993) raising the idea that the questioning is a two way process leading to a collective narrative. This two way process has elements of spontaneity but this alone will not provide sufficient material and adequate preparation is essential; ultimately the purpose of the interview was to focus in such a way that would generate data on the given topic area.

The face to face interviews took place in quiet, undisturbed rooms. The interviews were allocated sufficient time to allow the questions to be answered thoroughly. The answers were recorded using technological audio methods, using a recording device attached to an iPod with supplementary handwritten notes. The interview was closed after approximately 90 minutes or as agreed. The interviews all went smoothly and all participants seemed to talk freely. The participants appeared to have no hesitation in providing me with answers and all were equally willing to provide their story. There was a natural ease to their responses on the whole. The data was gathered in response to the main and sub-areas of questioning. The factual nature of the first element of the question gave both of us an anchor point to move forward from. The responding narratives developed through the telling, into the participants' stories, told iteratively, as they recollected different or additional dimensions to their story.

These findings were examined as narratives to obtain a complete picture initially and then analysed and coded using narrative analysis for evidence of emerging themes and are presented in chapter four accordingly. I felt I had accessed a wealth of information and the participants all seemed at ease with the interviews they had given. It was agreed that the participants would have an opportunity to view the findings and discussion, if requested, after analysis, at a later date. However none indicated they would want to do that and none have requested the opportunity since. The questioning was open and I prompted additional participant response, if necessary, to meet the semi-structured framework of questions that I had developed

earlier. I wanted to capture narratives that would fit within a framework that would enable me to address the research questions, whilst simultaneously giving the participants space to bring their own contribution.

At the time I perceived my knowledge of the context of the participants working lives through our shared professional backgrounds and experiences to be beneficial to the interview and subsequently to the data analysis. It is recognised that the researcher must avoid professional talk unless with professionals and be passive rather than active (Morse and Field 1996: 78). In this case however, it was a shared professional experience. I was 'an insider' (Cresswell 2003: 15) and although this view is welcomed, on reflection, I questioned whether it actually added another dimension. My role as researcher, as 'an insider' gave me the ability to see the participant's perception, held as their ideal and their reality. It was important to keep the interview climate as stress free as is possible as rapport can impact negatively or positively on data generation. Attempts to build rapport can soften the harshness of what is described as

> An unnatural social situation … a stranger arrives, sets up a tape recorder,
> asks questions … is prepared to sit and listen to you talking about yourself
> for an hour and a half; then they disappear (Measor in Burgess 1985: 67).

I had opened each interview with a brief discussion, which lent itself to rapport building, generally including discussion about the journey but was inevitably then asked about my research or nursing background. This helped to build a relationship, but I was careful to keep the conversation superficial, not wanting to influence the interview by presenting any formed opinions or negative comments, whilst then moving the conversation on to enquire about the participants current role. Glaser (2002: 3) warns that rapport must not 'force or feed interviewee responses' which could result in data accumulated by interactive interviewer bias. In cultivating this relationship my intention had been to build trust and cultural understanding whilst remaining mindful of the need to maintain critical objectivity; build rapport without 'going native' (Fontana and Frey 2000: 655).

I was acutely aware that this researcher/participant relationship is open to many methodological concerns. The inseparability of participant's narrative from 'self' is discussed by Elliott (2005) outlining how the personal investment in the story relayed to the researcher may make it difficult for the respondent to release. The participant's internal perception of 'self' according to Fine (cited in Denzin and Lincoln 1994: 70)

is considered and released in terms of 'hot spots' and 'safe spots'; in as much as the participant may be willing to release only specific dimensions of their story they feel safe. This can also relate to the researcher and Cresswell (2003: 183) discusses how 'the personal self becomes inseparable from the researcher self' and that the research relationship demands a level of intensity that some may find perturbing. Narrative research has been likened to therapy (Lieblich, cited in Josselson 1996: 173) with clear responsibility for the researcher in maintaining the participant's sense of 'self' during constructing and interpreting narrative. The interviews, at times, did bring about feelings that I was gaining profound insight into the participants' lives. This felt manageable during interview but afterward the unorthodoxy of it left me occasionally feeling unsettled. This form of dynamic has been recognised as intensely personal, sensitive and provocative (Pole and Morrison 2003: 36).

Acknowledging more than just the spoken word and investigating the 'how' of the unfolding story brings recognition that what is not being verbalised is of equal importance in the recording of the story. I was on occasion acutely aware of what Fine termed 'hot spots' and on reflection I think that this was what brought about the intense feelings (cited in Denzin and Lincoln 1994: 70). The layer below what was being said could almost be 'felt'. This generation and collection of interview data is what King (1996, cited in Pole and Lamphard 2002: 143) terms 'effective attending'. This denotes attentiveness to verbal and nonverbal communication and active listening skills and is not immediately present within email interviews. The data from email interviews however can be examined for underlying tensions and what is not necessarily verbalised. Building rapport may assist in generating useful data but can be problematical ethically. Burgess states (1984: 101) 'there are rules about proper' interview behaviour, saying interview should be friendly but not over-sociable in order to overcome problems associated with bias and the openness in the relationship must not masquerade as friendship.

Adhering to a level of structure is essential states Sikes (Goodson and Sikes 2001: 93). Taking a modernist stance, Sikes describe dangers in manipulative relationships, fuelled by the notion of 'reciprocity' and its use in generating better quality data. She comments on how these relationships may be open to question ethically but notes that other such as Oakley (cited in Roberts 1981: 41) approve, regarding reciprocity as good feminist practice. Oakley suggests the sharing of personal information between a female interviewer and female respondent results in a less exploitive and hierarchical interview, standardised feminist interview practice. Sikes challenging this, points out that sharing information in an attempt to appear

less exploitative could still be interpreted as manipulative and instrumental (Goodson and Sikes 2001: 94). Oakley describes objective, tightly structured forms of interviewing as 'malestream' and 'mechanistic data collection instruments'. Similarly Graham (cited in Roberts 1984: 118) highlights how moving away from rigid structures can give respondents more freedom in providing an empowering personal narrative in addition to actively involving respondents in 'construction of data about their lives' and is recognition that the 'story marks out the territory in which intrusion is tolerated'; hence the need for a level of flexibility during the interviews. Self-disclosure may be useful in building relationships and effective in suppressing potential barriers suggest Measor and Sikes (cited in Goodson 1992: 215) but when interviewing during this study, self-disclosure was kept to the minimum and just initiated for rapport building during the opening stages of the interview. In fact there are occasions participants may feel an intimacy with the researcher and they may find themselves, through their responses over exposed. Finch (cited in Bell and Roberts 1984: 50) talks of 'the need for women to protect themselves' [from the researcher] when revealing personal details.

Although I did not observe any sense of power issues in the interviews, I was very aware of what Hoffman (2007: 321) terms multifaceted power where the interviewee may see the interview as an opportunity and/or a threat. I interpreted that as meaning that the interview is not only a chance for the participant to present their ideal self (Fine 1992, cited in Denzin and Lincoln 1994) but also a potential challenge to the attempt to keep their less perfect self hidden. Acknowledging that 'the data from interviews are based on what people say rather than what they do' (Denscombe 2007: 203) I felt, whilst transcribing and analysing, that some of the participants had given a picture of how they would like themselves to be seen, projecting their characteristics that would be judged more positively. These presented as wanting to be seen to be being hardworking, driven, ambitious, multi-talented, in summary, emphasised their positive characteristics as they perceived them. This image, in effect, represents what Kohler-Riessman (2008: 29) terms 'the reflected self'.

The exclusive dynamic in the relationship between researcher and respondent is fittingly described by Fine 1992, cited in Denzin and Lincoln (1994: 72) as 'Self and other...knottily entangled'. This self and other may represent the participant in the splitting of their identity such as that of mother, employee or how they view themselves and want to be viewed by others. It could also represent the researcher and/ or others from the participant's story, multi-dimensional dynamics which could present the researcher with a paradox and even I as researcher felt over exposed, at

times. Whilst acknowledging that the interview is jointly constructed, providing potential for variation in interviews with different participants, Mishler (1986) advocates these variations produce useful data for analysis providing the researcher has maintained her objective, detached professional role when generating data. This objectivity of Mishler is in sharp contrast to Fine's entanglement and during this research study I did find myself wondering about the 'other' particularly when I felt a differing positively enhanced self was being presented. This was managed through re-presenting and analysing the data accurately and honestly and I outline methodological and interpretive decisions transparently. The approach taken was discussed further within the section relating to ethical considerations and applies to gathering data through whatever form including face to face and email interviews.

Beck's study using email interviews for sensitive subjects suggests researchers have the same responsibility in conveying respect as in face to face interviews (Beck 2005). Small research studies such as those by Kralik, Price, Warren and Koch (2006); James (2007) and Ison (2009), used emails to access participants who were either not readily accessible or to research topics around sensitive subjects. The advantages were such that email was viewed as less intrusive, giving participants time to reflect on their answers. The disadvantages were lack of body language and non-verbal communication, lack of spontaneity and possible misinterpretation of questions and responses. A paper by East *et al.* (2008: 83) highlights the use of internet communication as affording true anonymity suggesting it is useful for exploring a variety of issues. However it could be argued that the email trail, where the response comes from the email address of the participant provides no more anonymity than a recorded interview. The use of email for interviewing in this study was seen as outcome enhancing, in as much as it enabled me to access and include a participant who would no longer have been available to me due to geographical logistics. The additional benefit of the email was that the interview data arrived in word form, which had been written by the participant using voice activated software, therefore limiting time needed for transcription.

Approach to transcription and data analysis

The first step in preparing data collected from interview is familiarisation with the content, usually achieved by playing back tape recorded interviews and listening carefully, writing up extra field notes to set the interview context (Morse and Field 1996: 107). I transcribed the interviews, which had all been recorded electronically, initially into individual word documents with double spaced numbered lines, wide margins and paragraphs and clear punctuation. The process of transcribing

allowed for primary examination although a level of analysis ran concurrently during data collection, as I followed story lines and memorised insights. Pole and Morrison (2003) state that analysis does not begin in any specific stage in the research process but occurs simultaneously during the research design and process (Burgess 1984; Becker 1986). Evidence of a good narrative interview is obvious in transcription say Morse and Field (1996: 75) the text presenting as data rich, with minimal interruption from the researcher. I played back the recorded interviews repeatedly whilst transcribing the data on to a computer in exact words. The intention was that these word documents would be imported into a software package called NVivo, and I started to do this; however it soon became clear that the data lent itself to manual analysis allowing me as researcher to revisit, refine and get to the very essence of the responses supplemented with my handwritten notes. These notes were then hand written onto hardcopies of the transcriptions alongside comments in the double spaced lines, indicating gaps, displays of emotion and pauses. These hard copy transcriptions were then checked against the recording for detail and accuracy and a duplicate copied and stored. These tasks served not only to ensure methodological rigour but increased my familiarity and immersion into the data and produced a more thorough understanding (Braun and Clarke 2006).

To allow examination for codes and themes I broke the data down and rearranged it systematically. Numerous qualitative researchers provide examples of this process (Morse and Field 1996; Silverman 2006; Holloway and Freshwater 2007; Cresswell 2007). Miles and Huberman (1984: 21) show how the stages are broken down into 'three concurrent flows of activity: data reduction, data display and conclusions drawing verification'. The analysis and interpretation of data are separate, with the analysis being the selecting and ordering of data into codes and the interpretation being the attachment of meaning to the analysis. A model may be useful in systematically ordering information. The life history grid (Tagg 1985, cited in Elliott 2005) developed collaboratively, provides column space for chronological timelines and other column space to record life events. Mishler (1986) cautions against allowing models to become an obstacle, saying they may interfere with the spontaneous narrative by training answers to meet the imposed framework. The narrative data was examined as whole text then broken down and examined initially for common features and potential inconsistencies, which were recorded. This involved scrutinising the data for connections and contradictions whilst simultaneously linking back to the literature (Pole and Lamphard 2002).

Suggesting narrative is more than a simplistic sequence of events that can be easily selected and ordered Elliott (2005: 9) describes how Labov and Waletsky (1997: 13) define fully formed narrative as composed of six separate elements. These are the abstract; the orientation; the complicating action; the evaluation; the resolution and finally the coda. Further suggesting, that although not all these elements need to be demonstrated, the complicating action the- 'what happened' must be present and it is the evaluation element that makes sense and meaning of the narrative. This 'what happened' links with Denzin's (1989) suggestion of epiphany or turning point, similarly it may alter the structure of an individual's life. It sets the story in meaningful context. Huberman and Miles (2002: 19) outline how the participant often presents consequential information in an attempt to make their answer meaningful. An example of this was during the interview with Helena when she described herself as the 'youngest' and added her childhood nickname and a comment saying she was spoiled by the other siblings. This resulting self-embodiment presented a picture which provided a split other to the professor of nursing being interviewed. The way in which to manage this suggest Huberman and Miles (2002) is for the researcher to either break this down through analysis and coding to re-order or eliminate it. The researcher has the freedom in the end to decide how the participants' responses will be presented, ensuring that any 'data reduction in narrative has, however to come from the researcher's own commentary rather than from the stories being reported' (Thody 2006: 149).

The formative coding of data should begin early on with the fracturing and breaking up of data, allowing it to be looked at in different ways (Glaser 1992). The process used in this study is discussed in detail in the section: Approach to transcription and data analysis, but this initial fracturing of data involved exploring the whole text then examining it for common features and inconsistencies. The units of analysis that developed through this coding focused on key words that could be given codes and initially there were many levels of code relating to family, work, education, social, gender, and political. These were then used as a retrieval and organising device enabling grouping of relevant data (Miles and Huberman 1984). Maintaining data integrity is vital and this is achieved partly by reporting the data in the form in which it was recorded. Critically, Huberman and Miles (2002: 220) warn against fracturing data to the point which may disturb the meaning. Coding allows the researcher to classify and structure the mass of data and as such is an essential part of the process. The final standard of research reflects the quality of the coding (Strauss 1987: 27) and the codes form clearly and conceptually, arising out of the data, exemplifying real issues. The formative coding allows early data categorising,

giving form and structure but in the final analysis, further new conceptual ideas are formed. These were eventually developed into themes of organisational, experiential and cultural. Useful categories for deciding how to form codes are outlined by Bogdan and Biklen (1982). These include codes relating to setting and topic, respondent definition of situation, respondents perspective, process relating to perceptions over time, specific activities, respondent accomplishment and relationship and behaviour codes.

The researcher may gain insight into the real issues, using '*in vivo*' terms which are broken down into categories derived from the participant's language. Deep consideration of the data identifies the social, structural, psychological processes surrounding the data. This can be seen in the contextual detail where the participant was located through their entry into nursing via the timeline of nursing policy and the type of course they graduated from. This provides structural detail, whereas it might be interpreted that the participants who followed their husband's geographical locations for work, effectively putting their career in place as second priority, followed a commonly seen social model in place at the time. Familiarisation evolving from deep consideration of both the literature reviewed and the data is the route to validity and reliability, through thorough engagement with the data. Central to this is: Knowing the data, thorough coding, identification of concepts, grounding the concepts in data, knowing the context and opening the findings for scrutiny. This approach is described as 'thorough, efficient and…commensurate with the richness and detail of qualitative data' (Pole and Lamphard 2002: 209).

The data was then analysed systematically using narrative analysis, a method of analysis which examines both the form (Mishler 1995; Elliot 2005) and content (Denscombe 2007: 236; Morse and Field 1996: 115). The precise mode of content analysis used was thematic analysis, which is a method of seeing and making sense out of themes within the generated data through breaking it down into a usable system of categories through pattern recognition (Boyatzis 1998). This took place through an inductive process with the 'dynamic working back and forth' (Lincoln and Guba 1985: 342) supporting the data analysis audit trail, showing where links were made and codes assigned. The advantages and disadvantages of content analysis are discussed by Silverman (2006: 159), saying it is useful for organizing data into segments but these segments run the risk of becoming 'the story' and any data that sits outside of these segments is at risk of being overlooked. In view of this I followed Silverman's guidelines to alleviate this

potential issue, ensuring my categories fitted an appropriate model and considering the relationships between these chosen categories and the participant's (Silverman 2006: 164). This step enabled the formation of sub-themes of employment structures both in HEI and the NHS, policy changes in health and professional restructuring and change, use of power, family background, life and social influences, gender stereotyping, employment experiences and barriers such as lack of research opportunities due to nature of employment, the 'caring' expectations within the role of women academics.

The next level of analysis took place through identifying similarities in phrases and voice tone alongside my handwritten notes. These was then scrutinised for significance, pattern, meaning and propositions. Content analysis is recognised as having the 'potential to disclose many "hidden" aspects of what is being communicated…' (Denscombe 2007: 237). By this Denscombe meant that the text can carry deeper clues about what the participant thinks and feels, independent of what they had consciously intended (Denscombe 2007: 237). These hidden meanings were occasionally apparent when participants' pursued presentation of 'idea self' (Fine 1998, cited in Denzin and Lincoln 1994); they were not what I was primarily seeking to search out but I was aware of their existence when coding and analysing and subsequent interpretation. In addition, the hidden meanings had relevance to the emotional aspects of the interview climate and the unsettling feelings arising during interview.

As the data content developed and provided answers to the research question, the link to the existing review of literature became more apparent. The analysis and interpretation of data are separate, with the analysis being the selecting and ordering of data into categories and the interpretation being the attachment of meaning to the analysis. The process of analysis is not straightforward and Silverman (2006) cautions against forming a reductive list through oversimplification of complex responses. Analysis of narrative form was used to offset this and in sections of transcribed data where similar narratives occurred allowed a deeper understanding of the findings through looking for further similarities and patterns. In doing this I placed different participant narrative excerpts alongside each other to consider how they might work together. Where participants had expressed discontent with their employment or role and lack of recognition or support to progress or achieve promotion, I placed them in parallel and examined them closely for direction, motive and similarity. If they had common features, I coded them similarly. These were then reconsidered for suitability during 2nd stage analysis.

Elliot reminds us that whilst a structural model of narrative form can be useful in analysing short sections of narratives these are less useful when examining data holistically (Elliot 2005: 46). Content and form analysis can work well in preventing a reductionist approach to narrative analysis, through coding, considering similar variables and patterns in speech and identifying common themes. I as researcher was a tool in the process of inquiry and subsequently the potential for misinterpretation and collusion by me as the researcher was acknowledged. I had wanted to look for content that either challenged these emerging themes or provide evidence to enable me to investigate how far the themes emerging from the literature, apply now to these women. In summary, content analysis according to Denscombe (2007: 238) reveals what is relevant in the text, the priorities in the text, the values conveyed in the text and how ideas are related. Supporting a straightforward analysis he recommends that smaller samples use a more simplistic analysis (Denscombe 2007: 28). This analysis main strength is 'that it provides a means for quantifying the contents of a text…by using a method that is clear…and repeatable by other researchers' (Denscombe 2007: 238).

I chose to analyse the data with this narrative analysis method and after reading and re–reading the transcripts, I had begun to see and collate key words that could be given codes and as outlined earlier, there were initially many levels of code relating to family, work, education, social, gender, and political. Coding as many patterns as possible is recommended by Braun and Clarke (2006: 19) who also acknowledge the value of multiple coding alongside the contradictions within data. This coded data was then interpreted in terms of barriers or opportunities. This first stage analysis of data provided many layers of overlap and whilst this was valuable in that it illustrated the multi-faceted nature of participant experience and influence, it was unwieldy in terms of final code grouping. An example of this is seen in the next quote where the data fits codes for work, education, social, gender and political amongst threads of historical nursing practice, place and location of nurse training and educational experience but is perceived as a barrier for those without academic qualifications yet an opportunity for those with:

You know the research careers- I won't say are doomed to failure because they could succeed but they won't succeed immediately, it will take an awful long time- but there is now [at least] a critical mass of nurses who have got masters degrees, PhD and more interest in it [study] (Dinah).

This single sentence exhibited many emotional clues, the frustration of the participant at the limitations experienced in her immediate employment surroundings, the reluctance of the nursing staff generally to develop themselves alongside their feelings of powerlessness in a work environment that was both exhausting and overwhelming. This excerpt, like many others, was re-examined against the field notes and transcripts for speech variables and other significant features. This content analysis examined the data for codes, which were then grouped in themes, with the form of data interpreted and field notes checked against the findings. Moving from codes to concepts constructs the conceptual framework, enabling the researcher to make sense of the phenomena, suggest Pole and Lamphard (2002: 205). They outline how this is achieved by: knowing the data, knowing the context of data collection, thorough coding, looking for connections and contradictions, linking to the literature and the original ideas about the research and lastly, identifying concepts (2002: 206). They describe achieving this involves moving through an inductive process and the discovery of theory comes from the researchers' capacity to relate these codes and concepts to the epistemological and ontological questions shaping the research study. Miles and Huberman (1994) outline how data verification or conclusion drawing is ongoing through the data collection process. The researcher makes decisions about significance, pattern, meaning, propositions and reduces data. The preliminary conclusions then arise; highlighting the need for well documented records and suggesting that the better the data display, the more valid the qualitative analysis. The validity of this developing theory is supported by accurate recording of the data collection, its analysis and the open and traceable presentation of findings with a clear audit trail. Numerous studies outline ways in which this can be achieved (Miles and Huberman 1994; Plummer 2001; Pole and Lamphard 2002; Cresswell 2003; Elliott 2005; Silverman 2006).

The writing up and presenting of data is what Czarniawska terms 're-presentation' of the story (2004: 117). This intertwines with the analytical process and deciding what to finally write up is as critical as the data analysis. The writing up commences with presenting the major themes, these developing in conjunction with the data. Describing researchers as 'the sculptors of the final piece of writing' (Holloway and Freshwater) state the meaning 'must be captured' whilst the respondents narrative must 'resonate in the reader and give a sense of location' (2007: 90). The writing up that accompanies the research is categorised as 'process' and 'product' writing (Pole and Lamphard 2002: 248). The process they describe as relating to data collection and product as the final writing up. The data

presented in this study takes the form of participant narrative, presented as narrative text, reported as thick description. Thick description is described as inclusive of affects, relationships, contexts, backgrounds and interpreting both the tone of voice and feelings and meaning of situation by Morse and Field (1996: 200). The transcripts are reconstructed with minimal interference in ordering data, 'telling it as it is' (Stronach and Maclure 1997: 57). 'Messiness' and non-linear forms presenting in the original narrative adds to the richness but must be drawn together and structured into a coherent whole. Data extracts are numbered and presented, discussed and analysed, demonstrating clear pathways back through the process and the features of good reports are outlined by Silverman (2006).

To further explain this analytical process this excerpt in the form of a quote is used to illustrate how when first examined it fit initial themes of work, educational and political, but at 2nd stage analysis matched against larger more comprehensive themes titled experiential, opportunity and organisational:

> *Of course I am in research as a professor but…I am more of a practice developer. But…the agenda* [in HE] *now is big grants and publications which are on an international level…it's not that stuff [practice development]. Which is in fact the interesting* [stuff] *and where you can demonstrate you are having an impact [on practice] (Helena).*

This excerpt when examined using analysis of form exhibited the participant's frustration of the need to proactively do research and generate publications on an international level to contribute to the HEI research profile, whilst being both a qualified nurse and an enthusiastic developer of practice. The wish to work to improve clinical practice was interpreted alongside the HEI demand to undertake research that would contribute to the REF 2013 (AUT 2004). These may in theory both be possible but time factors pose limitations and access to practice is far from straightforward. The analysed data is shown in figure 3.1 illustrating where the themes of Organisational, Cultural and Experiential were applied.

Figure 3.1 Primary content analysis

Organisational
Nursing new entry into academy
Push/pull factors of policy, NMC, NHS, HEI
Use of power/ feminism and emancipation in a masculine world
Achievement of role of professor and higher
Role model
Lack of leadership in succession planning
No mid- level academics
No clearly identified route to access professorial role
Managing workload- limited guidance and support
Lack of administrative support

Cultural
Lack of role model
Under representation of women in positions of influence
Gendering of nursing
Stereotyping of women as carers and nurturers
Viewing women as soft leaders
Women being the main carer for children
Women moving around following man's career whilst children young

Self-agency

Experiential
Lack of research in curriculum vitae: due to wealth of experience in nursing specialism and caring role but no opportunity to undertake primary research
The role women academics find themselves assigned as involved in more pastoral tasks restricts time for research
Barriers to achieving promotion
Family influence and lack of positive role model
Family influence and limited career knowledge

Significantly, the concept of self-agency began to emerge through form and central to all themes. However on 2nd stage analysis there seemed to be still many areas of overlap remaining. After re-analysing the data and further exploring against the themes that emerged from the literature review I decided to use further selective reduction and go with the overarching themes of professional influences and social capital. Organisational: included the earlier sub-themes of employment structures both in HEI and the NHS, policy changes in health and professional restructuring and change, use of power; and experiential: including sub themes of family background, life and social influences, gender stereotyping, employment experiences and barriers such as lack of research opportunities due to nature of employment, the 'caring' expectations within the role of women academics. Although these emerging themes were not exclusive, it was decided to fit these within the initial framework of professional influences and social capital in the first instance and to then revisit the transcription to see if they were

still a good fit or if indeed other categories would be more applicable. When they were revisited these themes were the most appropriate and inclusive across categories. Additionally, these overarching themes were the same themes that were used to separate reviewed knowledge derived from the literature review, which in the end was an advantage in drawing together ideas and findings for the discussion chapter.

This task of coding the transcriptions was performed by marking them with different colours to denote smaller component units and interpretation as barriers or opportunities. These were all collated to see how many times they occurred and which thematic category they belonged in, although some categories were overlapping with others and some text fitted in more than one category. The categories were titled: Organisational and Experiential. These were all then counted to see how many times they occurred and which themes they most belonged in, although some were overlapping with others and some text fit in more than one category. Any similarities in phrases and their content were examined and coded. Voice tone was examined alongside my handwritten notes for selected text, again to look for patterns and similarities but also to differentiate between language process and cultural discourse. This selecting, categorising and coding demonstrates reliability and rigour in analysis, in as much as it would allow other researchers to arrive at similar results, when examining the data (Silverman 2006: 159). Coding allows the researcher to classify and structure the mass of data (Glaser 1992) and is an essential part of the process. The codes form clearly and conceptually, arising out of the data, exemplifying real issues. Miles and Huberman (1994) outline how data verification is ongoing through the data collection process. This allowed me as the researcher to make decisions about significance, pattern, meaning, propositions and reduce the data. The preliminary conclusions then arose; the validity of this developing theory is supported by accurate recording of the data collection, its analysis and the open and traceable presentation of findings with a clear audit trail. This process was guided by the work of Silverman (2006) but numerous studies outline similar ways in which this can be achieved (Miles and Huberman 1994; Pole and Lamphard 2002; Cresswell 2003; Elliott 2005). To add clarity to my thoughts on codes and possible themes I developed several abstracts and papers which were peer reviewed and which I then presented in person at research conferences to peers. I assessed and assimilated feedback from the audiences as to how they felt the themes reflected the reality and also, the level of interest and shared experiences of nurse educators. This empirical evidence substantiated my research findings, in particular the impact of the 'Old Boy' network (McTavish *et al.* 2007: 188).

The limitations of the study

This study sought to explore the individual narratives of a small group of women professors of nursing. The study was ultimately limited by its size but the small scale approach provided rich narratives and was chosen as it was felt that this would generate the most sought after data. It was hoped however that the research could perhaps have encompassed more participants. Whilst the final study focused on the narratives of six participants, the overall study included in depth review of all available literature surrounding the wider or related topic area and so provided a wealth of information and knowledge about what was an under researched area. The interviews alone generated 150 A4 pages of transcribable and rich data relating to the specific focus area. This specific area had not up until this point been researched in the public domain and although a reasonable amount of material had been produced in relation to women in the workplace, women in positions of leadership, nurses in practice and more recently women in academia, there was no material focusing on the specific narratives of women senior academics at any level including professors of nursing.

Conclusion

In conclusion, this chapter discusses the research methodology and provides explanation and justification of the approach taken. The chapter discusses the rationale for locating this study in the qualitative paradigm, using narrative research. After establishing my ontological and epistemological positioning I explained how my approach would be phenomenological and interpretivist. This would emphasise the voice of the participants and the meanings bound up in these narratives. The rationale for choice of design and the suitability of the narrative approach is justified alongside critical discussion of its ability in meeting the aims of the study. Differing approaches to narrative research are presented but I argue that narrative explored through interpretive research is the most fitting for this study allowing access to participant reality via their socially constructed stories. In doing this the narrative approach was identified as the method which allowed the participants to present their story, their influences and how they managed these and provided a good fit in relation to the design of the study.

The discussion also focused on how the study was located in terms of feminist research practices and how, by looking at working lives using a woman centred lens (Gosetti and Rusch 1995), it was possible through this research to give voice to this group of professional women in their previously un-researched roles as professors of nursing. The approach to recruiting participants was outlined with discussion of the difficulties in expanding the number of participants and possible barriers impacting on

individual willingness. The areas of questioning are described in detail. How this relates to the emerging themes that arose from the literature review is discussed. Then I have illustrated how I developed the research strategy, from acquiring ethical approval through to undertaking the interviews and subsequently managed the research process. Analysis of the participants' narratives and examining these in relation to the underlying changes in nurse education added clarity to the analysis. In summary throughout this chapter the justification for the choice of methodology, namely the gathering of individual narratives through semi-structured interview and the use of narrative analysis is outlined and discussed alongside a step by step approach to conducting the research study. Finally the limitations of the study are discussed.

Before the next chapter presents the data that emerged as an outcome of this methodology, pen portraits of the participants are provided to enable readers to meet the respondents as individuals in their personal and professional capacity. This allows us develop an interpretation of the participants framed in their individual setting before we hear their voices. This aids in locating them contextually but also in adding authenticity to the story. The next tables 3.2 and 3.3 present data in comparable categories for all participants followed by deeper, individual descriptions.

Pen portraits

The participant personal profiles are presented in table 3.2 with brief details and details relating to parental careers, their age range and their own situation regarding their dependents as they stood at time of interview.

Table 3.2 Personal profiles of the participants

Participant	Parents	Siblings	Age range	Family status
Anna	Education/ Volunteer	Five	50-60	Married, grown Children
Carolyn	Foundry/ Kitchen	Eight	40-50	Married, both young and grown children
Dinah	Housewife	Two	50-60	Married, grown children
Helena	Engineer/ Nurse	Three	50-60	Married, grown children
Rosalind	Builder/ Housewife	Unknown	50-60	Married, grown children
Jane	Foundry/ Housewife	One	40-50	Married, young children

Table 3.3 presents the professional profile of the participants illustrating their title, qualifications and research interests.

Table 3.3 Professional profiles of the participants

Participant	Title	Qualifications	Research interests
Anna	Professor of Nursing and Dean of Graduate School	PhD, MSc, Cert Ed, Diploma. RGN, RM	Health and social policy, user and carer issues in health and social care
Carolyn	Professor of Nursing	PhD, MA, BA, RGN, PGCE	Public health, sexual health, ethnicity and diversity
Dinah	Professor of Nursing and Director for Professional Practice	PhD, BA, PGCE, SRN,	Applied clinical research
Helena	Professor of Nursing and Director of Health Research	PhD, PGCE, BSc, RGN	Health promotion, evidence based nursing, oncology, health and social care
Rosalind	Professor of Nursing	Doctorate of Med (Higher Doctorate), PhD, MMSc, BA, Adult and Paediatric nurse	Family centred care, child health
Jane	Professor of Nursing and Pro-Vice Chancellor	PhD, MSc, BSc, RGN	Oncology, palliative care, cancer clinical trials

Pen portrait - Anna

Beginning as the only girl in her family, sandwiched between five brothers, Anna had a potential role model in an academic father who worked as a lecturer in a Russell Group university. Her mother, initially a housewife and part-time volunteer counsellor developed her career as a counsellor thus offering a possible exemplar of feminist determination. The family lived in a rural port area alongside a large industrial city. Educated at a comprehensive school, Anna chose not to go to university but attended the local college where she took a pre-nursing course with A levels. She then did her nurse training qualifying in the early 1980's and worked as a staff nurse, following this up with midwifery training, work as a staff midwife, then worked abroad as a nurse and travelled for a period.

On her return she took a job in care of the elderly and became the nurse in charge over the four years she was there. She was very interested in education and making the ward a suitable placement for student nurses, following this with gaining work in the school of nursing and working as a nurse teacher for five years.

She then worked as a senior manager in education. This is illustrative of self-agency, in where Anna knew where her interest lay and pursued it, gaining appropriate qualifications as she worked including her diploma in nursing and her PGCE at a Russell Group university. She then took a lecturers role at another Russell Group university, focused on academia and took a PhD with some grant funding. Within five years she moved to a different Russell Group university to work as a senior lecturer. During this time she either undertook long commutes or moved her family, namely a son, daughter and husband across the country.

She was then approached for a chair at another university, a pre-1992 university within four years of achieving her PhD. At the time of interview she had been professor of nursing for five years and was now also Dean of the Graduate School, a member of the senior management team (SMT) and Professor of Nursing two days per week. At this time she held honorary Chairs with two international and two national universities. Currently (since interview) she has honorary professorship in her previous university, where she was Dean and is now professor of nursing at an international university. In summary her roles have been that of staff nurse, midwife, ward sister international hospital ward, sister on care of the elderly, nurse tutor lecturer, senior lecturer, professor of nursing and Dean.

Her research interests include: the impact of health and social policy with an inter-professional lens and user/ carers in health and social care, policy and practice issues in health and social services, complementary therapies in cancer, and recruitment clinical trials. She has successfully managed a number of funded research projects in these areas. . She has editorial experience, reviews for a number of national and international research councils and has both national and international professional committee memberships. Has published five journal articles within the last five years but published widely prior to this. Has managed various research funded projects in previous role and is currently in a principal role with four funded projects, including clinical care and acute care.

Pen portrait Carolyn

Carolyn began life too in the middle of a large family living in a city known for manufacturing. She was the eldest girl with four older brothers and four younger sisters. This was nothing new in her family as her mother was the eldest child in a family of eight and her father the eldest child in a family of nine. Her parents migrated to this country and her father was previously a farmer but took a job in a foundry to support his family. Her mother's family owned a bakery where she worked in addition to being a seamstress, she took very similar jobs here in

catering and part time dressmaking. Carolyn attended the local comprehensive school but this was at a time when there was mass educational restructuring including the phasing out of grammar schools. She took the eleven plus entrance examination and passed however the grammar school system ended in her locality and she went to her local catholic comprehensive school. She stayed there for sixth form.

After deciding she wanted to be a doctor she managed to get a place at university, but then decided she would prefer to be a nurse and went to a post-1992 university to study for a degree in nursing. This form of nursing programme was quite unusual at this time when most student nurses took three year courses attached to local hospitals schools of nursing whilst the course Carolyn took was a four year course. She was the first person in her family to go to university. After graduating she then worked as a staff nurse in women's health and took a part time master's degree at the same university in women's studies as she says there were no available master's degrees in nursing at that time. Then after having her first child she worked part time in women's health and took a part time role teaching at the local FE college.

Deciding to study for a PGCE whilst she was pregnant with her second child, she later forged a career as head of department in FE, whilst continuing to nurse part time. FE was limiting in that she could not study for a PhD and so she left and took a nurse lecturer post in a Russell Group university. This involved taking a salary drop but she was committed to developing her career and the location also suited her in managing her young family. After completing her PhD she then took a clinical practice lead role at a post-1992 organisation, whilst this meant she left the Russell Group university she felt promotion to research fellow was the right move for her. This had the added hurdle of a lengthy commute but the family managed this by working together with the teenage son doing A levels assisting with the school run for the younger children. Within two years she applied for and got the role of chair at another post-1992 university. She stayed in this for over two years, returning to her earlier post-1992 university as a Director of Research and Professor of Nursing alongside holding two visiting professorships internationally. In summary her roles have been that of staff nurse women's health and gynaecology, FE tutor, FE head of department, lecturer practice based learning facilitator, principal fellow, professor of nursing and now director of research.

Her research interests include: public health and community, with particular emphasis on ethnicity and diversity and sexual and reproductive health. She has editorial experience, DoH commission membership and has received various national research awards and membership of national research organisations. Including Independent Advisory Group experience to the UK government. Has published five recent journal articles and been involved in ten recent funded research projects around clinical care, public health and nursing leadership. She holds several committee memberships and a role as Non-Executive Director.

Pen portrait Dinah

The sibling position for Dinah was as the only daughter, the youngest child with two older brothers, she described them as having what seemed quite an age gap at the time with them being thirteen and five years older than her. Her father was a sea captain however and this may have had some impact on the family spacing. Her mother was a nurse. The family lived in a rural coastal area not far from a large industrial town. Attending the local academy which was in fact a heavily streamed comprehensive school she was in the top groups and stayed on for sixth form. Whilst she achieved good results in her A levels she said that there was little expectation of university at her school and the support she received with her university application was non-existent. Her father was keen for her to leave education and become a farm secretary but her mother had experienced career limiting at that same age when she wanted to be a teacher and she was forced to go to secretarial school. This she did but then went on to do her nurse training and was very supportive of Dinah's request to stay in education.

Dinah went on to a pre-1992 university to study undergraduate social science. She was the first person in her family to go to university. During her second year summer holidays she came home and realised she needed to get work and discussion with her mother saw her going to the local hospital to apply for a nursing auxiliary job. She enjoyed this and so began her interest in nursing. She applied for a shortened course in one of the earlier mentioned pioneering nurse teaching hospitals (PNTH) attached to a pre-1992 university and studied nursing over two years following this up with a course and a staff nurse role at another PNTH Russell Group university on the opposite side of the country. Looking toward promotion she then took a sisters post at a regional hospital which gave her sufficient experience to look for a post elsewhere. She considered doing a master's degree at another PNTH Russell Group university but could not get funding but they offered her the post of nurse tutor. She was then encouraged to apply for a

DOH fellowship and was successful in getting full funding for her PhD at the same university, where she studied alongside some well-known names in nursing. After this she married and had her three children following her husband and his work but finding herself out of place and 'ahead of her time' at the university in that area.

On her return she managed to get a nurse tutor's post at a local school of nursing moving then to a research post at a different Russell Group university and onto a post-1992 university as a senior lecturer. During this time she continued to move with her husband's work but then as the children grew older and her husband's base settled, she followed by obtaining a role as head of nursing in her current Russell Group university to which she commuted. She then took up a deputy director's post and remains there with her current role as professor of nursing and also director of professional practice.

Her research interests include applied clinical research. Memberships of nurse education boards and European Nursing Committees Peer reviewer for a number of Nursing and Health Journals Has published nineteen recent journal articles and has seven recent grant funded research projects in specific clinical care.

Pen portrait Helena
The youngest sibling Helena, was one of four, the eldest being a brother then two sisters. Born in a rural coastal area, her father was head of the local electricity board and her mother was a nursing sister. All children went to the local village primary school and then all passed their eleven plus and attended the grammar school. Her brother went to Cambridge University and other siblings have professional careers. She told how after doing her A levels she had planned to go to university to study history and politics but then changed her mind, working instead at service jobs in restaurants and then at the job centre. Helena said that she found she never planned what she would do instead and this was limiting so after discussion with her mother she decided to apply to do nursing, which she did at one of the London teaching hospitals in their school of nursing.

After qualifying as a nurse in the late 1970's she worked as a staff nurse on night duty as this was a time of high unemployment and felt contented with this but what mentored by a senior nurse and encouraged to do further clinical study. She took a specialist clinical course which was followed by a period as a staff nurse and then a clinical nurse specialist at another London hospital where one of the well-known names in nursing was the director of nursing. This director of nursing encouraged

her to consider studying for a funded role in nurse education but Helena said whilst it seemed good advice she did not follow this up. On reflection she felt she had not fully understood the importance of this and wished she had followed the advice given. This obviously struck a chord with her because she then studied for her degree part time at a local pre-1992 university and completing this in 1987 followed this moved to education with a role as nurse tutor at what is now a post-1992 university. Married by this time and with a family, she moved to another part of the country for her husband's work and worked at a post-1992 university where she completed her PhD in 2001 and took her teaching qualification but was then offered a role as senior lecturer at a Russell Group university. Then she moved to that university before returning to the post-1992 one where she had been working previously and now works there as a Director for Health Research and Professor of Nursing. In summary her previous roles include staff nurse, ward sister, clinical nurse specialist, lecturer, senior lecturer, Head of Nursing, now working in the role of research director and professor of nursing.

Her research interests include oncology but more recently public health, health and social care issues. She also holds Chair and Co-Director and membership of six committees (national) and a travel scholarship with thirty five recent journal articles and eight recent grant funded research projects.

Pen portrait Rosalind

Her father was a builder who had been injured during armed service and was hospitalised many times due to his illness. Their family she described as 'pretty poor' and her mother looked after the family including her and several siblings. She enjoyed school and had good memories particularly one of a teacher who inspired her and encouraged her in her studies. After senior school she went to do her nurse training several hours away from home which she described as 'awful' but she enjoyed being with her peers but felt they were a lot more sophisticated than her. Sadly her father died when she was only 18 and he was only 44 years old and this impacted on her for a long time. Then during her training she met her husband, concluding her nurse training in the early 1970's and married after graduation, moving to a small country town for his work. She worked part time during this period and had two children, following this up with several other work related moves and part time nursing roles.

Having eight different staff nurse posts across differing areas internationally over the eighteen years gave Rosalind a wealth of experience in different ways of

working. After which she took her degree in the late 1980's and began work as a sessional lecturer in research following this with more roles as a clinical teacher, health promotion project officer and research assistant. She then studied for her master's degree and followed this up with her fully funded PhD when she then got work as a public health research fellow. Her PhD was completed in 1999 and she got a post-doctoral fellowship which funded her to travel and observe family centred health care in differing European countries. Following this she acquired her first professorial post at a European university (pre-1992) four years later when a European move entailed and a professors post followed by another professors post at a pre-1992 university with the role of research director. This was followed by her most recent post Professor of paediatric nursing during which she achieved her higher doctorate, Doctor of Medicine. In summary her roles have been staff nurse, community nurse, clinical teacher, health promotion project officer, research assistant, nurse tutor, fellow, senior lecturer, research fellow, professor of nursing and now professor of paediatric and child nursing.

Her research interests include family centred care with research in the child and family services and she has been involved in twenty eight recent research projects. She has thirty recent research publications and is an international Honorary Professor (2003-present). She has also had membership of many committees, received several awards and has editorial experience.

Pen portrait Jane

Jane was born in a market town which sits alongside a large city in an area well known for manufacturing. She was the older of two girls with a father that worked in a foundry and a mother who worked part time with horses. After being made redundant in the political induced financial crisis sweeping the nation, her father took up painting and decorating when the family moved to a rural area, well known for tourism. Her mother bought a horse riding business and managed that alongside cleaning houses in the many tourist rentals in the area.

Jane did not take her eleven plus entrance examination and said the priority was getting her a school place due to her age and the house move. She did say that her sister went to the grammar school but was not happy there. This was in contrast to Jane who said she was happy at school and initially wanted to be a teacher. She got very good GCE results and took a work experience role to complement her biology interest whilst at school with a phlebotomist. This had a significant influence on her in that she found she enjoyed working alongside the

nurses on the ward rather than the phlebotomist. This set the direction of her career and she looked toward nursing and went to her local FE College taking A levels in human biology and psychology and placements in the hospital to give her caring experience. The FE tutors encouraged her to consider going to university to study nursing rather than the local school of nursing but to do this she needed three A levels. This was achieved by taking English A level at evening classes leaving her with the three required A levels.

Her choice of university was serendipitous in that she chose four well known and well regarded universities but preferred the London teaching hospital setting attached to a Russell group university of one more than the others and so in the mid 1980's Jane then became the first person to go to university in her family. She said how her introduction to university and the four year degree course she took was that of a 'whole new world opening up'. She loved being in London and was delighted to both be acquiring a professional qualification and an academic degree at the same time with well-known names in nursing as her lecturers. In her last year of her nurse training she got interested in oncology and this set her mind on getting a role in this area after qualification. She got a job in a brand new oncology unit, out of London in a large city where they were conducting a considerable amount of clinical trials. She only applied there and said she was really focused on getting that job. She said she was well mentored as a staff nurse and encouraged to do research and scholarly activity.

Then she took a short course elsewhere at a Russell Group university and took another job in another unit which she described as 'going back in the dark ages'. The environment she described as stuck in old ways of nursing and the biggest challenge was change management. After a while she then decided she wanted to do more specific nursing and took a community nursing course at a post-1992 university. There she met her husband and was inspired to do a PhD by this and her work with a nursing institute. Again her actual choice of university was serendipitous in that she contacted several Russell Group universities but only one got in touch with her via a telephone call for the head of department. It turned out that she knew the new professor there as she had worked with him in the earlier clinical trials. This resulted in a job as a research assistant and was the next stage of her career, now in academia.

She applied for and got a fully funded PhD fellow ship with two more recently well-known nursing names as her supervisors. At this time she got married and started

her PhD and the lengthy commute between her home and her job began until the couple made the move the following year to the area near her place of work. This period of time was again one of change in education and nursing with structural changes bring about big cultural shifts in working practices. Her supervisor became head of school and whilst she was due to complete her thesis she got the offer of an international research visit came up. This she took despite the fact she was pregnant with her daughter and she submitted her PhD six months after her daughter's birth. She had been offered a post-doctoral position at her place of employment and acquired funding for a project to write up her thesis findings. She became mindful about job security and finances and took a role as a lecturer the next year, then a senior lecturer the year afterward at the same university.

Coming from a background in oncology and palliative care, she had a wealth of experience in clinical trials and it was this level of knowledge, skills and experience base that had been pivotal to her career progression. Research that was her specialist area she described as the type of research that was getting funded at the time. She was encouraged to take a role acting up as head of school as she was told she had potential. After then becoming pregnant again she started looking at a post as chair at another university in an area where her husband had recently got another role. However the VC at her own Russell Group university offered her the role of chair in 2002 within three years of taking her first lecturers post. She managed the childcare with support from her family and she was pleased to stay in the area as she had family networks but it meant her husband had to commute and stop overnight in another city several times a week. Describing this as having to be organised in a strict routine she said she 'breathed a sigh of relief when she got into the office'. She says she had very good mentorship throughout except when she first became a member of the SMT but was then fortunate to have been given a place on a top managers course and through this had two nationally high profile business management mentors. This she continued with in addition to being head of school of nursing Professor of Nursing and before long became Pro- Vice Chancellor (SMT). She is now Deputy VC. In summary her previous roles have been staff nurse, research assistant, lecturer, senior lecturer, post-doctoral researcher, acting head of school of nursing, head of school of nursing, professor, PVC and now deputy VC.

Her research interests include clinical trials, palliative care and oncology. She is a Visiting Professor both European and International and has seventeen publications and four major research funded projects.

CHAPTER FOUR – Findings

Introduction

This chapter presents the findings centring on the participants' narratives supported by individual excerpts. These detailed findings which have been examined as narratives, read and re-read, coded and analysed using narrative analysis are presented within the framework of professional influences and social capital, which centre on the participants' narratives supported by individual excerpts.

Professional influence factors

This commences with individual explanations outlining the expectations and remit within the participants' current role. Covering the time span of the participants' career progression both as individuals and within organisations, it includes the significant stages they had passed through on their route to professorship. Their perception of these experiences and anything that may have enhanced or hindered their progress is also explored.

Leadership and management

Anna's most recent role was a new appointment in the larger senior management team (SMT), but she continued to hold a personal chair as a Professor of Nursing two days per week. Her interest area was in the impact of health and social policy with an inter-professional lens and user/ carers in health and social care. Carolyn's professorship was an established chair and her title encompassed nursing. Her interest area was public health and community, with particular emphasis on ethnicity and diversity and sexual and reproductive health. Dinah held an endowed chair with a clinical focus, rather than a personal chair. As the original post-holder she had retained that position for a *'considerable length of time'*. Her area of interest was clinical nurse teaching linking service to applied clinical research. Helena had a personal chair and a director's title. Her interest was oncology but more recently she had been largely involved in public health, health and social care issues. Rosalind held a professorship that was a joint appointment between her employing HEI, an established chair and the health service and she had moved into that role only a year previously. She had possessed professorships nationally and internationally prior to this. Her interest was family centred care with research and outcomes in the child and family services. Jane had a personal chair and was now in the SMT. Coming from a background in oncology and palliative care, she had a wealth of experience in

clinical trials and it was this level of knowledge, skills and experience base that had been pivotal to her career progression.

The professorial positions were a mixture of all three types of chair. The nature of the professorial position, regardless of which type it referred to, generally related to the area of speciality. For example the participants' professorial positions indicated that they were the principal educator for an area of learning and all had clinical/ practice expertise that was relevant in some way to the location of the chair. Generally speaking the expectations on those in professorial roles in 2012 is that they will have an international reputation and recognised expertise in their field. Similarly there is an expectation that they use these characteristics to maximum effect in generating income and prestige for their employing HEI. The professor's views of these expectations are illustrated in the following paragraphs.

Anna described her role as: *'As researching, writing, getting money in… supervising students, promoting people, keeping her profile going'*. She also coached others for the role of professor, both within and outside the organisation. Describing herself as a feminist she said how she saw her role as one of bringing on the future workforce, exchanging and transferring skills. It could be said that she had a transformational approach to her work yet she described how she had fought as an individual for the opportunity to retain two of her days to work as a researcher and the other three as dean.

Carolyn described her role as essential in bringing on the research agenda and providing subject expertise. The majority of her teaching focus she described as: *'Based on my research background and my practice experience background and some of it…has developed…alongside'.* Reiterating how whilst it was best to teach to one's area of expertise she also taught across a variety of programmes and how some things arise from your experiences. '*I do some sessions on things like writing for publication or the editorial aspects'.* Observing that whilst there were clear expectations on her scholarly attributes, she went on to comment that there appeared to be no collective views on how the role was applied following appointment. In summary, she said:

> *There isn't a pre-set kind of formula and I think possibly thinking about what kind of professor you would like to be or what kind of leader or manager you want to be is kind of the first step and it takes a while to get your head around (Carolyn).*

Dinah who has a clinical based research remit in her role described how she feels she has:

Done well with the objectives for research, done quite well on the teaching, the links with practice are hard to keep going- there's always a sustainability issue really.

Relating the sustainability to the difficulty of engaging clinical nurses with the academy developing and sustaining these links, she expanded on this by saying:

We wanted them to try and develop their own research agenda [the clinical nurses] and then we could help them take that forward, but there's a capacity problem in terms of where they're at intellectually but also a capacity problem in bodies to do the work and its not their prime focus, their prime focus is always patient care. This will always be an area of conflict (Dinah).

Helena holds a specific interest in the complexity of organisations and she describes her background:

I came from a largely educational management job in time almost recreating myself as a researcher and an academic in these two years (Helena).

In respect of Rosalind's joint appointment, mainly involving scholarly activity, she said:

I have never been so busy in all my life. I don't do much teaching, or let's say all my or nearly all my teaching is a supervision of postgraduate students.

Jane was also a member of the SMT in addition to her professorial role and said she felt she was acknowledged as really doing well with building up the research activity in the department. She said she *'saw mentoring others as very important'*. This idea of bringing on of the future workforce was a theme singled out throughout four of the interviews and alluded to in the remaining two. The bringing on of the workforce relating clearly to developing research capacity and subsequently generating income through research grants.

The participants' careers had all taken different routes, most but not all had undertaken nurse training when leaving school, those who had not choosing to look at other options instead. Anna had trained and qualified as a nurse, worked as a staff nurse for a while and then trained as a midwife. She then travelled abroad, returning in the middle of a national recession to a period of high unemployment in nursing and midwifery. Consequently she had a very limited choice of jobs open to her but managed to acquire a job on a care of the elderly ward, not her ideal choice and the day to day hard emotional and physical work were described as being: *'Very challenging'.* Anna felt her idealistic approach contributed to emotional stress both in relation to her situation and through the experience of working with the colleagues based on this ward. Continuing to work there for five years Anna achieved promotion to Charge Nurse (Ward Sister/Ward Manager) and aware that she was suffering with stress, she described herself as: *'Burning out'* and consequently *'looked for a route out'.*

Anna had achieved close links with the school of nursing when developing her ward for student placements. With this in mind she approached the nursing school Director of Education, who declined her request to work for him. After some persuasion he referred the participant to speak to a member of staff and hand in her Curriculum Vitae (CV). She successfully achieved employment as an unqualified tutor for a year and then became pregnant. As she then had to go onto maternity leave, she had to *'give up'* her place on the teaching course. She returned straight after the minimum maternity leave to take the Certificate in Education Course (Cert Ed). After finishing this she then got a job as a nurse tutor and then undertook a Masters degree, which she did in her own time, although the fees were paid for by her employer. This was followed by promotion to senior education manager, highlighted as the beginning of her career in research, writing and developing publications.

Through this time nursing and nurse education underwent a great period of policy change, discussed at length in the introductory chapter. A post came up in another HEI in a different part of the country in Anna's interest area. The professor for the department was a well-regarded female academic in the social policy area of nursing and the prestige of working with them influenced the Anna to apply. She was successful in getting the post and subsequently registered for a PhD. The PhD was timely in that Anna was able to use a funded research project to develop as her PhD with the grant money enabling her to buy herself out from teaching responsibilities.

This allowed her to complete her PhD in less than usual time. From then on she reported herself as: Having *'become ambitious'* in comparison to earlier in her career when she was *'happy with her lot'.* This ambition then brought about a desire to become a senior lecturer. She was overlooked for promotion in her existing HEI. This rejection made her question her role in that organisation and she responding to this challenge she applied for a vacancy elsewhere, getting the new post with promotion to senior lecturer in another HEI.

Carolyn enrolled on the BSc in Nursing, not widely available at that time, staying on as a staff nurse for 6 years at her training hospital and said she: *'Started doing my Masters degree part time…I was getting bored'.* At this time there were no Masters degrees in nursing. Not surprising when there were so few degree programmes in nursing. Carolyn therefore undertook an MSc in Women's Studies which complemented her work in gynaecology. Then she moved to another department which fit in better with her family but this too failed to stimulate her and wanting more, she started to teach part time at the local FE College. The teaching was opportunistic in as much she was originally asked to cover for a friend which evolved into staying on and increasing her hours. She then did her PGCE, combining this with part time teaching and part time nursing. She achieved promotion to head of department in the college but remained working in nursing part time. After doing that for a few years she decided she wanted to do a PhD saying: *'Further education is not geared toward people doing PhDs'.* After applying to study for a PhD she promptly took a post as a nurse lecturer at the same HEI in which she was studying, completing her PhD part time alongside her role as a lecturer. After several years she then got a post as a Principal Research Fellow elsewhere for nearly two years and followed that up with a post as professor at another HEI. Her view on the research requirement for lecturers in HE, was positive but she acknowledged that the pressure was on individuals to be instrumental and self managing in accomplishing this, which could be the challenge.

Dinah already had a degree in Social Science before she even thought of nursing and there was little known about undertaking a degree in nursing, which was not widely available at the time:

> *There was a degree course [in nursing] when I started at Edinburgh and Manchester, but nobody mentioned it. Had I known, I might have done that (Dinah).*

However her Social Science degree enabled her to do a shortened nurse education course for graduates in London. The course was said to be:

Fast track - there were about three in the country…I went for an interview and I thought it's only two years and if I don't like it I don't have to keep doing it and they paid you then too, of course (Dinah).

After working as a staff nurse for a while she went to Scotland to do a post registration course. Reflecting on the ease of application for such courses at that time, Dinah said: '*You rang them up, asked for an application form and they sent it to you, then…you've got a place on the course'.* Dinah forged good networks during this period and her next post was at the hospital where she had taken the course, then taking a night sisters post. Over the next period she applied for a few posts but found the job market very altered and was infuriated at one rejection, so much that:

I decided I was going to leave, so I just went and handed in my notice. They said where are you going to go I said I don't know yet as I haven't got a job but I expect I will have by the time I leave here.

She went for several interviews and got another post. She had decided she wanted to return to study and was successful at acquiring a place on an MSc in Nursing at her chosen university but then couldn't get funding she needed to support her enrolment onto it. So she went to that university as a tutor instead. This was her first introduction to teaching and stimulated her interest in research. The move was relatively easy for her *'They said they had a job over there as a junior tutor and that my background as such was that they thought I might be suited to it'*. There was a strong research culture within this university and she was encouraged to apply for one of the Department of Health (DH) fellowships, which she described as: *'Very generous, they were full time on full salary'.* She commenced her PhD. Significantly she told how different the application process for a research fellowship was then for those with the requisite qualifications compared to the current process:

You had to put forward a research proposal and you see what people have to do now [an extensive time consuming process] and mine was a back of the envelope job, you know two pages of sort of vague ideas and you went down to the DH for an interview and you had to have a degree and there weren't many people around, the pool was small (Dinah).

With regard to potential for networking Dinah told of how there were many (currently) well known nurse academics doing their PhD at the same time and how: *'It was an investment that paid off, they all ended up years later in senior positions'.* On reflection this was viewed as a valuable opportunity both in gaining the PhD and forging relationships with the nurse leaders of the future. Dinah then reluctantly left her post at this university and relocated with her husband and she had another child. She said: *'I felt there wasn't really anything there for me at that time'* and expressed the concern that she was becoming deskilled through this enforced period of absence from the workplace. So when they moved again further to the north of the country she applied for a teaching post at the local nurse training school and got it. However her uniqueness stood out in a place whose rural locality signified that it was:

> *Not the type of place that is pushing forward the frontiers of knowledge and I was a bit strange to them because not only did I have a PhD, they only had one other member of staff who had a degree so the Director of Nurse Education was dead keen to get me there (Dinah).*

It was relatively common for nurse tutors in hospital based schools of nursing to be without a degree, most RCNT's had arrived in post through the experiential route, with a teaching qualification. Dinah's next role came through in an area where she had connections, with someone she had been a PhD student with, now in a senior position. She was fortunate enough to be given three months work as a researcher. This was her entry back into academia:

> *That is where I did my post doc. That is where a PhD was wanted- in the university, in a research unit. So that gave me my research, I got back in but I had to take a cut in salary of about £2000 but I thought that this might stand me in good for the long term (Dinah).*

Dinah viewed her role as working on the projects that were given to her, rather than developing her own research interests and said how she:

> *Never really had the luxury of building up my own speciality because I moved around the country a lot with my husband before we settled….So I had to take what jobs I could get - the upside of that is that you have lots of different experiences and lots of different interests, the down side is that today when speciality seems to be so important, I'm not a specialist, really (Dinah).*

Rosalind had worked in several areas, doing different specialist nursing roles. She undertook a nursing degree and then *'fell into a research assistant role'*. She was then encouraged to use the research project as her research topic for her masters degree. This then gave her the confidence to undertake a PhD for which she was successful in winning a fully funded scholarship and from which followed *'many successful research collaborations'*. She described her role mainly research and supervising others, but said:

> *The job is hugely pressurised as the achievements required by the University by the people at professorial level are huge, as are the expectations (Rosalind).*

Jane had undertaken her nursing degree at a well regarded London University and her first post was in a progressive unit that was undertaking clinical trials and making strides professionally. She then got a post in another hospital where she was encouraged to undertake research projects. She then got a post as a research assistant and undertook her PhD, which was fully funded. She was offered a post-doc and started to *'really build up a funding track record'* in generating research income and managing research projects. She said to maximise her potential she *'needs to be credible as a researcher and seen to be good at research'*. She was sent on a top managers programme and uses her networks to facilitate her development, which she sees as a two way process saying *'you can help other women, there aren't many around at this level'*.

Women's exposure to role modelling and mentorship

The issue of mentorship and role modelling opportunities within the organisation was raised here specifically, although earlier excerpts refer to the concept. There were mixed responses to the idea of mentorship and role modelling in as much as some had been mentored formally and others not and participants described if and how they had been mentored. Anna said she was not mentored but that *'maybe fit in'* with how she had got to her position through a non-traditional start. However she had been approached to apply for at least two of her roles so timing was also influential in her job moves.

Carolyn told how she had always been informally mentored:

> *No I have never had formal mentorship I see it as my own duty to sort out my mentorship. I think its important that people should have formal*

> *mentorship in their place of work but that they should have informal mentorship for themselves because you need different kinds of support and there's always an element of power shift in that arena (Carolyn).*

This statement appeared to infer that mentorship could be both professional and personal. Discussing the benefits of mentorship as having someone whose opinions you value and may even tell you what you do now want to hear. She said that she saw informal mentorship as valuable for career progression:

> *You need mentorship by your peers to have that sounding board. I also think you need informal mentorship outside your place of work for those who are in a higher position than you or somewhere you want to go (Carolyn).*

When Dinah was asked about role modelling and mentorship she said there was nothing specific in regards to her early life as she knew no one in that line of work when she was considering her options of career and going to university:

> *I never really had a role model because I was always at the front and my mother's cousin, a nurse senior tutor said never mind these fast track courses, this wasn't the thing to do. Not that that stopped me (Dinah).*

Dinah explained how role modelling for her appeared to have been more through peer networking and her own self agency, by contacting the person in charge, she had obtained research projects through knowing people in the right positions. She had been encouraged to apply and acquire a DH fellowship when she was looking to start her PhD:

> *I have always admired people in terms of role models who have taken a risk and jump into the unknown and it has usually paid off and that is what I have done. So when the options come up, see how it can work out try and do it and look at different plans, Plan A and Plan B (Dinah).*

Helena said how in her first role she had received informal mentorship from a senior nurse who had been working with her. But as for formal mentorship: '*Mentorship, I don't think I have been particularly well mentored'.* Helena did acknowledge however that she had help along the way when she was trying to finish her PhD. Her employer at the university gave her a mentor, a professor in another department,

who she met twice and she said: *'I can remember both occasions and the advice she gave was golden'.* Elaborating on this she said:

> *When I got this job, which was seven years later and I emailed her and said thank you, because half of it was her. I hadn't seen her since and [when discussing getting the PhD finished] she said it only has to be good enough, so stop messing around, so I wrote it in 6 weeks and she said- now you've done that what are you doing next?...Well get on with it and it wasn't anything particularly wise…She said, write your publications, get on with it. Go for it (Helena).*

Rosalind told of her mentorship experience which although informal, appeared transformational and she said it provided her with so much. She told how she did not know her capabilities and how this mentoring encouraged her to recognise what she was capable of:

> *To be honest, I don't think I have ever realised how much potential I had until he showed it to me. A whole new world opened up...My boss, a man…was terrific. He taught me how to think critically, and what the world of academia had to offer. He allowed me to work autonomously but was always there to guide me when I needed it (Rosalind).*

As identified earlier mentoring was excellent for Jane in her first post, with a supportive and experienced manager, she always managed to be *'debriefed after complex situations'* and was positively encouraged to undertake projects and research activity. She made contact with a senior academic following a recommendation through a leadership course. He gave her coaching and advice on how to progress to the SMT and helped her make a plan. After successfully attaining this she then spoke of the lack of mentorship saying: *'I didn't know what had hit me…I couldn't do the job…I felt all at sea'* and quickly made the decision to get herself a mentor who she now sees every six months for advisory meetings. The top manager's programme she attended gave her another very senior mentor. The view that Jane holds on mentorship is that *'it's important and if you had it – then you can give it back'.* She mentors staff at various levels, including those in senior positions in her school of nursing.

Multiplicity of roles for the nurse educator

Dinah then described the tensions in the role of a professor in managing research obligations alongside specialist practice. Today, professors of nursing must be competent, up to date nurse practitioners, with close links with practice and also registered nurse tutors, to teach nurses. These are the requirements of the professional body, the NMC:

> *If you've been in practice and you come in as a research person or a research assistant or you've done your PhD in a certain area and then you've gone onto develop research projects from that, you lose your speciality and you sometimes feel you are at a loss when you try and get back into that area (Dinah).*

The university that had previously rejected Dinah now backtracked on their previous decision and asked her to run their Masters programme. Apparently they couldn't find anyone but her with the '*right kind of publication/ research profile'*. Not letting her previous disappointment stand in her way she took the role but said: *'The only problem was* [now] *it was a long way from home'*. There appeared to be even greater differences between nurse academics and nurses in practice at that time than there is currently, as nurses with a PhD then, were viewed as particularly out of the ordinary.

> *You see when I got my PhD – it was in the early 80's you couldn't go back to practice, they wouldn't have you. People who were there were smart enough to know that a staff nurse coming along with a PhD would be trouble. And they would be right, they would be right (Dinah).*

Helena started as a staff nurse on night duty, not her first choice but she said in the gloomy job market, it was the only job she could get at that time. Incidentally it then provided some informal mentorship when she described how:

> *The night nursing officer one night in the kitchen when we were having our break at 4am said…get yourself off and get a career. You are wasting your time on here and I can see you in another ten years still sat here (Helena).*

The traditional route to post registration training at that time was through short courses and Helena applied for a course in intensive care. Interestingly she *'hated'* the intensive care course, turned down an offer of a post there afterward, working for

a nursing agency instead. Finding herself between jobs and without any idea what to do next, Helena told how she tried the local hospital for vacancies where she met a '*helpful woman*', filled an application form in and was told that if her references were satisfactory she could start on the Monday, in a post on a surgical ward. Helena said:

> *Fine, wonderful and then I discovered she was the Director of Nursing Services and she was wonderful and she always supported me from that moment on (Helena).*

Next Helena started a degree course, but kept working as a nurse but did take a year off to finish the writing up but also undertaking another research project. After going back she was promoted and became a clinical nurse specialist, which also came with responsibilities to teach in the school of nursing, both specialist subject material but in her case, research methods, because: *'I was one of the few nurse teachers at the time to have a degree and have done research'.* Her next role was as a university lecturer which she reported having come about as she had felt irritated with her work situation and also she said: *'I was just about to get married and we were talking vaguely about kids and it seemed a good thing.'* After working at that university for a period of time she then moved as her husband got a job elsewhere. She took another post where she worked for eight years, a time during which she undertook a teaching qualification.

Rosalind was particularly vocal about the stimulating environment of working in HE. She told how when she went to work in the university:

> *This whole world opened up, a world of investigation, of curiosity, of learning, of being confident enough to be the voice of considered opinion, of being listened to and respected, and having my opinions sought.*

She described how she found working at one of the top universities: *'the most stimulating and interesting thing I heard had ever done'.* However in her department, which was clearly research productive, most of her colleagues were medical doctors by background, rather than nurses. They were all reported as happy to teach her and support her and she said she found no barriers put up because she was a nurse and she was treated equally and fairly at all times. She said how she tries to maintain her clinical links, both as her professional obligation to the nurse professional body but also because it gave her professional credibility.

Jane appeared to have had a form of epiphany when she went to university, reiterating some of the thoughts of Rosalind when she expressed how exciting she too, found the stimulating environment of HE. Recalling how *'a whole other world opened up with people doing degrees in things I had never heard of'*. Her life experience had given her good skills in managing herself in relation to time and studying but she had the *'realisation that people from my background didn't know anything about this'*.

Having been encouraged by her sixth form college tutor to take a degree in nursing rather than a diploma, Jane considered applying to several universities, subsequently choosing one in London that retrospectively turned out to be a very wise choice in respect of her future career. The choice was fortuitous in that she found herself being taught by several of what are now high profile nurse academics and they *'inspired her to become a lecturer'*. She *'enjoyed the clinical and academic work'* and found in her fourth year, she had a particular interest in oncology. After graduating she was successful in getting a post in a new oncology unit, next taking a post-registration course in oncology at another educational organisation. A post at a regional hospital followed the course and she found her experience there considerably different. She said *'it was like going back in the dark ages'* indicating that it was not what she had been used to. This period was a time of change in nursing, with the move from task-focused care to the nursing process and although this had commenced in the 1970's, it was progressing very slowly across the country. The task of moving the team forward to this approach, she felt was a monumental one and said *'I learnt more about change management in that year than I was ever to since'*. Then deciding she wanted to do Macmillan (cancer and palliative care) nursing, she thought her best route would be to undertake a community nursing course and started back at a university near to her first job in oncology nursing.

This time was used effectively, publishing an article from her dissertation and also started to acquire funding for small projects she also got involved with a nurse professional body at their institute. Then deciding she wanted to *'do a PhD'* she began writing around to different HEI's three of which sent her a prospectus, and one of which contacted her by telephone. The Head of Department contacted her because her curriculum vitae (CV) appeared to be a good match to the future direction that that HEI were hoping to take asking her to come and see them. On arrival she was surprised to find they had recently taken on a new professor, who she knew as she had worked with him in one of her previous roles. She managed to

get a job at this HEI as a research assistant and became more involved with early phase clinical trials.

This then led to a successful application for a PhD fellowship and she had two well known nurse academics as her PhD supervisors. Saying she felt lucky and how she *'couldn't help thinking I am being paid to do this'*. The ability to build networks brought what Dinah termed earlier as '*valuable opportunity'* for Jane and there was an intrinsic value that access to these networks provided. Having such well regarded supervisors proved invaluable for forging relationships with the nurse leaders of the future.

When each individual was asked to reflect and consider if any significant incidents had been responsible for them moving job and organisations, their answers were mixed. Anna had been approached to apply for at least two of her roles and timing in relation to both her professional and personal life was influential in moves through her career trajectory. An example given was how when she worked as a senior lecturer it became apparent, she observed, that due to the climate in HEI at the time individuals were being pigeonholed as either researcher's for the Research Assessment Exercise or teachers and administrators. This enforced restriction and labelling angered her and subsequently she was shortly offered the role of professor at another university. Later she was offered the post as Dean. The difficulty in not having a current research/publication profile was highlighted and in respect of this she felt obliged to insist on a splitting her role between that of Dean and Professor. Anna described the tensions in managing time as difficult:

> *If you are a lecturer, tied up in day to day teaching, administration of courses, quality assurance…it can be easy to lose sight of the bigger picture and what's going on (Anna).*

She also highlighted the difficulty in developing a research income, how time is taken up applying for grants that are often unsuccessful and the only way you get paid for research is by bringing money in.

Carolyn said her first significant incident surrounded her decision to leave further education and sacrifices she had to make to further her career: '*I was head of department there. I took a £5K salary drop to go to HE'.*

The second difficult decision she took in this advancement of her career was she said when she chose to leave her role in a Russell Group University:

I had been there 8 years, I had got my PhD, it's a Russell group university-well recognised, I liked the people I worked with but the problem for me in being in an institution like that was it didn't fit with the kind of person I saw myself being in the long term. It's a lot harder to make differences and change in a long established institution (Carolyn).

Dinah had sought out jobs elsewhere when she had not got promotion, putting the reason for not getting promoted down to her skills being too much in demand in the area where she was already working. In effect, if the role one plays cannot readily be filled by another, this can be restrictive. She felt blocked from promotion. She said:

I decided I was going to leave, so I just went and handed in my notice. They said where are you going to go I said I don't know yet as I haven't got a job but I expect I will have by the time I leave here and then I just went for interviews (Dinah).

She got the next post she applied for elsewhere in the country, a promotion, and the job worked for her as she had no family ties or obligations at this time and was free to move wherever the opportunities arose.

Helena said her next job move was in response to her feelings of discontent about not getting a post where she was already working. She reports being 'narked' when she was told: *'It wasn't my turn. Interestingly it seemed to be a couple of chaps turn but not mine'.* In view of this rejection, she responded to another role offer at another university. In time another role came up for graduate tutor and she said: *'I hadn't quite finished my PhD at that point and I put in for it and didn't get it and again I was miffed'.* So she applied for a post as head of Nursing at another university, got it and remained there for several years. Interestingly, she said: *'Had I been offered the post-grad tutor in the organisation I was in, I would not have gone'.* She reports how the Dean asked her if she wanted to be persuaded from going and now she wonders, although it was a more senior position, if it was the best move for her. She told how she felt she was in the place in her career:

Where people I had taught were getting chairs and I was not. It became a sort of issue to me…I applied for a chair elsewhere and didn't get it, but I

> *was told I was appointable which gave one confidence and then someone*
> *suggested I applied for this, and got it and came and its fine (Helena).*

Rosalind found herself in circumstances that made her want to leave her post. She described how in one role: '*The people I met* [in that particular European country] *were openly hostile, and how they didn't want any outsiders in that position'*. She described the work situation as *'poisonous'.* She put this down to the local staff being a long way behind in research terms, which one surmises possibly made them feel resentful and envious. This reaction was particularly disappointing because she had been appointed to drive forward a government agenda, to develop a research active environment, which had considerable financial support. After this she moved to another European country, more research receptive but where she then reported how she experienced a different form of discrimination:

> *One of the hardest things to deal with in the UK, or at least to me in a work*
> *situation, was the patronisation of misogynistic imperialistic university*
> *management, who saw me not only as a female but as a colonial, and*
> *made no bones about telling me so…made me feel that I was a real*
> *upstart. I didn't take it personally, well I tried not to, as I saw them do it to*
> *others in the university as well, and they were British (Rosalind).*

Rosalind told how she found these comments difficult and how the atmosphere impacted on her work and efficiency. She said the main crunch came when in university senate, when she questioned something the vice chancellor had said: *He made a statement like 'well…back where you come from it's different'. And he wasn't being funny'.* Rosalind left the UK as she said she realised:

> *I could do more with nursing in* [her country of origin] *than I would ever be*
> *allowed to do in the UK…and that that nursing in the UK was so far behind*
> *the rest of the world (Rosalind).*

The change of role for Jane followed sending out her curriculum vitae to various HEI's that prompted a telephone call from the head of department at the HE where she now works. A new professor was commencing in post there and Jane's background was a good fit for the direction the HE was intending to move forward in. Jane knew this professor and had worked with him previously in another role. This was the next step in her career development and she moved relatively quickly through from research assistant to senior lecturer and when she applied for a post as

reader was offered a personal chair. This post as professor was because the HEI was in the process of building up the area of expertise that Jane was involved in and they said to her that although her criteria didn't match what they were looking for they were giving her this '*on her potential*'.

This potential was managed by her organisation and she managed to acquire further promotion to the SMT. This was a different experience and she said '*I didn't know what had hit me*'. This more senior role was more uncertain for her and she felt exhausted and was thinking '*I can't do the job*' and described how she felt '*a bit at sea*' (Jane).

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These findings relating to the professional theme also include the way these experiences made the participants felt about their role. Did they hold a positive outlook about their future as a professor?

Anna reported that: '*I love my job and that's why I am willing to do it and give it time and energy*'. Acknowledging her personal experience of burn out, she said: '*When one feels like that it is essential to get out and not spread misery to others. If I had my life again I would be far more focused*'. Anna discussed how more recently, newly qualified nurse educators had different career trajectories through to PhD in comparison to: '*Our experiences where we have had careers as health professionals in practice for a considerable period of time, prior to us becoming academics*'. In regard to her current role she said:

> *I don't see myself staying in management, so I see myself giving this its three years in the first instance, then there's opportunity to extend to five…but I don't see myself thinking God I want to be a pro-vice chancellor or a chancellor, but then you could say, yeah but you've said that before (Anna).*

In relation to progressing ones career the notion of self agency was expanded further by Carolyn saying it was essential to move ahead, regardless of how ready one felt: '*If it's not for me then I can step off*'. She said she saw herself: '*Taking the opportunities as they arise*'. In regard to mentoring others however, she said:

> *My role now apart from supporting and driving the research development of the teams…is that I have a role to play in terms of mentorship and role modelling and raising the profile of not just women, but black women in*

particular in management or leadership type roles. I think that's the job I am here to do (Carolyn).

Dinah's challenge was in getting a practice focused role once she had her PhD. The gap between practising as a nurse and working as a nurse educator was too large to be bridged at that time:

I actually wanted to get some hospital management experience but couldn't get a clinical nurse manager post. I could get shortlisted because they always wanted to have a look at me with my PhD being uncommon at that time, but nobody would take the risk and one of them he said you're really great but they appointed in internal candidate as they couldn't take the risk. I applied for a teaching post elsewhere and didn't get that… you know these places were going to have to develop their nurses research careers and they weren't employing people, it was the early 90s (Dinah).

Reflecting and thinking over her career on how she had not set out to be an academic, she said:

I always wanted to be a chief nurse I regret that not being able to get a post, but then research gave me opportunities so I could work in education and research and then this post came up and that was a specific condition of the endowment, its not easy to keep to, there's a lot of pressure for you to be constantly researching…managing it is quite difficult (Dinah).

Helena discussed how others perceptions of you, both formal, through annual developmental appraisals (ADA) or informally through generalised comments, could be a challenge that could impact on ones career development:

People have a perception of you and put you in a pigeon hole… when I didn't get promoted here the first time, the feedback was that it wasn't your turn but of course you applied for the next step up which was PL but really you should be looking at readership, well I didn't view myself as a reader (Helena).

She felt she didn't have sufficient publications to be a reader and that the capacity of the role she was in was the role traditionally assigned to a Principal Lecturer. She described how she was: *'blocked from getting that promotion which meant I had to*

struggle on being paid less and doing the job'. Then she told how a potential employer said they could not see her as a manager and she said '*I was a manager in the NHS for 20 years'* (Helena). Saying to her: *'Well you are a bit of an intellectual aren't you?* Helena replied: *'That is not my view of myself and having had my baptism of fire in management maybe I wouldn't go there again'*. She was now having private executive coaching, with a woman, looking at:

> *What I want to do, because I have no idea. Everything I have done has been happenchance and it would be great to plan (Helena).*

Looking ahead to her future, she said that she missed the nursing and health services climate:

> *I would love a joint appointment…I love people and one of the depressing sides about being a professor is you could end up never seeing anybody. It's very lonely. So I don't know if I really do want to be a Dean (Helena).*

Rosalind told of how her experiences with others had been mainly positive:

> *I went on to have two subsequent supervisors who also were terrific and from whom I learned heaps about social research and also with my post doctoral supervisor.*

She said: *'I am still good friends that these three men who have contributed so much to my life'*. She then told of a male professor (of medicine) who shared his knowledge, time, and ability, saying how: *'He has taught me how to rise above the politics in which it is so easy to become ensnared'*.

The differing levels of support Rosalind received from nurse colleagues were discussed, in comparison to that from medical colleagues and Rosalind said how:

> *Most…nursing colleagues were very supportive of the ground I was breaking…some senior nurses told me that what I was doing 'wasn't nursing', that I shouldn't be working in a medical school, and were openly critical and not supportive, all a bit sad (Rosalind).*

Whilst working in another European country Rosalind found big challenges realising that the communication styles were actually very different. Saying: *'I couldn't work*

out what was going on half the time'. There appeared to be subtle level of communication that was going on below the one Rosalind was receiving from those around her, which was isolating. In response to this she left and took a professorial post in the UK and said how: *'Dealing with British culture was much easier. The British are probably the most polite people on earth, something that made it very easy and comfortable to live there'.* She told of the complexities she found:

> *Working was benighted by all the problems that surrounds nursing education in the UK, for example no independence because of being tied to NHS funding, and very low rate of nurses acquiring degrees, dumbing down of courses to accept students under the widening participation agenda, and lots more (Rosalind).*

Thinking of the present, having subsequently left the UK and successfully obtained a professorial post in her country of origin she said:

> *There is such a can-do attitude here. However, as in all universities, funding is dependent on getting grants, and this is really hard work. I love academia, I know it is hugely pressurised, achievements required by the University at professorial level are huge, as are the expectations. It means I work most evenings, early in the morning, and at least one day every weekend (Rosalind).*

The involvement with her specialist practice subject was what appeared to promote Jane's earlier career development and her first post in a new unit provided practice and research opportunity. The next post she was successful in getting then started the move upward to the current role on the SMT. She says sometimes she does get '*quite nostalgic*' as she misses the nursing school. Saying that whilst she had *'excellent mentoring'* in her first post after qualifying as a nurse, *'lack of mentorship was her only issue'* in her role at the more senior level. This concludes the professional influences theme in relation to the findings and the illustration.

Social capital factors

Socialisation experiences shaping career trajectories

All participants' personal accounts tell their individual narratives of family background, their experiences whilst growing up and how their lives evolved. It is important not to make assumptions about similarities we may see in the differing accounts, Letherby describes how 'women share experiences across cultures'

cautioning on the importance of 'being aware of the complex nature of difference and diversity' (Letherby 2003:57). Categorising the social capital theme in this way, acknowledges the sense of it being multi-dimensional and whilst it is not intended to imply a grand narrative, it does serve to illustrate aspects of life and social construct, that have influenced or impacted on the participants during their life. The findings illustrate both similarities and differences in the participants' educational experiences and family lives.

Anna described herself as being from: *'A large family. I am an only girl, mid-position, in a family of six children'.* Her father was an education professional and her mother cared for the family whilst they were young, working as a volunteer and afterward working in the area of counselling. They came from a mixed neighbourhood. She described them as being: *Very fortunate. We had dad at home for six weeks every summer'* and *'yes we had advantages in comparison to other people.* Anna said *'I never saw myself as an academic'*, but did not allude to why. The proceeding paragraph provided some insight into this: She did a college course in pre-nursing, with A levels in biology and sociology and achieved this but said: *'I did not feel I had the capacity at eighteen to do a degree'.* When asked about family influences she described how she felt her father was not influential in being a role model for her future work in education, he was quoted on one occasion, when General Certificate in Education (GCE) examination results arrived as focusing on the one subject that had resulted in her getting an unclassified and therefore poor result, and overlooking the opportunity to provide positive comments on the remainder which she had passed very successfully. This statement could imply that her father was possibly influential in her not seeing herself as an academic. This was in sharp contrast to the reaction of her headmistress for when Anna informed her school that she was not staying on to take A levels, as she was going to the local technological college to register for a pre-nursing course, she was not impressed. The headmistress wrote back saying: *'This is a disaster…she won't get anywhere if she goes into nursing'.* This was felt to have been said because the headmistress's view according to Anna was that: *'Girls could do better and my headmistress was a feminist, trying to push us all to do different things'.* It could have been that she recognised the potential in her student and felt that other options could have been more suitable. When Anna was asked if they felt there was anything underlying the choice they made in the circumstances? She surmised she was good at human biology and in fact felt on reflection that: *'Nursing had been a good career for me'.*

Carolyn described herself as being from a large family: *'Nine of us all together, I am the eldest girl, I am the middle child, there are four boys older than me and they're all girls after me'*. She described how she was married with children and how she had a large extended family. Her parents came from the West Indies in the early 1960s and her first language was French rather than English. Both her parents worked. Describing her mother's family, she said they owned a bakery and that her mother was also a seamstress. Carolyn told me that being a seamstress was seen as a profession there, however when her mother came to England she worked in the hospital kitchen and also worked as a seamstress part time. Her father was a farmer in the West Indies but worked in a foundry in England. No comments were added to these statements in relation to the class and professional changes her parents experienced to allow them to get work in the UK, which was in effect to take employment of a different status to their previous employment, their country of origin. Carolyn went to the local primary school and the local comprehensive school, where she stayed for 6th form. Although she took and passed the 11 plus entrance examination, the Grammar School system in her locality phased out that year, so she went to the local comprehensive school and stayed on for 6th form and then went from there to university. She achieved her O levels, then A levels in Biology, Chemistry and Mathematics. The nursing school in a nearby city offered an undergraduate programme (only five in the country at that time, I was told) and she undertook that course. She described how she was offered: *'A place in medical school because I did originally want to be a doctor'*. Saying she decided to do nursing instead. She said she: *'Never regretted it'* saying *'it was great I loved it'*.

It could be questioned whether having parents working in manufacturing and service industries rather than the professions has any influence on knowledge of available career options or access to choice and this was not discussed further; perhaps the remark: *'I never regretted it'* may have inferred a level of self-reflection. The next statement could be seen as supporting this when Carolyn said: *'It wasn't actually until I went back to the west indies as a qualified nurse that I actually realised there was such a difference, so for me the way nursing is seen here, is the norm'*. Carolyn told how in the West Indies nursing was prestigious and there was less opportunity to stay on and go for higher education, so any profession was seen as privileged and held in esteem. Dinah was the youngest of three children. At school she told how:

> *I was in the top groups and went on to 6th form. You had to get your 5 GCE's to go to 6th form and I got more than that. I was in the top groups for some subjects but they didn't make a thing about it then- when I was at*

school there wasn't really an expectation that girls would go to university
only the seriously clever, you know the person who got 6 or 7 A grades
(Dinah).

This reflects how it was uncommon for her and most girls to think of going to university at this time. Dinah told how she visited the teacher who provided the careers advice: *'Not that they* [school] *gave you much guidance but if you wanted to go to university he gave you the form'.* She told of her feelings of surprise when he gave her the form without *'laughing'*, saying: '*The teachers didn't make a fuss of you and expect you to go to university, they never really said much'.*

The prospect that he may ridicule her could be seen as a barrier and only the more confident girls may have felt able to approach him and ask for a university application form. Dinah was the first person in her family to go to university, her father was a sailor, he had been a sea captain and her mother a nurse, there were lots of nurses in the family. Despite this, she said: *'There was never any pressure on me to do it'*. Her father wanted her to leave school at sixteen but her mother supported her to stay on. It could be intimated from this that if you went to a school where teachers did not expect you to go to university and you were the first one in your family to want to go to university, your options were somewhat limited by lack of knowledge about the mechanics of the application process. Dinah managed to overcome any potential barriers and was accepted on to a social science degree programme. She got into nursing by chance when she was in the final year of her degree, and applied for and successfully got a place on a fast track for graduates nursing course. Her career continued to progress, and she told how self agency and being in the right place at the right time, got her a variety of posts and for her at that time, without any family obligations that was relatively easy because she was able to travel around the country.

Helena told how she was the youngest of four – the oldest a brother and then two sisters and how she saw herself favoured by them all. *'I am…spoilt rotten they would say'.* They grew up on the north coast. All four had attended a local village primary school. Having taken the 11 plus examination, all then went on to the local grammar school. Today, all three siblings are teachers. She described how whilst she did not go to university at eighteen, she had planned to read history. For her at least, university was an option and might even have been an expectation. However she described herself as: *'Very left wing at eighteen and thought one should go out…'* [to work]*.* Which she then did, in a variety of jobs, none of which seemed to have long

term prospects. This working pattern made her reflect and someone suggested nursing to her. She applied and got a place on a nursing programme. Whether the expectation of university as the next step was family or school originated was unclear but she told me that her mother was a nursing sister and her father was an electrical engineer, head of the local electricity board, which in those days was in the public sector. She described her situation as: *'We weren't well off but we were sort of lower middle class'.*

Rosalind was not from the UK and described her situation in which although her father was a builder, he had spent most of his time hospitalised because of war related illness (contracted during World War II). '*All his family and my mother's family were pretty poor, and apart from one other cousin I was the first person to go to university in both families'.* Despite the expressed poverty she told how for her *'School was pretty good, I have good memories'.* She explained that she had someone who really stood out for her, and stating this person was a *'wonderful woman',* a woman whose husband was disabled in the war, and who went out to work to and how she was the first mother to go to this university. Rosalind attributed her numeracy and literacy ability to her. Saying:

> *She taught me many other things as well, including tenacity and persistence and this has stayed with me all my life…and got me into trouble because of not prepared to keep mouth shut if I think something is wrong (Rosalind).*

She described school as having *'some pretty good teaching'* and after that she went to train at a hospital which was a 3 hour car drive from home. She said she:

> *Was incredibly naive and innocent, and loved mixing with the other girls whose all seem to be far more sophisticated than I was…how nursing training in those days was pretty awful, and I have some horrific stories about my training days (Rosalind).*

Jane had spent the first part of her younger years in a market town in the north of England. Her family consisted of her and her sister, who was two years younger. Her father worked in a foundry and it was only after his redundancy following the 1970's national economic crisis that the family moved to a rural area. This she described as marvellous and she attended a local comprehensive school. She did not take the 11 plus entrance examination for the grammar school because of her being in an area

without one. Deciding she wanted to study nursing whilst at her local college, she had been given the opportunity to undertake a placement with another health care worker and *'was really excited about what she saw the nurses doing on the ward'*. This was encouraged by her college tutor who then suggested she look at going to university. This involved taking the four year nursing degree at a university rather than the three year diploma in nursing at a college for health. The personal theme has presented findings on the school/ work/ childhood family influences of the participants, but these are expanded further in the next part. The participants' family situations are outlined, for example, if they were married or in long term relationships and any children they have and if and how they feel this family dimension has affected them in their careers.

Anna told me she was married, with a supportive partner, and two children, now grown up. She had the support of her family, both in developing her career and also in moving across the country. The impact of this on the children was discussed and her career trajectory involved another two moves across the country to differing universities and these were either timed to fit in with major points of the children's schooling or alternatively, the participant commuted either daily or weekly. The challenges faced were reported as involving her partner, who although maintaining his career, had taken a *'side-step'* to support her in developing her career as an academic. The partner's career was described as *'on the up'* when they met, levelling out when he had taken a job doing shifts to allowed him to take on the major day to day responsibility of child care. She had been subjected to other people's assumptions and experiences. Some were reported to have made comments such as: *'Why the hell did you do that?'* and *'Why did you let her make the choices?'* and *'Call yourself a man?'* These reactions were identified as very challenging for Anna. Barriers in the workplace were also in existence for her when she was working on the ward and referring to the time she was at work she told how another healthcare professional asked her *'Who was looking after the baby?'* The inference was reported as being: *'If you're a woman you should be at home'*. Significantly for her, she said: *'The first thing in terms of challenges was being a woman'* and the *'second was being a woman with children'.* The research and practice tension of being a professor of nursing was reported as being a challenge. The higher you get in your career, in her view: *'The more difficult it begins to be to manage research, practice and academia'.* In respect of this in the way that others might manage it and as a problem nationally Anna considered that *'there are very few senior academic nurses or midwives who are still actually competent, capable practitioners'.*

Carolyn described the complexities in managing her career and family - she had one child and gave birth to the second the day after submitting her Masters dissertation. She said she had the support of her family in her career although she did not bring about any home moves, she commuted herself. For her, coping with pressures seemed normal and she described how she had learnt to manage her work life balance:

We have both always worked and I come from a large extended family where both parents have always worked, so it seems normal for me to do that. No one can do it without that level of family support you either pay for it or in fact you pay for it one way or another. I think that's perfectly normal I don't have a problem with it. With all my children I only had 18 weeks off because that was what you could do at the time, I couldn't afford not to be paid and be at home but that was just the way it was so I've always worked in that way (Carolyn).

Dinah had reported how she had moved around the country in pursuit of her career and then married after completing her PhD she, and then had a couple of children. Commenting on the impact of this she said:

I suppose that really cramped my style I would probably have stayed at the university, got a lectureship and done some research and I probably would have still been there'.

Rather than being a personal choice she felt obliged to move several times for her husbands work and when a job came up that seemed ideal for her outside of where she lived at the time, her husband said to her: *'If you want this job you have got to be prepared to move, somebody has to travel'.* In response to this she said how: *'The kids were still at school, there was no question of moving the kids'.* This she felt, did limit her ability to take opportunities and she told how she:

I always say to people who ask my careers advice, if you're married your career is not always your own. You can't always determine your own career and you have to take a few risks in terms of going places (Dinah).

Regarding family life Helena said she was: *'Married with kids. I've been stuck in the north of England.* [Location] *is relevant because it alters your opportunity.* Before she

moved to the north for her husbands work, they had been living in London and she said: '*If we had stayed in London* [my] *career would have been very different'.*

Rosalind was married also, with two children and had moved around the world with her husbands work. When her children were young she had taken a variety of nursing jobs with a community focus, in whatever location they resided in. When she returned to her home country she commenced a degree in nursing science at her local university. Prior to this she had been a registered nurse and had worked as a nurse but had been unable to commence an academic career due to family obligations and lack of opportunity and stability.

Jane had commenced studying for her PhD the year she got married and had to commute between her place of study and work and that of her husband. She had the opportunity to take a professional visit abroad during her pregnancy and took it. She submitted her thesis six months after her first child was born. She told how her parents gave her a lot of support and that was '*critical, helping to look after the kids in the holidays and childminding, even though they live a couple of hours away'.* Even so, she had a tight routine and had to do the nursery and school drops in the morning and collections in the evening and had to have left the office by a certain time. She told how she *'runs with the buggy [pushchair] to nursery to ensure she gets there in time'.* Her husband was described as supportive, especially with her most recent higher stress generating role on the SMT.

Conclusion

This chapter presented the research findings within the themes of professional influences and social capital. These were examined as narratives, read, examined, coded and analysed using narrative analysis. The professional theme, looking at professional influence factors covered the time span of the participants' careers and looked at any significant stages. They held a mix of chairs, personal, established and endowed. It was acknowledged that despite the nature of the chairs being different they all had a similar remit including scholarly activity, developing publications, and generating income, and this was clearly identified as a highly pressured role. In 2012 the role includes in addition to the latter remit, an expectation that their reputation will have international standing as well as recognised expertise in their clinical field.

The repeated change within government and ensuing policy directives were apparent throughout the literature review and in the research findings. The positive and negative impact it could have on the careers of professionals employed in these

areas was extracted. It was acknowledged that the delivery of nurse education takes place within the constraints of education, funding and the professional body and the exact level of impact becomes apparent through these findings, providing opportunities for some and limiting others. The findings illustrate how although women arrive in their professorial posts through differing routes, they have had to demonstrate strength of character and self agency to achieve their career outcomes. The role of mentorship in career development was put forward, with examples of how women have been supported and influenced by other women throughout their lives and career and all viewed it as valuable in developing their careers. The extent of this is further uncovered in the next chapter.

In the social capital theme, in regard to personal issues, similarities and differences were identified. Differences were found in family composition, class and level of parental education. However the narratives provided knowledge showing that whilst the research study involves only a small number of participants, all, without exception achieved very good grades in their exams whilst at school and were high achievers early on. They had all accessed a good standard of education via grammar school or a reputable and sought after comprehensive school. The common features amongst the participants were positive familial aspirations. Similarly, many had to limit their own aspirations whilst they managed their own family responsibilities. This limitation was vocalised. Several of the participants had family support with childcare but others did not, however all had to manage their family obligations alongside their career. This chapter presented these findings according to their themes and separated them into overarching themes of professional influences and social capital. The next chapter now discusses the interplay of life experience, career trajectories and professional opportunities, generated from the data, interwoven with findings from the literature review and looks at how these factors that can prove advantageous or adverse to career success.

CHAPTER FIVE – Discussion

Introduction

The previous chapter presented the analysed findings through a thematic framework of professional influences and social capital. This chapter draws together and discusses the main features from the study and includes participants' professional and personal issues interwoven with findings from the review of the literature. The discussion remains located within the framework of professional influences and social capital, outlining how these may shape women's career progress through expansion of the findings into barriers or opportunities.

Through assessing these factors in terms of impact and frequency, relationships are tentatively projected, discussed and re-examined for their role in developing a framework of career progression for women professors of nursing. This discussion is then taken into chapter six. In the previous chapter the narrative data findings revealed that the career pathways of these nurse professors had taken many differing routes, yet without exception all had utilised self-agency to achieve their position. Their professorial roles were highly pressurised with expectations that they would have a high standing reputation in their research or clinical field and generate income through their research and scholarly activity. Whatever the social class and family background of the participants, they had all been in receipt of quality education and they were all high achievers at school. Their families held aspirations for them and in turn they had also had to manage their career aspirations whilst later managing their own family responsibilities. Their individual experiences may have differed but there were many parallels. Their careers were influenced by the broader context of an altering political environment bringing repeated change within government and ensuing policy directives in both health care and education. These factors had both positive and negative impacts on their careers.

The literature review revealed that there were variances across organisations and unique differences between the experiences of national and international women academics, yet these also saw many parallels. Nursing as a relatively new entry into HE acted as both a barrier and an opportunity for career development. These factors may be within or out of the control of the individual and impacted on by their personal circumstances. An example of this is where those participants who could not achieve a promotion within their organisation were restricted in applying elsewhere due to their family circumstances. Similarly several felt unsupported in developing their research career. Individual negative self perception reduces levels of confidence,

also limiting career progression or the active seeking out of job opportunities. These factors are a combination of professional and personal and it is recognised that there are many areas of overlap. This analysed data therefore adds empirical evidence to the reviewed and recorded individual and collective experiences. The preceding chapter clearly demonstrates that women who are successful in academic leadership are exposed to a variety of factors, not all supporting their career success. These factors are initially outlined using analysed data alongside excerpts from the individual voices of the participants which augment and substantiate the evidence and in the concluding chapter are developed into factors that are constructed as advantageous or adverse and presented in table form.

Professional influence factors

Appraising theories of leadership and management through the lens of women's experiences found commonly that at SMT level, HEI was viewed as an unequal place in terms of gender representation (McTavish and Miller 2009: 189). Indeed out of the six participants, only Anna and Jane were members of their organisational SMT. Helena had indicated during the interviews that she would be interested in such a position but as yet had not been successful in acquiring promotion or felt positively encouraged to do so. This lack of positive action could limit career advancement, when leadership and management culture were seen as central to and instrumental in women's ability to progress (Chesterman *et al*. 2004). Despite much talk about breaking down the barriers to career progression, the metaphorical barrier known as the glass ceiling was still said to exist (Hall 1996; Vinnicombe and Singh 2003; Thomas *et al*. 2004; Chesterman *et al*. 2004; Cotterill *et al*. 2007; Singh 2007; Barrett and Barrett 2008; McTavish and Miller 2009).

Whilst it was generally accepted that HEI's had equal opportunity policies in place (LFHE 2007), Helena had experienced exclusion by the 'Old Boy' network and her experience was substantiated by women reporting feeling less informed than male colleagues or even excluded from information which had materialised via the 'Old Boy' network (McTavish *et al.* 2007: 188). Helena said whilst she was told it was not her turn when applying for promotion she watched male colleagues of similar positions being promoted. Rosalind experienced first hand, what she termed patronising and misogynistic remarks made by her male manager. Career progression was found not to be in proportion to gender representation (LFHE 2007; Barrett and Barrett 2011; EQU 2011), leaving women experiencing discrimination in terms of position, pay and promotion (Ward 2001; Thomas *et al*. 2004; AUT 2004; Barbezat and Hughes 2005; McTavish *et al*. 2007; Jackson *et al.* 2011). This

experience worsened for women from minority backgrounds (Wilkinson 2002; Thomas *et al.* 2004: 62; Singh 2007; Wilkinson 2009) and Carolyn responding to this, said she saw her role to mentor women and black and minority women in particular. Universities that were male dominated at senior level were the most difficult environment for women wishing to progress due to working within the combined tension of these women being less likely to apply for promotion and the 'Old Boy' network (Chesterman *et al.* 2006: 541). This was found to be most common in post-1992 HEI's (HEFCE 2010: 21). This finding contrasts with pay differences, where the largest difference in gender pay gaps was seen in Russell Group Universities and pre-1992 universities (UCU 2007). The post-1992 HEI's were then the most over-represented in terms of men in senior positions, yet the pre-1992 HEI's, despite having less extreme gender representation, saw more of their male employees still earning higher salaries than women. In terms of organisational barriers though, male over representation in senior positions remains widespread, whether in nursing or medicine (WAM 2007)

There were common areas within the professorial role, which included the traditional duties of scholarly leadership alongside more contemporary management responsibilities (NCUP 1991; NCUP 2009). Yet what Fullan (1993, cited in Kelly *et al.* 2006) calls the leadership function actually aligns more closely to scholarly activity than that of management function. Women across all levels had more human resource, teaching and management tasks than their male peers (Coleman and Briggs 2002; Calpin-Davies 2003; Morley 2003; Vinnicombe and Singh 2003; Bush 2003; Bush and Middlewood 2005; LFHE 2007; McTavish *et al.* 2007; Ismail and Rasdi 2008; McTavish and Miller 2009; Wilkinson 2009). Anna reported how there was an expectation that she would do a considerable amount of teaching alongside her other tasks, reduced her time for research and this imbalance can limit opportunities for developing the criteria necessary for promotion. Working in a supportive environment was identified by Rosalind as critical in her development and was recognised as aiding self-confidence with applying for promotion (McTavish *et al.* 2007: 188). Self perception has a key role in optimising opportunities (Coleman 2003) yet the desire to progress is seen to need to be both driven from a supportive environment and from within, applying what Carolyn called self-agency. This can be represented as self-confidence, which is crucial in successful application for promotion; yet amongst nurses in practice there was a level of esteem damaging disdain, toward those who had taken a step out and entered academia. This attitude was based on ignorance and left those less up to date, fearful that an academically qualified nurse would challenge outdated roles and practice of rituals, providing a

more evidence and research based responsive practice (Burke and Harris 2000). This threat was experienced directly by Dinah who said how she was an oddity in that she not only had a PhD, there was in fact only one other member of staff on the ward, with a degree. Similarly Rosalind was told she was not a 'real nurse', when she undertook further study. Conversely, this could be seen to apply both ways with Dinah's comment that a staff nurse with a PhD would be trouble for clinical practice, perhaps implying that those practice based staff were correct in feeling 'under threat' (Burke and Harris 2000). Those nurses who are seen as resisting educational change and favouring the old days, are accused of looking backwards with an unsophisticated or media fuelled view of nursing (Meerabeau 2001: 431; Mckenna *et al.* 2006: 135; RCN 2012: 43). This was illustrated in Dinah's narrative when she described how her aunt told her that fast track nurse training was not the way forward. There was no supporting rationale as to why it was not the way forward and for Dinah, the route was in fact very successful to her achieving her nursing qualifications and future academic progress. The view exhibited by her aunt was possibly one that viewed nurses wishing to step out of the traditional nurse training route as oddities and threatening at a time when nursing chairs were just becoming established in universities in Edinburgh, Manchester, London, Hull, Leeds, Southampton and Glasgow. The responsibility for stagnancy in nursing practice and lack of professional development did not always lay with the nurses involved as the reluctance to undertake further study did not necessarily lie with them. There were examples given where managers would not release staff for further study, limiting growth, progression and perhaps, professional competency.

The experience of being a nurse in practice prior to taking a role in education is identified as disadvantageous in comparison to other subject groups (Wellcome 2000). The lack of early career opportunity to develop a research profile was identified as a barrier to promotion. There is much debate about the practice element of a professor's role and the professional requirements and regulations of the NMC, insist on nurse academics being competent nurse practitioners, with close links with practice and also RNT status, if they are to teach student nurses. It can be very difficult for nurse academics to manage their time effectively, to include time for research yet there is an expectation from their employers that they will be active in research and publication. In view of this tension it has been suggested that practice development should not be part of the professors role, an acknowledged leader and promoter of scholarship and this has raised the question whether they should feel obliged to engage with it (Watson and Thompson 2008: 73).

In 2012 central to a career in higher education, organisational expectations are such that all academic staff are expected to be both research active (Bond 2002; RCN 2012) and generate research income (Taylor and Cantrell 2006). All research participants felt pressure to lead the research activity within their departments and generate research income through successful grant applications. Yet time given to maintaining clinical capacity limits capacity for research and for nurses academics maintaining ones role within the requirements of HEI's and remaining as a nurse on the nursing professional register is impracticable and possibly unachievable (Butterworth *et al.* 2005; Barrett 2007: 373). These push/pull factors of policy in HEI, NHS and NMC the nurse professional body were highlighted by Anna who said she stopped doing clinical practice due to the difficulties in managing research, teaching and administration. Jane had made a similar decision and these two participants were also members of the organisational SMT.

The research study findings showed that all women valued mentorship, both in receiving it and providing it. The value of mentoring in supporting and enhancing careers was acknowledged by all research participants and this positive stand was replicated in the literature (Merriam 1983; Darling 1985; Levinson *et al.* 1991; Anderson and Shannon 1995, cited in Kerry and Mayes 1995; Podolny and Baron 1997; Clutterbuck and Ragins 2002; Megginson *et al.* 2006; EQU 2011). Indeed an increase in research activity was found where mentoring took place (Levinson *et al.* 1991: 423). The pressure and obligation to undertake research activity was examined and found in several areas (Topping 2004; Lucas 2006; Cotterill *et al.* 2007; Taylor and Cantrell 2006; Barrett and Barrett 2008; Ismail and Rasdi 2008; Jackson *et al.* 2009). Mentoring was found to provide a wide range of career enhancing advantages (Hansford, cited in Hobson, 2002). All participants viewed mentoring as advantageous, such as for Anna in developing her career, Dinah in being invited to participate in prestigious research studies, which was also the case for Jane and Rosalind. In summary, they had found either informal or formal mentoring valuable.

The multiple roles of the nurse educator is pertinent given programmes of nurse education have both combined academic and vocational curriculum. Nurse education aims to deliver university educated, highly qualified, competent nurses equipped on graduation to perform a role (Quinn 2001: 1). Nurse educators then not only design, develop and deliver the nursing curriculum, they teach and assess clinical skills and monitor and support placement activity, which in itself makes up fifty percent of the nurse education programme. In addition nurse education has

changed dramatically over the last century and the exact changes occurring since 1970 are outlined in the introduction to this study. Whilst research in nursing is recognised as essential for underpinning the practice of evidence based nursing (NMC 2004) the traditional view of the nurse educator is said to be restrictive to academic endeavour (Kenny *et al.* 2004).

The career trajectory for nurses was altered when the nursing accreditation and qualification framework changed and nurse education transferred to a diploma level programme (UKCC 1986). Today in 2012 the potential career trajectory of the female nurse from lecturer to professor has altered slightly; whilst it is not necessarily easier to move up the ladder, the route one can expect to follow, does have more clarity (UKCRC 2006). The intended move to a graduate entry nursing profession by 2013 (NMC 2010a) will reinforce this. Similarly whilst there remains a wide gap between nurses in practice and nurse academics, the two groups integrate more through many forums where the two groups convene for research development, practice development and post-registration education activity. The result of this is that the opportunity to gather information about differing aspects of nursing and nurse academia is more readily available. The differences between what was expected in the 1980's and what is expected now in 2012 are significant and the participants recognised this. Anna said how different a younger professors' career trajectory was now and Helena acknowledged that progress today would be quicker.

A lack of role models remains and alongside that, lack of suitable mentoring. In nursing, figures demonstrate that 1:3 academic institutions offering programmes of nurse education have no professorial posts in nursing (UKCRC 2007). Yet it could be said that nursing generates a large proportion of income for HEI's. In one region in the UK containing six HEI's only 20% of staff in the healthcare education workforce is in possession of a doctorate. This imbalance does little to promote scholarship and research activity, all of which are pre-requisites for those looking to aspire to a professorial post. Similarly, with such a low ratio of women professors of nursing, there are clear impacts on others wishing to climb the career ladder and it could possibly be argued, little to aspire to, with a lack of senior positions actually available. Helena reported how she had been encouraged to undertake a PhD but had no idea how to apply for one or how to get funding. It could be argued therefore it is problematical for any individual to have a clear career focus that they can pursue single-mindedly when they were not even aware such possibilities existed when they first set out in their career. Anna said that being a professor was never in her mind and that if she had her time again she would be more focused. Looking back,

historical determinants (Hallam 2001) rather than meritocracies in nursing were widespread in the 1970's and deference to those in more senior positions regardless of gender was expected. Masculine power was present on the ward and earlier schools of nursing as much as it is said to be today (Morley 2003; HESA 2007; HESA 2008).

From this theme, it can be summarised that professionally there are many influences in shaping individual careers. In a positive way, some nurse academics achieved their roles in response to new posts becoming available through policy reform of nursing and education. Some women had also been in receipt of funding and esteemed fellowships with which to enhance their career prospects. All the participants had occasionally been positively influenced by others and were repaying that interest by providing mentorship, coaching and acting as a role model for newer staff. These same women and all nurses following the period of reform were also able to access HE and gain both an academic and vocational qualification, which in turn gave them access to further study and the potential to gain higher level qualifications. These professional influences emerging from the analysed narratives of women professors of nursing are shown in table 5.1 and summarised as barriers or opportunities.

Table 5.1 Professional theme informing professional influences factors

Professional barriers	Professional opportunities
Nursing a new subject area in HE with limited/ no history of research activity and general lack of research skills amongst staff nationally	Nursing a new subject area in HE within a growing department and increased levels of job vacancies
Lack of management/ organisational support regarding career options at work	Increased opportunity for new roles across a wider area of expertise in specialist nursing practice
Lack of opportunities to undertake research and develop research skills in previous role as nurse	Informal and formal mentoring by colleagues at own or other institutions

Pressure to be self-managing and juggle work responsibilities with no clear time allocation for roles/ tasks	Positive role models of other women professors during career
Lack of formal mentorship availability and no recognition of value of mentorship	Opportunities and willingness to offer mentorship to others
Difficulty in maintaining links with nursing clinical skills and areas of professional practice expertise	Opportunity and employers expectation to undertake further academic study once employed in HE

Social capital factors

The literature and study findings both saw family and social experiences influencing personal development through the process of social capital. Family influence creates experiential opportunities and barriers and this often overlaps with culture. The participants had various stories of how their career choices had been influenced. Anna felt her father had focused on her lower grade instead of congratulating her on her high grades. She said that her headmistress felt she could do better than nursing but Anna felt she was not up to studying at degree level at eighteen years of age. However Anna's father was a professor in education so this may have affected her view of degree level study. It could be suggested that familial impacts and social construction were in some way responsible for the way girls viewed their career choices. Anna did not feel her parents had been influential in her career choices, but perhaps this could be debated, as parents not being influential could be interpreted as lack of influence in assisting their child in making appropriate choices.

Carolyn was the first person in her family to go to university but after successfully gaining a place to study medicine, she decided it was not for her and applied to university to do a degree in nursing. Dinah's father wanted her to leave school before 6th form and get a job but her mother intervened. It can be seen that some participants were exposed to social influences that expected less of them educationally, fitting with the notion of 'gendered expectations' (Mathers-Saul 2003: 27). A positive role model need not originate in work environments and Rosalind described school and her teacher as influential in her development, saying that she learnt the value of tenacity and persistence during her time with her. In Rosalind's

narrative this personal characteristic was clearly called into being when she experienced several episodes of discrimination. Family and cultural influences feature strongly in reinforcing patterns of behaviour and encouraging change. In Dinah's view, her father believed it was appropriate for her to find work as a farm secretary but her mother had experienced similar obstacles in her own personal freedom to choose her own career and gave her full support to Dinah. This allowed her to stay on at school and then go straight to university. Arguably this move assisted Dinah's career success.

Helena was the youngest of four and she had intended to read history and politics at university, but decided to get a job and work instead. Rosalind was the first person to go to university in her family and she enrolled onto the very first degree in nursing course in her country. There were additional benefits to achieving good results in A levels, followed by a degree, because these good results provided these candidates with opportunities to go on and apply for scholarships or fellowships. It could be argued that these opportunities heightened the chance of career success for those allowed access to them. To a certain degree, without minimising the self-agency and determination that would have been needed to fulfil these obligations, they seemed almost rolling programmes of opportunities and success. Some of the participants, such as Rosalind and Dinah, were fortunate in that they were recognised as being very able and got posts as research assistants in the HE they had graduated from. Rosalind was then able to use the study she was a research assistant on, as her thesis, toward her Masters post graduate qualification, this led to her being successfully awarded a research grant from the medical research council and she was the first nurse to receive this medical research grant. As she then began studying for her PhD, she was then offered a post doctoral fellowship in a related subject. She then won another scholarship, which enabled researchers to travel internationally when all national data is exhausted to further pursue their topic. This provided her with both credibility and network opportunities for many future research collaborations.

The opportunity to apply for a Department of Health Scholarship arose for Dinah when she obtained a post at a nurse degree awarding university, which were scarce at the time. She said how she was there at the right time because previously all scholarships had been awarded to senior people but due to policy change they were looking to award the funding to early career researchers and Dinah was applying for her PhD funding at the right time. Timing remains a key feature of success and in times of nurse education restructuring (UKCC 1986; DH 1999) practitioners were

successful in accessing increasing roles in education and academia. Conversely, it can have negative associations illustrated when Dinah was unable to acquire a role back in healthcare at a time when education was seen with suspicion and was limited also in obtaining a job in nurse education in a rural area, due to her advanced qualifications.

The analysed data revealed how the participants all achieved a good level of education, acquiring good passes in their GCE examinations at 16 years old and then exiting with good A levels, whether from 6th form or college. This suggests they were all of above average intelligence and had the appropriate education to support their level of intellectual ability. It is possible that anyone with the correct criteria, a first degree, a higher degree and or PhD could apply for a professorial post but arguably the potential applicants will have a social/educational background, in the main that replicates the background of the six participants.

The acquisition of fully funded research studies at PhD level that Anna, Dinah and Rosalind were able to avail themselves of is a distinct asset to their curriculum vitae (CV) when applying for further promotion (UKCRC 2007). Similarly beneficial, was Jane's post as a research assistant. This does not imply that individuals with a lesser academic history or lack of family support will not achieve work as an academic, nor when doing so be prevented from climbing the career ladder, but signifies that potential for success is indicated early on in an individual's life and family and culture can positively or negatively shape that potential.

Feminism cropped up several times throughout the interviews. Anna openly described herself as a feminist. In the literature review feminism was seen as clearly linked to power and leadership through emancipation (Strachan 1999). However it was also highlighted as potentially damaging in as much as it was safer for women to detach themselves from feminism to progress their career (Hall, cited in Reynold 2006). It is significant then that only one woman out of six described herself as a feminist, however it could be argued that there was evidence of emancipatory behaviour in their actions of providing mentoring to others and it is perhaps noteworthy that one of those is the participant who described herself as a feminist. The nature of women to women relationships took forms that ranged from gender solidarity to female misogyny (McTavish and Miller 2009: 356). Barriers arose in the form of the assumptions and discriminatory comments of others. Anna told in her story how two of her challenges were both being a woman and being a woman with children.

Women who decided to take career breaks to care for their family paradoxically had limited opportunity to return to their earlier status, if outside the period of standard maternity leave. These women are still less likely to get full time, permanent contracts; all factors which impact on the women being eligible or supported by their department to apply for research grant funding (Wellcome 2000). Women it seemed were judged negatively if they returned to work or suffered reduced career/pay status if they had time off to care for their family (Woodrooffe 2009: 3). In this study it was identified that Anna, Carolyn and Jane all had minimum maternity leave and returned to work whilst their infants were very young. Anna and others seen through the literature review were subject to unpleasant comments and observed as an 'objection from nature' when, as mothers, they left their children in the care of their husband whilst pursuing a career (Mathers-Saul 2003: 27); yet Rosalind, Dinah and Helena followed their husband's to assist in pursuit of their husband's career, without any negative judgements. It could be hoped that these negative attitudes are becoming less predominant and that women will have increasing opportunities.

Behaviours that restrict progress can be cross gender and these impacts on career development are limiting to the individual and arguably the organisation. The lack of clear career advancement plans in HE remains detrimental to the organisation as well as to the individual. More than one participant left their post to take up another elsewhere when they felt overlooked for promotion or pigeonholed into an area they disagreed with. This resignation brings about the loss of a well qualified individual from an organisation that is constantly developing new staff to post graduate and doctoral level. This is both economically and operationally questionable, because whilst it is essential to accept that career progression through a relatively mobile and changing staff base can be energising and positive, having the most experienced and highly qualified leave out of discontent is not. The opportunity to be part of a progressive professional environment is essential to career development.

The social and cultural experiences of women may differ but family support featured highly in aiding women achieving career aspirations (Cubillo and Brown 2003). Family life impacts on opportunity and potentially limits career prospects, across all life stages. Initially the participants own family life and childhood set the scene for access to positive parental aspirations and good schooling. Then through later stages impacts and ties within geographical areas were observed with restricted mobility relating to partners jobs, children's schooling and the fulfillment of family obligations. Although some individuals managed to negotiate their way around this, it is not known what cost this brought to them or their families was and we saw how

several participants took minimum or reduced maternity leave. There remains therefore a much deeper level of narrative story telling in the participants' transcribed narratives, which go unexplored.

Several participants vocalised how they felt the national and international travel in support of their husband's career, had been detrimental or delaying to their own. Dinah followed her husband around from country to country, increasing her family on the way. She said she felt limited career wise at that time in that she felt before her time. The situation was similar for others. Rosalind had two children and moved for her husbands work over a 16 year period taking various nursing jobs, which delayed her entry to HE. Whether the participants felt their situation was influenced by their desire to have a family was open to debate. Helena described herself as stuck in her marital hometown and it had altered her opportunity. Dinah said that she could not move due to the young age of her children. In view of their individual circumstances and after seeing what others could manage, some attempted to alter their approach to family and work and then took on house moves as the children got older or commuted lengthy distances.

The personal theme is heavily impacted on by the notion of culture. This is illustrated in the area of relationships, marriage and having a family (Cubillo and Brown 2003; Rubagiza 2005). Internationally in some studies education was seen as detrimental 'highly qualified and high achieving women…had reduced chances in the marriage stakes' (Cubillo and Brown 2003: 286). This may have less impact on women in the UK but it could be argued they experience a reversal, where marriage and having a family reduces their chances in the career stakes. Rosalind described how her cultural background did not automatically prepare her for working in other English speaking countries. Meaning that speaking the same language does not automatically translate to a combined understanding. However Rosalind described most elements of her British experience positively especially when dealing with peers and students. Yet she did note the forwardness of some British academics being undermining and discriminatory towards her, in a manner she termed 'polite'. The fact that Rosalind was seen as a success as a professor was seen with equivocality as it also jeopardised her security at work. It made her a potential target and the reality of being an outsider was harshly illustrated in the earlier excerpt when she was described as a 'colonial' by a member of her employing HEI SMT. These personal influences presented as social capital factors emerging from the analysed narratives of women professors of nursing are shown in table 5.2 and summarised as barriers or opportunities.

Table 5.2 Personal theme informing social capital factors

Personal barriers	Personal opportunities
Being the first person to go to university within the family	Self-agency and being in the right place at the right time
Difficulty in fitting in when working in other cultural environments and lack of awareness of this	Family influence both as a child growing up and as parents with children
Meeting family needs and being available to children and partners and other family	Being the first person to go to university within the family
Discriminating comments relating to race/ origin or gender by colleagues	Societal acceptance of women pursuing education/ careers
Societal expectations/ discrimination towards women around their role as mothers and carers	Positive female role models

Conclusion

This chapter looked at the barriers and opportunities to career success for women professors of nursing and considered these findings in relation to the key issues around leadership and management, role models and mentorship, the multiple roles of the nurse educator, social capital and career success. These factors may be within or outside of the control of the individual and impacted on by their personal circumstances. These factors were presented in the thematic form of professional and personal.

The professional theme showed that nurse educators were found to have started off at a disadvantage due to the late entry of nursing into HE. Yet this proved advantageous for some who then gained employment in the newly expanding area

of nurse education. The altered career trajectory and academic expectations for nurse educators has more clarity. However, this career pathway is not yet fully supported with suitable role models for those aspiring to professorships and 1:3 universities running nurse education programmes have no professors in post. Advances have also been seen with more integration between nurses in practice and nurse academics. The literature review revealed many parallels across organisations and between the experiences women academics nationally and internationally. The experience of being a nurse academic and having to be both competent as a nurse practitioner, maintain professional requirements to the NMC, teach nurses and sustain close links with practice, brought time management difficulties. This was compounded by the expectations that academic staff be research active and by doing so, generate income. Opportunities were available for women to access career development activities, but many women felt ill informed and under-represented in senior positions. Self agency remained a strong feature in managing these constraints and developing career opportunities.

The personal theme found how family experiences and educational experiences were influential in shaping career choices. Most participants had positive experiences and encouragement at school and this was then followed by professional success when some achieved funded fellowships and research grants. Most participants struggled to manage their family life and the majority felt that accessing career opportunities had been shaped by their choice to marry or to have children. The preceding chapter clearly demonstrated that women who are successful in academic leadership are exposed to and experience professional influence and social capital factors that develop esteem and build strong foundations for career development.

CHAPTER SIX – Conclusions: towards a framework of career progression

Introduction

This research study set out to explore the little researched area of women professors of nursing, gathering data on their professional and personal experiences in order to develop a framework of career progression. This study has been influenced by my personal knowing and positionality in that I am a nurse by background and I work as a nurse educator in HE. So whilst this research study is set within the context of HE it is informed by the concept of nursing as a profession which is shaped by the political and the professional. Nurse education from 2013 is set to become a graduate only profession and is intended to produce nurses with high level analytical and problem solving skills. This will add value for those aspiring to progress their careers in nursing or become professors of nursing in that they will achieve their degree as part of their nurse education programme. My experience was that not only did I undertake my degree after I had qualified as a nurse; I had actually achieved qualification as a midwife and specialist practitioner before I studied for my degree. This added another step in an already relatively long journey to any possibility of acquiring a professorial role.

Having considerable direct experience of the changes and reforms in nursing and nurse education and the implications these changes might have for those considering the nursing career pathway was personally significant. It sparked my interest in the individuals who manage to achieve professorships. I asked: what is significant about them and did they have personal and professional experiences that could be attributed to leading to their success? I wondered if their success was due to a high level of self-agency or if they were lucky to be in the right place at the right time and if their route to professorship was indeed serendipitous. The impact of political and social change also interested me and I wondered what consequences these might have on career options and opportunities. In order to investigate these issues an in depth literature review was undertaken, which gave origin to the formation of an operational thematic framework, with overarching themes of professional influence and social capital. This was then tentatively separated into four: theories of leadership and management, women's exposure to role modelling and mentorship, multiplicity of roles of the nurse educator and socialisation experiences shaping career trajectories. This then became a substantive thematic

framework following analysis of findings as when they were revisited they remained the most appropriate and inclusive across categories.

The research study consisted of in-depth interviews with six professors of nursing. The analysed findings were then appraised for their contribution towards the construction of a framework of career progression and many factors could be attributed to influencing the career trajectory of women professors of nursing This has provided information that is enlightening but is, at times, predictable. The familiar and more commonly known concepts, of 'glass ceiling', 'jobs for the boys', disproportionate representation of women in senior roles in nursing and academia that are seen to have historically limited women's career opportunities, are still present; despite more progressive approaches to recruitment, employment and recognised strides forward in equal opportunities. There have been slight improvements and these can be built on as the professions of nurses and nurse educators alter with political and health reform and simply through the passage of time with the disappearance of prevailing attitudes. This research study provides new information, focused on women professors of nursing giving their view of how they have developed their careers. This allows us to broaden our knowledge of the research area, which up until now has been unexplored. The themes arising from the study can be seen in the next section illustrated in a relationship map.

Relationship mapping from thematic framework

This involved the grouping together of the four factors that arose from the earlier thematic framework of professional influences and social capital into a relationships map. These are interlinked but remain classified into four groups: theories of leadership and management, women's exposure to role modelling and mentoring, multiplicity of roles for the nurse educator, socialisation experiences shaping the career trajectory.
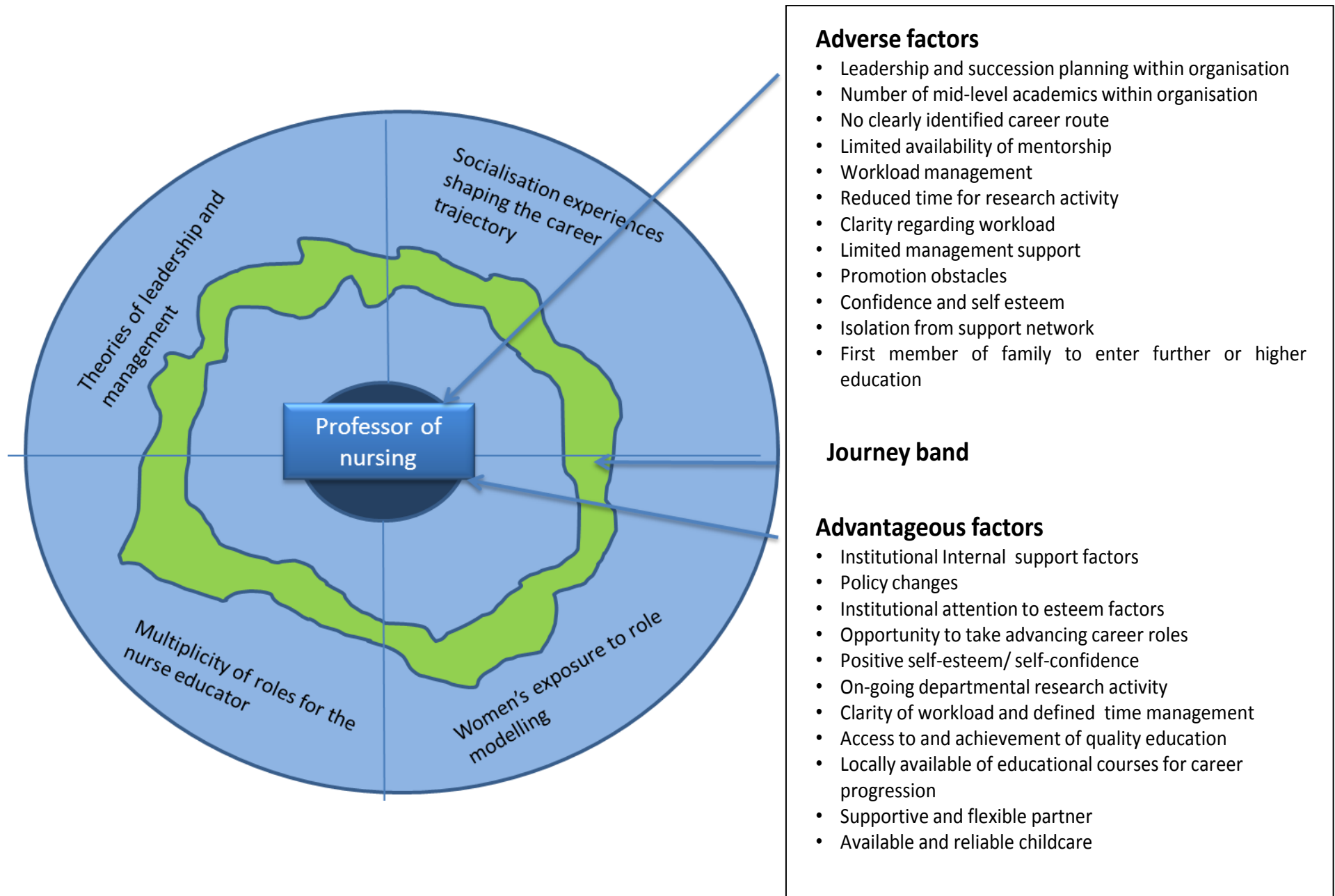
These relationship factors when mapped had significant associations with one another with the professor of nursing centrally positioned within the mapping diagram. Significantly all had to pass through the journey band, highlighted on figure 6.1 as an uneven circuit which could be smooth and easy at the point of passing, due to positive assistance from achievements such as fully funded PhD grants, promotional opportunities and other factors seen in the advantageous factors table 6.3. On the other hand it could be quite uneven, this unevenness caused by obstacles and difficulties such as career path chosen, lack of clarity regarding workload and other factors seen in the adverse factors table 6.2 The interlinking is in

areas where the groups could provide either positive or negative actions and this is seen in the tables illustrated later in the section in 6.2 and 6.3 as adverse and advantageous factors to career success. An example can be seen where socialisation experiences shaping the career trajectory also influenced role modelling and vice versa. Socialisation worked positively in situations such as when advantages in early life were represented with a direct correlation to career success. These advantages ranged from stability in family life and all the favourable assets this can provide, emotionally and physically, access to a good standard of education and positive role models provided by both family members and others that the participants came into contact with. However there were negative aspects to this when family members had a very limited view of careers and either gave biased advice highlighting their own prejudices or attempted to impose their own views of what the participant should do in terms of career. Socialisation experiences also fit within general behaviours such in the workplace, a participant is socialised into a career or role and follows the examples of those around them; hence the lack of positive role models in research or at senior levels can be interpreted as a negative socialisation experience. Socialisation overlapped heavily with exposure to role modelling and in regards to access to them, fewer women in the SMT by definition provide fewer role models and this is seen at various levels across HE. Yet positive role models are acknowledged as providing higher level of career satisfaction and are supportive to both peer networking and encouraging self-agency. These can be directed towards the professor of nursing in terms of relationship mapping factors and in return direction, the professor of nursing had a key role in providing mentorship, positive and realistic feedback and direction on the career pathway.

A similar pattern occurred with theories of leadership and management which followed a similar route directed towards the professor of nursing with the professor of nursing experiencing negative and/or positive impacts from their experience of leadership and management in the workplace and in return, how they performed this role. There was overlap between the leadership and management factors specifically the management culture in the workplace and multiplicity of roles for the nurse educator. All participants had difficulty managing the multiplicity of roles, finding that they were both supported and encouraged positively in the workplace or not at all. The experiences across all factors are multi-layered, interlinked and in the case of at least two of the four groups, have clear areas of overlap. The experiences were directly and indirectly influential and the professor of nursing in turn would potentially be key in providing some of these factors for others. These factors are illustrated in figure 6.1

Figure 6.1 Mapping of relationship factors to career success for women professors of nursing

Adverse factors
- Leadership and succession planning within organisation
- Number of mid-level academics within organisation
- No clearly identified career route
- Limited availability of mentorship
- Workload management
- Reduced time for research activity
- Clarity regarding workload
- Limited management support
- Promotion obstacles
- Confidence and self esteem
- Isolation from support network
- First member of family to enter further or higher education

Journey band

Advantageous factors
- Institutional Internal support factors
- Policy changes
- Institutional attention to esteem factors
- Opportunity to take advancing career roles
- Positive self-esteem/ self-confidence
- On-going departmental research activity
- Clarity of workload and defined time management
- Access to and achievement of quality education
- Locally available of educational courses for career progression
- Supportive and flexible partner
- Available and reliable childcare

Labels within the figure: Socialisation experiences shaping the career trajectory; Theories of leadership and management; Multiplicity of roles for the nurse educator; Women's exposure to role modelling; Professor of nursing

The experiences outlined through this mapping exercise are applicable to women in the main because women experience leadership and management differently to men; more women seem to have an unbalanced workload with more teaching, pastoral and human resource duties than men and are exposed to a hierarchical pyramid with men over represented in the workforce in senior positions. The disproportionate face of senior management and those in professorships, being mainly male and always more highly paid, reduces the visibility of women in leadership positions. A feminised profession such as nursing, in which the workforce is dominated by women, still has more men in senior positions, on higher pay than women. In nursing academia this alters slightly finding more female than male professors of nursing, but the male professors are more highly paid for the same role. Women report feeling less informed than men about promotion and career furthering opportunities, but they do acknowledge their organisation has equal opportunity policies in place. The application and success of these policies belie the fact that women are still experiencing the 'glass ceiling' and the 'Old Boy' network is perceived to be ever enduring. This limits the form in which progress is made for women in the workplace. Given the above evidence, the opportunities to access this to full capacity are limited. These factors culminate in bringing about the hierarchical pyramid which has many impacts, such as reduced same sex mentorship and role modelling for women. Networking is found to be critical for women in accessing career development opportunities, enhancing their collaboration, creativity and providing assistance and support. All these factors can be influential on how career success is influenced in terms of time and opportunity and they can be identified as adverse or advantageous.

Adverse and advantageous factors to career success
These factors can originate from both professional and personal experiences. In terms of professional one aspect that has been identified as crucial is mentorship, by providing aspirational role models for women and in doing so can offset the imbalance of the 'Old Boy' network. It has been identified that women who have good mentorship have higher career satisfaction, more publications, increased research activity and an increased sense of belonging in the work arena. The study found that those participants who had been formally mentored at an earlier stage, accessed more senior roles sooner and felt more able to progress their careers, knowingly. It was also seen in the findings how one participant felt overwhelmed when she was first promoted into the SMT and lacked mentorship. This difficulty was overcome through self-agency and she acquired a mentor, yet this could have turned out very differently. It was not clear whether the formal mentorship experiences in all

cases were part of a larger organisation plan to develop the workforce and as such would have positive promotion strategies embedded within their staff development policies. The fact was that mentorship definitely worked for the benefit of the individual and the organisation.

The socialisation process historically endemic in nursing has in the past, limited career aspirations outside of the hospital setting, whether it presented as using clinical skills on the ward or working as a tutor in the school of nursing. Nurses in 2012 are expected to be highly qualified, academically able, practice competent and up to date with clinical skills. Nurse academics are expected to have all these requisites but also be research active, work on developing publications, teaching and administration. Many also develop tenders for contracts, service contracts with other agencies and the NHS and manage staff. Some participants noted that their arrival to their professorships had been serendipitous. Health and education policy changed the status quo with the move of programmes of nurse education to HE and now to all graduate nursing. There is now more clarity for those nurses wishing to develop as academics and all the participants had been nurse lecturers, senior lecturer, readers, or research fellows prior to taking a post as professor. Table 6.2 illustrates how professional and personal experiences might be identified as adverse factors in terms of career success and these factors are coded in relation to their originating relationship group.

Coding of relationship factors:

- Socialisation experiences shaping the career trajectory   **SE**
- Women's exposure to role modelling   **RM**
- Multiplicity of roles for nurse educator   **MR**
- Theories of leadership and management   **LM**

Table 6.2 Adverse factors to career success for women professors of nursing:

Codes	Adverse factors
LM	**Lack of clear leadership and succession planning within organisation**
LM, RM	**Limited number of mid-level academics within organisation**
LM, RM, MR	**No clearly identified route to achieving role as professor**
LM, RM	**Limited availability and lack of standardisation of mentorship**

LM, MR	Difficulty in workload management/ lack of support in dealing with the conflicting demands and balancing research and teaching/ overwhelming responsibility of management, teaching and administrative work and pastoral care
LM, MR	Reduced time for research activity and research grant applications
LM, MR	Lack of clarity regarding workload responsibility and lack of clear direction
LM	Limited support from management due to a variety of reasons
LM, MR, LM	Difficulties and blocked from promotion due to unforeseen circumstances and hidden agendas/ internal politics
SE, RM	Lack of confidence and self esteem
SE	Isolation from extended family due to circumstances such as husband's career move
SE, RM	First member of family to enter further or higher education

Social capital, that network of social relationships that influence women through life and their career pathways has been found to affect career progress in this study. Familial background, family support in creating and accessing aspirations, sharing childcare, role modelling, standard of education, all provide shape and structure to life experiences. The study findings illustrated that all the participants attended reputable schools, mainly grammar schools and all achieved high grades in their examinations whilst in compulsory education and sixth form. Whilst some may have accessed their professorial roles through non-traditional routes they all had high calibre traditional nursing backgrounds. These were accepted as advantageous factors in developing their careers.

These women are successful professionals with a career history that has supported their access to professorial positions. Some have been successfully formally mentored whilst others have sought out informal mentorship to assist them in achieving their goals. They all had a relatively stable two parent upbringing and their families were encouraging of education mostly and held high expectations for them. This was replicated by some of their teachers. All were married and had children and most commented on how their career would look different if this had not been the case. Most struggled to manage their work life balance and all took work home to complete out of hours.

They all have self-agency in common and have been driven to succeed in their chosen career. They all had the demands placed on them for research, publication and administration but some had less teaching and were encouraged to increase their research activity within a supportive team. Mentorship had a clear role to play in this. Table 6.3 illustrates similarly how professional and personal experiences might be identifies as advantageous factors in terms of career success.

Table 6.3 Advantageous factors to career success for women professors of nursing

Codes	Advantageous factors
LM, RM, SE	Internal factors including support of peers, higher level support through managers and scholarly influences and high expectations within institution overall
LM, SE	Policy changes that opened up previously unforeseen avenues such as nursing moving into HE from schools of nursing and also policy that was behind changes such as increasing number of specialist practitioners delivering subject expertise within nursing programmes in HE
LM, RM, SE	High level of attention to esteem factors including publications, high visibility environment, established track record for research grant funding
LM, RM, SE	High quality mentorship both in terms of mentors sought out by the mentee and readily available and valued mentorship systems within the organisation
LM, RM, MR, SE	Opportunity to take roles that enabled subject expertise to be built on and utilised for advancing career
RM, SE	Positive self-esteem/ Individual presentation of self and self-confidence
LM, RM, SE	On-going research activity which could be utilised for funded and supported PhD study
LM, MR	Clarity of workload and defined roles and time management at work such as set time for research activity
SE, RM	Access to quality education and achievement of good educational qualifications whilst at school both at compulsory (age 16) and non-compulsory (age 18) levels.
SE, RM	Local availability of educational courses for career progression both in nursing and academically focused continuing professional development

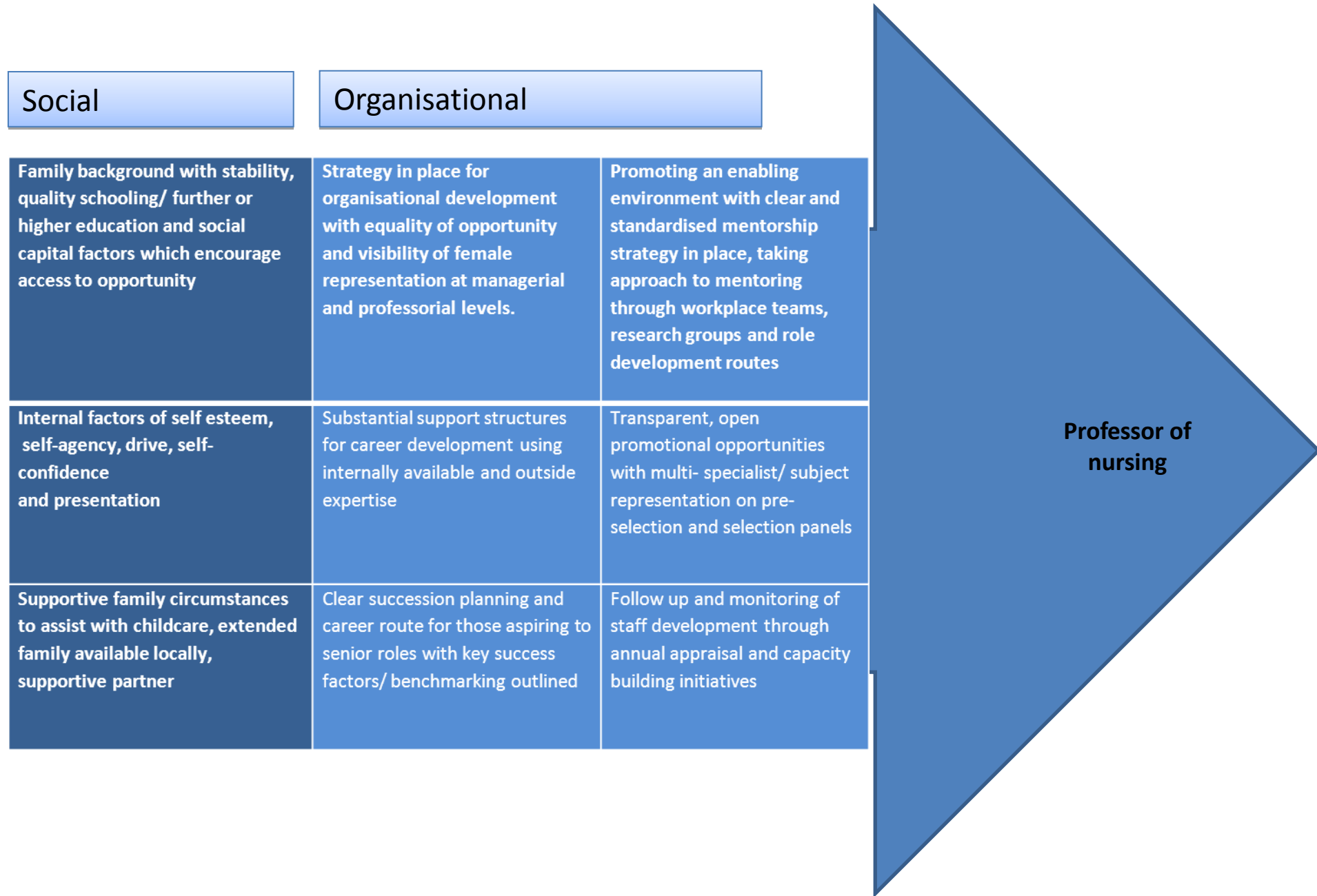| SE	Supportive partner influential in both the speed of career development and the flexibility of the ability to take up opportunities outside of immediate home area
SE	Available and reliable childcare either through family members, others or partner
SE	Supportive family in regard of their expectations of future success of child whilst at school and in education and making opportunities available

All these preceding factors provide a foundation from which to construct a scheme toward developing a framework of career progression, illustrating the key components that are recognised in being influential toward the career trajectory of the woman nurse professor.

Towards a framework

The initial step involved the grouping together of data from the thematic framework under the operational terms of professional influences and social capital. The findings relating to these themes had previously been analysed as barriers or opportunities and these were utilised in developing and expanding knowledge within the themes. Whilst the relationship mapping shows the factors as interlinked and multi-layered, they are also distinct in their capacity for individual influence. There is no strict hierarchy of factors as all have the capacity to influence the individual and the impact of each factor is dependent on the ability of the individual to deal with the consequences. Next the adverse and advantageous factors to career success for women professors of nursing illustrated the participant experiences in groupings that encapsulate the main features of these factors and outline the area they relate to. The resulting framework evolving from the thematic framework, of career progression has two final dimensions: organisational and social.

The organisational dimension fits as an extension to the theme of professional influences and the social dimension as an extension to the theme of social capital. The organisational draws together the main features from the professional influences and groups them together within the capacity of the organisation and its ability and responsibility to effect change. The social covers the aspects of the individual's family life that they are subject to and a product of including the support structures that are known to enhance opportunities for career success. Figure 6.4 illustrates the completed framework of factors toward career progression.

Figure 6.4 Towards a framework of career progression

Social	Organisational	
Family background with stability, quality schooling/ further or higher education and social capital factors which encourage access to opportunity	Strategy in place for organisational development with equality of opportunity and visibility of female representation at managerial and professorial levels.	Promoting an enabling environment with clear and standardised mentorship strategy in place, taking approach to mentoring through workplace teams, research groups and role development routes
Internal factors of self esteem, self-agency, drive, self-confidence and presentation	Substantial support structures for career development using internally available and outside expertise	Transparent, open promotional opportunities with multi- specialist/ subject representation on pre-selection and selection panels
Supportive family circumstances to assist with childcare, extended family available locally, supportive partner	Clear succession planning and career route for those aspiring to senior roles with key success factors/ benchmarking outlined	Follow up and monitoring of staff development through annual appraisal and capacity building initiatives

Professor of nursing

Conclusion

The study shows that the framework for career success for women professors of nursing can be seen as being made up of two main dimensions, organisational and social. There are both adverse and advantageous factors within these dimensions, impacting on and influencing career progression. The weighting of these factors is changeable depending on the individual concerned, in that some factors were more favourable for one participant and some for another, although as identified factors, they were commonly found across all participants' narratives. It was hoped that a hierarchy of career progress could be constructed but this has not been possible, because not all factors were equally weighted for each participant. The factors were however commonly identified and all participants had experienced them to various degrees. The framework clearly shows that the organisation and the workplace are essential both in affording professional development opportunity and career related activities. The social and family background from early years, through to current relationships provides and encourages aspirations, esteem building and support. With the study purposely being a small scale narrative study it was not possible to access data from a sufficiently large sample to make grand suppositions.

The relationships map groups together the four factors that arose from the thematic framework of professional influences and social capital. These are interlinked but remain classified into four groups: theories of leadership and management, women's exposure to role modelling and mentoring, multiplicity of roles for the nurse educator, socialisation experiences shaping the career trajectory. These have significant associations with one another with the professor of nursing centrally positioned within the mapping diagram. The journey band on route to their role of professor was significant in that all had to pass through this and as said earlier, this could be a smooth transition or one beset by obstacles. The adverse and advantageous factors that impact on professional influences and social capital factors were expressed in more detail and coded against the four factors from the thematic framework in the tables 6.2 and 6.3.

The long view shows that the career situation for women professors of nursing may have improved, particularly over the last decade, but only slightly. Women employed in higher education appear to have marginally improved experiences in 2012 with more opportunities to progress and an improved work life balance. There remain barriers to progression however for those attempting to advance their careers to professorial levels. This is evident across all sectors of international and national education. The emerging themes of professional influences and social capital which

arose through literature review were found to be very fitting for this study and following analysis of the primary data, to have elements that were impacted on and influenced by patriarchal beliefs and cultural practices.

It could be professed that opportunities have increased for women in nursing following the move by nursing into HE. In fact all six participants had undertaken funded PhD's but only three had fully funded fellowship awards. This meant that the three without full funding were working full time for their employing HE as lecturers alongside undertaking doctoral study. The tension for nurse academics in balancing their role functions, without the added pressure of further study was identified as a struggle and those who succeeded in acquiring full funding had more financial and time resources. In addition those with full funding had what appeared to be a greater access to high quality mentorship and higher profile networking opportunities. Three out of six of these professors of nursing undertook their nurse training at teaching hospitals aligned to high profile HE and two of those went on to acquire fully funded PhD Fellowships. Whilst the choice of nurse training school could not have been said to guarantee increased opportunities for research funding and networking opportunities, it can be seen to provide esteem factors that assist in career progression. The situation today is slightly changed in that the majority of nurse lecturers have opportunities to apply for further study and research training and a clearer career pathway. However the progression and promotion opportunities have nevertheless proved slow to materialise across nursing and this pattern is replicated for women in academia as a wider group. Furthermore women in nursing education are significantly influenced in their roles and tied to the regulatory process of HEI's and their professional body in nursing, the NMC, which may be in some way be held responsible for 'holding them back' in HE.

Women in academia were influenced by their experiences, in their personal and professional lives and this was clear throughout the literature search and subsequently seen embodied within the gathered data. This study demonstrates that the situation for women in nursing hoping to develop a professorial career now has clearer sign posting in employment routes and opportunity to undertake further education and develop an academic profile. The proposed framework makes tentative propositions for underpinning and bolstering organisational initiatives and strategy that may prove positive in highlighting success factors; detailing a route to professorship for those wishing to pursue this. The social and family dimension is influential in a personal sense and the women wishing to develop their careers as professors of nursing will not be able to change or recreate their early home life or

childhood education to make it more beneficial. Whilst the participant is not in a position to alter their family life/ childhood it can be identified that support structures need to be in place to enable the participants to maximise their career opportunities, if they have family responsibilities. Similarly we need to recognise that not all high calibre nurses arrive in nurse education from traditional school leaver backgrounds. The knowledge in this dimension may raise the issue that young women from a non-traditional or possibly less high achieving background might be unable to access these career opportunities and ways to circumvent this are detailed in the final section, developing the research. It could be said that whilst it is critical that an atmosphere of entitlement in relation to career opportunities would not be constructive or perhaps even acceptable to those it might benefit; the fact remains that to ensure career progression opportunity must be equable as well as equal.

This study shows that alongside clearer sign posting and opportunity to undertake further education, the career trajectory for nurses wishing to develop a career in academia are clearer now than in the past. All newly qualified nurses complete and graduate from their programmes of nurse education with an academic qualification as well as the knowledge and skills to practice as nurses. Whilst this academic qualification endorses their place in academia, to subsequently develop a successful career, supportive and constructive mentorship appears essential. Paradoxically, if a newly qualified nurse should decide to practice for any length of time as a nurse or undertake an additional post registration education programme to develop another speciality, such as public health nursing, this will improve their practice employment prospects but diminish their opportunity to advance in academia due to time constraints. Generally the later one leaves it to enter the employment world of HEI, and undertake a PhD, the less time one will have left to develop the skills and research profile necessary to obtain a professorial position.

Nurse academics can be constrained by the push/pull factors of their university and their professional body. Nurse lecturers continue to be obliged to hold a registered nurse teaching qualification, to be on the nurse register and maintain close links with practice. This is rational and logical, but the question of whether it is doable remains questionable. At least two of the participants had considered relinquishing their clinical practice, feeling unable to manage all the competing demands. It could be asserted that this is not best use of their long service and experience in clinical practice that they have built up over the years. Academics across the board are also expected to teach, supervise, administrate and be research active. When considering these factors it is not surprising that a large proportion of nurse

academics struggle to achieve and maintain a high quality research profile and are fearful of being research inactive. These constraining factors make it difficult for women to achieve in academia and the lack of role models compound this. Men prevail in senior positions and unhelpful gender stereotyping reinforces the barriers women face in achieving and maintaining promotion. Women remain subjected to judgmental behaviour by their peers and there is a general distrust of emancipatory, feminist belief systems. Women remain under represented in senior positions in academia, resulting in insufficient role models, particularly for women in faculties of nursing.

This research study explored the little researched area of women professors of nursing, focusing on the narratives of six women professors of nursing and what professional and personal experiences may have influenced them. It was supported by an in-depth literature review that included studies pertaining to women in HE in addition to women in nursing HE, looking at concepts of leadership and management, role models and mentorship, the multiple roles of the nurse educator, academic functions and social capital and career trajectories. The literature review included women in international HE to ensure that literature was reviewed in its widest context. The review of literature showed that whilst literature on women as leaders in compulsory education continues to expand there remains little in the form of research studies relating to women professors of nursing. Available literature tends to focus on discussions around the functions within the professorial role in nursing or the changing career of clinical nurse teaching with only a minimal amount of literature on nurse academics. This study therefore presented these narratives as a contribution to this under researched area and in doing so brings new theory to the forefront, illustrating the adverse and advantageous factors that make up the completed framework that may inform planning for future nursing career pathways.

Developing the research

This study explored the narratives of six women professors of nursing, to gather data within the thematic framework of professional influences and social capital. The study included an in depth literature review through which it was identified there was no pre-existing material focusing on the specific narratives of women senior academics at any level including professors of nursing. Once the data became available to me and the findings revealed the scale of the phenomenon, it was apparent there is opportunity for more investigation into this topic area, both through wider research with more female academics from nursing and wider professional groups. The role of the nurse academic is similar to that of academics in other

professional groups that have responsibilities related to their professional and regulatory bodies such as social workers and so forth. These are of particular interest regarding further study due to the extra dimensions of their role in academia. All members of these subject groups have to meet the requirements of all academics employed in HEI's but also the regulatory and role responsibilities conferred on them by their professional bodies such as the Nursing and Midwifery Council (NMC), the General Social Care Council (GSCC) and perhaps others. Keeping up to date with professional practice and meeting the demands of the progressive HEI agenda, will be increasingly problematic for all registered professionals charged with developing their research and publication profile.

The analysed findings in the first instance, apply chiefly to the individuals being researched but due to the nature of the research topic the findings have currency providing perspectives relating to gender focused career opportunities and implications for the development of formal role modelling and mentorship schemes. These additional viewpoints could add to the body of knowledge surrounding recruitment and career development for academics and therefore may have transferability to other institutions and organisations. Similarly the findings of the study also open up possibilities for further discussion on career development strategies. The participants were all found to have been high achievers at school and all entered their nurse education programmes with good examination results. This could show that there is opportunity for more widely available 'fast track' type schemes within nurse education that support and encourage these students to develop their elementary academic skills and knowledge to a high standard. This may prove beneficial in retention, reducing attrition, in that they could access additional educative pursuits that would ensure they were continually intellectually stimulated. This could take several forms, one of which could be a 'value added' element which could support further career development either through scholarly or professional skills. The benefits for the nursing profession would be seen by supporting clinical practice development through research activity and informing evidence based nursing. It could be beneficial for the individual by providing them with mentoring and career development alongside acquisition of research skills. For the HE it would be good practice in that they would be bringing in and mentoring new members into their research and publication teams within the department and also provide potential for increasing research income over the long term in increased research activity. Similarly outstanding students could be supported to undertake postgraduate study in subjects within current department research themes. These schemes should not be limited to students with high level examination results as

there are others who enter HE through FE access courses rather than the entry criteria of multiple GCSE's and A levels, who are equally able and can benefit from the additional educational stimulation provided by such fast track schemes.

Such a scheme as that outlined above could assess students academically at application stage, end of years one and two alongside clinical skills documents and records, which provide evidence of how the student is managing in their clinical nursing practice. This would have the benefit of possibly opening up opportunities for academically able students or those that excel in clinical practice placements who entered the programme with lesser points/ academic qualifications. It would do this in the same way, by monitoring and these students would then be identified through the first year in exactly the same way but once the course commences.

There is potential for moving forward in that schemes that have been considered in the past for joint working between nurse academics and nurses in clinical practice should be re-examined. The link between education and clinical practice needs strengthening more than ever, but not with prescribed statistical measures of how much each should spend either on educative development or practice exposure but through standardised contractual arrangements. It is clearly recognised that nursing has an academic contribution to make and a future in HE in terms of graduate nursing, it also generates large revenues. The tension between achieving professional body requirements, the research profile needed to ensure job security in HE and the actual work of the nurse academic, needs managing strategically and proactively to ensure career progression is possible and clearly mapped out as a career pathway.

Whilst the study was unable to investigate and fully transpose frameworks of professional influence and social capital it does deliver considerable literature and knowledge on these concepts which could now form the basis of further investigation. It is also limited in the sense that it cannot address all the issues that arose out of the literature review, due to the research study remit, the boundaries that framed the study and availability of time and participants. However the implications of this study are far reaching and there are openings for further research to be undertaken to allow the area to be explored further, with particular focus on the issue of equable and equal opportunity. This can be achieved through structured and standardised mentorship schemes, compulsory research activity with allotted time and clearer career signposting alongside staff appraisal schemes with professional development measurements. More thought and planning is needed to formalise

'Honorary Contracts' or schemes to enable nurse academics to work in health and vice versa to enhance staff development and partnership working. Finally, the proportionate representation of women in senior roles and the SMT would benefit from further examination to ensure that women are clearer about accessing career opportunities. Work on mentoring schemes is being done in many HEIs but the results shown in the study suggest that there remains some way to go before equal opportunity is translated into actual workplace equality.

References

Abbott, A. (1988) *The System of Professions: An essay on the division of expert labour.* Chicago: University of Chicago Press

Abel-Smith, B. (1960) *A History of the Nursing Profession.* London: Heinemann

Acker, J. (1992) 'Gendering organization theory' in J. Mills and P. Tancred (eds) (1992) *Gendering Organizational Analysis.* London: Sage pp 248-260

Alaszewski, A. (2006) *Using Diaries for Social Research.* London: Sage

American Council on Education (ACE) (2000) More women serve as college presidents, ACE survey shows. *Higher Education and National Affairs* Issue no.49 p16

Association of Commonwealth Universities (ACU) (2000) *The Association of Common Wealth Universities Bulletin* 141, p16

Anderson, E. and Shannon, A. (1995) 'Toward a conceptualisation of mentoring' in T. Kerry and A. Mayes (eds.) (1995) *Issues in Mentoring.* London: Routledge/Open University

Atkinson, R. (1998) *The Life Story Interview.* Qualitative Research Methods -Series 44. Thousand Oaks CA: Sage

Association of University Teachers (AUT) (2004) *The Unequal Academy: UK Academic Staff 1995-96 to 2002-3.* September, London: AUT

Bagilhole, B. (1994) 'Being different is a very difficult row to hoe' in Davies, S., Lubleska, C. and Quinn, J. (eds) (1994) *Survival Strategies for Women Academics.* Abingdon: Taylor Francis

Baly M (1995) *Nursing and Social Change.* (2rd edn.). London: Routledge

Barbezat, D. A. and Hughes, J. W. (2005) Salary structure effects and the gender pay gap in academia. *Research in Higher Education* 46 (6) pp 621-640

Barrett, D. (2007) The clinical role of nurse lecturers: past, present and future. *Nurse Education Today* 27 (5) pp 367-374

Barrett, L. and Barrett, P. (2008) *The management of academic workloads: full report.* London: Leadership Foundation for Higher Education

Barrett, L. and Barrett, P. (2011) Women and academic workloads: career slow lane or cul-de-sac? *Higher Education* 61 (2) pp 141-155

Barthes, R., (1975) An Introduction to the Structural Analysis of Narrative. *New Literary History* 6 (2) pp 237-232

Barthes, R., (1977) *Image-Music-Text.* London: Fontana.

Beauregard, A. (2007) *Family influences on the career life-cycle.* LSE research online. [Online] Available at: Book Section. http://eprints.lse.ac.uk/3320/1/Family_influences_on_the_career_life_cycle_(LSERO).pdf [Accessed 20 May 2013]

Beck, C. T. (2005) Benefits of participating in internet interviews: Women helping women. *Qualitative Health Research* Issue no.15, pp 411-422. [Online] Available at: http://qhr.sagepub.com/cgi/content/abstract/15/3/411 [Accessed 20 March 2010]

Becker, H. (1986) *Writing for Social Scientists.* Chicago: Chicago University Press

Bell, C. and Roberts, H. (1984) *Social Researching.* London: Routledge and Kegan Paul, pp 7-87

Bentley, H. (1996) The need for change in nurse education: a literature review. *Nurse Education Today* 16 (2) pp 131-136

Berger, R. and Quinney, R. (2004) '*The narrative turn in social inquiry: toward a storytelling sociology*'. Paper presented at the annual meeting of the American Sociological Association, Hilton San Francisco & Renaissance Park 55 Hotel, San Francisco, C.A, 2004-08 [Online] Available at: http://www.allacademic.com/meta/p108465_index.html [Accessed June 14 2007]

Braun, V. and Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology.* 3 pp 77-101.

British Educational Research Association (BERA) (2004) *Revised Ethical Guidelines for Educational Research* [Online] Available at: http://www.bera.ac.uk/publications/guidelines/ [Accessed 6 November 2009]

Blaikie, N., (2000) *Designing Social Research.* Cambridge: Polity

Blake, M. and La Valle, I. (2000) '*Who applies for research funding? Key factors shaping funding application behaviour among women and men in British higher education institutions'.* Essex: National Centre for Social Research, Wellcome Trust

Blaxter, L., Hughes, C. and Tight, M. (2001) *How to Research* (2nd edn.). Buckingham: Open University Press

Blaxter, L., Hughes, C. and Tight, M. (2006) *How to Research* (3rd edn.)*.* Buckingham: Open University Press

Bloom, L, R. (1998) *Under the Sign of Hope: Feminist Methodology and Narrative Interpretation.* New York State: University of New York Press

Bond, S. (2002) *Nursing. Overall Assessment of the Sector.* Members of Panel 10, Newcastle-Upon-Tyne: Newcastle University

Bourdieu, P. (1986) 'The forms of capital.' in J.G. Richardson (ed.). *Handbook of Theory and Research for the Sociology of Education.* New York: Greenwood Press pp 241-58

Bowling, A. (2009) *Research Methods in Health* (3rd edn.). Berkshire: Open University Press

Boyatzis, R. E. (1998) *Transforming qualitative information: thematic analysis and code development.* Thousand Oaks CA: Sage

Bradshaw, A. (2001) *The Nurse Apprentice 1860 -1977.* Aldershot: Ashgate

Browne, J. (2010) *Securing a Sustainable Future for Higher Education. An Independent Review of Higher Education Funding and Student Finance*. 12th October 2010. [Online] Available at: http://www.bis.gov.uk/assets/biscore/corporate/docs/s/10-1208-securing-sustainable-higher-education-browne-report.pdf [Accessed 12th February 2011]

Burgess, R. G. (1984) *In the Field. An Introduction to Field Research.* New York: Routledge

Burgess, R. (1985) *Strategies of Educational Research: Qualitative Methods*. Lewes: Falmer Press

Burke, L. M. (1993) The future of the specialist nurse teacher: two different models explored. *Nurse Education Today* 13 (1) pp 40-46

Burke, L.M. and Harris, D. (2000) Education purchasers' views of nursing as an all graduate profession. *Nurse Education Today 20* (8) pp 620-628

Bush, T. and Middlewood. D. (2005) *Leading and Managing People in Education.* London: Sage

Butterworth, A., Faugier, J. and Burnard, P. (1998) *Clinical Supervision and Mentorship in Nursing* (2nd edn.). Cheltenham: Stanley Thornes

Butterworth, A., Jackson. C., Brown, E., Hessey, E., Ferguson, J. and Orme, M. (2005) Clinical academic careers for educators and researchers in nursing: Some challenges and solutions. *Journal of Research in Nursing* 10 (1) pp 85-97

Calpin-Davies, P. (2003) Management and leadership: a dual role in nursing education. *Nurse Education Today* 23 (1) pp 3-10

Camiah, S. (1998) New skills required of nurse tutors in the UK: a study within two project 2000 pilot schemes for pre-registration nursing courses. *Nurse Education Today* 18 (2) pp 93-100

Caplan, P. (1997) *Lifting a Ton of Feather: A Woman's Guide for Surviving in the Academic World.* Toronto: University of Toronto Press

Carlisle, C., Kirk, S. and Luke, K. (1997) The clinical role of nurse teachers within a Project 2000 course framework. *Journal of Advanced Nursing.*25 pp 386-395

Carr, D. (1997) 'Narrative and the real world: an argument for continuity' in Hinchman L. P. and Hinchman S. K. (eds) (1997) *Memory, Identity and Community: the idea of narrative in the human sciences.* New York: State University of New York pp7-25

Carr, G. (2007) Changes in nurse education; being a nurse teacher. *Nurse Education Today* 27 (8) pp 893-899

Cave, I. (1994) Nurse teachers in higher education – without clinical competence, do they have a future? *Nurse Education Today* 14 (5) pp 394–399

Cecil, R., Thompson, K. and Parahoo, K. (2006) The research assessment exercise in nursing: learning from the past, looking to the future. *Journal of Clinical Nursing* 15 (4) p 395

Chandler, D. (1998) *Identities under construction.* University of Wales, Aberystwyth. A conference paper for the Aberystwyth Post-International Group on the theme of Linking Theory and Practice: Issues in the Politics of Identity (9-11 September 1998 University of Wales, Aberystwyth). [Online] Available at: http://www.aber.ac.uk/media/Documents/short/webident.html [Accessed July 05 2007]

Chesterman, C., Ross-Smith, A. and Peters, M. (2004) Not doable jobs? Exploring senior women's attitudes to leadership roles in universities. *Women's Studies International Forum* 28 (2-3) pp 163-180

Chow, F.L.W. and Suen, L.K.P. (2001) Clinical staff as mentors in pre-registration undergraduate nursing education: students' perceptions of the mentors' roles and responsibilities. *Nurse Education Today* 21 pp 350–358

Clandinin, D. J. and Connelly, F. M. (2000) *Narrative Inquiry: Experience and Story in Qualitative Research.* San Francisco: Bass Publishers

Cleveland, J. N., Stockdale, M. and Murphy, K. R. (2000) *Women and men in organizations: sex and gender issues at work*. New Jersey: Lawrence Erlbaum Associates Publishers

Clough, P. (2002) *Narratives and Fictions in Educational Research.* Buckingham: Open University Press

Clutterbuck, D. and Ragins, B., R. (2002) *Mentoring and Diversity*. Oxford: Butterworth Heinemann

Coffey, A.,(1999) *The Ethnographic Self. Fieldwork and the Representation of Identity.* London: Sage

Coleman, J, S. (1990) *Foundations of Social Theory*. Cambridge: Harvard University Press

Coleman, M, and Briggs, A. (2002) *Research Methods in Educational Leadership and Management.* London: Paul Chapman

Coleman, M. (2003) Gender and the orthodoxies of leadership. *School Leadership and Management* 23 (3) pp 325-339

Coleman, M. (2005) Gender and secondary school leadership. Gender Issues in leadership *ISEA* 33 (2) 2005

Connelly, F. M. and Clandinin, D.J. (1990) Stories of experience and narrative inquiry. *Educational Researcher* 19 (5) pp 2-14

Cotterill, P., Jackson, S. and Letherby, G. (2007) *Challenges and Negotiations for Women in Higher Education.* [Online] Available as e-book from: http://www.springer.com/education/higher+education/book/978-1-4020-6109-7 [Accessed10 May 2008]

Cresswell, J. (1998) *Qualitative Inquiry and Research Design- Choosing Among Five Traditions.* Thousand Oaks, CA: Sage

Cresswell, J. (2003) *Research Design Qualitative, Quantitative and Mixed Methods Approaches.* London: Sage

Cresswell, J. (2007) *Research Design Qualitative, Quantitative and Mixed Methods Approaches* (2nd edn.). London: Sage

Cubillo, L. and Brown, M. (2003) Women into educational management: international differences? *Journal of Education Administration* 41 (3) pp 278-291

Cullum, N., Siliska, D., Haynes, B. and Marks, S. (2007) *Evidence Based Nursing; An Introduction.* Oxford: Wiley

Committee of Vice-Chancellors and Principals (CVCP) (1997) *Clinical Academic Careers: Report of an Independent Task Force* (Chair Sir Rex Richards). London: CVCP

Czarniawska, B. (2004) *Narratives in Social Science.* London: Sage

Daiute, C. & Lightfoot, C. (2004) *Narrative Analysis. Studying the Development of Individuals in Society.* Thousand Oaks, CA: Sage Publications

Darling. L. A. (1985) What do nurses want in a mentor? *Journal of Nursing Administration* 14 (10) pp 42-44

Darzi. (2008) *High quality care for all: NHS next stage review final report.* London: Department of Health. [Online] Available from: http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/healthcare/highquality careforall/index.htm [Accessed 1st February 2013]

David, M. and Woodward, D. (1998) *Negotiating the Glass Ceiling; Careers of Senior Women in the Academic World.* London: Falmer Press

Davies, B. W., Neary, M. and Philips, R. (1994) Final report. *The Practitioner–Teacher. A Study on the Introduction of Mentors in the Pre-registration Nurse Education Programme in Wales.* Cardiff: UWCC, School of Education

Davies, S., White, E., Riley, E. and Twinn, S. (1996) How can nurse teachers be more effective in practice settings? *Nurse Education Today* 16 (1) pp 19-27

Davidson, M, J. and Burke, R, J (1994) *Women in Management: Current Research Issues.* London: Paul Chapman Publishing

Denscombe, M. (2002) *Ground Rules for Good Research. A ten-Point Guide for Social Researchers.* Buckingham: Open University Press

Denscombe, M. (2007) *The Good Research Guide*. Buckingham: Open University Press

Denzin, N.K. (1989) *Interpretive Biography*. Illinois: Sage

Denzin, N. and Lincoln, Y. (1994) 'Working the hyphens: reinventing self and other in qualitative research' in Fine, M. (ed.) *Handbook of Qualitative Research.* London: Sage pp 70-82

Denzin, N.K. Lincoln Y.S. (1998) *The landscape of qualitative research: theories and issues.* Thousand Oaks CA: Sage

Denzin, N.K. and Lincoln, Y.S. (2000) *The Handbook of Qualitative Research* (2nd edn.).Thousand Oaks CA: Sage

Department of Education and Science (DES) (1991) *Higher Education: a New Framework*. London: HMSO

Department for Education and Welsh Office (DFE) (1992) *Further and Higher Education Act 1992* .[Online] Available at: http://www.hefce.ac.uk/Pubs/HEFCE/1994/m2_94 [Accessed 25 October 2006]

Department of Health (DH) (1999) Department of Health (1999) *Making a Difference: Strengthening the Nursing, Midwifery and Health Visiting Contribution to Health and Healthcare.* DH: London

Department of Health and Social Security (DHSS) (1972) *Report of the Committee on Nursing* London: HMSO (Cmnd 5115) (The Briggs Report)

Derrida, J., (1984) 'Dialogue with Jacques Derrida-Deconstruction and the Other' in Kearney, R. (2004) (ed.) *Dialogues with Contemporary Continental Thinkers*. Manchester: Manchester University Press

Dingwall, R., Rafferty, M. and Webster, C. (1988) *An Introduction to the Social History of Nursing.* London: Routledge

Dolowitz, D., Buckler. S. and Sweeney, F. (2008) *Researching Online*. Hampshire: Palgrave Macmillan

Drew, P., Raymond, G. and Weinberg, D. (2006) *Talk and Interaction in Social Research Methods*. London: Sage

Eagly, A. H. and Johnson, B. T. (1990) *Gender and Leadership Style; A Meta-Analysis. Centre for Health Intervention and Prevention.* Connecticut: University of Connecticut. DigitalCommons@UConn

Eagly, A. H. and Wood, W. (1991) Explaining sex differences in social behaviour: A meta-analytic perspective. *Personality and Social Psychology Bulletin 17* pp 306-315

Eagly, A. H. and Jonannesen-Schmidt, M. C. (2002) The leadership styles of women and men. *Journal of Social Issues* 57 (4) pp 781-797

Eagly, A. H. and Karau, S. J. (2002) Role congruity theory of prejudice toward female leaders. *Psychological Review* 109 pp 573-598

East, L., Jackson, D., O'Brien, L. and Peters, K. (2008) The benefits of computer mediated communication in nursing research. *Contemporary Nurse* 30 (1) pp 83-88

EEC (1977) Directive 77/452/EEC of 27 June 1977 concerning the mutual recognition of diplomas, certificates and other evidence of the formal qualifications of nurses responsible for general care. [Online] Available at: http://eurlex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:31977L0452:EN:HTML [Accessed 7th February 2013]

EEC (2005) Directive 2005/36/EC on the *Recognition of Professional Qualifications.* [Online] Available at: http://www.nmc-uk.org/About-us/Policy-and-public-affairs/EU-and-international-policy/Policy-areas/Reviewing-the-EC-Directive-on-the-Recognition-of-Professional-Qualifications/ [Accessed 7th February 2013]

Equality and Human Rights Commission (EHRC) (2008) *Equal Pay Reviews Survey 2008.* [Online] Available at: http://equalityhumanrights.com/uploaded_files/research/2_equal_pay_reviews_survey_2008.pdf [Accessed 12 Sept 2009]

EHRC (2009) Financial Services Inquiry. *Sex discrimination and gender pay gap report of the Equality and Human Rights Commission*. [Online] Available at http://www.equalityhumanrights.com/uploaded_files/financial_services_inquiry_report.pdf [Accessed10 August 2010]

Elkan, R. andRobinson, J. (1992) Super confusion. *Nursing Times* 88 (27) pp 32-33

Elkan, R. and Robinson, J. (1993) Project 2000 - the gap between theory and practice. *Nurse Education Today* 13 (4) pp 295-298

Elkan, R and Robinson, J. (1995) Project 2000 – a review of published research. *Journal of Advanced Nursing* 22 (2) pp 386-392

Elliott, J. (2005) *Using Narrative in Social Research.* London: Sage

Equality Challenge Unit (2011) *Supporting Women's Mentoring in Higher Education*. [Online] Available at: http://www.ecu.ac.uk/our-projects/supporting-womens-mentoring-in-higher-education [Accessed12 February 2011]

Finch, J. (1984) 'It's great to have someone to talk to': the ethics and politics of interviewing women' in Bell, C. and Roberts, H. (eds) (1984) *Social Researching*. London: Routledge and Kegan Paul pp 7-87

Fontana, A. and Frey, J. (2000) 'The interview: from structured questions to negotiated text' in Denzin, N., and Lincoln, Y. (eds) (2000) *Handbook of Qualitative Research* (2nd edn.). Thousand Oaks CA: Sage. pp 645-672

Fry. H., Ketteridge. S. and Marshall, S. (Eds.) (2003) *A Handbook for Teaching and Learning in Higher Education* (2nd edn.). London: Kogan Page

Fullan, M, (2003) *Changing forces with a vengeance.* London: Routledge Falmer

Garland, D. (2008) 'Where are all the women?' *ACU Bulletin* 163. (Feb.) London: ACU

Gee, J. P. (2005) *An introduction to discourse analysis: Theory and method* (2nd edn). London: Routledge

Girot, E. A., (2010) Succession planning for the academic workforce: challenges for the future. *Nurse Education Today.* (Submitted for publication) [Online] Available at: http://eprints.bournemouth.ac.uk/16430 [Accessed 22nd December 2010]

Glaser, B. (1992) *The Basics of Grounded Theory Analysis.* Mill Valley CA: Sociology Press

Glaser, B. G. (2002) Constructivist Grounded Theory? [47 paragraphs]. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research 3* (3) [Online Journal] Available at: http://www.qualitative-research.net/fqs-texte/3-02/3-02glaser-e.htm [Accessed 2 March 2007]

Goodson, I. (Ed.) (1992) 'Studying teachers' lives' in Measor, L. and Sikes, P. (1992) *Visiting lives: ethics and methodology in life history research.* London: Routledge pp 209-233

Goodson, I. and Sikes, P. (2001) *Life History Research in Educational Settings.* Buckingham: Open University Press

Gosetti, P. P. and Rusch, E. (1995) 'Re-examining educational leadership: challenging assumptions' in D. Dunlap, and P. Schmuck, (eds) (1995) *Women Leading in Education.* New York: State of New York University Press

Government Equality Office (2010) *Equality Act 2010.* The Stationery Office United Kingdom. [Online] Available at: http://www.equalities.gov.uk/equality_bill.aspx [Accessed 14 May 2010]

Graham, H. (1984) 'Behaving well: womens health behaviour in context' in Roberts, H. (ed.) (1984) *Social researching.* London: Routledge

Grinyer, A. (2002) The anonymity of research participants: assumptions, ethics and practicalities. *Social Research Update* Issue 36: Spring [Online] Available at: http://sru.soc.surrey.ac.uk/SRU36 [Accessed 20/10/12]

Grix, J. (2004) *The Foundations of Research.* Hampshire: Palgrave Macmillan

Gubrium, J. and Holstein, J. (1997) *The New Language of Qualitative Research.* New York: Oxford University Press

Hagermaster, J. N. (1992) Life history: a qualitative method of research. *Journal of Advanced Nursing* 17 pp 1122-28

Hall, V. (1996) *Dancing on the ceiling: a study of women managers in education.* London: Paul Chapman

Hallam, J. (2001) Vocation to profession. Changing images of nursing in Britain. *Journal of Organisational Change* [Online] Available at: http://www.emeraldinsight.com/0953-4814.htm [Accessed 26 April 2010]

Hammersley, M. and Atkinson, P. (1995) *Ethnography: Principles in Practice.* (2nd edn.). London: Routledge

Higher Education Funding Council (HEFCE (2009) *Trends in young participation in higher education: core results for England.* [Online] Available at: http://www.hefce.ac.uk/pubs/hefce/2010/10_03/#exec [Accessed 23 March 2010]

HEFCE (2010) *Higher Education Workforce Framework 2010* [Online] Available at: http://www.hefce.ac.uk/pubs/hefce/2010/10_05a/10_05a.pdf [Accessed 23 March 2010]

Higher Education Statistics Agency (HESA) (2008) *Press release 118* [Online] Available at: http://www.hesa.ac.uk/ [Accessed February 28 2008]

HESA (2009) *Staff at Higher Education Institutions in the United Kingdom* 2008/09. [Online] HESA SFR 143. Available at: http://www.hesa.ac.uk/index.php?option=com_content&task=view&id=1590&Itemid=161 [Accessed 24 March 2010]

Hitchcock, G. and Hughes, D. (1995) *Research and the teacher. A Qualitative Introduction to School Based Research* (2nd edn.). London: Routledge

Hobson, A.J. (2002) 'Student teachers' perceptions of school-based mentoring in initial teacher training (ITT)'. *Mentoring & Tutoring* 10 (1) pp 5-20

Hoffman, E.A. (2007) Open-ended interviews, power and emotional labour. *Journal of Contemporary Ethnography* 36 (3) pp 318-346

Holloway, I. and Freshwater, D. (2007) *Narrative Research in Nursing.* Oxford: Blackwell Publishing

Holstein, J. and Gubrium, J. (1995) *The active interview.* Thousand Oaks, CA: Sage

Holstein, J. and Gubrium, J. (1997) 'Active interviewing' in D. Silverman (ed.) *Qualitative research: Theory, method and practice.* London: Sage Publications

Holstein, J and Gubrium, J. (2008) *Handbook of Constructionist Research*. New York: Guilford

Howie, G. and Tauchert, A. (2002) *Gender, Teaching and Research in Higher Education: Challenges for the 21ˢᵗ Century.* Hampshire: Ashgate Press

Iley, K. (2004) Occupational changes in nursing: the situation of enrolled nurses. *Journal of Advanced Nursing* 45 (4) pp 360-370

Ismail, M. and Mohd-Rasdi, R. (2008) Leadership in an academic career: uncovering the experience of women professors. *ISEA* 36 (3) pp 87-103

Ison, N. (2006) Having their say: email interviews for research data collection with people who have verbal communication impairment. *International Journal of Social Research Methodology* (2009) 12 (2) pp 161-172

Jackson, C., Butterworth, T. (2007) Every-one's business, no-one's responsibility; reporting clinical academic research activity by nurses in the United Kingdom. *Journal of Research in Nursing* 12 (3) pp 213-223

Jackson, C., Bell, L.,Zabalegui, L., Palese, A., Siguroardottir, A. and Owen, S. (2008) A Review of Nurse Educator Career Pathways; A European Perspective. *Journal of Research in Nursing* (2009) 14 pp 111-222

Jackson, C., Callinan, C. and Cowell, A. (2011) Professorial roles: a study of the professorial populations within nursing and midwifery, social work and allied health professions *Journal of Research in Nursing* [Online] Available at

http://jrn.sagepub.com/content/early/2011/02/06/1744987110389512.full.pdf+html. [Accessed 10th July 2011]

James, N. (2007) The use of email interviewing as a qualitative method of inquiry in educational research. *British Educational Research Journal* 33 (6) pp 963–976

Jarvis P. and Gibson, S. (1997) *The Teacher Practitioner and Mentor in Nursing, Midwifery, Health Visiting and the Social Services* (2nd ed.). Cheltenham: Nelson Thornes

Joint Funding Councils of the UK (1996) *Research Assessment Exercise: the outcome*. [Online] Available at: http://www.hero.ac.uk/sites/hero/rae/rae96/inst_res/. [Accessed 9 November 2006]

Josselson, R. (Ed.) (1996) *Ethics and process in the narrative study of lives.* Newbury Park, CA: Sage

Jovchelovitch, S; Bauer, M, W. (2000) *Narrative interviewing* [online]. London: LSE Research [Online] Available at: http://eprints.lse.ac.uk/2633. [Accessed on 7th Feb 2012]

Kelly, S., Iszatt-White, M., and Rouncefield, M. (2006) Meetings as the Practical Accomplishments of Educational Leadership. *ISEA* 34 (2) pp 46-61

Kelly, D. (undated) *Research and Nursing the Natural History of an Ideal* [online]. Cardiff School of Nursing and Midwifery Studies. Cardiff University [Online] Available at:
https://www.rcn.org.uk/__data/assets/pdf_file/0006/449682/Kellykeynoteresearch2012.pdf [Accessed 1st February 2013]

Kenny, G. (2004) The origins of current nurse education policy and its implications for nurse educators. *Nurse Education Today* 24 (2) pp 84-90

Kenny, G., Pontin, D. and Moore, L. (2004) Negotiating Socialisation: the journey of novice nurse academics into higher education. *Nurse Education Today* 24 (8) pp 629-637

Kleinman, S. (2007) *Feminist Fieldwork Analysis.* Qualitative Research Methods Series 51. Thousand Oaks, CA: Sage

Knight, D. and Richards, W (2003) Sex Discrimination in UK Academia. *Gender, Work and Organisation* 10 (2) pp 213-218

Kohler-Reissman, C. (2008) *Narrative Methods for the Human Sciences.* CA, USA: Sage

Kralik, D., Price K., Warren, J. and Koch, T. (2006) Issues in data generation using email group conversations for nursing research. J*ournal of Advanced Nursing* 53 (2) pp 213-220

Kydd, K., Anderson, L. and Newton, W. (2003) *Leading People and Teams in Education.* London: OUP/Paul Chapman

Kyrkjebo, J. M., Mekki, T. E. and Hanestad, B. R. (2002) Nursing education in Norway. *Journal of Advanced Nursing* 38 (3) pp 296-302

Labov, W. & Waletzky, J. (1997) Narrative analysis: oral version of personal experience. *Journal of Narrative and Life History* 7 (1-4) pp 3-38 New Jersey: Lawrence Erlbaum Associates,

Lane, N. (1999) Inequality in the careers of NHS nurses. *Personnel Review* 21 (4) pp 319-335. [Online] Available at: http://www.emeraldinsight.com/Insight/ViewContentServlet;jsessionid=9A34B2FC43 B8FE59BDC4EA781F233793?contentType=Article&Filename=Published/EmeraldFu llTextArticle/Articles/0140280403.html [Accessed 16 April 2010]

Letherby, G. (2003) *Feminist Research in Theory and Practice.* Buckingham: Open University Press

Levinson, W., Kaufman, K., Clark, B, and Tolle, S. W. (1991) Mentors and role models for women in academic medicine. *Western Journal of Medicine* 154 (4) pp 423-426

Leadership Foundation for Higher Education (LFHE) (2007) *Gender Balance in Management: Higher and Further Education Sectors Scotland.* Glasgow: The Centre for Public Policy and Management

Lieblich, A. (1996) 'Some unforeseen outcomes of conducting narrative research with people of ones own culture'.in Josselson, R. (ed.) (1996) *Ethics and Process in the Narrative Study of Lives.* Thousand Oaks, CA: Sage

.
Lieblich, A., Tuval-Mashiach, R. and Zilber, T. (1998) *Narrative Research. Reading, Analysis and Interpretation.* Thousand Oaks, London and New Delhi: Sage Applied Social Research Methods Series, Vol. 47

Lincoln, Y. S. and Guba, E. G. (1985) *Naturalistic Enquiry.* California: Sage

Lucas, L. (2006) *The Research Game in Academic Life.* Berkshire: Open University Press

Lugones, M. C. and Spelman, E. V. (1983) 'Have we got a theory for you': Feminist Theory, Cultural Imperialism and the Demand for 'The Woman's Voice' in al-Hibri, A. Y. and Simons, M. A. (eds) (1990) *Hypathia Reborn: Essays in Feminist Philosophy.* Bloomington: Indiana Press pp 18-33

MacFarlane, B. (2008) Universities treat us as cash cows - and that's bull, say professors, article by J Gill in *Times Higher Education Supplement,* (THES) 11 December 2008

MacLeod Clark, J., Maben, J. and Jones, K. (1996) *Proiect 2000: Perceptions of the Philosophy and Practice of Nursing* (ENB Research Highlights No *17)* London: ENB

Madsen, S, R. (2007) Women University Presidents: Career Paths and Educational Backgounds. *Academic Leadership.* The Online Journal 5 (1) [Online] Available at: http://www.academicleadership.org/emprical_research/Women_University_President s_Career_Paths_and_Educational_Backgrounds.shtml [Accessed 14 September 2010]

Madsen, S.R. (2008) *On becoming a woman leader: learning from the experiences of university presidents.* San Francisco: John Wiley and Sons

Malina, D. and Maslin-Prothero, S. (1998) *Surviving the Academy: Feminist Perspectives.* London: Routledge Falmer

Mandelbaum, D. G. (1982) 'The Study of Life History' in Burgess, R. G. (ed.) *Field Research: A Sourcebook and Field Manual.* London: Allen and Unwin

Marks, G, & Houston, D. M. (2002). The determinants of young women's intentions about education, career development and family life. *Journal of Education and Work* 15 (3) pp 321-336

Marlow, C. (2004) *Audience, Structure and Authority in the Weblog Community.* A MIT Media Laboratory conference paper for the International Communication Presentation Conference May 2004. New Orleans [Online] Available at: http://alunmni.media.mit.edu/~cameron/cv/pubs/04-01.pdf. [Accessed July 03 2007]

Maslin-Prothero, S. and Owen, S. (2001) Enhancing your clinical links and credibility. *Nurse Education in Practice* 1, pp 189-195

Mathers-Saul, J. (2003) *Feminism; Issues and Arguments.* Oxford: Oxford University Press

Maxwell, J.A. (2005) *Qualitative research design: An interactive approach* (2nd edn.). Thousand Oaks, CA: SAGE Publications

Maykut, P. and Morehouse, R. (1994) *Beginning Qualitative Research. A Philosophic and Practical Guide.* London: Routledge

Maynard, M. and Purvis, J. (1994) *Researching Women's Lives from a Feminist Perspective.* London: Taylor and Francis

McEvoy, P. (2001) Interviewing Colleagues: Addressing the Issues of Perspective, Inquiry and Representation. *Nurse Researcher* 9 (2) pp 49-59

McKenzie, J. (1997) 'A thorny problem for feminism': an analysis of the subjective work experiences of enrolled nurses. *Journal of Clinical Nursing* 6 (5) pp 365-370

McGowan, B. and McCormack, B. (2003) Supernumerary status: definition, operationalisation and its effect in practice. *Intensive and Critical Care Nursing* 7 (4) pp 308-317

McKenna, H., Thompson, D, R., Watson, R. and Norman, I. (2006) The good old days of nurse training: rose tinted or jaundiced view? *International Journal of Nursing Studies* 43 (2) pp 135-137

McRoy, I. and Gibbs, P. (2009) Leading change in higher education. *Education Management, Administration and Leadership* [Online] 37 (5) pp 687-704 Available at: http://ema.sagepub.com/cgi/reprint/37/5/687 [Accessed 21 April 2010]

McTavish, D., Miller, K., Thompson, E. and Wilbur, A. (2007) *Gender Balance in Management : Higher and Further Education Sectors Scotland.* Glasgow: The Centre for Public Policy and Management, Glasgow Caledonian University

McTavish, D. and Miller, K. (2009) Management, leadership and gender representation in UK higher and further education. *Gender in Management: An International Journal* 24 (3) pp 178-194

McCulloch, G. (2004) *Documentary Research: In Education, History and the Social Sciences.* London: Routledge

Meerabeau, E. (2001) Back to the bedpans: the debates over pre-registration nurse education in England. *Journal of Advanced Nursing* 34 (4) pp 427-35

Meerabeau, E. (2005) The invisible (Inaudible) woman: nursing in the English academy. *Gender, Work and Organisation* 12 (2) pp 124-146

Megginson, D. and Clutterbuck, D. (1995) *Mentoring in Action: a Practical Guide for Managers.* London: Kogan Page

Megginson, D., Clutterbuck, D., Garvey, B., Stokes, P. and Garrett- Harris, R. (2006) *Mentoring in Action* (2nd edn.). London: Kogan Page

Merriam, S. (1983) Mentors and protégés. A critical review of the literature. *Adult Education Quarterly* 33 (3) pp 161-173

Miers, M. (2001) Nurse education in higher education: understanding cultural barriers to progress. *Nurse Education Today* 22 (3) pp 212-219

Miles, M. and Huberman, A. (1984) *Qualitative Data Analysis*. London: Sage

Mills, A. J and Tancred, P. (1992) *Gendering organizational analysis.* London: Sage pp 248-260

Miller, R. L. (1999) *Researching Life Stories and Family Histories.* London: Sage

Ministry of Health Board of Education (1939) *Inter-departmental Committee on Nursing Services (Athlone Report)* London: HMS0

Ministry of Health, Department of Health for Scotland and Ministry of Labour and National Service (1947) *Report of the Working Party on the Recruitment and Training of Nurses. (Wood Report)* London: HMSO

Mishler, E.G. (1986) *Research Interviewing: Context and Narrative.* Cambridge MA: Harvard University Press

Mishler, E.G. (1995) Models of Narrative Analysis: A Typology. *Journal of Narrative and Life History* 5(2) pp 87-123

Morley, L. (2003) *Quality and Power in Higher Education.* Buckingham: Open University Press

Morrison, A. (2002) *Researching ICTs in Context Intermedia Report* (ed). University of Oslo. ISBN 82-8064-003-7 [Online] Available at: http://www.media.uio.no/konferanser/skikt-02/docs/researching_icts_in_context.pdf. [Accessed July 6 2007]

Morse, J. and Field, A. (1996) *Nursing Research. The Application of Qualitative Approaches* (2nd edn.). Cheltenham: Nelson Thornes

Morse, J.M. (2000) Determining sample size. *Qualitative Health Research* 10 (1) pp 3-5

Morton-Cooper, A. and Palmer, A. (1993) *Mentoring and Preceptorship: A Guide to Support Roles in Clinical Practice.* Oxford: Blackwell Scientific Publications

Munro, K. (2005) A response to Haigh (2005): Where are the key note debates in nurse education? *Nurse Education Today* 26 (2) 2006 pp 93-96

Nazroo, J. R. and Finlayson, L. R. (1998) *Gender Inequalities in Nursing Careers.* London: Policy Studies Institute

Neary M. (1997) Defining the role of assessors, mentors and supervisors: Part 2. *Nursing Standard* 11 (43) pp 34–38

Neumann, W. L. (2000) *Social Research Methods. Qualitative and Quantitative Approaches* (4th edn.). Boston MA: Allyn and Bacon

NMC (2004) *Standards of proficiency for pre-registration nursing education.* Nursing and Midwifery Council [Online] Available at: http://www.nmc-uk.org/Documents/Standards/nmcStandardsofProficiencyForPre_RegistrationNursingEducation.pdf [Accessed 11 February 2011]

Nursing and Midwifery Council (NMC) (2006) *The PREP Handbook.* Nursing and Midwifery Council: London: SRHE/OU Press

NMC (2008) *Statistical Analysis of the Register: 1st April 2007-31st March* 2008 Nursing and Midwifery Council [Online] Available at: http://www.nmcuk.org/aDisplayDocument.aspx?DocumentID=5730 [Accessed 16 April 2010]

NMCa (2008) *Standards to support learning and assessment in practice.* Nursing and Midwifery Council [Online] Available at: http://www.nmc-uk.org/Educators/Standards-for-education/Standards-to-support-learning-and-assessment-in-practice/ [Accessed 28 February 2011]

NMC (2009) *Quality Assurance of Education.* Nursing and Midwifery Council [Online] Available at: http://www.nmc-uk.org/Educators/Quality-assurance-of-education/ [Accessed 14th February 2011]

NMC (2010a) *Nurse Education: Now and in the Future.* Nursing and Midwifery Council [Online] Available at: http://www.nmc-uk.org/Get-involved/Consultations/Past-consultations/By-year/Pre-registration-nursing-

education-Phase-2/Nurse-education-Now-and-in-the-future-/ [Accessed 23rd November 2010]

NMC (2010) *Standards for pre-registration nursing education.* Nursing and Midwifery Council [Online] Available at; http://standards.nmcuk.org/PublishedDocuments/Standards%20for%20pre-registration%20nursing%20education%2016082010.pdf [Accessed 12 February 2011]

NMC (2011) *The History of Nursing and Midwifery Regulation.* Nursing and Midwifery Council [Online] Available at: http://www.nmc-uk.org/About-us/The-history-of-nursing-and-midwifery-regulation/ [Accessed 3rd February 2011]

National Conference of University Professors (May 2009) [Online] Available at: http://www.rdg.ac.uk/ncup/index.htm {Accessed 28th January 2011]

National Conference of University Professors. (1991) The Role of the Professoriate. Policy document no.2. [Online] Available at: http://www.rdg.ac.uk/ncup/index.htm [Accessed 28th January 2011]

Oakley, A. (1981) 'Interviewing women: a contradiction in terms*' in* Roberts, H. (ed.) (1981) *Doing Feminist Research.* London: Routledge and Kegan Paul, pp 30-61

On Campus with Women (OCWW) (2010) Data Connections. *The American College President: 2007 Edition* 36 (1) [Online] Available at: www.aacu.org/ocww/volume36-1/data.cfm [Accessed 10 February 2010]

Omerod, J. A. and Murphy, F. A. (1994) One step along the way – the introduction of supernumerary status for RGN students in Fosterhill College, Aberdeen. *Nurse Education Today* 14 (1) pp 30-37

Oswald, A. (2001) *Universities are not in the usefulness business.* A Oswald.Professor of Economics. Warwick University. [Online] Available at: http://www2.warwick.ac.uk/fac/soc/economics/staff/academic/oswald/independentuniv.pdf[Accessed 25 May 2010]

Ozga, J. (Ed.) (1993) *Women in Educational Management.* Buckingham: Open University Press, pp 106-115

Pennar, K. (1997) 'The tie that leads to prosperity: The economic value of social bonds is only beginning to be measured'. *Business Weekly*: Dec 15th 1997, pp153 - 155

Pinnegar, S. and Daynes, J.G. (2006) 'Locating narrative inquiry historically: thematics in the turn to narrative' in Clandinin D. J. (eds) (2007) *Handbook of Narrrative Inquiry.* Thousand Oaks, CA: Sage

Platt, J. (1981) On interviewing one's peers. *British Journal of Sociology* Vol 32 (1) pp75-91

Podolny, J. and Baron, J. (1997) Resources and relationships: social networks and mobility in the workplace. *American Sociological Review* 62 pp 673-677

Pole, C. and Lampard, R. (2002) *Practical Social Investigation: Qualitative and Quantitative Research in the Social Sciences.* London: Prentice Hall

Pole, C.and Morrison, M. (2003) *Ethnography for Education.* Buckingham: Open University Press

Polkinghorne, D, E. (1984) *Methodology for the Human Sciences: Systems of Inquiry.* Albany: State University of New York Press (SUNY)

Polkinghorne, D.E., (1988) *Narrative Knowing and the Human Sciences.* New York State: University of New York Press

Plummer, K., (1995) 'Telling sexual stories: power, change, and social worlds' in Pole, C. and Morrison, M. (eds) (2003) *Ethnography for Education.* Buckingham: Open University Press

Plummer, K. (2001) *Documents of Life 2. An Invitation to a Critical Humanism*. London: Sage

Powney, J. and Watts, M. (1987) *Interviewing in Educational Research.* London: Routledge & Kegan Paul

Prendergast, M. (2007) Poetic Inquiry is...29 Ways of Looking at Poetry as Qualitative Research. *Educational Insights* 9 (3) [Online] Available at: http://www.ccfi.educ.ubc.ca/publication/insights/v13n03/intro/prendergast.html [Accessed 10 April 2012]

Pritchard, C. and Deem, R. (1999) Wo-managing in higher education: gender and the construction of the manager in the corporate colleges of England. *Gender and Education* 11 (3) pp 323-42

Protevi, J. (2010) Why Middlesex matters. *Times Higher Educational Supplement.* (THES) 13 pp 6-7. London: TSL Education Ltd

Pugh, J., Mitchell, M. and Brooks, F. (2000) Insider/Outsider Partnerships in an Ethnographic Study of Shared Governance. *Nursing Standard* 14 (27) pp 43-44

Quality Assurance Agency (QAA) (2008) *The Framework for Higher Education Qualifications in England, Wales and Northern Ireland* [Online] Available at: http://www.qaa.ac.uk/academicinfrastructure/FHEQ/EWNI08/default.asp [Accessed 3 March 2011]

Quinn, F. (2001) *The Principles and Practice of Nurse Education.* Cheltenham: Nelson Thornes

Research Assessment Exercise (RAE) (2008) *RAE Subject Overview Report Panel C* [Online] Available at: http://www.rae.ac.uk/pubs/2009/ov/ [Accessed 24 June 2009]

Reay, D. (2000) Dim dross: marginalised women both inside and outside the academy. *Women's Studies International Forum* [Online] Available at: http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6VBD-3YVDW4W [Accessed 12 May 2008]

Reybold, L.E. and Almia, J. (2008) Academic transitions in education: a developmental perspective of women's faculty experiences. *Journal of Career Development* 35 (107) [Online] Available at: http://jcd.sagepub.com/content/35/2/107.full.pdf+html [Accessed 14 September 2010]

Reynolds, Cecilia. (2002) *Women and School Leadership; International Perspective* Albany: State University of New York Press (SUNY) [Online] Available as PDF on books.google.co.uk

Riessman, C.K. (1991) Beyond reductionism: narrative genres in divorce accounts *Journal of Narrative and Life History* 1(1) pp 41-68

Riessman, C.K. (1993) *Narrative Analysis*. Qualitative Research Methods Series, No. 30. Newbury Park. CA: Sage

Roberts, H. (1981) *Doing Feminist Research.* London: Routledge and Kegan Paul, pp 30-61

Roberts, H. (1984) Behaving well: women's health behaviour in context. *Social Researching, Politics, Problems and Practice.* London: Routledge

Robison, Lindon J., A. Allan Schmid, and Marcelo E. Siles. (2002) Is social capital really capital?' *Review of Social Economy* 60 (1) pp 1-21

Robinson-Hickman, G. (1998) Leading Organisations- Perspectives for a New Era. Thousand Oaks, CA: Sage

Robinson, David. (2000) 'Social Capital in Action'. *Social Policy Journal of New Zealand*: (14) p185

Rolfe, G. (2007) Nursing scholarship and the asymmetrical professor. *Nurse Education in Practice* 7 (3) pp 123-127

Royal College of Nursing (RCN) and National Council of Nurses of the United Kingdom (1964) *A Reform of Nursing Education: First Report of Special Committee on Nurse Education.* [Platt report] London: Royal College of Nursing and National College of Nursing in the U.K

Royal College of Nursing (RCN) (1985) *The Education of Nurses: A new dispensation (The Judge Report).* Commission on Nurse Education. London: Royal College of Nursing

Royal College of Nursing (RCN) (2007) Gender equality Scheme. Making discrimination history. [Online] Available at: http://normanmark.net/trainers_resources/Resources/Equality%20Diversity%20&%20Human%20Rights/Gender%20Equality%20scheme%20RCN.pdf [Accessed 12th February 2011]

Royal College of Nursing (RCN) (2009) Nursing professoriate in the UK. [Online] Available at: https://www.rcn.org.uk/development/researchanddevelopment/career/nursing_professoriate [Accessed 15 February 2009]

Royal College of Nursing (RCN) (2012) *Quality with Compassion: The Future of Nursing Education.* Report of the Willis Commission 2012. [Online] Available at: http://www.willliscommission.org.uk/__data/assets/pdf_file/0008/485009/Willis_Commission_executive_summary.pdf [Accessed 8th February 2013]

Rubagiza, J. (2005) The role and impact of women academics in promoting gender equality and women's human rights in the Great Lakes region. Presentation delivered at gender consultation on '*Empowering Women in the Great Lakes Region: Violence, Peace and Women's Leadership'* in Addis Ababa, Ethiopia, June 2005 [Online] Available at http://www.unesco.org/fileadmin/MULTIMEDIA/HQ/SHS/pdf/Consultation-Report_2005.pdf [Accessed March 2009]

Schmuck, P. (1986) Networking: a new word, a different game. *Educational Leadership* 43 (5) pp 60-61

Scott, D. and Usher, R. (1996) *Understanding Educational Research.* London: Routledge

Sikes, P. (2000) 'Truth and lies revisited'. *British Educational Research Journal* 26 (2) pp 257-270

Silverman, D. (2001) *Qualitative Research: Theory, Method and Practice.* London: Sage

Silverman, D. (2006) *Interpreting Qualitative Data* (3rd edn.). London: Sage

Singh, J. (1999) *'Women and Leadership in Institutions of Higher Learning: A Commonwealth Perspective'*. Lagos: Nigeria Association of Commonwealth Universities

Singh, J. (2000) *'Women and Management in Higher Education: A Good Practice Handbook'*. London: Association of Commonwealth Universities and UNESCO

Singh, V. (2007) *Women and the Glass Ceiling. The Effective Executlive.* ICFAI Business School, Hyderabad, India. V Singh. ICWL: Cranfield University

Singh, J. (2008) *Whispers of Change: Female Staff Numbers in Commonwealth Universities.* London: Association of Commonwealth Universities

Skelton, C. (2005) The 'indiviualised' woman in the academy; Ulrich Beck, gender and power. *Gender and Education* 17 (3) pp 319-332 [Online] Available at: http://www.education2.bham.ac.uk/documents/staff/skelton_c/Individualised_woman. pdf [Accessed 1April 2010]

Somers, M. R. and Gibson, G. D. (1994) 'Reclaiming the epistemological "other": narrative and social constitution of identity' in Calhoun, C. (ed.) *Social theory and the politics of Identity.* Cambridge MA: Blackwells pp 37-39

Spitzer, A. and Perrenoud, B. (2006) Reforms in nursing education across Western Europe: from agenda to practice. *Journal of Professional Nursing* 22 (3) pp 162-171

Stoner, C. R. and Hartman, R. I. (1990) Family responsibilities and career progress: The good, the bad, and the ugly. *Business Horizons*, May-June pp 7-14

Strachan, J. (1999) Feminist educational leadership: locating the concepts in practice. *Gender and Education* 11 (3) pp 309-322

Stronach, I. and MacLure, M. (1997) *Educational Research Undone: The Postmodern Embrace.* Milton Keynes: Open University Press

Sullivan, A. (2009) Academic self-concept, gender and single-sex schooling. *British Educational Research Journal* 35 (2) pp 259-288 [Online] Available at: http://eprints.ioe.ac.uk/1872/ [Accessed 24 March 2010]

Sutton Trust (2009) The Educational Background of Leading Scientists and Scholars [Online] Available at: http://www.suttontrust.com/reports/ScientistScholars.pdf [Accessed 23 March 2010]

Sword W., Byrne, C., Drummond-Young, M., Harmer, M. and Rush, J. (2002) Nursing alumni as student mentors: nurturing professional growth. *Nurse Education Today* 22 pp 427–432

Taleb, H.M. (2010) Gender and leadership styles in single-sex academic institutions. *International Journal of Educational Management* 24 (4) pp 287-301

Taylor, J. and Cantrell, J. (2006) Peacock or plum? Reflections on academic research career pathways. *Nurse Education Today* 26 (6) pp 449-456

Taylor, J., Irvine, F., Bradbury-Jones, C. and McKenna, H. (2010) On the precipice of great things: the current state of nurse education. *Nurse Education Today* 30 (3) pp 239-244

Times Higher Educational Supplement (THES) (2010) Average salary of full time academic staff, 2008-2009. *THES* pp 38-40. 1st April 2010, London: TSL Education Ltd

Thody, A. (2006) *Writing and Presenting Research.* London: Sage

Thomas, K. M., Bierama, L. and Landau, H. (2004) Advancing women's leadership in academe: new directions for research and HRD practice. *Equal Opportunities International* 23 (7/8) pp 62-78 [Online] Available at: http://wf2la.webfeat.org/ [Accessed 25 February 2008]

Thompson, D. R. (2009) Is nursing viable as an academic discipline? *Nurse Education Today* 29 (7) pp 694-697

Thompson, D. R. and Watson, R. (2005) The state of nursing in the UK. *Journal of Clinical Nursing* 14 (9) pp 45-52

Thompson, D.R. and Watson, R. (2006) Professors of nursing: what do they profess? *Nurse Education in Practice* 6 (3) pp 123-126

Topping, A. (2004) Response to 'the Trojan Horse of Nurse Education' by Roger Watson and David Thompson *Nurse Education Today* 24 (2) p76

University and College Unions (UCU) (2007) Gender pay gaps and higher education institutions. *University and College Unions* [Online] Available at: http://www.ucu.org.uk/media/pdf/h/9/ucu_genderpay05-06.pdf [Accessed 18 March 2010]

United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) (1982) *Rule 18 (1) Competencies for First Level Nurses.* SI 1983/667. London: UKCC

UKCC (1986) *Project 2000: A New Preparation for Practice.* London. United Kingdom Central Council for Nursing Midwifery and Health Visiting

UKCC (1999) *Fitness for Practice: the Report of the Commission for Nursing and Midwifery Education.* London: Department of Health/UKCC

United Kingdom Clinical Research Collaboration (UKCRC) (2006) *UK Clinical Research Collaboration 2006-2008.* London: UKCRC

UKCRC (2007) *Developing the Best Research Professionals; Report of the UKCRC Sub Committee for Nurses in Clinical Research (workforce).* London: UKCRC

Universities Funding Council (UFU) (1992) *Research Assessment Exercise 1992: The Outcome* [Online] Available at*:* http://www.hefce.ac.uk/Pubs/HEFCE/1997/m6_97 [Accessed 9 April 2011]

University of Lincoln (undated) *'Ethical principles for conducting research with humans and other animals'* Lincoln: University of Lincoln University Ethics Committee [Online] Available at: www.lincoln.ac.uk/psychology/images/Dept%20doc/Ethical%20Guidelines%20University%20April%202004.pdf [accessed 31 May 2010]

University of Warwick (1996) *Project 2000 Fitness for Purpose - Report to the Department of Health.* Coventry: University of Warwick

Valcour, P. M. and Tolbert, P. S. (2003) Gender, family and career in the era of boundarylessness: Determinants and effects of intra- and inter-organizational mobility. *International Journal of Human Resource Management.* 14 (5) pp 768-787

Vinnicombe, S. and Singh, V. (2003) Women-only management training: an essential part of women's leadership development. *Journal of Change Management* 3 (4) p13

Wajcman, J. (1998) *Managing like a Man: Women and Men in Corporate Management.* Cambridge: Polity Press

Ward, M. (2001) The Gender Salary Gap in British Academia. Discussion paper 2008-2 *Applied Economics* 33 pp 1669-1681

Watson, R. and Thompson, D.R. (2004) The Trojan Horse of Nurse Education. *Nurse Education Today* 24 (2) pp 76-78

Watson R, and Thompson, D. (2008) response to Rolfe, G. (2007), Nursing scholarship and the asymmetrical professor. *Nurse Education in Practice* 7 (2) pp123-127: Asymmetrical professors – unbalanced or misunderstood? *Nurse Education in Practice* 8 (2) pp 73-75

Webb, B. (2001) An exploratory study in a community NHS trust to understand why enrolled nurses choose not to convert to first level registration. *Journal of Nursing Management* 9 (6) pp 343-352

Weir, R. (1996) *A leap in the dark – the origins and development of the Department of Nursing Studies.* The University of Edinburgh. London: Book Factory

White, K and Riedman, A (1992) Ties among adult siblings. Social Forces 71 (1) pp85-102

Wellcome (2000) *Wellcome Report* [Online] Available at: http://www.wellcome.ac.uk/News/News-archive/Browse-by-date/2000/Features/WTX024074.htm [Accessed 12 May 2008]

Wlkinson, J. (2002) Policy and leadership as practice: Senior Women academics and the 'risky business' of diversity policies in enterprising universities. Presented at

the *International Educational research AARE Conference at Fremantle* [Online] Available at: http://www.aare.edu.au/07pap/wil07231.pdf [Accessed 25 March 2010]

Wilkinson, J. (2009) *'Keeping your Eye on the Prize'; Gender Equality Programmes in Enterprise Universities* [Online] Available at: http://www.springerlink.com/content/h51348t8132l7042/fulltext.pdf [Accessed 3 March 2010]

Women in Academic Medicine Report (2007) [Online] Available at: http://www.bma.org.uk/ap.nsf/content/WAM2007 [Accessed 15 May 2008]

Woodroffe, J. (2009) *The Fawcett report* Not having it all: how motherhood reduces women's pay and employment prospects [Online] Available at: http://www.fawcettsociety.org.uk/documents/NotHavingItAll.pdf [Accessed 17 October 2009]

APPENDIX 1.

Name of Investigator:
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A small scale research study using narrative method to explore the personal and professional experiences women professors of nursing.

Participant Information and permission Sheet

I am pleased to invite you to take part in this research study as outlined in our discussion by email on………. Please contact me if there is anything you would like more information on and please complete the signed permission sheet prior to your interview.

Aim and focus of proposed study

This research study will be located in Higher Education Institutions (HEI) within the United Kingdom (UK). The final study will concentrate on researching the views and experiences of a small sample of women professors of nursing employed by HEI within a national geographic area. The study will use narrative method to explore the perceptions and life experiences of these women and consider how they arrived in their current position. It will also detail their experiences of employment in both healthcare and HEI's. The research participants will be employed in professorial roles and all will be from a nurse professional background and be drawn from Schools of Health within HE. The findings are anticipated to apply chiefly to the individuals being researched but due to the nature of the research topic it is anticipated they will have wider transferability.

Significance:

The topic is important because there is little in the way of studies relating to women from nursing backgrounds employed in senior academic positions. Women are recognised as being under represented in leadership positions in higher education. There are a multitude of reasons for this but it is well documented that social circumstances impact on the career opportunities of women, both from their choice of career and their ability to progress their career at a similar rate to men. In support of this there is a range of available literature outlining barriers to the careers of women and their progression upwards in both compulsory and non-compulsory education.

The investigation of women in senior academic positions in faculties of nursing and healthcare has brought relatively limited data and the area is currently under researched, with limited literature available relating specifically to this subject. The broader terms of 'women in positions of leadership in HE' and 'nurse education' do generate an amount of data, although these topic areas remain largely unexplored. The most purposeful approach will be to explore the women's lives retrospectively whilst engaging with the literature simultaneously and iteratively.

Why have you been chosen?

The researcher is selecting women senior academics with a professional background of nursing, particularly those like yourself who have a wealth of knowledge and experience of process in HE and the contextual boundaries of research, teaching and assessment and professional body requirements.

What does the study involve?

You will be asked to take part in an interview with the researcher who will make an appointment to visit you at your convenience. The interview will be taped and notes taken, to aid transcription later.

Will my taking part in this study be kept confidential?

All information collected during the course of the research will be kept securely and be accessible only to the researcher. No individual will be named in the thesis or publications and the place of employment will also be confidential. Data transferred into electronic format will be anonymous and such files will be accessible only to the researcher. Your details will not be passed on to a third party.

What will happen to the results of the research study?

The results of this study will be analysed and written up as part of doctoral thesis. The study may be submitted as a research paper and/or presented at a professional conference. All results will be anonymised so that the identities of the participants cannot be identified in any report/publication. Copies of the papers will be available on request.

Who is organising and funding the research?

The study is part of student doctoral research supported by CERD in the University of Lincoln, there is no external funding.

Who has reviewed the study?

The study has been reviewed and approved by the Ethics committee in the Centre for Educational Research and Development, University of Lincoln. The role of this committee is to consider the merits of research, that is to say, a view is taken as to whether the potential advantages of the proposed research, outweigh any significant risks that the participants may be exposed to. Research projects are not undertaken unless this approval is gained.

Permission

I understand my rights in relation to my participation in this research and agree to participate.

Signature

Name
Date

I agree to protect the rights and confidentiality of contributors to this research

Signature

Name of investigator: Maria Joyce
Date